Dementia Friendly Ward Team
Institute of Mental Health (IMH)
February 2013

Overview of Mental Health

Loving Hearts, Beautiful Minds
A Member of the National Healthcare Group
What is the mental health situation in Singapore today?

Singapore Mental Health Study 2010

Major Depressive Disorder
1 in 17

Alcohol abuse
1 in 32

Obsessive Compulsive Disorder
1 in 33
What is the mental health situation in Singapore today?

The majority of mental illness occurred by 29 years old.

Average no. of years taken to seek help:
- 13
- 9
- 4

HELP?
- 22.1% Psychiatrist
- 21.6% Counsellors
- 18.0% General Practitioner
- 12.0% Religious or Spiritual Healer

About IMH

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About Us

- Singapore’s only tertiary psychiatric institution
- 2010 beds
- Looks after most severe cases
- Provides acute and long-term care

560 Daily Visits (SOCs)
35,000 Outpatients
27 Daily Admissions
1,650 Inpatients
550 Acute
1,100 Long-stay

[as of 2011]

Our Heritage

In the past, caring for the mentally ill was mainly custodial in nature

1928
'The Mental Hospital' with 1,030 patients, 145 hectares.

1942
During WW2, the Hospital was used as the Japanese Civilian and Military Hospital.

1951
Renamed 'Woodbridge Hospital (WH)' after a wooden bridge across Seletar River.

1953
Recognised for post graduate training in psychological medicine. Formal training of psychiatric nurses introduced.

1990s
IMH expanded its research programme.

1980s
WH transformed from a custodial centre to a therapeutic centre.

1982
WH started to provide specialist training that led to a Master of Medicine (Psychiatry) degree from NUS.
Our Mission and Vision

**VISION**
A tertiary centre of excellence and global leader in mental healthcare

**MISSION**
Promote mental health
Provide person-focused service that is integrated, comprehensive, accessible and cost effective
Pursue continuous learning and research

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Strategic Thrusts

**STRATEGIC THRUSTS**

- EDUCATION
- RESEARCH
- CLINICAL SERVICES
- FINANCE
- PROCESSES & BRANDING
- MANPOWER

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Intermediate & Long-term Care

Primary Care
Community Teams led by Pri Care & Community Partners
- ASCAT
- COMIT
- CREST/EASI
- iCHAMPS
- BEFRIENDERS
- GP - Partnership Job Club

Secondary Care
- REACH
- EPIP
- CMHT
- APCATS

Tertiary Care

Psychiatric Nursing Home

Delivering Quality and Safe Care

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Quality Improvement Framework

**DETECTION**
- No blame reporting (eHOR)
- Clinical Audit and Review Programme
- Pharmacy & Therapeutic
- Patient Safety Walkabouts
- Staff survey on safety climate
- Patient Feedback / Focus Groups / Survey

**VALIDATION**
- Re-checking
- Re-collecting data (e.g. QPS Indicators, BSC, Infection Control, HPO indicators)

**ANALYSIS**
- Root Cause Analysis
- Review by Clinical / Peer Review Committees (e.g. Mortality Review, Clinical Review Programme, Clinical Risk Management)

**IMPROVEMENT**
- Strategic action plans
- Clinical Practice Improvement Programme (CPIP)
- Quality Circles (QC) - PDCA
- 6S, RIE, 2Ps

**SPREAD CHANGE**
- Monitor and Evaluate Change Facilitators, Training etc

Quality and Safe Strategies

**Improving Clinical Quality and Patient Safety with Focus on Outcome Measurement**

**Reducing**
- Practice variations (Schizophrenia, Depression)
- Patient Falls
- Assaults
- Restraints
- Medication Errors
- Unplanned Readmissions

**Improving**
- Clinical Outcomes
- Processes
- Service Quality Standards
- Compliance with 6 International Patient Safety Goal (JCI)
Top Clinical Risks

Assault  Choking
Falls  Restraints
Suicide
Patients defaulting on care

- Major permanent injury or inpatient death as a result of these incidents
- Deterioration of patients’ mental health status leading to potential harm to self and others as a result of patients defaulting psychiatric clinic follow-ups

Geriatric Psychiatry Department
Singapore has one of the world’s fastest ageing societies.

In 2005, one in 12 residents was 65 years or older. The number will increase to one in five in 2030.

Increased life expectancy and declining birth rate.

The elderly make up 15% of polyclinic or emergency attendances and constitute 40% of acute hospital admissions.
Psychiatric illnesses in the elderly

• Pre-existing psychiatric disorders in the ageing patient.

• New disorders related to the specific stresses and circumstances of old age (e.g. bereavement, dependence, sensory deficits, isolation).

• Disorders due to the changing physiology of the aging brain as well as psychiatric complications of neurological and systemic illnesses.

Geriatric Psychiatry Department

• The National Mental Health Survey of the Elderly (2003) reported the prevalence of dementia as 6% in those aged 65 years and above.

Memory Clinic

To setup a Memory Clinic in 2013.

Objectives:

• To implement a specialist clinic specifically to assess the cognitive function of patients.
• To meet the increasing need in our healthcare system for memory clinic with expected increase in the number and percentage of elderly with dementia.

Operated by the following professionals:

• Psychogeriatric/Psychiatrist
• Case Manager (APN)
• Medical Social Worker
• Psychologist
• Occupational Therapist

Community Programme - APCATS

Clinical Services

• Community-oriented psycho-geriatric outreach service for the Central region of Singapore.
• Provide home assessment and treatment services to elderly with frailty or who have difficulties accessing mental health services.

Regional Eldercare Agencies Partnership (REAP)

• Promote early detection of depression and dementia in the elderly by partnering with community eldercare agencies and primary care practitioners.
• Empower partners to manage the elderly with mental disorders through training, consultation and support.
Community Programme - APCATS

Outcomes

- Improved mental health awareness
- Decreased acute hospital utilisation
- Enhanced early detection and access to treatment
- Re-integration of mentally ill persons into the community
- Improved outreach

Education

- Yong Loo Lin School of Medicine
- DUKE-NUS Graduate Medical School (Singapore)
- Psychiatry Residency Program
- Graduate Diploma in Mental Health
- Department Grand ward round, case conference, in-house training, journal club
Well-being of Singapore Elderly (WiSE) Survey
led by Prof Chong

A three-year nationwide epidemiological study to establish high-quality data on the burden of dementia and depression and to bridge the knowledge gap on associated risk factors, healthcare and economic impact. (Apr 2011 – Mar 2014).

This will provide information to guide policy-making and the rational allocation of resources for the elderly and their caregivers, including the development of relevant services and programmes.
Inpatient Services

2 x Acute Wards
- Male ward, 36 beds
- Female ward, 36 beds

Typical Patient Diagnoses
- Mainly diagnosed with Dementia with BPSD (Behavioural and Psychological Symptoms of Dementia).
- Other diagnoses include Depressive disorders, Anxiety Disorders, Psychosis (Schizophrenia and Delusional Disorders), Bipolar Disorder.

Inpatient Services

Dementia Friendly Ward

To transform the 2 acute psychogeriatric wards to incorporate dementia-friendly design elements and new facilities to improve person-centred care. These include the following:

- Improved dormitory layout to provide more privacy and convenience for patients
- Carefully selected furniture, colour, materials that are safe and calming to dementia patients
- New beds and patient care equipment
- Occupational therapy room
- Reminiscence room
- Multi-sensory / cognitive stimulation room
- Fitness gym
- Isolation suite
- Spaces to encourage and facilitate participation and interaction
- Therapeutic Garden
Dementia Friendly Ward
The design of the dementia-friendly ward aims to reduce patient agitation and aggression by providing a safe and conducive environment for rehabilitation. (Estimated completion date: September 2013.)

1. Person-centred care

2. Quality improvement and patient safety – Clinical Microsystems
   • Patient flow, transition of care
   • Access (direct admissions)
   • Safety (falls, assaults, restraints, medications)
   • IMHR (Interdisciplinary Mental Health Round)
   • Patient and caregivers satisfaction and engagement
Dementia Caregivers Training & Support Group

- Increase knowledge of dementia as an illness
- Understanding communication and behavioral problems
- Increase knowledge and use of communication strategies and coping skills
- Reduce caregivers distress

Quality Projects
Geriatric Psychiatry
Geriatric Psychiatry Department

- Participated in CMS Festival in Feb 2012
- Pernilla’s workshop at IMH in Aug 2012
- Jason Stein & Brian Castle SIBR workshop at IMH in Nov 2012
- Participating in CMS Festival in Feb 2013

Improvement Domains

- Patients & Staff Engagement
- Direct Admission
- ↓ Use of night PRN Hypnotics, ↑ medication compliance in community patients
- Structure Inter-disciplinary Mental Health Round
- ↓ Use Of Restraints without ↑ fall rate
- ↓ Number wetting episodes with urinary incontinence in ambulatory patients
- Access
- Satisfaction
- Process
- Safety
- Prevention of Complications
Access:

- Direct admission of our APCATS patient to inpatient; without going through E-Room.
- Working on direct admission from our satellite clinic too.
- Implementing memory clinic to detect early signs of dementia.
- Redesigning our acute wards to make it dementia-friendly.
Background

- Falls are a common problem among older adults with higher prevalence in healthcare settings due to factors such as health conditions, medications and ward environment.

- In Singapore healthcare settings, it is an accepted practice to apply physical restraints on elderly patients at fall risk, as a safety measure.

- However, research evidence suggests no statistical difference in fall rate between patients with or without restraints.

- Besides, it is known that restrained patients are more at risk of unwanted consequences with restraints.

A recent quality improvement project on longstay wards in IMH found that almost all patients with partial or full assistance with ADLs were on restraint.

- And, undoing and retying restrainers consumed valuable nursing time better spent on quality nursing care.

- The current risk assessment using John Hopkins falls assessment tool identifies nearly 100% of patients on the ward to be at fall risk at any given time. Thus making the assessment process meaningless.
Reduce the Number of Restraints

**Aim**
To achieve 50% reduction in the number and duration of physical restraints on inpatients of acute psychogeriatric wards, who are at high risk of falls, without increasing the rate of falls in 6 months.

**Interventions**
- Physiotherapist's Assessment: to identify those at fall risk.
- Nursing education: teaching sessions on falls & restraints; attitude towards use of restraints measured pre and post teaching.

**Improvements**
- Reduction in number of restraints by 41% and duration by 50%.
- By reducing unwanted nursing documentation usually associated with fall risk monitoring, nurses are able to save 3 minutes/patient or 30-45 minutes of total nursing time per shift.

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Reduce the Number of Wetting Episodes

**Background:**
- Wets trousers approximately 10 – 12 times per day.
- Creates fall hazard.
- Disrupts work routines.
- Causes skin infection and discomfort.
- Impacts patients' self-esteem and disrupts their social activities.
- Increases the cost for the hospital.
Reduce the Number of Wetting Episodes

**Aim**
To reduce the number of wetting episodes in ambulatory patients with urinary incontinence in a long-stay psycho-geriatric ward by 50% in 6 months.

**Run Chart**

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<thead>
<tr>
<th>Pre-intervention</th>
<th>Post-intervention</th>
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**Total number of wetting episodes in ambulatory incontinence patients per week**

Run Chart

- Implemented 2 hourly toilet regime (78.1 to 78.4)
- Implemented Voiding & visual (46.2)
- Provided staff education (40.6)
- Total reduction: 54%

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Interdisciplinary Mental Health Round

- Adapted from Emory University Hospital (US) Structured Interdisciplinary Bedside Round (SIBR) checklist.
- **Prioritize** patients for review.
- **Ensure** holistic management and early discharge plan in place.
- **Engage** all professional group’s input in patient care.
- **Enhance** communication among the team with more focused discussion.

Reduce the Number of PRN Administration

**Background:**
- Observation that PRN hypnotics were administered by nurses on regular basis instead of when necessary.
- Received few complaints from patients that they were been woken up from sleep to have their bedtime PRN hypnotics.
- Patients were observed to be sleepy in the mornings.
Aim:
To reduce the use of bedtime PRN hypnotics by nurses in an acute psychogeriatric ward by 30% in 6 months

Interventions:
• Change the location of staff handover & nurses to pass report outside of patient’s cubicle at 9 pm to reduce disturbances while patient sleeps (PDSA 1).
• Education of nurses on sleep pattern and use of hypnotics in the elderly (PDSA 2).
• Sleep Monitoring Chart as a visual tool for nurses (PDSA 3).
• Patient education on sedatives & display sedatives pamphlet on the patient & family bulletin board (PDSA 4).

Reduce the Number of PRN Administration

The average administration rate of bedtime PRN hypnotics per week

Pre-Intervention Post-Intervention

Average hypnotic Administration rate per Week (%)

Data Baseline Target

<table>
<thead>
<tr>
<th>1st PDSA</th>
<th>2nd PDSA</th>
<th>3rd PDSA</th>
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95% 65%
**Aim:**
To reduce non-adherence to psychiatric medications in APCATS patients from 22.6% to 0% in 6 months.

**Interventions:**
- Pill box system & Pictogram labeling (PDSA 1).
- Medication adjustment and symptomatic treatment of side effects (PDSA 2).
- Patient/family education (PDSA 3).

**Non-adherence towards Psychiatric medications**

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<tr>
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<th>2nd PDSA</th>
<th>3rd PDSA</th>
<th>Baseline</th>
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<tr>
<td>% of Patients</td>
<td>21.5%</td>
<td>18.5%</td>
<td>11%</td>
<td>22.6%</td>
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**Patient and Staff Satisfaction**

- **Involve** patients & caregivers through feedback and interviews to improving our care for the patients and to build rapport with caregivers.

- **Internalize** the culture of person-centred care by engaging external trainers, implementing programmes.

- **Introduce** various feedback channels to enhance staff engagement and satisfaction; such as anonymous appreciation board and suggestion box.
Improvement Plans for FY 2013

- Develop admission pack for all inpatients and their family
- Facilitate trial of assistive devices on the ward by working with vendors
- Continue to implement various elements of PCC
- Set up dementia caregiver resource room on the DFW

Thank You