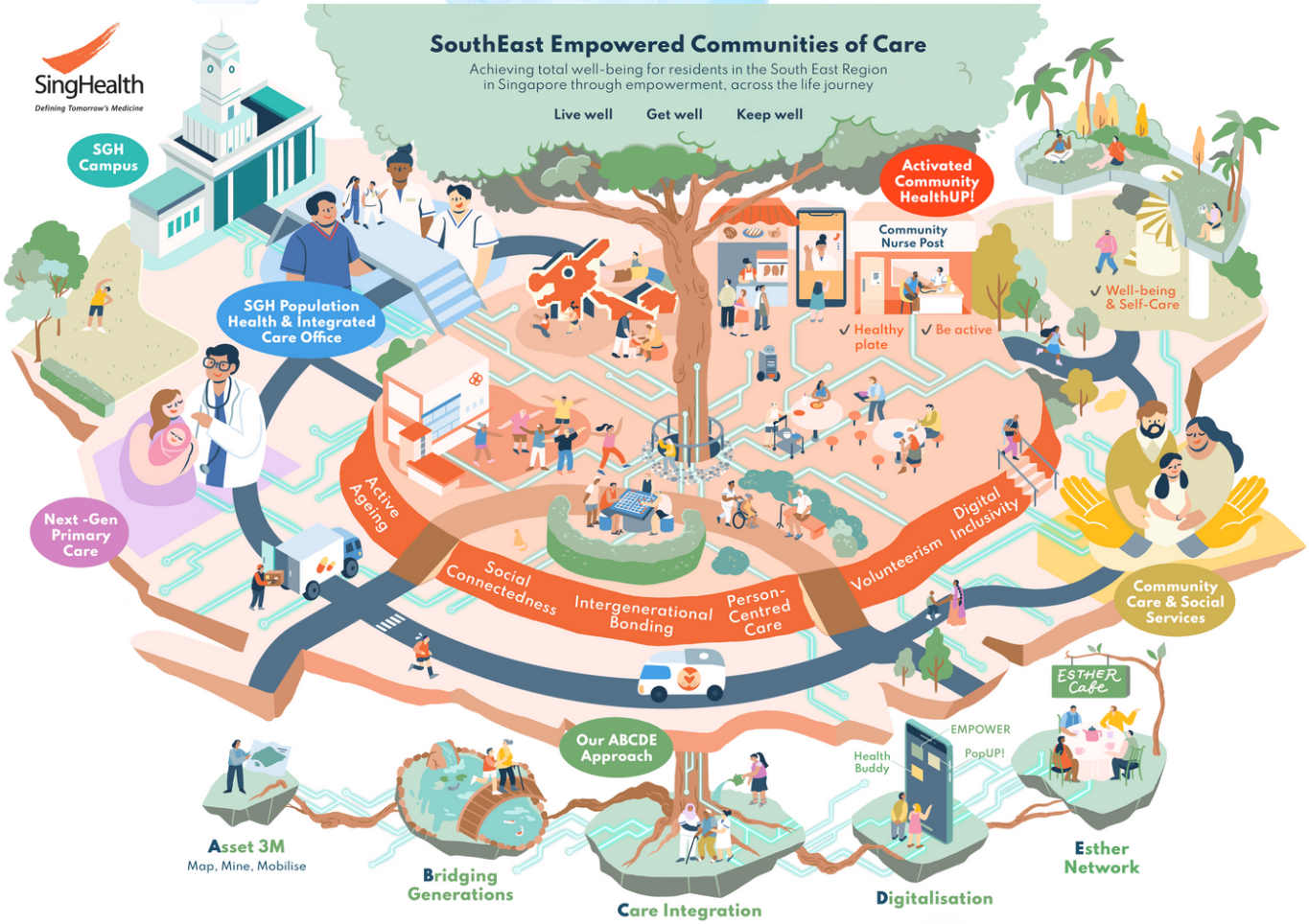
PHICO COMMUNITY HIGHLIGHTS

A publication by Population Health and Integrated Care Office (PHICO), SGH



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Associate Professor Low Lian Leng
Director
Population Health and Integrated Care Office (PHICO)
Singapore General Hospital

Dear Partners and Colleagues

As Singapore adapts to a new normal, there is a shift in national focus from managing the COVID-19 pandemic to working towards a healthier Singapore. Announced by the Ministry of Health (MOH) on March 9, 2022, the Healthier SG Strategy focuses on upstream efforts to keep individuals healthy, drive preventive health, and early interventions while providing appropriate care to those with existing needs.

In line with the Healthier SG Strategy, SGH Population Health and Integrated Care Office (PHICO) has been working with SingHealth Office of Regional Health and our partners to build an integrated health and social ecosystem to support residents in the Southeast region of Singapore. We aim to improve population health through empowerment of residents across their life journey, and allow them to Keep Well, Get Well and Live Well. This vision is encapsulated within the Southeast Empowered Communities of Care (ECoC) Landscape Map.

At the heart of our integrated ecosystem - Activated Community HealthUP!, we are collaborating with community partners to provide resources and support for residents to lead a healthier lifestyle. These include educational programmes on infant oral health and healthy eating among families, as well as community-based health screening and falls prevention programmes for elderly. To build community capabilities, we are also leveraging and strengthening the capabilities of volunteers.

With these, all residents can engage in active and healthy living across their life course. To increase accessibility of health and social care for residents with existing needs, we are working closely with community partners to pilot the Medical Social Services Community Clinic, and video consultation services with SGH Specialist Outpatient Clinics to bring care closer to home. The Activated Community is also supported by efforts in primary care (Next-Gen Primary Care), community and social services, and transitional care between hospital and community settings.

To ensure sustainability of the Activated Community, we regularly organise get together events to strengthen our community network and champion the person-centred care philosophy. This year, we want to celebrate those who have been working tirelessly on the ground to drive population health and person-centred care in all that they do. To the exemplary individuals, we dedicate the final section of our Community Highlights to you!

We are gratified by everyone's efforts in the ecosystem as we co-create a Healthier Singapore together, and we look forward to walking this transformative care journey with each and every one of you. We hope you would enjoy reading this issue of PHICO Community Highlights and learn more about the amazing work in our Communities of Care.

Stay safe and take care.

Message by Associate Professor Ruban Poopalalingam

Chairman, Medical Board
Singapore General Hospital

Dear Partners and Colleagues

Earlier this year, the Ministry of Health (MOH) announced a transformative healthcare strategy, "Healthier SG" - focusing on population health and preventive care to address challenges of the ageing population. The strategy calls for stronger emphasis on preventive health and early interventions coupled with value-driven care and right-siting of care that is seamless and timely to patients. As a tertiary and quaternary care provider, we are committed to building a healthcare ecosystem with various healthcare and social service providers to deliver value-driven quality care, develop technology-enabled healthcare solutions, and strengthen primary care network for our residents.

Value-driven care has always been our top priority as we strive to provide safe, appropriate and effective patient care with enduring results. Strengthening care organisation and coordination among service providers, driven with quality data for more accurate care assessments and decisions, allow us to explore new care models with partners to benefit our patients. One example is the collaboration between SGH PHICO and SGH Orthopaedic Surgery department to deliver value-driven care through the Enhanced Recovery After Surgery (ERAS) programme which resulted in the reduction of length of stay for patients who underwent Total Knee Replacement and Total Hip Replacement surgeries.

Tele-treatment and tele-monitoring technologies are increasingly important to deliver expedient and quality care post pandemic. One example is the Mobile Inpatient Care at Home (MIC@Home) sandbox managed by SGH PHICO. It provides selected inpatient-level services at home, enabled by video consultation and remote vital signs monitoring, for stabilised hospital patients to recover at home. We are looking to pilot more innovative and technology-enabled care models, like MIC@Home. If successful, we hope to scale and mainstream service models that complement hospital services, and improve patients' overall health outcomes and experience.

Primary care is an important pillar of Singapore's Healthier SG strategy. It is the first service touchpoint in an individual's healthcare journey and well-positioned to detect early signs and symptoms for appropriate interventions. As more than 50% of SGH patients reside outside of South-eastern Singapore, it is paramount to continue strengthening partnerships with islandwide GPs through the SingHealth Delivering On Target (DOT) Right-Siting and SingHealth DOT Primary Care Network (DOT PCN) programmes, while ensuring responsive and accessible care of SGH to GPs through our SGH Patient Liaison Service (PLS). The Partners' Buddy application would be launched in Q3 CY2022 for our GP partners, and become a key enabler to facilitate appointment making and secure communication with our SGH specialists.

We appreciate the close collaboration with our partners all this while, and we are fully committed to strengthen our partnership with each one of you on this journey of co-creating a Healthier SG for our residents.

Message by Professor Lee Chien Earn

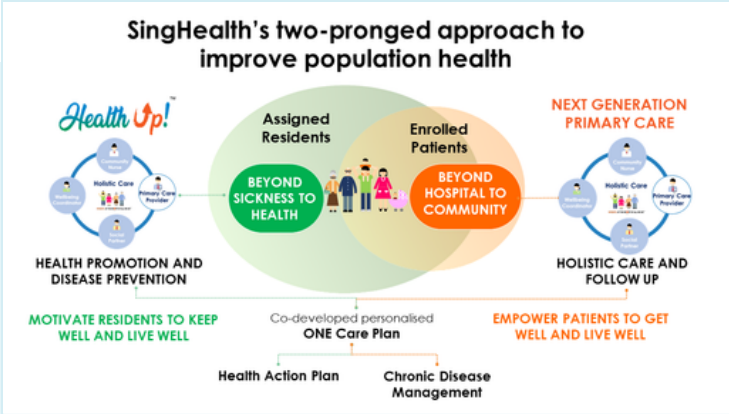
Deputy Group CEO (Regional Health System)
SingHealth

Dear Partners and Colleagues

The Ministry of Health recently announced the Healthier SG plan with a strong emphasis on Population Health, and assigned SingHealth as the service provider, population health manager and regional health manager for Eastern region of Singapore. While we will do our best to fulfil these responsibilities, we recognise that population health is a team effort which requires everyone (ie. healthcare providers, community partners and residents) to work in synergy, to address the wider determinants of health and enable our residents to keep well, get well and live well.

SingHealth has adopted a two-pronged population health approach. The first prong is to develop next-generation primary care that adopts a multi-disciplinary 'modular' approach that works collaboratively to extend and integrate care beyond the hospital or clinic. The key 'modules', such as the primary care providers, community nurses, care coordinators and community partners, can be activated based on patients' needs. The second prong is about health promotion – the Health Up! programme encourages residents to adopt a healthier lifestyle through a personalised care plan, and by creating a health promoting environment with the help of partners like SportSG and the Health Promotion Board.

Partners such as GPs, social service agencies, schools, workplaces and grassroots organisations are key to a Healthier SG. The most important partners are of course the residents themselves, who can be empowered to manage their own health. In this regard, SingHealth has adopted the Asset Based Community Development (ABCD) approach. We aim to understand the needs and strengths of residents and partners, connect and build on these strengths, and work collaboratively to achieve our respective goals – together.



We also recognise the need to deliver robust, evidence-based interventions and launched the SingHealth Centre for Population Health Research and Implementation Science (CPHRI) in April this year. CPHRI aims to be the nexus to bridge population health research and service delivery, marry science with service, and promote continuous learning and innovation in population health. We are thankful for your strong support and participation in our various initiatives.

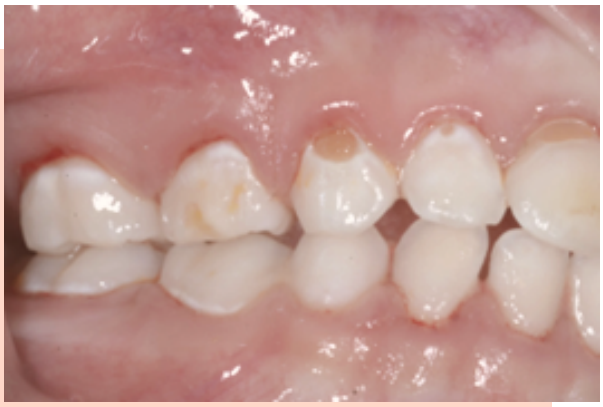
Some of you may also have heard of SCHOOL, the SingHealth Community Hospitals Office of Learning. As the education arm of the SingHealth Regional Health System, SCHOOL offers training courses that enable community providers to manage patients with complex health and social needs. We welcome your ideas and suggestions on other areas of interest that SingHealth may support in terms of training.

We are immensely grateful to have committed partners such as yourselves, who share a common goal of improving the lives of those we touch. In the coming months, SingHealth Regional Health System that includes the SGH PHICO team will continue to reach out to community stakeholders in the Eastern region to listen and learn from you, develop strategic work plans together and enhance capacity and capability to translate these plans into reality.

Co-creating a Healthier SG

Infant Oral Health Programme
By National Dental Centre Singapore

Early childhood caries (tooth decay in children below six years old) affects one in two preschool children in Singapore. Children with severe caries may suffer from toothache and infection, which affects diet, function, and adult dentition. Affected children can be treated under general anaesthesia due to their lack of cooperation for traditional dental procedures. It, however, exposes them to unnecessary anaesthesia risks as tooth decay is a preventable disease.



Early tooth decay (white spots near gums) can be difficult to spot, but it is reversible

In collaboration with the Heartware Network, the Infant Oral Health Programme @ Community (IOHP@Community) is an initiative by the National Dental Centre Singapore to empower caregivers with knowledge to take charge of their child's oral health. Age-appropriate oral health education (starting from six months old) and anticipatory guidance will be given to caregivers by trained volunteers through regular house visits. The programme seeks to benefit 100 low-income families in the north of Singapore. We welcome collaborations to improve children's oral health!

"Eat Well, Feel Well, Be Well!" a Holistic Wellness Programme for Lower Income Families
By Kreta Ayer Family Services by Montfort Care

Although low-income families commonly face time and resources constraint, parents continue to prioritise their children's well-being. Therefore, Kreta Ayer Family Services (KAFS) hopes to support these families in their goal of leading a healthier lifestyle. In 2021, KAFS collaborated with SGH Community Nursing to deliver a virtual talk on healthy eating and healthier cooking methods for the families. Between July to October 2022, KAFS piloted the 'Eat Well, Feel Well, Be Well' programme that promotes physical and mental well-being through cooking demonstrations, recipe creations, self-care strategies and family bonding activities.

KAFS is thankful for the expertise and resources provided by our partners - SGH, Community Psychology Hub, and licensed dietitians, for supporting our resilient low-income families in achieving their goals. We would love to hear ideas and feedback from community partners to fine tune future initiatives for our residents!

DID YOU KNOW —
that making the environment and your child extremely clean does not make them more susceptible to germs?

SGH Medical Social Services Community Clinic

By Medical Social Services Community Care Team, SGH

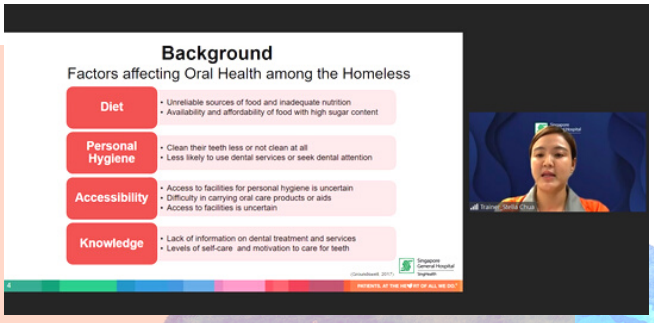
In collaboration with Social Service Office ComLink and Kreta Ayer Family Services, SGH Medical Social Services Community Care Team (CCT) began piloting a community-based clinic in Jalan Kukoh on June 6, 2022. Located at Kin@11, York Hill, the clinic aims to enhance accessibility of biopsychosocial care for residents with health and treatment-related concerns. It also seeks to strengthen strategic alliances among care partners in the community to co-create a Healthier SG. This community partnership is governed by shared vision, resources, accountability, leadership, and value-based decision-making to cement joint efforts of delivering integrated care in the community. The clinic currently operates on Mondays, 2-5pm, and Thursdays, 9am-12pm, by appointment only.

For enquiries and referrals, please email Mr Ng Yong Xian at ng.yong.xian@sgh.com.sg or mss@sgh.com.sg.

MSF PEERS Network Volunteer Training Programme

By Community Nursing, SGH

In February 2022, SGH Community Nursing and the Ministry for Social and Family Development's (MSF) Partners Engaging and Empowering Rough Sleepers (PEERS) Network conducted 3 virtual sessions of didactic teaching and case discussion for 46 volunteers and shelter operators. The training programme was tailored to the volunteers' learning needs and covered various topics, including healthcare resources for rough sleepers, mental health and basic triaging skills.



It aimed to equip volunteers with essential skills and knowledge to support the health needs of rough sleepers through community engagement and outreach events. The volunteers found the training programme easy to understand, useful, and relevant to their volunteer work.

Furthermore, a referral process to community nursing was established for rough sleepers requiring chronic disease monitoring. We look forward to working with more partners on customised training that benefit care staff in their daily work with patients or clients.

Bridging Generations through Tri-generational Partnerships

By TriGen@SGH, SGH

Singapore faces a growing intergenerational divide as few youths have meaningful interactions with seniors. In line with the Healthier SG strategy, TriGen@SGH (a joint initiative by PHICO and TriGen) aims to bridge this divide by forming tri-generational partnerships between seniors, healthcare professionals, and youths through two programmes:

HomeCare puts healthcare volunteers and youth volunteers in multidisciplinary teams that provide medical and social support for seniors.

HealthStart (previously known as Project Wire Up) encourages seniors to adopt healthier lifestyles. Volunteer will conduct health and digital coaching for seniors, and increase their knowledge and access to health-related apps and resources.

HealthStart: TriGen@SGH volunteer engaging senior during community health event

TriGen is grateful for the support received thus far and we look forward to collaborating with more stakeholders to create a healthier Singapore!

To find out more about TriGen, visit https://www.trigen.sg/

HomeCare: TriGen@SGH volunteer team visiting their senior at his home

DID YOU KNOW —
living alone and having a poor social network is associated with the onset and progression of chronic pain?

We are Stronger Together as One Community towards a Healthier SG

By NTUC Health

In May 2020, NTUC Health Community of Care started their partnership with PHICO to pilot the Empowered Communities of Care (ECoC) which aims to improve population health through monitoring and managing the well-being of residents of Bukit Merah.

During the COVID-19 pandemic, together with Trigen@SGH, we engaged 200 seniors with mobile phones and digital skills training to stay connected with their family and the wider society. On September 23 and 24, 2022, we held a community health screening event, "A Healthier Bukit Merah", that was attended by 197 residents. We aim to promote healthier living and social wellbeing through the event, which includes mental health screening and active ageing programmes.

As we live with COVID-19, it is essential to understand our community's evolving needs so that we can innovate and co-create a holistic care plan inline with the Healthier SG strategy.

Community Falls Prevention Programme

By Community Nursing, SGH

The Community Falls Prevention Programme (CFPP) aims to identify seniors with high fall risk through comprehensive screening and to provide appropriate early intervention thereafter.

The CFPP consists of two levels of screening. The first level includes screening a participant's falls history in the past 12 months, ability to perform instrumental activities of daily living, as well as walking and turning balance. Group education on adopting a calcium-rich diet to build strong bones, home safety, and proper footwear is conducted after the first screening.

Participants with high fall risk will participate in the second level of screening that includes Body-mass index (BMI), vision, cognition, postural blood pressure and physical performance tests.

Based on the assessment findings, participants will receive individualised health coaching and/or referrals to community-based structured exercises, rehabilitation programmes and medical consultations. A follow-up appointment with a community nurse may also be arranged at the nearest community nurse post.

SGH Community Nursing is excited to continue working towards a Healthier SG with like-minded partners!

DID YOU KNOW —
scheduling a health visit with a Community Nurse can potentially reduce emergency department visits & unplanned inpatient admissions?

Click here to find out more.
(Link: https://tinyurl.com/comnurse)

Embracing Innovative Technology to Strengthen Community Health

By Thye Hua Kwan Moral Charities (THKMC)

The COVID-19 pandemic has highlighted the importance of population health management and digitalisation to improve healthcare accessibility for Singaporeans.

This year, in collaboration with SGH, Thye Hua Kwan Moral Charities (THKMC) has brought video consultation with SGH Specialist Outpatient Clinics (SOC) to THK Active Ageing Centre (AAC) @ Beo Crescent. This is a significant milestone in our journey to enhance the care experience for seniors and bring care closer to home.

Seniors can enjoy the convenience of attending their medical appointments online at our AAC and have THKMC services at their fingertips. This convenience can facilitate greater empowerment of seniors to take ownership of their health.

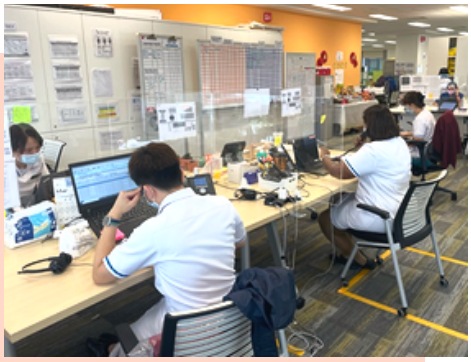
Moving forward, we encourage our community partners to join us in this transformative journey to provide better care for our seniors.

SGH@Home & SGH COVID-19 Virtual Ward

By Integrated Continuing Care Services, SGH

SGH Family Medicine and Continuing Care (FMCC) department and PHICO's Integrated Care Continuing Services (ICCS) are piloting transformative models of inpatient care in the community through a combination of home visits and teleconsultations.

As the SGH arm of MOH Office for Healthcare Transformation (MOHT)'s regulatory sandbox, Mobile Inpatient Care @ Home, SGH@Home aims to support early discharge for patients who can continue treatment at home.



By leveraging telehealth solutions like video consultations and remote monitoring, patients are also empowered with knowledge and vital signs monitoring devices to monitor their own conditions. Identification of suitable patients and development of treatment plans are done in close collaboration with SGH specialty departments, while partnerships with private home healthcare providers ensure round-the-clock care is provided.

SGH@Home currently cares for patients diagnosed with exertional rhabdomyolysis and dengue, and is expanding its scope of care to other conditions like diabetic foot ulcer and post-orthopaedic surgery care. Plans to support admission avoidance for those in the community are also in the pipeline.

Since October 2021, the SGH@Home team has been running the SGH COVID-19 Virtual Ward,

which has supported over 900 COVID-19 patients with more complex medical conditions but are sufficiently stable to be monitored at home.

We will continue to drive innovative care models with partners to enhance patients' overall care experiences!

Hospital-to-Home 2.0

By Integrated Continuing Care Services, SGH

Our Hospital-to-Home (H2H) programme plays a vital role in improving the quality of patients' post-discharge recovery and optimising hospital resources by preventing readmissions and reducing length of hospital stay. The multi-disciplinary team consists of FMCC doctors, nurses, allied health professionals, and medical social workers. Through partnerships with inpatient teams and community partners, H2H serves as a conduit between the hospital and community. It provides immediate home-based post-discharge care via home visits, telephone, and video consultations to patients at high-risk of readmission so that they may get well, live well and age well in the community. Our One Care Plan application will allow partners and H2H nurses to deliver more coordinated and timely care through cross-sharing of case notes.

The H2H team looks forward to co-creating a well-coordinated, multi-stakeholder care ecosystem for seniors with like-minded partners!

Building a Healthier Singapore together with Like-minded General Practitioners (GP) Partners

By Clinical Networks, SGH

Since 2005, Clinical Networks has been partnering with like-minded GPs on clinical quality improvement and holistic care management for patients with chronic conditions. The long-standing partnerships have helped establish clinical protocols, outcome monitoring processes, and ancillary service models to achieve good clinical outcomes for patients under the SingHealth Delivering On Target (DOT) Right-Siting and SingHealth DOT Primary Care Network (DOT PCN) programmes.

4 June 2022 SingHealth DOT PCN Quarterly Update group picture

Supporting DOT GPs during COVID-19 pandemic

Through regular dialogues with patients and GPs islandwide, we hope to improve collaboration between the SingHealth Cluster and primary care. We look forward to sharing these insights with other PHICO teams and SGH Patient Liaison Service to promote collaboration and better support the GPs and our residents.

Championing Person-Centred Care with National Healthcare Group

By ESTHER Network Singapore, SingHealth

On January 19, 2022, ESTHER Network Singapore achieved a significant milestone in championing its Person-Centred Care philosophy beyond SingHealth to the National Healthcare Group (NHG).

A Memorandum of Understanding (MOU) formalising ties between both clusters was signed by Professor Lee Chien Earn (DGCEO Regional Health System, SingHealth) and Professor Eugene Fidelis Soh (DGCEO Group Integrated Care, NHG) witnessed by Ms Esther Lim (Director, Community Integration, SGH & Head Coordinator, ESTHER Network Singapore) and Ms Loh Shu Ching (Executive Director, Division for Central Health, TTSH).

Through the established partnership, the Network aims to consolidate efforts of scaling innovative Person-Centred improvement projects while maintaining authenticity, creativity, and collective leadership. The Network hopes to grow in strength by partnering with like-minded health and social care providers and advocating Person-Centred Care so that Esthers (residents, patients and caregivers) can live confidently in the community.

Strengthening Community Networks to Empower the Population

By Community Integration, SGH

PHICO organised the Empowered Communities of Care (ECoC) Get Together on September 21 and December 7, 2021, attended by 114 attendees, to strengthen the community partner network. Alongside our partners from Thye Hua Kwan Moral Charities (THKMC), Caregivers Alliance Limited (CAL), MSF Social Service Office, NTUC Health, and Montfort Care, we engaged in rich and insightful discussions. Following the event, SGH, Agency for Integrated Care (AIC), People's Association, CAL, and THKMC came together to form the Beo Crescent Community of Care (CoC) team to anchor care for the Beo Crescent community.

Strong community networks are essential to forming an integrated health and social ecosystem that empowers residents to lead healthier lifestyles. With our Get Together this November, we welcome partners to join us in our journey towards a healthier Singapore!

Messages from Partners

Message by Dr Shyamala Thilagaratnam

Group Director of Outreach
Health Promotion Board

With the Ministry of Health's (MOH) recent announcement on Healthier SG, the Health Promotion Board (HPB), together with MOH, has been engaging the healthcare community as well as community partners to ensure a smooth roll-out of this major initiative next year.

HPB, together with our Regional Health System partners and other agencies like the People's Association and Sports Singapore, has been at the forefront of preventive health, developing and organising a suite of preventive health programmes at both the national level as well as at the precinct level. Besides national campaigns like the National Steps Challenge (NSC) which encourages residents to get active, and the Eat-Drink-Shop Challenge which nudges residents to make healthier food purchases, HPB has also been partnering with the Regional Health Systems to promote and implement preventive health initiatives for their residents. These efforts have gone a long way in ensuring that on-ground programmes, such as community physical activity sessions are available and easily accessible to all residents. HPB's Healthy 365 (H365) mobile app facilitates sign-ups for some of these on-ground sessions, as well as provides rewards in the form of Healthpoints that can be exchanged for various shopping vouchers, if certain milestones are achieved – for example, based on step count and Moderate-Vigorous Physical Activity (MVPA) minutes.

The SingHealth and HPB teams have collaborated closely on SingHealth's Health Up! Programme at Tampines, with HPB providing a directory of HPB's preventive health programmes organised with community partners in the Tampines precinct. SingHealth's care coordinators are then able to refer residents from the Health Up! Programme to lifestyle programmes such as physical activity sessions or classroom-type workshops that are most appropriate for the resident, thus ensuring that the residents get the lifestyle interventions they need.

As all of us work toward operationalising the Healthier SG vision, we foresee that the resident's journey such as the one seen in Health Up! will be increasingly tech-enabled, more seamless and more efficient. HPB looks forward to collaborating with SingHealth and other community, corporate, and healthcare partners to build a healthy ecosystem where healthy living options are the default options – with the aim of better health for all.

Message by Mr Chern Siang Jye

Group Chief, Sector & Partnerships Division Agency for Integrated Care

In your daily commute to work, exercise in the park, trip to the shopping centre, have you noticed an Eldercare Centre (EC) in your neighbourhood? Did you know that Singapore already has 119 Eldercare Centres to-date?

Previously also known as Senior Activity Centres (SACs), these centres played an important role under the Ministry of Social and Family Development (MSF) family, to reach out to low-income and vulnerable seniors living in HDB rental flats. In 2008, the oversight of SACs was transferred to the Ministry of Health (MOH) to better integrate planning and policy-setting for health and social services for seniors.

In 2020, MOH introduced the EC Service Model, where SACs have and will continue to transition into ECs, serving as the community anchor point for all seniors, including seniors that are not living in rental flats. These centres will support health and social integration by providing a suite of services such as active ageing programmes, befriending, and information on and referral to care services. This has proven to be a significant and daunting change for most SACs, with new things to learn and new clients to engage.

Despite the steep learning curve, some ECs have taken up the challenge readily. Within the Southeast region for example, NTUC Health and Thye Hua Kwan Moral Charities have 5 ECs each. Beyond the EC suite of services, NTUC Health works closely with SGH to strengthen support for seniors by enhancing processes for case triaging and referrals as well as develop intervention strategies in response to health needs identified. In collaboration with IKEA, Google and Sym Asia, Thye Hua Kwan had revamped their Beo Crescent EC space to support ageing through creative environmental designs and smart technologies.

In light of the shift towards Healthier SG, the scale and scope of ECs will be expanded. In the long-run, each EC should be responsible for 1,000 to 4,000 seniors in the neighbourhood and be able to tap on and work with community networks such as other community care partners, grassroots organisations and general practitioners to address seniors' health and social needs. In addition to the baseline suite of services, MOH hopes for ECs to play a part in vital signs monitoring, health screenings, and link up with other service and healthcare providers.

Healthier SG and the wider population health requires a whole-of-community approach. The Agency for Integrated Care will continue to support ECs, alongside Regional Health Systems, to leverage on each other's strengths, build strong partnerships, and co-develop a stronger community network for seniors.

Celebrating Efforts in Population Health

Message by Dr Lim Su Fee

Deputy Director of Nursing (Advanced Practice Nurse)
Population Health and Integrated Care Office (PHICO)
Singapore General Hospital

As the nation looks beyond hospital-centred care and strives towards a Healthier SG by shifting its focus to population-centred preventive care, we find ourselves in a very privileged position to support this initiative.

The synergistic collaboration between SGH, community partners, and GPs is vital. Together, we make up an integrated health and social ecosystem which empowers our residents in the Southeast region to take charge of their health, facilitate their access to health resources and services, and keep them well and engaged.

In this issue of PHICO Community Highlights, we are excited to have showcased the population health initiatives by PHICO and our partners, some of which SGH's community nurses have had the honour to embark on. We would also like to celebrate our valued partners, PHICO staff, and nurses who are passionate and dedicated to promoting better health for our residents.

Thank you for being part of the journey to advance population health with us. We look forward to your continued support and partnerships as we co-create a Healthier SG.

Message by Ms Esther Lim

Director, Community Integration
Population Health and Integrated Care Office (PHICO)
Singapore General Hospital

Working towards a healthier Singapore, where every resident can enjoy affordable healthcare and accessible services in the community, is an essential yet challenging mission. Interdisciplinary collaborations and community partnerships are necessary to promote overall healthier living for all, and to reach population segments that require more support than others.

As we continue this journey of achieving total well-being for our community, it is important to ask: "What matters to our residents?"

It is only when we listen can we then provide value-driven care to achieve their personal goals towards empowered living.

We are encouraged by you - our colleagues and partners, for the dedication and collaborative spirit that shine through in our various collaborations. We are heartened to walk this transformative journey together with you, and we look forward to more exciting and meaningful collaborations to co-create healthier communities of care, where empowered residents can live active and enriching lives!

Recognising those who have made exceptional efforts in driving population health and person-centred care in their work

From SGH

Dr Tay Wei Yi

Senior Consultant, Family Medicine and Continuing Care

Dr Tay leads by example and inspires those who work with her. She is passionate about establishing and strengthening partnerships between the Family Medicine and Continuing Care (FMCC) department, PHICO, and SGH Clinical Specialties for population health initiatives. She works well with all professions and is well-respected by her colleagues.

Tan Wee Boon

Executive, PHICO-Community Integration

Wee Boon is a humble and dedicated colleague whose repertoire varies from population health research to care integration projects, focusing on tech-enabled healthcare solutions, such as EMPOWER and TriGen. He demonstrates extraordinary adaptability and collaboration skills when working with diverse stakeholders, including patients, caregivers, and external partners such as Fitbit and Apple. He is also a reliable and supportive team player who readily shares his professional expertise to help others.

Leong Mei Yan

Assistant Nurse Clinician, PHICO-Integrated Care and Continuing Services

Mei Yan is an experienced community nurse with vast experience in discharge planning and care coordination. She pro-actively collaborates with community partners for patients' safe transition from hospital to home and coordinated training sessions for her peers to encourage the continuous learning and professional growth. Mei Yan embodied patient-centred care in her work as an ESTHER Coach and an Advanced Care Planning facilitator.

Lim Ei Shen (Melvin)

Assistant Nurse Clinician, PHICO-Intergrated Care and Continuing Services

Melvin is an approachable and knowledgeable community nurse who is skillful in managing complex cases and building rapport. He received compliments from community partners and patients for going beyond the call of duty to ensure his patients are well supported. Melvin is also involved in the development of processes to facilitate closer care coordination between NTUC Health and SGH. As an ESTHER Coach, Melvin visited Sweden to learn from their ESTHER Network, to help further person-centred care locally.

Yee Wan Qi

Executive, PHICO-Community Integration

Wan Qi is a driven and motivated healthcare executive who collaborates well with internal and external partners. Under the Empowered Community of Care (ECoC) team, she supports population health initiatives across different ages and care spectrum, including care integration and intergenerational bridging. She also demonstrates effective communication skills in partner engagement and building a stronger community network.

From Our Community Partners

David Chan

Deputy Constituency Director, Radin Mas Constituency Office, People's Association

David is passionate about driving population health initiatives with like-minded partners, including SGH. He has collaborated with PHICO on making Community Nursing services accessible to Radin Mas residents, benefitting their health and well-being. He has also worked with PHICO on digital activities under Radin Mas CC's Silver Click! programme, such as virtual health education talks, to engage elderly during the pandemic period.

Lim Shi Yun & Trina Soh

Deputy Head, Silver Generation Office & Deputy Head, Care Integration and Operations Division, Agency for Integrated Care

Trina and Shi Yun are firm believers of serving residents' needs through collaborations with partners. To allay concerns of seniors hesitant of the COVID-19 vaccination, Trina and Shi Yun worked with SGH to implement services such as consultation with nurses or volunteer doctors on vaccination. They also helped design a memo sheet for seniors to share with their principal physicians for verification of vaccination eligibility during appointments. They have also been actively working with providers like NTUC Health Care Managers and SGH Community Nurses to manage and follow through with residents.

Rafiuddin Bin Halim

Staff Nurse, GoodLife!@Telok Blangah, Montfort Care

Rafiuddin is a strong advocate of health and social integration, and the person-centred approach. He can often be seen sharing and implementing this care philosophy within his team. At Montfort Care, Rafiuddin has driven key projects to better support the needs of residents. This includes a collaboration with SGH department of Pharmacy to better address the medication management needs of seniors and inaugurating the first community-based virtual pharmacy consultation service.

Colin Tan Heng Yeow

Social Worker, Cluster Support @ Bukit Merah, Thye Hua Kwan Moral Charities

Colin is an ardent supporter of tapping on innovative solutions to tackle existing ground issues. Colin actively collaborates with partners like Agency for Integrated Care Silver Generation Office, SGH Community nurses and Medical Social Workers to pilot population health initiatives to address the health needs of seniors. This includes driving a video consultation pilot with SGH Specialist Outpatient Clinics, and supporting an SGH-led research piloting an AI-Dementia Screening Tool.

Pop Health Trivia Game

How familiar are you with Healthier SG? Stand a chance to win $20 Starbucks voucher when you answer our quiz!

Please submit your response via the PHICO Community Highlights Feedback Form (click here or scan the QR Code) by 15 Dec 2022.

SCAN ME

1. MOH's new healthcare strategy is called H_____ __ (11 letters, 2 words).

2. The Healthier SG strategy focuses on P_____ (10 letters) care.

3. Healthier SG leverages C_____ (9 letters) partnerships to strengthen support for residents.

4. Hospitals, primary care providers, and community-based enterprises form an I_____ (10 letters) health and social E_____ (9 letters) that is fundamental to population health.

5. Creating a healthier Singapore population also involves strengthening support for C_____ (8 letters) and their families.

6. It involves E_____ (10 letters) seniors to take charge of their physical and mental well-being through various programmes and services.

7. Tele-treatment and tele-monitoring T_____ (12 letters) are important enablers in healthcare transformation efforts to future-proof the healthcare system.

8. Singaporeans will be encouraged to enroll with a family physician of their choice who would support them throughout their life-course to ensure C_____ *(10 letters)* of care.

Contact us at PHICO for enquiries and collaboration opportunities

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Have ideas and feedback on our newsletter?

Let us know via our feedback form: https://tinyurl.com/PHICOnewsletter

Have a story to share?

Get in touch with us at community.integration@sgh.com.sg

Connect with us

Keep abreast of the latest initiatives in the Southeast Communities of Care

Population Health and Integrated Care Office (PHICO) & Friends

https://www.sgh.com.sg/Phico

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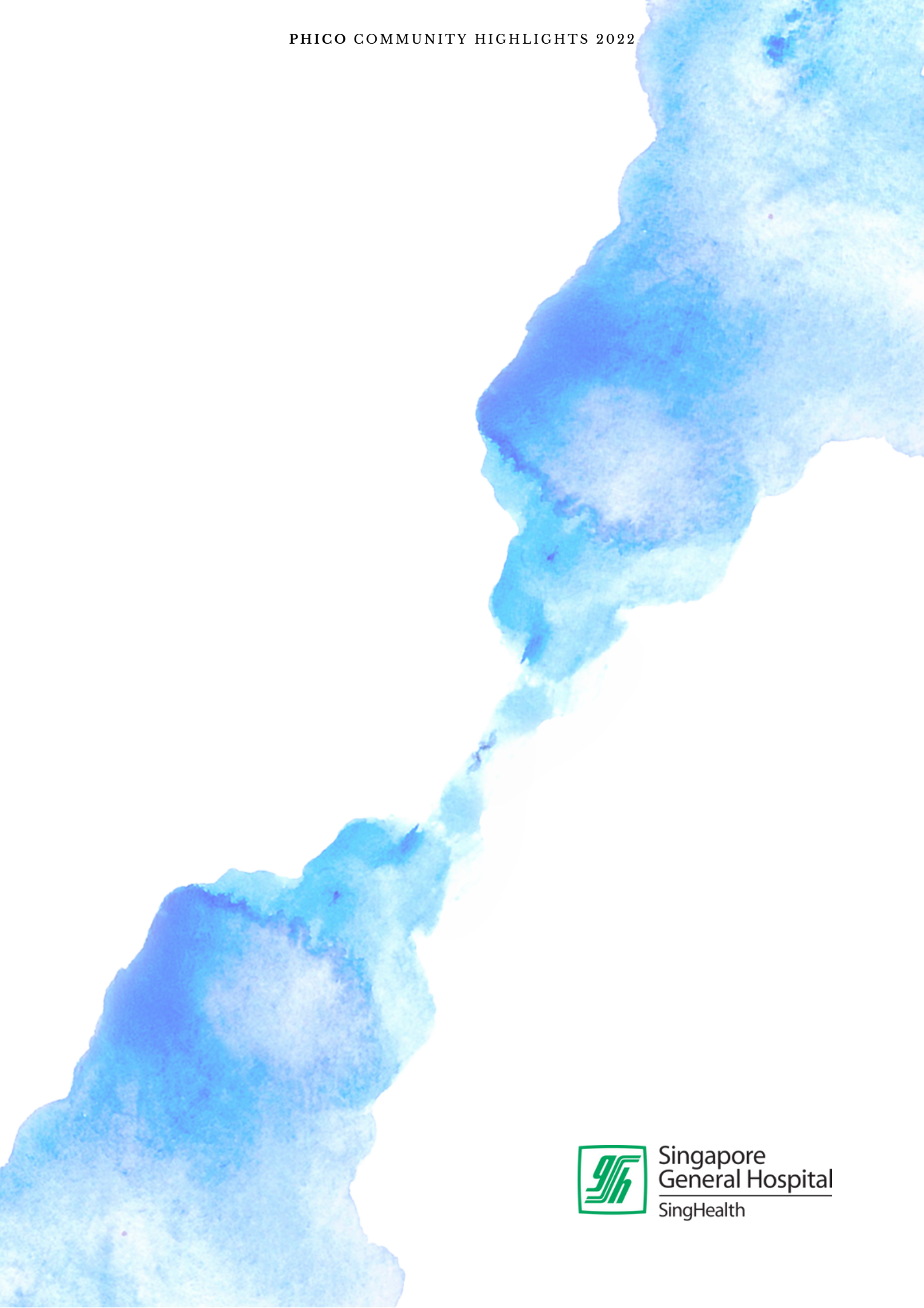
Interested to find out more? You can read our past year issue below!

PHICO Community Highlights is an annual newsletter by SGH Population Health and Integrated Care Office. It commemorates the achievements of PHICO and partners, and showcases the latest initiatives in the community. It is distributed to SingHealth staff and partner organisations.



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