Singapore Healthcare Management Congress 2015

Healthcare Operations -
Continuation of NHG Journey

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National Healthcare Group (NHG)

18th to 20th August 2015
Sands Expo and Convention Centre
Singapore

Singapore Healthcare Management 2015

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Adding years of healthy life

Fast-ageing Singapore, fewer to support aged; Trend worries experts

Experts fear this will exert pressure on economy, society and governance

PUBLISHED ON SEP 27, 2013 7:59 AM

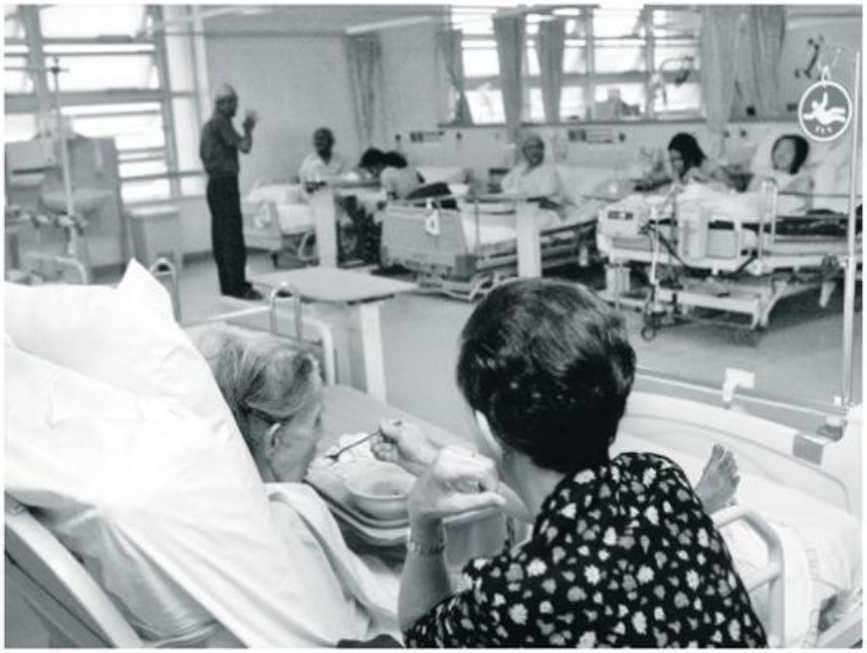
The old-age support ratio - which is the number of citizens in the working age band of 20 to 64 needed to support one older citizen - is decreasing rapidly. It has fallen from 8.4 in 2000 to 5.5 today. -- ST FILE PHOTO

BY TESSA WONG

Singaporeans are living longer and not having enough babies to replace themselves, meaning the swiftly ageing population has fewer working citizens supporting the growing pool of elderly.

commentary

Synching healthcare for an ageing population



Increasing the number of acute care hospital beds is not sufficient to address the healthcare needs of Singapore; we must also address factors that influence the flows in and the flows out of hospitals. TODAY file photo

[2]

Rethink attitudes to adapt gracefully to ageing population: Gan Kim Yong

PUBLISHED ON MAR 19, 2015 10:53 AM

Health Minister Gan Kim Yong said both individuals and employers must rethink attitudes towards working. -- PHOTO: ST FILE

BY LINETTE LAI

SINGAPORE - Whether Singapore is overwhelmed by a "silver tsunami" or adapts gracefully to an older population in the next 50 years will depend on how its people view ageing.

For example, said Health Minister Gan Kim Yong on Thursday, both individuals and employers must rethink attitudes towards working.

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Climate

- Ageing
- Increasing expectations
- Changing social support
- Manpower constraints
- Rising costs
- Knowledge explosion
- Increasing complexities
- Inconsistency and unsafe care
- Narrow window of opportunities

Where Are We Today

PERC	:	2003	3rd
IMD	:	2009	4th
WHO	:	2010	6th
Bloomberg	:	2014	1st

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Good at Illness Care

That's All

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It’s …….

- It’s Illness Care
- It’s Late Care
- It’s Expensive Care
- It’s Unsustainable Care
- It’s Proven Failed Care

Goal – Regional Health System (RHS)

RHS :
Relationship Based – Healthcare that is Sustainable

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Approach

- **Principles of Public Health**
- **Determinants of Health**
- **Big Ills of Healthcare**

Principles of Public Health

Promote and Live Well : Behaviours, Choices, Habits

Early Detection : Identify and change Risky Behaviours, Choices and Habits
Appropriate Screening
Appropriate Case Finding

Planned Prevention

Living Well with Chronic Illness

Efficient, Coordinated and Accessible Acute Care

Ageing Well, Dying Well

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Determinants of Health

Social and Economic Environment	→	• Income and Social Status • Education • Social support Network
Physical Environment	→	• Physical Environment • Health Service
Individual Characteristic and Behaviour	→	• Gender • Genetics • Choices

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Big Ills of Healthcare

- Medicalised Dying
- Medicalised Unhealthy Behaviour, Choices and Habits
- Medicalised Social Support Needs/Gaps
- Delivery Based on Most Expensive Model
  - → Hospitals
  - → Doctors
  - → Late Intervention
- Exception from “Rule of Industries”
  - → Customer Values and Needs
  - → Systems and Population Approach
  - → Empowering People
  - → Learning Organisation

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Our Goals

What Great Looks Like !

- Maximize the well-being of our population
- Maximize the potential of every individual in society
- Expanding upstream to pre-emptive care and downstream to rehabilitation & active maintenance, empowering primary & community care in addition to curing disease when it is presented
- Embracing systems & population approaches and seamless integration with partners in our care delivery
- Quality comprehensive care that's responsive, reliable and actively engages the population
- Be truly one, in patient experience and delivery
- A valued and treasured asset
- A sustainable healthcare organisation and system

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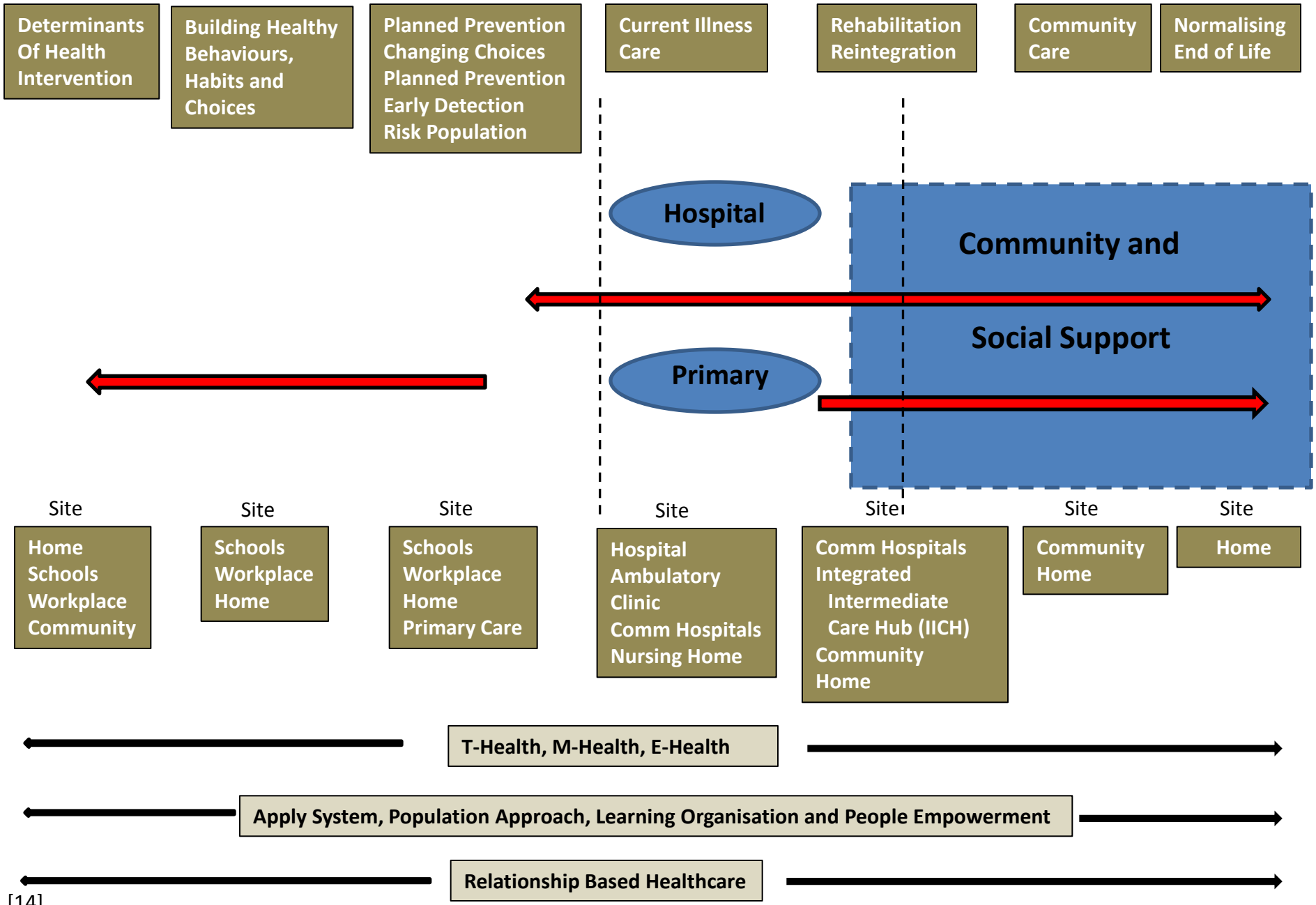
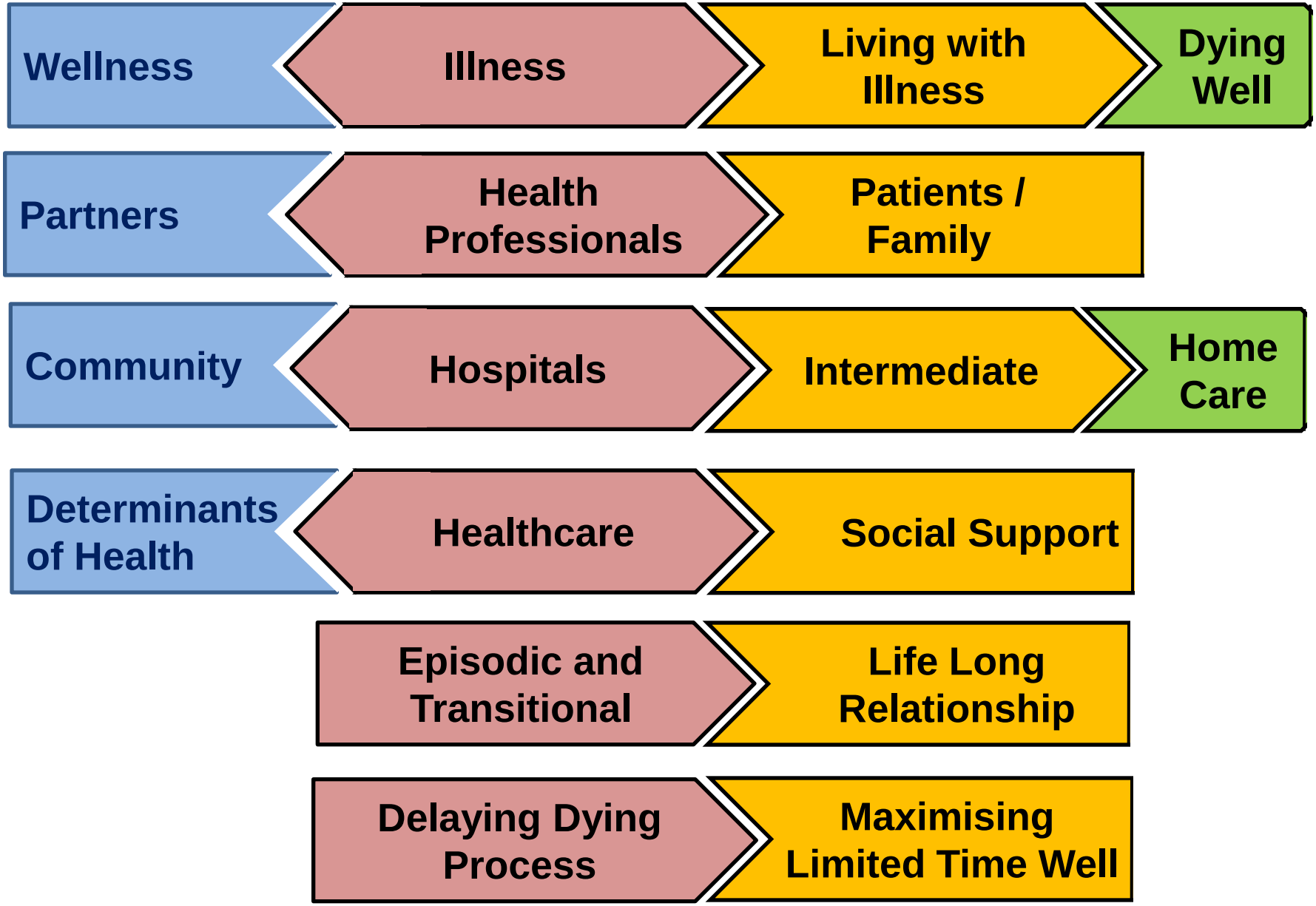

Determinants Of Health Intervention
Building Healthy Behaviours, Habits and Choices
Planned Prevention Changing Choices Planned Prevention Early Detection Risk Population
Current Illness Care
Rehabilitation Reintegration
Community Care
Normalising End of Life
Hospital
Primary
Community and
Social Support
Site
Home Schools Workplace Community
Site
Schools Workplace Home
Site
Schools Workplace Home Primary Care
Site
Hospital Ambulatory Clinic Comm Hospitals Nursing Home
Site
Comm Hospitals Integrated Intermediate Care Hub (IICH) Community Home
Site
Community Home
Site
Home
T-Health, M-Health, E-Health
Apply System, Population Approach, Learning Organisation and People Empowerment
Relationship Based Healthcare

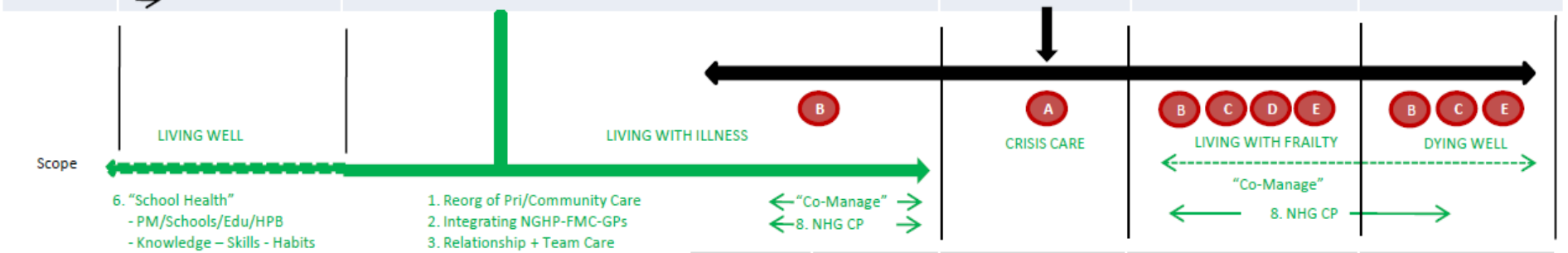
[14]


Wellness
Illness
Living with Illness
Dying Well
Partners
Health Professionals
Patients / Family
Community
Hospitals
Intermediate
Home Care
Determinants of Health
Healthcare
Social Support
Episodic and Transitional
Life Long Relationship
Delaying Dying Process
Maximising Limited Time Well

CLINICAL CARE MANAGEMENT FLOW (1)

Basic Teamlet : SOC/Poly/FMS/TC/PC
Physician : Doctor/Nurse Clinician (NC)
Nurse: NM [NMA] → PSA+
Pre/Post Consult : PSA+
a) Risk Strat → Popn
b) Relationship
c) Efficiency → R Person; Tele Consult; Max Pack; Plan Intervention
d) Post Variance → Cont Improvement; Outcome base

Popn	Pre Illness	Early [Mild]	Moderate	Severe	Acute[Major]	Frailty	EOL
Site	Home-School-Workplace "Community"	Home-School-Workplace "Community"	Home-Workplace "Community"	Home-Workplace "Community"	Institutions Transients	Institutions-Community-LTC	Community + LTC
Ownership	Partners/Primary/Ground → HPB; School; Employees; CDC	Primary/Community Care			Hospital	ILTC / Community Care	Community / LTC



6. "School Health"
- PM/Schools/Edu/HPB
- Knowledge – Skills - Habits
- Physical + Mental
- Right Choice Behaviour + Practice within School + Home

7. Employee Health
HR/Occupational Mgmt/Pri Care as in School Health

1. Reorg of Pri/Community Care
2. Integrating NGHP-FMC-GPs
3. Relationship + Team Care
- Funding Flow
4. Expansion
5. Evidence/Data/Outcome/ Continual Improvement

A – Inpatient (TTSH/IMH)
1)Re Org Depts
2)Revamp Ward round
- Cubicle
- Team
- MDR
- "Transition Care"
- Major Role re-eng by Nursing

B – Outpatient (TTSH/IMH)
1)Re Org Depts
2)Revamp SOC
- Stratification
  - Ownership
  - Risk
- Popn & Relationship
- Team
- Alt to Office Consult

C – Home Support "Transition Care" (TTSH/IMH)
Transient LT support
-Team
-Relationship
-Co Mgmt with patients
-Strong Family/ Community

D – Integration "Frailty" (TTSH/IMH)
Post Rehab; Sp Rehab; Eld/Frailty Rehab; LTC
← Seamless transition →
Care at Site EOL
↓ALOS
- Expand Caregiver training
- Alt to Inpt Rehab
  - Home
  - Community
- Transition Home Support via C

E – EOL (TTSH/Partners/Pri)
1) Expand from "Cancer" to "ESChr Illness"
- Heart Failure
- Renal Failure
- Neuro Degen/ Stroke

2) Early Intervention and discussion
- at SOC/Pri/Inpt
- documentation of plans

3) Home Support
4) Terminal Stage
Home Support; NH/ Hospice

Setting Our Intentions

OUR RESPONSIBILITIES

NHG is a public, not-for-profit healthcare organization, responsible for:

(a)The promotion of health – both physical and mental well-being, for the central region of Singapore;

(b)Leading and working with partners for the mental health and well-being of Singaporeans;

(c)Leading and working with partners to transform and empower primary care;

(d)Leading and working with partners to deliver dermatological care;

(e)The development of our current and future healthcare workforce

Setting Our Intentions

PROMISE TO OUR POPULATION
We will deliver to excellent patient care and work closely with our patients, community and healthcare partners to develop innovative programmes to improve the health and well-being of the people in our region. We will do this by: (a)Continually striving to provide compassionate, safe, reliable, effective and affordable care (b)Continually seeking to improve and add value to the health and well-being of our patients and community
ASPIRATION
Through our relentless innovation, continuous improvement efforts and research, we will help drive the transformation of the healthcare delivery in Singapore and be a positive influence for change

One Healthcare, One Plan, One Team

Early Lessons (Not to be Forgotten)

- Getting the Basics Right
- Engaging the Community
- Getting the Incentives Right
- Maintaining a Delicate Balance
- Saving for Health
- Managing Costs and Patient Expectations
- Excellent Public Healthcare Sector
- Active, Healthy Ageing
- Openness to Talent

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Establish Whole of NHG Roadmap

- **This is not just an summation of individual roadmaps**

- **e.g. Clinical Roadmap**
  - Where are we today
  - Where we want to be (from optimizing current system, known population and future population)
  - Identify and address the gaps
  - Oversee by workgroups and updated to SMM regularly
  - e.g. AES rate reduction as goals

(Possible) Work Themes

1. **Clinical Redesign for the Future**
   - Across the whole system as one
   - Get mass buy-in
2. **Patients Point of View – One System, One Care Team**
   - Need only tell us their problems once
   - Pay at one point
   - One subsidy system
3. **Staff Point of View**
   - One system, one RHS
   - Seamless movement between institutions of NHG
   - New roles and TOR for current structures or new structures
4. **Organisational Development**
   - Making the foundation 'real'
   - Seen through improved NHG wide productivity measured by elimination of waste, optimal deployment of staff, managed manpower growth and minimised cost structure
5. **Training for the Future**
   - Development of current staff
   - Preparing the next generation - engagement of schools

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The Process

- **Sensing, Evaluate, Interprets, Resource Allocation, Planning Process (collectively as SMM)**

- **Work themes done by ground**
  - Develop a good objective ‘strategic intelligence’/sensing team that review the current status annually and see where we are in the roadmap, how are we delivering on our promise and benchmark and distill learnings with others, e.g. quality groups, HSOR group (reference Qulturum).

  - Based on these inputs, develop the a report card (have we fulfil our goals for last year), can we learn from what others are doing

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Timeframe

Year 1 (2015)* Direction setting, policy review, kick-off

1. Identification of core competencies and spreading them
2. Alignment of HR/finance activities and policies, tied to overall goals of One NHG
3. Visioning and detailing of strategies to achieve goal
4. Elaboration of care themes and assignment of champions

Years 2 to 3 Admin matters e.g. structures, BSC, KPIs, HR and finance practices etc.

Years 3 to 5 Clinical redesign programs roll-out

*Engagement of Sequoia to develop the organization development strategic roadmap with the gathering of inputs from all the CEOs and institutions as well as facilitating some of the processes

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