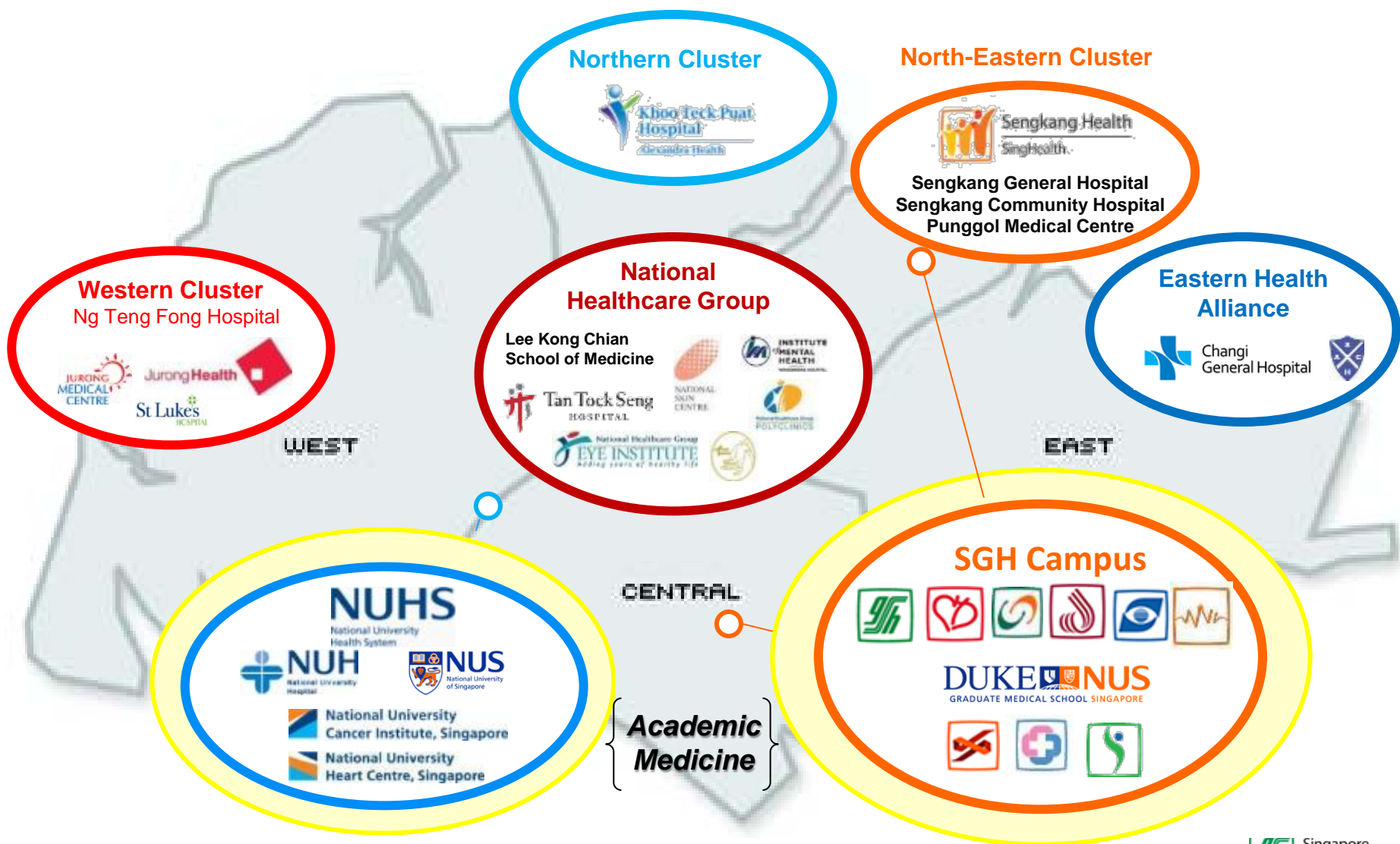


Setting up a Multi-Disciplinary Centre - Innovate and Transform

James Toi
Chief Operating Officer (Ambulatory)
Singapore General Hospital

Public Healthcare Delivery Network



Healthcare Today & Beyond ...

Key Challenges

1. Rapid Growth in Population
2. Rapid Ageing of the Population
3. Increasing Burden of Chronic Diseases
4. Advances in Medicine
5. Rising Cost of Healthcare
6. Increasing Competition
7. Limited Health Workforce and Competing Demands
8. Rising Expectations of Patients
9. Rising Standard of Healthcare
10. Increase in Life Expectancy

Stresses on Our
Resources



People



Money



Space

“Progress is impossible without change, and those who cannot change their minds cannot change anything.”



George Bernard Shaw

Playwright & co-founder of the London School of Economics



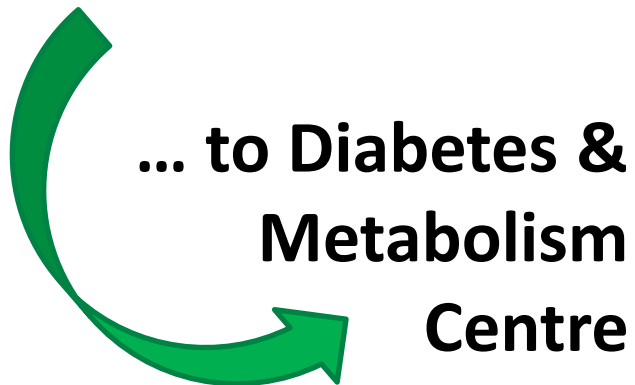
Diabetes & Metabolism Centre



Infrastructure



**From National
Heart Centre ...**



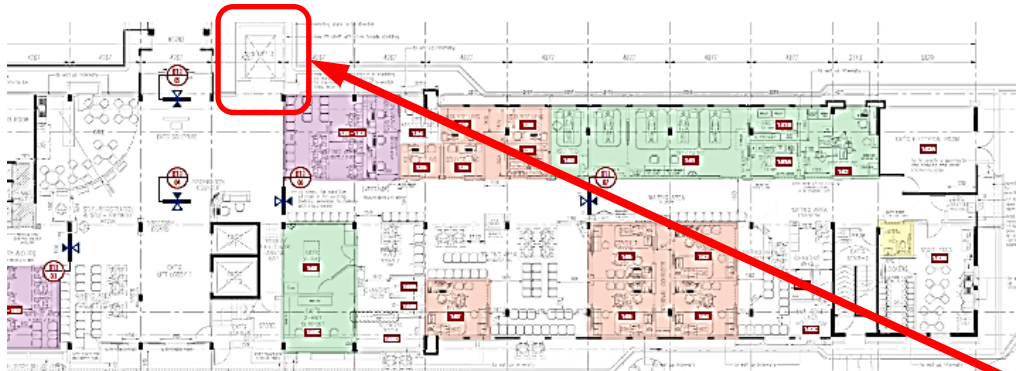
**... to Diabetes &
Metabolism
Centre**



Then & Now



Then & Now



Lifts



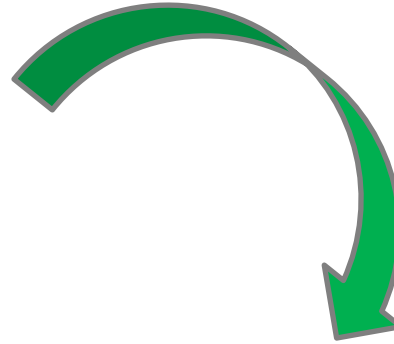
New lift



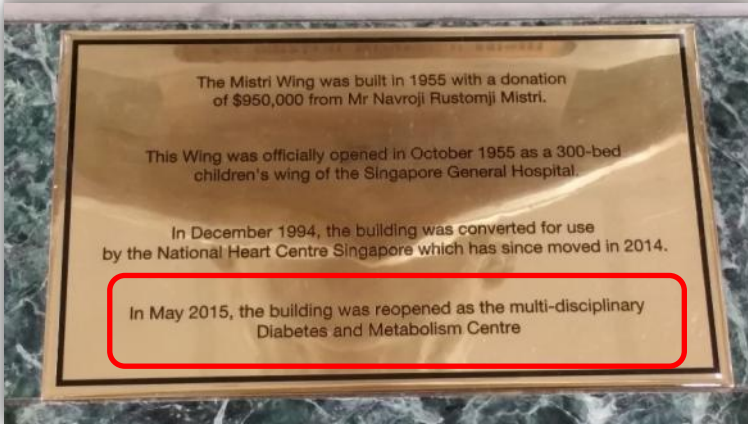
New lift car



Then & Now



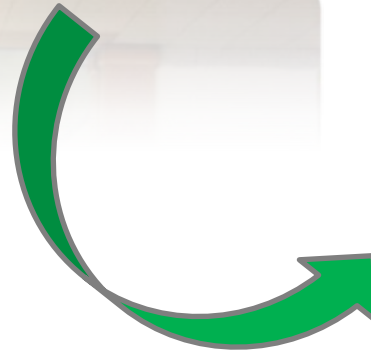
Level 1 Lobby



Then & Now



Clinic



Then & Now



Counter



Then & Now



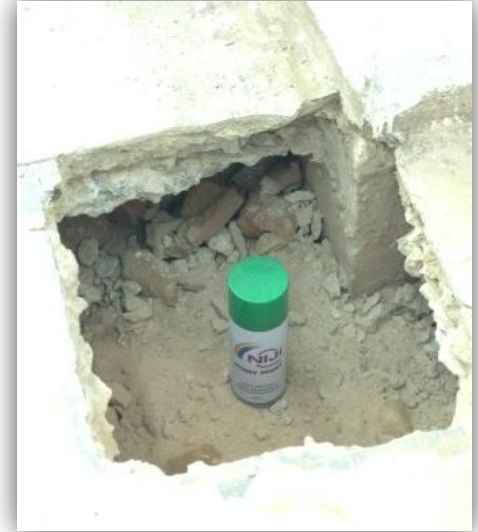
Challenges



Structural pillars



“Hot Spring”



Repair hollow ground slab (more 50% of the ground floor slab was hollow)

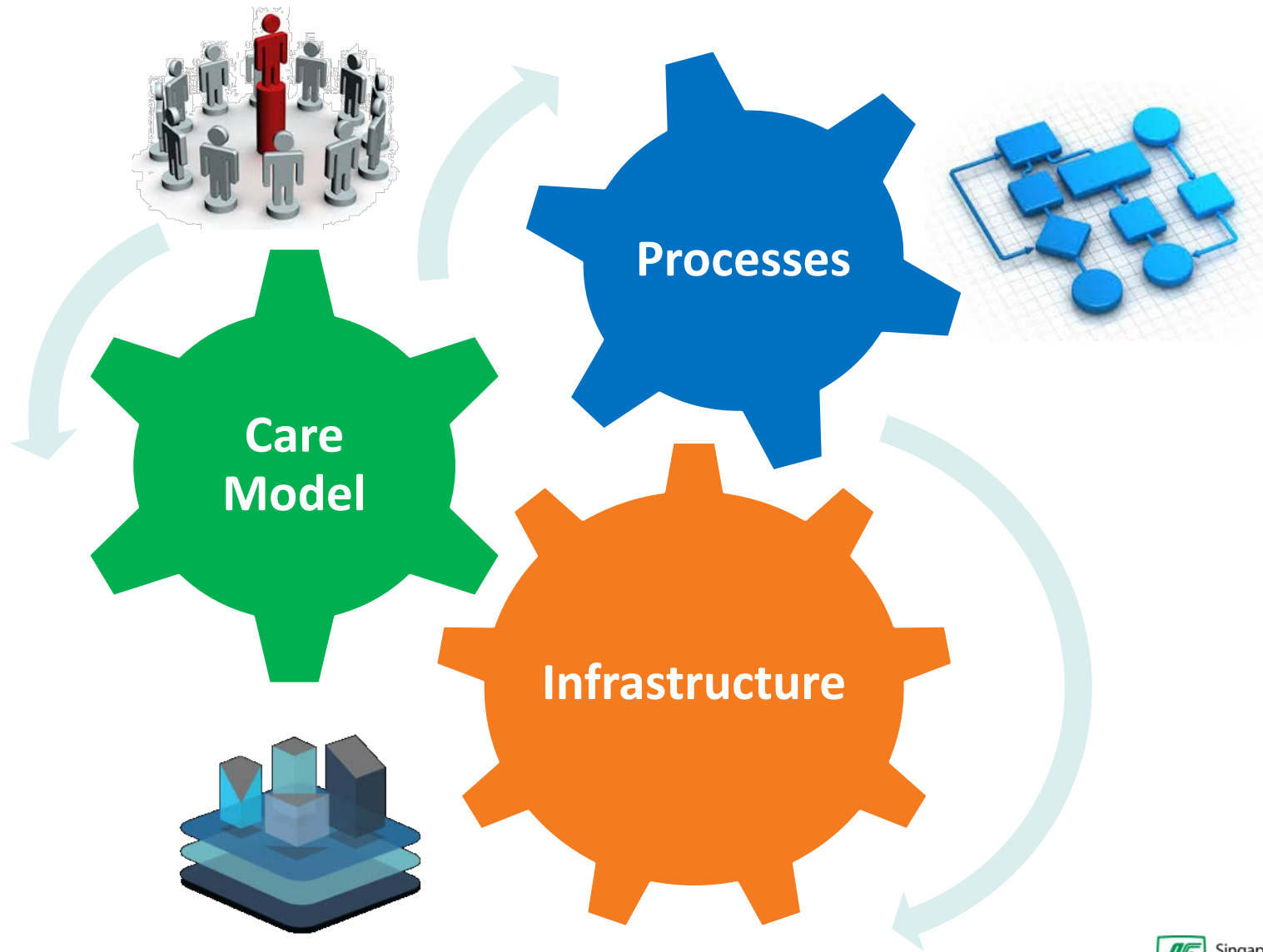


Messy cables

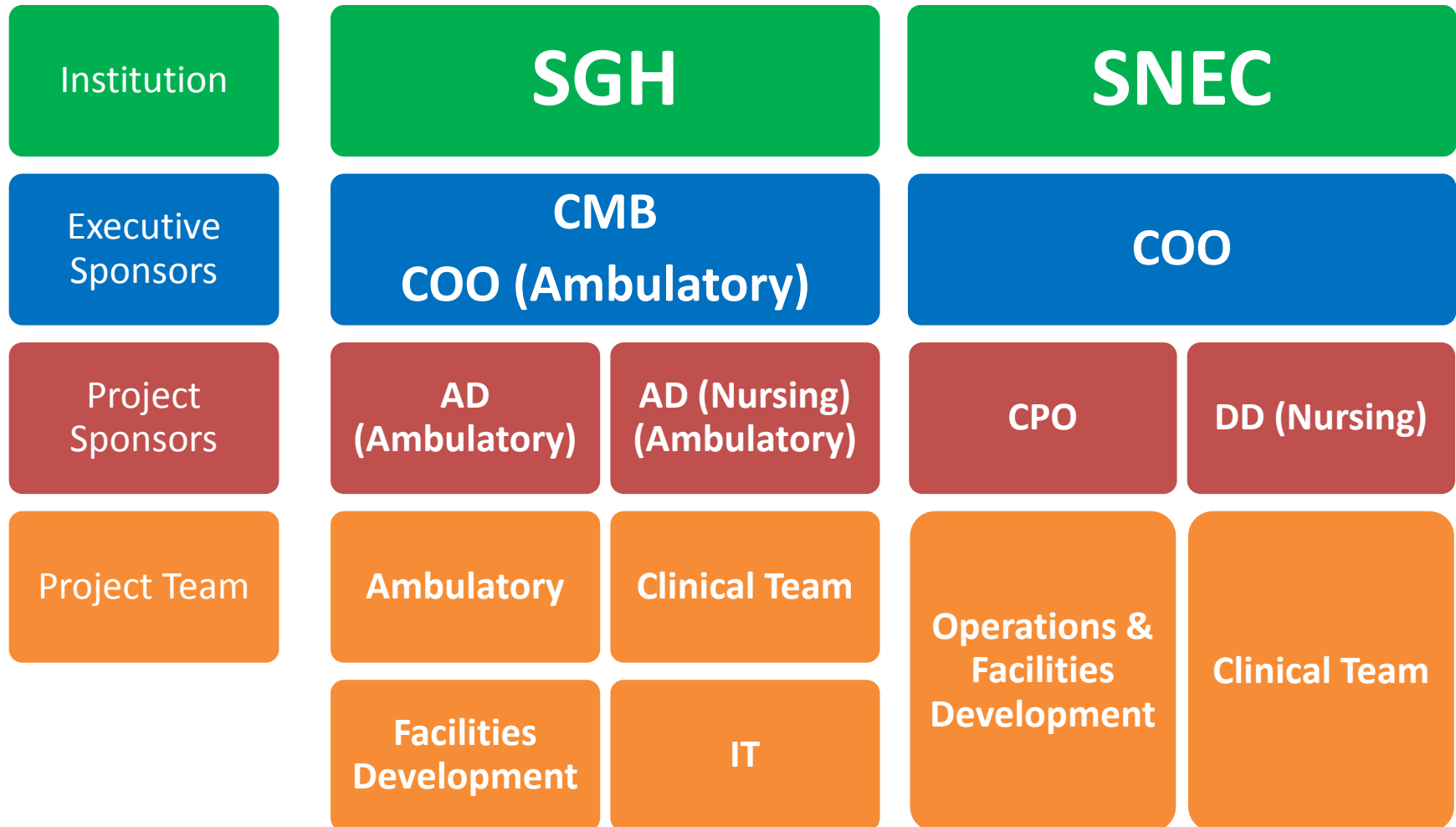


External interior walls are partition boards that have to be replaced

Innovation & Transformation Journey



Steering Committee



Working Committee

Division of Surgery

Vascular Surgery
Ambulatory Surgery Centre

Division of Medicine

Endocrinology
Internal Medicine
Renal Medicine

Division of ACSS

Pathology
Diagnostic Radiology
Emergency Medicine

Division of Nursing

Specialist Outpatient Clinics

Allied Health

Pharmacy, Dietetics,
Podiatry, Physiotherapy
Medical Social Service

Health Information Management Svc

Operations & Performance Management

Accreditation & Licensing
Preparedness & Response
Performance Management

Chronic Disease Management Office

Finance

Decision Support Services
Business Office

Communications & Service Quality

Safety Network

IHIS

SGH IT, Patient Systems

Infection Control

Patient Safety

Human Resource

Manpower Planning

Operations

General Services
Housekeeping
Visitor Services
Call Centre
Security
MD, CSSD
BME, FME

SNEC

Chief Projects Officer
Facilities Development
Clinical & Nursing Team
Operations, Communications
Infection Control
Finance, HR

Planning Guidelines

Seamless and hassle free service for patients

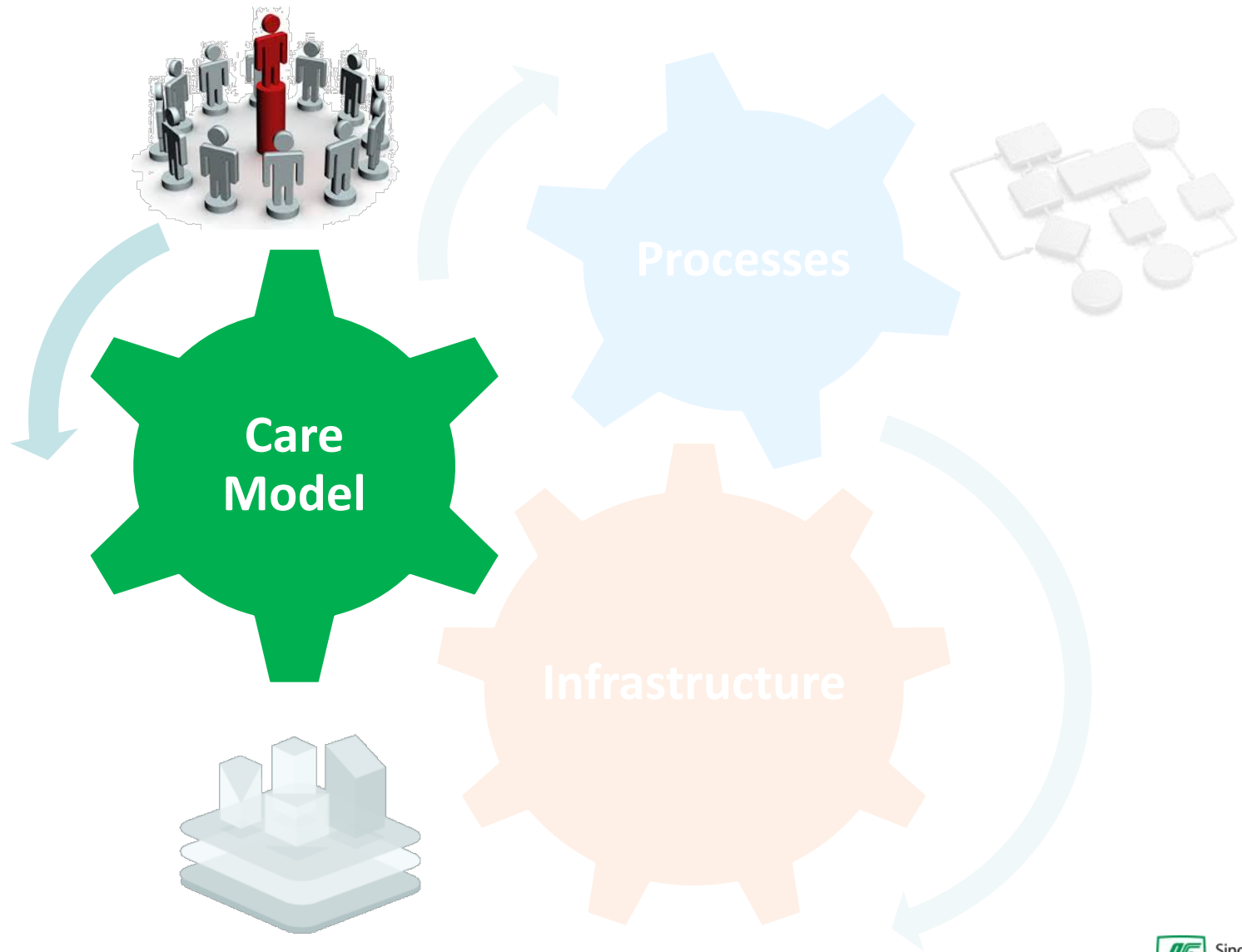
Optimise facilities by creating multi-use rooms

Adequate seating and circulating space

Age-friendly design & facilities

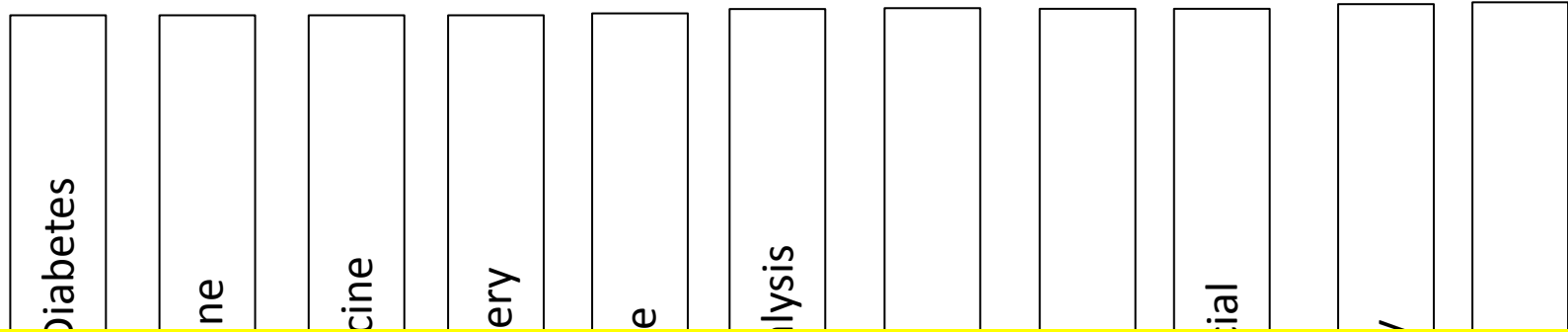
Teaching space to cater for training needs

Innovation & Transformation - Care Model

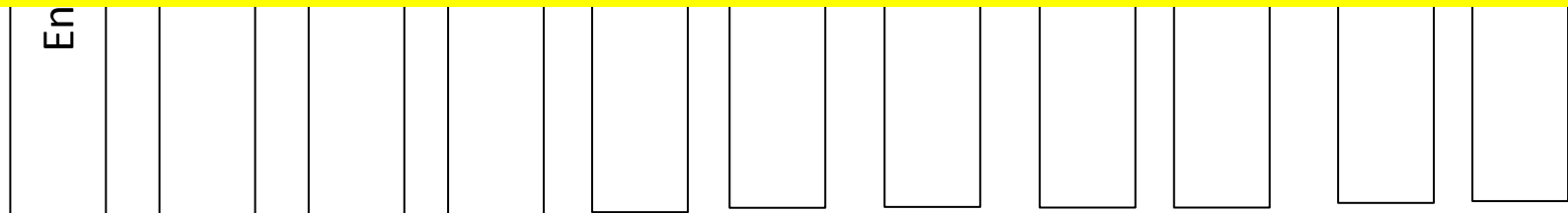


New Care Model

Traditional



Integrated Clinical Care Services
Diabetes & Metabolism Centre



Ambulatory Care Centres

- **Centres of Excellence**
- **Patient Centric**
- **Multi-disciplinary**
- **Team based approach**
- **Design healthcare infrastructure to provide better integrated delivery**
- **Seamless experience - Patients, Doctors, Staff**
- **Seamless Operating Systems**
- **Integration of services**

Benefits

- **Condition / disease based**
- **Bringing different expertise groups together**
 - **to shape care for patients**
 - **through continuum of care**

New Approach & Effectiveness

Particularly effective for:

- **patients who are typically cared for by multiple specialists**
- **offers patient the convenience**
 - **being able to see all doctors in the same place**
- **facilitates improvements in processes of care**
- **promotes atmosphere of collaboration that positively impacts clinical care and opportunities for research**

Diabetes & Metabolism Centre (DMC)

Diabetes care from head to toe

New Diabetes and Metabolism Centre offers integrated, comprehensive care for diabetes, including vascular, ophthalmology and podiatry services



The new Diabetes and Metabolism Centre is a multi-disciplinary venue that provides a one-stop service for patients with diabetes and metabolic conditions. It consolidates and organises clinical care around patients' needs.

“We want to provide diabetes patients with quality care by having every aspect of their illness seen to by the right specialist in the right setting.”

Dr Goh Su-Yen
Senior Consultant & Head
Department of Endocrinology

Multi-Institution Collaboration



Singapore
General Hospital

SingHealth

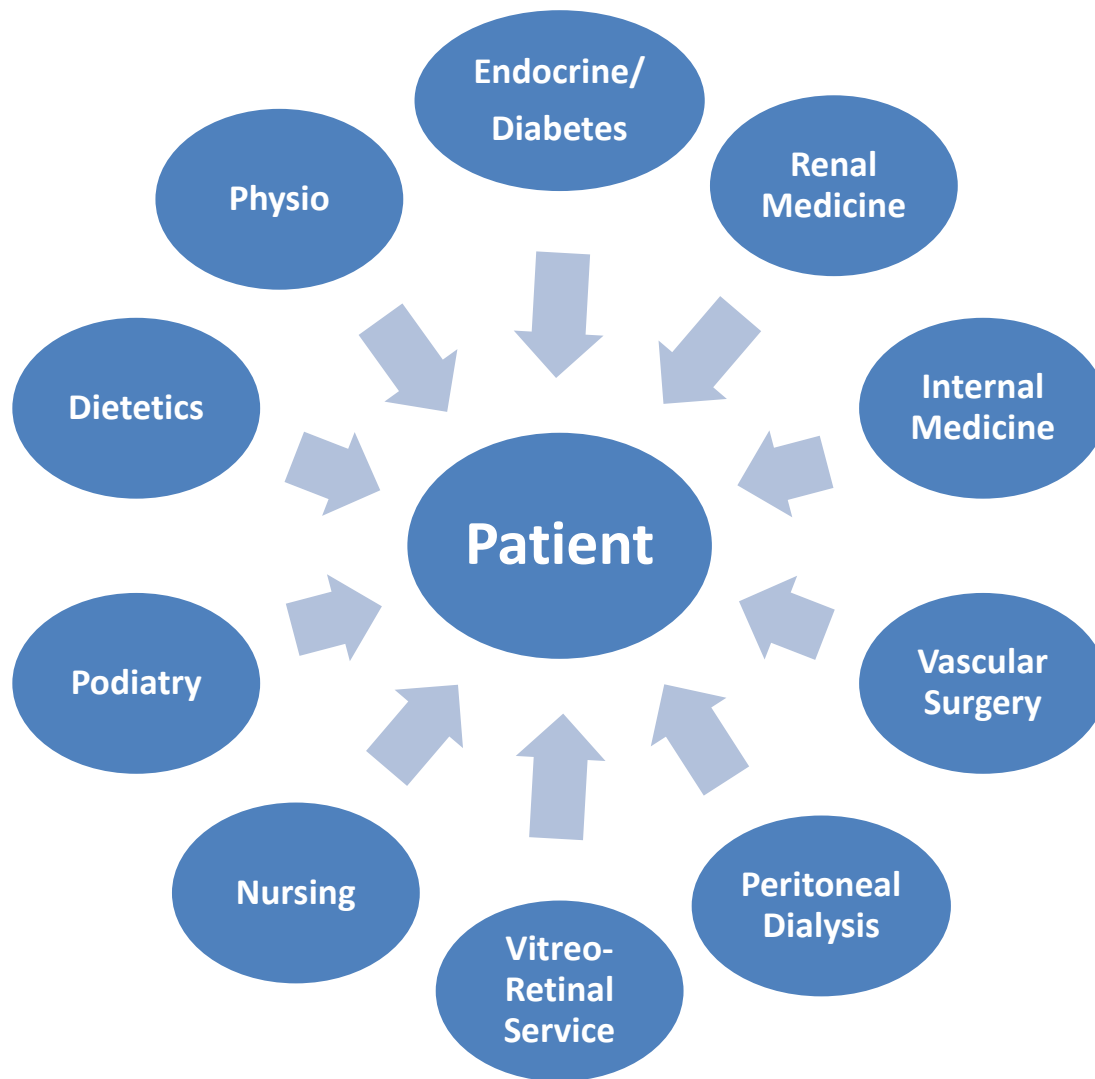


Singapore National
Eye Centre

SingHealth

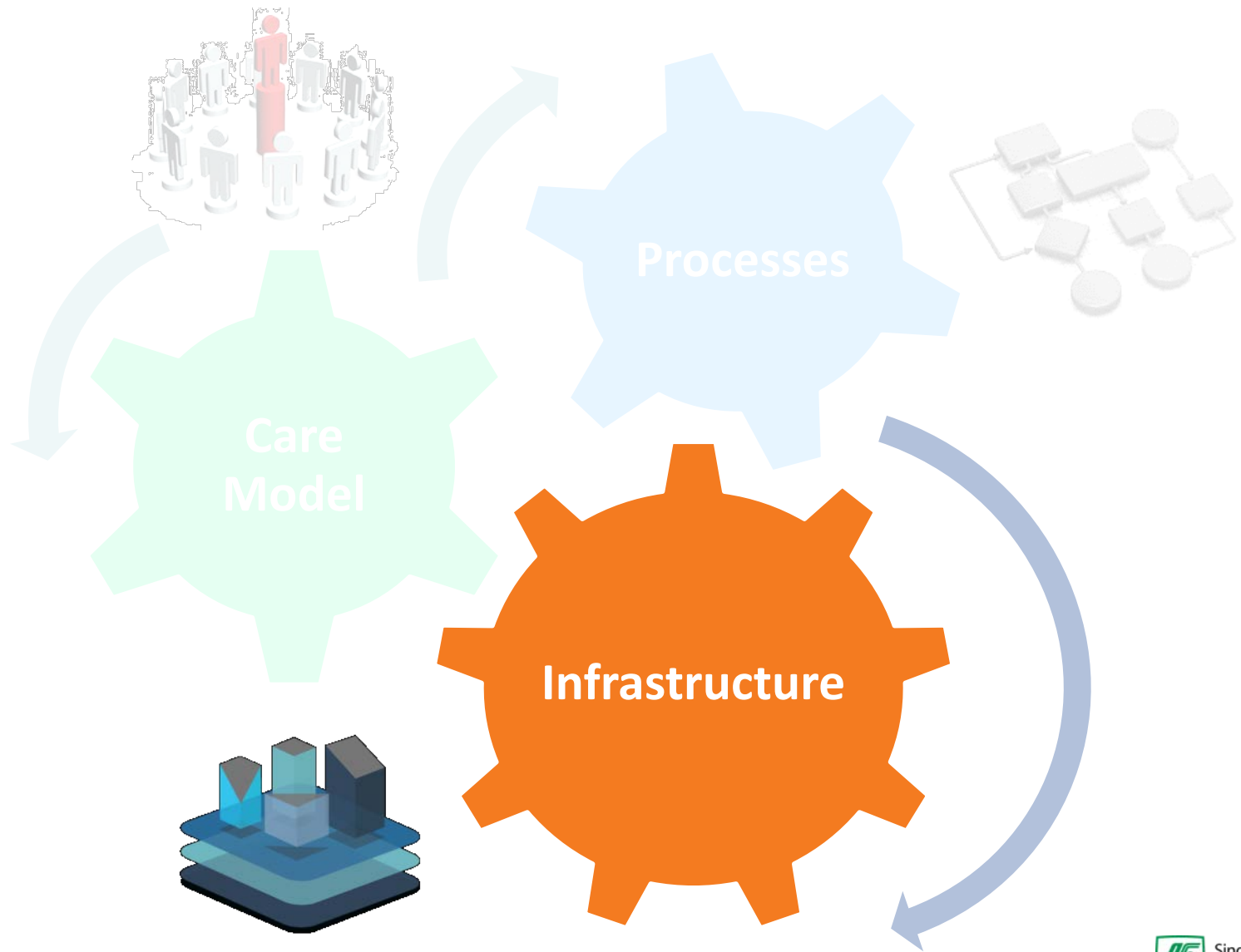


Multi-Disciplinary Care



Integration of multi-disciplinary services to deliver seamless and coordinated care, organised around the needs of patients with diabetes & metabolic conditions

Innovation & Transformation - Infrastructure



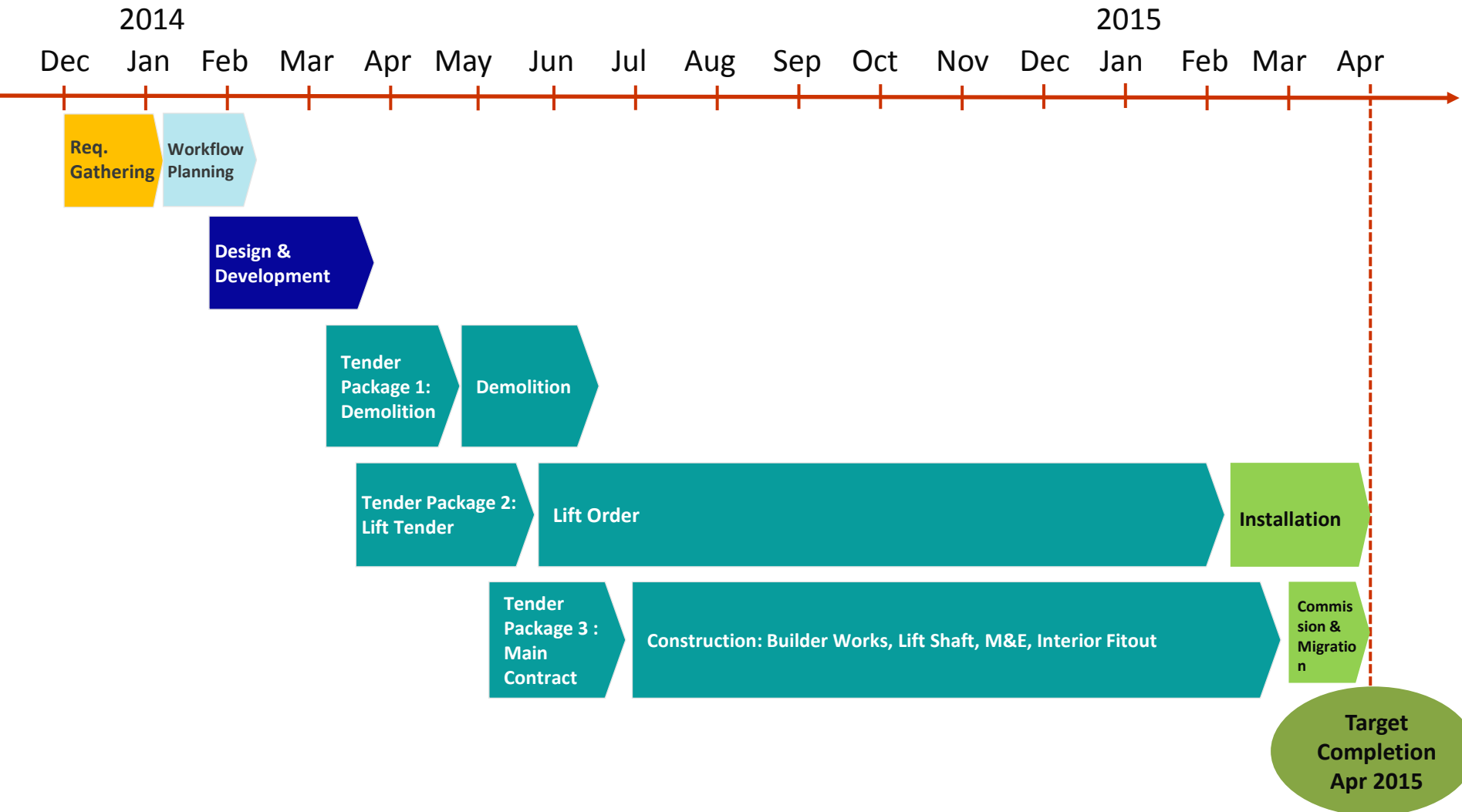


Budget

Timeline



Project Timeline



Floor Stacking

LEVEL 4

DMC Level 4
RENAL MED, INTERNAL MED

LEVEL 3

DMC Level 3
ENDOCRINOLOGY & DIABETES

LEVEL 2

DMC Level 2
RETINA CENTRE

LEVEL 1

VASCULAR SURGERY
X-RAY

DMC
Level 1

PODIATRY
PERITONEAL DIALYSIS

Levels 1 – 4 : 5,020 sq m
Bowyer Block C L1: 460 sq m

BOWYER BLOCK C
Level 1

PAYMENT

CDMO

LAB

PHARMACY

Integrated Facilities

Right Siting Office



Pharmacy



Clinics



Central Payment



Blood Taking



Radiology

Integrated facilities for one-stop service

Consultation Rooms



- Compact rooms of 11.52 sqm with sliding doors
- Fully equipped assistant workstation for queue management, appointment scheduling, e-charge
- Multi-purpose – anyone can use
- Space & cost optimisation

Multi-Purpose Rooms



- 4 to 8 sqm multi-purpose rooms
- Nursing - patient assessment, listing, counselling
- Non-doctor consults by medical social service, pharmacy reconciliation service, dietician counselling, renal coordinator, nurse educator

Treatment Rooms



- **With attached disposal rooms**
- **Multi-purpose**
 - endocrine tests, FNAC, injections, dressings

Peritoneal Dialysis

**Dedicated exchange area
with recliners for patients
who need to perform
exchange during an
extended visit – enhances
patient care & experience**

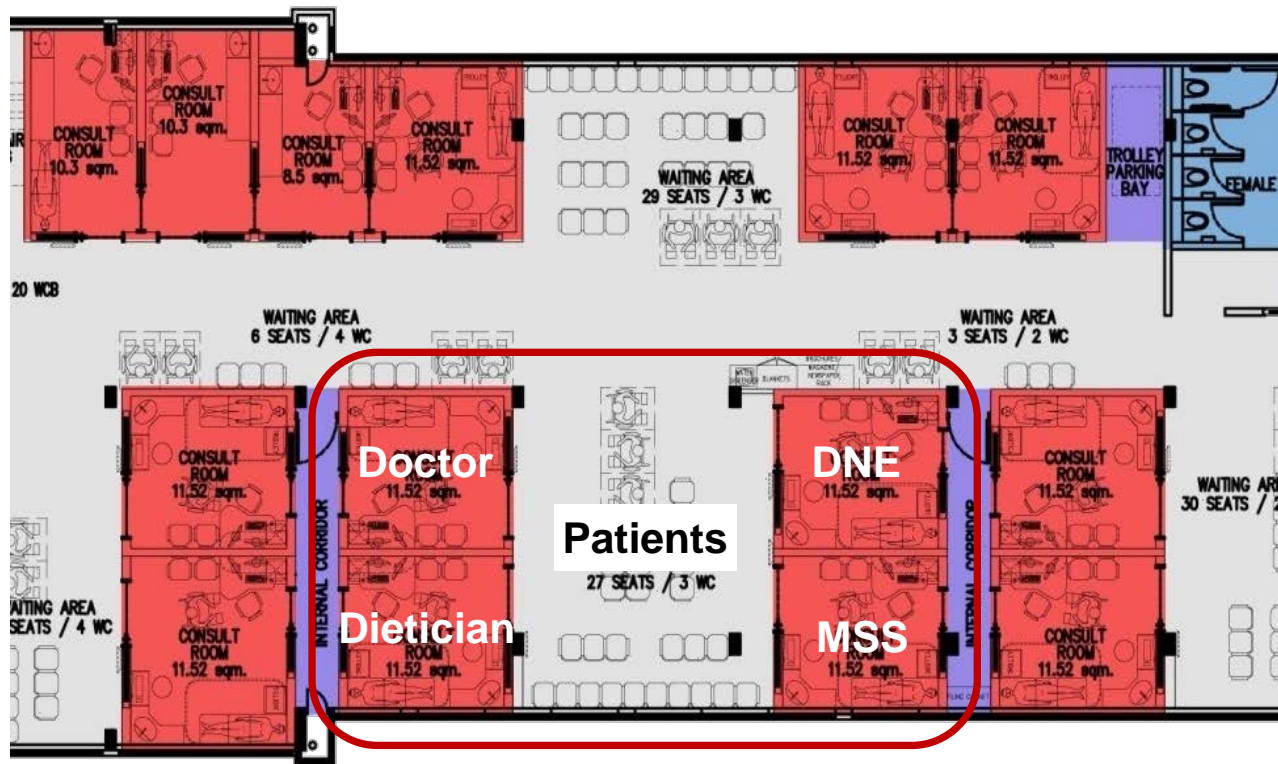


One-Stop Vascular Surgery Clinic



- **One stop service for vascular patients**
- **In-clinic vascular scan unit facilitates same day scans**
 - Reduces overall waiting time for vascular scans
- **Procedure room for same day vascular procedures**

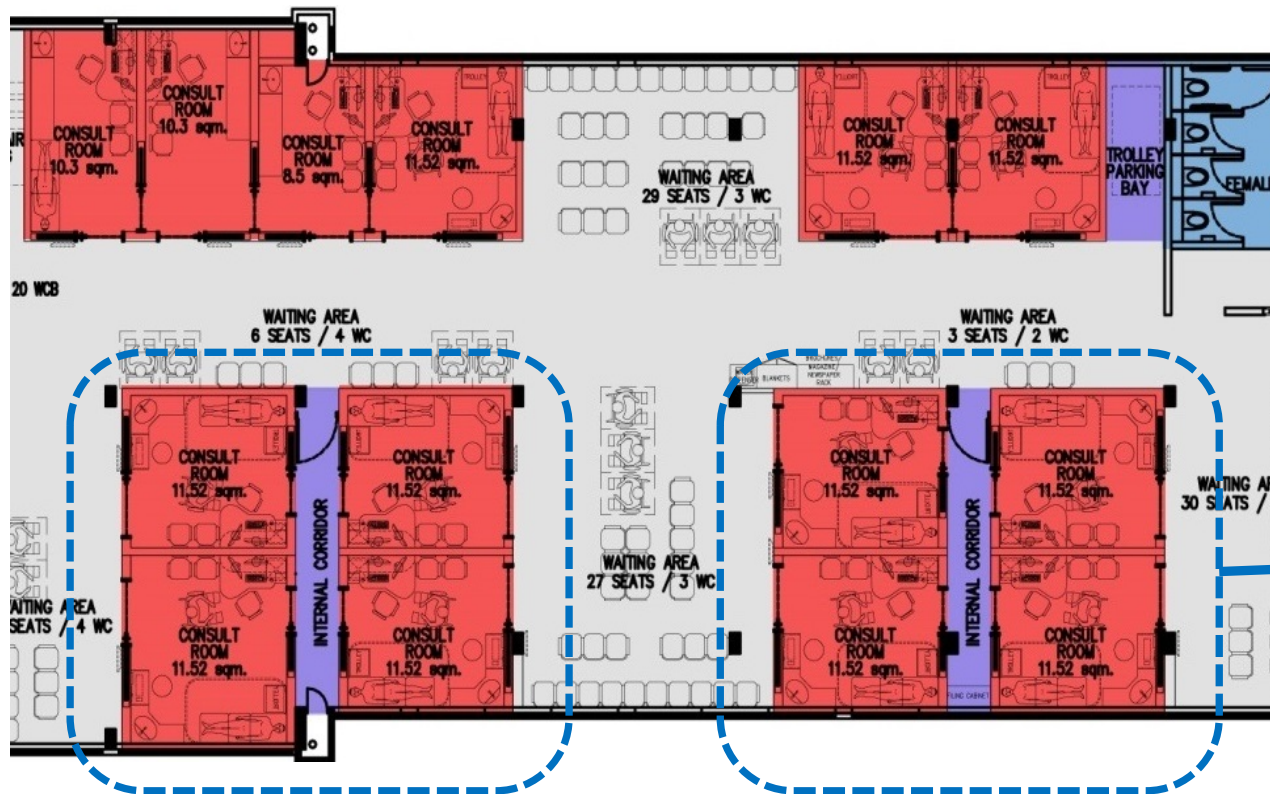
Cluster Concept for Team Based Care



YAD (Young Adult Diabetes) Clinic

- Facilitates multi-disciplinary consultations and team based care centred around the needs of patients

Cluster Concept for Teaching



Teaching clusters
with 1 senior
doctor supervising
up to 3 teaching
sessions

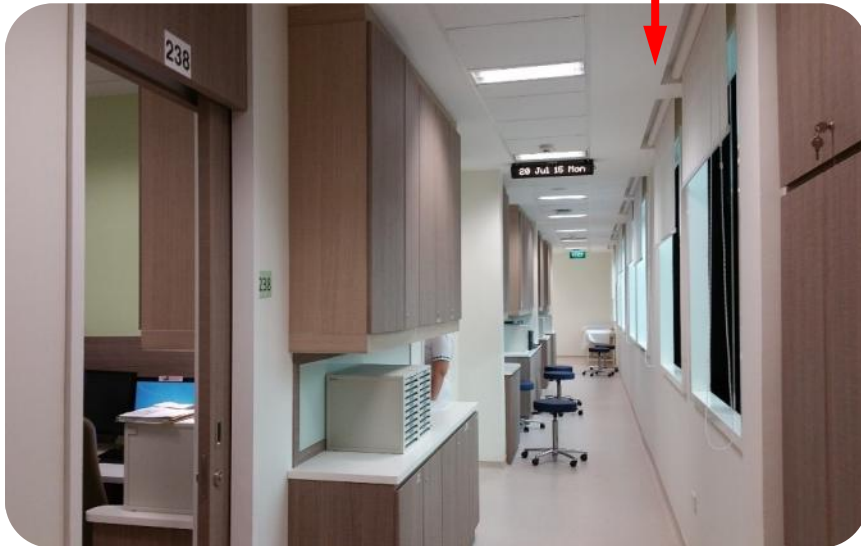
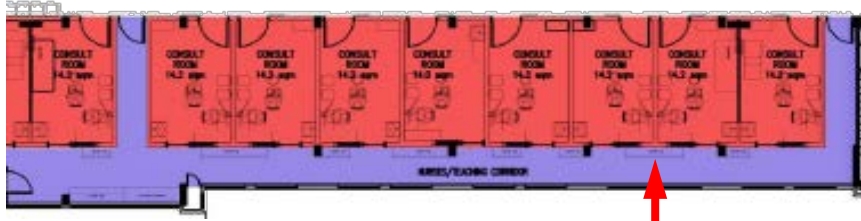
- Facilitates supervision of residency and other teaching sessions
- Discussions can be conducted in the internal corridor away from patients if needed

Cluster Concept for Teaching

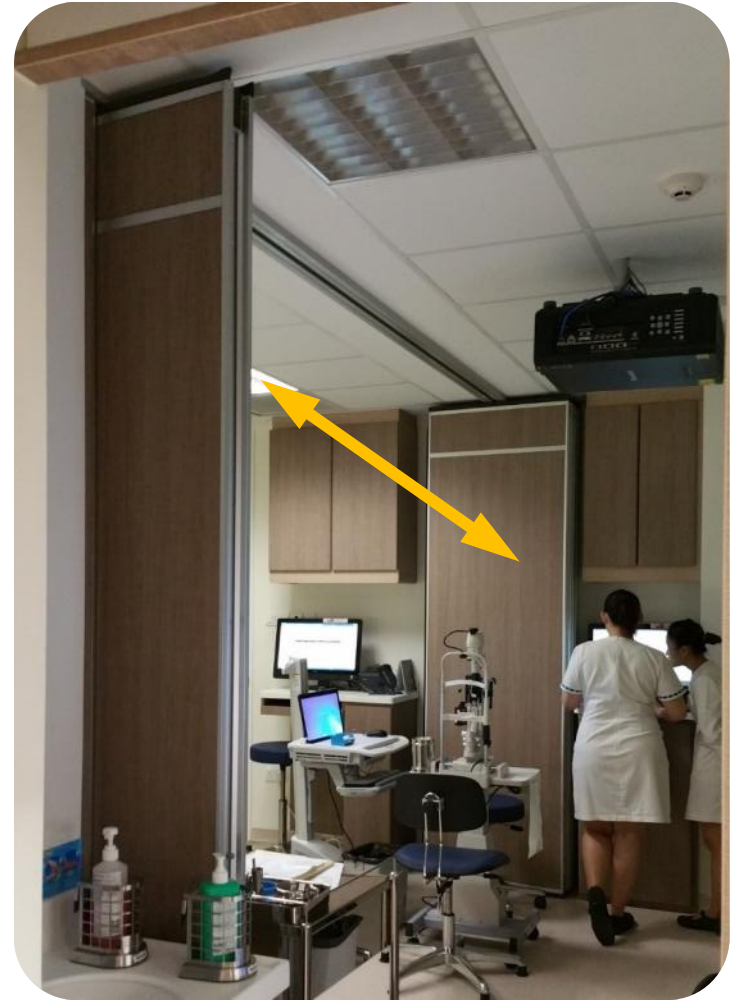


Singapore National
Eye Centre

SingHealth



Back corridor



Teaching room

Sub-waiting Areas



- **Smaller consult rooms**
- **Wide corridors**
- **Sub-waiting areas to de-congest waiting area**

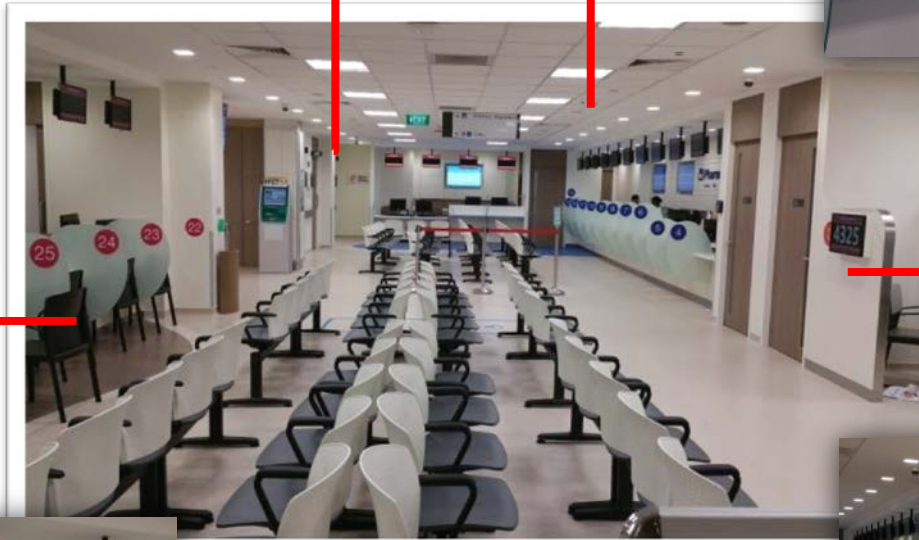


Strategic Co-location of Services

Right Siting Office



Pharmacy



Bowyer Block C



Central Payment



Blood Taking

Continuing Care in the Community



Right Siting Office (RSO)

Collaboration and strategic alliances with our Partners for Continuing Care in the community

- GPs
- FMC

Age-Friendly Features



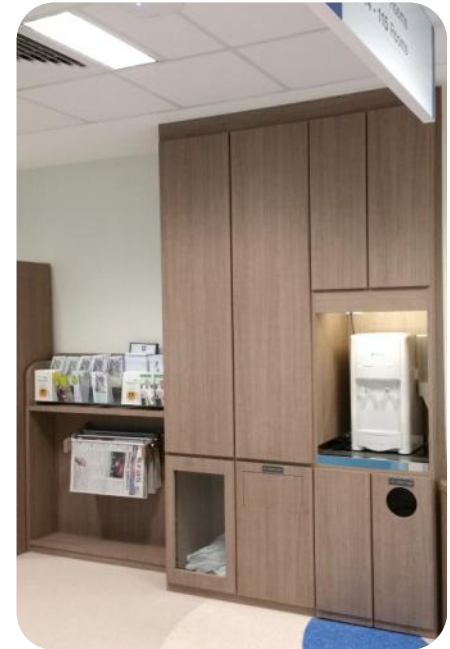
Large room numbers & Handrails



Chairs with armrest



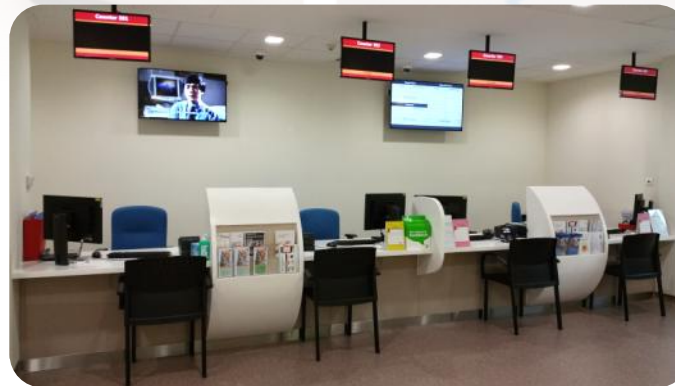
Wheelchair Lots



Amenities counter



Hydraulic couch



Low counters



Large & contrasting lift buttons

Way Finding

Colour Coding



Blue Zone



Green Zone

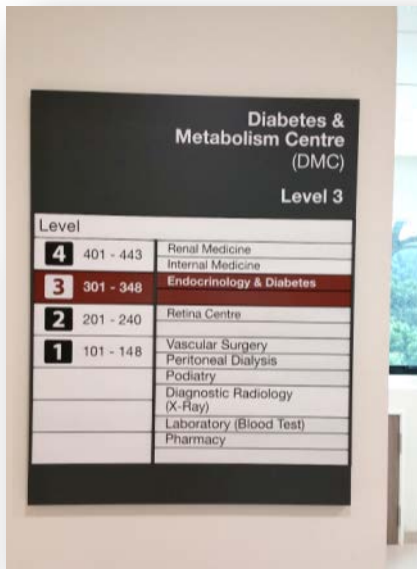
Way Finding



Information Counter



Use of icons in signs & posters

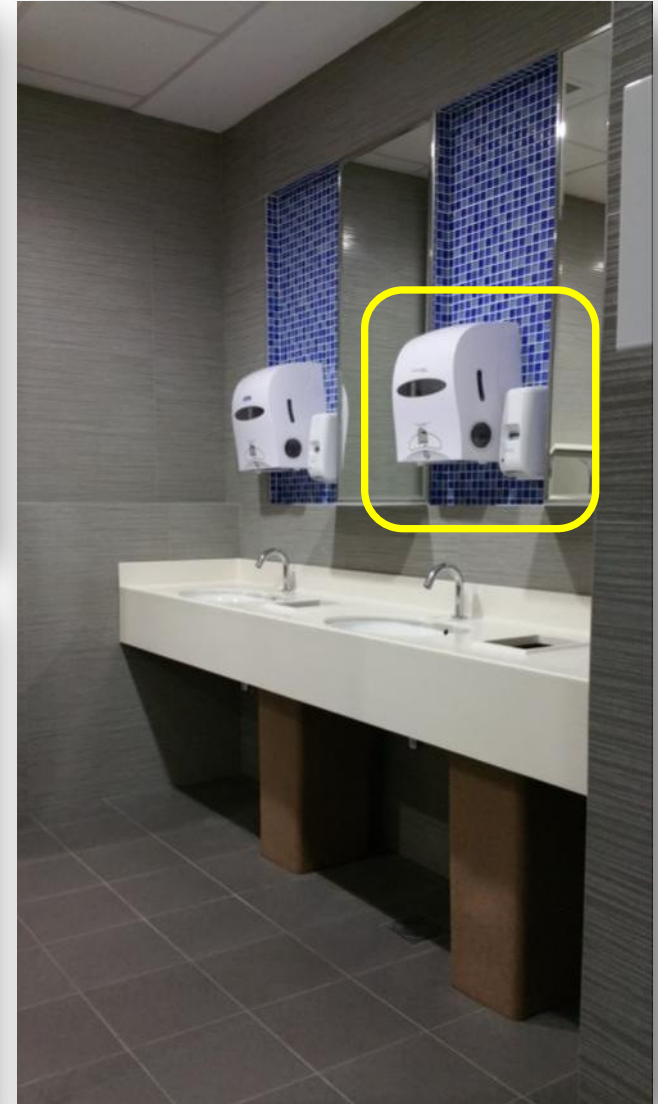


Centre directory



Footprints to Lab & Pharmacy

Toilets



Staff Amenities



Staff tea room

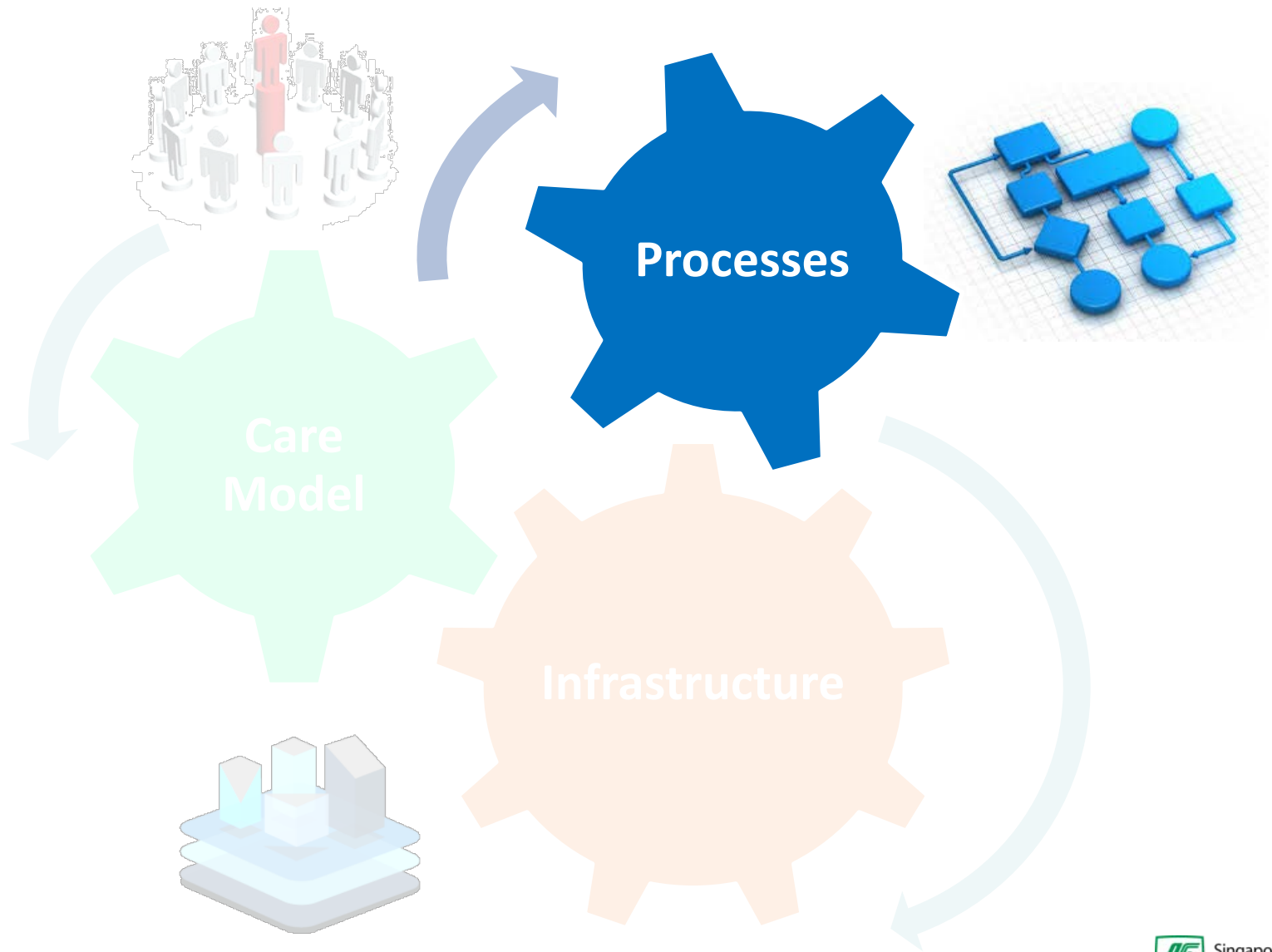


Staff lockers & changing room



Panic alarm system

Innovation & Transformation - Processes



- 1. Seamless Experience:
Putting Patients First**
- 2. Productivity through Innovation**
- 3. Technology / Automation**

Manpower/ Staff/ Employees

- **Healthcare – Manpower intensive industry**
- **Shortage of manpower in healthcare**
- **Difficult to find and recruit**
- **Staff retention and development**
- **Gen X, Y, Z**
- **Unions**
- **MCs, overtime, salary increase**

THE BUSINESS TIMES



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CO REGN NO 198402868E

MCI (P) 051/08/2014

Wednesday, June 3, 2015

New manpower minister to stay the course on foreign-worker policy

Not enough for companies to be aligned in working towards "priority outcomes", they must also move and act decisively, says Swee Say

By Chuang Peck Ming
peckming@sph.com.sg
@PeckmingBT

Singapore
EMPLOYERS can perish all thoughts of an easier labour market. The new Manpower Minister will not relax the foreign-worker policy to let in more foreign workers, nor reduce the foreign-worker levy.

Instead of yielding to calls by some bosses to go easy on tightening the tap on the inflow of foreign workers – and the fees for recruiting them – Lim Swee Say wants businesses to look beyond the current tight labour market that's plaguing them.

He wants them to work with the government and unions to focus on making the economy manpower-lean, boosting the Singapore core in the workforce and upgrading the existing pool of foreign workers.

The result would be a more competitive economy that's good for business looking for higher profits and good for Singaporeans seeking a fruitful career path, Mr Lim said in a media interview on Tuesday.

The former chief of the labour movement, who came into his new job on May 4, said that he's got many of the business leaders he met in the past month "aligned" in working towards the four "priority outcomes" – and his ministry is already looking in to changes to provide the necessary support.

MOM's backing seems key. "With this support and understanding, our members, representing many industry sectors, will be even more encouraged to adapt to the new economic environment," said Thomas Chua, president of the Singapore Chinese Chamber of Commerce & Industry.

"Firms are fully aware of the impact of the tightened control on foreign workers," he added. "By the same token, they hope the government can also understand the strains and limitations they are grappling with."

Mr Lim has yet to work out the details of the support his ministry would offer to businesses but indicated that whatever they are, the best way to go about achieving the desired goals is through Tripartism – getting government, employers and unions



Mr Lim: "We don't have to wait until everybody agrees to start... All it takes is three companies, five companies, seven companies that are prepared to take the lead." PHOTO: MARK CHEONG/ THE STRAITS TIMES

to work together.

And the actions must be taken at the industry and sub-industry levels, rather than at the national level.

"We don't have to wait until everybody agrees to start," Mr Lim said. "All it takes is three companies, five companies, seven companies that are prepared to take the lead."

And these companies must not only be aligned in moving forward, they must also move and act decisively, he said.

According to SCCC's Mr Chua, in meeting with the chamber, Mr Lim had indicated that he was prepared to meet with different industries sector by sector and welcomed constructive

and alternative solutions on addressing the manpower challenge – and "would certainly support if they were found to be workable and feasible".

Victor Tay, chief operating officer of the Singapore Business Federation, noted that with an ageing population, Singapore's workforce is projected to decline by 2020.

Manpower shortage has already made labour the biggest cost burden for Singapore business, with many employers taking various productivity measures to lighten it.

While he agreed with the shift to a labour-lean economy, Mr Tay however cautioned that it would take time – probably a generation – to build a

strong Singapore core, because it requires changes in mindset and work attitude.

According to Mr Lim, the manpower situation in Singapore has "reached a point of no return". There's "no turning back" to a more liberal foreign worker policy to ease the labour shortage, he said.

"If they (the companies) keep hoping that the Ministry of Manpower will revisit our policy on foreign workers to treat them special, give them higher quotas and so on, that is not possible."

Mr Lim noted that the ratio of local to foreign workers has dipped to 2:1. "If we continue (to adopt a more liberal

"If we continue (to adopt a more liberal foreign worker policy), the ratio of local workers versus foreign manpower will continue to decline. One day Singaporeans will wake up to find ourselves as a minority in our Singapore workforce, and obviously that's not sustainable, that's not desirable."

Mr Lim

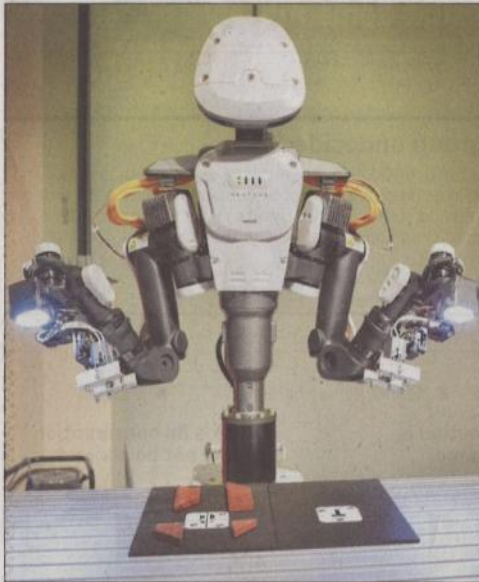
al foreign worker policy), the ratio of local workers versus foreign manpower will continue to decline. One day, Singaporeans will wake up to find ourselves as a minority in our Singapore workforce, and obviously that's not sustainable, that's not desirable."

Lowering the foreign worker levy is also undesirable because, Mr Lim said, that would undermine it as a key policy tool to keep the inflow of foreign workers manageable.

To achieve a manpower-lean economy, he said that more workers from labour-intensive and less productive industries have to be shifted to the more productive and capital-intensive ones.

If this is not done, the situation would lead to under-employment with more professionals, managers and executives not utilised to their full potential. Structural unemployment would be the outcome if the Singapore core is weak, according to Mr Lim.

Staff crunch? Automation may be answer



Tech, a robot programmed to deliver food from kitchen to table in restaurants, or for room service in hotels. It was jointly developed by Technetics Solutions and Adept Technology. (Above) A robot designed by Nanyang Polytechnic, which could be used in the logistics sector. ST PHOTOS: ALPHONSUS CHERN



NTUC lines up more training for workers to manage new tech; raising awareness

By JOANNA SEOW

WHEN a room service order is ready, Tech goes to the kitchen to pick it up, takes the lift up to the guests' floor and rings the guests to let them know their food has arrived.

"Hello, how are you today? Please take your food," says Tech, a 1m-tall robot with a soothing voice – and a slight resemblance to R2D2 from the Star Wars movies.

Tech the robot will be put into service in the next six months in at least two hotels and seven food and beverage outlets here, said Mr Mathan Muthupillai, chief technology officer at Technetics Solutions.

The three-year-old start-up developed Tech and a suite of other robots together with United States-based automation company Adept Technology. Tech will cost \$80,000, inclusive of its operating system and charging pod.

"Who are the main ones suffering because of the manpower issue? The service sector," said Mr Mathan. "It

product-specific training.

"Because (workers) are doing the job day to day, they know what it entails and they know what are the areas they need help in, and this is where the conversation between workers and employers is important, so that they can apply appropriate technology in context," said Mr Chan, who is also the Minister for Social and Family Development and Second Minister for Defence.

More events such as seminars and consultations will also be held, with the aim of reaching 30 service-related companies in the next two years.

The organisations hope to raise awareness about funding support available – up to 50 per cent for equipment and up to 90 per cent for automation training – under various productivity and training funds.

While automation is widespread in the manufacturing sector, the service sector has generally lagged behind.

One exception, however, is Decks, a clothing wholesale and retail company that employs 60 workers.

12 top news

thesundaytimes April 19, 2015

High staff morale as hospitals go high-tech

Productivity is boosted and man-hours are saved as automation eases manual workload

Salma Khalik
Senior Health Correspondent

Ms Evelyn Soh used to spend every day picking medicine, packing it and then dispensing it to polyclinic patients.

But since the Bukit Batok Polyclinic where she works started using a machine to do most of the sorting and packing, she has the time to learn a new skill – patient counselling.

The pharmacy technician, who has a diploma in pharmaceutical sciences, now teaches asthmatic patients how to use an inhaler properly, and educates heart patients on which food to avoid while taking medication.

"It is more fulfilling," she said.

"In the past, we didn't have much time with patients. Now I can talk to them for up to 15 minutes, and they have the chance to ask more questions."

She attended two six-month part-time training courses before taking over the counselling sessions which were previously conducted by pharmacists.

Her colleague Alice Chin has also been freed up to head a team and train staff from other National Healthcare Group (NHG) polyclinics on how to use the machine packer.

She also manages inventory, as the automated packer needs to be properly stocked and the drugs bar-coded. Based on the code, the machine picks the correct drug that has been prescribed for the patient.

By the end of this year, all nine NHG polyclinics will be using these

automated packers, which reduce the workload for pharmacy technicians and cut down on human error.

Several public hospital pharmacies have also introduced similar machines.

This is just one of several high-tech initiatives being adopted at both public and private healthcare institutions to raise productivity and cope with the increasing manpower squeeze.

At Khoo Teck Puat Hospital (KTPH), automated ground vehicles (AGVs) have taken over the mundane task of delivering food and medical reports to wards.

The machines use the backlanes and are rarely seen by patients. It

used to take 10 people to make these deliveries, doing about 300 trips a day.

Switching to automated beds has also made it easier to move them. It used to take four porters for each of the 150 bed transfers a day, as a bed weighs between 260kg and 360kg, but now just two can do the job.

A KTPH spokesman said the ordering of meals has also gone high-tech, saving 47 man-hours a day. Instead of nurses going around asking patients what they want for breakfast, lunch and dinner, writing it down and passing on the information to the kitchen, all meal requests are now recorded on an iPad linked directly to the kitchen.

Meanwhile, the four Parkway Hospitals – Gleneagles, Mount Elizabeth, Mount Elizabeth Novena and Parkway East – switched to an electronic signature system in September last year that not only saves reams of paper, but also requires five fewer people in dealing with admissions and consent.

Instead of filling in paper forms for staff to then input into computers, patients now do it electronically. This also reduces errors.



Bukit Batok Polyclinic pharmacy technician Alice Chin (above) now trains staff from other NHG polyclinics on how to use the automated packer which sorts and packs medicine (below right), while her colleague Evelyn Soh (below left) has more time to counsel patients on matters related to their medication.



Like KTPH, two Parkway hospitals have introduced electronic meal ordering which takes into account allergies and therapeutic needs so patients cannot pick a meal that they should not have.

A spokesman said Gleneagles saves 33 man-hours each day, and Mount Elizabeth, 18.

At Singapore General Hospital, radio-frequency identity technology has made tracking and counting items a breeze.

It is used, for instance, on the 4,000 curtains – 100 of which need to be laundered and replaced every day.

Previously, 16 housekeeping staff members had to count and

record the serial number on each curtain during inventory tracking. Now a special tag on each curtain is scanned and recorded in real-time.

Housekeeper Soh Siang Chuan said: "It's very easy to use, very fast and the system updates right away so we can see the information immediately."

A different tracking device for surgical supplies that must be sterilised – as many as 28,000 items a month – has resulted in monthly savings of almost 2,000 man-hours.

At the National University Hospital, the use of disposable bedpans has saved 2,100 man-hours a month for nurses, and another 675 man-hours in cleaning the ma-

chines used to sanitise them. That is besides the savings on water and electricity. The wards smell better too.

Tan Tock Seng Hospital now has electronic tablets that automatically capture patients' vital-sign readings at their bedside. Nurses no longer have to write them down and input the data into the computer later.

With older workers in mind, the hospital has also replaced its old 120kg wooden trolleys used to deliver medical supplies to wards with motorised scooters which pull three carts.

Not only does this reduce delivery time by half with the scooters carrying twice as much each trip,

but the workers also no longer suffer from muscle aches.

The system, which reduced the amount of work by more than 400 man-hours a month, has a zero accident rate. The old trolleys averaged 20 collisions a month.

Said senior staff keeper Chan Chee Chioong, 53: "I used to go home with my knees and back hurting. Now, it doesn't even feel like I'm working."

Before the change, he planned to stop work in a few years' time as he did not think he could carry on. But he no longer thinks of retiring so soon.

salma@sph.com.sg
facebook.com/ST.Salma

Meet Japan's robot receptionist

TOKYO - She can smile, she can sing and this robot receptionist who just started work in Tokyo never gets bored of welcoming customers to her upmarket shop.

"My name is ChihiraAico. How do you do?" she says in Japanese, blinking and nodding to customers in the foyer of Mitsukoshi, Japan's oldest department store chain.

Clad in an elegant traditional kimono, ChihiraAico - a name that sounds similar to a regular Japanese woman's name - breaks into a rosy-lipped smile as would-be shoppers approach.

Unlike her real-life counterparts - almost always young women - who welcome customers to shops like this, ChihiraAico cannot answer questions, but runs through her pre-recorded spiel.

The android, with lifelike skin and almost natural-looking movements, was developed by Toshiba and unveiled at a technology fair in Japan last year.

"We are aiming to develop a robot that can gradually do what a human does," said Toshiba chief specialist Hitoshi Tokuda.

"The standard of customer service in this Mitsukoshi flagship store is top quality and this is a great opportunity to see what role our humanoid can play in this kind of environment."

ChihiraAico started work yesterday and will receive customers at the store until today, before taking part in a series of promotional events over the upcoming Golden Week holidays.

The humanoid is not the first robot in customer service in Japan. The wisecracking Pepper, a 120cm-tall machine with a plastic body perched on rollers, flogs coffee machines and mobile phones.

AGENCE FRANCE-PRESSE



ChihiraAico (left), a robot developed by Toshiba, welcoming customers at an information desk in Nihonbashi Mitsukoshi Main Store in Tokyo. Unlike her real-life counterparts - almost always young women - who welcome customers to shops like this, ChihiraAico cannot answer questions, but runs through her pre-recorded spiel. PHOTO: EUROPEAN PRESSPHOTO AGENCY


Harness Technology



- Multi-purpose, self-service kiosks to encourage self-registration & self-payment
- Colourful visual to guide patients

Patient Journey

3065



SXXX2490D / [REDACTED]

Service Station	Time
Registration 301-304	
Height / Weight / BP Room 316-321	
Consultation Room 341	09:30
Pharmacy Bowyer Blk Lvl 1	
Payment 22-29 Bowyer Blk Lvl 1	

Queue No. may NOT be in running sequence.
Registration Date & Time: 15-Jul-2015 09:21

Please proceed to the respective waiting area

Typical patient journey

Please proceed to the respective waiting area

4006



SXXX2085B / [REDACTED]

Service Station	Time
Registration 301-304	

Queue No. may NOT be in running sequence.
Registration Date & Time: 20-Jul-2015 09:29

Please proceed to the respective waiting area

New case or walk-in

1 Queue 1 Payment (1Q1P)



- Use of pictograms/visuals rather than just words
- Easy to understand

e-Charge

SGH QAS UAT13 - SINGAPORE GENERAL HOSPITAL (SG)
12:36 PM 20 Apr 2015 [CML5140243-0]

Outpatient Administrative System
Version 3.5b

main menu

E-Charge Form Entry

NRIC Name Visit Number

	Service Code	Description	Performing Provider	Quantity	Unit Price (SGO)
	76000305	CONSULT - INITIAL VISIT	LIFE-AEKH-LIFE-ALVIN ENG KIM HOCK	1	51.00

Service Code: [Frequently Used](#)

Pick from template:

<input type="checkbox"/> 10006209 ALPHA FOETO PROTEIN (QUANTITATIV)	<input type="checkbox"/> 10027303 ANTI-NUCLEAR ANTIBODY	<input type="checkbox"/> 10009909 C REACTIVE PROTEIN	<input type="checkbox"/> 10050264 CA 153	<input type="checkbox"/> 10050107 CA125
<input type="checkbox"/> 10050118 CA199	<input type="checkbox"/> 10007806 CARCINOEMBRYONIC ANTIGEN (CEA)	<input type="checkbox"/> 70201134 FREE PROSTATE SPECIFIC ANTIGEN (FPSA)	<input type="checkbox"/> 11001003 FULL BLOOD COUNT	<input type="checkbox"/> 10011104 GYLCATED HAEMOGLOBIN

- Staff enter charges as services are rendered
- Cashier finalizes the bill at end of visit & collects payment

One Medical Social Service



- **SGH & SNEC MSW collaborate to serve patients from both institutions**



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General Hospital
SingHealth



Singapore National
Eye Centre
SingHealth

Harness Technology



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Stakeholder Feedback

"We are so glad to have this facility to provide genuine multidisciplinary patient-centred care for chronic diseases like diabetes and hypertension. The Ops team are true champions of patient care and have helped the clinicians bring state-of-the-art outpatient care to our patients, and have worked tirelessly behind the scenes to bring this project to fruition."

Dr Goh Su-Yen
Senior Consultant & Head
Department of Endocrinology
Singapore General Hospital

"The co-location of related services within close proximity inside DMC allow for better patient centric care and the patient's journey within the hospital as pleasant and efficient as possible."

Dr Chong Tze Tec
Senior Consultant & Head
Department of Vascular Surgery
Singapore General Hospital



Stakeholder Feedback



"The DMC's unique and thoughtful design has facilitated multi-disciplinary care made possible by the wide spectrum of expertise provided by the various SGH departments assembled under one roof to benefit our diabetic eye patients. The outcome is not only better and more accessible patient care but also opportunities for greater collegiality and academic exchange."

Ms Charity Wai
Chief Operating Officer
Singapore National Eye Centre

"DMC is the result of close collaboration across different institutions , disciplines & departments to create a one-stop centre that aims to deliver patient centric multi-disciplinary care. With the opening of the centre, it is most heartening to know that our patients & clinicians value the team's careful planning & attention to details & as administrators, we too, are to contribute towards better patient care."

Ms Yeo Shuan Khiag
Project Manager
Diabetes & Metabolism Centre
Singapore General Hospital

Staff Feedback

“We are proud to be part of the DMC family; working in collaboration with each department guided by compassion & integrity, and sharing the same passion to make a difference to our patients.”

DMC Pharmacy Team



“New DMC is really great to work at... It's really challenging to work with different clinic staff and different type of patients ... everyday I get a chance to learn new things ... I feel good working at DMC.”

Kalaivili D/O K K Karunaniti
Patient Service Associate
Diabetes & Metabolism Centre

“Nice, new facility, more spacious, less claustrophobic & less stressful to work here. The blue & green colours used also have a calming effect.

Melinder Kaur D/O Jit Singh
Senior Staff Nurse
Diabetes & Metabolism Centre



Patient Feedback

The journey is a lot smoother now.

Signages are clear, easy to find my way around DMC

New façade & look is refreshing

No need to queue many times for payment



Willingness to Recommend > 96%

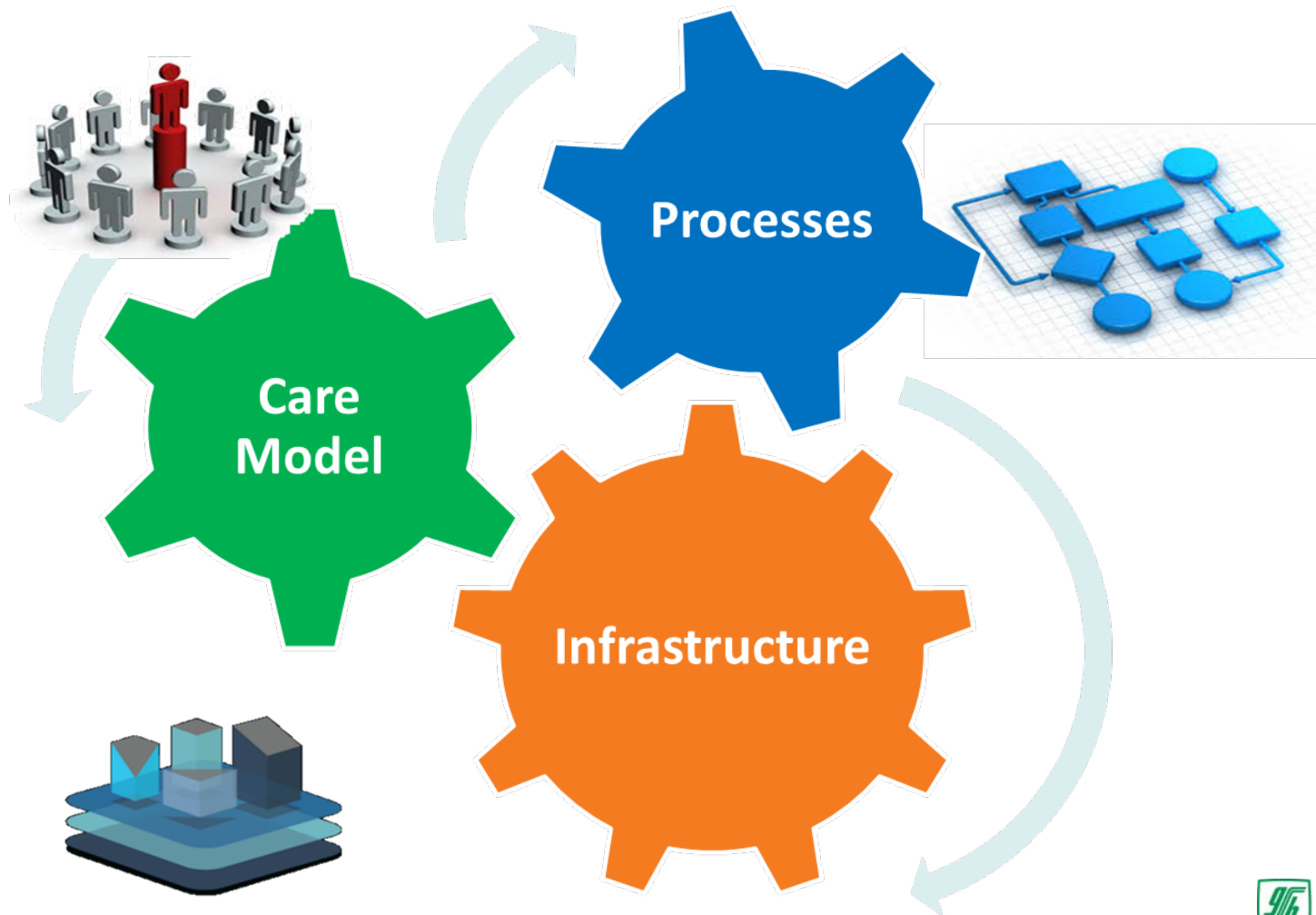
Convenient to pay for everything at one station

Good to have the blood test, pharmacy and clinic together – really one stop service

Nice, new clinic, & waiting area is more spacious & comfortable

The entire process was seamless from the nurse who takes the BP to the doctors and nurse.

Multi-Disciplinary Centre Innovation & Transformation Journey





Thank You

