GOING THROUGH

A Learning Experie

Singapore can be proud of its healthcare system, which has been lauded as one of the world's best, with an important target to limit over-utilisation of healthcare. However, do we simply rest on our laurels or should we seek to improve it? I was admitted to a restructured hospital for surgery as a full paying patient in a class A1 room, and would like to share my experience and perspectives. Much as my observation may sound discouraging to the hardworking healthcare personnel, it is not in any way meant to trivialise their excellent care. While I am grateful for the care I received, this article is targeted at hospital administration, operations and healthcare workers, in the hope that it will be helpful to their efforts in delivering what they preach and promise. We teach soft skills such as empathy, care and concern to medical students, but those involved in healthcare should also put themselves in the shoes of the patient, so as to realise how simple, inexpensive things can improve the experience for each patient.

WAITING FOR SURGERY

It was decided that I needed elective surgery, but it could only be done slightly more than a week later. Reasons included the surgeon's lack of operating days and a lack of theatre slots. As it did not make sense to be operated on as an emergency patient (in which case theatre space was available), I accepted it without hesitation, as operative risks and

A SURGERY

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TEXT BY PATIENT X

complications are lower in elective surgery. There was also no issue with regard to availability of anaesthetists. The questions that have to be asked: are surgeons given enough operating days or is it an issue with a lack of elective operating theatres? Perhaps, it is a matter of cost-effective, maximal utilisation of theatres that prevents surgeons from operating as soon as indicated. There appears to be some lessons on cost-effectiveness and efficiency that we can learn from the private sector.

The aims of the healthcare system are to minimise hospitalisation and encourage same day admission for surgery — at least that is what is propagated to healthcare personnel. I was initially advised that I needed to be admitted on the day of surgery. However, this advice was changed to "better come one day earlier, so we can guarantee you a bed after surgery". This meant that I had to occupy a room for an additional day (approximately 24 hours) at my own expense, and also increased the bed occupancy unnecessarily. In all honesty, I cannot fault the surgical team, who were admirably gaming the inefficiencies of the system for the benefits of their patients. The system has not achieved what it sets out to do, which is to prevent unnecessary admissions and increase same day surgery admissions.

THE STAY

The nurses were polite and kind, reminding me repeatedly ad nauseam to be careful, to call them for help and not to injure myself (I had a tag with "fall precaution"). I was particularly peeved by the numerous monitoring. I had no hypertension, respiratory problems or fever, yet my parameters (pulse, temperature, blood pressure and oximetry) were measured every four hours. I am fully aware that these tests do not come cheap. As an otherwise healthy patient, other than my requirement for surgery (which had nothing to do with fever, blood pressure or oxygen saturation), it perplexes me to see that such routines have crept into our healthcare system. Perhaps it was a Joint Commission International requirement, or everyone was just being cautious, or maybe the junior doctor who requested them was unsure of or unsupervised on the need and value of such tests. Not only did they add to my hospitalisation bill, but they also interrupted my sleep and rest. These interruptions were in addition to the medication, meal, change-of-shift introduction of nurses and pain score assessment times. It dawned on me that, day or night, you are not going to get a reasonable period of rest in a hospital bed, even if you are in a relatively good state and do not have an incessant number of visitors.

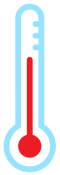
The first night of my stay enlightened me a lot. A house officer came to check on my progress or deterioration at approximately 2 am. Apparently, it was a routine to ensure that I had not worsened during my immediate stay, probably an "early warning system" to pick up on a patient's changing conditions. More interestingly, after I had slept for about one and a half hours after the previous doctor's examination, another "very hurried" and shabbily dressed doctor rather rudely barged into the room and gave some specific instructions to examine me. Perhaps he felt that his junior had not examined something important, but he left saying nothing except "okay." I was bewildered and annoyed as to what he was trying to accomplish, not to mention his lack of introduction, manners, tact and above all, professionalism, which we endeavour to instil in all our doctors. I stayed in a single room that came with a single bed, a sofa and multiple chairs among its facilities. The bed costs a few thousand dollars, but sadly, the mattress, being either too old or used, was very uncomfortable, contributing further to my aches and pains. Even one of my surgeons agreed that the bed is one of the least comfortable. I was also told by other colleagues that one of the most common complaints of hospitalised patients is the quality of the mattress. On the other hand, the sofa in my room was heavenly compared to my bed. I wondered if it was meant for my visitors who were there for a short

while, or to get me to move out of my bed whenever possible. If the comfort level of the bed is a repeated issue, shouldn't it take priority?

The room had a huge wardrobe-sized mirror to the side of the bed. I was once told that, according to Chinese customs, one should not sleep with the mirror visible to oneself. While whoever designed the room took care of that concern, they forgot to look at the utility of the huge mirror in the room. I remain unconvinced about the purpose of such a huge mirror in the room, since there is another large toilet mirror.

The call bell system was intriguing to me. The bed had some switches, which suggested that they could be used to call, but they were dysfunctional. Instead, the call bell, which was tied to my bed rails with a string that not too infrequently got dislodged, had a separate connection to the sockets cephalic to my head.

A few days after admission, I found out by chance that broadband was available free of charge through a USB laptop plug-in, "if one asked for it". I duly got mine after asking. But nowhere in my introduction to the ward, its amenities or in any of the brochures was this indicated, although I was probably being charged for it.



The air conditioner in the room was another mystery to me. I was freezing even when the air conditioning was set to the warmest. I became apprehensive that perhaps I had unrecognised hypothyroidism, but it was soon laid to rest, as almost every visitor had the same complaint. Yet if I switched off the air conditioner, the room felt stuffy and warm. Perhaps it would have been better if I had the choice of switching the air conditioner on and off myself, but this was not to be, because the switch was a significant distance away from the bed (remember, I was on fall precaution) and the air conditioner was apparently centrally controlled. The nurses were extremely nice when called to help with switching off the air conditioner, but it made me dependent on them and it also felt awkward to get help from them for something other than their professional skills or training.

The toilet is of interest to any patient. To bring a wheelchair in unaided was a struggle. I was very impressed by the rails, call bell system and the shower chair. At last, I saw something that was well thought through. However, my delight turned to disappointment when I realised the bidet switch was completely hidden and inaccessible when using the commode. The flush system also required a fairly mighty strength to be functional; two of my visitors thought the flush was non-functional.

Coordination was rather disordered. I needed a few imaging modalities conducted at several places that were away from the ward but within close vicinity of each other, and all were requested at the same time. However, the poor health attendant had to repeatedly wheel me a considerable distance back and forth from the ward purely because of poor coordination. Also, during admission, I was told that I needed some imaging, which could not be done over the weekend, so I had to wait till it was completed before I went home on a Monday. This was told to me at around noon on a Friday, which meant that I had to pay for two days of hospitalisation just to wait for imaging

BILLING

I was in a very fortunate situation where I could afford my hospitalisation. Prior to my admission for surgery, I was asked to fork out a huge deposit despite having a letter of guarantee from my institution. I tried not to quibble over it; I guess if I did, my surgery would have been delayed. What was more fascinating was that more than four months after my discharge, I had not received the significant amount of refund due to me. Institutions seem to have very deep pockets when it comes to returning due money. Perhaps a lesson from the Inland Revenue Authority of Singapore (IRAS), which deals with the entire nation's income tax, may provide useful tips. I have experienced the efficiency of IRAS where excess payments were returned within a fortnight.

I was charged more than $500 per day for "consumables", in addition to the daily room charge (more costly than a deluxe room at Marina Bay Sands Hotel, Singapore), a treatment fee of more than $100 per day, and nearly $100 per day for a category mystified as treatment services, investigations and medication. Computation of charges seems to lack clarity and transparency. I can only guess that consumables include electricity, water, urinals, pyjamas, bedsheet, dressing changes and maybe even my "must ask" internet access, and more.

POSTOPERATIVE CARE

Having had surgery, I was rather surprised that the rehabilitation aspects were not well thought of in advance. Rehabilitation, which lasted less than half an hour, was only started two days prior to discharge. I was not allowed to attempt rehabilitation on my own ("in case I fell"). More interestingly, I was not given any further review on rehabilitation upon discharge. Maybe it was felt to be premature or the value of rehabilitation was underestimated, or maybe there was just some breakdown in communication.

My surgical wound dressing remains a mystery. While originally told that I needed to return a week later for wound inspection, the review time was changed to "three weeks" by the surgical team. With my sweaty self, I asked, "Don't I need to change the dressing at all?" and was promptly

advised, "No, just make sure it doesn't get wet during showering; it will be changed on review."

I confess I defied nursing orders and got a close relative to regularly change my dressing until the review date. The fear of bugs thriving in a moist sweaty "op-site-covered" environment gave me the jitters. I pondered over the additional cost I could have incurred if I had not defied the orders to not change the dressing, and developed a wound infection as a result. A check with nursing colleagues in other institutions led to agitations and disbelief among them: "Are you sure they told you that?" and "That's not what we teach or practice!" Fortunately, they believed me, for I think I am still some distance from the age of dementia.

REQUEST FOR FEEDBACK

Hospitals get patient feedback to, hopefully, act on them. Startling, however, is the methodology of obtaining feedback. The feedback I gave was not confidential, as it was written on a card that I was supposed to hand back to the person who served me. In this instance, I had no issue with giving positive feedback. It did cross my mind though — what if I had negative feedback? If I knew that the person receiving the feedback was going to read it, I would likely hesitate to be negative. Maybe this is a nice way to get more positive feedback!

My worse experience with the feedback gathering process was in the wards. Less than 24 hours after my surgery, while I was on drip and medication to reduce my pain, an "official" from customer service came into my room unannounced, and after the usual greeting and introduction, requested my feedback. I could only guess that the person was unaware that this was my immediate postoperative day and had not checked with the nurses before entering my room. My relatives and visitors, however, had a different interpretation. They coyly remarked, "Better to get the feedback early so that fewer negative things will come to light."

CONCLUDING THOUGHTS

I am glad that the surgery made me much better. Surgery was an ordeal I had to go through (by no means my first), and I had experienced the best and the worst of healthcare. I have learnt how to treat my patients better. I will educate my juniors to put themselves in the patient's shoes and will keep emphasising professionalism at all times.

I hesitated a lot in writing this article, but in the interest of good general patient care, I felt that sharing this experience with a wider audience can only serve to improve what we are doing, as well as open the eyes of administrators, operations staff, hospital planners, builders, engineers, doctors, nurses and other healthcare personnel to the fact that it does not take much additional resources to improve a patient's experience in the hospital.

Much as we talk about satisfaction in healthcare and look at survey results conducted regularly, there must be a process to systematically look at making the experience of patients better and safer, not necessarily at higher costs. If systems and coordination issues had been carefully controlled, I am convinced that my hospitalisation cost would have been lower and my experience more pleasant. Those involved and holding a stake in healthcare can work towards relooking at patient experiences and then learn to adapt and modify accordingly.

The Irish novelist, CS Lewis, has these wise words to say: "Experience: that most brutal of teachers. But you learn, my God do you learn." ◆

SINGAPORE CAN BE PROUD OF ITS HEALTHCARE SYSTEM ... DO WE SIMPLY REST ON OUR LAURELS OR SHOULD WE SEEK TO IMPROVE IT?