CHAPTER 4

Wind Beneath Our Wings

The Operations and other support teams brought a good grasp of the intricate workings of a hospital. Our Operations staff were not only fast to react, but also knew exactly what needed to be done. We are fortunate to have retained many old hands who have gone through previous disease outbreaks.

TAN JACK THIAN
Chief Operating Officer

The drama at the vanguard of the COVID-19 battle – the very frontlines where patients are looked after – is at the heart of our mission as a hospital. But clinical acumen alone was not going to win the war. The efforts of less celebrated colleagues made the thrills at the bedside not only safe, but possible. This unseen army, cavalierly referred to as support or backend staff, verily waged the battle on diverse fronts, contributing to the many triumphs we enjoyed.

The contact tracers

Infectious Diseases (ID) physician Indumathi Venkatachalam (Indu)[1] ran the contact tracing operations, starting with just a tiny Epidemiology (Epi) team, part of the Infection Prevention and Epidemiology (IPE) department. "Patients were not always willing or able to talk to us. Some were too ill. Some did not want to reveal their activities and interactions, misleading us and sending us off track. We had to revisit the events again when corroborative history did not match."

Activity mapping and contact tracing[2] were not simple, straightforward processes. Yet they were integral to the COVID-19 disease control efforts and had to be ramped up quickly as the numbers were rising exponentially.

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[1] Dr Indumathi Venkatachalam, Consultant, Department of Infectious Diseases and Consultant, Department of Infection Prevention and Epidemiology.

[2] Singapore eventually rolled out TraceTogether, a mobile phone app that enables user identities to be traded if the users are in close proximity with each other.

GATHERING A TEAM TO RETRACE STEPS

We began as a team of four, interviewing cases, risk-assessing contacts, liaising with MOH, coordinating with clinical and administrative teams, and managing communications and data processes. We stood in the Emergency Department (ED) at 1:00am once, trying to identify contacts of an index case who had been there. We walked the corridors of the newly converted Acute Respiratory Infection (ARI)[3] wards to assess potential risks to staff and patients. We viewed the locker rooms and pantries where a COVID-19 positive staff[4] had been. We talked to nurses, doctors, cleaners and other staff to understand their interaction with index cases, to individually risk-assess, report, and sometimes, reassure.

We sought manpower to help. Could we outsource the work to them, some asked. But what exactly do we outsource, when rules and protocols change daily? Could we prioritise important tasks? But which tasks are important? And to whom are these important?

There were many things to consider. There was much that we did not know. We did not know who might be at risk, so we had to cast a wide net. We did not know all the ways the disease might manifest but had to develop ways to narrow the suspects, in case it was secretly lurking somewhere in the hospital. We had some best guesses, but we simply could not know for sure. Most excruciatingly, we were always wondering if we had succeeded in preventing a transmission.

At the peak of the crisis in 2020, we had almost 100 staff, from the original four. Our volunteer contact tracers were colleagues who were willing to be activated up to three times in a day (and night). This team was given the flexibility to amend contact tracing procedures on the fly to adapt to the ever-changing situation on the ground.

INDUMATHI VENKATACHALAM
Consultant,
Department of Infectious Diseases and
Consultant,
Department of Infection Prevention and Epidemiology

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[3] For more details about the ARI wards, see Chapter 3.

[4] There was no evidence of intra-hospital transmission when a few staff from different areas were infected in 2020.

MASSIVE CONTACT TRACING EFFORTS

In peacetime, contact tracing of intra-hospital exposure meant scanning the computer for wards through which the infectious patient had moved. But contact tracing in a patient who came from the community meant activity mapping, that is, mapping out, as comprehensively as possible, where he/she had been in the previous two weeks.

This information had to be submitted to the Ministry of Health (MOH) within two hours of knowing that someone tested positive. Our Molecular Pathology Laboratory (MPL) ran the COVID-19 polymerase chain reaction (PCR) tests three times a day, hence the last batch of results always came out after 10:00pm. As the number of positive results rose by the day, the number of times work started after 10:00pm went up.

When MOH introduced the "Swab and Send Home" scheme, there was also a need to contact patients whose swabs tested positive, and a need to inform those who were negative, for their peace of mind.

All the data had to be plotted on charts and graphs for the next day's Command Centre meeting. The tiny but valiant Epi team needed help.

To ensure this critical piece of work – contact tracing – was carried out, the hospital poured manpower into Indu's team. There was no shortage of volunteers. To obviate the need to train new people daily, Indu worked hard to assemble a team of regulars.

Dennis Yeo[5] was excited to be involved. "Here I was, a backroom boy, now having contact with COVID-19 patients and speaking to them through the phone. It felt surreal. It often took three or more hours to gather all the information required by MOH. Meeting the two-hour deadline was tough. It was exciting but draining. We developed a roster and took turns to do this round-the-clock every day. On a macro level, we created various daily reports that charted the evolving epidemic in SGH and Singapore. We were kept abreast of the latest developments in Singapore and abroad – it made us feel really special to be privy to such information."

[5] Dennis Yeo, Executive, Department of Clinical Quality and Performance Management.

Other colleagues had a more pleasant task – to inform patients with negative results of the good news. Ulina Santoso[6], Elisabeth Angelina[7], Niny Purnama Sari[8] and Chin De Zhi[9] recollected. "It was not always easy. More often than not, the person on the other side spoke a different language. However, we knew our job was important. The simple phone call reduced their anxiety. The team ensured that every patient received the good news, even if it was through mail. Fortunately, our efforts were rewarded with, 'I was very worried. This is the best news I have ever received!'"

With help from the Facilities team, a seminar room was converted in double-quick time in February 2020 into an Epidemiology outpost for contact tracing purposes.

The infection prevention experts

It was not necessary for senior management to enunciate that preventing patient-to-staff transmission of the virus was of the highest priority. Everyone just knew it. The IPE team became a living resource library for all who wanted to know how to keep their staff and premises safe.

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[6] Ulina Santoso, Senior Manager, Department of Clinical Quality and Performance Management.
[7] Elisabeth Angelina, Assistant Manager, Department of Clinical Quality and Performance Management.
[8] Niny Purnama Sari, Senior Executive, Department of Clinical Quality and Performance Management.
[9] Chin De Zhi, Executive, Department of Clinical Quality and Performance Management.

Refresher training in infection control and mask fitting were the first order of the day. The team took the staff through the steps of putting on and taking off Personal Protective Equipment (PPE) so that they would observe the sequence of first-in-last-out to prevent contamination.

Infection Prevention Nurse (IPN) Bushra binte Shaik Ismail[10] recounted. "At first, we did nothing but N95 mask fitting for three weeks for about 250 staff every day from 9:00am to 5:00pm. The stream of staff was never-ending. The fitting could not be rushed, as everyone needed to have the correct mask in order to stay safe."

It was an unsettling time for all. Overwhelmed by fear and stress, some staff criticised their IPE colleagues for being "so slow", causing one of her colleagues to break down and cry, recounted Bushra.

> It was a time when fear and anxiety were pervasive. During one mask-fitting session, some staff reprimanded us for being unreasonable in enforcing strict mask fit requirements. This lashing was the last straw that triggered our tears, built up over the long period of stress.
>
> Sheena Ong, Executive, Infection Prevention and Epidemiology

[10] Bushra binte Shaik Ismail, Asst Nurse Clinician, Infection Prevention and Epidemiology.

Keeping everyone safe, everywhere

Everyone was unsure if their processes were safe. Step by step, the IPNs calmly walked everyone through, applying best practices and standard principles in infection prevention. Working with an existing network of staff appointed as Infection Prevention Liaison Officers in every department, the IPE team gave updates, clarifications and just-in-time teaching.

As the pandemic response moved beyond the hospital, our IPNs found themselves figuring out how best to keep everyone safe in unfamiliar locations[11] such as migrant worker dormitories and community care facilities. For every new offsite deployment, the IPN team was there to guide and to check. They also extended their expertise to the non-healthcare partners who ran these facilities, training their housekeepers, security officers and other staff.

N95 mask fit tests determine the mask brand and size that give the tightest seal for protection of the wearer.

[11] For more details about the offsite deployment, see Chapters 8 and 9.

Cleaning every nook and cranny

Housekeepers risk exposure to pathogens when cleaning up and handling medical waste. Charity Naw Su Myat Phyu worked in the Isolation Ward (IW), cleaning the rooms of COVID-19 patients. She was grateful for the many training sessions she had attended. "At first, I was afraid. Then I thought, 'I can do it because I have already been working in the IW for two years, so I know how to do hand hygiene and wear PPE to protect myself'. Before this, we were training for Ebola. Compared with Ebola, I did not think that COVID-19 was as frightening."

The work was tiring. It took two hours to clean[12] a room after a patient had been discharged, and 40 minutes if the room was occupied. Equally challenging was the instruction to avoid talking to the patient to minimise the risk of infection. "We were told not to talk to the patient in the room. But it was so unnatural and unkind to ignore them."

Each day after she entered the IW, Charity was not allowed to leave the premises until the end of her shift. Where she once went to the rest area in the hospital to meet her fellow housekeepers, now she could only connect with them over the phone or video calls. Her routine was just home-to-work, and then a shower, before heading home again.

[12] Only specially trained housekeepers are allowed to carry out terminal cleaning and disinfection. They follow a strict procedure, governing the type of cleaning agents and the sequence of surfaces to be cleaned.

Cut off from home

Many housekeepers are Malaysians who cross the border daily to Singapore to work. They found themselves stranded when the Malaysian government introduced a Movement Control Order (MCO) on 18 March 2020. Housekeeper Muhammad Nurasyraf bin Rosdi, who worked in the ED, remembered the day he heard the news. “I had just finished my shift at 7:00am when my manager informed us that the border would close at midnight. She assured us, ‘Don’t worry, we are arranging accommodation for you.’ Thinking it was going to last just two weeks, I went home to pack my belongings. Little did I know that it was going to be extended again and again. It was almost a year before I finally went home, in January 2021, to help my wife and two-year-old daughter to move from Johor Bahru to Selangor, where they could be with my wife's parents.”

His colleague, Khalyani Dilly Kannan, similarly found herself cut off from her husband and two-year-old daughter who lived in Johor Bahru. “I used to think that the daily commute was tiring. But I’d gladly do it now.”

A housekeeper positions mobile UV lamps in an isolation room. SGH IPE uses these lamps as an adjunct to terminal cleaning.

Space converters

The ED bore the brunt of the initial surge, and resources were rushed to reinforce that front. Relief came quickly, recounted the head of department Kenneth Tan[13]. "Two days after we confirmed the first case, the situation was very bad – patients were overflowing to the ambulance porch. CEO[14] turned up with COO Jack[15], and I was given very strong support. Whatever we needed at each point in time, we were given. I told Jack my people needed lockers 'maybe by tomorrow'. He said, 'My people are coming now'."

At the ED, it was important to separate patients with fever from other patients to minimise the risk of transmission. The 11-patient fever zone[16] was rapidly overwhelmed. There was an urgent need to have an additional fever area.

Cubicles were quickly added at the Ambulatory Surgery Centre (ASC), an area adjacent to the Emergency Department. This portion of the ASC became the ED's second fever area.

[13] Dr Kenneth Tan, Head and Senior Consultant, Department of Emergency Medicine.
[14] Dr Kenneth Kwek, Chief Executive Officer.
[15] Tan Jack Thian, Chief Operating Officer.
[16] For more details on the fever zone in the ED, see Chapter 1.

Within hours of activation on 24 January 2020, the Facilities Management & Engineering (FME) team created cubicles at the adjacent Ambulatory Surgery Centre (ASC) to serve as holding area for people with suspicious symptoms. By converting spaces such as those at a nearby bridge and at a multi-storey carpark[17], FME added 120 beds to the Fever Screening Areas (FSA).

Evolving workspaces

As the number of cases rose, the hospital knew that the crowd at the ED would only get bigger. Converting the multi-storey carpark into an FSA was one of the contingency plans in the playbook, and had been exercised before.

On 20 March 2020, the FSA at the carpark received its first patients – those who required swabs to rule out COVID-19. At the peak, the number would hit 100 a day. This screening area was later equipped to accommodate patients who had to stay overnight to await their swab results.

Emergency physician Fua Tzay-Ping[18], who oversaw the FSA, remarked. "I was impressed that the Preparedness and Response Department (PRD) and the rest of our Operations Division managed to retrofit an existing carpark into a functional clinical space. The demarcation of clean and dirty clinical areas was well thought through, like the central clean staircase for staff to move between decks without encountering patients, the staff pantry and gender-specific toilets with staff showering facilities. We even had an on-site X-Ray service.

[17] For more details about the planning and preparation to equip the carpark as an FSA, see Chapter 2.
[18] Dr Fua Tzay-Ping, Consultant, Department of Emergency Medicine.

We are grateful that doctors from Radiology and Pathology – departments that usually do not treat patients – stepped forward to volunteer in the FSA. Nursing manpower came from the Operating Theatres, Community Nursing as well as the Singapore National Eye Centre (SNEC)[19]."

Wireless but connected

IT specialist Benedict Tan[20] worked closely with the hospital's IT partners and vendors. With news of the first case, he placed these partners on standby. Even then, he was surprised by their quick response. "When I got the call that the ED needed network points at the interim fever area at the ASC, I activated the SGH IT team. Expecting them to take some time, I decided to have my dinner first. When I turned up at SGH, I asked the Security staff, 'Anyone here to do cabling?' 'They've gone home. The job has been done.'"

The IT partners kept pace and went on to enable many needs in unusually quick time, both in the hospital as well as in the external operations.

The IT team also helped to cable up the Fever Screening Area at the multi-storey carpark.

[19] The SNEC is located on SGH Campus. Both SNEC and SGH are part of the SingHealth cluster.
[20] Benedict Tan, Group Chief Digital Strategy Officer and Chief Data Officer, SingHealth. He was previously head of IT in SGH.

50 BEDS IN 50 DAYS
How SGH turned a carpark into a COVID-19 ward

At the peak of the outbreak in April and May 2020, SGH saw 200 to 300 suspected and confirmed COVID-19 cases at any one time. The hospital converted normal wards to house isolation patients but it was necessary to plan for more. In mid-May 2020, SGH started to build, in a carpark, an IW with 50 rooms, every one of them negatively pressured. Ward@Bowyer admitted its first patients on 15 July 2020.

Ward@Bowyer was set up in the middle of the Circuit Breaker, a partial national lockdown. There was supply disruption of materials and manpower, as migrant workers were not able to leave their dormitories.

"Our service partners were experienced and resourceful, and together with help from colleagues across SGH, we were able to complete the ward in a mere 50 days," said project manager Raphael Heng[21].

A car park was commandeered for Ward@Bowyer.

[21] Raphael Heng, Director, Department of Facilities Development, SingHealth.

Raising the drawbridge

To protect patients and staff, visitors with travel history or flu-like symptoms were not allowed into the hospital. When patients who met these criteria turned up for their appointments, they were managed with the strictest of protocols, safely away from others. The hospital also restricted visits to the wards, first cutting the numbers and then later allowing only those designated by the patients[22].

Sandra Aw[23] had just taken charge of Visitor Services when the pandemic hit. She was acutely aware of the heavy responsibility of being gatekeepers. "Getting the public's cooperation was an uphill task, as most people did not yet understand the reasons for the many restrictions. Visitors were upset and emotions ran high. Some resorted to making false declarations to gain entry. It was very stressful for the team – they were always worrying that they had let someone in who would ignite an outbreak in the wards."

Many staff, especially administrators, volunteered at these screening stations, working outside office hours or on weekends. Initially, visitors had to complete paper forms, but soon, with the help of the IT team, SGH developed an online screening form that could be accessed via mobile phones. It was eventually used by many other healthcare institutions in Singapore.

When it became clear that perimeter screening[24] was here to stay, it was not tenable to depend on volunteers. The team from Specialist Outpatient Clinic (SOC) Operations took over the centralised effort, working with the Human Resources Division to roster staff from all over the hospital.

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[22] SGH is a 1,700-bed hospital which had about 81,000 admissions a year. Before the pandemic, it saw 2,900 patients at its clinics and 340 patients at the ED every day.

[23] Sandra Aw, Assistant Manager, Visitor Services.

[24] Perimeter screening, a concept first deployed in SARS in 2003, was a critical plank of the hospital's efforts against the virus. But it was labour-intensive, even with the app. Nevertheless, it gave staff another avenue to join in the COVID-19 fight. In a survey conducted by the hospital's Health Services Research Unit, many of the staff described their shifts at the perimeters in the form of a service, not just to the hospital but also to the nation, and expressed satisfaction with the opportunity to be a part of the hospital's endeavours against the virus.

Screening stations at the hospital's various entrances went up in January 2020, even before the first case was confirmed.

> A man with travel history wanted to be with his wife, who was in labour. The guidelines then did not cover this specific situation. As a father, I knew I wouldn't want to miss such an important moment. Together with our PRD colleagues, we engaged our ID doctors and IPNs. In the end, we managed to make special arrangements for him.
>
> Yang Hui, Assistant Manager, SOC Operations

Initial MOH advisories also did not provide for those in quarantine or serving Stay-Home-Notices (SHN) to visit their loved ones, even those who were critically ill. SHN was mandatorily applied on anyone who had just arrived in the country. People who had travelled specially to see a loved one who had turned seriously ill found themselves trapped in a hotel instead. Seeking to balance public health and compassion, SGH put in place processes to allow the dangerously ill to receive visitors who were serving such a notice.

Securing the supply lifeline

Whoever has the supply chain wins the war. That was the sentiment when the global scale of the pandemic became apparent, and countries started imposing export controls on essential items.

As part of disaster planning, SGH had always kept a seven-day stockpile of PPE, based on the highest single-day usage during the SARS and H1N1 outbreaks. Supply chain specialist Rosli bin Boedjang[25] explained. "It is part of our routine operations to prepare for various kinds of emergencies. For disasters such as mass casualty incidents, we have kits pre-packed and ready to go. During COVID-19, we acted to plan – auto-pushed PPE to the general wards and increased the stock levels for the isolation wards. We then tapped on the national stockpile at MOH for new supplies. At no point did we run out of essential items although we advised users to request smaller quantities each time. Meanwhile, we looked for new suppliers to diversify our sources. For example, when the supply of face shields began to fall short, we found a local manufacturer to make them in Singapore."

Despite being well prepared, the team did find itself missing a key item in its store. Rosli continued. "Bottled drinking water was never in our inventory, but staff in PPE have to be kept hydrated to prevent heat injury. We got the request on a Sunday, when we could not reach any supplier. One of our men drove to a few supermarkets and hauled back cartons of water. The next day, we quickly firmed up contracts for regular supplies."

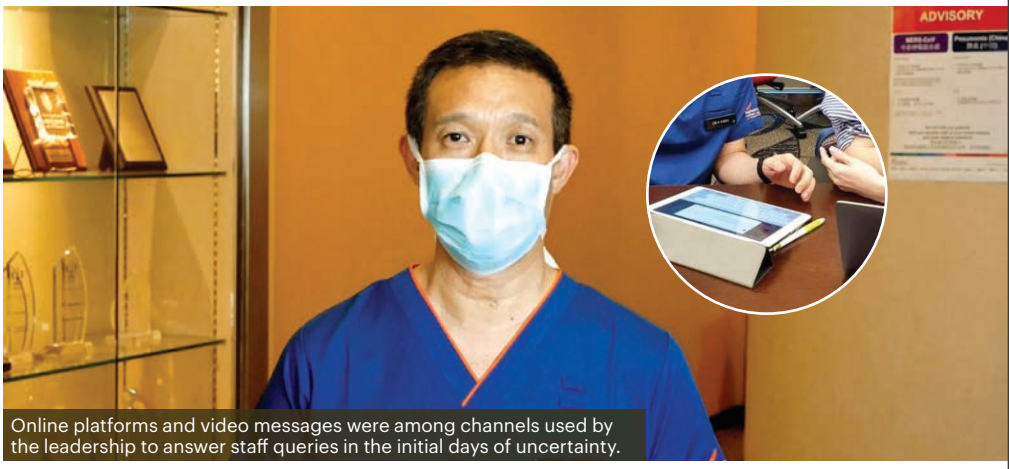
When the hospital moved out to operate mobile teams in dormitories and isolation facilities such as hotels, the supply chain team also took care of the supplies the teams needed.

[25] Rosli bin Boedjang, Senior Manager, Supply Chain, ALPS-SGH Non-Pharma Logistics.

Communicate, communicate and communicate

Jennifer Wee, Chief Communications Officer (CCO) described her team's role in epidemics. “Communicate, communicate and communicate. This must be the guiding principle. We knew from the start that in an outbreak, and a potentially prolonged one, communications would be key. We need to let our staff (and their loved ones) know that we will take care of them, and we need to help staff and patients make sense of an uncertain and confusing world. We need to engage them and increase their understanding of what needs to be done and why. That’s the best form of reassurance we can give to our colleagues at the frontlines. The Comms team has to be the wingman, standing alongside the leadership and ground staff, anticipating and reacting as appropriate.”

It was clear from day one that the hospital’s 10,000 staff had to stay connected, know what was happening, and advance with one mind and one purpose. As the nation’s flagship hospital with more than a million patient visits each year, SGH also had to ensure that patients and their loved ones were swiftly kept abreast of changes that impacted them.



Online platforms and video messages were among channels used by the leadership to answer staff queries in the initial days of uncertainty.

Timely engagement

The Communications team has long been a member of the hospital's Disease Outbreak Taskforce (DOTF) and the inclusion of the CCO in the Command Centre, when it was formed in January 2020, was instinctive. Being involved in the daily leadership huddles, the team saw and heard, at source, how the situation evolved. The CCO and her team never needed prompting to come up with the right message at the right time. Kenneth Tan[26] appreciated their support when the ED was facing the heat. "Patients were evading our screening stations and we needed help with notices to discourage such behaviour. The Comms team and Facilities colleagues moved so fast that before I knew it, digital notices on TV screens were up. The team also helped to constantly update various advisory pamphlets given out to patients."

COMMUNICATION MATERIALS

Large digital displays of the latest visitor policies at the entrances to SGH.

[26] Dr Kenneth Tan, Head and Senior Consultant, Department of Emergency Medicine.

COO Jack had praise for the Communications team too. "Throughout the pandemic, rules for visitors to the inpatient wards were constantly changing. Communication materials were essential and had to be constantly updated on our website and in the hospital for immediate management of patients and visitors. The Comms team never failed to deliver."

Daily assurances to build trust

One thing from SARS which the Communications team continued with was the daily note from the hospital's leaders. These memos kept the staff updated, and shared the leaders' perspectives of the evolving situation[27]. Named the CEO-CMB[28] Daily Note, it was another important tool for daily communications. Over a period of 200 days, the Note was emailed to staff every day. Thereafter, it was done on a weekly basis.

Communications specialist Claudia Yeo[29] was the key scribe who worked with the leadership to shape the messages. She analysed the challenges she faced. "What do we say, and how do we say it? How do we share news factually yet be reassuring amidst all the uncertainty?"

When very little was understood about the virus – how it spread, how quickly it would spread, how deadly it was, what precautions needed to be taken, and what the appropriate responses should be – the Note provided information frankly and was transparent about the hospital's perspective.

As the number of cases climbed, some vital questions emerged among the staff. Would resources be adequate to keep us safe? If the outbreak became widespread, would the hospital be overwhelmed by the infected? The Notes helped to sustain trust and confidence in the hospital's leaders and their decisions.

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[27] During SARS in 2003, the notes were printed on coloured paper and sent out to individual departments, for dissemination to all staff. In 2020 they were, naturally, emailed to staff.
[28] The Chairman of Medical Board (CMB) oversees and guides the care that is provided by the clinicians in the hospital.
[29] Claudia Yeo, Senior Manager, Communications Department.

For medical social worker (MSW) Olivia Khoo[30], the Notes were a guiding light in her role as a leader. "The CEO-CMB Daily Note has been instrumental in helping us pitch our operations and day-to-day work. These materials are responsive to the larger environment and they serve as great guidance for us managers. The memos unify the leadership at all levels. With such materials, we are not alone in this leadership journey."

In 2020, the Communications team crystallised a key concept honed from the Hepatitis C outbreak[31] in 2015 – never let our staff read a piece of breaking news about the hospital from the media. Ensuring that they get first-hand news from the hospital leadership fostered trust between the leadership and our staff.

This was clearly articulated from the very first memo from the CEO to the entire SingHealth cluster, announcing the first case in SGH and Singapore – "The press conference by MOH is currently ongoing but we wanted to let you know first".

To adhere to this principle, the Communications team negotiated with MOH, which agreed to the hospital releasing its statements minutes before the news embargo ended. Communications expert Angela Ng[32] revealed. "This is a relationship nurtured and built over years. It underscored the confidence that MOH had in us to not break any media embargo."

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[30] Olivia Khoo, Head, Department of Medical Social Services.

[31] The Hepatitis C outbreak in 2015 affected 25 patients in the renal wards and was linked to eight deaths. Twenty of the patients were kidney transplant recipients, see Chapter 2.

[32] Angela Ng, Head and Director, Communications Department.


SingHealth

Defining Tomorrow's Medicine

STRICTLY FOR INTERNAL CIRCULATION ONLY

23 January 2020

Dear colleagues

FIRST CONFIRMED IMPORTED CASE OF NOVEL CORONAVIRUS IN SINGAPORE

We have just confirmed one imported case of Novel Coronavirus in Singapore today. The patient presented at the SGH Emergency Department with fever and cough on 22 January and was immediately isolated as he met the case definition.

The press conference by MOH is currently ongoing but we wanted to let you know first. Thanks to your vigilance, we were able to quickly identify and isolate the patient.

We have a duty to maintain patient confidentiality. Do not speculate or share information about this case. We will share more information with you when available.

Please remain vigilant and practice the necessary clinical protocols.

Thank you for rallying together during this period.

Yours sincerely

Prof Kenneth Kwek
Deputy GCEO, (Organisational Transformation & Informatics), SingHealth &
Chief Executive Officer, SGH

PATIENTS. AT THE HEART OF ALL WE DO."

SingHealth Duke-NUS Academic Medical Centre

Connect often, consistently and honestly

Frequent webinars, townhalls and other meetings were held to allow senior management and domain experts to explain key issues and take questions from staff. Hospital leaders also did regular walkabouts around the hospital, to meet and address staff concerns and needs first-hand.

At a webinar with staff, CEO Kenneth commented. “Sometimes, people look at Communications as a bit of propaganda. In reality, the team works closely with senior management so that when a decision is made, the right message is communicated.”

Sunshine amid the gloom

The Communications team also understood the importance of helping the public understand the situation on the frontlines. If staff at work could be portrayed sensitively, it would go a long way towards building pride among the staff.

When nurses were ostracised by the public fearing contagion, the hospital took to social media to call for support and respect.

The team was more than happy to facilitate when a request was received from the media. Angela recounted, "A photo-journalist wanted to be allowed in, to take photos for a local newspaper[33]. Most of the media coverage on COVID-19 then consisted of interviews, with very few images of the frontline in the hospitals. We felt that this photo story had to be told. We were able to assure management that we knew what to do, to make sure it would be safe, and that the images would tell the right story."

Media specialist Carol Ang[34] added. "The media was asking to interview doctors and nurses. We were intentional in offering colleagues in less known but critical roles as well. Our contact tracing colleague, Edwin Conceicao[35], became a bit of a celebrity. His interview[36] was reproduced on many media outlets overseas, owing to his personality and his unusual role."

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[33] For the results of these efforts, see https://www.straitstimes.com/singapore/health/clean-hands-open-hearts.

[34] Carol Ang, Senior Manager, Communications Department.

[35] Edwin Philip Conceicao, Senior Executive, Department of Infection Prevention and Epidemiology.

[36] Reuters. 'Drop everything, scramble': Singapore's contact trackers fight coronavirus. 13 March 2020 [Internet]. Available at: https://www.reuters.com/article/us-health-coronavirus-singapore-tracing-idUSKBN2101A7.

The Straits Times ran a photo feature on 16 March 2020 which gave the public a rare glimpse into happenings in the hospital. The Communications team made special arrangements to enable the project by the photo journalist.