

## **Project Title**

Better Leaders, Better People, Better Care

## **Project Lead and Members**

- A/Prof Charles Vu, Co-Chair, Staff Engagement Workgroup, Assistant Chair, Medical Board and Senior Consultant, Head of Gastroenterology and Hepatology
- Serene Tan, Co-Chair, Staff Engagement Workgroup, also Director, HR
- David Dhevarajulu, Co-Chair, Staff Engagement Workgroup, also Director, Transformation
- Koh Huey Bing, Member, Staff Engagement Workgroup, also Deputy Director, Transformation
- Karen Koh, Assistant Manager, Transformation

## **Organisation(s) Involved**

Tan Tock Seng Hospital

## **Project Period**

Start date: Jan 2014

Completed date: May 2015

## **Project Category**

Organisation Development

## **Keywords**

Organisation Development, Staff Engagement, Staff Empowerment, Collective Leadership, , Tan Tock Seng Hospital, , Thought Leadership, Engaging Leadership Programme, Engaging Skills Programme, Shared Governance,, Staff's Voices, Patients' Voices, Better Leaders, Better People, Better Care

**Name and Email of Project Contact Person(s)**

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## **INNOVATIONS IN HOSPITAL MANAGEMENT GOVERNANCE**

*(Has to do with the basic functions of management, setting strategic directions and how management assures itself that it has control and feedback and practices good governance).*

This award is for the hospital that implemented the most effective management innovations. The innovations can be in one or more areas of governance or implementing management policies, in setting goals and organizing to meet them, improvements in how the hospital plans its services, manages its finances, motivates its staff and has developed an effective feedback /control and management review processes. The entry needs to demonstrate measurable results. Is there “visible” leadership to create the right mindset and culture for a better patient experience?

### **Project Title:**

Better Leaders, Better People, Better Care

### **Project Date:**

January 2014 – May 2015

### **Department Name:**

1. Gastroenterology and Hepatology
2. Human Resource Management
3. Kaizen Office

### **Key Staff Involved in the Project:**

1. A/Prof Charles Vu, Co-Chair, Staff Engagement Workgroup, Assistant Chair, Medical Board and Senior Consultant, Head of Gastroenterology and Hepatology
  2. Serene Tan, Co-Chair, Staff Engagement Workgroup, also Director, Human Resources
  3. David Dhevarajulu, Co-Chair, Staff Engagement Workgroup, also Director, Transformation
  4. Koh Huey Bing, Member, Staff Engagement Workgroup, also Deputy Director, Transformation
  5. Karen Koh, Assistant Manager, Transformation
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1. Please give some background to the project or program including how it originated. Give details of the extent to which the project improves the efficiency or effectiveness of overall service. Outline any specific goals or targets you had in mind prior to the project being put together. **MAX 350 WORDS.**

## **Broad Shifts**

We are constantly challenged to make healthcare accessible, affordable and sustainable through reshaping healthcare systems, processes and practices. This is especially so for Singapore, given our resource crunch and ageing population.

## **Laying the Foundation**

TTSH formulated Vision 2016 (V16) (see **Appendix 1**) which is anchored on shared, collective leadership, to move the organization to a position of greatness. We moved from a hierarchical leadership structure to build leaders at all levels, collectively engaging and inspiring staff to transform and co-create care, making TTSH a Great Place for Healing, Working, Learning and To Be The Best.

We define collective leadership, as opposed to hierarchical structures, where everyone takes responsibility for the success of TTSH, beyond their own jobs. Collective leadership entails distributing and allocating leadership power to wherever expertise, capability and motivation sit within the organisation<sup>1</sup>. We believe that Better Leaders = Better People = Better Care.

Leadership, to be credible, must be value-based. Leadership's first milestone was to engage staff and patients through a series of focus groups, to understand value from their perspectives. These values guide the design of our engagement framework where leaders are built at 4 different levels (see Diagrams 1 and 2 in **Appendix 1**). Such a strategy enables alignment of work to vision and gives traction and momentum to the transformation process.

Systematically designing interventions at the 4 different levels also allow the organization to continually uplift and increase the motivation for the vocation of leadership in TTSH, so that more staff would take on leadership as a choice.

## **Extending the Leadership Base through Training and Opportunities**

To imbue engaging leadership skills as core skills in all professional tracks, we designed the Engaging Leadership Programme (ELP) for senior leaders and the Engaging Skills Programme (ESP) for leaders looking after teams of at least 5 staff. (see Diagram 3 in **Appendix 1**)

We have since skilled more than 800 leaders. These skills will be extended to ground staff through an Onboarding Programme this year, bringing us even closer to shared, collective leadership.

Management processes such as strategic planning are extended to increasingly more leaders while Townhalls and forums involve the ground in co-creation of strategies.

Reference:

<sup>1</sup> West M, Steward K, Eckert R, Pasmore B (2014). *Developing collective leadership for health care*. London: The King's Fund and Center for Creative Leadership. Available at: [www.kingsfund.org.uk/publications/developingcollective-leadership-health-care](http://www.kingsfund.org.uk/publications/developingcollective-leadership-health-care)

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2. Please give details of what costs were reduced and how much and what positive or negative effects if any there was. Describe how the project was beneficial from the patient's perspective and experience, if any and of the savings were passed on to the patient? Are the savings sustainable or were they one time? **MAX 250 WORDS.**

### **Improving Patient Outcomes and Experiences**

Better leaders helped built an engaged workforce that puts in discretionary effort to improve processes and transform care delivery, making it affordable, accessible and sustainable.

Please see Diagram 1 in **Appendix 2**. By 2022, we will need a high 777,000 patient days to meet projected patient care demands. However, through our process and service improvement efforts, implemented currently, we are bending the curve and moderating the bed demand down by about 20%, saving the hospital precious resources and funds.

We will continue our strong efforts to keep our patients well, and skilling our community partners towards integrated care. Process improvement and care re-design continue to be the hallmark of our people.

**Appendix 3** supplements with a list of our awards in the area of process and service improvements. The range and speed at which they are implemented are only possible because of leaders at all levels.

The following are examples of how patients found value from projects at different leadership levels:

a) 8000 Voices to co-create Care

8000 Voices is a leadership-led feedback cum conversation platform that engages every single staff in a stocktake and aspiration for TTSH, to collectively co-create better patient care.

b) Nursing Shared Governance Model

Nurses have become more involved in decision-making at the point of care, making patient care more responsive, through the initiative implemented "by the Nurses, for the Nurses". The model changes nursing from the traditional hierarchical model to a culture of empowerment.

c) Rollout of new and enhanced healthcare subsidies

A SOC team helped outpatients to optimise government subsidies in their bills. Said Patient Neo, "The clinic staff took great care to explain my entitlements as a Pioneer Generation citizen. She helped me maximize my savings and to understand what I was paying for."

d) Band Group in TTSH: "Nursing Jamz"

An interest group initiated by Nursing, that spread to include others, now cheer staff, patients and NOKs visiting the hospital grounds with live music performances.

Please see **Appendix 4** for details.

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3. Please describe IF and how the improvements in management was also beneficial from the patient's perspective and experience, and how it improved patient care, patient safety or service. Preferably please present quantifiable information such as "before and after" measurements if any. **MAX 200 WORDS.**

### **Our Patients' Voices**

The Patient Satisfaction Survey (PSS) is a survey commissioned by Singapore's Health Ministry for hospitals in Singapore. In 2014, TTSH was ranked 2<sup>nd</sup> out of the 6 public hospitals.

We attained an overall satisfaction score of 78.9%; a 4.2% improvement from 2013.

### **Our Partner's Voice**

A further validation of TTSH's commitment to patient values is the accreditation by the Joint Commission International (JCI) in 2014 for our continuous effort to improve patient safety and care. We are the third hospital in Singapore to attain the accolade of an Academic Medical Centre (AMC) Hospital.

### **Our Staff's Voices**

An equally important factor which serves to affirm our efforts and commitment towards collective leadership and engagement, which directly influences our commitment towards patient care, service and safety, is that of our staff's engagement scores.

For the second time in a row, TTSH won the Best Employer Award in the Aon Hewitt Best Employers Study – first in 2013 and recently in 2014.

We scored above the national average in all 4 indices – Engagement, Leadership, Employer Brand and High Performance Culture.

More importantly we have seen individual leaders and teams being recognised for their contribution to improving healthcare. Please see **Appendix 5**.

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4. Explain to what extent and why the improvements are sustainable. **MAX 200 WORDS.**

**Learning and Support Platforms: Leadership Engagement And Practice (LEAP) and Leadership Engagement And Development (LEAD)**

Sustaining engagement means creating platforms for continuous learning and mutual support.

We created 2 learning and support platforms, LEAP and LEAD. Held quarterly, management issues take centre stage through open space conversations. Feedback confirmed that they helped managers renew their commitment to the engagement journey, clarified policies and hospital strategic directions. It provides opportunity to co-create and helps them to translate hospital priorities to staff.

**Feedback Platform: 8000 Voices**

8000 Voices is a leadership-led hospital level open conversation that seeks to aggregate staff's views on TTSH's organisational journey, and advances deeper value-based conversations on staff's aspirations and TTSH's priorities.

The project started in Jan 2015, targets to engage every one of the 8000 staff, to co-create a shared future and build further commitment to our shared leadership. Staff via this platform found a voice and opportunity to contribute to the next strategic map for TTSH beyond 2016.

**Social Media Platform: [www.facebook.com/groups/8000voices/](http://www.facebook.com/groups/8000voices/)**

A social media page, 8000 Voices of TTSH, was created on Facebook to give leadership and staff an interactive platform to build relationships and keep abreast of hospital developments, to share and co-create the future.

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5. Please give some background to the project team that originated, studied and developed the project or program. **MAX 200 WORDS.**

The Staff Engagement Workgroup was appointed by CEO to create A Great Place for Working – to bring our staff values to life through engagement at the organisation, leadership, team and work levels. 11 leaders represent different family groups, bringing together diverse perspectives in alignment to a common cause.

Chairpersons for this Workgroup are the Assistant Chairman, Medical Board, Director of Human Resource and Director of Transformation.

The Workgroup works with CEO and leadership and are actively involved in organisational strategic planning, organisational development and training interventions.

This team adopts a learning approach; is game to experiment and prudent to validate and then build on what gave us success. Manpower for interventions come from the ground and offers opportunities for leaders to emerge at different levels. Our goals include building a collective leadership, an engaged workforce and an inclusive culture.

We innovated with engagement at 3 levels: People (staff), Patients and Population. Collective leadership is essential to build enduring relationships, understanding and mutual trust. They facilitate patient centric care, making a difference to the community and echoes our mission of serving the community.

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6. Please add any other items that will convince the judges that your hospital is worthy of being given the “most improved” hospital award. **MAX 300 WORDS.**

### **Shifting Paradigms**

The move to collective leadership and building leaders at all levels is opposed to a hierarchical structure, often associated with healthcare management. To embrace collective leadership requires a major mindset shift, especially for clinicians, whose immediate and primary concern is healing.

Yet the impetus for change was such that we need to raise leaders at all levels who would also be change agents. The “Regional Health System” concept calls for care to be shifted back to the community and into the patient’s home, increasing our chance to make healthcare sustainable. This model requires a complete buy-in to collaboration at all levels, making engagement and teamwork both critical success factors. Leaders need to emerge wherever a team is placed.

TTSH was able to collectively make this shift because leaders inspired people with Vision 2016 and engaged them to collectively make the hospital a Great Place for Healing, Working, Learning and To Be The Best.

Leaders trained in leadership programmes like ELP and ESP reflect a healthy support by clinical groups.

Of all leaders skilled in ELP, 63% of them are clinicians. Of all leaders skilled in ESP, 78% of them are clinicians. We have also re-designated all doctors, allied health professionals and nurses as “clinicians”, emphasizing the move towards collective leadership.

### **Moving Into Discomfort Zones**

Process improvement is the new routine. We have up to 21 inter-disciplinary projects a year. All projects involve cross functional collaboration and many led by clinicians. Allowing major clinical work streams to come under scrutiny and be open to improvements is another major shift.

As demand and complexity in healthcare increases, we require leaders at all levels who can shift, adapt quickly, influence positively and thrive on change; making sense out of uncertainty, playing a key role in delivering care that is innovative, safe and sustainable.

Please see **Appendix 3** for a list of awards in process and service improvements.

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