



### **Transforming Primary Healthcare**

**Yishun Polyclinic Redevelopment** 



### Our agenda in today's sharing

- Background
- Comms and Engagement Process
- Patient and Elderly Friendly Features of new clinic
- Learning



### Background

- Yishun Polyclinic (YP) has relocated to intensify land use for provision of healthcare services in Yishun;
- Relocation allows the development of Yishun Community Hospital;
- Development of Yishun Polyclinic will be implemented in 2 phases:

#### Phase 1 – Temporary YP

- Located at Yishun Central 1
- Operational from November 2012 (~ 5 years)

#### Phase 2 – Permanent YP

Site to-be-confirmed



### Yishun Polyclinic @ Yishun Central 1

- Operational from November 26, 2012
- GFA 4,440m2
- 28 consultation rooms
- Able to test bed some of our new initiatives for primary care



## A journey and process of planning, communication and engagement..

Users own the process and determine how they wish to deliver care



**Engagement of Patients on YP Relocation through Patient Focus Group** 

 A patient focus group was conducted 30 June 2012

Patients were generally receptive to the new site

 Patient feedback incorporated where feasible. E.g. Queue Display at café, larger seating area at Pharmacy and Diagnostics



#### Community Engagement & Public Awareness through Multiple Channels

Providers, Industry Partners

		Grassroots
Month	Sharing with our patients & the public	
May	<ul> <li>Notices for residents</li> <li>Briefing to MPs &amp; constituencies</li> <li>NHGP Website</li> <li>Email circular to NWCDC</li> </ul>	April – July : Meeting Nee Soon & Canberra GRC MPs  Mr Patrick Tay , A/P Muhammad Faishal & Dr Lim V Kiak  Aug: Meeting Sembawang & Chong Pang GRC MPs
June	<ul><li>Hoarding banner</li><li>Facebook</li></ul>	
July	<ul><li>Notices, flyers &amp; banner at YIS</li><li>NHG Lifewise</li><li>Grassroots magazines</li></ul>	
August	Town Council magazine	Minister Khaw Boon Wan, Minister K Shanmugam, Dr Lee Bee Wah and MOS Dr Amy Khor
October	Circulars to Govt Agencies, Healthca      Drawiders, Industry Partners	re



**Briefing to MPs &** 

# Engaging Staff .. Building It Right

### Design Guiding Principles

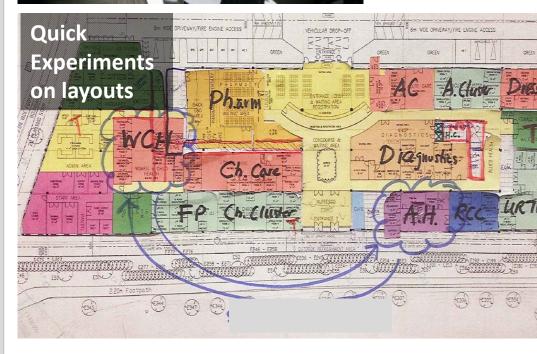
- One-piece flow (seamless flow)
- Patient-centered teambased care
- Pandemic preparedness
- Intuitive wayfinding
- Effective signages
- Healing environment
- Elder friendly
- Flexibility in space utilisation







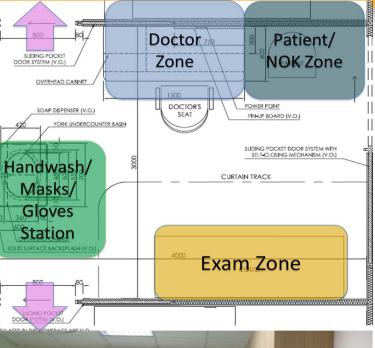
Women & Child Health





#### **Engagement Process**

**Mockups- Testing Out Flows and design** 







- Consult Room
- Phlebotomy Station
- BP alcove
- Registration counter
- Procedure/TreatmentRoom



#### gement Process

led design ops with Roadmap

care design ence - "see rn good es"

sive ding and discussions

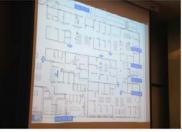


#### DESIGN DEVELOPMENT

#### Design Workshop No. 1 Design Workshop No. 2 Design Workshop No.3 Design Workshop No. 4 16 - 21 February 2012 22 - 28 February 2012 1 - 8 March 2012 7 - 13 March 2012 Apenda: 1. Enlarged room plans / room Building structure and form 1. Schematic plan layout: 1. Detailed plan layout data sheets 2. Access / egress - Floor-plan 2. Finishes proposals 2. Room elevations / sections / 3. Reflected celling plans detalls 4. Main plant locations - Patient flow 4. Enlarged floor plans / room - Staff flow Deliverables / Outcomes: Deliverables / Outcomes: - Material flow Equipment o Approved room plans / room o Approved building structure data sheets - Fixtures and fittings and form o Approved room elevations / 5. Room data sheets Approved access / egress Deliverables / Outcomes: arrangements Approved SOA o Approved detailed design Deliverables / Outcomes: Approved finishes proposals o Approved main plant o Review / comments on Approved staff flow reflected celling plans Approval to proceed with Approved design layout Design Development URA / PP submission o NParks walver o Land allocation by SLA o FSSD walver Roadmap



Design workshops to be scheduled for user groups as required (within overall programme / timescales)







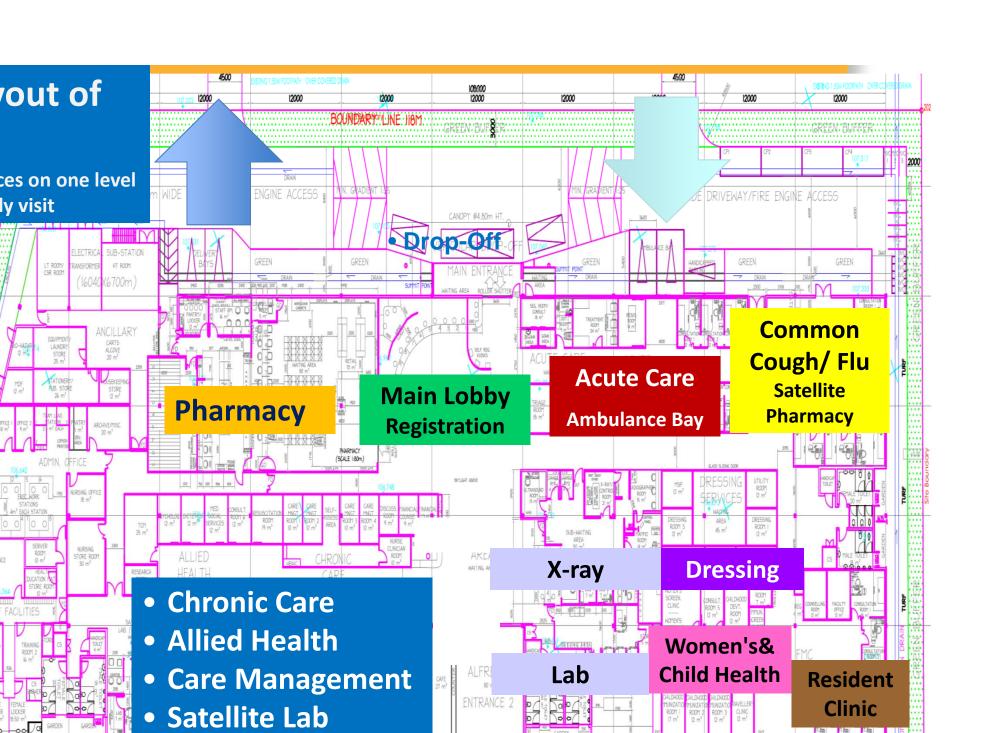
## Patient Friendly and Elderly Friendly Features

Yishun Polyclinic gave us the opportunity to re-design, re-think patient flow and test-bed new concepts

# ent-Friendly Features at Yishun clinic

#### l our services on one floor

- ne-piece flow (seamless flow). Greater onvenience
- g. Elderly patients need not travel up and own floors to move from one service station another (Acute, X-ray)
- g. Childhood development assessment (Dr, urse)



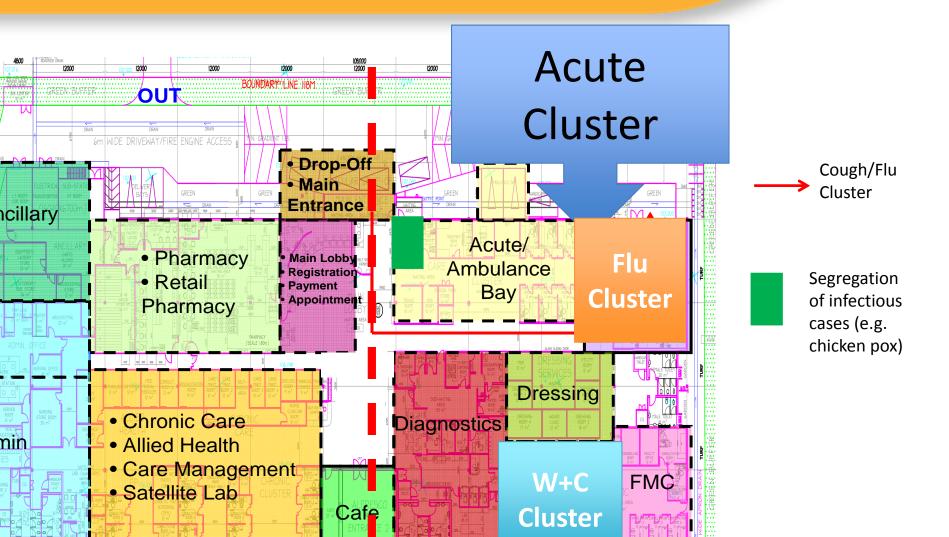
# ent-Friendly Features at Yishun clinic

#### proving infection control through clustering

regation room to separate infectious cases from general I patients

ntionally designed to house URTI cluster far apart from nen and Child services where patients with lower nunity congregate.

## nlining patient flows and improving on control through clustering



# ent-Friendly Features at Yishun clinic

#### onic cluster

ient-Centered team-based care

, Nursing and Allied Health Services all located

hin the chronic cluster

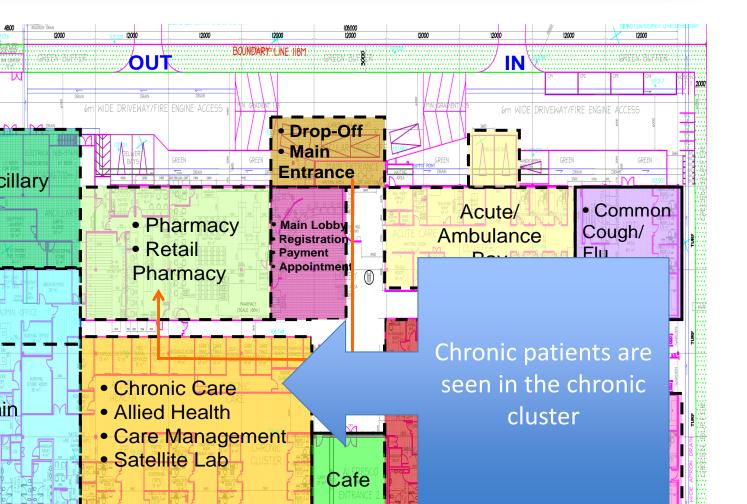
aling environment

uscitation room

ailable



# nt-Friendly Features at Yishun linic



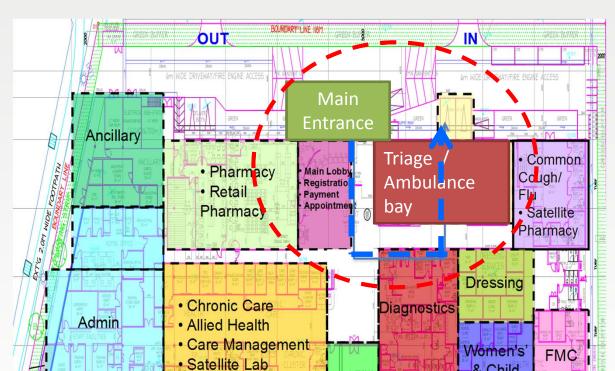
# ent-Friendly Features at Yishun clinic

#### naging High-Risk, High-Alert Cases

ge room near main entrance

uscitation room

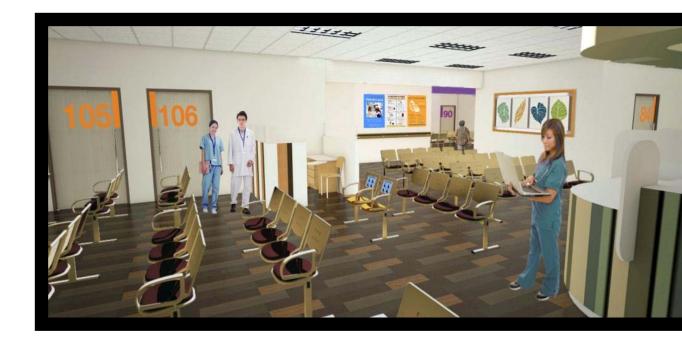
ct access to ance bay for ts needing al care



# Patient-Friendly Features at Yishun Polyclinic

- 5) URTI cluster is self-contained
- a) Pandemic ready
- b) URTI cluster has its own Satellite pharmacy and

check-out area

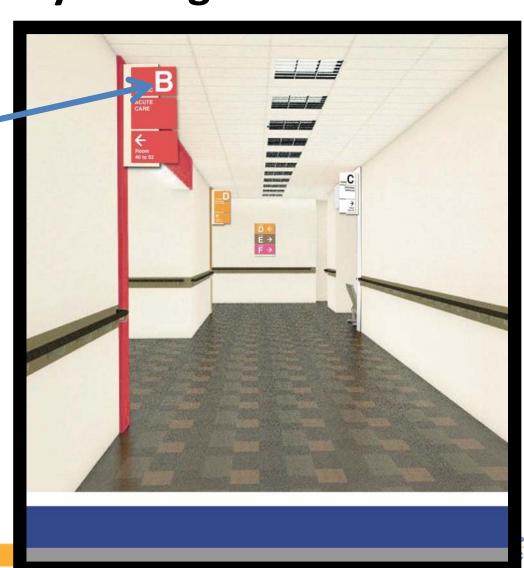




# Elderly-Friendly Features at Yishun Polyclinic

#### 6) Improved and intuitive wayfinding

- a) Services are clustered by Colour and Alphabets
- b) Useful for elderly patients
   who might be illiterate (who may not understand terms
   such as Acute or Chronic)



# Elderly-Friendly Features at Yishun Polyclinic

) Hydraulic couches in all onsultation rooms (prevent fall risk)



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- ) Large letterings to assist Elder atients
- ) Seating areas reserved for the lderly to wait
- 0) Wheelchair friendly counters and wheelchair bays in waiting areas





### We are open!







#### nings - What we did well

n Unity

- Preparations, discussions started early
- New workflows (process driven design)
- Ongoing process

ership

- Staff split into small teams to set up rooms and counters during move
- Efficiency

agement ort

- Departments who provided new perspectives and alternative inputs
- Non-clinic colleagues supported as ushers during initial operational opening

### nings – t we could have done better

gn gement Staff

- Not sufficient to comms but
- **Engage** staff in design. Feedback from the shopfloor
- Fallacy of "everything looks ok on paper"
- Arrange staff to go for site visits earliest possible

ntial gement Keen dents

- Apart from patients involved in focus group, to engage Residents
- E.g. Interested residents can help out in clinic as ushers in the initial weeks of new clinic's opening.

