

# LEADING HEALTHCARE

The newsletter of the Healthcare Leadership College



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In recent years, there has been a growing emphasis on the need to transform healthcare in view of our ageing population. In this issue, we feature a short article on the numbers of ageing and what these mean for Singapore, as well as reflections and insights from participants of the 12<sup>th</sup> Igniting Leaders Programme who visited three different community care settings aimed at promoting better ageing-in-place.

What leadership qualities are called for, in order to drive the changes that are needed for our healthcare system? This issue further discusses the "O" or "Outward Focus" domain of the ONE public healthcare leadership framework, covering the behavioural qualities of: Holistic Systems Thinking, Visionary Leadership, and Driving Transformation. Driving transformation is not something that rests with only senior leaders, but is something that all of us can contribute to, in our own individual spheres of influence. Read the inspirational sharing by one of our HLC alumni, Dr Lee Yee Mei, who forged change by championing a home chemotherapy scheme.

The journey of a thousand miles begins with a single step. Will you take that step?



A/Prof Aymeric Lim, Dean HLC



## Dean's Message

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### PURPOSE

I know of many top professionals who have left their industry to join healthcare. They leave the banking sector, the hotel industry, electronics, Changi Airport and the Singapore Armed Forces.

They contribute greatly to our healthcare system, with their networks, specialist expertise and systems discipline. They also take, more often than not, a pay cut when they join us.

So why do they do this? They join healthcare because they find it meaningful to be in the business of caring for patients. They find purpose in that aim. They find purpose in supporting healthcare workers.

As healthcare workers, we sometimes forget what a privilege it is to care for our fellow human beings.

We must all remember what we pledged to do before we entered our careers. For doctors, we should remember what we promised at our medical school interviews.

Unfortunately, cynicism often sets in, sometimes as early as the third or fourth year of medical school. The cynicism may be the result of poor and toxic seniors and role models, but often it is also self-serving.

The more we seek to serve ourselves, the more we lose our purpose and the more cynical we become.

Our purpose is to help patients, even when conditions are difficult.

*"For where your treasure is, there your heart will be also."*

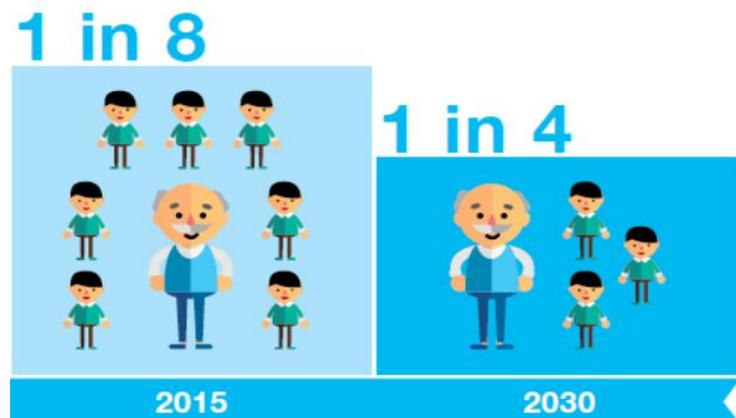
**Associate Professor Aymeric Lim**  
**Dean, Healthcare Leadership College**  
**Physician-in-Chief, The National University Health System**  
**Group Chief Human Resource Officer, The National University Health System**

# Singapore's Ageing Population in Numbers

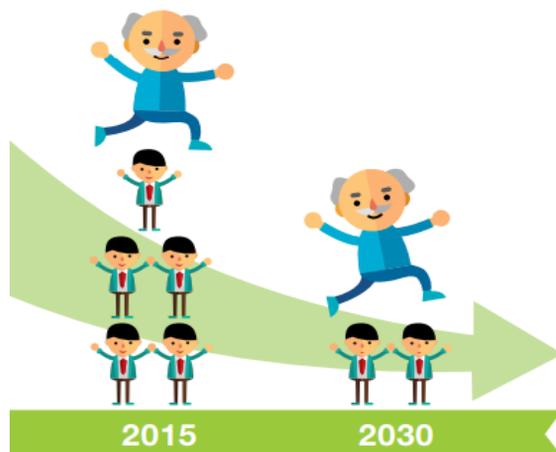
Singapore is one of the fastest ageing countries in the world. Here are some key figures about what ageing means for us:

## 1. By 2030, one in four Singaporeans will be aged 65 years or older.

Just imagine: if we could travel twelve years into the future to the year 2030, we will see a Singapore with many more elderly, similar to what Japan looks like today. In 2030, Singapore will have over 900,000 seniors, approximately double the current 440,000.

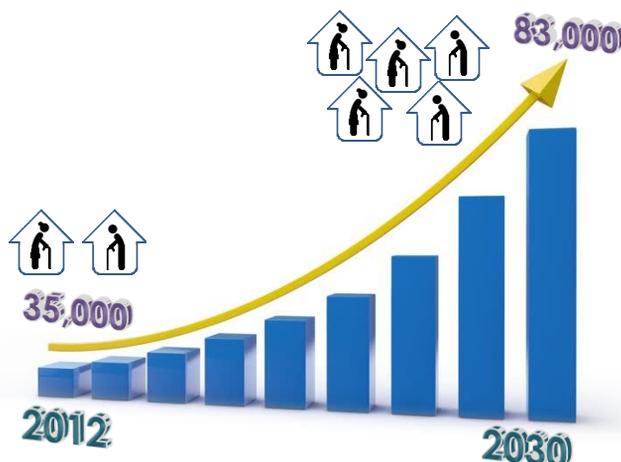


## 2. There will be far fewer adults of working age to support our elderly.



Increasing dependency ratios may have many implications, including on economic growth, tax revenues, and support for the elderly and those who need care.

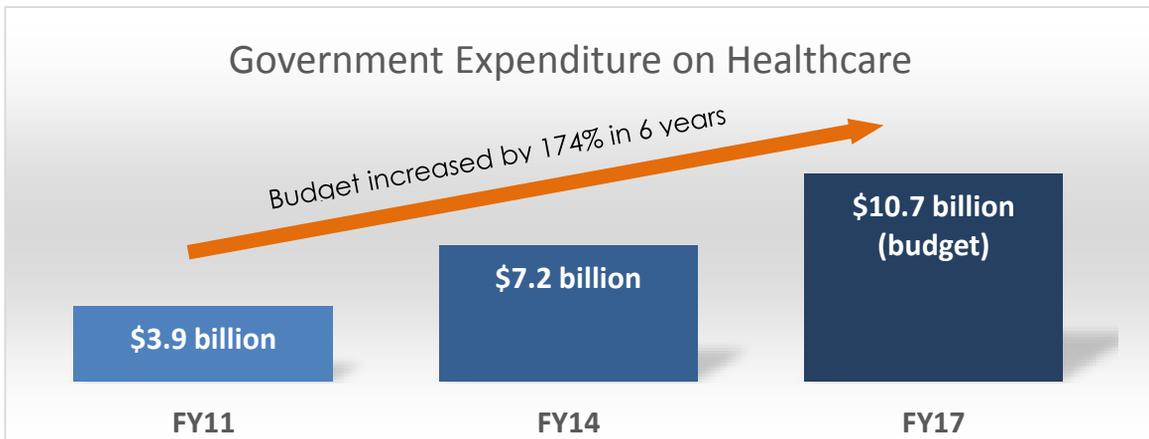
## 3. The number of seniors living alone will more than double, to 83,000.



With shrinking family sizes and changing social structures, the number of seniors living alone is expected to increase substantially. They will need more support from the community in order to help them age-in-place well.

## Singapore's Ageing Population in Numbers (con't)

### 4. Healthcare expenses have been growing substantially.



Source: [https://www.moh.gov.sg/content/moh\\_web/home/statistics/Health\\_Facts\\_Singapore/Healthcare\\_Financing.html](https://www.moh.gov.sg/content/moh_web/home/statistics/Health_Facts_Singapore/Healthcare_Financing.html)

In FY11, Government expenditure on healthcare was \$3.9 billion, and had climbed to \$10.7 billion by last year. The Government healthcare budget is expected to reach at least \$13 billion by the year 2020, or more than triple what it was in FY11.

## What do these numbers mean for Singapore?

*First, we cannot continue to deliver healthcare in the same way, as this will result in an untenable strain both on our finances as well as healthcare manpower.*

*Second, we need to place more emphasis on preventive, primary and community care, to ensure a sustainable healthcare system for the future.*



In this issue of *Leading Healthcare*, we take a closer look at some initiatives to ensure that Singaporeans receive good healthcare closer to home and support to age well in the community. In the following related stories, our participants from the 12<sup>th</sup> Igniting Leaders Programme (ILP) (held 19 April – 27 April 2018) share their insights on their learning journeys to three different community and care settings: COMSA@Whampoa; SilverCove@Marsiling Heights; and the Ang Mo Kio Thye Hua Kwan Hospital.



# ComSA@Whampoa

"Community for Successful Ageing (ComSA) @ Whampoa" is a community-wide approach launched by Tsao Foundation in April 2015. It delivers a range of health and social interventions through partnerships with more than 20 government, healthcare and community agencies and Whampoa-based grassroots groups.

Taking a community-wide approach, ComSA seeks to advance good health through self-care, enable community action to support positive ageing, provide efficient and effective bio- and psychosocial healthcare in the community for our elders, and fulfil their aspiration to age in place.



**SIA Chairmen: Seniors In Action performing simple exercises while seated.**

The experience has given us a fresh and in depth perspective of community care for the elderly in Singapore. **Rather than focus purely on meeting the medical needs of frail elderly**, which is often the focus for tertiary healthcare institutions, Tsao Foundation **has taken a broader health prevention and promotion approach to help Singaporeans age successfully and gracefully** in their own homes. Their visionary work in pioneering new approaches to longevity's challenges and opportunities has led to ground breaking, replicable models of community-based medical and psychosocial healthcare which has introduced ageing-in-place as a valid and viable long term care proposition. This vision is also backed up by their active efforts to conduct robust research to understand the needs of their target population and inform the direction and effectiveness of their interventions. Such foresight and continuous use of objective measures to better their programme is certainly something for us to learn from.

Despite the lack of resources, the dedicated and passionate team at ComSA has developed several key initiatives which are very attuned to the needs of their target population. What was most insightful was their ground-up approach which has come to fruition with many civic-minded elderly peers taking on the challenge of being Health Champions and advocating for themselves. Such an approach really seems to be the most effective in garnering support from the ground and sparking the necessary behavioural, psychological and social changes.



**Tsaoing the seeds of love.**

**1st row: Huifen, Mei Ling, Yasmin, Jasmine (TSAO), May-Ann (TSAO), Yen (TSAO)**  
**2nd row: Jennie, Charmaine, Jing Wen, Khan Tze, Lambert, Selvia, Matthew**

# SilverCOVE@Marsiling Heights



Left to right: Marcus, Richard, Wee Keat, Jacky, Allan (SilverCOVE), Alicia, Wei Lin, William, Lay Kuan, Yoek Ling, Kelvin, Shiao Wei

Located at Block 180A Marsiling Road, SilverCOVE was set up in 2016 as a joint initiative with the Ministry of Social and Family Development and the Ministry of Health as an integrated wellness centre aimed at enabling seniors living in nearby studio apartments and the surrounding areas to actively age in place.

With its current membership strength exceeding 250, the centre features a senior-friendly gym, offers community nursing services through a partnership with Khoo Teck Puat Hospital and hosts an array of activities, including mass exercise sessions and cooking classes.



Open layout of SilverCOVE

Our visit started with a briefing on the mission of NTUC Health (part of the family of NTUC Social Enterprises) by the centre manager, Mr Allan Ho, followed by a quick tour of the centre facilities. We were awed by the aesthetic and open layout of rattan chairs and lights, which gave a cosy kampong feeling throughout the centre, accompanied by a refreshing breeze from the giant ceiling fan overhead.

After the tour, we were invited to visit 2 studio apartments and noticed when we reached the floor level the alarm system at the lift lobby area. The system is linked to a number of pull-chord alarms peppered within every studio apartment. In the event of an emergency, the elderly can simply pull the chord to activate the lift lobby alarm. This same system is also linked to the centre so that the staff can be alerted to check on the resident

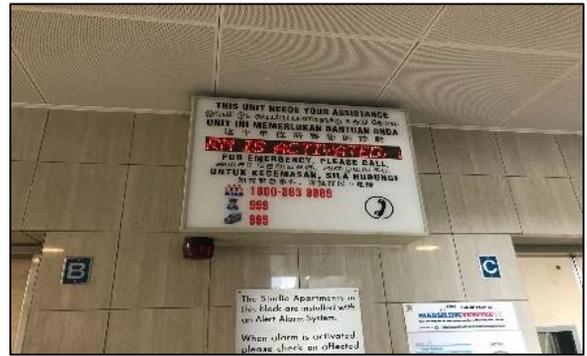
The studio apartments were small, cosy spaces for a maximum of 2 occupants. They were fully furnished by HDB, including the kitchen cabinets, floor and bathroom tiles. However, we could not help but notice that the bathrooms were not fitted with anti-slip tiles, which can help to prevent falls

when the bathroom is wet.

From the visit, **we felt that SilverCOVE serves as an ideal focal point for the elderly to gather, form enduring friendships and receive emotional support from one another. This community living helps in maintaining both the physical and mental well-being of each person while allowing them to lead a fulfilling and independent life.** However, we do hear that

sustainability of the centre's programmes is a

pertinent issue as they have to be self-funding through commercial viability. We hope that our society will recognise the importance of such centres in serving our elderly and continue to support them in their various initiatives.

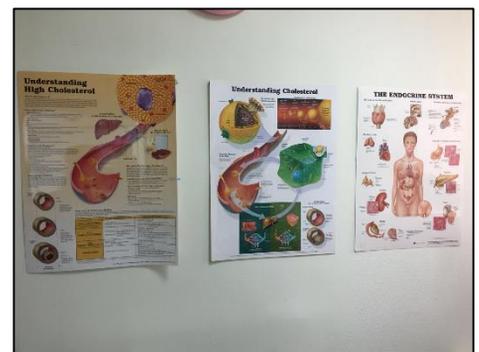


Alert alarm system at lift lobby

## Ang Mo Kio- Thye Hua Kwan Hospital

Ang Mo Kio – Thye Hua Kwan Hospital (AMK- THK Hospital) is a community hospital that provides rehabilitative and sub-acute care using a patient-centered approach. We were hosted by Jason Hung, who was also a participant of the 12<sup>th</sup> ILP class.

Our first stop was the Dialysis Centre where we were briefed by the nurse manager and senior staff nurse on their facilities and operations. Due to the increase in frequency of patients admittance requiring renal replacement therapies, nurses are now trained to care for patients requiring Continuous Ambulatory Peritoneal Dialysis (CAPD) and Automated Peritoneal Dialysis (APD).



Left to right: Dialysis Centre, Dietetic and Nurse Counselling & Education Services provided at the Community Health Centre

We toured the Community Health Centre (CHC) and were introduced to the various services available. The CHC was relatively quiet with only 1 patient present during our visit. We understood that there was a lower than expected GP referrals at the moment. There seemed to be low awareness among the GPs that the services offered by the CHC could complement theirs and help better manage chronic conditions.

Despite the low patient volume, the warmth and the enthusiasm of the nurses at CHC were

impressive and left us inspired. Perhaps we do need to reassess the operating model of CHC so that it could remain sustainable and offer value in the health ecosystem.



**Tapping on technology. Hocoma Lokomat at AMK- THK Hospital DRC**

The last stop we visited was the Day Rehab Centre (DRC). As we moved towards transforming care, the hospital invested in a Hocoma Lokomat (advanced robotics therapy) that allows therapists to focus on the patient and the actual therapy which enhances staff efficiency and safety, leading to higher training intensity.

It is heartening to learn that the hospital has a team of loyal volunteers from the community that help out just like a full time staff with some being with them for more than 20 years.

The vision of AMK-THK Hospital was extremely compelling (and noble) – to serve mankind. The vision seemed to permeate through in all the interactions we had with the staff. This also applied to the way the hospital was run as we learnt that beyond government subsidies, the hospital used its own funds to further offset the cost for patients who were unable to afford.

It was an eye-opening experience for the group of us and we went back with numerous learning points. We learnt was that there were some patients who would rather continue staying in the hospital rather than move home because a) there is no one to take care of them at home, b) they might not be mobile enough to come back for check-ups (or meet others in a social setting), and c) they were viewed as a burden at home. These issues blur the medical-social line quite a bit, and we were struck by the degree of care and intentionality the healthcare professionals put in to support their patients, while maintaining a high degree of professionalism.

We also learnt that AMK- THK Hospital goes beyond their call of duty to provide the best possible care for their patients. Besides the usual house visit and link- up with HDB for the EASE programme, they went one step further to provide a list of contractors and recommendations that patients and their families could contact such that the transition back home was seamless. Talk about the dedication they have!



**We-fie on location**

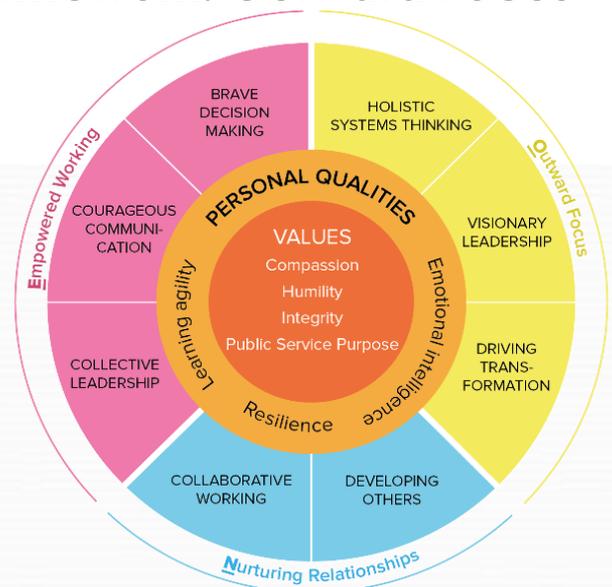
**1<sup>st</sup> row: Hwee Suan, Yoko, Wendy, Alicer, Eileen  
2<sup>nd</sup> row: Jason, Ram, Hong Eng, Jordan, Esther**

It is through such visits that makes us be more aware of the good work that is being done in the community for our patients. With the continuous support and partnership, we would be able to overcome our challenges and work towards transforming care in Singapore.

# ONE Healthcare Leadership Framework: Outward Focus

In the previous issue of Leading Healthcare, we introduced the ONE Healthcare Leadership Framework, a framework for effective leadership for healthcare of the future. We have also discussed the values and personal qualities needed for effective leadership in healthcare.

In this issue, we present the behavioural qualities of Outward Focus, or the “O” in the ONE Healthcare Leadership Framework. Leaders need to employ holistic systems thinking and visionary leadership to drive transformation in healthcare.



ONE Healthcare Leadership Framework

**Holistic Systems Thinking** – Effective leaders think beyond their own area, understand the needs of the wider healthcare system and make decisions for the good of the system. It starts with the curiosity to want to understand how trends in the wider system (e.g., political, socio-economic, technology) will impact our work in healthcare. As leaders, we also need to be aware of how our decisions and behaviours will have ripple effects on our patients, our colleagues, our organisations, and on other organisations and communities within the larger health eco-system.



**Visionary Leadership** – Effective leaders build a shared purpose, provide clarity of direction, strategy and priorities, which connect with people and allow them to see how their roles fit into the bigger picture. It takes time and personal conviction to sell a vision. And leaders need to anchor their vision on their sense of public service purpose – doing what is best for the society, and for the health of our nation.



**Driving Transformation** – Effective leaders inspire and energise their followers, help them make sense of change, and give them courage to look for different ways of doing things inside and outside the institution. Failures will be part and parcel of the transformation journey. Besides the courage to take risks and experiment, leaders also need to have the resilience to overcome and learn from challenges along the way.



# Dr Lee Yee Mei: Pushing the Boundaries

Dr Lee Yee Mei is the Head of Oncology Nursing at the National University Cancer Institute, Singapore (NCIS). One of five recipients of the prestigious President's Award for Nurses in 2017 and also an HLC alumnus, she has led several projects to shift care to where it is most accessible to patients – in their communities and homes.

We hope Dr Lee's sharing on how she has dared to dream big dreams, brought others along on the journey of change, and sense of purpose, will inspire even more leaders to act and make changes for betterment of the patient, their organisations and the overall healthcare system.



## Home Care initiatives spearheaded by Dr Lee Yee Mei:

*“I am the sort of person who will keep pushing new boundaries and trying new ideas... I believe I will see my efforts bear fruit.”*

### Outpatient Autologous Blood Stem Cell Transplant (Adult)

Started in 2011, the outpatient autologous blood stem cell transplant service has a similar treatment protocol and recovery time to inpatient transplants. This eliminates the need for a routine hospitalisation stay.

Pre-transplant operations, the transplant itself, and follow-up monitoring and care are performed as day procedures by a multi-disciplinary team.

Patients are educated by nurses on instructions for post-transplant care, and are able to recuperate in the comfort of their own homes. This reduces a patient's stay in the hospital (in an isolated room) by about 21 days.

### Bortezomib@Home Programme

In August 2015, NCIS became the first hospital in Singapore and Southeast Asia to offer cancer treatment at home for patients diagnosed with Multiple Myeloma. This drastically reduced a patient's visits to the hospital to about only once a month for reviews.

Previously, the treatment involved four clinic visits per cycle in two weeks with an average of four or more cycles. This excluded other routine doctor visits.

### Home Infusion Chemotherapy

Since 2017, under the home-based regime, patients undergoing treatment for lymphoma have drugs administered via a portable pump and return to the hospital only for fresh doses of the drugs.

Previously, patients had to be hospitalised for one week in every 21-day cycle.

### NCIS-on-the Go

With NCIS-on-the-Go launched in February 2017, care services are brought to the community via “vehicle clinics”. Services include expanded chemotherapy treatments, blood tests and nursing procedures amongst others.

# Dr Lee Yee Mei: Pushing the Boundaries

**Q: The home care initiatives you have spearheaded came even before the 3 Beyonds were announced by the Health Minister. How did it all begin?**

**A:** NCIS already had a vision to innovate for a better model of care, to move care from the inpatient to the outpatient setting, and from outpatient to the communities and homes.

It started with a dream to improve the quality of life of cancer patients, whose lives were greatly disrupted by frequent visits to the hospital for treatment and the side effects of chemotherapy.

I wanted to help patients lead a normal life as much as possible. Of course, patient satisfaction and cost savings were also key considerations in the initiatives.

**Q: What keeps you going?**

**A:** I am the sort of person who would keep pushing new boundaries and trying new ideas. It is important to think, **“What can I do, or what is the least that I can do?”** in the face of challenges. All of us have our moments of self-doubt especially when the going gets tough. We need to overcome our limiting beliefs before we can overcome external challenges.

The journey of change started as a dream which turned into an aspiration to make things better for patients. We often do not know how to reach our goals, but it is okay as long as we take the first step. At the end of the day, we ask ourselves **“Who am I? What am I here for?”** I believe everyone can make a difference with their unique talents and the right motivation.

Driving change is like climbing Mount Everest. Is it all worth it? Yes, especially when **I believe I will see my efforts bear fruit.**

**Q: What challenges did you face when driving these initiatives? How did you overcome them?**

**A:** A key challenge was convincing others of the need to do things differently - selling the benefits of the initiatives to senior management, and the nurses who would be involved in the change as they had to learn new skills and be willing to go to patients' homes in rain or shine.

Together with Prof Chng Wee Joo, Director of NCIS, who championed the cause, we invested time to contemplate and strategise how the initiatives could be driven. He believed that if we did not try, we would not know if it would work. We had to **keep selling the cause** until people believed as much as we did that home care was possible.

Our nurses also worked with patients and caregivers on their initial concerns, and through this process, our nurses felt that they were better able to help patients and caregivers cope as they could now view patients more holistically – by understanding their support systems and lifestyles at home. The nurses then felt they were adding value to patients' lives. It definitely helped that the nurses had great teamwork and were open to accepting new challenges and championing a new model of care

Ultimately, it is about benefits to the patient, the organisation and the overall healthcare system.



# Dr Lee Yee Mei: Pushing the Boundaries

## Q: What advice would you give to healthcare leaders driving transformation?

### **Dream big, set goals and share.**

Leaders have a responsibility to dream. What would improve the lives of people? Start by setting goals and sharing them with others.

Incubate your intention. Do your homework and seize the moment when the opportunity arises. Timing is key.

**Develop your soft skills.** The soft skills of emotional intelligence, influence and facilitating conversations are equally as important as technical skills. However, these are not easy to teach. Find opportunities and ways to develop them.

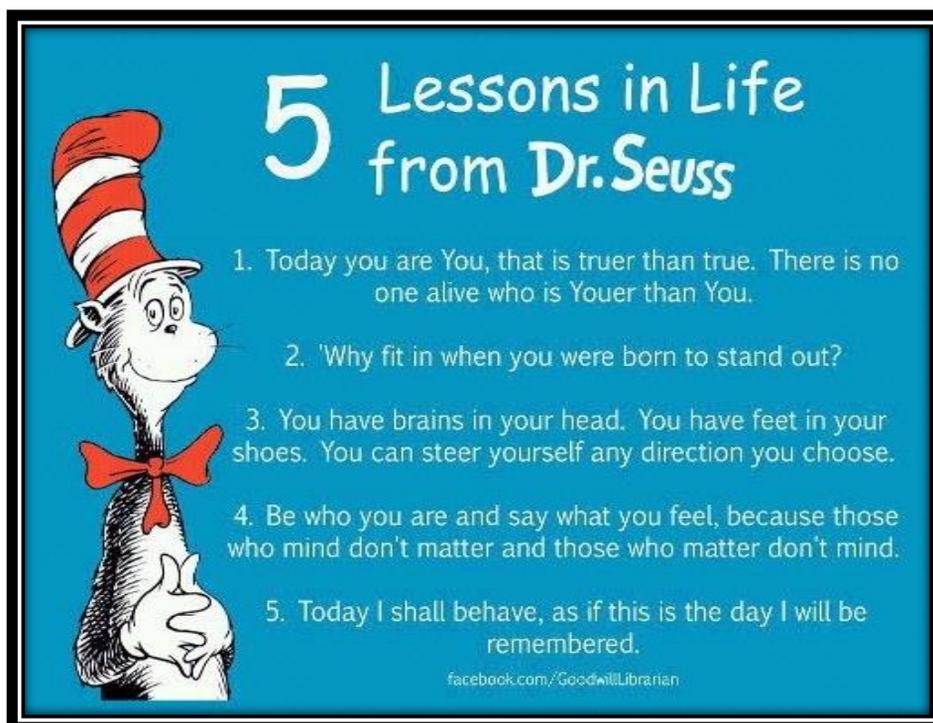
**Set aside time to think and strategise.** It should not be compromised by day-to-day demands.

### **Please do try, and until then, do not say 'no'. Innovate and be open-minded.**

Negotiate, improve and enhance care delivery using multimodality and multi-pronged approaches. This may mean losing some in the short term and winning more in the long term.

**Find your support system.** Gain the support of a leader who has broad influence. A leader who champions the cause widely can help to drive the success of the transformation. If in doubt, make sure you have a trusted mentor whom you can speak to. Also, be that trusted person that someone else can speak to, and be counted on pull that person up.

**Self-care.** The journey can be long; take breaks to recharge.



## Upcoming Programmes

- Effective Leaders Programme (ELP) (formerly known as Emerging Leadership Programme)  
3<sup>rd</sup> – 11<sup>th</sup> May 2018
- New Leaders Programme (NLP) (formerly known as Nursing, Allied Health and Administration Leadership Programme)  
3<sup>rd</sup> to 6<sup>th</sup> July 2018
- Strategic Leadership Programme (SLP)  
16<sup>th</sup> – 20<sup>th</sup> July 2018

**Participation for the above programmes is strictly by nomination. Kindly contact your respective HR Department if you are interested to join any of the above programmes**

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### About the Healthcare Leadership College

The Healthcare Leadership College, a division of MOH Holdings, supports the building of strong leadership capacity and capabilities for our national public healthcare system, in line with the Ministry of Health's vision and strategic priorities.

We develop and deliver high quality programmes and other learning platforms for public healthcare leaders, covering topics such as leadership and organisational development, public service ethos and values, and key healthcare policies and issues.

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