CHAPTER

05

ENABLERS OF HEALTHCARE TRANSFORMATION

The strategic shift beyond patient care to population health has required NHG to evolve on multiple fronts. Our healthcare transformation is enabled and supported by the continual improvement of our Finance, Human Resource, and Organisational Processes, with a view to increase productivity and provide better value. This involves constantly innovating and challenging the status quo.

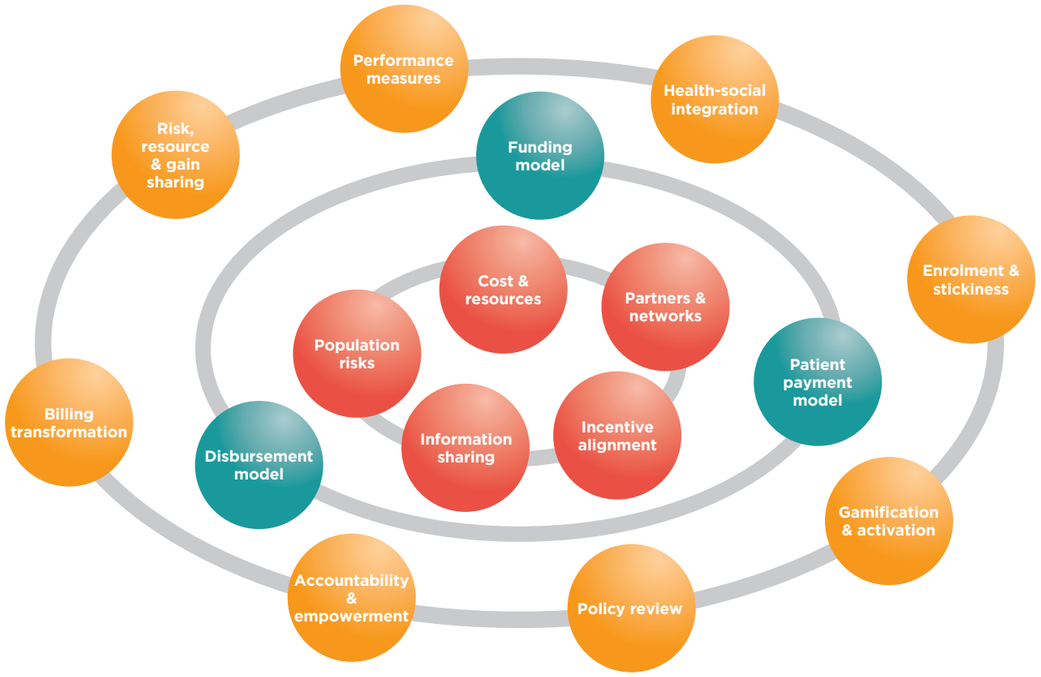
TRANSFORMING HEALTHCARE FINANCING FOR POPULATION HEALTH

NHG's shift beyond facility-based care into the community is necessary to keep healthcare cost-effective and sustainable. Locally, the demand for healthcare services continues to rise, driven by the "Three Waves" of an ageing population with Frailty, rising prevalence of Chronic Disease and Poor Lifestyle Habits. Healthcare spending will grow to $11.7 billion in FY2019, up from $10.2 billion in FY2018, a 14.5 per cent increase[1]. The rising costs are also attributable to our current volume-based funding model, which undermines the importance of preventive care and right-siting care to the community. Finance transformation is therefore needed to incentivise more **value-based care**, and support the **River of Life** framework. This will help transform healthcare from being episodic to more holistic and preventive in nature. As part of this transformation, we need to align with the Ministry of Health's (MOH) "*Three Beyonds*" – *Beyond Healthcare to Health*, *Beyond Hospital to Community*, and *Beyond Quality to Value* – to achieve our ultimate goal of healthcare sustainability. Our transformation journey will take time, but we are taking firm steps towards our destination.

Finance Transformation: A Structured Approach

Finance Transformation involves changing the three basic tenets of healthcare finance: Payer Funding, Fund Disbursement to Providers, and Payment by Patients. To transform these areas, we need accurate projections of population risks and care costs, alignment of incentives of various stakeholders, effective care partners and networks, and a conducive yet secure platform for information sharing across all care providers. A supportive environment is needed for these new financing models to succeed. Such an environment can be shaped by several factors, including the use of performance measures, risk-cum-gain sharing among providers, health-social integration, patient empowerment, and activation (*see Figure 1*).

Figure 1: A Structured Model of Finance Transformation in Healthcare



[1]https://www.singaporebudget.gov.sg/budget_2019/budget-speech/revenue-expenditure/revenue-expenditure-estimates

VALUE-BASED FUNDING

Two value-based Funding Models worth exploring are **Capitation Funding** and **Bundled Payments**.

Capitation Funding is typically a population-based payment arrangement that provides a fixed amount of money per person enrolled in a health plan (i.e. per capita) per unit of time, whether or not the enrolled person seeks care. Capitation rates are derived using historical average care costs and service utilisation rates. This model has been shown to encourage preventive care and better care coordination across various settings, as well as to bring greater care value to patients and the population.

Bundled Payments (or "bundles" for short) are a method of allocating funds for the care of a patient over a fixed period of time (i.e. an "episode") across multiple providers and settings. Bundles are usually specific for different groups of conditions known as "Diagnosis-Related Groups" (or DRGs), and are best suited for medical conditions with defined clinical care pathways.

INTERIM STEPS TOWARDS FINANCE TRANSFORMATION

As the *Accountable Care Organisation (ACO)* for the Central Region, NHG is studying the merits of a population-based Capitation Model for eventual adoption. This transformation requires step-by-step planning, which involves comprehensive population risk-analysis, accurate adjustment for projected costs, and a thorough analysis of our community partners' capabilities.

We are currently trying out various pilots across our Institutions. For example, at Ang Mo Kio (AMK) Polyclinic, we are piloting a **Primary Care Chronic Bundle** that includes shared care between the polyclinic and Specialist Outpatient Clinics (SOCs) for about 23,000 patients enrolled into "teamlets". We are also collaborating with our clinician leaders to develop extended DRG bundles and other funding models for Hospital to Community Care, Frailty care, and End-of-Life care.

NHG is also working with MOH to obtain national data for certain population segments. This will be useful for more comprehensive population-based risk projections. We are addressing costing challenges through experimental pilots to "shadow" and better understand the costs of care. We have also introduced pre-paid chronic care plans in AMK Polyclinic to incentivise patients' "stickiness" in a porous Primary Care system, which will be monitored for effectiveness before scaling up.

"NHG IS IN THE PROCESS OF CHANGING THE WAY WE PAY FOR HEALTHCARE IN ORDER TO ACHIEVE BETTER CARE VALUE AND COST SUSTAINABILITY. THIS INVOLVES ADOPTING VALUE-BASED FUNDING MODELS THAT DRIVE CHANGES IN THE BEHAVIOUR OF HEALTHCARE PROVIDERS AND CONSUMERS IN ORDER TO ENHANCE CARE EFFICIENCY AND PRODUCTIVITY, AS WELL AS BETTER POPULATION HEALTH OUTCOMES."

MS LIM YEE JUAN, GROUP CHIEF FINANCIAL OFFICER, NHG

WHAT FINANCE TRANSFORMATION MEANS FOR INDIVIDUALS

Finance Transformation will succeed in the long run only if individual providers and patients/population are prepared to accept the change. For that to happen, we have to make transformation meaningful for the people involved. To a care provider such as a doctor, Finance Transformation may affect the way he practises medicine and his perception of what really matters to his patients. To a patient, Finance Transformation may change the way he views his care journey, including how he values life, his relationships, and the care he receives. Table 1 illustrates how a doctor, patient, and a well person might react to or adapt in a new healthcare ecosystem that is undergoing Finance Transformation. The work of Finance Transformation, therefore, entails translating these thoughts and insights into actions.

Table 1: Envisaging what Finance Transformation Means for Individuals

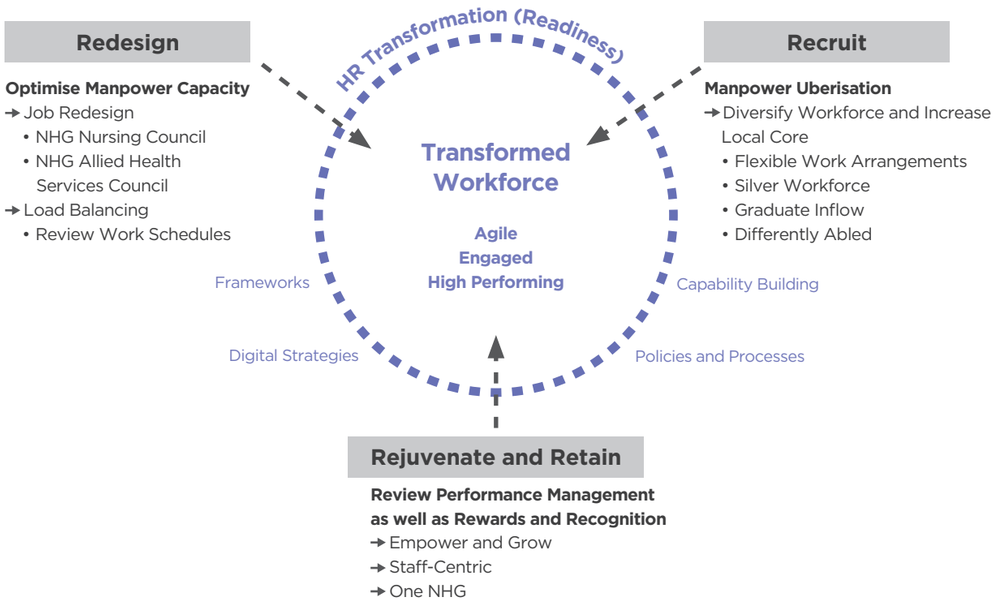
Doctor	Patient	Well Person
• I will help my patient take better care of his chronic condition to avoid deterioration over time. • I do not want my patient to go through unnecessary investigations — I will prioritise. • My choice of treatments should provide the best value for my patient. • I like this protocol. It guides me on best practices and helps my patients recover faster. • I want to make cost-effective decisions when prescribing medication for my patients.	• I want to get more information to understand and manage my condition better. • I should get my condition treated earlier so that it does not get worse. • I am happy that I can manage my condition at home with the support of the community team. • I should manage my chronic condition to avoid complication so that I can play with my grandson. • I should remain active, eat healthy, and stick with my care plan to keep my diabetes under control.	• I aim to stay well for as long as possible. • I got my health checked at the Community Centre nearby. So convenient! • I go for free exercise classes at the wellness centre with my health buddy. Makes me feel fit! • I learnt from the talk how to keep my heart healthy! Must tell my friends about it! • I am so thankful for the community's support in caring for my father. • The nurse taught me to use a phone app to choose healthier food options. Very good!

THE 3 'R'S OF WORKFORCE TRANSFORMATION: REDESIGN, RECRUIT, REJUVENATE AND RETAIN

Singapore's ageing population has placed a steady rising demand on healthcare services, and in turn, manpower. Given the tight labour market, new strategies are necessary to transform our workforce and meet our expanding manpower needs. And in view of changing healthcare delivery systems, with more focus on partnering our population and providing relationship-based and person-centred care, we have to continually improve our workforce engagement to keep our staff relevant, agile, and engaged.

To create a productive and sustainable workforce capable of achieving NHG's population health objectives, as envisioned in the **River of Life** framework, we are transforming our Human Resource (HR) practices through the **Three 'R's**: **Redesign**, **Recruit**, and **Rejuvenate** and **Retain** (*see Figure 1*). Through this approach, we seek to build an environment where staff are empowered to maximise their potential and to operate at the top of their capabilities as one team. This requires all of us to "multiply" productivity through automation and technology, as well as enhance the experience of employees, from talent attraction to performance, development, and recognition.

Figure 1: 3 'R's Approach to Workforce Transformation



"IT IS IMPORTANT FOR NHG TO UNDERSTAND WHAT WE WANT TO DO, AND FROM THERE, HOW WE CAN DEVELOP OUR TALENT TO SUPPORT OUR VISION. POPULATION HEALTH MANAGEMENT GOES BEYOND CLINICAL SKILLS. IT IS ABOUT UNDERSTANDING DIFFERENT PARTS OF THE HEALTHCARE SYSTEM AND CONNECTING THE DOTS TO PROVIDE VALUE-BASED PATIENT CARE. WE HAVE TO CONTINUALLY EVALUATE THE ADDITIONAL SKILL-SETS NEEDED FOR THIS HEALTHCARE TRANSFORMATION, AND THEN EQUIP OUR STAFF WITH THE NECESSARY KNOW-HOW TO THRIVE."

MRS OLIVIA TAY, GROUP CHIEF HUMAN RESOURCE OFFICER, NHG

REDESIGN

Transforming Jobs and Processes to Maximise Productivity

With the shift towards care in the community, job redesign is integral for our workforce to support our desired population health outcomes. Efforts are on-going to improve operational efficiency and productivity through automation and technological innovation. For example, we have embarked on Nursing Transformation initiatives, spearheaded by the NHG Nursing Council and supported by the Productivity and Innovation Committee (PIC), which focus on encouraging innovation through measures such as automating waste-free processes and redesigning jobs to be more integrated and team-based. Concurrently, the NHG Allied Health Services Council is working on strategies to transform Musculoskeletal Care Delivery and the Therapy Workforce (*for more information, see p.133*). These initiatives are supported by HR policies for reviewing redesigned job sizes, and their corresponding remuneration, and career paths.

RECRUIT

Attracting More Locals through Targeted Strategies

Singapore's manpower landscape is changing. With low birth rates, our labour force is shrinking and manpower hiring will be a challenge in the increasingly tight market. More Singaporeans are working past re-employment age, resulting in a shift in the age profile of our workforce. For the younger population, lifestyle needs and preferences have shifted and more are seeking flexible work arrangements such as part-time employment.

Our focus is to adapt to these trends and boost recruitment through strategies that target four sources of local manpower: **Fresh Graduates**, the **Latent Manpower Pool**, the **Differently Abled**, and the **Silver Workforce**.

Fresh Graduates

As the size of the workforce shrinks, we anticipate that it will become increasingly difficult to hire locally. Active marketing of a career in healthcare, through talent attraction initiatives such as student outreach programmes, job fairs and healthcare scholarships are already in place. New approaches of outreach are being explored to appeal to the younger and more tech-savvy students. We will also use electronic and social media for talent attraction.

Latent Manpower Pool

Currently, there is an increasing demand for Flexible Work Arrangements (FWAs), such as part-time employment. NHG is taking steps to enhance our FWA framework to allow for load-levelling through optimisation of manpower capacity during peak and off-peak periods of patient care. Part-time staff will be able to serve as reinforcement during peak periods at more sustainable healthcare costs.

Differently Abled

To tap on the growing pool of Persons with Disabilities (PWDs) as potential employees, NHG Institutions are collaborating with various organisations including the Movement for the Intellectually Disabled of Singapore (MINDS), Autism Resource Centre (ARC), Rainbow, and SG Enable, to recruit appropriate manpower. The Institute of Mental Health (IMH) has also put in place a system of assimilating stable mental health patients into the labour force, which provides a talent pool for other NHG Institutions.

Silver Workforce

With a longer life expectancy, extended retirement age, and increasing numbers of highly educated Seniors, the Silver Workforce is an emerging source of manpower. We can attract and retain these workers by offering them meaningful work, as well as optimising the workplace to lessen the physical challenges that accompany ageing. Our Institutions have begun investing in technologies, assistive devices, and workplace modifications to support an ageing workforce.

REJUVENATE AND RETAIN

Retaining Staff through Alignment, Engagement, and Empowerment

Staff retention is important to provide continuity and stable patient care. To maximise our retention rate, NHG actively promotes the continual rejuvenation of staff through these strategies:

a) Align staff to NHG's purpose and core values of People-Centredness, Integrity, Compassion, and Stewardship (PICS)

b) Engage our people through a staff-centric approach

c) Provide opportunities for empowerment and growth

NHG has also developed a Collective Leadership Framework, which aims to strengthen relationships, teams, and systemic leadership capabilities (*for more information, see p.109*).

SUPPORTING THE 3 R'S THROUGH HUMAN RESOURCE TRANSFORMATION

The readiness of NHG for change underpins our workforce transformation journey. Technology will play an increasingly important role. A digital transformation of HR processes that involves data-driven automation is underway. For example, our HR self-service portal (iHR) and e-applications for other transactions and communication are the first steps in the HR digital transformation journey.

In the near future, HR will explore implementing an e-Talent acquisition system which will support our growing manpower needs and improve the productivity of hiring managers and the HR function.

BOOSTING PRODUCTIVITY AND INNOVATION FOR SUSTAINABLE HEALTHCARE

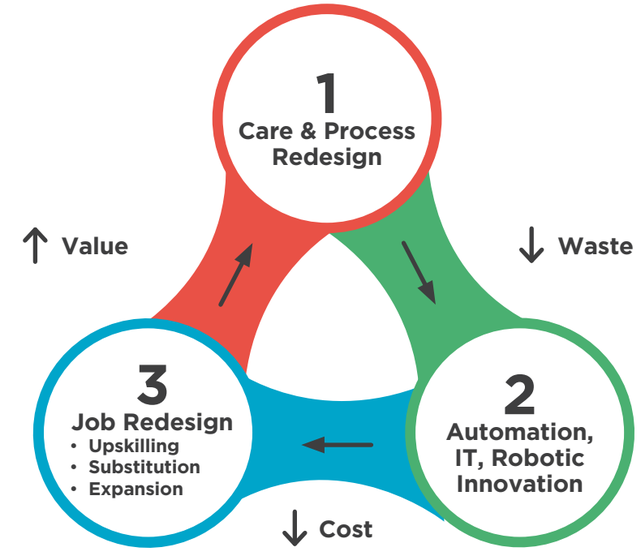
As Singapore's population ages, the demand for healthcare services is expected to rise in tandem with a growing chronic disease burden. The Ministry of Health (MOH) estimates that about 30,000 more healthcare workers are needed by 2020. Yet, we are faced with a shrinking workforce.

With the rate of manpower growth being unsustainable in the long run, there is an urgent need to review manpower productivity and value delivery in our healthcare system.

DRIVING VALUE CREATION

Aligned with MOH's "*Three Beyonds*", the NHG Productivity and Innovation Committee (PIC) was formed in October 2017 to drive value and productivity creation at various levels of the system – macro, meso, and micro – across the Cluster. The Committee has adopted an innovation cycle approach in the implementation of productivity initiatives, starting with redesigning care and processes to reduce waste. With a more streamlined process, we have embarked on automation, IT, and robotics to increase efficiency and reduce cost. Lastly, the value of healthcare services delivered is increased through job redesign, such as upskilling, substitution, and expansion of job roles.

Figure 1: Innovation Cycle Approach



"INTEGRATION OF CARE WILL ALLOW QUALITY CARE TO BE PROVIDED AT THE MOST COST-EFFECTIVE SITE BY THE RIGHT PERSONS, AT THE RIGHT TIME."

DR JASON CHEAH, DEPUTY GROUP CEO (TRANSFORMATION), NHG & CEO, WOODLANDS HEALTH CAMPUS

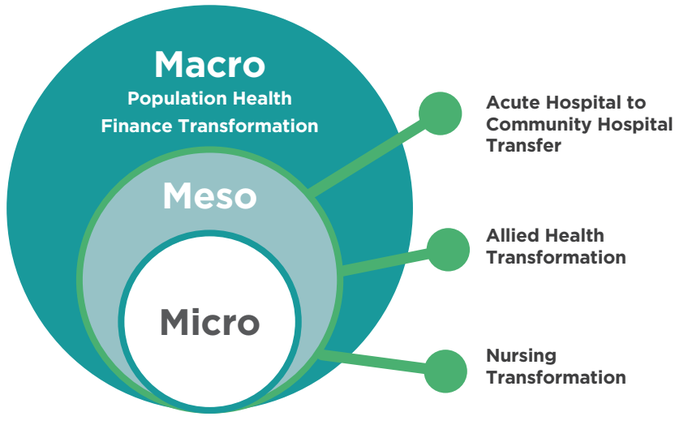
Macro-system level changes are driven by our population health initiatives through our River of Life framework, which serves to shift care upstream towards preventive health in the community and ultimately, reduce healthcare utilisation.

The NHG PIC has identified three areas where meso-system level changes can be spearheaded and scaled across our Institutions:

- Transformation of Acute to Community Hospital Flow
- Nursing Transformation
- Allied Health Transformation

Micro-system level initiatives will continue to be driven by Institution led by their champions and reporting to their respective Senior Management.

Figure 2: Driving Value Creation at Micro, Meso, and Macro Levels



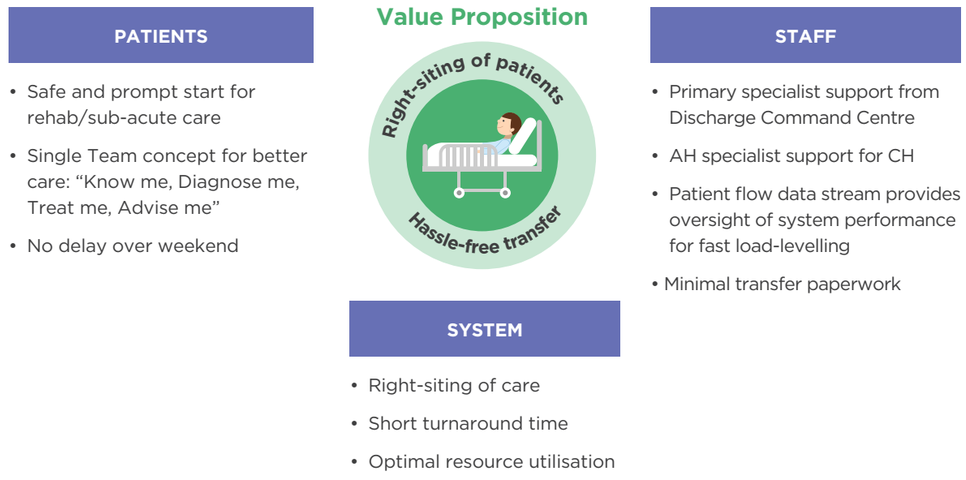
Transformation of Acute to Community Hospital Flow

Community Hospitals (CHs) provide services to those who require continuing care after their discharge from Acute Hospitals (AHs), especially for elderly patients who require an extended period of rehabilitation and recovery from medical conditions such as stroke, fractures, joint replacement surgeries, and other types of surgeries. Depending on their condition, the length of stay for patients admitted to CHs can range from a few days to a few weeks.

At present, about 90 per cent of patients from Khoo Teck Puat Hospital (KTPH) are transferred to Yishun Community Hospital (YCH), while 40 per cent and 50 per cent of patients from Tan Tock Seng Hospital (TTSH) are transferred to Ren Ci Community Hospital (RCCH) and Ang Mo Kio-Thye Hua Kwan Hospital (AMKH) respectively. On average, a transfer from KTPH to YCH may take up to three days, and a transfer from TTSH to RCCH or AMKH may take up to six days.

To enable and timely access to rehabilitation and sub-acute care services for patients, both TTSH and KTPH formed multidisciplinary teams in November 2017 to spearhead and implement care integration efforts. These initiatives aim to achieve a target of an average Turnaround-Time (TAT) of one day for 80 per cent of AH to CH transfers, so that more patients can be right-sited and cared for seamlessly across the system. This allows for a reduced stay across the care continuum from AH to CH, as well as savings in inpatient admissions and overall healthcare utilisation.

Figure 3: AH-CH Care Integration



The care integration efforts of TTSH and KTPH involve four key areas:

- **Simplifying referral process by AH**: Streamlining of processes such as having only one referral form and removing duplicate reports by other members of the multidisciplinary team have been implemented in both TTSH and KTPH.
- **Early checks by AH**: Upon identifying a patient for referral to CH, the AH care team will check on bed availability in CH as well as initiate financial counselling services for patients and their family members to discuss care options early.
- **Minimal vetting and referral clarification by CH**: The same electronic medical records system is used by KTPH and YCH, as well as TTSH and RCCH/AMKH, enabling shared access to information and faster turnaround in processing referrals .
- **Joint clinical governance model between AH and CH**: A governance framework, as well as clear clinical protocols have been adopted between KTPH and YCH, and TTSH and RCCH/AMKH.

Since the implementation of these initiatives, both KTPH and TTSH have seen improved outcomes in the transfer process. The average TAT from KTPH to YCH has been reduced from three days to 1.4 days, while the average TAT from TTSH to AMKH has been reduced from six days to 1.9 days.

Nursing Transformation

NHG Community Nursing envisions a new paradigm of care, by looking after our patients and population using a holistic, integrated approach, and to address the needs of our population as a whole with the community forming the cornerstone. It underpins NHG's five segments of care in the River of Life, and supports and facilitates population health programmes across the Cluster (*for more information, see p.106*).

Allied Health Transformation

Allied Health Professionals (AHPs) play an important role in providing rehabilitation and therapy treatment to patients to facilitate their recovery and improve their quality of life. Training of our AHPs will need to evolve, and the need to be equipped with the requisite skills and knowledge to support patients, including seniors, for better rehabilitation and preventive care. Similarly, the provision of Allied Health Services will need to expand into the community, in order to enable patients to access specialist care closer to home.

The NHG Allied Health Services Council (AHSC) spearheads this care transformation effort. Its approach comprises two main strategic thrusts:

- Anchoring outpatient musculoskeletal therapy services within the community
- Therapy workforce transformation

(*for more information, see p.133*).

THE NEXT STEP

As NHG drives value and productivity creation to further optimise the utilisation of manpower and healthcare resources, we are concurrently moving care upstream towards proactive and preventive health. Technology will play an important role in this care transformation process. One key aspect is the New Generation Electronic Medical Record (NGEMR), which will facilitate the delivery of population health management across health and social care providers in the three zones. Besides benefitting individual patients through the seamless and integrated 'flow of information' as they move between different care settings, the availability of aggregated Big Data will further shape our mission for better health outcomes. Implementation of the NGEMR in phase is in the pipeline.

"INCREASINGLY, WE ARE MOVING INTO COORDINATED CARE. WE ARE URGING SPECIALISTS TO THINK BEYOND THEIR FIELDS, AND LOOK INTO THE OTHER NEEDS OF THE PATIENT. THERE IS SIGNIFICANT VALUE IN THIS PRACTICE – NOT JUST TO THE COST OF CARE DELIVERY, BUT TO WHAT REALLY MATTERS TO THE PATIENT."

ASSOCIATE PROFESSOR THOMAS LEW,
(FORMER) CHAIRMAN MEDICAL BOARD, TAN TOCK SENG HOSPITAL & CENTRAL HEALTH
(NOW) GROUP CHIEF DATA AND STRATEGY OFFICER, NHG

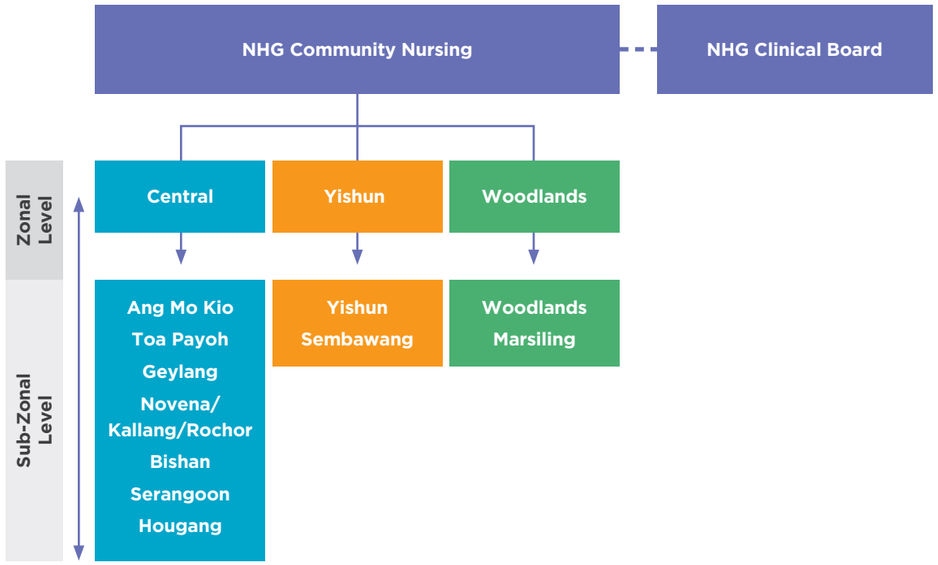
COMMUNITY NURSING
BUILDING NETWORKS BEYOND HOSPITAL WALLS

Community Nursing is anchored in the philosophy of care that is person-centred, extends across the care continuum, where patient and family members take responsibility for self-care, and which emphasises preventive healthcare. It strongly advocates the promotion of health, prevention of illness, and the care of the ill, disabled, and dying in the community. This encompasses the autonomous and collaborative care for individuals of all ages, families, groups, and populations outside acute hospitals. Community Nursing thus applies to Primary Care settings, community hospitals, residential care settings, homes, care centres, and hospices, among other places.

NHG COMMUNITY NURSING

In line with the Ministry of Health's (MOH) *Beyond Hospital to Community*, the NHG Community Nursing Committee was established in January 2018 to synergise efforts across Central Health, Yishun Health, and Woodlands Health with each zone further divided into sub-zones to enable the right-siting of care.

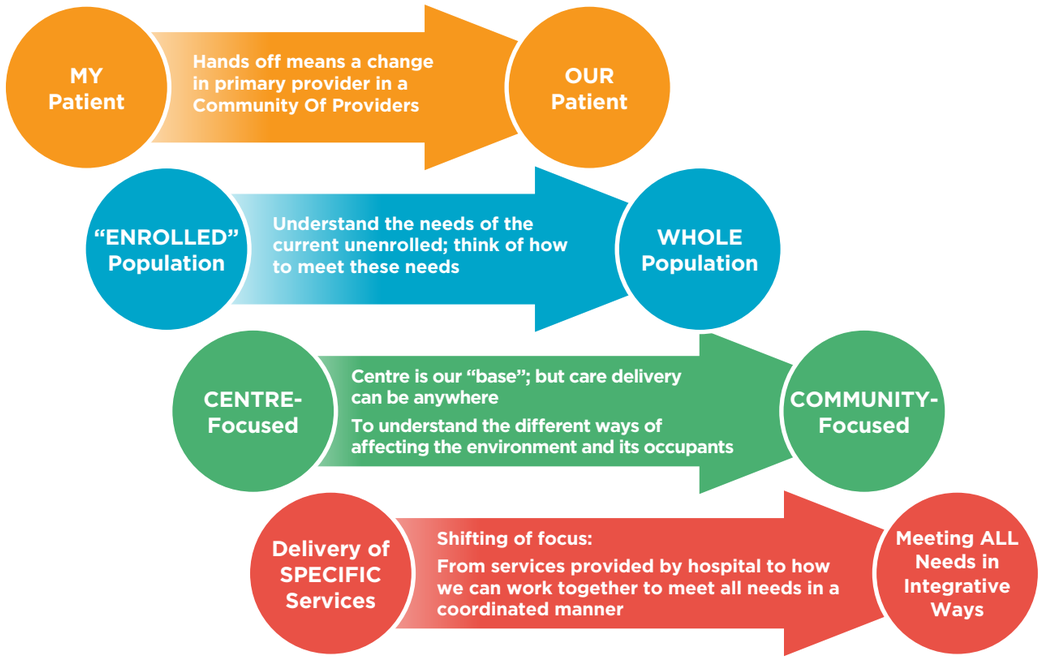
Figure 1: Community Nursing Manpower Distribution across NHG



"WE MUST ADAPT TO WORKING IN THE COMMUNITY, WHICH REQUIRES CROSS-TRAINING OUR STAFF SUCH THAT ONE PERSON CAN PERFORM MANY FUNCTIONS WHEN ENGAGING PATIENTS IN THEIR HOMES AND NEIGHBOURHOODS. WE MUST ALSO EMPOWER OUR POPULATION IN THEIR SELF-CARE SO THAT THEY HAVE MORE CONTROL OVER THEIR HEALTH, AND THEREBY A BETTER QUALITY OF LIFE."

PROFESSOR PANG WENG SUN, DEPUTY GROUP CEO (POPULATION HEALTH), NHG

Figure 2: NHG Community Nursing Model of Care



As a Cluster, there is shared leadership from both clinical, and non-clinical expertise in the areas of clinical protocol, IT, competency, and career development for Community Nursing. Improvements to work processes and streamlining of care delivery are done by our Community Nurses and Community Health/Nursing Teams across the Central Region.

To foster growth and development for Community Nursing, MOH is funding our pilot programmes.

ROLE OF COMMUNITY NURSING

Nurses are strategically deployed in the community across NHG's three zones based on the needs and issues of their respective sub-populations. In each zone, the nurses/ Community Health Teams form a network with other health and social care providers, and members of the community. Each Community Health Team is multidisciplinary with doctors and Allied Health Professionals (AHPs), but helmed by a Nursing Lead. As of September 2018, we have 81 nurses and nine lay Care Associates looking after more than 37,000 patients in Central Singapore.

The primary role of Community Nursing is to sense, strengthen, care, and coordinate (2S+2C) issues affecting the health and well-being of patients, be it physical, psycho-social or financial. These patients are mostly pre-Frail, Frail, with chronic conditions, and at the End-of-Life.

2S+2C

- **Sense**: To collate information about individuals and patients who are at-risk, and address their needs in a timely manner
- **Strengthen**: To improve capabilities of individuals and families in self-care, and equip community partners to provide good care
- **Care**: To develop relevant competencies to provide appropriate assessment, care planning, interventions and escalation of care
- **Coordinate**: To initiate seamless care by working closely with different tiers of community partners and care providers

This approach enables us to tier targeted interventions based on the needs of the sub-populations, and we have been able to "hand over" about 20 per cent of the Frail/ complex/palliative patients to community teams. Positive outcomes include the right-siting of care and convenience to patients and residents, as well as more effective and efficient allocation of manpower and community resources.

NHG Community Nurses possess both generalist and specialist skills. They are equipped with basic nursing skills, and there are plans to further cross-train them at individual or team level in other speciality skills e.g. geriatrics, chronic diseases, mental health, and palliative care, if deemed required for the profile of patients they serve. The NHG Community Nurses will seek advice or help from relevant clinical experts within/outside the Cluster to co-manage their patients, if necessary.

BUILDING TIES IN THE COMMUNITY

NHG Community Nurses work closely with established care providers on the ground to manage a broad spectrum of services. For example, to care for patients in Nursing Homes, Day Care Centres, and at home, the teams collaborate with organisations such as AWWA to review cases for Integrated Home and Day Care (IHDC).

Efforts are channelled towards building an extensive community network and robust support structure, and bolstering 'people' resources such as neighbours, interest groups, and health ambassadors.

Community Nurse Posts (CNPs)/ Community Health Posts (CHPs)

In 2012, Yishun Health introduced CNPs in selected locations in the North, alongside community partners. These CNPs are part of Yishun Health's strategy to reach out to residents in the heartlands and make it more convenient for them to access preventive healthcare services, such as (i) basic nursing aid, (ii) chronic disease monitoring, (iii) personalised health and lifestyle advice/ coaching, and (iv) early detection of functional limitation through geriatric and functional assessments. There are currently 20 CNPs in the North, with Woodlands Health Campus (WHC) subsequently establishing one in its zone. Correspondingly, Central Health has set up more than 23 CHPs, which are managed by Community Health Teams, with similar function and purpose as CNPs.

Measuring Outcomes

NHG Community Nursing currently measures outcomes in the following areas:

Category	Target Areas
Public Health	• Empower the individual and the community over time on self-care • Enhance the strengths of communities
Determinants of Health	• Identify those who are at-risk and demonstrate clinical outcomes with nurses' interventions • Show progress in health outcomes over time, especially those with specific chronic diseases
'Ills' of the Current System	• Ensure sustainability • Enhance productivity to lower cost to the system

ENABLERS OF COMMUNITY NURSING

The following enablers are pertinent to fulfil the mission of NHG Community Nursing:

1) IT System and Technical Support

- To provide Community Nurses with IT support and remote access to data (devices, and network links)

2) Community Nursing Career Track

- To augment career development and planning to ensure service provision is sustainable, be it for nurses, lay care associates, and volunteers
- To establish clinical rank structure based on clinical competencies, which can be done by independent accreditation

3) Training

- To encourage generalist approach in patient care
- To gain proper accreditation over time; to expand current boundaries
- To focus beyond clinical expertise to relationship management, systems thinking and research

4) Workplace Ergonomics and Health Benefits

- To implement/provide appropriate uniforms, home environment policies, bags, and equipment

NURSING AT THE CORE OF PATIENT CARE IN THE COMMUNITY

NHG envisions Community Nursing as a relationship-based system where patients progressively build trust with their healthcare teams and become participative in their individual health journey, supported by a strong network of community partners. We work with the population to change the role of our healthcare system from "Provider of Care" to "Partner in Care".

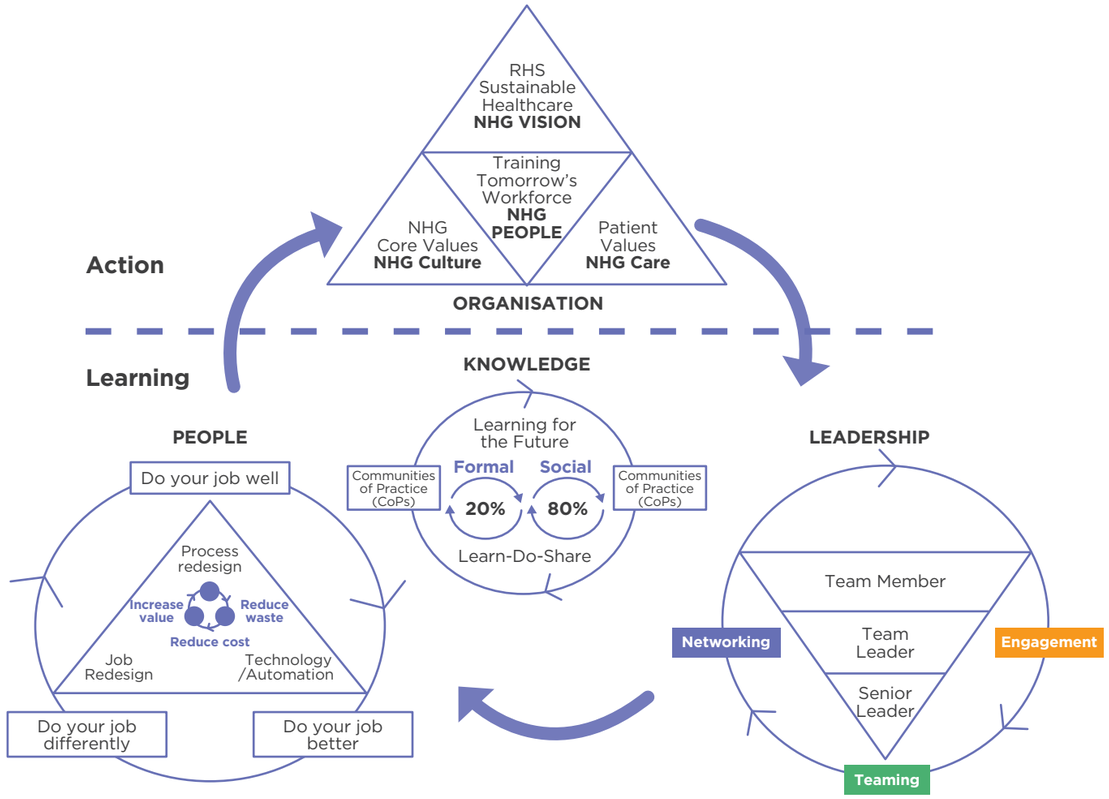
Ultimately, we seek to inculcate a culture of health ownership where the population is sufficiently equipped to not only care for themselves, but for others as well. Nursing makes up the biggest slice of the public healthcare workforce, thus through Community Nursing, we are able to contribute to creating a sustainable healthcare system, one that consistently delivers person-centred, quality, and safe care to our population at the right time, at the right place, and at all stages along their **River of Life**.

IT TAKES A WHOLE KAMPUNG

NHG's Organisational Development and Leadership strategy aims to develop leaders and raise capacity with community partners, create shared care arrangements with these partners, and align health and social care partners strategically and operationally to achieve the best outcomes for patients and our population.

The Knowledge-Organisation-Leadership-People (KOLP) Framework and Collective Leadership culture are "engines" that drive our organisation as ONE NHG of 'Better People, Better Care, and Better Community'.

Figure 1: NHG KOLP Framework
Knowledge-Organisation-Leadership-People (KOLP) Framework



KOLP FRAMEWORK

Working in concert, Knowledge, Leadership and People development provides NHG with a strong foundation for transforming our Regional Health System (RHS) to better serve our population in the Central Region.

Knowledge Development: NHG adopts a "Learn-Do-Share" model for our Institutions. Open knowledge sharing in a participative and trust-based community facilitates innovative behaviours and paves the way for effective systemic change[2]. Best practices are shared locally and globally. For example, the National Centre for Infectious Diseases (NCID) has hosted a team of experts from the World Health Organization (WHO) to assess Singapore's ability to manage public health emergencies. Locally, Tan Tock Seng Hospital's (TTSH) Centre for Health Activation (CHA) taps on the collective wisdom and resource of patients, caregivers, volunteers, community partners, and healthcare professionals to co-create a better healthcare system for all.

Leadership Development: NHG adopts a "*kampung*" approach and leverages on engagement, teaming and networking to build and deepen relationships at all levels of the system, as well as with partners and communities. We also promote close collaboration between private and public care providers across various care settings such as lifestyle hubs, Senior Activity Centres, Primary Care, hospices, Community Hospitals, Nursing Homes, Day Care Centres, and the patient's home.

'Vertical' relationships are deepened through the right-siting of care. On a practitioner-level, we are moving into coordinated care, urging specialists to think beyond their fields and to look into other needs of the patient. At an organisational level, through triaging referrals from polyclinics to the hospital, the Institute of Mental Health (IMH), for example, connects persons with mental health issues to appropriate community partners. High-performing inter-professional and multidisciplinary teams are developed to care for our patients, and transform our care through systems innovation and improvement.

'Horizontal' relationships are built as healthcare institutions collaborate with Family Medicine Clinics (FMCs), General Practitioners (GPs), and Voluntary Welfare Organisations (VWOs) to provide care in the community. For the day-to-day operations, TTSH's Community Health Teams (CHTs), for example, are inter-professional teams that integrate care and build care relationships with patients and local networks of health and social care providers in the respective sub-zones to enable effective health engagement.

People Development: NHG's People Development strategy is anchored on competencies and the renewal of capabilities that ensure people work at the top of their licence, enabled by technology. Job redesign – through upskilling, job substitution, and expansion – enables purposeful work, efficiently manages manpower, and optimises resources to serve rising healthcare demands.

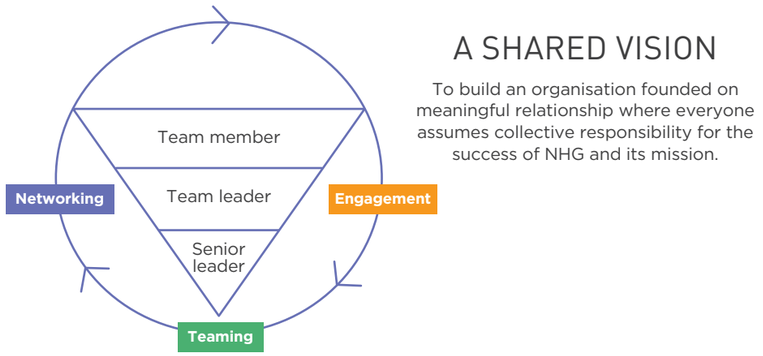
COLLECTIVE LEADERSHIP AS AN ENABLER OF HEALTHCARE

Collective Leadership is built on **meaningful relationships** and **collective responsibility** (*see Figure 2*). Our success depends on multidisciplinary teams of empowered members who co-create a Shared Vision, jointly make decisions, and contribute their specialist skills to leadership tasks effectively. Collective Leadership practices focus on three key areas:

- Engaging, meaningful **relationships** between staff, patients, and partners
- **Teaming** marked by shared ownership, accountability, learning, and co-creation
- Team **networking** driven by a Shared Vision of building an excellent RHS

[2]Abili, Khodayar, Fatemeh Narenji Thani, Faranak Mokhtarian, and Mohammad Mehdi Rashidi. "The Role of Effective Factors on Organizational Knowledge Sharing." Procedia - *Social and Behavioral Sciences* 29 (2011): 1701-706. doi:10.1016/j.sbspro.2011.11.415.

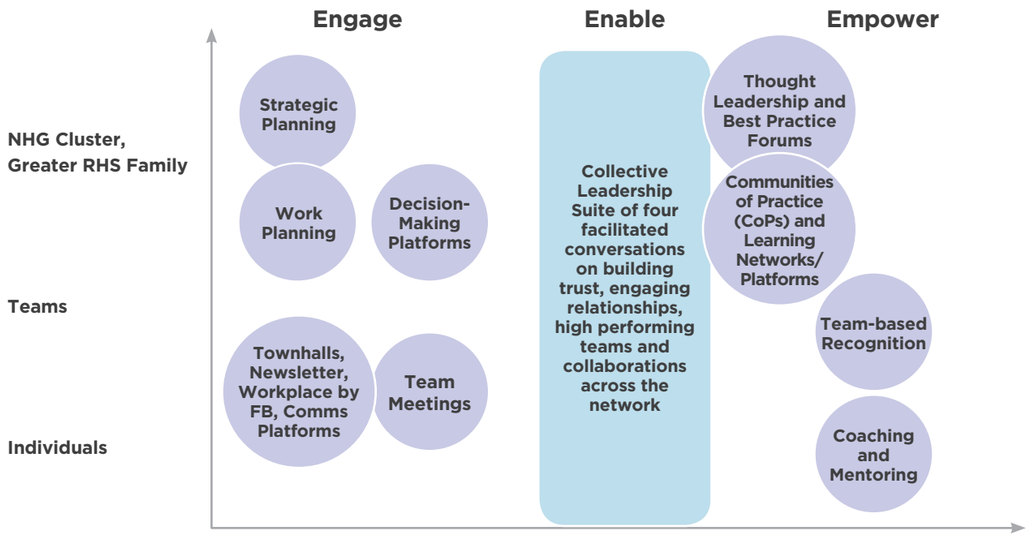
Figure 2: Collective Leadership in NHG



ENGAGE, ENABLE, EMPOWER – TOWARDS A CULTURE OF COLLECTIVE LEADERSHIP

To adopt a holistic approach to Collective Leadership, NHG seeks to engage, to enable, and to empower our people (*see Figure 3*).

Figure 3: Holistic Approach to Collective Leadership



Engage

To co-create a Shared Vision and produce a cultural shift towards developing leadership as a practice, NHG leverages multiple platforms such as townhalls, workshops, and Workplace by Facebook to engage staff.

Enable

NHG's Organisational Development and Leadership, and Training for the Future workstreams have, in active partnership with leaders, practitioners, and persons on the ground, developed a shared definition of Collective Leadership. This facilitates a common language, mental model, and tools for Collective Leadership to be practised within the organisation. Our Collective Leadership Framework, Capability Map, and Curriculum (a series of conversations aimed at building trust, shared power, effective communication, accountability, and shared learning) provide concrete steps to build high-performing teams and collaborative networks within and beyond NHG (*see Figure 4*).

Up to 40 staff (Learning and Organisational Development practitioners) are also being trained to facilitate conversations on Collective Leadership across all levels in our Institutions. These staff facilitators will ensure a contextualised application of ideas as they are cascaded to the rest of the NHG staff (*see Figure 5*). Supplementary skills in "Storytelling" and "Coaching" are also organised to support the practice of Collective Leadership.

Empower

To sustain the practice of Collective Leadership in NHG, there is a need for the organisation to shift its policies, structures, and procedures. NHG Leadership Moments is one such platform that helps us build a Leadership Community of Practice (CoP). The theme of Collective Leadership will also feature in NHG's conferences such as the Singapore Health & Biomedical Congress (SHBC) and the Centre for Healthcare Innovation (CHI) Conference. This will help expand our learning networks to harness thought leadership at national and international levels. In the longer term, our recognition and reward system will be aligned to promote and value Collective Leadership.

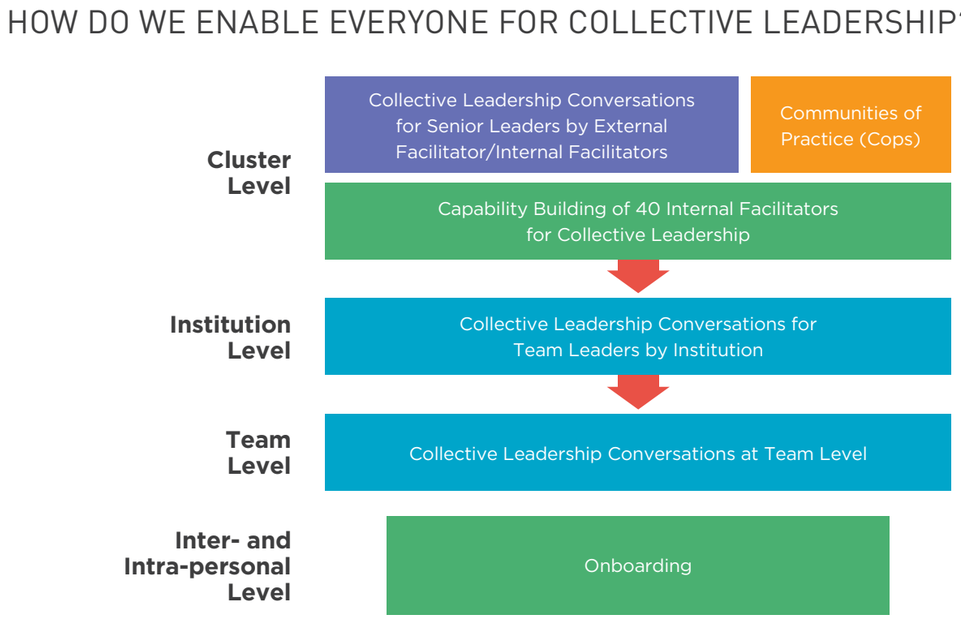
"NHG EMBRACES THE IDEA OF 'COLLECTIVE LEADERSHIP' – THE NOTION THAT THERE ARE MANY LEADERS IN OUR ORGANISATION, AND EACH INDIVIDUAL POSSESSES THE AGENCY TO GO THE EXTRA MILE FOR THE COLLECTIVE GOOD. IT IS A MINDSET AND A WILLINGNESS TO APPLY ONESELF TO CONTRIBUTE TO THE GREATER VISION."

ASSOCIATE PROFESSOR NICHOLAS CHEW,
GROUP CHIEF EDUCATION OFFICER, NHG &
CHAIRMAN MEDICAL BOARD, WOODLANDS HEALTH CAMPUS

Figure 4: Collective Leadership Curriculum

Leading the Future of Health Together – A Collective Conversation			
For Shared Visions	**For Engaging Relationships**	**For High Performing Teams**	**For Collaborative Networks**
How do we create shared Visions for Health together?	How do we build Engaging Relationships together?	How do we Perform in Teams together?	How do we Collaborate in Networks together?
What our leaders will experience and learn			
• Share existing values and desires to care collectively • Surface and discover existing issues around trust and power that are undermining efforts to care collectively	• Share and surface existing intra-personal barriers that are undermining trusting and empowering relationships • Discover how to intervene at disposition/emotion/ language level to build engaging relationships	• Discover how to facilitate team conversations to: - Sense the current narrative of the team - Identify the blocks to a better team narrative - Develop strategic directions and plans - Build new teams and renew existing ones	• Discover and sense the existing networks for leverage to achieve greater value • Diagnose the quality of the networks • Facilitate development of collective networks spanning boundaries
Concepts and Tools			
• NHG KOLP Framework • Creative Tension • Barry Oshry's Total System Power	• Ladder of Inference • Inquiry and Advocacy • Left-Hand Column • Four Archetypes	• Lencioni's Five Dysfunctions of Team • GRPI Model • Tuckman's Stages of Team Development	• Network Theory • Polarity Thinking • Levels of System • Quality of Exchange

Figure 5: Enabling Staff for Collective Leadership



THE NEXT STEP FORWARD

NHG's efforts in building a culture of Collective Leadership will be actively monitored and measured, and improvements periodically made.

- **Tools to Evaluate Effectiveness**: We use a self-assessment tool developed by the Health Outcomes and Medical Education Research (HOMER) team for participants of the Collective Leadership Conversations to assess themselves. Through the assessment, participants can identify target areas to improve and engage for greater collaboration. Additionally, participants can also use a team assessment tool to evaluate team dynamics and identify areas for improvement.
- **Indicators of Improvement**: Participants and their teams will be invited a year later to repeat the assessment and determine if their efforts in enabling Collective Leadership in the areas of Engaging, Teaming, and Networking have improved over time. Other indicators – the Employee Climate Survey, Patient Experience Survey and Work Improvement and Innovation Participation rates – are also used as NHG works with its staff and stakeholders to embed Collective Leadership.
- **Long-Term Review**: Following the roll-out of Collective Leadership, NHG will review and update its curriculum and interventions to ensure its relevance to NHG.

The success of NHG's KOLP Framework roll-out and the embedding of Collective Leadership culture entails cross-training, cross-learning, and cross-coordination in this shared journey. Robust partnership with stakeholders is crucial. NHG's Organisational Development and Leadership philosophy stems from the belief that a caring community and efficient healthcare ecosystem are only as good as the community – the *Kampung* – in designing, running, and sustaining it.