

LEADING HEALTHCARE

The newsletter of the Healthcare Leadership College



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About The Healthcare Leadership College

Nurses are a key pillar of Singapore healthcare. At the forefront of health promotion, health prevention, and healthcare efforts, they care for the vulnerable and the ill; bridge the gaps between doctors, patients and family members; and shape and mould care transformation efforts.

In recognition of Nurses Day on 1 August, we are proud to feature in the August issue of the HLC newsletter: tributes to outstanding nurse leaders; inspiring words to young leaders from Tan Tock Seng Hospital's Chief Nurse Mr Yeo Keng Kwang; as well as a photo journey of our inaugural cohort of the Singapore Nurse Leaders Programme (SNLP).

"As a nurse, we have the opportunity to heal the heart, mind, soul and body of our patients, their families, and ourselves. They may forget your name, but they will never forget how you made them feel." - Maya Angelou

To all nurses, thank you for going above and beyond to care.

Dean's Message

Thank You, Nurses

I have been practising as a surgeon for more than 30 years. I would not be where I am today, if not for the many nurses who have supported, guided, and taught me along the way.

Nurses are the ones who deliver the heart and soul of healthcare, in the operating theatres, in the wards, and in the community. Strong nurse leadership is indispensable, if we are to transform our healthcare system. In recognition of Nurses Day, I would like to express my heartfelt thanks to all our nurses and to our nurse leaders who have made a difference.

One nurse leader that I know personally is Emily Ang, who now heads the NUS Alice Lee Centre for Nursing Studies, helping to teach and grow more nurse leaders. In her words: "Nursing leadership requires selfless leadership. It all starts with putting your patients' and subordinates' needs first. As the African proverb says, if you want to go far, go together."

I share these few lines of a poem that Dr Michael Gallant, an American paediatric plastic surgeon, wrote in tribute to nurses:

The nurses I know

All see the big picture.

*Clearly they are not teachers, but from them I have learned much
about what is important in life.*

*They are not comedians, but they make me laugh often (usually at my-
self).*

*They are not cops, but they manage to keep my behaviour in line—
most of the time.*

The nurses I know...

To these nurses it is never true that nothing can be done.

To them there is always something good to do.



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*

Courageous Nurse Leadership

One of my earliest impressions of the impact of strong leadership came from a nurse. In March 2003, I was a young officer in the Ministry of Health and had been pulled into the effort in fighting SARS. Tan Tock Seng Hospital had just been designated as the “Sars hospital”. I recall that there was worry about the morale of the TTSH staff, particularly the nurses and doctors. They would have to continue caring for their patients, amidst the uncertainty over what Sars was, how it was transmitted, and of course, the real risk that they could themselves get infected with Sars. A few of the TTSH healthcare workers had already come down with Sars and were critically ill.

It was against this backdrop that I first heard Kwek Puay Ee’s name mentioned. Puay Ee was then a young Director of Nursing at TTSH. At the MOH, we had heard that Puay Ee would be giving a mass address to her nurses.

Later that day, with huge relief, we heard that at the session Puay Ee had spoken to her nurses. She convinced them of their duty to their patients, to the hospital and to Singapore, to continue working in the ICU, wards and hospital, despite their own fears, risk to themselves and their families, and the tremendous societal pressures.



Dr Mabel Yap (currently Director, Professional Training and Assessment Standards Division, MOH), who was seconded to TTSH to coordinate the epidemiological work and data flow, recounted: *“I remembered Puay Ee whom I met for the first time in 2003 and was truly grateful for her strong leadership, decisiveness and the tremendous support she and her nurses in TTSH gave to my team. Tension was very high back then, but the nurses were very calm and efficient, and never complained about the long hours and hard work. I recalled the collective outpouring of grief when a doctor and a nurse succumbed to SARS, but that did not deter any of*

them. In fact, they were more determined than ever to win the fight against SARS .”

That vivid impression of what strong leadership could achieve, has stayed with me for more than 15

years. I am sure that apart from this incident, Puay Ee exercised strong and courageous leadership each and every day during and after the entire Sars period.

When I met Puay Ee for the first time in 2016 in my current capacity at the College, to discuss the crisis leadership lessons from Sars, I do not think I mentioned this incident to her. But I would like her to know that I thank her for the great contribution that she has made to Singapore healthcare.

Lee Shiao Wei,
Director, Healthcare Leadership College

Letter to our Young Leaders

Nursing, for Life

Keng Kwang started his career as a clinical nurse at Tan Tock Seng Hospital, Singapore, in 1996. He moved to Nursing Administration as a Senior Staff Nurse in 1998 to work on Division-wide nursing projects. He was subsequently promoted to Assistant Director, Nursing in 2002 after 4 years, and to Director, Nursing in October 2011. His current role has been re-designated as Chief Nurse in January 2015.

Since his appointment as Director of Nursing/Chief Nurse, Keng Kwang chairs and oversees the Ward of the Future (WoF) Project, where both the infrastructure and work processes were re-engineered to improve patient care through patient-centric designs, cubicle based nursing and inter-professional collaboration. He is currently leading the WoF project into Phase 2, and has re-named it as 'Ward Without Walls (WoW) Project to design care models and workflows that better enable care to transcend seamlessly across boundaries.

Dear Young Leaders,

Given the choice, I would choose nursing all over again.

I fell in love with nursing in my 4th year in university, where I studied community nursing and could see its direct impact on people. Although I initially applied for a scholarship to study Physiotherapy, I took up nursing when asked because I like to interact with people and was simply looking for a profession that allowed me to do so. It has been 28 years and I have not had any regret over that decision.

Bridging the gap and empowering the next generation

One common complaint in nursing is that it doesn't seem to attract the younger generation. How can we attract more of the younger generation to work in the nursing sector and in the community? How do we build their resilience to prepare them for nursing? To do that, we have to understand their needs, which may be different from ours. We need to be ready to connect with them. This generation is socially motivated and wants to do good, but they get disheartened easily because the ward environment may not be what they had expected. We have to understand that the younger generation grew up in a different environment from us. Thus, instead of criticising them, we need to change our habits and tell them more often that we have their back and support them. We need to be more constructive with them and remind them to see the good in things. If they get a thank you 9 out of 10 times and get scolded once, we need to remind them not to take the "thank yous" for granted. In the same breath, we should also encourage them that they have done well for 9 out of the 10 encounters, and not to be too hard on themselves for that 1 unpleasant encounter.



Mr Yong Keng Kwang
Chief Nurse
Tan Tock Seng Hospital

Given the choice, I would choose nursing all over again.

I also believe there is a need for shared governance and collective leadership. We need to realise that the nursing workforce is and will continue to be multigenerational. Even in Tan Tock Seng Hospital (TTSH), two thirds of the nurses are below 35 years old. The older generation are in the minority and typically the ones in leadership positions, but they have to accept the differences in the younger generation, and find more ways to empower, embrace, encourage and engage them. Decision making should be an inclusive process, which takes into account multigenerational perspectives. This may be difficult as collective decision-making inevitably takes longer, but I believe that the end result will be worth the sacrifice of efficiency.

Keep the fire burning

Many of us have stayed so long in the system that we have forgotten what we used to fight for. We have lost our determination and energy to fight for change. We are so busy that we learn that we survive best by treating things as tasks to complete instead of finding meaning and purpose in our work.

It is so important that we do not quench this fire in the younger generation. For me, while there was limited change I could effect when I was a junior nurse, I took that time to pick up skills and projects that could help create better meaning for nursing. I picked my battles when still a junior nurse, and made sure to remember the lessons I learnt, especially of what not to do, so that I could effect change when I eventually got the opportunity (as I progressed in my career).

We are so busy that we learn that we survive best by treating things as tasks to complete instead of finding meaning and purpose in our work.

Pay forward everything you've learnt and trust your people. Once you are a leader, you no longer think of yourself, you think more for people you lead.

Nursing is a lifetime calling. It takes a very special individual to become a nurse. To all nurses, I say, "thank you for being a nurse, and I hope that you will be a nurse for life."

We should constantly have the humility to step back and let others take the lead, when they are the best persons to do so.

One request I have of young, emerging leaders is that as you go along your journey, pay forward everything you've learnt and trust your people.

Once you are a leader, you no longer think of yourself, you think more for people you lead.

However, as you take up more and more leadership responsibilities, also remember this - power is very addictive and it consumes you; the more you get, the more you want to protect it. I personally feel that leadership should be rotated, otherwise you will get stuck in your own world and attracted to the trappings of power. We should constantly have the humility to step back and let others take the lead, when they are the best persons to do so.

A nurse for life

Sometimes I'm asked what my vision is for the future of nursing. My answer would be that the vision is yours to hold - it need not be as lofty as how senior leaders often set it out to be. Hence, you should co-create a collective vision for yourself and your team, and then all you need to do next is believe in it!

My vision is the firm belief that nurses should put themselves in good positions to contribute more to the healthcare system and actively help to shape healthcare policies, particularly in Asia. Patients also need to see nurses as skilled and expert healthcare professionals capable of making accountable decisions.

Nursing is a lifetime calling. It takes a very special individual to become a nurse. To all nurses, I say, "thank you for being a nurse, and I hope that you will be a nurse for life."

Growing the Next Generation of Nurse Leaders

The Inaugural Singapore Nurse Leaders Programme (SNLP)

Given the challenges facing our healthcare system and the urgency of transforming healthcare, it is critical that nurses take on more leadership roles, especially in areas requiring close team work or working across traditional silos.

The inaugural Singapore Nurse Leader Programme aimed to provide a good start to the leadership journeys of the first batch of 32 dynamic and passionate participants.

Over the course of the 3-month SNLP programme, participants had numerous opportunities interacting with senior leaders from both nursing and non-nursing professions, and hear about their leadership journey and experiences. They were also exposed to healthcare policies to better understand the rationale and impact at a systems level as they grow to be leaders for our next generation.

Designed as part of the programme was also a 20-day attachment to the community where participants got to experience first-hand the work in the community. This was intended to expose participants to some of the opportunities and challenges that are part of leading in and across the wider healthcare ecosystem.

The inaugural run of the SNLP would not be successful without the support of the Chief Nurses, Directors of Nursing, community care partners and most importantly, SNLP Programme Director, Mr Michael Tan and SNLP Assistant Programme Director, Mrs Lee Siu Yin.

We look back at the amazing inaugural SNLP journey.



Interacting with Guest-of-Honour SMS Amy Khor on graduation day



Connecting with community care partners



Learning journey with The Neighbours Team



PS (Health) enjoying a good debate with the participants

Thoughts on social-health integration

Each individual is unique in their social background. As a community nurse, it is important to understand the social background of our patients so we can better plan the type of care needed for them.

It is also important for community nurses to be aware of the available resources in the community we can tap on to facilitate care planning for our patients.

*Hafidah
Nurse Clinician
Home Nursing Foundation*

Reflections from SNLP

SNLP provided me with an invaluable platform to understand different community care settings and appreciate the challenges faced in the sector. The programme has also enlightened me with crucial insights and heightened my motivation level as I venture on in my leadership journey – Learn to think deep and wide, be courageous to empower and stay resilient as I seek to lead change.

I look forward to sharing my experiences with my team to improve the transition and continuity of care for our patients.

*Elizabeth Leong
Nurse Clinician
Sengkang General Hospital*

Beyond Healthcare to Community

Ageing in Place

By 14th ILP participants

A city state with 5.6 million people, Singapore has one of the fastest ageing populations in the world. The main reason for this is what Singapore anxiously calls the 'silver tsunami'; by 2030, one in five people in the city will be over 60. In July 2019, 28 participants from 14th Igniting Leaders Programme (ILP) had the opportunity to visit 3 different centres that provide support for seniors to age in place.

One-stop Wellness Hub – GoodLife! @Yishun

It was a bright and sunny Thursday morning, which reflected the mood of our hosts at GoodLife!@Yishun, a centre managed by Montfort Care. Located at Blk 838 Yishun Street 81, GoodLife!@Yishun was officially opened in November 2018. It is a one-stop wellness hub and resource centre with its own café offering residents free coffee and tea.

We were warmly welcomed and given an introduction to Montfort Care, which has a network of programmes committed to improving the lives of individuals, families and the community facing transitional challenges. Their team of social service professionals provide community-based social services to empower lives and strengthen communities. GoodLife!@Yishun aims to provide just that for the seniors. The centre takes a holistic approach to active ageing by organising activities that address both the physical and mental wellness of the seniors.



GoodLife!@Yishun runs a flagship YAH! (Young At Heart) programme that aims to create mindset changes about ageing. Through interactive workshops, seniors discuss and learn about issues like digital literacy, Advanced Care Planning (ACP) and even sexuality in old age!

Graduates of the programme are encouraged to give back to the community, and go on to become Ambassadors to reach out to other seniors. We were excited about this seniors-for-seniors approach to build a strong network of active agers. One of the YAH! Programme graduates is now a volunteer who regularly provides aroma hand massages to caregivers who require some respite, under the centre's Care with Aroma initiative. The massage is done in a spacious but cozy lounge – complete with a tea appreciation session at the end of the massage! We were touched by the care and thoughtfulness that GoodLife!@Yishun gives to caregivers – to honour the hard work of care-giving. Staying true to their value of Dare to be Different, Montfort Care operates a first-of-its kind home-based bathing service in Singapore for bedbound individuals. The technology originated from Japan, and requires a three-person team (2 hours from tub setup, to bathing & to pack-up) to operate.

We were shown a real-life demonstration of the bathing service (on one of their staff), and we could only imagine how back-breaking the job must have been for the operators.

Operating this service comes at a real cost to Montfort Care – we understand that they only charge about 10% of the cost to the beneficiaries. When asked for their motivation to provide this service despite the high cost and labour intensity, the hosts shared with pride, “The smiles and the dignity that bathing brings to people who are bedbound are priceless.” The longest that they have seen an individual gone without a water bath was 18 years... (Gosh!)

Many of us left GoodLife!@Yishun feeling impressed with their passion, creativity, and perseverance to serve the ageing community. Without receiving much government funding, the question of sustainability remains in many of our minds. Can passion, creativity and perseverance overcome this challenge that they face in the long run?

Just as it takes a village to raise a child, it also takes a village to care for an elderly. We were encouraged to know that there are organisations and individuals outside the public healthcare sector who are equally vested in helping seniors live well, live long, and with a peace of mind. Let us continue to find ways to collaborate and bring about a tighter eco-system for health and care.

New Kid on the Block – Care Corner Active Aging Hub @ Toa Payoh

Vision Driven Changes

The vision of having comprehensive care from young to old readily available in this little red dot was Care Corner Vision's "to provide care in every corner of Singapore". The concept came about with wanting to upgrade the level of care from personal and family centric care to an entity dedicated to senior services, health centric care as the aging population steadily increasing over the years.

The evolved system is now completed with health services, on top of the initial start-up of just social services with the on-boarding of various care partners. The care team in Care Corner works in the spirit of providing continuous, wide spectrum care for every elderly that step into the centre.

Services provided to some 2,500 clients over the last 24 months include a mix of providing affordable healthcare and social services regardless of their socioeconomic status. The centre has customized care programmes according to the needs of the elderly to help them achieve greater self-independence and integration into the society with multi-generation activities organized to gauge effectiveness of the customisation of care.

Collaboration was initiated with childcare centres within the vicinity to enable multi-generation interaction to take place. The project took flight with two childcare centres and has received positive feedback from clients saying that they have felt a sense of belonging in a homely environment with children bringing joy to their sessions.

The Change Agent: It's People

The care team embodied passion for their work and compassion for the seniors. Success factors lie in having the right people to do the job. This was strongly evident in the centre senior management Mr Daniel and Manger Pamela with their enriching and passionate sharing and sparkles of excitement to collaborate further with acute healthcare. Without strong dedication and passion, no young person could have had the patience to deal with the challenges faced while concurrently searching for more beneficial care that can be in placed at the centre as part of their customized care model for the elderly.

After the sharing session, Pamela was very eager to hear our experiences in the acute healthcare setting and was keen to adopt some ideas to the centre for the benefit of the elderly. It was inspiring to see the centre staffed by young and passionate staff, which really showed their heart and dedication in providing care to our seniors.

	7 am to 10 am	10 am to 11 am	11 am to 11.45 am	11.45 am to 12.30 pm	12.30 pm to 2 pm	2 pm to 3 pm	3 pm to 3.30 pm	3.30 pm to 5 pm	5 pm to 6 pm
Monday 星期一	VITAL SIGNS 生命体征监测	REALITY ORIENTATION 现实取向	EXERCISE 运动	COGNITIVE 社交活动/休闲	LUNCH 午餐	QUIET LEISURE 休闲	PHYSICAL 锻炼	TEA BREAK 下午茶	TRANSPORT BACK HOME 回家
Tuesday 星期二	VITAL SIGNS 生命体征监测	BREAKFAST 早餐	REALITY ORIENTATION 现实取向	EXERCISE 运动	COGNITIVE 认知活动	LUNCH 午餐	QUIET LEISURE 休闲	TEA BREAK 下午茶	TRANSPORT BACK HOME 回家
Wednesday 星期三	VITAL SIGNS 生命体征监测	BREAKFAST 早餐	REALITY ORIENTATION 现实取向	EXERCISE 运动	SOCIALIZING 社交活动/休闲	LUNCH 午餐	QUIET LEISURE 休闲	TEA BREAK 下午茶	TRANSPORT BACK HOME 回家
Thursday 星期四	VITAL SIGNS 生命体征监测	BREAKFAST 早餐	REALITY ORIENTATION 现实取向	EXERCISE 运动	COGNITIVE 认知活动	LUNCH 午餐	QUIET LEISURE 休闲	TEA BREAK 下午茶	TRANSPORT BACK HOME 回家
Friday 星期五	VITAL SIGNS 生命体征监测	BREAKFAST 早餐	REALITY ORIENTATION 现实取向	EXERCISE 运动	COGNITIVE 认知活动	LUNCH 午餐	QUIET LEISURE 休闲	TEA BREAK 下午茶	TRANSPORT BACK HOME 回家

The Challenges faced

Space, finances, people – the common three biggest constrain in every healthcare setting. Care Corner @ Toa Payoh faced none other than the above mentioned. With successful cases brings in more clients and reaches out further into the community.

However, this also intensifies the need for increase in supply of logistics and trained allied health professionals to meet the increase in demand. Whilst there is no long term solution at present, the centre has innovated and collaborated with other similar care providers in the neighbourhood to house more clients, and used the available funding to send their staff for advanced training.



Breaking the Mould – St Joseph’s Home (SJH)

St Joseph’s Home (SJH) was set up by the Catholic Welfare Services in 1978, and recently moved to its current premises in Jurong West. It accommodates up to 412 residents, offering a range of services from nursing and hospice care to community programmes.



Upon stepping into the Home, we were surprised by how little SJH resembled a “traditional” nursing home. We were brought through a garden cultivated with herbs and flowers, a bird house, a playground, and a child-care centre (yes they have one located within the Home!). The buildings look almost resort-like, and there is abundant natural light and free flow of air in the rooms.

Activities for the children and the elderly were melded seamlessly, with children and the elderly interacting in daily activities such as singing, and arts and craft. We could tell that the elderly residents were energised and uplifted from interacting with the children, and it felt like the children treated the elderly as they would their grandparents. To cater to both generations, the playground has special features for young and old - the enormous see-saw has a ramp to facilitate wheelchair access, and the merry-go-round comes with wheel-lock features for wheelchairs and custom-built seats for toddlers.

The staff have unique skillsets to cater to this environment. For example, the childcare teachers are trained in basic knowledge of gerontology, while the nursing home staff collaborate with the childcare teachers to implement a curriculum that caters to both old and young. All teachers are trained in dementia care.

The Home’s philosophy of ensuring the dignity of their residents and enabling them to live well, is evident from how the residents are treated down to the minute details. Residents are encouraged to choose their own routine each day. They wear their own clothes in the day, and only put on the Home’s uniform pajamas when it’s time for bed. Corelle plates and good cutlery are used, instead of plastic ones. There is no “bed or ward number”; instead, the residents’ beds are identified through “unique” numberings similar to HDB block numbering, e.g. #03 -15 (Level 3, bed 15).

Death is not treated as a taboo at SJH, and is considered part of the natural cycle of life. Residents enter and leave from the same door.

The Home also gives back to the community. They have a Dusk-to-dawn programme aimed at relieving caregiver stress. Caregivers can leave their loved ones with dementia at the centre for one to two nights where the staff on duty will engage the patients with various activities. The caregivers can then be relieved of their duties, taking the opportunity to run some errands or unwind for the day.

Overall, SJH is an organisation that inspires care and hope among their staff and residents, and would be a great example for others to learn from their person-centred approach towards both their residents and staff.

Adaptive Leadership

Effective Intervention through Accurate Interpretation

Adaptive Leadership is a framework that views leadership as a practice, rather than a position. This framework covers getting onto the balcony to observe patterns, interpret accurately, intervene, change and thrive. In our last issue, we shared a couple of tips to help us gather relevant information and take an objective perspective by periodically stepping back from the action and “being on the balcony”, to see the larger picture and uncover underlying patterns and causes.

The next steps are to interpret the issues and to design effective interventions. Well-designed interventions provide context to the challenges that we face. However, intervention needs to connect to what is going on. Thus, a leader needs to analyse and interpret what is happening and develop multiple hypotheses. This involves a certain amount of risk, as different people have different interpretations of the data. The most important thing is to *think* before making interpretation. As *Heifetz mentions, “*The idea is to make your observations as accurate as possible by considering the widest possible array of sensory information.*”

Last but not least, we want to design interventions where we **bring the relevant parts of the system together, give the work back to the people involved** and to **regulate the amount of instability that may be created**. If interventions are not connecting to what is actually going on, or do not have buy-in from staffs or employees, then it is irrelevant to the task at hand. It is also important to take into account organisational culture and available resources.

Great Leadership is like Gardening

Many leaders think of themselves as problem-solvers; when confronted with problems, a common instinct is to leap into “fixing the issue”. Rather than adopt the role of mechanic, great leaders adopt the role of gardener. Today, it makes more sense to think of a leader as gardener, not a machine designer or a machine operator. Think about dealing with unique living things, not inanimate and interchangeable parts. Give up control. Instead, create an environment where your garden will flourish.

A gardener can plan the garden in a perfect way, but still without sufficient supply of water and sunshine, some plants or even the whole garden might die. All plants need water, sunlight and nutrition, but the amount and the intensity needed varies from plant to plant. Without proper planning and consideration of the right conditions for their unique needs, the plants will not flourish.

However, any gardener will tell you that it is not just about planning and ensuring that the growing conditions are right. The gardener tends to the plants regularly. It is not only a part of his or her job - it is their main task. This does not mean tending to every plant every day in the same manner. It means tending to the plants based on their individual needs as and when necessary, and watching over the general direction of the garden growth (*observe*).



Weed is always a problem in any kind of garden. Often weeds are fast growing and robust, so that they can easily overgrow other plants. If a gardener recognises weed in an area of the garden (*interpret*), the best recipe against weed is to get it out as fast as possible and as thoroughly as possible, especially including the root (*intervene*). Otherwise, the weed comes back immediately.

Gardening holds many parallels for the practice of leadership. Take a step back, and look at your garden. What do you observe? Are the growing conditions optimal for the different plants? Which plants may need different care? Is there weed starting to grow in your garden?

**Ronald Heifetz is known for his seminal work during the past three decades on the practice and teaching of leadership, his research focuses on how to build adaptive capacity in societies, businesses, and non-profits. His work on adaptive leadership has garnered attention in educational fields by promoting a new approach towards leadership education that focuses on teaching leadership in ways that build capacity to address adaptive leadership problems.*

Alumni Connect

Post-Budget Dialogue

At the recent Ministry of Health 2019 Committee of Supply Debate, Minister for Health Mr Gan Kim Yong announced various initiatives to help Singaporeans stay healthier together. These include keeping healthcare sustainable and affordable, enhancing community care and caregiving, empowering Singaporeans to live healthily, and equipping professionals and providers.

HLC alumni had the privilege to engage in close conversation with Minister at an exclusive post-budget dialogue held in April 2019. Here are some highlights from the dialogue session.

3 Key Healthcare Challenges faced by our healthcare system



Increasing Healthcare Costs

When compared with other countries, Singapore's expenditure of 4.5% of GDP on healthcare seems laudable. However, that number is rapidly rising, because of the increasing needs of an ageing population, changing expectations and introduction of new medical technologies and drugs. Singapore will have to make hard choices from time to time and make difficult decisions to keep our healthcare system sustainable. This means that we have to focus on things that are absolutely essential and maximise use of available resources to keep healthcare sustainable and affordable for our future generations.



Manpower Constraints

This is a real challenge faced on the ground, and it is one faced across all sectors in Singapore. The key issue is that Singapore's birth rate is low and we do not have enough babies. The manpower squeeze will become tighter and tighter so we need to start thinking how to do things differently because we will not be able to keep on pumping in additional manpower for healthcare – where would all these people come from?



Weakening of Family as Caregivers

Singapore has taken the position of encouraging family as the first line of support for the older population. However, with shrinking family sizes, in time to come there will be more old folks without children and there will be families without support. It is also not feasible for MOH to just keep building more nursing homes as more manpower will be needed to staff the institutions. Instead, there is a need to change our approach to better support caregivers and enhance community care.

Care Transformation Solutions

First, we have to shift our paradigm and think about how we can do things differently.

Second, can we change the mindset of both the healthcare providers and the patients to accept certain constraints and changes in approaches?

Third, we can better tap on the latent resources and capacity that are available within the system.



Question & Answer

Minister Gan Kim Yong

Q It is not always that easy to adopt a healthy lifestyle. For example, it is more expensive to eat brown rice than white rice. Can the Ministry do more to encourage healthy living habits?

A rice producer from Thailand shared with me that their factories are designed to process polished rice and hence, additional machines are required to produce smaller quantities of brown rice instead. Hence, brown rice is more expensive than white rice. Unfortunately, 100% of rice in Singapore is imported and we do not produce it ourselves, hence we do not have control over the cost of production.

However, there are things that we can do to encourage healthy living- we have the Healthier Product Development Grant that can help manufacturers to research and invest in machines for healthier formulations. This will take time and effort as the manufacturer will need to test consumers' palate with the modifications. Our usual diet is a lot more rice than what is necessary and much less vegetables than what is required. We can ask for less rice at the food centres; this will encourage the hawkers to change and realise that customers do not need so much rice.

For healthy eating habits, you can try the three Rs - **Refrain** (don't eat unhealthy food), **Reduce** (eat less) or **Replace** (substitute with healthier food).

Q **We have the three not-enoughs: "Money not enough; people not enough; caregivers also not enough."**

Q **How to recognise good health?**

"We should think about how to recognise and reward good health, rather than focusing on subsidising ill health."

Q What are Minister's thoughts on replacing the current healthcare financing model with a capitation funding model? This will allow patients to take ownership of their own health and nudge healthcare professionals to shift from the role of diagnosing and treating to being able to influence and shape health behaviours.

We need to first establish the appropriate practice, and then use the capitation model of funding to encourage the appropriate behaviours. Otherwise, if patient and provider behaviours do not change; healthcare costs will still continue to go up. One advantage of the capitation funding model is that it can be used to encourage and incentivise health promotion efforts. In comparison, today, our funding approach is focused on disease treatment- the sicker you are, the more subsidies you get.

Capitation funding is something that we are testing out on a small scale and hopefully once it is successful, we can scale it up.



Q What are the outcomes of the Ministry's various initiatives in the Primary Care sector?

When we were reviewing our primary care system, we felt that there was a limit to the number of polyclinics that could be built. To supplement capacity in the primary care sector, the strategy is to tap on the existing GP capacity. From 1 Nov 2019, CHAS will be extended to cover all Singaporeans with chronic conditions. Hence, we are encouraging more GPs to be CHAS-accredited clinics. We are also pushing ahead for more Primary Care Networks (PCN). PCNs allows us to link the GPs up as a team-based care approach for better patient outcomes. Our initial study showed that there is positive outcome on management of chronic diseases. The PCN also encourages stronger collaboration, integrating care with the acute hospitals, specialist outpatient clinics and the community.

MOH Office for Healthcare Transformation, or MOHT for short, is looking at how we can transform the future primary care capability.

There is great hope in leveraging primary care to keep healthcare costs sustainable. ***My ideal dream is Population Health – you need to include Primary Care, Community care, Tertiary care and Health Promotion.*** As a cluster, you take care of the population within your cluster and you are given an amount per person to keep them healthy. The capitation model could be the best instrument to drive transformation in primary care throughout the integrated system. So I encourage the Clusters and their CEOs to be bold and to move towards this population-based approach. Once you are successful in your Primary Care and Community Care, you will be able to drive transformation and reduce healthcare costs.

Q With the proliferation of technology in the healthcare sector, how do we prevent a situation where subsidised patients receive high tech but low touch care while private patients receive high tech and high touch care?

Let me share with you my experience when I was attending the Healthcare Humanity Awards at a local hotel recently. A robot greeted us at the hotel lobby and it was designed to answer questions regarding the facilities and services at the hotel. At night, the robot was converted to provide room service delivery. Like us, the hotel industry is also facing manpower constraints and they found that robotics is an innovative solution to reduce the reliance on manpower. With this, all guests, rich or poor, will get the same service at the hotel.

Similarly, some of the functions at the hospitals can be automated to minimise the reliance on manpower and this will allow us to preserve the manpower resources to do what is essential. Yes, some of the services are high touch and cannot be replaced by robots.

We should preserve the manpower to do the high touch care services and leave the rest to automation and mechanisation.

Q ***If all your pilots succeed, then you are not bold enough.***

Q ***We have been talking about shifting care to the community; however, it is expensive for the doctor to see the patient at home. How do we make this cost neutral to the patient?***

We need to be bold and try out new things. The solution may not be just reducing the cost but do it in a different way. Perhaps Telemedicine could be one possibility. Telemedicine is one area that we should try particularly for home visits, it may cut down costs and patients' visits to the hospitals.

We need to be courageous in our experiments, try out pilots and test them even if you are not sure if they works. There are still valuable lessons to learn even from pilots that do not work well. ***The important thing is not to compromise on patient safety.***





About the Healthcare Leadership College

The Healthcare Leadership College (HLC), a division of MOH Holdings, supports the building of strong leadership capacity and capabilities for our national 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. *Find out more here:* www.hlc.mohh.com.sg

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Upcoming Events

6th Singapore Chief Residency Programme (SCRP)

16 August 2019
11-13 September 2019

Email: jared.koh@mohh.com.sg
alfred.cheong@mohh.com.sg

7th Singapore Chief Residency Programme (SCRP)

25-26, 31 October 2019
27-29 November 2019
Email: alfred.cheong@mohh.com.sg
jared.koh@mohh.com.sg

15th Igniting Leaders Programme (ILP)

8-11 October 2019
11-13 November 2019
Email: carol.tang@mohh.com.sg

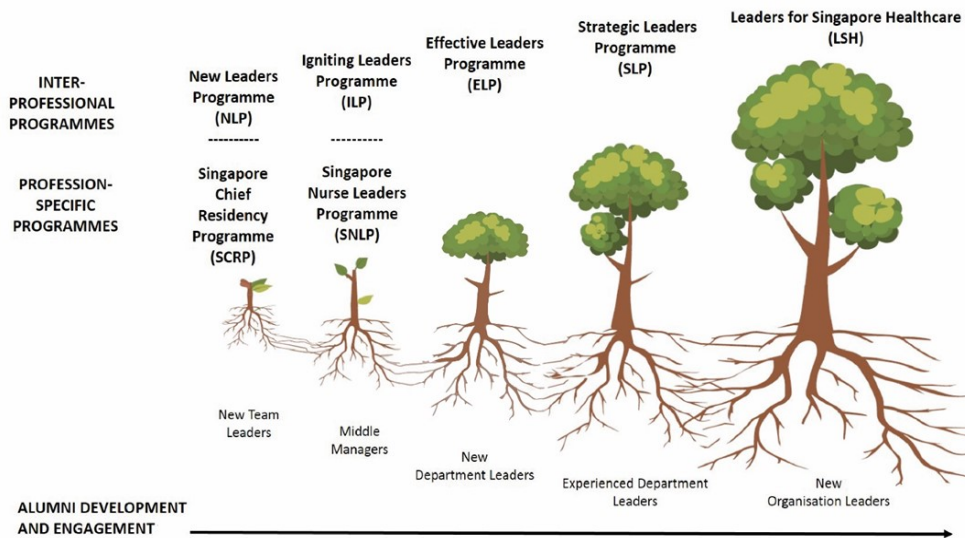
18th New Leaders Programme (NLP)

15-18 October 2019
Email: minlian.chu@mohh.com.sg

9th Effective Leadership Programme (ELP)

19-27 September 2019
Email: jared.koh@mohh.com.sg

Leadership Milestone Programmes (Cross-Profession)



- Foster a **one healthcare family** mindset
- Build **shared values and ethos** amongst public healthcare leaders
- Develop understanding of **key healthcare policies**, the rationale and principles behind the policies
- Strengthen **leadership capabilities** of healthcare leaders to enable change and drive strategies to transform healthcare delivery
- Nurture a **community** of healthcare leaders across professions and across the healthcare family and professions

New Leaders Programme (NLP)

The NLP supports the development of high potential first time team leaders in the healthcare family.

The transition from being an individual contributor to leading a team is a significant and challenging milestone. The NLP encourages participants to explore their new role: How does the Singapore healthcare system work? What is my role in the larger healthcare system? What does it mean to lead? What does it mean to lead in the healthcare family? The NLP also provides opportunities for participants to network across healthcare institutions and professions.

**Programme Manager : Ms Chu Min Lian
Ms Carol Tang**



Igniting Leaders Programme (ILP)



The Igniting Leaders Programme (ILP) aims to strengthen participants' systems perspectives by providing opportunities for them to examine our healthcare philosophy and policy choices, and understand our larger strategic goals and priorities. This also helps participants understand one another's role in the healthcare system.

The ILP will enable participants to gain insight into their own leadership practice, especially in building their teams, and allows them to re-ignite their sense of purpose in healthcare. The ILP will also be an important platform for participants to foster peer support networks across healthcare institutions and professions.

Programme Manager : Ms Carol Tang

Effective Leaders Programme (ELP)

The ELP is designed to deepen participants' understanding of the healthcare system – its complexity and strategic direction, and widen their perspectives beyond the professional and institutional viewpoints.

The ELP also supports participants in reflecting on their personal leadership practice, and focus on driving change and building teams with a collective mission.

The programme emphasises the building of shared experiences and perspectives among participants, and fosters a trusted peer support community for mutual support and collaboration.

Programme Manager : Mr Jared Koh



Strategic Leaders Programme (SLP)



The SLP will support our senior leaders to adopt a one healthcare mindset, and appreciate the importance of a whole of system approach that include perspectives beyond healthcare.

Participants will have the opportunity to reflect on their collective leadership and collaborative practice as they lead larger and more diverse teams within and across healthcare institutions.

The SLP is also designed for participants to deepen networks and relationships among their peers to strengthen collaboration in the healthcare family.

Programme Manager : Ms Chu Min Lian

Leaders for Singapore Healthcare (LSH)

The Leaders for Singapore Healthcare (LSH) is HLC's new signature programme for senior healthcare leaders with organisational level responsibilities.

As senior healthcare leaders, participants will examine their roles as leaders of and for the Singapore health eco-system, with a larger influence across institutions and clusters, and beyond public healthcare.

The programme is conducted over four months, in four segments, and includes a study trip.

Programme Manager : Ms Karyn Choo



Profession-Specific Milestone Programmes

Singapore Chief Residency Programme SCRIP



Singapore's healthcare landscape is evolving rapidly with new delivery systems, policies, and educational structures. In this time of transformation, effective physician leadership is essential, and the Singapore Chief Residency Programme (SCRIP) prepares tomorrow's doctors to meet these challenges, promote excellence in the medical education, and advance Singapore's Public Healthcare System.

**Programme Manager : Mr Jared Koh
Mr Alfred Cheong**

Singapore Nurse Leaders Programme (SNLP)

The Singapore Nurse Leaders Programme (SNLP) is developed as part of the Future Nursing Career Review Committee's (FNCRC) recommendation to equip future nursing leaders with prior experience in community care before progressing to take on higher leadership positions.

With an increasingly system-level approach towards nursing at the RHS-level, the programme is designed to equip nurses with the necessary knowledge and skills to lead care across multiple facilities- acute and community sectors. The SNLP aims to groom level 2 nurse leaders to be change agents with strong leadership and policy perspectives, and this is achieved via a 2-prong approach, in-person seminars and attachment to the community care sector.

Programme Manager : Ms Goh You Li



Alumni Events

The College also hosts events and talks for alumni of its milestone programmes, such as fireside chats with senior healthcare leaders, policy workshops, and learning journeys. Alumni events are open by invitation only, and admission fees are fully subsidised by the Healthcare Leadership College.

**Programme Manager : Ms Carol Tang
Ms Nicole Lee**