



REACHING OUT

2012 YEARBOOK

OUR MISSION

Our Mission is to achieve the best health outcomes for our patients.

To do this, we:

- Empower** clients and coordinate access to appropriate care
- Enable** stakeholders to strengthen the primary and community care sectors
- Enhance** collaboration to create a well-connected healthcare system




This AIC Yearbook highlights the work of AIC and our partners from 1 January 2012 to 31 December 2012.



The SPICE programme allows my father to be around people his age. He receives good care from a team who monitors his health and needs such as bathing and meals. I am thankful for all the “helping hands” for my family.

Mr Tahir
Son of a SPICE client

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Message from

DR JENNIFER LEE

Chairman

When Health Minister Gan Kim Yong announced the government's plan to invest \$500 million to build 10 new nursing homes, 39 Senior Care Centres and 56 Senior Activity Centres by 2016, it was welcome news for our seniors and community care partners. We know that the new capacity will be needed as Singapore's population ages. More importantly, it means that more seniors will be able to age at home and in the communities with which they are familiar, and remain near to their loved ones.

The government's commitment represents a wonderful start to make 'the home' the preferred choice of care for our seniors. Beyond the hardware, AIC works closely with the Ministry of Health (MOH) and community care service providers to develop and improve our care models and services to make ageing-in-place a reality. Indeed, this requires a concerted effort from government agencies, care providers and professionals, volunteers, the community, and of course AIC staff, whose role is to support long-lasting partnerships to integrate care.

Over the past year, AIC has been actively reaching out to our partners. I am greatly encouraged by the strong positive response from our community care providers. For the Board and Management of Bright Hill Evergreen Home, Singapore Christian Home, and Villa Francis Home for the Aged, 2012 will be remembered for the intense preparations to move into new and larger premises and to improve the model of nursing home care. I am pleased that the three nursing homes will be operational as scheduled in 2013, providing much needed capacity and support for our seniors and their families. Besides the three new nursing homes, other community service providers have also expanded and enhanced their services to reach out to more seniors, such as the new centre for Singapore Programme for Integrated Care for the Elderly (SPICE) at Ling Kwang Home for Senior Citizens, Yong-En Care Centre, and mental health services provided by O'Joy Care Services and Clarity Singapore. Altogether in 2012, AIC and our partners created more than 2,000 community healthcare places to support our seniors in the community.

AIC also spent 2012 reaching out to and learning from our community partners, grassroots organisations and volunteers, who contribute their time, insight and networks to serve as key touch points for elderly residents and their caregivers. From informing the public of the benefit of the Community Health Assist Scheme (CHAS) to securing mobility aids for our seniors through the Senior's Mobility Fund (SMF), they have supported AIC generously to reach out to more than 250,000 elderly and their caregivers in more than 50 constituencies, and equipped them with information on and access to aged care services. We value our community partnerships immensely for it is only with their support that AIC's schemes and initiatives have

expanded and reached out to those in need.

AIC is also grateful to grant-making organisations like Temasek Cares and the Singapore Totalisator Board, which have responded to the government's call for a partnership approach to build up the aged care ecosystem. Your generous support has enabled more students and staff in the Community Care sector to improve their skills and knowledge to fulfil their aspirations to serve, and introduced new programmes to provide even more innovative care options for our seniors.

I would also like to take this opportunity to welcome three new members to AIC's Board: Ms Theresa Goh, Managing Partner of ThreeSixty Partnership; Ms Maznah Masop, Chief Executive Officer of Persatuan Pemudi Islam Singapura (PPIS); and Professor Glenn Steele, President and Chief Executive Officer of Geisinger Health Systems in the United States. Their extensive experience and varied expertise will sharpen AIC's ability to continually improve and expand our service offerings. I would also like to recognise the wonderful support AIC received in its formative years from Mr Laurence Lien, Ms Indranee Rajah and Dr Tham Tat Yean, who served on the inaugural AIC Board, and who stepped down as Board members in 2012.

Last, and definitely not least, I would like to thank all our AIC employees for your hard work, dedication and zest. The work to make ageing-in-place a reality will be a long but extremely satisfying journey. I thank each and every one of you and look forward to your continued partnership to make a difference to our aged care ecosystem and to the lives of our seniors.



Message from

DR JASON CHEAH

Chief Executive Officer

I am proud that 2012 was yet another wonderful year of partnership between AIC and the Community Care sector. During 2012, AIC and the sector worked immensely hard to meet the challenges and needs of our ageing population through ramping up capacity, capabilities, quality and integrating their services to help our seniors age gracefully in the community and close to their loved ones.

2012 saw many more new community care programmes and services being rolled out. With new nursing home services coming on stream in 2013, expanded and enhanced day centre services across Singapore, new and expanded home care services, and an integrated community mental health service partnership in the northern and central regions, our community care services are becoming more comprehensive and accessible to our seniors and caregivers.

Raising its capabilities and productivity has been another key highlight for the Community Care sector. In 2012, the

Ministry of Health and AIC introduced the ILTC-Upgrading Programme (ILTC-UP), a new scholarship programme to support in-service healthcare professionals to pursue a degree in the nursing or allied-health disciplines. I am humbled by the many inspiring stories of passion and dedication of staff in the Community Care sector and their zeal to improve their knowledge and skills to improve care. I would like to congratulate the inaugural group of ILTC-UP recipients and wish you all the best in your studies and many more years of heartfelt service to our seniors.

The Healthcare Productivity Fund (HPF), launched in 2012, will complement the Tote Board Community Healthcare Fund (TBCHF) to support innovative projects for productivity and capability improvement. Already, the TBCHF has helped to initiate more than 100 projects in the healthcare sector where new services have been piloted, introduced and enhanced over the past few years. With the HPF and the TBCHF working in tandem, AIC is committed to working with our partners to further raise the capabilities of the Community Care sector.

After the inaugural Intermediate and Long-Term Care (ILTC) Quality Festival in 2011, I was encouraged to see even more service providers showcasing their innovative Quality Improvement (QI) projects at the second ILTC Quality Festival in 2012. In fact, more than 60 QI projects were submitted for the first ever scientific poster competition held in conjunction with the Quality Festival. In this yearbook, you will read about one of the many impressive projects that were presented. Initiated by Ang Mo Kio-Thye Hua Kwan Hospital, the care team from the hospital came together to streamline their work and documentation processes, which allowed them to spend more quality time to support patients and their

families. Such QI projects, initiated from the ground, can help many partners in the Community Care sector to raise their productivity and more importantly, provide better care outcomes for clients.

Apart from new services and capabilities, AIC is also proud to be a partner in the Temasek Cares-iCommunity@North programme, a community mental healthcare partnership which brings together Khoo Teck Puat Hospital, Thye Hua Kwan Moral Charities, O'Joy Care Services and AIC to provide holistic and integrated mental healthcare for residents living in Singapore's northern region. This programme is unique as it brings together the different healthcare providers and social care partners and focuses on the needs of the person. With more community services developing, I am sure there will be many more such partnerships to integrate the care around the client.

The Community Care sector has never experienced such an exciting phase of development. For this, AIC has to thank each and every partner for working tirelessly to improve the sector and the care that we provide to our clients. With plans to further integrate the aged care functions of the former Centre for Enabled Living and AIC, we would be able to look forward to more seamless and holistic care for our seniors. AIC is committed to work with our partners to develop and grow the Community Care sector and we look forward to many more years of great partnership.

I would also like to thank my colleagues in AIC and it has been my privilege working with the dynamic team. Your passion for the sector and the clients we serve has left a deep and positive impression on me and Community Care partners. Let's make AIC an excellent organisation and Singapore a great place to age in.

A GLIMPSE INTO 2012



- Appointed administrator of Community Health Assist Scheme (CHAS).
- Collaborated with O'Joy Care Services to pilot the Community Mental Health Intervention Team (COMIT) in the northern region of Singapore.

- Roll-out of the CHAS Marketing Campaign to reach out to more Singaporeans eligible for CHAS.



- Launch of ILTC-Upgrading Programme (ILTC-UP) for 10 awardees to pursue degree courses in nursing and allied health disciplines.
- More than 90 healthcare professionals received the Healthcare Manpower Development Programme – ILTC award.

- More than 270,000 Singaporeans signed up for CHAS.
- Community Care partners can now tap on the Healthcare Productivity Fund – ILTC to raise their organisations' productivity.
- Transitional Convalescent Facilities are rolled-out to help clients improve their mobility and independence before they return home.
- More than 9,000 training places provided since the inception of AIC Learning Institute.

AIC turned three years old!

January 2012

February

March

June

July

August

October

November

December



- Collaborated with Thye Hua Kwan Moral Charities to pilot the Community Resource, Engagement and Support Team (CREST).
- Second ILTC Night attended by close to 900 staff from the ILTC sector.



- Inaugural ILTC Nutrition Movement and launch of "Cooking For Health" cookbook.
- Launch of CarersSG, a Facebook community page which reaches out to more than 3,000 caregivers.



- More than 50 residents in Tanjong Pagar-Tiong Bahru benefitted from Project :D (Project Smile), a project to help the lower-income elderly receive dental treatment.
- Launch of Temasek Cares – iCommunity@ North, a partnership between Khoo Teck Puat Hospital, Thye Hua Kwan Moral Charities, O'Joy Care Services and AIC.

- Prime Minister Lee Hsien Loong presented mobility aids to Senior's Mobility Fund beneficiaries from Teck Ghee constituency.
- Launch of Mobile Eldercare Locator (MEL) by Minister for Health Mr Gan Kim Yong. MEL is a smartphone app to help clients and caregivers source for healthcare and social care information.

- The first CHAS Health Carnival reached out to over 700 residents in Chua Chu Kang.
- Healthcare professionals from 50 ILTC organisations attended the second ILTC Quality Festival.



REACHING OUT TO OUR COMMUNITY

To achieve the best health outcomes for our clients, the elderly and the caregivers must first know and understand the care options available.

That is why AIC works closely with stakeholders and community partners to reach out to and empower the public with the right information.



AGEING

GRACEFULLY IN THE COMMUNITY

Ramping up community mental health services

Together with our partners, we strive to create a “client-driven” care model that will be convenient and accessible to all. One such example is for persons with mental health conditions. They can now benefit from specialised care services and community-based mental health support services such as diagnosis, counselling, and referral for treatment, while still remaining in the community with their loved ones.

Already, these Community Mental Health programmes have benefitted more than 500 seniors and adults living in the north, central and eastern regions of Singapore. Some 4,500 people have also attended talks on mental health through regular community outreach events.



A counsellor from O'Joy Care Services (R) visits Madam Umi (C) and advises her on how to take care of her father, Mr Ahmad Salleh (L) and which boosts her caregiving confidence.

Community Mental Health Programmes

ASCAT

Assessment and Shared Care Team (ASCAT), is a multi-disciplinary, physician-led care team who provides treatment and care to persons with mental health conditions in the community. ASCAT can be based in a polyclinic or at a clinic delivering mental health services. Persons with mental health conditions and discharged from a Specialist Outpatient Clinic can visit these avenues to receive treatment and care to ensure their mental health conditions do not escalate to a crisis.

COMIT

The Community Intervention Team (COMIT) provides counselling therapy and care coordination services for persons with mental health conditions and their caregivers. It also works with them to develop a care plan based on their needs and offers a holistic service to improve the clients' and caregivers' quality of life through equipping them with information to better manage their mental health condition and to support the clients' re-integration into the community.

CREST

The Community Resource, Engagement & Support Team (CREST) serves as a community safety network for persons with depression and dementia, and supports caregivers in caring for their loved ones. Working with the Ministry of Social and Family Development (MSF), CREST is set up in the community to increase the residents' awareness on mental health, help to spot elderly with early signs of dementia or other mental health conditions and link them to appropriate services for care intervention – for example, COMIT.

Temasek Cares – iCommunity@North

The Temasek Cares – iCommunity@North is a community-based mental healthcare partnership for residents staying in Singapore's northern region. It is a multi-layered network

offering holistic, integrated and seamless flow of mental health care services for persons with dementia through teams like CREST, COMIT and other partners.

THE TEMASEK CARES – iCOMMUNITY@NORTH
MARKS THE FIRST PARTNERSHIP BETWEEN
KHOO TECK PUAT HOSPITAL,
THYE HUA KWAN MORAL CHARITIES,
O'JOY CARE SERVICES
AND AIC.

MORE THAN
250 CLIENTS
HAVE BENEFITTED FROM
TEMASEK CARES –
iCOMMUNITY@NORTH

Home-based initiatives

ACTION

The Aged Care Transition (ACTION) team aids the elderly, recently discharged from hospital, to find appropriate care services close to home based on their care needs and also helps them to reintegrate into their community. Such support and attention have brought immense happiness and contentment to the elderly who prefer to stay close to their loved ones.

Since 2008, more than 30,000 clients have benefitted from our ACTION teams.

90% OF ACTION CLIENTS
{ HAVE EXPRESSED SATISFACTION WITH THE SERVICE }

CCMS

If more time is needed by clients under the ACTION programme to recover, they can turn to the Community Case Management Service (CCMS). This team of Case Managers helps to monitor the health of the clients and ensure they take their medication, coordinate their referrals and clinical appointments, and source for financial assistance when needed.

This community-based service enables clients to age comfortably in familiar surroundings for as long as possible.

HOME

Clients with terminal illnesses such as heart, lung or kidney failure are also able to age comfortably at home, thanks to the HOlistic care for MEdically Advanced patients (HOME) Programme. The HOME Programme comprises end-of-life medical and nursing services and psychosocial support for clients and their caregivers through a team of doctors, nurses and counsellors who make regular visits and are on call round the clock.

Through the HOME programme clients are well cared for and are able to live in dignity and in a setting of their choice until they pass on.

MORE THAN 37,000 CLIENTS
{ HAVE BENEFITTED FROM HOME-BASED INITIATIVES }

Centre-based initiatives

TCF

The Transitional Convalescent Facility (TCF) is housed in selected nursing homes and provides medical, therapy, nursing and social support for clients recently discharged from hospital and who require continual rehabilitation services. For up to 12 weeks, TCF focuses on helping clients improve their physical mobility, regain independence and return to the community.

After falling in the toilet, 61-year old Yahya Bin Md Yasan suffered a knee injury and leg fracture, and needed the help of at least four people, to move from place to place.

Enrolling in TCF, Mr Yahya underwent daily rehabilitation at the Villa Francis Home. Through rehab, his condition improved significantly and he began standing unassisted. Today, Mr Yahya can move from one point to another with the help of just one person.



A TCF therapist (R) works closely with Mr Yahya to improve his balance and mobility using a walker. He is expected to return home soon.

SPICE

The Singapore Programme for Integrated Care for the Elderly (SPICE) caters to the care needs of nursing home eligible clients in a Day Facility near their homes, thus allowing them to remain with their loved ones. Caregivers of these clients also enjoy peace of mind knowing that their loved ones are attended to while they are at work.

Three SPICE centres have been set up and more than 100 elderly clients have benefitted from this programme.

SUPPORTING

OUR ELDERLY

Schemes and programmes

SMF

Since its launch in April 2011, the Senior's Mobility Fund (SMF) has benefitted over 1,300 elderly with mobility aids. Elderly attending a Day Rehabilitation Centre and undergoing active rehabilitation can also receive a transport subsidy under SMF. Mr Tan Chong Hor is one of the 246 beneficiaries of the SMF transport subsidy.

SMF, A Significant Subsidy

Mr Tan Chong Hor suffered a stroke and needed a caregiver to assist him in his day to day activities, for example, showering. He was referred to the St Andrew's Community Hospital Day Rehabilitation Centre where he attended two rehab sessions a week and was required to spend \$30 on transport. But Mr Tan paid only \$9, with the help of the SMF transport subsidy. This was a significant relief for Mr Tan and his family, and he looks forward to his rehab and recovery.

ACP



The Advance Care Planning (ACP) programme equips healthcare professionals with skills to enter in ACP discussions with their clients. ACP helps clients to think through and document their preferences for care when they are still able to, so that their families and loved ones can cater to the care preferences in a medical crisis.

Trained ACP facilitators include doctors, nurses, medical social workers and other allied health professionals.

MORE THAN
470 ACP

FACILITATORS HAVE
BEEN TRAINED.

“ It has been a long time since I’ve had chapati. I’m so happy to be able to eat it again! ”

Madam Letchimi

CHAS

While the SMF helps keep our elderly mobile within the community, the Community Health Assist Scheme (CHAS) makes primary healthcare affordable for middle and low income Singaporeans who are 40-years old and above, by subsidising their medical or dental charges when they visit a General Practitioner (GP) or dental clinic.



Happiness is a New Set of Dentures for Madam Letchimi

Retired school attendant Madam Letchimi was unable to eat solid food for many years because she had lost all her teeth and was unable to afford a set of dentures. Tapping on CHAS, Madam Letchimi was able to visit the dentist to get her set of dentures at a lower cost.

Today, Madam Letchimi can happily tuck into her favourite food like fish curry and chapati.

CHAS achieved a record of more than 270,000 sign-ups by eligible Singaporeans, thanks in part to the buzz generated by a CHAS publicity campaign featuring MediaCorp artiste, Chen Li Ping, and the involvement of the grassroots in reaching out to the community.

Integrating healthcare and social care

AIC partnered the former Centre for Enabled Living (CEL) to provide healthcare and social care information through various mediums and outreach platforms.

This joint effort ensures that the public is empowered with the necessary health and social care information.

Below are some of the outreach platforms we created in 2012.

Outreach Platforms

Mobile Eldercare Locator

The Mobile Eldercare Locator (MEL) helps clients and caregivers source for information on healthcare and social care. It provides directions to eldercare facilities, searches for amenities near the service providers, and even helps to make calls for taxis to bring you to your selected service provider.



Launched in December 2012, the mobile application has been downloaded more than 2,500 times.

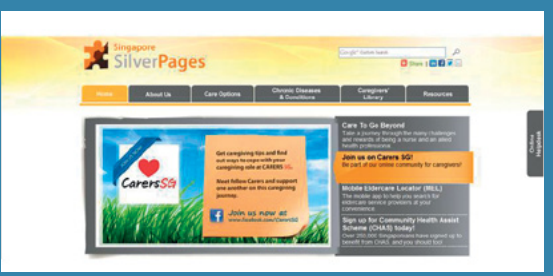
You can download MEL directly from your mobile device, go to iTunes App Store or go to GooglePlay.

Caregiver information booklets

To help caregivers understand their role and reduce their stress, AIC worked closely with CEL to produce a series of information booklets. The booklets include tips to avoid burnout or ways to make homes safer for loved ones.

The booklets can be found at eldercare infocorners and can be downloaded from www.aic.sg, under Resources and Publications.

Singapore Silver Pages



Once a portal on Intermediate and Long-Term Care information, the Singapore Silver Pages (www.silverpages.sg) has been expanded to include social care information including befriending services and Day Care Centre (Social) facilities.

With the integration, the public is now able to search for the right services be it healthcare or social care services to meet their needs.

Tips for caregivers

Make time for yourself. It is not selfish to set aside space and time for yourself. Without this 'alone' time for you to recharge, your caregiving journey may be harder than it has to be.



Community Engagement

Community Engagement

AIC's Community Engagement team, with grassroots and community partners, is reaching out to the community with eldercare information through 17 infocorners at various community centres and touch points.

Each infocorner carries an array of brochures and booklets about AIC's programmes, caregiver information and Intermediate and Long-Term Care services.

Apart from informing the public about their eldercare options, the Community Engagement team has worked with the grassroots to reach out to address the eldercare needs of the community.

REACHED OUT TO { MORE THAN 50 } CONSTITUENCIES.

The Community Engagement team reaching out to the community.



Facebook CarersSG

Launched in March 2012, the Facebook page, CarersSG (www.facebook.com/CarersSG) provides a platform for caregivers to share their experiences and pick up helpful caregiving tips. Competitions were held to engage the

caregivers. One of the competitions invited caregivers to share their experiences as a caregiver and what caregiving meant to them. Here is the winning entry:

Happy Moments by Cecilia Tang

This photo of my Dad and I was taken at home during Chinese New Year. For me, this is a special photo because we rarely take photos together as he was always busy with work when I was young. Now I treasure every moment spent with him.

My Dad was the breadwinner of the family when we were young, and he would always buy us our favourite snacks and tell us jokes every night. He is also a good adviser and listens to our problems at work.

Now that he is old, I will prepare breakfast for him before I leave for work, and ensure he takes his medication on time. I will also massage his legs every night before he heads to bed and check on him during office hours. My weekends are usually spent chatting with him about current affairs.

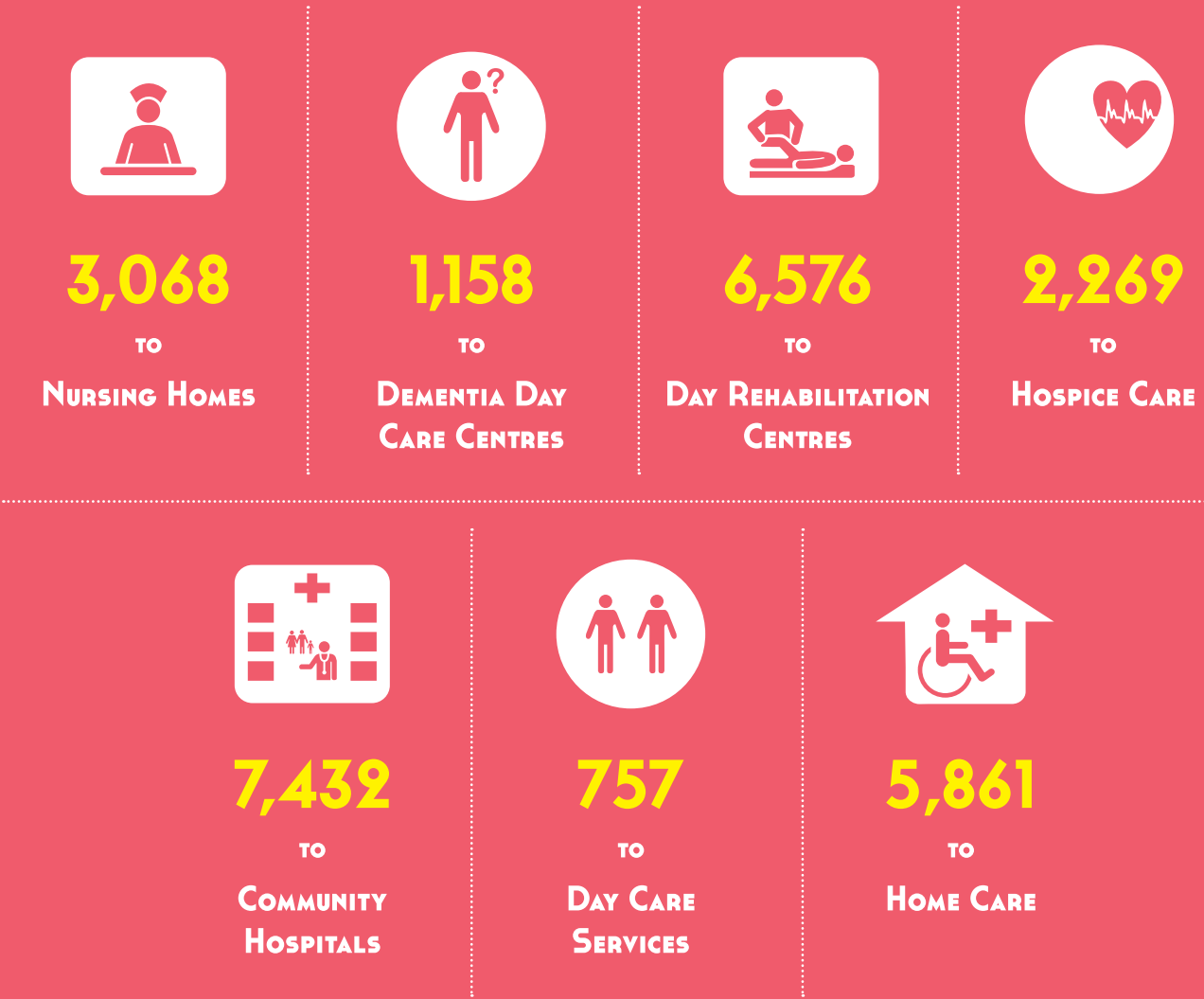
As a caregiver, I feel it is important to be a good listener and be willing to sacrifice your time to be with them as they can be lonely. We should bring them out as they may not be as mobile, and this can be a form of exercise for them.



Cecilia Tang (R) and her father during Chinese New Year.

Referring clients to the right care

In 2012, we saw greater alignment of social care and healthcare referrals between AIC and CEL. This close collaboration has helped clients to navigate within and between the social and healthcare continuum, and set the stage for seamless transition of care and referrals to the right care setting.





REACHING OUT TO OUR STAKEHOLDERS

To achieve the best health outcomes for our clients, AIC works closely with our stakeholders and partners to raise people and organisational excellence of the Primary, Intermediate and Long-Term Care, and Community Mental Health sectors.

More than 9,000 training places provided to healthcare professionals by AIC Learning Institute

40 Community care partners have benefitted from the Community Silver Trust

More than 220 healthcare professionals received the HMDP-ILTC Award since 2010

30 nursing homes pledge their commitment to the ILTC Nutrition Movement

PEOPLE

EXCELLENCE

AIC Learning Institute

Since February 2010, the AIC Learning Institute (AIC LI) has promoted lifelong learning for Intermediate and Long-Term Care professionals by organising courses and skills training including nursing, leadership and management, and quality improvement.

In 2012, the AIC LI provided more than 4,000 training places for healthcare professionals in the Community Care sector, an increase of 13.5% as compared with the previous year. Since its inception, AIC LI has provided more than 9,000 training places.

The type of training places provided include:

- Quality improvement and patient safety
- Mental health
- Allied health
- Nutrition
- Leadership and management
- Nursing

Healthcare professionals attending various courses organised by the AIC Learning Institute, to enhance their skills.



Awards

AIC provides skills upgrading opportunities through various scholarship programmes. The Healthcare Manpower Development Programme – Intermediate and Long-Term Care (HMDP-ILTC) encourages healthcare professionals to pick up advanced skills through a postgraduate degree or graduate diploma and attachments.

The Temasek Cares – Study Award helps students pursuing a Diploma in Nursing or Allied Health Profession. The ILTC-Upgrading Programme (ILTC-UP) offers healthcare professionals in the sector an opportunity to pursue a Degree in Nursing or Allied Health disciplines.



Senior Staff Nurse, Ms Suhani, providing care for Ang Mo Kio – Thye Hua Kwan Hospital's inpatient, Ms Loh Lee Eng.

Senior Staff Nurse Ms Suhani is a beneficiary of ILTC-UP...

After 20 years as a nurse, Ms Suhani, who postponed her desire to further her studies because of work and family commitments, decided to return to school under the ILTC-UP. She now attends Curtin University for her Bachelor of Science (Nursing) Conversion Programme for Registered Nurses.

With her new knowledge, Suhani is now better equipped to provide even better care for her patients and serve as a mentor to her younger colleagues.



Leadership development

Learning never ends even for leaders from the Community Care sector.

Intermediate and Long-Term Care leaders attended the second run of the annual INSIGHT Leadership Programme for deeper insights on their leadership styles, and the opportunity to acquire skills, tools and frameworks for high performing organisations. One of the sessions saw the leaders learning to conduct an orchestra and understanding the importance of managing people, systems and processes in the organisation.

The quarterly ILTC CEO Learning Forum, comprising talks by industry experts about leadership and management development or ways to enhance quality of care, are also good platforms for healthcare leaders to network and share best practices. The Forums consisted of sharings by foreign delegates and Permanent Secretary from the Ministry of Health (MOH), Mrs Tan Ching Yee. They also visited Changi Airport Group to learn best practices.

ORGANISATIONAL
— EXCELLENCE —

Quality Improvement

The second Intermediate and Long-Term Care (ILTC) Quality Festival was organised in November 2012 to promote patient safety and quality improvement in the Community Care sector. Attended by 350 participants from 50 organisations, the theme for the festival was “Quality: Sparking a Culture of Change”.

International and local speakers from the sector shared their experiences and learning points on Quality Improvement projects they had embarked on. Topics included falls prevention, infection control, and clinical governance.

And for the first time, a scientific poster competition showcasing a range of quality improvement projects and initiatives with focus on patient safety, leadership and governance, and integrating care was held. A total of 57 entries from 15 organisations were received.



Parliamentary Secretary (Health), A/Professor Muhammad Faishal Ibrahim giving a speech at the second ILTC Quality Festival.

Streamlining Patient Referral and Documentation Process

Ang Mo Kio - Thye Hua Kwan Hospital (AMK - THKH) streamlined its patient referral and documentation processes to achieve time saving for the dietitians and ward staff as part of its quality improvement efforts. They identified this need after realising that their dietitians spent an average of one hour per new referral, filling up different forms per patient. And with a surge in patient referrals, their efficiency to manage the increased patient load had to be raised.


By creating one simplified form used by the dietitian and ward staff, instead of a few forms per patient, the hospital has been able to save up to more than 12 hours a month and reduce the amount of paper it uses. The amount of time saved allows the dietitians to attend to an additional 10 patients each month.

AMK - THKH presented this QI project as a poster at the ILTC Quality Festival 2012.

CEO of AIC, Dr Jason Cheah, presenting AMK - THKH with an award for their poster (above).

Achieving Time Saving For Dietitians And Ward Staff With Streamlined Patient Referral And Documentation Process

HM So¹, TC Lau², CE Png³
^{1,2} Dietetics Services, Ang Mo Kio - Thye Hua Kwan Hospital
³ Allied Health Services, Ang Mo Kio - Thye Hua Kwan Hospital



Introduction
Dietitians spend an average of one hour seeing each new referral, from assessment to documentation. With a surge of patient referrals in recent months, there's a need for dietitians to review and enhance their efficiency to manage their increased patient load.

Aim
To streamline current process to enhance efficiency and achieve time saving for dietitians.

Methods
We mapped out the workflow for dietitians and identified processes that can be streamlined to save time. These include referral, documentation and filing processes. A new referral file that can be used for multiple referrals in one form is used to replace the current practice of one form per patient. The new process is communicated to nurses and ward clerks. A patient summary list is used to replace photocopied patient assessment forms.

Figure 1: Inpatient Referral Workflow

Ward clerks print and file dietitian referral forms in all new admission case notes. Ward clerks also print and top up dietitian referral checklist file.

If a patient is referred to dietitian, the nurses fill in 1) referral form 2) referral checklist

Dietitians check referral checklist file for new cases and take referral forms.

Dietitians assess patient using initial assessment forms and document intervention in case notes.

Dietitians make copy of initial assessment forms to keep for future reference. The original assessment forms will be filed together with referral forms in the case notes.

Dietitians check and update assessment date and time in referral checklist and file upon completion of intervention.

After patient's discharge, a copy of the initial assessment form will be filed accordingly.

*Steps highlighted in pink represent steps that are identified for further streamlining


Results
With an average of 110 new referrals a month, time saving for ward clerks is 3 hours 22 minutes; nurses is 1 hour 50 minutes, and 7 hours 20 minutes for dietitians. This is achieved by less photocopying, documentation and filing of assessment forms.

Table 1: Administrative duties performed and time cost (per patient)

	Before	After	Time Saved
Ward Clerk	1. Print referral forms (one form per patient). 2. Put referral forms into every case file. 3. Print checklist for referral file. Total: 2 minutes	Print referral form checked in one form (one form for 14 patients). Total: 15 seconds	1 min 50 seconds ~ 3 hours 22 minutes (per month)*
Nurses	1. Fill in referral forms (one form per patient). 2. Fill in referral checklist. Total: 1 minute 30 seconds	Fill in referral checklist. Total: 30 seconds	1 min ~ 1 hour 50 minutes (per month)*
Dietitians	1. Make photocopy of assessment form. 2. Fill in reply to referral form. 3. Check and sign in referral checklist. 4. Filing of assessment form. Total: 5 minutes	1. Upload patient details in summary list. 2. Check and sign referral checklist. Total: 1 minute	4 mins ~ 7 hours 20 minutes (per month)*
Grand Total	8 minutes 30 seconds	1 minute 40 seconds	5 minutes 50 seconds

Taking into account average number of patients seen per month is 110 patients.

Figure 2: Reduced paper usage with simplified forms.



Discussion / Conclusion
Wastage of resources can be reduced by streamlining the existing work processes. This project has achieved reduction in operation cost (reduced paper, storage space used) and time saving. The patient summary list provides better overview of patient management, which simplifies the care planning process by dietitians. Nurses and ward clerks indirectly benefitted from this project as their work processes were streamlined as well. This greatly improved staff morale and efficiency.

Project Impact
With approximately 7 hours saved, dietitians could spend more time in direct patient care, which translates into an additional 10 patients per month receiving timely dietetic intervention.

Sustainability
Reduction of overall amount of work spent on administrative duties is done without compromising patient care, or other work processes, and is sustainable in the long term.



Nutrition Movement

The ILTC Nutrition Movement started in 2011 to improve nutrition quality and food service for the elderly in nursing homes. Fifteen ILTC organisations enrolled their cooks for the Culinary Skills Training course conducted by Celebrity Chef Eric Teo. Through the training, the cooks learnt about the nutritional value of foods and gained new food preparation and service skills. A project to encourage regular screening to identify residents at risk of under nutrition and swallowing difficulties was also piloted at three nursing homes with good outcomes.

An ILTC Nutrition Month celebration was held on 28 March 2012, during which the nursing home cooks showcased their new skills. "Cooking for Health", a cookbook containing a collection of delicious and nutritious recipes, was also launched. The cookbook was specially developed for the elderly and was distributed to all nursing homes.

At the celebration, 30 nursing home representatives pledged their commitment to the ILTC Nutrition Movement to provide quality care and good food for nursing home residents.

“ Many people think that nutritious food is tasteless. The Culinary Skills Training Course conducted under the Nutrition Movement has taught me to prepare nutritious yet tasty food for my nursing home residents. ”

Sambugavally d/o Robert
Resident Cook, Sree Narayana Mission Home for the Aged Sick



Improving productivity

Raising the productivity of the Community Care sector can lead to many positive outcomes: a higher quality of care for patients is reached; employees will learn new skills and work better with improved processes; and organisations can save cost and man hours. To encourage the sector to think of new and innovative ways to raise productivity, MOH and AIC introduced the \$110 million Healthcare Productivity Fund – Intermediate and Long-Term Care (HPF – ILTC).

This sector can tap on this Fund to kick-start productivity initiatives in four areas: shared services; job and process redesign; use of

technology; and manpower development. This Fund also supports the ILTC-Upgrading Programme and the Community Health Improvement & Productivity Scheme (CHIPS).

CHIPS spurs care institutions to make more effective use of manpower and resources to improve their workflow processes or to leverage on technology.

These efforts will result in greater productivity and most importantly, achieve good outcomes for patients.

Tote Board Community Healthcare Fund

The Tote Board Community Healthcare Fund (TBCHF) promotes innovative solutions to improve the quality of care among stakeholders in the Community Care sector. It enables partners to offer better care through increased capacities and capabilities.

Delivering medication efficiently

Taking medication is a daily necessity for elderly clients in nursing homes, but the process of manually dividing and preparing medications in the right portions takes up time and effort.

Tapping on the Tote Board Community Healthcare Fund (TBCHF), Changi General Hospital (CGH) started a specialised packaging service which uses a machine to accurately and efficiently administer the medication. CGH delivers the machine-



packed medication to the nursing homes, thus reducing the time and effort needed by nursing home staff to prepare the medication.

Community Silver Trust

The Community Silver Trust (CST), a dollar-for-dollar matching grant for donations made to Voluntary Welfare Organisations (VWOs), enhances the capabilities of Intermediate and Long-Term Care organisations and supports them in expanding capacity.

Supporting patients with kidney failure

As more patients with kidney failure seek home support for dialysis, the National Kidney Foundation (NKF) saw the need to promote Peritoneal Dialysis (PD), a form of dialysis which can be carried out at the patient's own home.

Tapping on the Community Silver Trust, NKF received a matching grant of \$4.6 million of which \$1 million was used to start a PD Community Support Programme. This allows experienced nurses to visit patients to monitor whether the right PD is implemented and to provide advice and care, if need be. The visits also allow for early identification of PD-related problems and timely interventions, if necessary.

As of December 2012, 1,109 visits have been conducted and 390 patients have benefitted from NKF's new programme.

AS OF
DECEMBER 2012,
MORE THAN

40 VWOs
HAVE BENEFITTED FROM THE CST
AND MORE THAN
\$38,000,000
HAS BEEN DISBURSED



The Community Silver Trust has helped the National Kidney Foundation to attend to more patients in need of dialysis at home.

Bringing more home care options to our seniors

Home care has received growing interest as a good care option for seniors who prefer to age in place. Backed by government funding and support, the home care service providers have been rolling out more services. Existing providers including St Andrews' Community Hospital, Home Nursing Foundation, TOUCH Home Care and Thye Hua Kwan Moral Charities

have put in much effort to ramp up their capacity and services, while new players such as Yong-En Care Centre have tapped on the Tote Board Community Healthcare Fund to kick-start its services for elderly living in the Chinatown area. In 2012, more than 3,600 clients received home care services ranging from home medical, home nursing to therapy sessions.



REACHING OUT TO OUR PEOPLE

The foundation of AIC's work lies in the passion and dedication of our people. That is why we encourage a learning environment where colleagues can develop their skills for self-growth. We also believe it is important to continually engage our colleagues through various activities to build a strong Team AIC!

AIC employees
attained an average
of 53.9 training hours

A STRONGER AIC

Learning and Development

AIC Learning Management System was created to help AIC employees better understand their learning needs and to facilitate their development in the organisation. With this system, employees can find out about training courses available, and monitor their own professional learning and to ensure they are on the right path for their career development.

“ Learning is key to developing our potential. With the Learning Management System, I am able to efficiently manage my learning needs, attend the relevant courses, and most importantly, harvest new knowledge to better serve my clients. ”

Eunice Nah

Senior Executive,
Regional Engagement and Integration Teams



IN 2012,
AIC EMPLOYEES ATTAINED

AN AVERAGE OF
53.9
TRAINING HOURS

Education Opportunities

At AIC, we focus on talent development and capability building of our people. We encourage employees to continuously upgrade themselves and provide sponsorship opportunities for their further studies or to attend courses locally or overseas. Through these studies, they are able to gain new knowledge and create new and innovative ways to provide the best care outcomes for our clients.

“ I am encouraged to know that AIC recognises my potential and has awarded me a sponsorship to pursue my degree in psychology. I am confident that the newfound knowledge I have gained during my degree will enable me to help more patients and their families. I will be better equipped with skills to understand patients' problems, contribute ideas to their care plans and help ease their burden. ”

Prabha D/O Appalasamy

Client Relations Associate,
Corporate and Marketing Communications



Prabha (3rd from left) with her university classmates.



Andy Seet, Director (2nd from left) at Harvard with his coursemates.

AN ENGAGED WORKFORCE

To keep our people engaged, we constantly involve our employees in AIC-wide activities.

ClubZ

At AIC, it is not "All work and no play", thanks to ClubZ. This social and recreational committee is made up of AIC employees who organise regular recreational activities for all colleagues to make AIC a fun, healthy and vibrant workplace. In 2012, some of the activities organised included movie screenings, art and craft workshops, weekly exercises, bowling sessions and regular food and clothing bazaars.

The many ClubZ activities have kept AIC a fun and vibrant workplace.



Corporate Social Responsibility

Doing their part for society and the environment, some employees came together to form the first AIC Corporate Social Responsibility (CSR) Committee. The committee looks into two aspects, "Charity Drives" and "Go Green".

Charity Drives organises activities that help the elderly and children in need. The team regularly visits and cleans the homes of the elderly. They also organise fun-filled outings for less fortunate

children. To raise funds for those in need, the committee organised a bake sale in August 2012. The sale raised more than \$6,000 which went to the Community Chest.

Go Green educates AIC employees to care for the environment. These include encouraging employees to bring their own mug instead of using plastic bottles and disposable cups, and turning off the lights during lunchtime to conserve electricity.

The CSR committee organised a range of activities such as cleaning the homes of the elderly and organising a bake sale to raise funds for charity.



WE WOULD LIKE TO THANK THE FOLLOWING STAKEHOLDERS AND PARTNERS FOR THEIR CONTRIBUTION TOWARDS STRENGTHENING THE PRIMARY AND COMMUNITY CARE SECTORS.

ADVANCE CARE PLANNING STEERING COMMITTEE

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Associate Professor Pang Weng Sun
Chairman, Medical Board (Clinical Affairs), Yishun Community Hospital
Vice Dean, Lee Kong Chian School of Medicine

VICE-CHAIRPERSON
Dr Angel Lee
Medical Director, Dover Park Hospice
Senior Consultant, Department of Palliative Medicine, Tan Tock Seng Hospital

MEMBERS
Associate Professor Chin Jing Jih
Senior Consultant, Divisional Chairman, Integrative and Community Care, Tan Tock Seng Hospital

Dr Christopher Lien
Senior Consultant, Department of Geriatric Medicine
Director, Community Geriatrics, Changi General Hospital

Associate Professor Cynthia Goh
Senior Consultant, Department of Palliative Medicine, National Cancer Centre Singapore

Dr Dennis Seow
Consultant
Department of Geriatric Medicine
Singapore General Hospital

Dr Hong Wei Wei
Assistant Director, Hospital Services Division, Ministry of Health

Dr Jeremy Lim
Principal Consultant, Insights Health Associates

MEMBERS (CONT'D)
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Dr Noreen Chan
Director (Education), Lien Centre for Palliative Care, Duke-NUS Graduate Medical School
Senior Consultant, Department of Haematology-Oncology, NCIS, National University Hospital

Dr Norhisham Bin Main
Consultant, Department of Geriatric Medicine
Alexandra Hospital

Ms Sumytra Menon
Senior Associate in Research, Lien Centre for Palliative Care, Duke-NUS Graduate Medical School

Dr Wong Loong Mun
Chief Care Integration Officer, Agency for Integrated Care

.....

AGENCY FOR INTEGRATED CARE FACILITY MEDIFUND COMMITTEE

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Director, Corporate Development, St Luke's Hospital and St Luke's Eldercare

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Adjunct Associate Professor, National University Health System

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Director of Nursing [1986-2002], Retiree, Kandang Kerbau Hospital

MEMBERS (CONT'D)
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Chief Executive Officer, St Andrew's Community Hospital

Professor Tan Wee Hin, Leo
Director (Special Projects), Dean's Office, Faculty of Science, National University of Singapore

.....

CENTRE-BASED FACILITIES WORKGROUP FOR QUALITY IMPROVEMENT

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Centre Manager, Asian Women's Welfare Association (AWWA)
Readycare Centre

MEMBERS
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Senior Manager, Physiotherapist, Society for the Physically Disabled

Ms Irene Lee
Occupational Therapist, Tembusu Rehab and Day Care Centre

Ms Sharon Chen
General Manager, TP Healthcare Ltd

Ms Sia Jiahui
Manager, St Luke's Eldercare Ltd

Stephen Chan
Centre Manager, Occupational Therapist, New Horizon Centre (Tampines)
Alzheimer's Disease Association

GENERAL PRACTITIONERS ADVISORY PANEL

Dr Adidah Bte Hassan
General Practitioner, Adidah Family Clinic

Dr Adrian Ee
Director, Singhealth Polyclinics

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Chief Executive, Alliance Healthcare Group Pte Ltd

Professor Chee Yam Cheng
Chief Executive Officer, National Healthcare Group
Senior Consultant, General Medicine, Tan Tock Seng Hospital

Dr Chong Yeh Woei
First Vice President, Singapore Medical Association

Ms Grace Chiang
Chief Operating Officer, Department of Community Polyclinics

Dr Kwong Kum Hoong
Family Physician, Princeton Family Clinic

Dr Lew Yii Jen
Director, National Healthcare Group Polyclinics

Dr Ng Wai Chong
Assistant Director, Hua Mei Mobile Clinic, Tsao Foundation

Dr Tan Tze Lee
Senior Physician, The Edinburgh Clinic

Dr Tham Tat Yean
Chief Executive Officer and Senior Physician, Frontier Healthcare Holdings Pte Ltd

HEALTH MANPOWER DEVELOPMENT PROGRAMME FOR THE INTERMEDIATE AND LONG-TERM CARE SECTOR SELECTION COMMITTEE

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Chief Executive Officer, Agency for Integrated Care

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Director, Clinical Support Services
National University Hospital

Gribson Chan
Senior Rehabilitation Manager, St Luke's Hospital

Dr Lee Cheng
Chief & Senior Consultant Psychiatrist, Department of Community Psychiatry
Institute of Mental Health

Ms Ng Gaik Nai
Deputy Director, Nursing Informatics, Paediatrics Medical/Surgical/Intensive Care Unit, KK Women's and Children's Hospital

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Senior Consultant, Department of Psychological Medicine
Changi General Hospital

Ms Phua Puay Li
Director, Manpower Planning & Strategy
Ministry of Health

Ms Susan Niam
Director, Operations (Allied Health Services)
Tan Tock Seng Hospital

Dr Wong Kirk Chuan
Chief Operating Officer, Agency for Integrated Care

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Chief Executive Officer, St Andrew's Community Hospital

CO-CHAIRMAN
Dr R Akhileswaran
Chief Executive Officer, Medical Director, HCA Hospice Care

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Director, Corporate & Marketing Communications, Agency for Integrated Care

Chern Siang Jye
Chief Corporate Officer, Agency for Integrated Care

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Executive Director, NTUC Eldercare

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Chief Executive Officer, Ling Kwang Home for Senior Citizens

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Executive Director, United Medicare Centre

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Chief Executive Officer (up to March 2013), St Luke's Hospital

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Director, Healthcare Manpower Division, MOHH

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Chief Executive Officer, Ren Ci Hospital

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Executive Director, The Salvation Army, Peacehaven Nursing Home

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Mrs Olivia Tay
Chief Human Resource Officer, National Healthcare Group

Ms Phua Puay Li
Director, Manpower Planning & Strategy, Ministry of Health

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Executive Director, Singapore Association for Mental Health

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Tim Oei
Chief Executive Officer, AWWA Readycare Centre

Mrs Wong Peck Sim
Deputy Chief Executive Officer, Tsao Foundation

Ms Yip Moh Han
Executive Director, Singapore Christian Home

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Deputy Executive Director, Lions Home for the Elders

CO-CHAIRPERSON
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Director (up to November 2012), Corporate Affairs & Special Projects and Innovation Office, Ang Mo Kio - Thye Hua Kwan Hospital

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James Lim
Senior Operations Executive, Econ Healthcare Private Limited

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Chief, Community Care Development Division, Agency for Integrated Care

Ms Namrata Sadarangani
Head, Community Therapy Services, St Andrew's Community Hospital

Ms Susan Gui
Director of Nursing, Villa Francis Home

INTERMEDIATE
AND LONG-TERM
CARE – UPGRADING
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Chief Corporate Officer,
Agency for Integrated Care

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Alice Lee Centre for Nursing
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Singapore Association of
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National University Hospital

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Singapore Nursing Board

Ms Phua Puay Li
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Ms Theresa Lee
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Apex Harmony Lodge

Lok Kok Hoe
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Bethany Methodist
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St Theresa's Home

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Executive Director,
NTUC Eldercare

DEPUTY CHAIRMAN
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St Luke's Hospital

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Khoo Teck Puat Hospital

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Agency for Integrated Care

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National Healthcare Group
Executive Director,
National Healthcare Group College

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Director,
Clinical Governance
Director,
Patient Safety,
Singapore General Hospital

Sairam Azad
Centre Manager,
AWWA Readycare Centre

Ms Susan Gui
Director of Nursing,
Villa Francis Home

Dr Voo Yau Oon
Director,
Standards and Quality
Improvement Division,
Ministry of Health

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Temasek Cares CLG Limited

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School of Health Sciences,
Ngee Ann Polytechnic

MEMBERS (CONT'D)
Ms Doris Chan
Manager (Clinical),
Nanyang Polytechnic

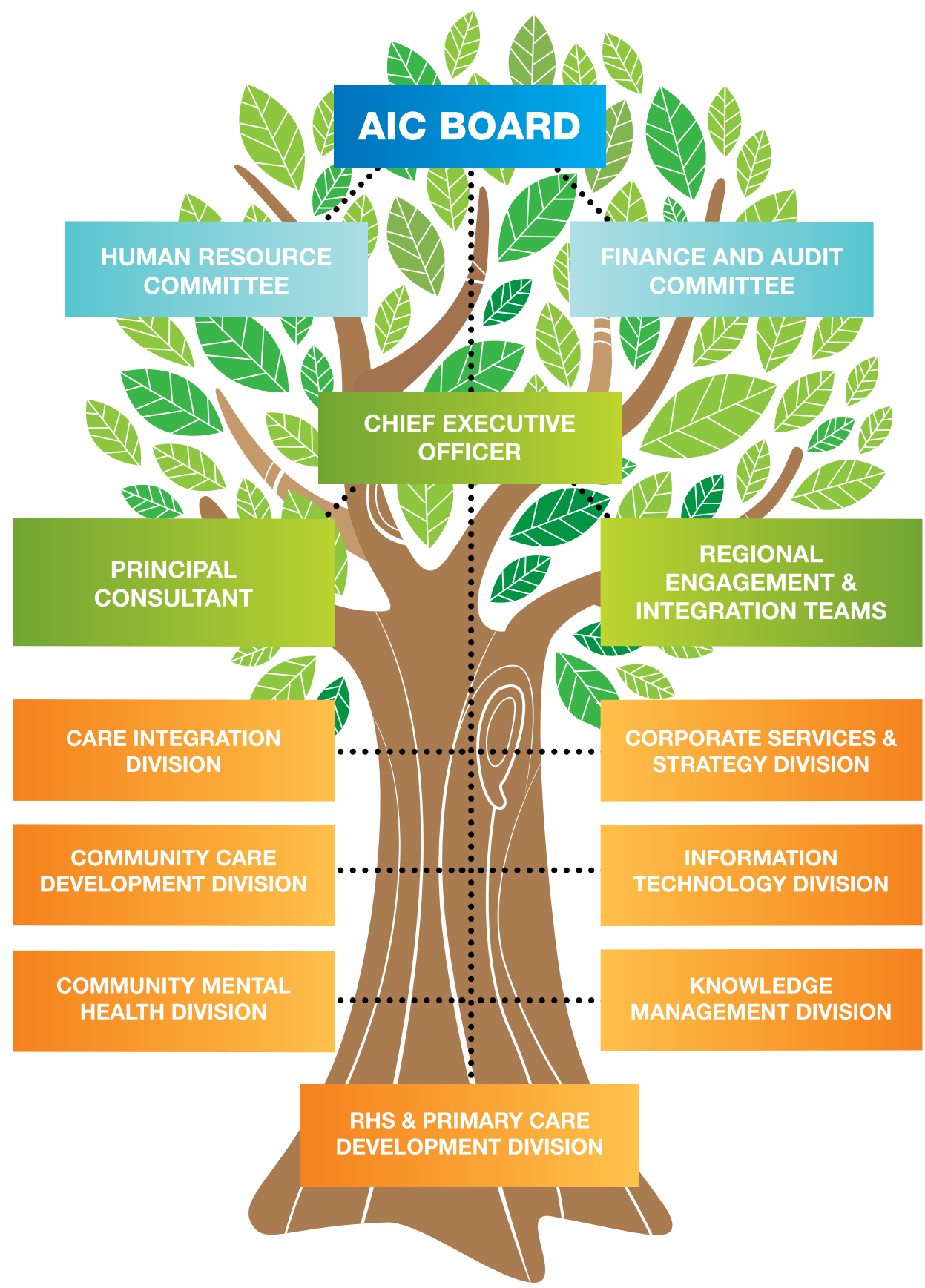
Ms Florence Cheong
President,
Singapore Association of
Occupational Therapists

Ms Mae Tang Sheue Yin
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Section Head,
Nursing Department,
School of Applied and Health
Sciences,
Institute of Technical Education

Ms Philomena
Liew Meng Woi
Assistant Director of Nursing,
Changi General Hospital

Tay Wei Sern
Deputy Director,
Health Sciences
Course Manager,
Allied Health,
Institute of Technical Education

Ms Vivian Lim
Vice President,
Singapore Physiotherapy
Association



Care Integration Division

The Care Integration Division oversees the transition of patients across different levels of care through case and referral management and the development of new clinical services in the community care sector. It coordinates care for patients and caregivers through assessment of patient's needs and matching of the right services to the right patients.

Community Care Development Division

The Community Care Development Division, in partnership with service providers, works actively towards building an excellent community healthcare sector through initiatives that enhance its workforce and organisational capabilities, improving productivity and operational efficiencies.

Community Mental Health Division

The Community Mental Health Division works with partners to strengthen and build up the range of community mental health support mechanisms and services to enable person-centred integrated care to be delivered in the community and provide support for patients and their family members.

Corporate Services and Strategy Division

The Corporate Services and Strategy Division supports AIC and divisions to achieve their desired outcomes, objectives and goals and the ILTC sector on leadership development. The division comprises Corporate Development, Corporate and Marketing Communications, Finance and Office Administration, Human Resources, and ILTC People Excellence.

Information Technology Division

The Information Technology Division enables AIC and its primary care and ILTC partners to use the efficiency and analytical capabilities of Information Technology to achieve their strategic goals and to operate as effectively as possible.

Knowledge Management Division

The Knowledge Management Division builds up information and knowledge resources for AIC and the community care sector to guide policy, planning and action. The division also develops strategies and plans for new technology development to benefit the community and primary care sectors. It continues to work with industry partners to embrace innovation and drive growth in these sectors.

Regional Engagement and Integration Teams


The regional Engagement and Integration Teams work with the various care providers in the different regions of Singapore, to promote collaboration and integrate care functions for clients.

Regional Health Systems and Primary Care Development Division

The Regional Health Systems and Primary Care Development Division works with partners to jointly create a more seamless and integrated healthcare system through facilitating integration projects involving partners across the primary, acute, ILTC and home care sectors, and the development of primary and home care sectors.


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Ministry of Health*




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*Managing Partner,
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ThreeSixty Partnership

(from 1 September 2012)*




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(up to 31 August 2012)*




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*Chief Executive Officer,
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(from 1 September 2012)*

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(from 1 September 2012)*





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*Chief Executive Officer & Senior
Family Physician, Frontier
Healthcare Holdings Pte Ltd

(up to 31 August 2012)*





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*Member of Parliament,
Tanjong Pagar Group
Representation Constituency

Deputy Managing Director,
Litigation & Dispute Resolution,
Drew & Napier LLC

(up to 31 October 2012)

(from 1 November 2012)
Senior Minister of State for
Law and Education*

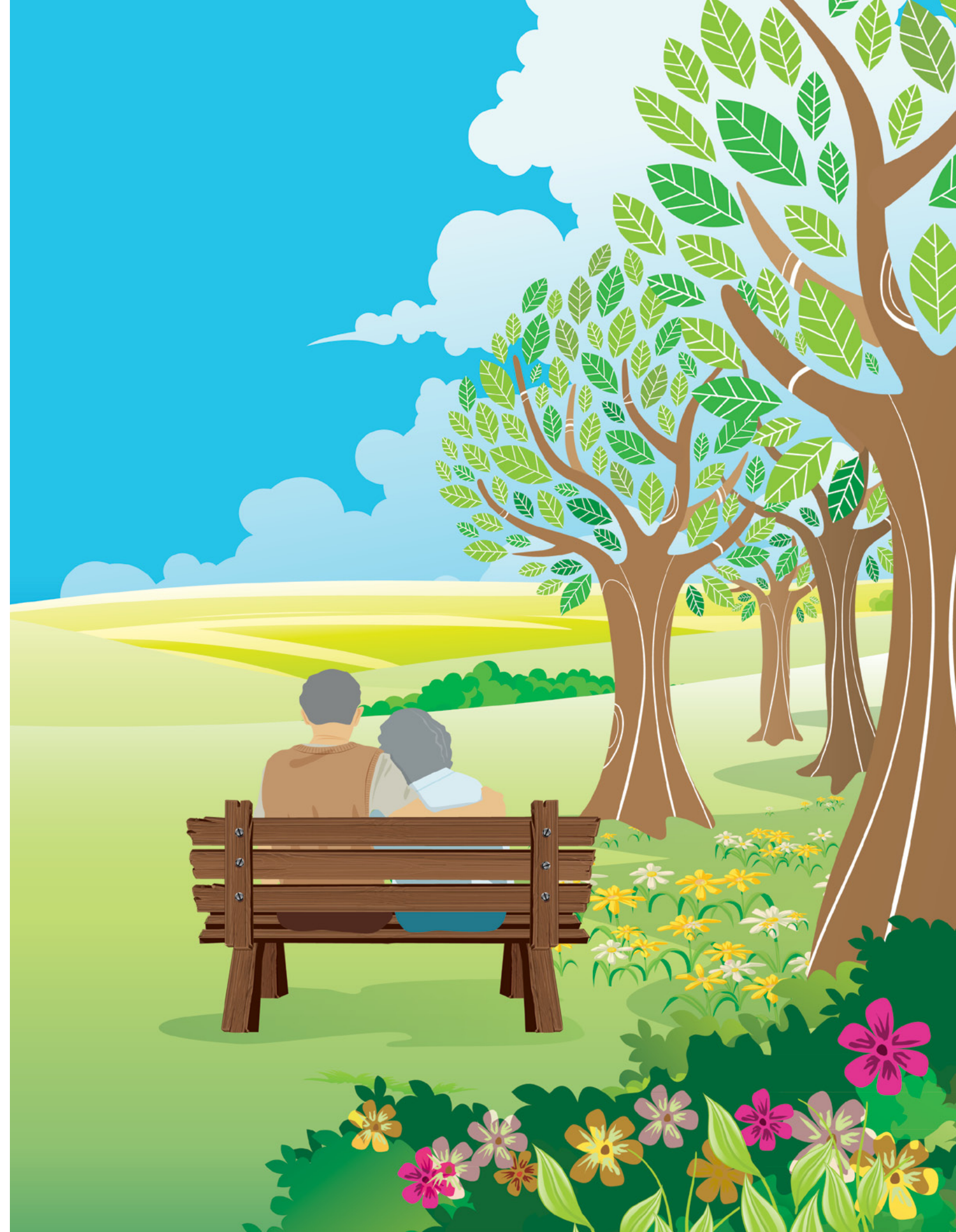
HUMAN RESOURCE COMMITTEE
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CHUA CHIN KIAT
ASSOCIATE PROFESSOR PANG WENG SUN
MS THERESA GOH (from 1 September 2012)

FINANCE AND AUDIT COMMITTEE
MS TAN HWEE BIN
DR THAM TAT YEAN (up to 31 August 2012)
BENEDICT CHEONG
LEE SEOW HIANG

SENIOR MANAGEMENT



- | | | | | | |
|---|---|----|--|----|--|
| 1 | ANDY SEET
<i>Director, Corporate and Marketing Communications</i> | 7 | DR SEOW YONG TONG
<i>Director, Community Care Development Division</i> | 15 | DR IRWIN CHUNG
<i>Director, Care Integration Division</i> |
| 2 | PAUL NG
<i>Deputy Director, Regional Engagement and Integration Teams</i> | 8 | MS CINDY TAN
<i>Director, People Excellence</i> | 16 | MS WINNIE CHAN
<i>Deputy Director, Community Care Development Division</i> |
| 3 | MS YAN YAN
<i>Deputy Director, Regional Health Systems and Primary Care Development Division</i> | 9 | DARREN YEONG
<i>Deputy Director, Regional Health Systems and Primary Care Development Division</i> | 17 | CHAN WAH TIONG
<i>Director, Community Care Development Division</i> |
| 4 | DR WEE SHIOU LIANG
<i>Head, Research, Health Information Management and Evaluation</i> | 10 | MS LYNDY SOONG
<i>Chief, Community Care Development Division</i> | 18 | MS CAROL CHOI
<i>Director, Finance and Office Administration</i> |
| 5 | DR LYDIA SEONG
<i>Deputy Director, Knowledge Management Division</i> | 11 | DR JASON YAP
<i>Chief Knowledge Officer</i> | 19 | DR WONG LOONG MUN
<i>Chief Care Integration Officer</i> |
| 6 | DR WONG KIRK CHUAN
<i>Chief Operating Officer, Chief, Regional Health Systems and Primary Care Development Division</i> | 12 | DR TAN WENG MOOI
<i>Chief, Community Mental Health Division</i> | 20 | MS POLLY CHEUNG
<i>Deputy Chief, Care Integration Division</i> |
| | | 13 | PETER MORGAN
<i>Chief Information Officer</i> | 21 | DR JASON CHEAH
<i>Chief Executive Officer</i> |
| | | 14 | MS LOK YOKE HAR
<i>Deputy Director, Community Mental Health Division</i> | 22 | CHERN SIANG JYE
<i>Chief Corporate Officer</i> |
| | | | | 23 | MS CAMELIA POH
<i>Head, Corporate Development</i> |





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