

DESIGNING *care for you*

Alexandra Health



Annual Report 2011-12

The background of the page is a solid teal color. In the lower-left quadrant, there is a decorative graphic consisting of several dragonflies and stylized plant stems with leaves. The dragonflies are light teal and have a dotted pattern on their wings. The plant stems are thin and light teal, with small, teardrop-shaped leaves.

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OUR *Vision*

Help our people live a long, healthy life and support them with thoughtful, dignified care to the end.

OUR *Mission*

Provide good-quality, affordable and hassle-free healthcare with science, love and wisdom.

MESSAGE *from* CHAIRMAN, *Alexandra* HEALTH

Kho Teck Puat Hospital (KTPH) successfully opened in 2010 and has since been serving the community in Northern Singapore as a flagship acute care provider. The hospital was planned and designed with the patient at the centre of everything we do. In the second year of operation, KTPH has overcome most of its teething challenges and continues to be committed to providing quality service for all our patients.

Workload continued to increase steadily with A&E attendances growing by 30% and outpatient attendances by 47% year-on-year. Inpatient days increased by 24%. Staff training was and remains a high priority to ensure we maintain good patient safety and a high standard of care. Despite the higher workload, the team continued to pursue learning, research and innovation. Whether it is in genome research for diabetic patients, using business analytics to study patient behaviour, or harnessing IT to strengthen efficiency, the aim is to deliver better, faster, cheaper and safer medical care.

While KTPH continued to enhance the hospital's services and processes, Alexandra Health took the next steps toward designing a holistic healthcare hub in the North. Faced with overwhelming demand for hospital beds, it became apparent to us that we needed a more sustainable model for healthcare. We sought to get a deeper understanding of the evolving medical and healthcare needs of the community by conducting ground research and studying the behaviour pattern of our patients.

From this, we realised that medical care must go beyond treating an illness episode. We need to embrace care integration by providing seamless medical care for patients and ensuring its continuity outside the hospital. Only when it is integrated into the life of the patient can medical care be truly relevant and impactful.

Care integration is not a new concept to the healthcare industry, but has become extremely crucial to an ageing population. This not only refers to unifying key components of patient care delivery across the respective healthcare

agencies, but is also about looking at the healthcare needs of the person in an integrated, holistic manner.

Alexandra Health's approach was two-pronged - keeping the population healthy and providing better support for post-illness care. We spearheaded programmes to raise awareness for individuals to take better care of their health. And based on the analysis of patients' needs, we designed and piloted a home-care intervention programme involving nurses, therapists, social workers as well as other healthcare partners to enable and support the aged at home.

At the same time, Alexandra Health has begun planning and designing the new community hospital at Yishun for intermediate and rehabilitative care. The new community hospital, when ready in 2015, will enable patients to step appropriately from acute care to recover and rehabilitate in a comfortable and healing environment.

We are thankful to like-minded partners from within and outside the healthcare industry who were willing to pilot programmes with us. At the community level, we strengthened collaborations with different agencies, including the Agency for Integrated Care (AIC), as well as constituency leaders and advisors. It is through their support and collective wisdom that progress had been made.

The journey to redesigning better patient care is one of continuous improvement and collaboration. The Alexandra Health Board and management team look forward to the continued support from the Ministry of Health, community leaders in the North, various government agencies, our friends and partners, who are walking alongside with us in this journey.

Ms Jennie Chua
Chairman
Alexandra Health Board



BOARD *of* DIRECTORS



Ms Jennie Chua
Chairman, Alexandra Health Board



Mr Robert Chew



Mr Douglas Foo



Mr Roy Quek



Mr Seah Moon Ming



Ms Mavis Khoo



Mr Ramlee Bin Buang



Mr Tan Boon Khai



Mr Anthony Seah



Dr Quek Peng Kiang



Mr Ong Ye Kung



Mr Liak Teng Lit



Ms Irene Png
Company Secretary

Senior MANAGEMENT



Mr Liak Teng Lit
Chief Executive Officer



A/Prof Pang Weng Sun
Chairman Medical Board,
Yishun Community Hospital



A/Prof Kenneth Mak
Chairman Medical Board



Dr Wong Moh Sim
Dy CMB, Head & Senior Consultant,
Laboratory Medicine



A/Prof Koh Kwong Fah
Dy CMB,
Head & Senior Consultant,
Anaesthesia



Dr Michael Wong
Dy CMB,
Head & Senior Consultant,
Health for Life Centre



Dr Christopher Cheok
Dy CMB,
Head & Senior Consultant,
Psychological Medicine



Mrs Chew Kwee Tiang
Chief Operation Officer



Ms Irene Png
Chief Financial Officer



Ms Lynn Gan
Chief Human Resource
Officer



Mr Alvin Ong
Chief Information Officer,
IT & Systems



Mr Lau Wing Chew
Chief Transformation Officer



Ms Low Beng Hoi
Director, Nursing



Mdm Chua Gek Choo
Director, Nursing,
Yishun Community Hospital



Dr Eugene Shum
Director, Medical Affairs
& Innovation



Ms Cecilia Pang
Director, Corporate
Communications



Ms Cheong Choy Fong
Director, Quality
Management Office



Mr Donald Wai
Director, Hospital Planning



Ms Yen Tan
Director, Operations



Ms Winifred Lau
Director, Operations



Ms Fatimah Moideen Kutty
Dy Director, Operations

CLINICAL *Heads* OF DEPARTMENTS



Dr Francis Lee
Head & Senior Consultant,
Acute & Emergency Care Centre



Dr Ong Hean Yee
Head & Senior Consultant,
Cardiology



Dr Wu Loo Cheng
Head & Senior Consultant,
Dental Surgery



A/Prof Sum Chee Fang
Head & Senior Consultant,
Diabetes Centre



Prof Wilfred Peh
Head & Senior Consultant,
Diagnostic Radiology



Dr Pek Wee Yang
Head & Senior Consultant,
General Medicine



Dr James Low
Head & Senior Consultant,
Geriatric Medicine



Dr Yip Chee Chew
Head & Senior Consultant,
Ophthalmology & Visual Sciences
(Eye)



Dr Chin Thaim Wai
Head & Senior Consultant,
Orthopaedic Surgery



Dr Paul Mok
Head & Senior Consultant,
Otolaryngology

GETTING *a bed*
to you ON TIME



GETTING *a bed* *to you* ON TIME

“Already, we are seeing signs of capacity constraints across the system – from high bed occupancy rates to long waiting times for appointments.”

– Health Minister Mr Gan Kim Yong’s MOH 2012 Committee of Supply Speech on Healthcare 2020: Improving Accessibility, Quality and Affordability for Tomorrow’s Challenges, 6 March 2012

In the second year of Khoo Teck Puat Hospital’s (KTPH) operation, demand for subsidised hospital beds continued to remain extremely high at above 95% over the past year. Average bed occupancy across all bed classes was a high 86%. Bed demand is expected to continue to rise over the next few years with the increase in the national population and the ageing population.

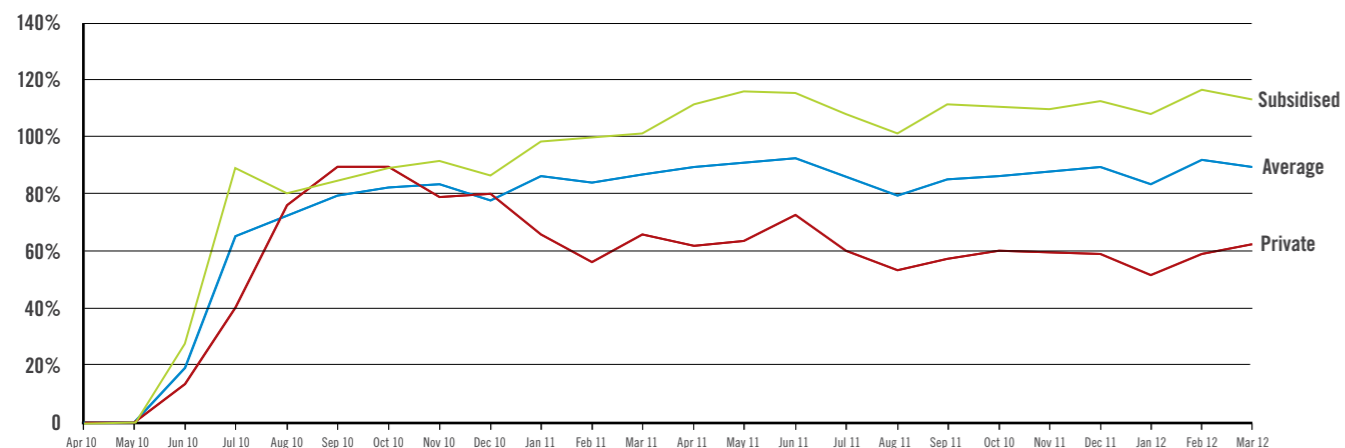
A Bed for You When You Need It

To pre-empt and prevent the scenario of our patients having to wait and possibly be turned away because of the unavailability of beds, KTPH focused our efforts in the past year into managing admission and discharge processes so as to ensure effective use of bed resources.

The priority was to reduce the average length of stay and improve bed turnaround time so that we can speed up admission for acutely ill patients.



Bed demand is expected to continue to rise over the next few years



Demand for subsidised beds continued to rise steadily, hitting close to 120% as at end-March 2012. Average bed occupancy across both subsidised and private classes was a high 86% in FY 2011-12.

Managing Admissions

KTPH studied patterns of patient admissions and reviewed our internal processes to accurately diagnose and make appropriate referrals for outpatient treatment. We also collaborated with various community partners to manage non-urgent or unnecessary transfers.

470

Bed days saved per month

By collaborating with Alexandra Hospital, Institute of Mental Health and the Destitute Homes to manage non-urgent admissions.

68

Bed days saved per month

By referring patients directly to KTPH's Short Stay Surgical Unit (SSSU) for minor operations.

262

No. of patients per month

Referred directly to KTPH's Specialist Outpatient Clinics (SOCs) on the direct access scheme. This included same-day access and outpatient appointments within a few days for urgent consultations with specialists.

280

Bed days saved per month

By placing patients requiring antibiotics treatment on the Outpatient Parenteral Antibiotic Service (OPAT) in the comfort of their own homes.

Faster Discharges

To ensure faster bed turnaround and availability, KTPH also looked into ways of facilitating the timely and faster discharge of patients without compromising patient safety and quality of patient care.

3

No. of days for transfer

Of a KTPH patient to Ang Mo Kio Community Hospital for rehabilitation and sub-acute care. This is an improvement from the previous 14 days.

5

Beds turned around daily at a faster time

With ambulatory patients directed to the discharge lounge while waiting to be brought home by their loved ones. This means their beds can be cleaned and prepared for the next patient about two hours ahead of time.



Patients waiting in the comfort of the discharge lounge



Bed availability information is relayed to the Admissions staff with the push of a button

Innovating for Faster Bed Turnaround



KTPH also leveraged on innovation to enhance communication flow for timely information on bed availability. Working with Singapore Polytechnic (SP) and SciMed (Asia) Pte Ltd, we developed a web-based program that provides real-time updates on bed availability status.

When a bed is ready, housekeeping staff will press a conveniently located button by the bed to alert our Admissions staff immediately of bed availability. Previously, the housekeeping staff would notify the ward nurse after a few beds had been cleaned. The ward nurse would then log into the system to inform Admissions of bed availability. This process led to a delay of a few hours in bed turnaround.

Building More Capacity

More Subsidised Beds

In constructing KTPH, our idea was to build a healing environment with several rooftop gardens across the hospital. Selected gardens were reserved spaces to cater for future expansion.

Thus, when KTPH's study of admissions patterns showed that 47% of our total inpatient admissions required C-class beds, we decided to convert the rooftop garden on Level 10 of Tower B to a new subsidised ward. Our expansion plans were brought forward and construction for the new ward will begin in July 2012. When fully operational in January 2013, the new ward will add another 32 C-class beds to capacity.



Converting one of the garden spaces into a new ward in 2013

MAKING IT *better,*
faster, cheaper and
safer FOR YOU



MAKING IT *better, faster, cheaper and safer* FOR YOU

“We are what we repeatedly do. Excellence, then, is not an act, but a habit.” – Aristotle

As a new hospital faced with an incessantly heavy workload, one of our main challenges was in the training of new staff. We had to bring new employees up to speed quickly and instil in them the high quality of patient care that has placed Alexandra Health (AH) at the top in patient satisfaction surveys by the Ministry of Health for seven successive years.

Many fundamental practices that had become the “DNA” of AH were reinforced with our staff so that we can consistently deliver “care that is good enough for our own mothers, without the need for special arrangements”.

Whether it was through Quality Conventions, participation in Learning Journeys, improvement projects, innovation and research, our goal was to make it better, faster, cheaper and safer for our patients.

Reinforcing Patient Care and Safety through Quality Conventions

We doubled the frequency of our Quality Conventions to further strengthen staff’s attention to quality care and patient safety in the hospital.

At AH’s Quality Convention in October 2011, safety in patient care was re-emphasised. A/Prof Paul Barach from the University of South Florida, US, reminded us of the necessity for strict adherence to standard protocols and continuous self-assessment.

“Being anxious, aware of problems and looking for trouble are fundamental principles of high-reliability organisations,” he said.

In January 2012, AH’s Quality Convention focused on innovation as one of the key pillars in improving quality care and patient experience.

Our staff proudly displayed the innovations that we had implemented across the hospital. Many of these innovations were done by frontline staff who had observed the needs of their patients and experimented with simple solutions to help them overcome their difficulties.



Top:
A/Prof Paul Barach speaking about safety in patient care at AH's Quality Convention

Bottom:
Dr Michael Brennan, co-founder of Mayo Clinic's Center for Innovation, (centre) looking at one of the innovations by Senior Nurse Clinician Toh Hai Moy (left)



Dr. Michael Brennan, co-founder of Mayo Clinic’s Center for Innovation, presented his lecture on “Reflections on the Fruits of Innovation”. He reminded us that “a good innovator should also love observing their surroundings, asking questions when in doubt, and applying associative thinking to join the dots in the puzzles effectively”.

Learning from Healthcare Providers Globally

In FY 2011-12, two cross-disciplinary teams visited Aravind Hospital in India and Mayo Clinic’s Center for Innovation in the USA on Learning Journeys.

A team of nine Senior Management members, including CEO Mr Liak Teng Lit, visited Aravind Eye Hospital in India, from 20 to 24 February 2012.

At Aravind, the team learned how a far-sighted vision, deep culture and passionate leadership can rally people towards the vision of eliminating unnecessary blindness. We also studied their model of providing quality and patient-centric care to a high volume of patients. The Aravind Team also shared their strategies on recruitment, training, and development of paramedical staff and how mass outreach activities are conducted to reach underserved villages in India.

A team of seven including Mrs Chew Kwee Tiang, Chief Operating Officer (COO), Kenneth Mak, Chairman, Medical Board (CMB) and other clinicians visited Mayo Clinic’s Center for Innovation (CFI) in Minnesota, USA, from 11 to 16 September 2011.



The objective of the trip was to learn about CFI’s tools and approaches that AH can adopt to facilitate healthcare innovation. Upon return, the team enhanced our own Innovation Lab and refined our focus areas in healthcare innovation.

Top:
Drawing inspiration from Mayo Clinic’s Center for Innovation, we conducted our own Design Thinking workshops to ensure the innovative spirit pervades across the organisation. (Inset) Visiting and learning from Mayo Clinic’s Center for Innovation in September 2011

Bottom:
Learning lessons in leadership, simplicity and high impact outreach from Aravind Hospital

Transforming and Improving through Kaikaku and Kaizen

FY 2011-12 also saw the strong revival of establishing improvement teams across all levels of the hospital. Three Kaikaku (改革) teams led by the most senior leaders as well as six high-level Kaizen (改善) teams were formed. Kaikaku and Kaizen are Japanese terms used in the Toyota Production System to refer to transformative change and continuous improvement projects respectively.

The teams brainstormed and developed sub-strategies and roadmaps to address four key strategic thrusts for the healthcare cluster. We specifically looked at processes to ensure safe care for patients around the clock, especially in the middle of the night.



Creating an Orderly Work Environment with the 5-S

5-S (Sort, Set in order, Shine, Standardise, Sustain) is a systematic way of creating a safe, clean and orderly workplace with good visual management so that we can reduce waste and enhance efficiency.

With new staff joining the organisation, we conducted several workshops throughout the year to inculcate the 5-S concepts. To ensure implementation and consistency, we also trained 120 volunteer staff as auditors. They conducted quarterly audits in 67 areas/departments throughout the hospital in 2011.



Left: A nurses' admissions trolley that is neatly systemised and standardised in accordance with the principles of 5-S

5-S ensures predictability and reliability:

- Items needed for patient care are neatly pre-packed.
- Proper labelling of boxes and shelves provides good visibility for staff to retrieve items easily and quickly.
- Enables the return of items to their proper places for the next user.
- Aids in the timely replenishment of items.
- When an item is readily available, care for patient would not be compromised.

Innovating for Patient Safety through Integrated Information Flow

Doctors, nurses and other healthcare professionals use different electronic systems to update various types of information for each patient. Vital information could be omitted while cross-referencing different systems.

To improve patient safety, KTPH customised an "Andon Board" to provide simplified visual management of each patient's condition and status updates. The Andon Board integrates information from different sources (medication dispensation, laboratory and diagnostic radiology results) with each patient's electronic medical record (EMR).

This "single view" enables doctors, nurses and pharmacists to access patients' critical results, urgent doctors' orders and latest health updates in real-time. The Andon Board has eliminated 700 phone calls each month from the wards to different departments to check on status updates.

Research Points the Way for the Future of Medicine

Clinical Research plays an important part in enhancing care for our patients. For example, patients who present the same symptoms are traditionally given similar diagnosis and offered standardised drug prescriptions. However, due to inherited and acquired variations in their genetic makeup, patients can respond differently to the same drugs.

Hence, one of the most significant research in the past year was in the field of pharmacogenetics and personalised medicine, i.e. how genes could affect the way that doctors treat patients and prescribe their medication.



Research forums are held annually for our doctors to share learning and best practices in clinical research

CASE STUDY

How Genes Can Affect a Diabetic Patient's Response to Insulin

The team of researchers from Alexandra Health found that for a particular group of diabetic patients, accurate genetic diagnosis could make a tremendous impact on their care and outcome. Mrs Tan's (not her real name) case presented a unique clinical backdrop for research in the area of genomic medicine.

31-year-old Mrs Tan was diagnosed with Diabetes Mellitus when she was 12. Since then, she needed painful insulin injections several times a day for many years.

Diagnostic molecular gene testing of Mrs Tan showed that because of her genes, she did not respond as positively to the diabetes treatment. Results also suggested that she could potentially benefit more from oral diabetic medication, instead of insulin injections. This oral treatment would be cheaper for Mrs Tan and give her a higher quality of life.

HELPING *you* TO
stay healthy



HELPING *you* TO *stay healthy*

“The community and environment are powerful influences on individual behaviour, and we have [to tap] on these to further our health promotion objectives.”

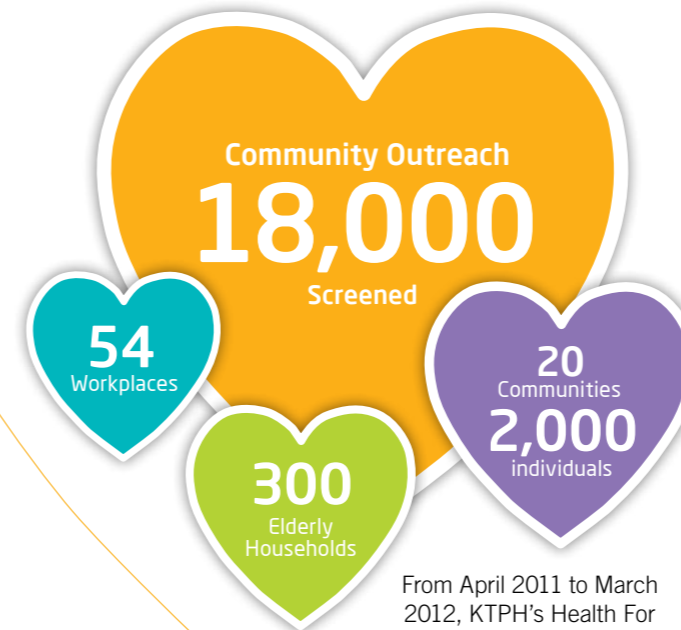
– Minister of State for Health Dr Amy Khor’s Committee of Supply Speech – Community Health: Working with and through the Community for Better Health Outcomes, 7 March 2012

Patients who are determined to keep fit and healthy have a ready partner in Alexandra Health (AH). As demand for healthcare surges, we are focusing our efforts on increasing awareness of preventive and pre-illness care, to minimise unnecessary admission to the hospital.

Nipping Illness in the Bud

Early detection and intervention of illness is crucial to ensuring a healthy population. Pre-emptive care management can reduce the possibility of hospital admission in your lifetime.

In FY 2011–12, KTPH increased our health screening outreach to workplaces and communities in the North. These health screenings enable us to detect the risk factors such as obesity that could lead to common chronic diseases like diabetes and hypertension.



From April 2011 to March 2012, KTPH’s Health For Life (HFL) team screened approximately 18,000 individuals in 20 communities and 54 workplaces

Outreach to the Workplace

We spend a large part of our day at work. Long hours at work and a hectic schedule often lead to a sedentary lifestyle and unhealthy eating habits. Colleagues can play an important role in helping each other to maintain healthy habits and practices through peer influence and mutual support.

To help corporations keep employees healthy, the KTPH’s HFL team was at various workplaces to offer:

- specific health programmes for employees based on organisational needs and goals;
- onsite health screenings and appropriate intervention programmes; and
- talks to raise awareness of and educate individuals on chronic illnesses and travel health.

Outreach to the Community

Improving the population’s health is one of the key goals of the HFL team in KTPH. By collecting adequate health statistics through health screenings in the community, we hope to identify the prevalent health issues in the North.

- Working with People’s Association (PA), the HFL team screens about 2,000 residents over 50 years of age at more than 10 PA’s wellness centres islandwide.
- Post screening, the team conducts follow-up calls to remind residents to encourage them to seek help from their general practitioners early.
- Appropriate intervention programmes are then tailored to address targeted needs.





Outreach to the Home

As part of a nationwide programme to study the impact of home modifications in the homes of elderly, KTPH was invited to pilot a study project involving 300 elderly.


Our multi-faceted intervention strategy included:

- pre-intervention falls assessment
- falls education
- exercise programmes to improve strength and mobility
- home modifications for the participants
- post-intervention survey

KTPH also educated contractors from the Housing and Development Board (HDB) on appropriate home modifications and the correct placement of safety aids for the elderly.

ABLE Studio Expands Outreach

ABLE studio, a one-stop concept shop and a platform for sharing ideas for independent living, underwent a make-over in FY 2011–12. It doubled its original size to better cater to customer needs. With a wider range of products, tested and selected by KTPH therapists, patients can easily find equipment and aids that are suited to their needs and budgets. The shop has also extended its services to include home assessments and recommendations to make it safer for patients rehabilitating in the comfort of their own homes.





Innovating to 'Sneak' Exercise into Your Life

We all know we need to exercise three times a week, 20 minutes each time. But not many people do it. Alexandra Health worked at reframing exercise as fun activities so that people will unconsciously 'exercise'.

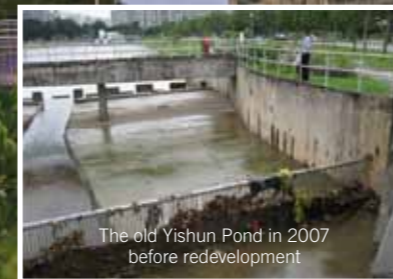
Exercising on a stationary bike in the gym is boring and daunting. However, cycling and using your pedal power to propel water jets to hit targets in the pond is novel and exciting. Meet KTPH's specially retrofitted stationary bike.

The bike draws water from the pond as you pedal, and shoots the water back out through an attached nozzle. The harder you pedal, the farther you shoot the water jets. The bike has attracted residents passing by the Promenade to jump on, and do their bit of "stealth" exercise.



Top: A KTPH physiotherapist explaining home modification possibilities to an elderly resident

Left: The new and improved ABLE Studio offers a range of home care products for recovering patients and the elderly



We Shape our Environment and then the Environment Shapes Us

In November 2011, the transformation of the adjacent Yishun Pond and its surroundings into a beautiful waterfront and health-promoting park was completed. The creation of this new health and recreational area adopts the concept of "placemaking" and is part of AH's efforts to foster the spirit of staying active and keeping fit amongst staff and residents in the vicinity.

"I've been staying in Yishun for about 25 years. With the recent changes to this area, it has become a lot more beautiful. I also see more people taking evening strolls and cycling around Yishun Pond. Sometimes, this area can get quite crowded, which is an encouraging sign! I would strongly encourage more people to take up some form of exercise to keep themselves fit."

– Mr Richard Chew, 59, Yishun resident and regular runner



Top: Yishun Pond with the new promenade

Middle: CEOs from AH, HDB, PUB, NParks, URA launching the all-new Yishun Pond in November 2011 with Guest-of-Honour National Development Minister Khaw Boon Wan

Bottom left: Having fun with kampong games like hopscotch at the timber decking area

Bottom right: Mr Richard Chew jogging at the promenade

Caring for you
BEYOND THE
HOSPITAL WALLS



Photo used with consent from patient

Caring for you BEYOND THE HOSPITAL WALLS

"...through team-based care, we can help patients slow down their disease progression, reduce complication rates and in turn, minimise referrals to hospitals."

– Health Minister Mr Gan Kim Yong's MOH 2012 Committee of Supply Speech on Healthcare 2020: Improving Accessibility, Quality and Affordability for Tomorrow's Challenges, 7 March 2012

Singapore's rapidly ageing population requires Alexandra Health (AH) to develop a new model of care to cope with the increased demand for healthcare services. KTPH's overwhelming workload at A&E and demand for subsidised beds underscored the need to look for solutions beyond the hospital's walls.

Identifying "Frequent Flyers"

In FY 2011–12, we used health analytics and hot-spotting to identify a pattern of frequent readmissions to the hospital, which contributed to the high demand for subsidised beds. We identified a group of 300 patients with an average of 3.6 admissions per patient, taking up a total of 7,900 bed days over a six-month period. We affectionately termed these patients "Frequent Flyers".

Locating "Frequent Flyers"

KTPH plotted the locations of "Frequent Flyers" living in Nee Soon South and Sembawang Group Representation Constituencies to enable us to link patients to the nearest available community resources such as day care centres, community centres and general practitioners.

From the map on page 29, we could pinpoint the exact addresses of the "Frequent Flyers", and group them for intervention programmes. We were also able to share data with the Members of Parliament (MPs) on the profile of their constituents and garner their support to collaborate with us.

What is health analytics?

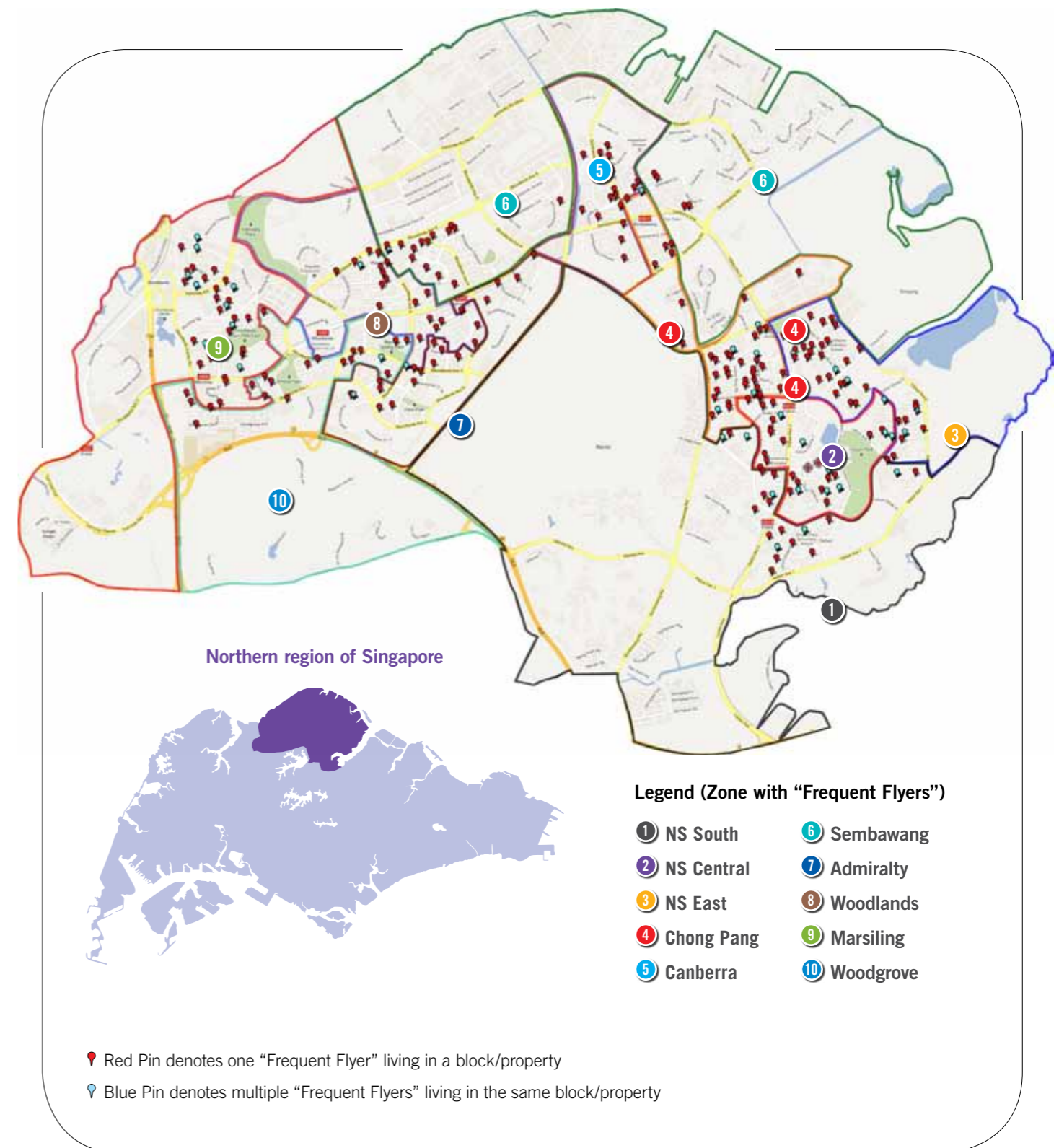
Applying business analytics tools to patient data in order to forecast healthcare usage patterns and behaviour.

What is hot-spotting?

Segmenting at-risk patients to apply focused intervention that prevents the problem from escalating into a crisis.



Home visits by nurses enable hot-spotting of at-risk patients for focused intervention



Identifying their Needs

We found many readmissions could have been prevented if the patient or family had adequate after-discharge care support within their homes. KTPH developed several key initiatives under the “Ageing-in-Place” (AIP) Programme to address gaps in this support framework.

“Frequent Flyers” were first categorised according to the intensity of care that they required post-discharge. Those who required high intensity or end-of-life care were placed under Transitional and Palliative Care Services respectively. Those requiring lower intensity care were visited by Community Nurses in their homes to understand their needs better. From the visits by Community Nurses, many lapses in care continuity were observed and uncovered through interviews.

The chart below illustrates the needs of a group of 100 households visited:

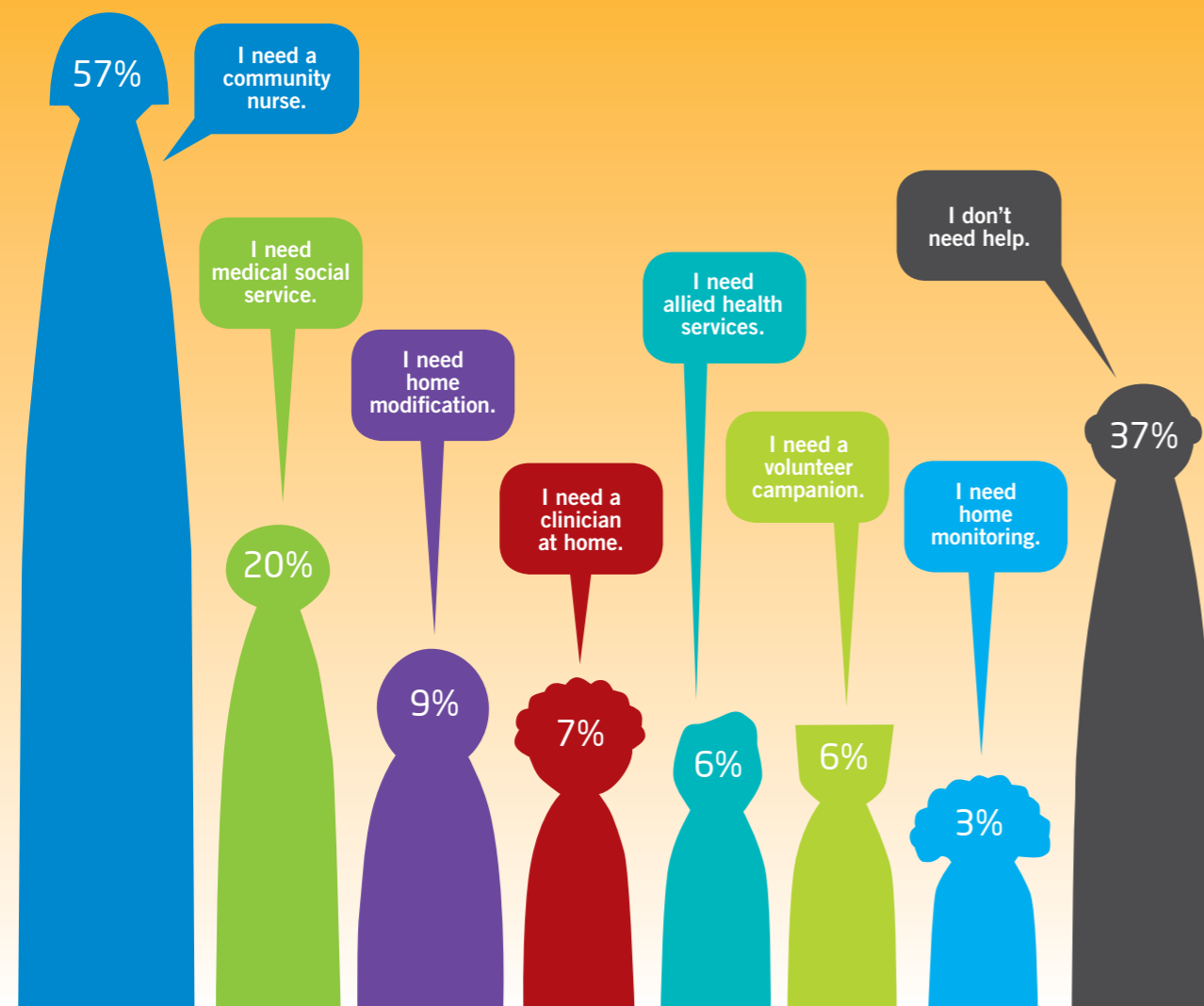
Developing Care Plans to Address Specific Gaps

From the home visits, KTPH found that besides medical issues, other factors contributed to these frequent readmissions. These included unsafe home environments, financial problems, poor nutrition and activity patterns, inadequate caregiver training, and lack of companionship. Our Community Nurses developed care plans to address the following needs:

- **Clinical** – Proper wound care, proper adherence to medication prescriptions, rehabilitation and dietary routines
- **Environmental** – Home modifications
- **Social** – Referral for financial assistance, activation of community resources, caregiver training

Needs of a group of 100 households visited

N = 100. Percentage does not add up to 100% because some “Frequent Flyers” had multiple needs



CASE STUDY

How KTPH Prevented Readmission and Promoted Recovery for A Patient

Madam Goh, 60, lives with her son and a domestic helper in a four-room flat in Nee Soon Central. She was admitted to KTPH three times over six months. Her condition requires her to undergo dialysis three times weekly.

Under the AIP Programme, our Community Nurses followed up on her recovery progress at home. Mdm Goh was encouraged to monitor her blood pressure daily. As she could not afford a blood pressure monitor, KTPH's medical social worker provided assistance to buy one for her. The Community Nurses also taught her caregiver how to check and record the readings daily.

Madam Goh was also under a lot of mental strain because of her deteriorating health. Our Community Nurses motivated her and watched for signs of depression. In between visits, the Community Nurses also phoned Madam Goh regularly to ensure she was coping well and provided support where appropriate. Madam Goh's mental health subsequently improved. After a six-month period on the AIP Programme, she was readmitted to KTPH only once for a procedure related to her dialysis.*



KTPH Community Nurse visiting Mdm Goh in her home

* Story shared with consent from the patient

The Ageing-In-Place Programme: Going Forward

The Ageing-In-Place (AIP) Programme is AH's first step in developing a new care model in the community. It forms the foundation of the cluster's increasing focus on post-illness care after patients have been discharged from KTPH. We are actively working with different community partners to integrate services and bridge the gap between the social and health needs of patients.

AH is working with the Hospice Care Association (HCA) on in-home palliative care. We are also working closely with the Agency for Integrated Care (AIC), North West Community Development Council (NWCDC), Moral Thye Hua Kwan, SWAMI, Comfort Keepers, Home Nursing Foundation and Citizens' Consultative Committees (CCC) in the North to provide a wide range of services for patients. These include home improvement support, befriender services, meal delivery services, medical packing and home (domestic) help. We hold quarterly discussion forums with these partners to align our collective efforts, and strengthen working relationships.

We are also working with Singapore Polytechnic and Temasek Polytechnic on design research to understand our patients' needs and design our services accordingly.

Initiatives in the Pipeline

Ensuring Proper Medication Compliance

Poor medication compliance was a common problem for many patients. Often, these elderly patients had more than 10 types of medication stored haphazardly. Many were also unsure of the dosage to be taken for each type of medication. To address the medication issue, plans are being made to involve pharmacists in the Community Nurse Programme.

Ensuring Safety at Home

Home safety was another common problem. Of the 100 homes visited, over 50% of the older residents were exposed to high risk of falls. As part of the AIP Programme, KTPH's therapists will conduct assessments for home modification and educate caregivers on falls prevention.

Building A NEW
COMMUNITY HOSPITAL
for you



Building A NEW COMMUNITY HOSPITAL for you

“The increase in Community Hospital beds will allow the more stable patients to receive the appropriate level of care at a less costly setting. At the same time, it will relieve our general hospitals and allow them to focus on the more acutely ill patients.”

– Health Minister Mr Gan Kim Yong’s MOH 2012 Committee of Supply Speech on Healthcare 2020: Improving Accessibility, Quality and Affordability for Tomorrow’s Challenges, 6 March 2012

To complement the acute care hospital services at KTPH, Alexandra Health (AH), as part of its regional health’s mandate, will build a new community hospital, CH@Yishun, to cater to sub-acute and rehabilitation needs.

Purpose-built with Patient Needs in Mind

The initial plan was to build a 300-bed community hospital. However, considering the high demand for subsidised beds and the ageing population, AH worked with the Ministry of Health (MOH) to increase the bed complement to 428, with close to 40% of the beds being planned for sub-acute care.

As we did for KTPH, we once again sought help and advice from industry experts in design, architecture, and placemaking. They worked alongside our hospital planning team to define the environment that would be conducive for step-down care and recovery.

Twelve renowned architectural firms competed in the tender, out of which six were shortlisted for submission of their detailed design proposals. The winning design would be announced in the second quarter of 2012.



Top:
AH worked with industry experts to plan the new CH@Yishun



Bottom:
AH staff at a value mapping workshop to plan the patient’s journey process in the new community hospital



Artist impression of the new CH@Yishun

- 428 Beds**
- Rehabilitation
 - Sub-acute care
 - Dementia care
 - Palliative care

- Services**
- Transitional care
 - Ageing-In-Place programmes
 - Telemedicine

- GERI**
- Education
 - Research

Seamless Transfer between Hospital and Step-down Care

Located next to KTPH, CH@Yishun will allow a seamless and faster transfer of patients from acute to step-down care. This will relieve acute-care resources at KTPH and enable patients who require a longer stay to rehabilitate and recover in a clean and green environment.

Scheduled to open in the third quarter of 2015, CH@Yishun will cater for rehabilitation and sub-acute needs, including dedicated beds for dementia and palliative care. A geriatric clinic will provide comprehensive evaluation and management of older people. The hospital will be a base for our wide range of initiatives including transitional home care, telemedicine with community and nursing homes and ageing-in-Place programmes to support intermediate and long-term care in



A/Prof Pang Weng Sun (left), Chairman, Medical Board, and Mdm Chua Gek Choo (right), Director of Nursing, will oversee the clinical and nursing aspects of the new community hospital respectively

the community. It will also house the new national Geriatric Education & Research Institute (GERI), which will drive clinical, ageing and health service research, and inter-professional education to meet national needs.

INVESTING IN THE
People WHO Serve you



INVESTING IN THE *People WHO Serve you*

“As we invest in hardware by building new hospitals and adding more beds, we also have to invest in people, which is equally, if not more, important.”

– Health Minister Mr Gan Kim Yong’s MOH 2012 Committee of Supply Speech on Healthcare 2020: Improving Accessibility, Quality and Affordability for Tomorrow’s Challenges, 6 March 2012



Staff development and training is a core focus at Alexandra Health (AH). Our staff strength grew 10% from 2,680 employees in FY 2010–11 to 2,956 employees in FY 2011-12. We believe that continuous learning and upgrading of skills for our staff are the keys to ensuring a high standard of quality care for patients. As AH grows, we also want our staff to grow with us.

Nurturing Our Talent Pool

In FY 2011–12, we invested an average of 124 training hours per staff, and sponsored 78 staff for formal education programmes under AH and the Ministry of Health.

We also organised internal training, such as supervisory programmes, to equip supervisors and managers with the skills to perform and excel in their roles.

To help our overseas staff integrate better, we organised acculturation workshops to help them understand and appreciate local culture.

Changes in Senior Management Appointments

Several key appointments in AH’s senior management were made as we shifted our focus from illness care to build up capabilities in the areas of pre-illness healthcare and ageing-in-place programmes.

In July 2011, A/Prof Kenneth Mak took over the reins from A/Prof Pang Weng Sun as Chairman, Medical Board (CMB) for KTPH.

Dr Michael Wong, Head and Senior Consultant, Family and Community Medicine, and Dr Christopher Cheok, Head and Senior Consultant of Psychological Medicine, were appointed Deputy Chairmen, Medical Board. Dr Wong will focus on preventive and pre-illness care while Dr Cheok will focus on post-discharge and community care.



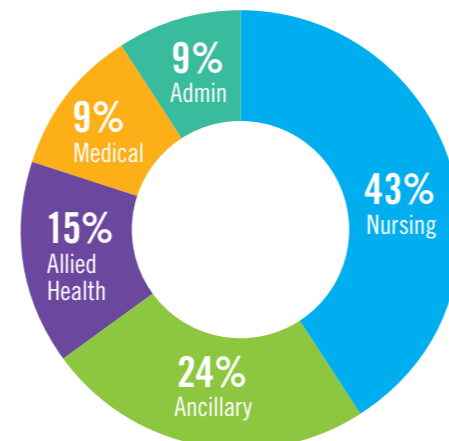
A/Prof Kenneth Mak

Dr Michael Wong

Dr Christopher Cheok

Our Growing Family

The AH family of more than 3,000 staff (as at 31 March 2012).



Awards

The good work of our staff in the past year was recognised in the form of national and internal awards.

National Awards

National Outstanding Clinical Educator Award

In July 2011, Professor C. Rajasoorya was awarded the prestigious inaugural National Outstanding Clinical Educator Award by the Ministry of Health. This award is part of the annual National Medical Excellence Awards. It recognises the tireless efforts of senior clinician educators who teach, guide and inspire the next generation of clinicians.

Other Recipients of National Awards:

National Day Awards

Public Administration Medal (Bronze)
Mrs Chew Kwee Tiang, Chief Operating Officer

Commendation Medal

Mr Aznan Omar, Principal Medical Technologist
Ms Jessie Tan Joon Cheen, Nurse Clinician

Efficiency Medal

Ms Ho Siew Liene, Senior Staff Nurse

Healthcare Humanity Award

Ms Lee Soo Cheow, Senior Staff Nurse
Ms Samsinah Binte Mohd Yusof, Senior Staff Nurse

Courage Fund

Ms Lim Siew Teng Cinthia, Senior Staff Nurse

MOH Nurses’ Merit Award

Ms Pang Ai Cheen, Nurse Manager
Ms Noribah Bte Abdul Rahman, Nurse Manager
Ms Linda Liau Kuan Cheong, Nurse Manager
Ms Lim Shui Ling, Senior Staff Nurse
Ms Chionh Hui Ling, Senior Staff Nurse

14th Asian Musculoskeletal Association Annual Scientific Meeting 2012 – AMS Best Paper Award

Dr See Poh Lye Paul, Consultant

Top:
Prof C. Rajasoorya receiving the Outstanding Clinical Educator Award from Health Minister Mr Gan Kim Yong

Bottom:
The Dental Department won the Outstanding Department Award in AH’s CEO Awards of Excellence

CEO Awards of Excellence

AH also presented the inaugural CEO Awards of Excellence for individuals and the most outstanding department. These awards are in recognition of outstanding performance and exceptional commitment to patient care as well as mentorship to junior staff in their respective areas of work.

The winners were:

A/Prof Sin Fai Lam Khim Nian
– *Outstanding Clinician Award*

Senior Nurse Manager, Yiap Pok Ling
– *Outstanding Nurse Award*

Manager for Laboratory Medicine, Lim Tau Cheng
– *Outstanding Allied Health Award*

Senior Patient Greeter, Sockalingam S/O Ramalingam
– *Outstanding Ancillary Staff Award*

Dental Department
– *Outstanding Department Award*



Closewise from top left:
Yiap Pok Ling, Lim Tau Cheng, Sockalingam S/O Ramalingam and A/Prof Sin Fai Lam Khim Nian

Working Hard and Keeping Fit

At AH, we also aim to foster a positive work-life balance by organising social and physical activities to enliven the workplace.

Keeping Fit and Healthy

As a health-promoting hospital, we encourage our staff to keep fit and healthy to be positive role models for our patients. Over the past year, staff participated actively in our regular fitness classes, gym inductions, annual health screening, Fitness Challenge, ACTIVE Day and locally-organised runs.

Building Bonds

In FY 2011–12, we introduced new interest groups such as performing arts, open water swimming, bowling and line dancing. We also organised life enrichment and social interaction activities like financial management talks, festive celebrations, bazaars and short day trips to build and foster stronger bonds.



Top:
AH staff regularly take part in local sports events such as the JP Morgan Corporate Challenge

Middle:
Staff keeping fit through in-house yoga sessions

Bottom:
Social activities like the lantern-making workshop foster staff bonding



“Friends of KTPH” Lend a Helping Hand

Friendly faces of volunteers are often seen throughout KTPH. They lend a helping hand in various parts of the hospital, including taking calls at the call centre or tending to the gardens. They also bring cheer to patients and visitors by helping them find their way around the hospital, providing information to loved ones waiting anxiously at A&E, reading to patients by their bedside and simply lending a listening ear to elderly patients.

Groups from the community or schools would often perform at the hospital lobby and at the promenade, bringing music and entertainment to stimulate the senses. Over the past

year, our “Friends of KTPH” programme had grown steadily in numbers. Orientation sessions were conducted every quarter to help our volunteers understand our care philosophy and service standards. We also involved them in hospital celebrations and thank-you events to make them feel a part of the AH’s family.

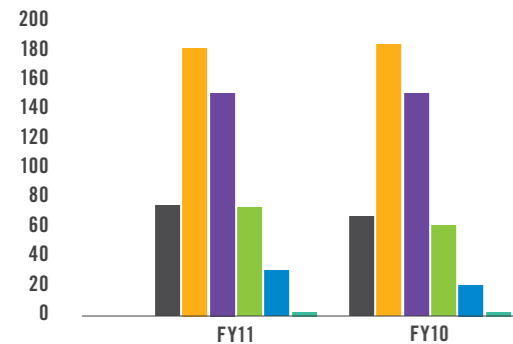
Top:
Students from Riverside Secondary School performing at the hospital lobby

Bottom left:
Ms Jean Teo (left) volunteers once weekly at KTPH as a patient greeter

Bottom right:
Mr Raphael Nyoe (left), a volunteer patient ambassador in KTPH’s A&E department

OPERATIONAL HIGHLIGHTS

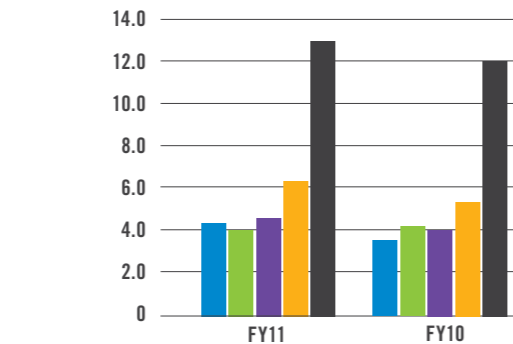
BED COMPLEMENT



HD/ICU/ISO	73	66
10 bedded	180	180
5 bedded	150	150
4 bedded	72	60
1 bedded	27	19
Deluxe/VIP Suite	1	1
Total	503	476

Bed complement increased 6% to cater to increased demand

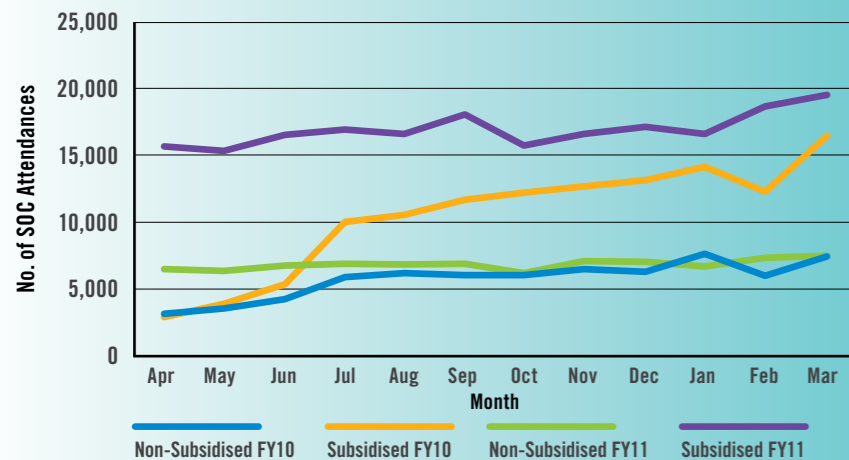
AVERAGE LENGTH OF STAY (DAYS)



- 1 bedded
- 4 bedded
- 5 bedded
- 10 bedded
- HD/ICU/ISO

Overall patient days increased due to geriatric cases and general surgery

OUTPATIENT ATTENDANCES



FULL-YEAR OUTPATIENT ATTENDANCES

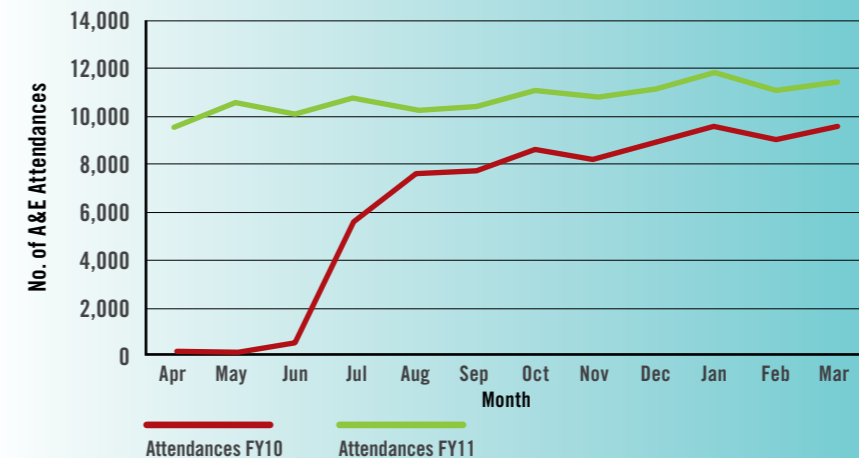
	FY11	FY10
Subsidised	202,266	124,784
Non-Subsidised	82,040	69,194
Total	284,306	193,978

Outpatient attendances at our Specialist Clinics increased by 47%, mainly from subsidised patients

The top 3 highest increases in volume were from:

Orthopaedic 19,499 (60%) Dental 17,436 (47%) Eye 13,307 (43%)

ACUTE & EMERGENCY CARE ATTENDANCES

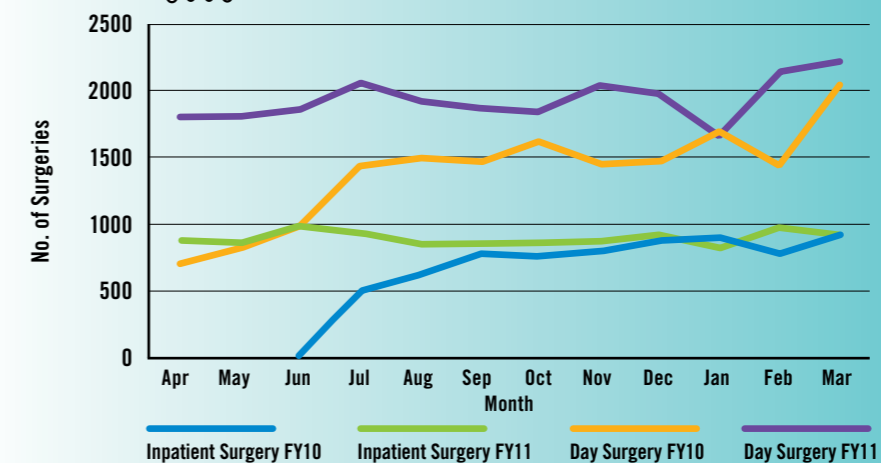


FULL-YEAR A&E ATTENDANCES

	FY11	FY10
A&E	128,736	74,517

A&E demand rose by 30%

SURGERIES



FULL-YEAR SURGERIES

	FY11	FY10
Day Surgeries	23,226	16,633
Inpatient Surgeries	10,725	6,972
Total	33,951	23,605

Day surgeries rose 40%

The highest volumes were from Dental, Otolaryngology and General Surgery.





**Alexandra
Health**

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