

CARE Redefined

Explore. Innovate. Enhance.



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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.

Our Care Philosophy

Care that is good enough for our own mothers without making special arrangements.



Message from Chairman

In FY 2012, we continued to focus on building and transforming the healthcare landscape for the population in the north. Construction of the 430-bed Yishun Community Hospital gathered pace with the appointment of the architect and medical planner. We also unveiled our plans for a new medical centre to be sited among other community services in the Admiralty Integrated Development, Singapore's first urban "vertical kampung" that will be ready in 2016.

This year, Alexandra Health's flagship hospital, Khoo Teck Puat Hospital (KTPH), continued to see an escalating workload and bed demand. The team innovated with various ways of care delivery with the aim to ensure better, faster, safer and cheaper medical care for our patients. We set up a new Cardiovascular Centre and Urology service, and expanded the Dental clinic. The conversion of a rooftop garden into a new ward was also accelerated; ward B106 opened in February 2013 with 32 beds.

We are guided by an "enterprising" philosophy, which explores and innovates, to deliver new models of care. Noting that patient care was not optimal after office hours and during weekends and public holidays, we piloted an initiative to treat acute inpatients in two wards with round-the-clock medical coverage by specialists. The Acute Care initiative, started in October 2012, required our medical, nursing and allied health staff to move from the traditional care model to embracing a new workflow that emphasises expeditious 24/7 care. The preliminary results were encouraging with patients reducing their length of stay, returning home earlier to recover fully. This also enabled other patients, who were waiting for a bed space, to be admitted sooner.

Our healthcare professionals sought to interact with every patient, to "know him, diagnose him, treat him and advise him." In doing so, KTPH had to move from episodic and post-symptomatic care of patients to looking at the whole spectrum of care from illness prevention to post-illness. The Alexandra Health's Ageing-In-Place (AIP) Programme is one that manages the post-discharge care of patients to prevent unnecessary readmissions. This programme has progressed from prototype into a full-service programme. Based on the first 200 patients who had undergone intervention under the AIP Programme, readmission rates had been reduced by over 60 per cent.

With support from the Ministry of Health and our community partners in the north, KTPH community nurses had, by end March 2013, served more than 700 patients under the AIP Programme. We are expecting AIP patients to increase over the next two years. The success of the AIP Programme has given us the impetus to work with grassroots organisations to prototype a new national preventive health programme for residents living in the north of Singapore.

Alexandra Health Board appointed Mr Liak Teng Lit as Group Chief Executive Officer. In his previous position as KTPH Chief Executive Officer, Teng Lit led the planning, design and development of the hospital and its subsequent move from Alexandra Hospital. Succeeding Teng Lit as KTPH CEO is Mrs Chew Kwee Tiang, former Chief Operating Officer. The Board and I are confident that under the experienced stewardship of Teng Lit and Kwee Tiang, the Alexandra Health cluster will continue to make a positive difference to the community, the Alexandra Health way.

I would like to thank the Ministry of Health, community partners in the north, government agencies, our friends and partners, for their guidance and support in 2013. For the group to continue to do well, we need and seek the support of all who share our vision and ideals in this journey of keeping Singapore healthy.

Jennie Chua
Chairman
Alexandra Health

Board of Directors

Mr Robert Chew



Mr Douglas Foo



Ms Teh Zsin Woon



Mr Tan Boon Khai



Mr Seah Moon Ming



Mr Ong Ye Kung



Ms Jennie Chua
Chairman, Alexandra Health Board

Ms Mavis Khoo



Mr Ramlee Bin Buang



Mr Anthony Seah



Mr Liak Teng Lit



Mr Roger Leong
Company Secretary



Dr Quek Peng Kiang



Senior Management



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- 1 **Mr Liak Teng Lit**
2 **Mrs Chew Kwee Tiang**
3 **A/Prof Pang Weng Sun**
4 **A/Prof Kenneth Mak**
5 **Dr Wong Moh Sim**
6 **A/Prof Koh Kwong Fah**
7 **Dr Michael Wong**
8 **Dr Christopher Cheok**
9 **Ms Yen Tan**
10 **Mr Roger Leong**

Group Chief Executive Officer, Alexandra Health
Chief Executive Officer, Khoo Teck Puat Hospital
Chairman Medical Board, Yishun Community Hospital
Chairman Medical Board, Khoo Teck Puat Hospital
Dy CMB, Head & Senior Consultant, Laboratory Medicine
Dy CMB, Head & Senior Consultant, Anaesthesia
Dy CMB, Head & Senior Consultant, Health For Life Centre
Dy CMB, Head & Senior Consultant, Psychological Medicine
Chief Operating Officer
Chief Financial Officer

- 11 **Ms Lynn Gan** Chief Human Resource Officer
12 **Mr Alvin Ong** Chief Information Officer, IT & Systems
13 **Mr Lau Wing Chew** Chief Transformation Officer
14 **Ms Low Beng Hoi** Director, Nursing, Khoo Teck Puat Hospital
15 **Mdm Chua Gek Choo** Director, Nursing, Yishun Community Hospital
16 **Ms Cecilia Pang** Director, Corporate Communications
17 **Ms Cheong Choy Fong** Director, Quality Management Office
18 **Ms Winifred Lau** Director, Operations
19 **Mr Donald Wai** Director, Hospital Planning
20 **Ms Fatimah Moideen Kutty** Director, Operations



Dr Pek Wee Yang
Head & Senior Consultant
General Medicine



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



Dr Tan Kok Yang
Head & Consultant
General Surgery



Dr Chin Thaim Wai
Head & Senior Consultant
Orthopaedic Surgery



Dr Terence Tang
Head & Senior Consultant
Geriatric Medicine



Dr Colin Teo
Head & Consultant
Urology



Dr David Loke
Head & Consultant
Otolaryngology



Dr Ong Hean Yee
Head & Senior Consultant
Cardiology



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



Prof Wilfred Peh
Head & Senior Consultant
Diagnostic Radiology



Dr Yip Chee Chew
Head & Senior Consultant
Ophthalmology & Visual Sciences



Dr Wu Loo Cheng
Head & Senior Consultant
Dental Surgery

Clinical Heads of Departments

A large circular image showing a construction site at sunset. Silhouetted workers are visible against the bright orange and yellow sky. In the foreground, a worker is on a high-rise platform. To the left, a tall tower crane stands. In the center, a worker is on a platform near a concrete mixer. In the background, another tower crane and rebar structures are visible. The scene is overlaid with a blue circular graphic element.

Taking Shape: the Alexandra Health Way

Building the Northern Healthcare Cluster

“If each of us hires people who are smaller than we are, we shall become a company of dwarfs. But if each of us hires people who are bigger than we are, we shall become a company of giants.”

David Ogilvy

FY 2012-13 was an important year for Alexandra Health System (Alexandra Health) as the Board appointed a Group Executive to steer the direction of one of Singapore's newest regional health systems.

Mr Liak Teng Lit, Chief Executive Officer of Khoo Teck Puat Hospital (KTPH), was appointed Group CEO of Alexandra Health on 1 April 2012. Mr Liak played a key role in the planning and commissioning of KTPH. With his vast experience in the healthcare sector, he will lead Alexandra Health's efforts to build an integrated healthcare system in the north.



Mrs Chew Kwee Tiang took over the baton from Mr Liak as CEO, KTPH. She was previously the Chief Operating Officer (COO) of Alexandra Hospital and KTPH since 2000. As KTPH CEO, she will bring quality public healthcare in the hospital to the next level, as well as support the group in the development of the northern health cluster.

True to Alexandra Health tradition, with the appointment of a new leadership, a unique set of Russian Dolls was presented at the handover ceremony by Mr Liak to Mrs Chew to signify that we should always hire staff who are bigger than ourselves.



Khoo Teck Puat Hospital



Yishun Community Hospital (Opening 2015)



Medical Centre @ Admiralty Integrated Development (2016)

REALISING THE VISION OF AN INTEGRATED HEALTHCARE CLUSTER

The vision for Alexandra Health is an integrated northern healthcare cluster that provides seamless medical care. The cluster is centred around KTPH providing acute care services, supported by the new Yishun Community Hospital and a new off-site medical centre, both managed by Alexandra Health.





Alexandra Health invited Dr Richard Charles Helfer (2nd from left), an external expert, to evaluate the tenders for YCH's design with Board Members, senior management and other external guests

BUILDING YISHUN COMMUNITY HOSPITAL

Yishun Community Hospital (YCH) is on track to be operational by end-2015. Located at the site of the former Yishun Polyclinic and next to KTPH, the 430-bed YCH will cater to the sub-acute and rehabilitation needs of patients.

Patients who will benefit from YCH are those who require a longer term of rehabilitation after their condition has stabilised in KTPH.

Modelled after KTPH, YCH's environment will be designed to provide a cheerful environment with open spaces and gardens to encourage patients to move around and regain their mobility.



The YCH team discussing and planning inpatient ward services with the hospital planners, Kahler Slater



Artist's impression of the new Yishun Community Hospital

Planning in full swing

Consultants Incorporated Architects + Planners (CIAP), in partnership with medical planners, Kahler Slater, was appointed in June 2012 to realise Alexandra Health's vision of a community hospital that provides seamless step-down care within a green, healing environment.

The past year was an exciting one as a multi-disciplinary team from Alexandra Health worked closely with the architects and medical planners to brainstorm on the schematic designs and configurations for wards and services with patients in mind.

A Value Management workshop was organised to map an ideal day in the life of a rehabilitating patient and a nurse working in YCH. The workshop participants identified and discussed opportunities to redesign operational processes to reduce waste and streamline nursing operations.

Other workshops and design sessions to review and optimise patient, public and material flows with the various user groups were also organised by the hospital planners and architects. This enabled the layouts of the various departments in the new hospital to be planned and stacked effectively.

The YCH team created mock-ups of key patient areas and inpatient sleeping areas at a disused school in Yishun and at the Yishun Pond open deck area to prototype and refine space planning ideas. The team also visited the local offices of Microsoft and National Healthcare Group to explore more ergonomic and space-saving work spaces for the community hospital.

YCH at a Glance

CLINICAL SERVICES

- **Inpatient**
430 beds for rehabilitation, sub-acute, dementia and palliative care
- **Outpatient**
Geriatric evaluation and management clinics
Geriatric programmes
Rehabilitation services
Dental assessment
Renal dialysis
- **Community support**
Telemedicine with nursing homes
Ageing-in-Place programme

FACILITIES

- **Geriatric Education & Research Institute**
Clinical, ageing and health-service research, and inter-professional education to meet national needs



MEDICAL CENTRE IN ADMIRALTY INTEGRATED DEVELOPMENT

A medical centre to be managed by Alexandra Health will be part of the Admiralty Integrated Development - a mixed-use development next to Admiralty MRT Station - that is targeted for completion in end-2016.

The medical centre is planned to strengthen the primary care network in the Alexandra Health cluster and allow for patients with conditions of lower clinical complexity to be managed outside an acute hospital setting. It will be a regional diagnostic and treatment centre providing outpatient clinics' services, day surgery, endoscopy, rehabilitation as well as a host of other medical specialties.

The medical centre will target patients with more complicated medical issues who are referred by general practitioners (GPs) or polyclinics. These patients will be transferred back to their primary care providers once they are treated.



Artist's impression of the future Admiralty Integrated Development



Health Minister Mr Gan Kim Yong (2nd from left), with Alexandra Health's Group CEO Mr Liak Teng Lit (left) and other guests, viewing one of five submitted designs for the Admiralty Integrated Development

Admiralty Integrated Development – a 'vertical urban kampung' for young and old

Alexandra Health, Housing and Development Board, National Environment Agency, Ministry of Health and Ministry of Social and Family Development are prototyping Singapore's first 'vertical urban kampung' concept at the new Admiralty Integrated Development.

Various community and social amenities are grouped together with studio apartments under one roof to allow young and old to live, work and play together. When ready in end-2016, the Admiralty Integrated Development will include the proposed medical centre to be managed by Alexandra Health, studio apartments for the elderly, a hawker centre, senior activity and care centres, a childcare centre and retail outlets.

A distinct feature of the development is a proposed community plaza at the first level, intended as a large open communal space for place-making and social bonding through residents' activities and events such as National Day celebrations and other community functions.

This project also aims to promote passive sustainable design and innovative green initiatives in the heartlands which include recycling, harnessing of renewable energy and underground stored bicycle parking.

A Steering Committee chaired by Group CEO of Alexandra Health Mr Liak Teng Lit and Deputy CEO of HDB Mr Yap Chin Beng will drive the multi-agency implementation of the Admiralty Integrated Development.

The Admiralty Integrated Development generated a buzz among local architects with 22 firms competing for the tender. Five award-winning firms' proposals were shortlisted for an evaluation, with WOHA Architects Pte Ltd awarded the tender as the lead consultant/architect for the Admiralty Integrated Development project.



Exploring a New Model of Care

Challenging Established Care Norms

KTPH, which serves more than 700,000 residents from the northern and north-east regions of Singapore, continued to see a rising workload.

From April 2012 to March 2013, KTPH had one of the highest bed occupancy rates among restructured hospitals. A&E attendances also surged 13 per cent with over 145,600 patient visits. An average of 86 patients were admitted via A&E daily.

KTPH's most urgent priority is to make beds available for patients who need them most. Prompt and timely admission and treatment ensures patient care is not compromised even when hospital resources are strained.



Addressing the “Weekend Effect”

Of particular concern to us was the issue of patient care and safety after office hours, during the weekends and public holidays. Studies worldwide show that patient care may not be optimal during these time periods because of the scaled-down manpower and supporting healthcare services.

KTPH recognises that we, too, are not immune to this “Weekend Effect”. In a radical move, we piloted the Acute Care initiative in October 2012. Two wards carried out the new Acute Care initiative process and streamlined diagnoses, tests and treatment plans.

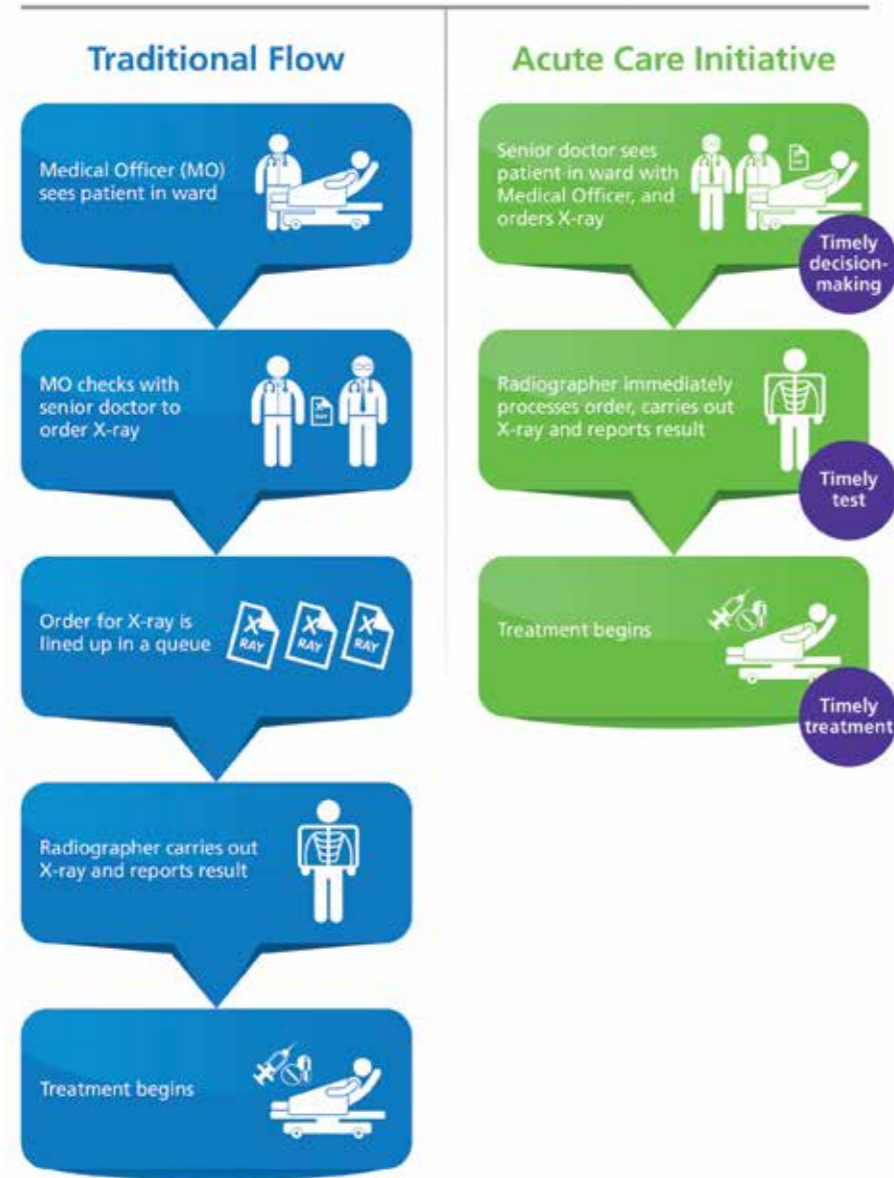
Round-the-clock care

Central to the Acute Care initiative, the model of care refers to the round-the-clock presence of specialist clinicians on the ground, who can make timely decisions for better and safer patient care. The current pool of specialists in the Department of General Medicine is rostered to provide for the 24-hour coverage and care of patients, who have acute conditions requiring timely diagnosis and intervention. By doing so, KTPH is making a bold and radical experiment to improve patient care, without compromising patient safety.



(From left) Dr Kok Mong Thiam, Dr Foo Ad Win, Dr Tan Hui Ling, Dr Christopher George Willis, A/Prof Sin Fai Lam, Dr Veerasamy Senthamil Selvan, Prof C Rajasooriya and Dr War War Win Tun from the Internal Medicine Division, Department of General Medicine. Drs Kok, Foo, Tan, Willis, Selvan and War War were heavily involved in the Acute Care initiative

A Patient's Journey



A conceptual change in the way we work

Besides senior doctors on the ground making timely decisions, the Acute Care set-up had also led to a fundamental change in how supporting allied health services function. For example, typically, orders for diagnostic investigations are lined up in a queue and processed sequentially. But with the expeditious Acute Care initiative model, once the consultant has ordered a diagnostic test, the radiographer will immediately proceed to carry out the test and report the result.

The quick and timely diagnosis enables treatment to be delivered promptly to the patient in the Acute Care ward. (Refer to above diagram.)

The Acute Care initiative has benefited from the complementary support of allied health services. The extension of diagnostic radiology service to Sundays and public holidays from 11am to 3pm beginning August 2012 was instrumental in the roll-out of Acute Care initiative in October 2012.

“The 24/7 model of care in the Acute Care initiative requires the concerted team effort and support of doctors, nurses, allied health professionals to administrators. Without the support of other clinical services running after office hours, many decisions cannot be executed. The next crucial phase of the Acute Care initiative is to make this model of care sustainable and truly trans-disciplinary.”

- Senior Consultant and Head of General Medicine,
Dr Pek Wee Yang





Innovating and Redefining Care

Helping Mdm Santarleha 'get back on her feet'

Mdm Santarleha D/O Kary, a 64-year-old widow, lives with her youngest daughter in a four-room flat in Yishun. Mdm Santarleha is wheelchair-bound because of polio. She also suffers from multiple medical conditions which had previously required her to go for frequent follow-ups in KTPH.

Mdm Santarleha is a beneficiary of the AIP Programme. She is an example of a patient whose medical conditions can be managed at home without the need to visit the hospital for frequent follow-ups or admission.

The AIP team first visited Mdm Santarleha in June 2012 and identified several problems:

1. high risk of falls because of her weak legs
2. numbness and pain over her left lower leg
3. lack of knowledge about her medical conditions
4. need for financial assistance

Community nurse, Staff Nurse (SN) Ang Man Yun, made regular visits to educate Mdm Santarleha and her daughter on the importance of diet control and monitoring of her blood glucose. Under the coordinated care model of the AIP Programme, physiotherapist Wendy Lim taught Mdm Santarleha home exercises to strengthen her legs.

Noting Mdm Santarleha's high risk of falls, the AIP team worked with our partner Touch Community Services (TCS) to enhance her safety and accessibility at home with grab bars and a ramp. TCS also replaced her faulty wheelchair with a new one. KTPH's Medical Social Service helped her to apply for financial assistance under Medifund.

Mdm Santarleha's health has since improved and she is managing her activities of daily living well with minimal assistance. Currently, a community nurse visits her monthly for follow-up and she has not been readmitted since.



TAKING PREVENTIVE HEALTH TO THE HEARTLANDS



To reach out to older residents in the heartlands and make it more convenient for them to access preventive healthcare services, Alexandra Health is growing our presence under the **Community Nurse Post** initiative, as part of the AIP Programme.

Community nurses from KTPH work in pairs at eight Community Nurse Posts in Sembawang and Nee Soon GRCs. These nurses provide basic health services which include blood pressure and blood sugar monitoring, and geriatric assessment for early intervention. The findings and trends from the assessments are shared with grassroots leaders to develop community-based health activities.

The nurses also counsel and give basic health education to residents, as well as refer residents who need social assistance to the relevant community organisations. Three more Community Nurse Posts are planned for 2013.

Achieving synergy through community partnerships

The early success of the AIP Programme could not be possible without the collective efforts of Alexandra Health's community partners. From the locations of our community nurse posts to directing referrals for community intervention, our partners have played a vital role in enabling KTPH to keep our 'frequent flyer' patients away from the hospital.

To highlight a few:

HCA Hospice Care

HCA Hospice Care (HCA), a longstanding partner of Alexandra Health, supports the AIP Programme through the provision of palliative care services to our patients at their end of life in the comfort of their own homes. The tie-up with HCA includes a medication subsidy pilot, where patients continue to receive drugs at subsidised rates at KTPH's pharmacy for prescriptions issued by the HCA doctors. The impact of this is an increase in patients' medication compliance and reduction in hospital readmission rate.

“The AIP programme is a fine example of seamless integration of care whereby patients transit from the acute hospital to the community setting with no disruption to their subsidised care benefit. We should have more of such schemes in place.”

Dr Akhileshwaran Ramaswamy,
CEO and Medical Director of HCA

Grassroots

The Ageing-in-Place Programme also receives enthusiastic support from our community grassroots leaders. In addition to hosting our Community Nurse Posts in the community centres, our grassroots leaders take personal interest in the progress and well-being of our patients who reside in their divisions. Many of them request to have our patients included in their community engagement home visits, and during these visits they often pull together their community resources to support the needy patients.

“I fully support the work of the community nurses and see this programme as a meaningful and coordinated effort that maximises grassroots and healthcare resources for the outreach and care of the needy patients in the community.”

Er Dr Lee Bee Wah, Member of Parliament for Nee Soon GRC and
Adviser to Nee Soon South Grassroots Organisations

The AIP team will continue to strengthen relationships with our key partners –

- Touch Community Services
- NTUC Eldercare
- Home Nursing Foundation
- Comfort Keepers
- People's Association
- Healthway Medical
- Thye Hua Kwan Moral Society
- Lotus Eldercare
- Housing and Development Board (EASE Programme)
- Northwest Community Development Council
- RSVP Singapore
- HCA Hospice Care



Enhancing
Services for Better,
Faster, Cheaper &
Safer Care

Services with the Patient in Mind

As demand and patients' expectations continued to soar, the hospital had to explore innovative solutions to manage them. Care and service delivery had to be designed to be safe, timely and convenient.

For a patient, being in a hospital can be filled with uncertainty and anxiety. At KTPH, our work flow and services are designed to alleviate the patient's anxiety. Our healthcare workers' interaction with patients is based on the premise of "Know Me, Diagnose Me, Treat Me and Advise Me". We aim to ensure their experience in the hospital is good enough for our own mothers without the need for special arrangements.

To achieve that, in FY 2012-13, we grew our services to focus on early diagnosis, treatment and intervention.

TIMELY DOOR-TO-BALLOON INTERVENTIONS FOR ACUTE HEART ATTACK PATIENTS

Primary percutaneous coronary intervention (PPCI) or emergency ballooning and stenting of the heart arteries can significantly reduce short- and long-term deaths for acute heart attack patients. However, PPCI must be done in a timely manner as any delay of over 30 minutes doubles the risk of death, from 2.7 to 5.9 per cent.

The Department of Cardiology had committed resources to begin a 24-hour PPCI service at the Cardiology Clinic in 2011. A small team - comprising one interventional cardiologist and four nurses, supported by cardiac medical technologists and radiographers - was activated on an average of once every three days for post-office hours intervention.

Cardiovascular Centre

KTPH cardiologists further ramped up their capability to provide timely treatment for heart attack patients. In October 2012, the cardiologists expanded the interventional service by adding one more interventional laboratory and setting up a nuclear cardiology service at our new Cardiovascular Centre. An inpatient imaging service was also integrated into the Cardiovascular Centre.

With three interventional cardiologists providing round-the-clock coverage for acute heart attack patients, KTPH's door-to-balloon time averaged less than 90 minutes, comparable with international benchmarks. Inpatient mortality rate without cardiogenic shock was also less than 3 per cent in FY 2012-13.





IMPROVED ACCESS WITH NEW DENTAL CLINIC

KTPH has the second highest dental load in Singapore. Patients requiring urgent treatment for dental conditions often had to endure long lead time for appointments. This is because some patients who had made advance appointments for routine, non-urgent procedures did not turn up.

To cut down the long lead time for appointments and to meet public demand for prompt services, KTPH started a second dental clinic. The new clinic, in Basement 1,

caters to same-day, walk-in appointments for simple procedures such as scaling, polishing and periodic reviews.

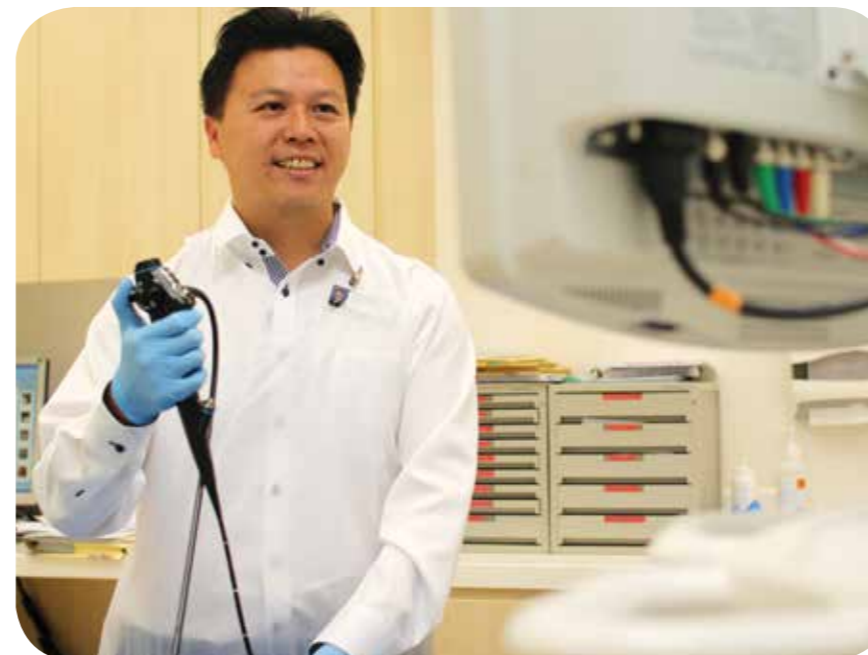
The new dental clinic has made it more flexible for working adults who require short consultations and simple treatments to be attended to promptly. The diversion of non-urgent cases to the new dental clinic has further improved the access for patients who require timely diagnosis and treatment on more complicated dental procedures at the main dental clinic.

HASSLE-FREE INITIATIVES BY NEW UROLOGY DEPARTMENT

The new Urology Services, started in July 2012, includes several initiatives to reduce the frequency of patients' visits to the hospital and to help them manage their healthcare costs.

One key initiative is the catheter-free early discharge Transurethral Resection of the Prostate (TURP) protocol. With good surgical techniques and new instruments, TURP patients can be discharged catheter-free one day after surgery, instead of the usual three days. Review of surgical outcomes of the first 100 such cases had proven good clinical safety and efficacy, as well as significant cost savings for patients. This initiative has also reduced the average length of stay for such patients.

The Urology Department is also making good progress to put in place a one-stop haematuria clinic. Haematuria (presence of red blood cells in the urine) patients can benefit from having procedures such as X-ray, ultrasound, kidney and cystoscopy tests done within one day at the clinic. This one-stop clinic will remove the hassle of patients having to make several visits for the tests to be done, and free up clinic slots for other patients so they can be seen earlier.





FASTER MEDICATION COLLECTION WITH SATELLITE PHARMACY

Previously, medication dispensing was centralised in the outpatient pharmacy located at Level 1 of the hospital. This would sometimes lead to delays in medication being dispensed to discharged inpatients and long waiting times at the pharmacy for outpatients.

To improve the timeliness of medication dispensation, enhance patient satisfaction and divert workload from the outpatient pharmacy, KTPH set up a satellite pharmacy in the Day Surgery Centre at Basement 1.

The satellite pharmacy enables timely bed-side dispensing to patients with its closer proximity to the Day Surgery Centre, Major Operating Theatre and Endoscopy Centre.

The team is currently looking to simplify prescription and dispensing through pre-packing of medications with clinicians and improving dispensing processes with the Nursing Department.

TEAM-BASED CARE LEADS THE WAY FOR ELDERLY PATIENTS

Elderly patients often have more complex medical conditions and reduced or limited bodily functions, as a result of their illnesses. In the current, traditional multi-disciplinary care team, members have individual roles and provide separate input on the patient's care based on their own area of expertise. This results in care fragmentation and lack of patient ownership.

The Geriatric Surgery Service by KTPH's Department of General Surgery aims to provide elderly patients with seamless and holistic care to ensure better functional outcomes after surgery. Surgical management should not just reduce morbidity and mortality in elderly patients, but more importantly, patients' post-operative functional status must be addressed so as to preserve their independence.

The team-based geriatric surgery service made up of surgeons, clinicians, a nurse clinician and allied health professionals emphasises prehabilitation which includes pre-surgery education, nutrition and physiotherapy for the patient. Conducting risk assessment with the patient and his family is also vital in the care process. During the operation, the team adheres to checklists to minimise peri-operative complications such as hypothermia and wound infection. After the patient is discharged, the team provides home-based rehabilitation, taking particular care to address geriatric issues including the prevention of post-operative delirium.

Through this trans-disciplinary and holistic approach, the Geriatric Surgery team has been able to achieve lower peri-operative complication rates and help 85 per cent of elderly patients return to pre-illness functional status within six weeks for major colorectal surgeries.



By tapping her staff pass to an RFID reader on the cubicle wall, nurses can control the opening and closing of the motorised windows in B106

IMPROVED CAPACITY AND PRODUCTIVITY

The rooftop garden at Tower B was converted into a new subsidised ward, adding 32 beds to the total bed capacity of 570 beds. The ward was designed with the patients and staff in mind, as it is the first ward to be installed with motorised louvred windows and venetian blinds to improve staff productivity.

By tapping a staff pass to the RFID (radio frequency identification) reader on the cubicle wall, nurses can control the closing of the motorised windows in times of heavy wind or rain. The venetian blinds are also controlled in this way, managing the intensity of glare into the ward.

These new features mean nurses can cut down on manual work and focus on being more productive in delivering patient care.



Improving Patient Care through Research

Clinical Research for Better Patient Outcomes

The outcomes of meaningful and effective research include the potential to prevent ill health, reduce wastage of healthcare resources and provide a better and safer way for the diagnosis and treatment of medical conditions.

Towards that end, what drives us to excel in our clinical specialties and provide quality care to patients, are our clinicians and nurses who are motivated to further their learning in their respective fields.

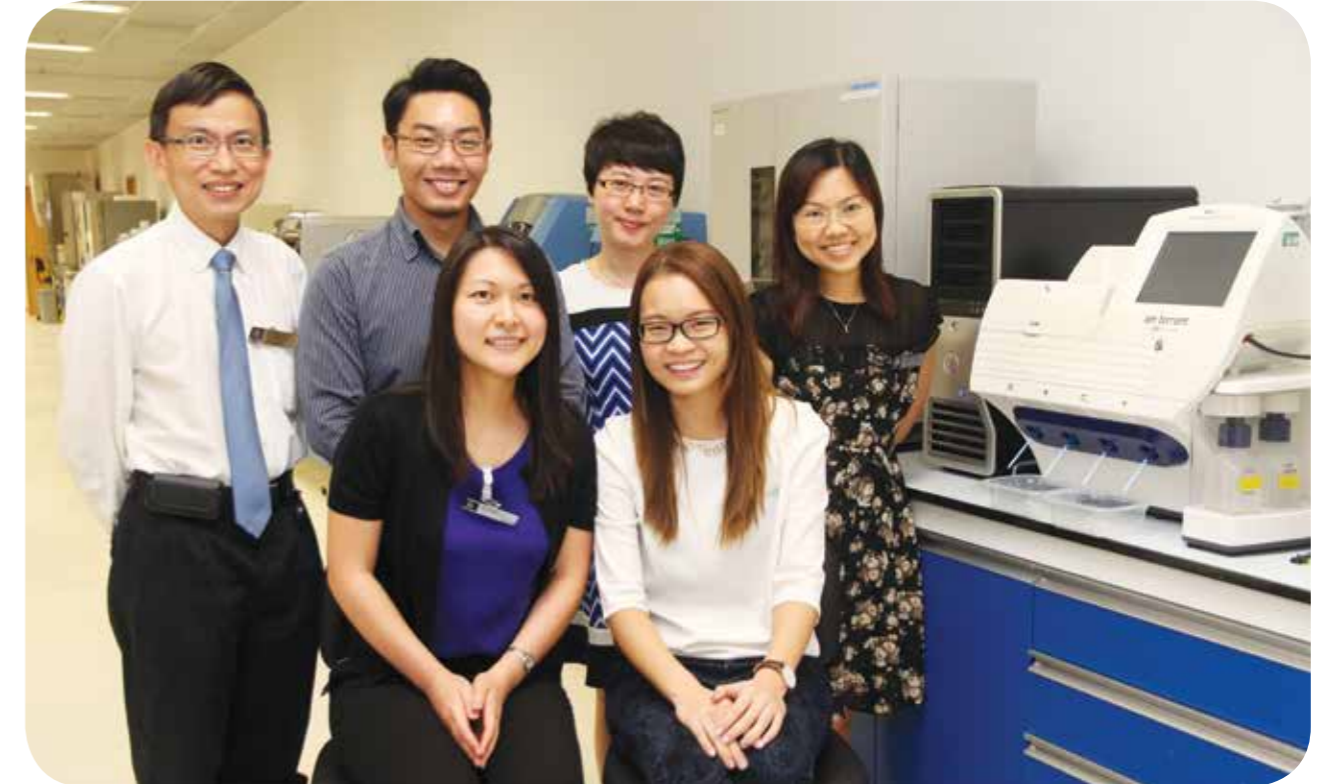
In 2012, our staff continued to make strides in the area of clinical research.

Clinical research improves quality of life for people with diabetes



Neonatal diabetes mellitus (NDM), usually diagnosed in the first six months of an infant's life, is caused by mutation affecting a single gene. 29-year-old Mr Neo has been living with the condition, which required him to take insulin injections twice daily since young. In spite of the frequent injections, his diabetes control was sub-optimal with frequent low blood glucose spells, a condition known as hypoglycemia. Hypoglycemia, if severe, is disabling and can be potentially life-threatening.

Recent research suggests that the defective gene most commonly responsible for NDM is KCNJ11. This gene plays a critical role in regulating pancreatic insulin secretion. Confirming the presence of mutation that affects KCNJ11 function



(From left, clockwise: A/Prof Lim Su Chi (Director, Clinical Research Unit & Senior Consultant, Diabetes Centre), Melvin Wong (Research Officer, CRU), Amy Ou Yao (Research Nurse, CRU), Dr Ester Yeoh (Associate Consultant, Diabetes Centre), Clara Tan (Research Officer, CRU) and Dr Ng Xiao Wei (Assistant Manager, CRU) worked on neonatal diabetes mellitus research. Not in photo: A/Prof Sum Chee Fang (Head, Diabetes Centre) and A/Prof Tavintharan Subramaniam (Senior Consultant, Diabetes Centre)

Enhancing peri-operative care and safety

To enhance peri-operative care and safety, a team from the Department of Anaesthesia and Healthcare Analytics Unit studied 5,432 patients over one year in 2011 to test the correlation between higher pre-operative STOP-BANG scores for obstructive sleep apnoea (OSA) and post-operative critical care admission.

has important therapeutic implications, one of which is that the insulin injection therapy can be replaced by oral anti-diabetic medications, known as sulphonylureas. Treating NDM with sulphonylureas often leads to better diabetes control and fewer side effects.

The clinicians and scientists from the Diabetes Centre and Clinical Research Unit collaborated to track down the KCNJ11 mutation responsible for Mr Neo's condition. Subsequently, Mr Neo's treatment was converted successfully from insulin injection to oral sulphonylureas tablets. Since then, his diabetes has been optimally controlled without the need for daily injections. He also reports that his quality of life has improved substantially.

KTPH has embarked on a research programme to identify genetic mutations contributing to diabetes that may better inform on the choice of anti-diabetic medication.



(From left) Dr Joselo Delute Macachor (Clinical Associate, Anaesthesia), Dr Edwin Seet (Consultant, Anaesthesia) and Wu Dan (Business Analyst) worked on the STOP-BANG scores study



OSA refers to recurrent episodes of ventilatory obstruction during sleep and is associated with cardiovascular disease, cerebrovascular disease, obesity, metabolic syndrome and gastro-oesophageal reflux. Patients with these medical conditions may develop complications after surgery, such as cardiac events and respiratory failure, because of the interaction with sedative, analgesic and anaesthetic agents.

The team administered the STOP-BANG questionnaire – a validated eight-point questionnaire for screening OSA pre-operatively – to 5,432 patients who had elective surgery, of whom 338 were admitted post-operatively to a critical care unit.

The findings of the study indicated an association between higher pre-operative STOP-BANG scores with post-operative admission to critical care, thus suggesting that the STOP-BANG questionnaire could be used to plan scheduled post-operative critical care admission.

The study was presented in part at the Society of Anaesthesia and Sleep Medicine Conference in Washington DC, USA, in October 2012, and would be published in a peer-reviewed top tier anaesthesia journal in September 2013.

EXCELLING IN RESEARCH

Five research projects by multi-disciplinary teams from KTPH won awards at the Singapore Health & Biomedical Congress (SHBC) Scientific Competition in September 2012.

Singapore Clinician Investigator Award (Gold)

A team from the Department of Anaesthesia for its study of the higher efficacy and success rate of video-assisted laryngoscopes to conventional laryngoscopes in tracheal intubation.

SHBC Best Poster Award (Gold)

A team from the Department of Family and Community Medicine, Diabetes Centre and Department of General Medicine for its study that compared the Body Adiposity Index with the more accurate Dual-Energy X-ray Absorptiometry in calculating body fat.

SHBC Best Poster Award – Basic Science/ Translational Research (Silver)

A team from the Diabetes Centre and Clinical Research Unit that studied how adding Coenzyme Q10 to a 20mg/day dose of a cholesterol-reducing drug was safe and effective and could have possible benefits for the liver.

SHBC Best Poster Award (Silver)

A team from the Department of General Medicine, Diabetes Centre and Clinical Research Unit for its study in comparing tape measurement of waist circumference with a device called bio-impedance body composition analyser.

SHBC Best Poster Award (Bronze)

A team from the Department of General Surgery and Nursing Administration for its study on how a trans-disciplinary care approach for post-operative elderly can reduce functional decline in the medium term.



Project representatives from the KTPH teams which won awards at the SHBC 2012

Sharing insights on research and better care outcomes

The inaugural Alexandra Health Nursing Fest was organised in conjunction with the Alexandra Health Forum in 2012 to drive discussions and share knowledge in research among nurses, clinicians and allied health professionals from the healthcare industry.

Themed “Integrative Care – Towards Better Patient Outcome”, the symposium - held over two and a half days in KTPH - attracted over 500 participants. Senior Consultant (General Medicine) Prof C. Rajasoorya was among the plenary speakers with Japan’s Prof Fumio Konishi, the chairman of the Department of Surgery, Saitama Medical Centre.

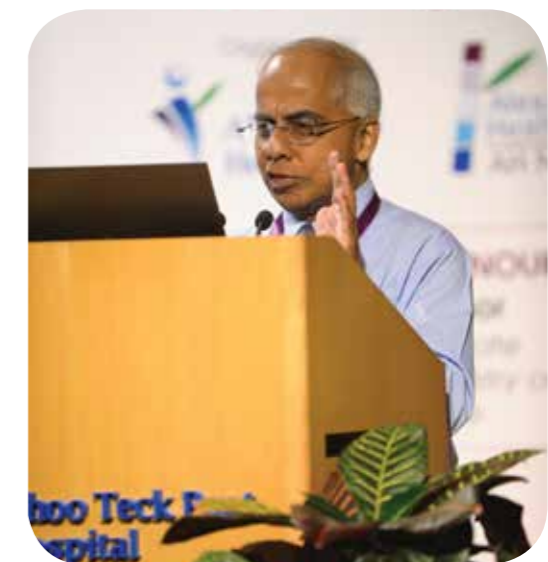
The discussions at the symposium were centred on raising the quality of patient care by taking an integrated team-based approach to derive better and safer outcomes for patients. Other topics that were addressed included the relevance of research to clinical practices and the evolving role of nurses. 107 research abstracts focusing on medical conditions in the areas of acute, chronic and palliative care were also presented at the symposium.



Prof Fumio Konishi sharing at the Alexandra Health Forum-Nursing Fest 2012

“To facilitate seamless care integration, we need to embrace the breadth and depth of medical science and to nurture camaraderie and mutual respect, because the stakes (our patients’ well-being) are high and the rewards are great (a fulfilled life well lived in history).”

A/Prof Lim Su Chi, Clinical Director, Clinical Research Unit and Advisor to the Organising Committees of the Alexandra Health Nursing Fest and Research Forum 2012



Prof C Rajasoorya (Senior Consultant, General Medicine) touching on the importance of moulding well-rounded, T-shaped doctors at the Forum

Building on the Foundation of a **Hassle-free** Hospital



Encouraging the Spirit of Innovation and Inquiry

The spirit of inquiry and of seeking continuous improvements is a fundamental aspect of Alexandra Health's culture. With innovation in our DNA, we aspire to build a hassle-free healthcare system to improve patient care, safety and satisfaction with a compassionate core.

Underlying the foundation of our hassle-free ethos is to remember our patient value of "Know me, Diagnose me, Treat me, Advise me". In this regard, Alexandra Health learns heavily from the principles of the Toyota Production System (TPS) to deliver health care that is cost-effective, efficient and patient-centric.

Guided by the values of Toyota Production System

An important element of Toyota Production System is continuous flow so that people, materials and information will flow through smoothly without stopping and get to the department or people who need it. Another element is eliminating waste (non-value-adding processes, procedures, paperwork, etc.) so that we focus on the value-added services that patients want (consultation time with the doctor, faster diagnosis, etc.).

Another important principle is that of innovation and idea generation. Staff are encouraged to make problems visible so that we can resolve them immediately, and to apply scientific methods to problem-solving. In KTPH, our staff are constantly encouraged to work on kaizens (Japanese for continuous improvements) to make their work more productive and enhance customers' touchpoints.

We showcase some of the hospital's innovations and kaizens by staff to improve the flow of work processes and increase productivity.

INNOVATIONS

Knowing the person in the patient

The high touch nature of health care requires healthcare professionals to facilitate and foster meaningful interactions with patients. More than just seeing patients as who they are, we aspire to know and understand the person in the patient. This requires the patient's personal and medical history to be readily available and accessible to our staff for meaningful interactions to take place.

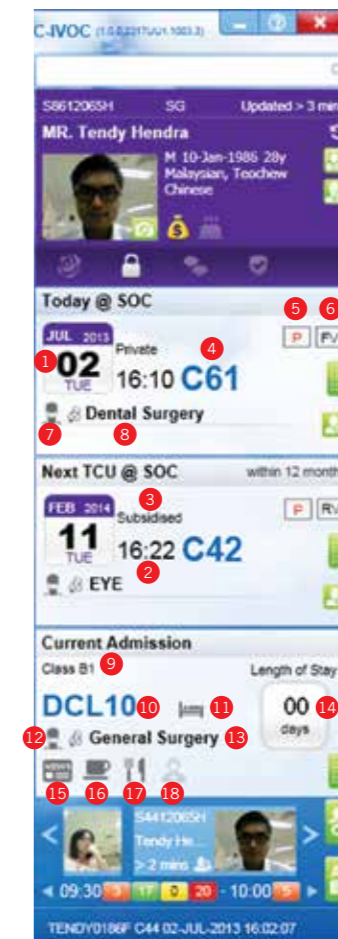
For this to happen, information must continuously 'flow' along with the patient as he goes through the various touchpoints in the hospital. To achieve this, Alexandra Health worked with the Integrated Health Information Systems (IHIS) to develop and implement a patient-centric dashboard that captures patient details from his personal to medical history.

Called the **Computerised Integrated View of the Customer (C-IVOC)**, it provides our frontline staff with a 360-degree view of the patient by pulling useful and relevant information as and when needed from existing systems in the hospital, into a single system.

Details such as the preferred language of the patient or even his preferred choice of meal from his previous hospitalisation add up to the sum of a meaningful and sincere patient interaction. Through 'personalising' the patient's experience, patient's frustration and anxiety can be reduced.

C-IVOC is envisaged to be a potential game-changer in how healthcare organisations deliver healthcare and make every patient, a customer for life.

The first phase of C-IVOC was rolled out to three specialist outpatient clinics (SOCs) in KTPH by the end of FY 2012-13.



1. Today appointment date
2. Appointment time
3. Payment class (Private or Subsidised)
4. Outpatient Clinic Name
5. Status of appointment (A for actualised and P for Planned)
6. Visit/Appointment Type (e.g. FV for First Visit, RV for Repeat Visit and TT for Technical Visit)
7. Attending Physician
8. Specialty
9. Ward Class
10. Location of the ward
11. Bed Number
12. Attending Physician
13. Specialty
14. Length of stay
15. Newspaper preference
16. Beverage preference
17. Meal preference
18. Required Supervision

Screen grab of C-IVOC system with patient particulars and preference



The C-IVOC provides a 360-degree overview of patient's history for frontline staff to deliver proactive and intuitive service to make each patient a 'customer for life'



The Andon Board provides a single view for medical and nursing staff to ensure tests and treatments are delivered promptly and safely

'Single-view' of patient improves care coordination

To improve care coordination with the advent of Electronic Medical Records, KTPH custom-built interactive 'Andon Boards' with the help of the Integrated Health Information Systems (IHIS) team. The 'Andon Boards' provide a quick and convenient visual chart of treatments and tests that have been ordered for patients.

Using several icons and colour status, the 'Andon Board' alerts the nurses of orders and critical results. The software runs off touch-screen computers mounted in strategic locations in the wards, covering the nurses' care areas, and giving them quick views of their patients' key issues and orders as they work.

The Board has also saved nurses' time previously spent on phone calls to coordinate diagnostic tests. Using the board's touchscreen, nurses can quickly add a patient's status data for Radiology staff to view on their own Andon Boards. The radiographer will then schedule and coordinate the patient's scan with the nurse. The Andon Board will also alert the nurse within two hours of a scheduled scan so that patient can be prepared accordingly.

The 'single-view' capability of the 'Andon Board' has improved communications between doctors, nurses and allied health staff, thereby ensuring treatment and patient care is delivered promptly and safely.

2D barcode tracking enhances patient safety

Traditionally, when a patient is transferred from one ward to the other, he has to be physically moved to a new bed. Equipment such as infusion pumps and physiologic monitor have to be unhooked and hooked up again. This is time-consuming and causes discomfort to the patient.

Using a hand-held 2D barcode scanner, KTPH's staff can now facilitate inpatient ward transfers without physically disengaging the medical equipment. The 2D barcode scanner tracks the location and movement of every piece of equipment for maintenance and asset tracking purposes.

This has reduced time and effort in inpatient transfer, and also enhanced patient safety and minimised discomfort for the patient during the transfer.



With the 2D barcode tracker, staff can keep track of medical equipment movement for enhanced patient safety and asset tracking purposes

Instant Feedback System 'hears' you immediately

Patients can now transmit their feedback electronically in real-time with KTPH's version of the Instant Feedback System.

Modelled after a similar version in Changi Airport, the Instant Feedback System notifies relevant departments/personnel via SMS when they are rated 'Fair' or 'Poor' for service lapses at various touchpoints such as patient registration or doctor's consultation. Patients can also give 'feedback' on facility issues such as the toilets and environment. Upon receiving the SMS notification, the

relevant department/staff will take immediate corrective action to prevent the repetition of a less-than-satisfactory experience for the next patient.

The Instant Feedback System touchscreens are placed in eight locations from the A&E department to the Specialist Outpatient Clinics.



The Instant Feedback System in the clinics and A&E enables patients to register their feedback instantaneously

KAIZENS

No more sugar rush

Previously, after monitoring a hypoglycemic patient's capillary blood sugar, a nurse would have to go to the preparation room to get the glucose sachet, make her way to the pantry to retrieve a stirrer and straw, and prepare the glucose solution before returning to the patient's bed to serve him the drink.

These movements took up an extra three minutes and could potentially compromise the care of a hypoglycemic patient (someone with low blood sugar) during an emergency when his blood sugar level had dropped.

Two nurses from Ward B85 thought of the simple idea of placing the glucose sachets, stirrers and straws in the blood glucose monitoring trolley. The trolley contains the glucometer kit and other accessories to facilitate capillary blood sugar monitoring at the patient's bed side. Through shadow boarding, nurses would know when to replenish the items when they run out. This simple kaizen has enhanced care for patients with hypoglycemia.



A kaizen by two nurses has enhanced care for hypoglycemic patients. (Inset) Cups, glucose sachets, stirrers and straws are placed in the blood glucose monitoring trolley for easy access

An 'eye' for continuous improvement

The Eye Clinic is one of the busiest specialist outpatient clinics in KTPH. For a new patient to the clinic, he may be expected to spend up to two hours at the clinic. This includes registration, undergoing a visual acuity test, pre- and post-dilation consultations with the clinician, financial counselling and payment. For a patient visiting the clinic for the first time, he may be in the dark about the processes and become frustrated at the long time spent in the clinic.



A hanging butterfly prototype in the Eye Clinic's consultation rooms guides patients' line of sight for a more comfortable eye drop instillation process

The Eye Clinic worked with the Innovation Team on a kaizen to manage patients' expectations at the clinic. An in-house patient journey video was produced outlining the various stages that a patient will undergo at the clinic. Patients are thus prepared as to what they are expected to do during each 'checkpoint' in the Eye Clinic.

For example, eye drops have to be applied into patients' eyes before they can be dilated. As part of the kaizen, the clinic prototyped a hanging butterfly on the ceiling. This helps to guide patients to look up at a certain angle so that the eye drops can be easily administered, thus reducing the incidence of failed eye drop instillations.

Garnering good ideas from staff with TGIF

The Good Ideas Forum (TGIF) is a learning platform for staff to showcase good implemented ideas that have improved processes and/or service benefiting our patients. The main objective of the forum is to inspire staff to make continuous improvements and keep a look-out for good ideas to share/copy shamelessly.

Launched in July 2012, we started the ball rolling with old but very useful ideas such as the Quick Pick Supplies project. This staff-led kaizen to categorise and colour-code medical supplies for easy, safe and quick retrieval in the wards started in our days in Alexandra Hospital, but is still being continuously refined today.

By showcasing such kaizens in the bi-monthly TGIF sessions, we hope to highlight how staff's dedication and perseverance for making continuous improvements has reduced waste and enhanced productivity.

REAFFIRMING OUR L.O.V.E. FOR PATIENTS

The hardware of work processes driven by the software of our people have to be complemented by a compassionate core (the 'heartware'). At the centre of a hassle-free hospital is that heart to provide care to our patients that is good enough for even our own loved ones.

In FY 2012-13, KTPH topped the Ministry of Health's (MOH) Patient Satisfaction Survey (PSS) for the second time in 2012. This was the eighth consecutive time that Alexandra Health had emerged tops. Previously, operating as Alexandra Hospital, we had secured top position in the PSS for six times.

Despite the continuous positive endorsement by our patients, we understood that we had much to improve in our service areas. Long waiting times at the A&E and specialist outpatient clinics continued to be KTPH's weak areas, and in this respect, we relaunched our service journey titled L.O.V.E. as a reminder to all staff to continuously love our patients and make sure their experience in the hospital is a pleasant and comforting one.

L.O.V.E. (acronym for **L**isten, **O**ffer Help, **G**ive **V**alue, **E**ngage Patients) underscores our commitment to make every patient feel like he is our one and only patient.



Staff showing pride, joy and love in celebrating our 8th Patient Satisfaction Survey win

Making it all Happen: Our People



Engaging our People

We continued to invest in and grow our staff strength as we build our capability as a public healthcare system in the north.

STRENGTHENING OUR LEADERSHIP

Ms Yen Tan was appointed COO of KTPH in May 2012. Previously, as Director (Operations), she played a key role in successfully restructuring Alexandra Hospital and the subsequent opening of KTPH.

The departments of Geriatric Medicine, General Surgery and Otolaryngology in KTPH also saw new leaders stepping up to the fore. These included Dr Terence Tang taking over from Dr James Low as Head of Geriatric Medicine, Dr David Loke succeeding Dr Paul Mok as Head of Otolaryngology, and Dr Tan Kok Yang succeeding A/Prof Kenneth Mak as Head of General Surgery. Dr Colin Teo was also appointed Head of the newly set-up Department of Urology.



Ms Yen Tan



Dr Terence Tang



Dr David Loke



Dr Tan Kok Yang



Dr Colin Teo

NURTURING OUR TALENTS

In FY 2012-13, we invested an average of 118 training hours per staff.



Learning from the best, around the world

We continued to learn from the best healthcare institutions globally with study trips to Hammond Care in Australia and India's Aravind Eye Care System.

Chief Transformation Officer Mr Lau Wing Chew led a team of seven comprising geriatric and allied health professionals to visit Hammond Care in June 2012. The trip enabled us to learn from Hammond Care's ageing-in-place strategies to successfully manage patients in the community, which will enable Alexandra Health to further refine our Ageing-In-Place (AIP) Programme.

In August 2012, COO Ms Yen Tan and Deputy CMB A/Prof Koh Kwong Fah were among a group of 13 staff to visit Aravind Eye Care System. The team continued the learning journey started by two previous Alexandra Health teams, and deepened their learning at the operational level. The team took away many valuable lessons including instilling the Aravind culture and efficient management of daily throughput.



Study trip to Hammond Care



KTPH's senior management visited Aravind Eye Care Centre on a learning journey in August 2012, meeting (standing left to right, front row): Dr R D Ravindran, Chairman of Aravind Eye Care System, Mr G Srinivasan, Aravind's former Director of Buildings and Finance, Dr G Natchiar, Director Emeritus, and Mr R D Thulasiraj, Executive Director, Lions Aravind Institute of Community Ophthalmology

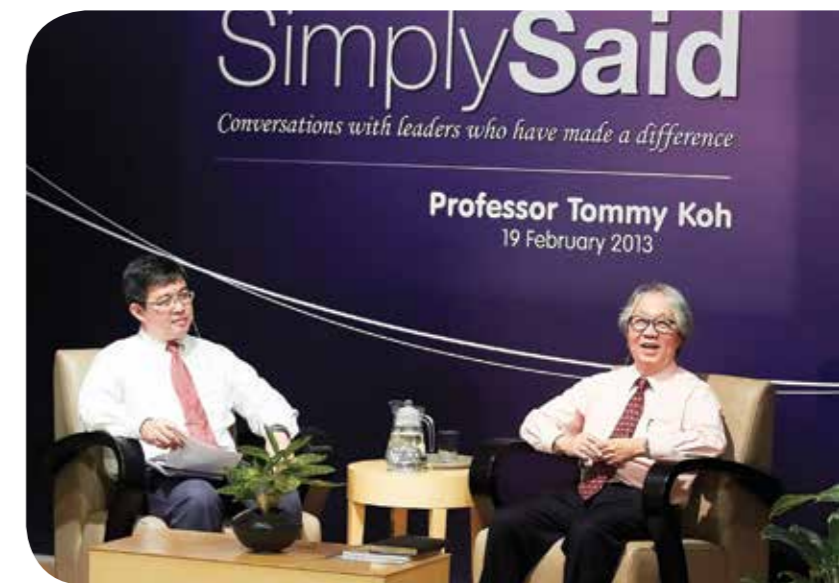
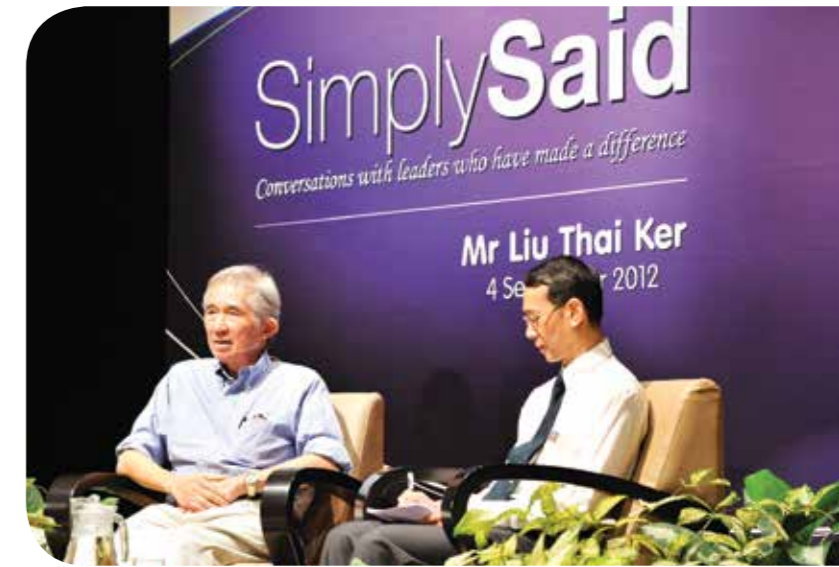
Simply Said - Conversations with Leaders who have made a difference

A key component of our learning ethos is to learn from exceptional individuals and industry experts in our Simply Said lecture series and Quality Conventions (QC) respectively.

Distinguished guests to our Simply Said lecture series in FY 2012-13 included Singapore's Ambassador-at-Large Prof Tommy Koh and renowned local architect Mr Liu Thai Ker who shared their words of wisdom with our staff.

Mr Liu encouraged us to always "strive for excellence in what we do and to always work for the cause and not for credit". He believed we should look for purpose and meaning in our work.

Prof Koh drew upon his experiences in international diplomacy to encourage us to be idealistic and dream big. To succeed in what we do, we have to be happy, optimistic, gracious and earn the trust of our colleagues and partners.



Prof Chris Baggoley, Chief Medical Officer of the Australia's Department of Health and Ageing, also shared with us at the QC in November 2012 the importance of patient-centred care. The QC was one of three organised in FY 2012-13 that were themed on patient care and safety.

ENGAGING STAFF THROUGH WORKLIFE INITIATIVES

As of end-March 2013, we had a family of 3,263 employees, an increase of 10.4 per cent from 2,956 in FY 2011-12.

Key to talent retention were employee-centric initiatives that Alexandra Health had in place to help our staff achieve a balanced work-life. An interesting array of sports activities and interest groups energised and enriched our staff. Yoga, Zumba and kickboxing were popular exercise classes. We also sponsored staff for external sporting runs such as the Standard Chartered Marathon 2012. Regular thematic bazaars, festival celebrations, annual Family Day and Dinner-and-Dance gave staff a breather from work to recharge, as well as conveyed our appreciation to them for their hard work.



Alexandra Health Family Day 2012



Alexandra Health staff taking part in Standard Chartered Marathon 2012



Engaging staff through various cultural activities and celebrations

In October 2012, we launched LifeWorks!, a platform to engage employees, promote work-life balance and increase staff retention through activities aligned to Alexandra Health's 5 Pillars of Health.

The LifeWorks! cross-functional committee was formed by members from various departments. The committee aimed to plan and organise activities and programmes based on the principle of "from the people, by the people and for the people".

The committee also showcased colleagues who are positive role models and who espouse the 5 Pillars of Health in Alexandra Health's monthly staff magazine via a monthly LifeWorks! section.



5 Pillars of Health

- Eat Wisely
- Exercise Regularly
- Be Happy
- Stop Smoking
- Practise Personal Hygiene

Alexandra Health's finest National Day Awards

The Public Administration Medal (Silver)

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

The Commendation Medal

Alice Leong (Assistant Director, Nursing)
Yiap Pok Ling (Assistant Director, Nursing)

The Efficiency Medal

Sim Lai Kiow (Nurse Clinician)
Sockalingam s/o Ramalingam (Senior Patient Greeter)

The Long Service Medal

Prof C Rajasoorya (Senior Consultant, General Medicine)
Low Beng Hoi (Director, Nursing)
Florence Chng (Assistant Director, Nursing)
Tuminah Binte Yusoff (Senior Assistant Nurse)
Kasmini Binte Toogeanan (Senior Assistant Nurse)
Marimuthu Valli (Therapy Attendant)
Mohd Osman Bin Saini (Senior Driver)

MOH's Healthcare Humanity Awards

Wong Sook Cheng (Senior Nurse Clinician)
Lim Li Ying (Senior Medical Social Worker)

Tan Chin Tuan Nursing Award

Kartina bte Ismail (Principal Assistant Nurse)

Professor Lucy Wan Outstanding Pharmacist of the Year Award 2012

Dr Doreen Tan (Associate Consultant, Pharmacist)

SHAPING PUBLIC BEHAVIOUR AS 'ROLE MODELS'

As healthcare staff, we endeavour to be positive role models for patients and residents in our community. Staff embrace the 5 Pillars of Health to keep fit and lead a healthy lifestyle. We also aim to be socially responsible and civic-minded citizens with positive habits such as not littering and returning trays after meals.

Healthier staff

We are encouraged by the positive response of our staff in the Home Run Reloaded, annual Fitness Challenge and Health Screening. Staff logged a total of 103,358km over a three-month period from June to August 2012 in the Home Run Reloaded.

The annual Fitness Challenge also saw an increase in participation and improved scores among participants. The Health Screening results and health practices survey showed more staff were managing stress better and exercising at least three times weekly, as well as a decrease in staff with high blood pressure.



Staff volunteerism

The food court in KTPH has in place a tray return system to encourage staff and visitors to return their trays after meals. Through the everyday and visible actions of our staff returning trays, visitors to the food court are nudged to make tray return a regular habit.

Our staff enthusiastically volunteered one weekend monthly to join residents and grassroots activists in the Nee Soon community to pick up litter and keep our environment clean. In line with our 4R philosophy of Reduce, Reuse, Recycle and Refuse, we recycled our old blankets and donated them to the Sree Narayana Mission Home for the Aged Sick. The various departments also organised ad-hoc activities to bring cheer to the less fortunate during the festive season.



Singapore HEALTH Award 2012

Alexandra Health's efforts in workplace health promotion was well-received by our staff. Strong participation rates and a marked decrease in medical leave and resignation rates helped us to win the Singapore HEALTH Award (Platinum) and three sub-category awards in Physical Activity, Nutrition and Mental Wellbeing.

The HEALTH Award recognises companies which have implemented successful workplace health promotion programmes to keep employees fit and healthy. This was the third time Alexandra Health had won the Platinum Award, following wins in 2005 and 2008. Each Award comes with a tenure of four years.

Alexandra Health's success in our workplace promotion programme is built upon making KTPH a "living laboratory". We are constantly exploring new

ways to effect positive change in the public's health behaviour. The living lab concept enables us to learn from other organisations and also engage other organisations to build up healthy workplace cultures that are aligned to our 5 Pillars of Health.



Ms Hon Hui Ling (Work Life Partner), Dr Michael Wong (Senior Consultant and Head, Department of Family and Community Medicine) and Ms Lisa Choo (Senior Clinical Psychologist) receiving the Singapore HEALTH Award 2012 for Alexandra Health

Think Big, Dig Deep, Start Small, Act Fast

Health care has changed and it is essential for us to move with the times. With the continuous evolution of technology and the Internet, "knowledge" is no longer relevant. Rather than just seeking knowledge, we believe in looking for insights – and this entails looking at things broadly rather than homing in from a narrow perspective.

Similarly, a paradigm shift is taking place in health care. It is no longer sufficient for hospitals to just provide episodic, "body parts", illness care. As we live longer and become less healthy, we have to look for new ways to relieve the strain on health care resources.

Alexandra Health recognises the need to focus more on pre-illness care (to keep the person healthy and prevent him from falling sick) and post-illness care (helping the patient after illness so he does not get readmitted).

In this respect, Alexandra Health is leveraging on analytics - the process of making sense of and finding patterns in data for modelling and predictive purposes – to forecast healthcare usage patterns and patients' behaviour. Analytics has enabled us to stratify the 700,000 residents in the north into five health groups. Such segmentation will enable us to provide targeted and prioritised intervention according to risk levels.



Well / Healthy



Well / Unhealthy



Unwell / Unhealthy



Unwell / Unhealthy (Late stage)



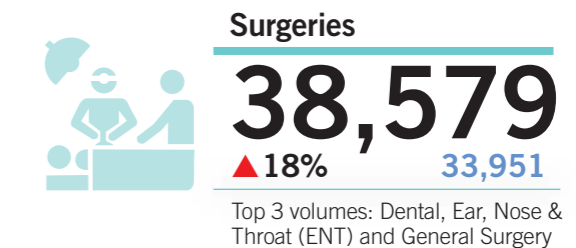
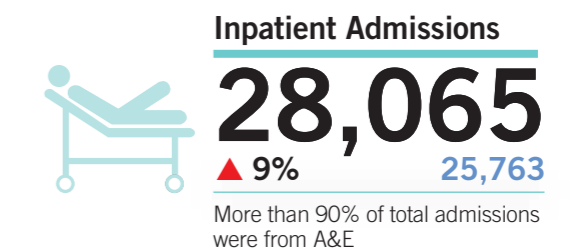
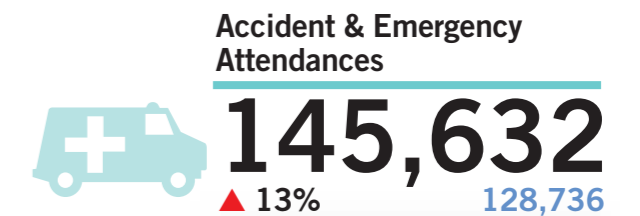
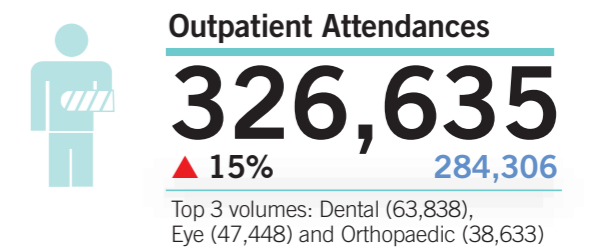
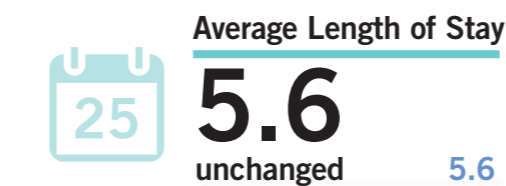
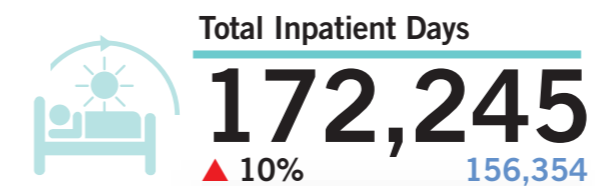
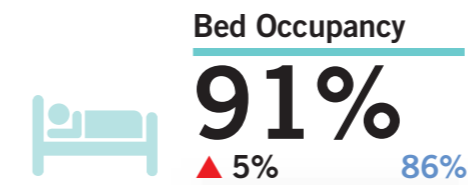
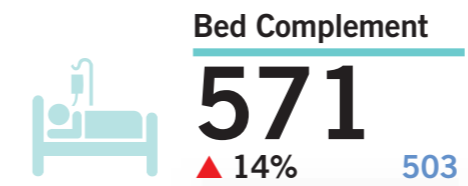
End stage

As we ramp up our post-discharge Ageing-In-Place (AIP) Programme to care for more patients at home, we are also gearing up to prototype a national population health project to keep residents healthy and out of the hospital.

With innovation in our DNA, Alexandra Health will continue to influence the health status of the population in the north by Touching Lives, Pioneering Care and Making a Difference.

OPERATIONAL HIGHLIGHTS

For the year ended 31 March 2013:



Numbers in blue denotes year ended 31 March 2012

Alexandra Health System

Alexandra Health System (Alexandra Health) is a regional healthcare system established on 1 April 2008 to take care of the 700,000 residents living in the northern part of Singapore.

Alexandra Health currently manages the 570-bed Khoo Teck Puat Hospital (KTPH) in Yishun, which opened in June 2010.

To better integrate care and serve the community in the north, Alexandra Health is building the new Yishun Community Hospital, which will be operational in end 2015. The new community hospital will add another 430 beds for sub-acute, rehabilitation, dementia and palliative care.

Alexandra Health will also manage a new medical centre in the Admiralty Integrated Development in 2016. The new medical centre will further strengthen the primary care network in the north and allow patients with chronic conditions to be managed outside an acute hospital setting.

Alexandra Health's goal is to make a difference to the population in the north, by working together with our partners and empowering the community and residents, to manage their health for life.

KTPH offers the following services:

- Acute & Emergency Care
- Anaesthesia
- Cardiology
- Dental Surgery
- Diabetes Centre
- Diagnostic Radiology
- Endocrinology
- Gastroenterology
- General Medicine
- Geriatric Medicine
- Health For Life Centre
- Internal Medicine
- Laboratory Medicine
- Obstetrics and Gynaecology
- Ophthalmology and Visual Sciences (Eye)
- Orthopaedic Surgery
- Otolaryngology (Ear, Nose, Throat)
- Psychological Medicine
- Renal Medicine
- Respiratory Medicine
- Sports Medicine
- Surgery
- Urology





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Khoo Teck Puat Hospital | Yishun Community Hospital | Medical Centre @ Admiralty Integrated Development

Touching Lives, Pioneering Care, Making a Difference