PARTNERING FOR INNOVATION
A YEAR OF GROWTH

EASTERN HEALTH ALLIANCE
ANNUAL REPORT 2013
On the cover: The photo depicts the five founding partners of Eastern Health Alliance, represented by different roles, working hand in hand and growing together to serve our patients and caregivers. This is what we do.
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CHAIRMAN’S MESSAGE
Partnering for Innovation: A Year of Growth

Like many nations around the world, Singapore’s steadily growing and ageing population has meant that our healthcare system will grapple with more people suffering from chronic diseases and multiple co-morbidities. As a result, our patient care needs, as well as the needs of their caregivers, are becoming increasingly complex. Our demographics have also changed with a smaller family nucleus and more elderly living on their own.

Against this backdrop, healthcare systems must continually innovate in the delivery of healthcare that is integrated, seamless, contextualised, effective and relevant to our patients and their caregivers. This is a huge challenge, and it simply cannot be done by organisations working alone or within departmental or institutional ‘silos’.

In essence, to innovate effectively, we must partner effectively. The Eastern Health Alliance was founded on a strong vision of inclusive partnership among diverse healthcare providers. Our EH Alliance Mission, “Partners for Better Health” is a succinct description of our raison d’état. As the regional health system for eastern Singapore, we exist to work with organisations, both healthcare and non-healthcare. From preventive health to disease management and intermediate and longer-term care, the focus is on coordinated, inclusive partnerships that will result in innovations to deliver the right quality care at the right time for each patient.

In our three years of existence, partnering with like-minded organisations has been the cornerstone for all our programmes and services. Together, we have been able to deliver quality care to more patients in the community and to build and enhance stronger support ecosystems that enable patients to be cared for and to live well at home.

In continually thinking out of the box, I am deeply appreciative of and encouraged by the many partners who have joined hands with us in innovating, developing and implementing programmes to equip residents to care for the vulnerable in their neighbourhoods, and manage chronic diseases or mild to moderate conditions in the community. Our partners’ expertise and experience add critical value to the EH Alliance’s capabilities. With their support and involvement, we are able to reach out to more people, explore different ways of promoting good health and better support those who need help. Be it ECHO, the Neighbours for Active Living, Community Health Centres or the Health Management Unit, each of these programmes are possible and successful because of our simple operating philosophy - we work together with partners to transform healthcare.

As leaders of health systems ponder about cost, quality, and accessibility, we take encouragement from the fact that potential solutions already exist from the innovators we have seen and learned from around the globe. The real challenge is how to implement, not just how to invent. Looking ahead, we will strengthen our partnerships, and establish new ones - such as our joint partnership with Changi General Hospital and the Singapore University of Technology and Design - to tap these streams of innovation that can yield effective new ways to reach, interact and provide affordable, quality care for patients. In doing so, we will help build a truly inclusive and comprehensive system of healthcare support for eastern Singapore.

MR GERARD EE
Chairman and Director
Eastern Health Alliance
Partnering for Better Health

This financial year has been a year of significant growth for the Eastern Health Alliance. In the “blink of an eye”, Singapore’s first regional health system is already more than three years old. We have continued to be guided by our Vision “Towards Seamless Quality Care – Together” and expanded our programmes and facilities for the benefit of the community that we serve, a population of 1.4 million.

The character of the EH Alliance has been defined by our Mission, “Partners for Better Health”. We are not a health system of subsidiary organisations bound by hierarchy and rank, but EH Alliance members are partners in the truest sense of the word - harnessing and giving the best of each of their respective areas of expertise (acute care, primary care, rehabilitation, longer-term care) for the common purpose of better health for our patients and community.

And what does “Better Health” mean? Simply this – to help each patient achieve better quality of health in his or her life journey. We achieve this by supporting Changi General Hospital and our partners to improve services and support programmes that improve coordination among the partners. This is developed under our values of trust, respect and teamwork to develop staff and programmes to their fullest potential.

The special character of our partnership can be clearly seen in initiatives where we reached out to the community to extend care and support beyond the institutional setting. For example, the Neighbours programme puts into place practical and meaningful support structures in the community to help needy residents, especially the elderly, to remain healthy in the community. Or, consider GPFirst, a first-of-its-kind partnership between hospital and family doctors that aims to educate and encourage patients to visit their GP for less-urgent health conditions.

We also opened our second Eastern Community Health Centre in Bedok South to provide more diabetic screening and counselling services for the benefit of GPs to refer their patients to, without needing to refer them to hospitals. The programmes we create crucially depend on the ownership and support of our community partners - be they family doctors, community volunteers, or even spirited members of the public.

At the opening ceremony of the 2013 CGH-Eastern Health Alliance Scientific Meeting, we signed a Memorandum of Understanding between the EH Alliance, CGH, and the Singapore University of Technology and Design. This agreement aims to bring together SUTD’s expertise in design thinking and CGH’s medical expertise in the pursuit of better ways to provide innovative patient care solutions to address current healthcare challenges. I am confident exciting projects will come out of this collaboration to benefit patients.

But, healthcare is also about the heart for caring. We launched the inaugural EH Alliance Caring Awards to recognise exemplary healthcare professionals, patients and caregivers across our partner institutions. We paid tribute to more than 800 individuals who embody the resilience of the human spirit in the “heart” they provide in caring for others, or for themselves. I salute these “everyday heroes” among our staff, patients and caregivers for what they do.

We announced and expanded the scope of HomeCare Assist, our patient welfare charity supported by the Changi Health Fund. Thanks to our kind donors and supporters, we are now better placed to help more needy patients with the expanded HomeCare Assist programme.

CGH, our subsidiary organisation and acute care partner, plays a critical role as a key resource for the EH Alliance. The year has seen it expand its services such as the palliative care clinic, an interim caregiver service, and a novel partnership with a private hospital to admit selected dengue patients to the private hospital for their medical care. We also celebrated the 10th anniversary of Changi Sports Medicine Centre. They capped a decade of dedicated service that saw the advent and
growth of sports medicine as a full-fledged medical discipline. CGH also achieves its fourth successful hospital-wide JCI reaccreditation during this period.

To help prepare for the more challenging and complex healthcare challenges of the future, CGH underwent a thorough bottom-up and top-down organisational review process to develop its new Mission statement: “To deliver the best patient care with passion and empathy”. This will guide the more than 5,000 staff as they work towards delivering on this mission for their patients. This is part of an ongoing journey that involves the wider CGH staff to refine its organisational vision and values.

The EH Alliance and its partners will continue to work hard to provide increasingly seamless and integrated quality care for the people of eastern Singapore. Thank you for being part of this journey with us.
This has been another outstanding year for all our partners in Eastern Health Alliance, with our skilled and hardworking teams recognised at both national and international levels

**COMMUNITY CHEST PINNACLE AWARD 2013**  
CGH was the only hospital to receive the Pinnacle Award, the highest honour bestowed on Community Chest participating organisations

**HEALTHCARE HUMANITY AWARD 2013**  
Three CGH nurses honoured for outstanding work in patient care

**HIMSS ELECTRONIC MEDICAL RECORD ADOPTION MODEL (EMRAM) STAGE 6**  
Global benchmark achieved by CGH for using IT to improve patient care

**JOINT COMMISSION INTERNATIONAL (JCI) ACCREDITATION**  
CGH achieved re-accreditation for JCI, which is globally regarded as the gold standard in healthcare

**NATIONAL DAY AWARDS 2013**  
Awarded to 22 CGH staff for their contribution to public healthcare

**NURSES’ MERIT AWARD 2013**  
Five CGH nurses honoured for outstanding performance in nursing

**PS21 MOST INNOVATIVE PROJECT AWARD (BRONZE)**  
Awarded to CGH and SACH staff for project to improve financial counselling experience for patients

**SERVICE EXCELLENCE WSQ RECOGNITION AWARD 2013**  
Awarded to CGH for training its staff for service excellence

**BUILDING AND CONSTRUCTION AUTHORITY’S UNIVERSAL DESIGN MARK AWARD (GOLD PLUS) AND GREEN MARK AWARD (PLATINUM)**  
Awarded to CGH as a development that promotes inclusive living and user-friendliness, and for best practices in environmental design and performance
Currently being progressively developed till 2020, the Simei Campus will be an integrated hub that provides holistic, patient-centric quality care for patients in the east. This facility will support seamless care for patients throughout their healing journey, from an acute hospital setting through to rehabilitation and transition back to home.

When completed, the Simei Campus will house a wide range of specialist, diagnostic, high-acuity and rehabilitation services along with education, research and innovation facilities. The vision is to create a vibrant teaching and research environment for clinicians and healthcare staff, and to groom the next generation of healthcare professionals.

**CGH MAIN BUILDING**

CGH continues to upgrade its facilities. Its wards are currently undergoing a nine-year upgrading programme that started in 2011 and will continue on to 2020. The upgraded wards will enhance comfort, privacy and safety for its patients, as well as improved monitoring with a satellite nurse station within the ward cubicles.

CGH added five beds to the Cardiac High Dependency (HD) unit at Ward 38 in August 2013. This was achieved by converting the adjacent general ward cubicle into a HD ward. The expanded Cardiac HD unit will alleviate the bed crunch in the Medical Intensive Care Unit (MICU).

To alleviate the shortage of inpatient dialysis stations, CGH expanded its inpatient dialysis centre with eight additional dialysis points in July 2013. The expansion included a more centralised nurse station to improve patient monitoring and nursing workflow.
ST. ANDREW’S COMMUNITY HOSPITAL (Ready end-2014)

CGH MAIN BUILDING (Remodelling till 2020)

CGH MEDICAL CENTRE (Ready in 2018)
THE INTEGRATED BUILDING

The Integrated Building (IB), which will be completed in end-2014, aims to deliver a new model of care that optimises the recovery and rehabilitation of patients so that they can resume their normal lives at the earliest possible time. The IB has opened up new avenues for collaboration between CGH and SACH to enhance care for patients, through more integrated care programmes, sharing of electronic medical records and closer working relationships for the allied health services such as medical social services and rehabilitation services.

Come December 2014, the outpatient clinics for Rehabilitation Medicine, Neurology, Geriatric Medicine and Psychology Medicine are scheduled to be operational. The inpatient wards will be progressively opened, and at steady state, CGH will be operating 180 acute beds in six wards, whilst SACH will operate 96 community hospital beds in three wards.

To develop an innovative and patient-centric model of care that strives to help the growing elderly patient population to recover optimally from acute illnesses, a mock-up facility has been set up so staff from CGH and SACH can fine-tune the processes and make improvements to the care model. Customised courses on the new model of care were also provided to our staff who would be working at the IB.
THE CGH MEDICAL CENTRE
Now under construction and due to be ready in 2018, the CGH Medical Centre is designed to provide specialist outpatient care for patients with complex medical conditions that require multidisciplinary and multi-speciality care. With the new CGH Medical Centre, CGH aims to deliver specialist outpatient care that is streamlined, valued-based and patient-centred.

As most of CGH’s specialist outpatient services will be moved to the Medical Centre, it allows for further growth of CGH’s acute medical facilities such as the operating theatres and A&E in the Main Building. The Medical Centre is a nine-storey building with three levels of basement, and will house 136 consultation rooms. It will also include minor surgery rooms that are able to handle simple procedures, freeing up capacity of operating theatres in the Main Building for more complex procedures.

The CGH Training and Education Centre will be housed within the Medical Centre, and will further enhance CGH’s teaching and training capabilities for doctors, nurses, allied health and other healthcare professionals.

The Medical Centre is part of CGH’s development plan to enhance healthcare capacity and capability in eastern Singapore to meet the healthcare needs of the growing ageing population. CGH also collaborates with the primary care partners in the region to enable less complex cases to be managed in the community.
CARING AWARDS 2013
On 22 May 2013, the Eastern Health Alliance held its inaugural Caring Awards to pay tribute to exemplary patients, caregivers and healthcare professionals.

There are three categories of Awards – Hero Caregiver, Hero Patient and Staff awards. The Hero Caregiver award celebrates caregivers who put in their whole heart to take excellent care of our patients, advocates for the patient and works in partnership with the healthcare team to ensure the treatment plan is followed to achieve the treatment goal(s). The Hero Patient award salutes individuals with remarkable qualities like an extraordinary zest for life, determination to overcome difficulties or a cooperative spirit.

For the Staff awards category, there are three tiers – Silver, Gold and Star. These recognise staff for their excellence in caring. It recognises their efforts in caring for our patients' well-being, their focus on desiring the best for patients both in terms of their physical conditions and emotional needs; and their empathy and optimism to help our patients find hope and strength to face and thrive in their circumstances.

Dr Amy Khor, Minister of State for Health, graced the event, which was held at the Downtown East D'Marquee and honoured over 800 healthcare workers, five Hero Patients and five Hero Caregivers.

The award recipients were selected from across EH Alliance's partner institutions - Changi General Hospital, St Andrew's Community Hospital (SACH), The Salvation Army Peacehaven Nursing Home and SingHealth Polyclinics.

Staff nominations were put together based on compliments from members of the public and supervisor recommendations. These were then reviewed and shortlisted by a panel of judges. Those selected were chosen for their high level of commitment to caring for their patients' well-being and playing an active part in their healthcare journey.
PALLIATIVE CARE SERVICE

CGH set up a fortnightly outpatient Palliative Care Clinic in April 2013 to provide care for patients with life-limiting illnesses such as advanced cancer and end-stage organ disease. The Palliative Care Team, which comprises five doctors and three nurses, does regular reviews of patients referred to the clinic. About 80 per cent of patients suffer from advanced cancer.

The Palliative Care Team also helps to vet cases referred to the Agency for Integrated Care’s HOlistic care for MEdically advanced patients (HOME) Programme and implement Advance Care Planning (ACP) where appropriate. HOME is a palliative home care programme providing end-of-life medical and nursing care, psychosocial support for patients and caregivers, as well as ACP for terminally ill patients with organ failure, to enable them to be cared for and die with dignity and in a setting of their choice.

ACP is a process of communication between the patient, family members and health care professionals about appropriate future medical care, in the event that the patient is unable to make decisions regarding his/her own medical treatment/intervention.
Launched in 2002, HomeCare Assist is a patient welfare charity supported by the Changi Health Fund, the charity arm of the Eastern Health Alliance. HomeCare Assist helps needy patients tide over the crucial period after discharge so that these patients can continue to be cared for at home.

Essential items such as diapers and milk feeds can be a great financial strain on low-income families, who may also require help with equipment and support care services. HomeCare Assist provides these patients with vital interim assistance (for up to about six months) after their discharge from hospital, while they wait for their long-term permanent support.
from Voluntary Welfare Organisations or Community Development Councils to come into effect.

With steadily increasing demand and evolving needs, HomeCare Assist officially expanded its programme in August 2013 to stay relevant to the needs of its beneficiaries, featuring three new areas of aid:

1 **HOMECARE ASSIST LINK FUND**
   There are patients who may not need to be admitted to hospital, but may be too sick to care for themselves at home. The Link fund helps support them with interim healthcare services, for example, home medical or home nursing, or an interim stay in a nursing home.

2 **HOMECARE ASSIST TREATMENT FUND**
   The Treatment Fund helps pay for beneficiaries who need equipment for their care. This can include quite advanced medical and aid equipment such as oxygen concentrators, BiPAP/CPAP machines, or interim dialysis services. It can also include simpler equipment such as eyeglasses.

3 **HOMECARE ASSIST PLUS**
   For various reasons, some HomeCare Assist beneficiaries have difficulty securing long-term funding and care support in a timely fashion. With HomeCare Assist Plus, beneficiaries can continue to be supported beyond the charity’s traditional six-month support window.

**CGH PARTNERS WITH GLENEAGLES HOSPITAL TO ADMIT DENGUE PATIENTS**

As part of CGH's contingency plans to manage potential surges in dengue cases, CGH and Gleneagles Hospital embarked on an initiative in July 2013 to tap on private sector bed capacity to care for such patients.

This innovative pilot initiative saw Gleneagles Hospital set aside up to 12 beds for dengue patients transferred from CGH. A key feature is that once admitted to Gleneagles, these patients continue to retain their subsidy status for fees and charges, while being cared for by the Gleneagles team of infectious disease specialists and nurses.

CGH piloted the initiative with Gleneagles Hospital so that it would be able to leverage Gleneagle’s capacity and resources in the event of a possible surge in dengue cases, especially during the hotter July to September months.

The collaboration also allows private acute hospitals such as Gleneagles to play a role in supporting the healthcare needs of subsidised patients in Singapore.
CHANGI SPORTS MEDICINE CENTRE TURNS 10

Changi Sports Medicine Centre (CSMC), Singapore’s largest multidisciplinary sports medicine centre, celebrated its 10th anniversary on 13 September 2013 with Mr Gerard Ee, Chairman of the Eastern Health Alliance as the Guest of Honour at the event in CGH’s renovated central public atrium.

The CSMC has played a key role in enabling sports medicine to be recognised as a medical speciality in Singapore, steadily growing its capabilities over the past decade to become the leading sports medicine
centre in Singapore. The CSMC serves not only elite athletes but people from all walks of life, to help them recover quicker from their sports injuries or to improve their technique, promote exercise as a lifestyle, or to incorporate exercise as part of the overall prescription for managing chronic diseases such as diabetes and hypertension.

The 10th anniversary celebrations kicked off with CSMC staff leading more than 350 staff in an Active Day Mass Workout in the CGH Atrium. Next, a number of staff participated in 5km and 10km Fun Runs around the neighbouring Simei-Tampines area to raise more than $24,000 for the Cardiac Rehabilitation Programme.

The CGH Atrium itself was transformed with a carnival atmosphere where various activity stations were set up to showcase and introduce people to various types of exercise equipment, rehabilitation specialities, diet and nutrition, including a testing station where anyone could try attempting various feats of strength, agility or endurance. CSMC also created a history mural showcasing various milestones in its 10-year journey.

As part of the celebrations, CSMC also launched Boys to Men, a book edited by Dr Roger Tian, Consultant, CSMC, which helps pre-enlistees prepare for National Service. The book was put together by a team of professionals including doctors, exercise specialists, sports scientists, physiotherapists and military personnel, offering pragmatic advice for young men making the transition from civilians to National Servicemen.
With healthcare becoming more challenging and complex, and with ambitious plans for the development of the Simei Campus being progressively rolled out till 2020, CGH has also steadily grown in staff size over the years to meet these challenges.

As part of CGH’s transformation and preparation for the future, the hospital embarked on a “Visioning Journey” in 2013 to re-look and update its organisational Vision, Mission and Values, a journey that culminated in mid-2014.

The first part of the journey was the unveiling of CGH’s new Mission at a special Town Hall to kick off the Visioning Journey, on 23 July 2013.

The new Mission is: “To deliver the best patient care with passion and empathy.”

It is designed to answer the enduring question “Why do we (CGH, each individual CGH staff member) exist/work here?” It reflects CGH’s commitment to provide the best outcome for its patients, to serve with passion in the spirit of an acute public sector hospital, and to connect with both patients and colleagues with empathy.

The new Mission was developed with much care, the culmination of several months of work that involved CGH’s senior management team in initial discussions the earlier part of the year, and...
INTERIM CAREGIVING SERVICE FOR PATIENTS DISCHARGED FROM CGH

In August 2013, CGH became the first hospital in Singapore to provide an interim caregiving service to discharged patients.

A collaboration between CGH and Thye Hua Kuan Moral Charities, this service is the first of its kind and it aims to support medically stable patients at home in the immediate post-discharge period while they wait for more permanent caregiving arrangements to begin, such as the arrival of a domestic helper or a place in a nursing home.

The caregiving service is available daily, six days a week in two shifts, from either 8am to 8pm or 10pm to 8am. It focuses on the personal hygiene and care of the patient and assists in the administration of medication.

A team of discharge coordinators assesses the suitability of patients. The caregiver from Thye Hua Kuan Moral Charities is then introduced to the patient and/or family three days before discharge from the hospital. The needs of the patient are communicated to the caregiver before the patient is discharged.

Around 400 patients are expected to benefit from this interim caregiving service every year.
The Eastern Community Health Centre (Bedok South) opened its doors at Siglap Community Centre on 28 October 2013, the second CHC facility in eastern Singapore.

CHCs help support General Practitioners (GPs, or Family Physicians) in the care of their patients by complementing the medical services GPs provide, so that residents in the community can conveniently receive the medical care they need, without needing to attend a hospital specialist clinic.

Like the first CHC, the Bedok South CHC is equipped to provide annual eye and foot screenings for diabetics to enable early management of complications and mitigate complications associated with the disease. In addition, the Bedok South CHC introduced two new services – dietetic counselling and the Health Wellness Programme (HWP).

The dietetic counseling service provides guidance on promoting healthy eating habits and closer guidance in managing dietary habits. The HWP offers supportive mental health counselling, which can include elements such as stress management, emotion management, lifestyle modifications or art therapy.

The first Eastern CHC was launched in Tampines in August 2010 and has served more than 3,500 patients thus far.
CGH AND EASTERN HEALTH ALLIANCE RAISE FUNDS IN AID OF TYPHOON HAIYAN

Typhoon Haiyan, one of the strongest tropical cyclones ever recorded, wreaked unprecedented havoc across portions of Southeast Asia, but especially in the Philippines, home to many CGH staff members.

In response to this tragedy, CGH and the Eastern Health Alliance organised a series of fundraising activities over three months in aid of the Typhoon Haiyan disaster in the Philippines. These were done to support Mercy Relief’s efforts in the Philippines. Mercy Relief, Singapore’s only homegrown independent non-governmental humanitarian charity established to respond to human tragedies in Asia, provided monetary means for targeted relief, which included helping rebuild devastated Tacloban City, and providing clean water, staple food, tents and blankets to many affected residents.

The fundraising activities were varied. A car wash held on 13 and 14 December 2013 at the CGH basement car park and ambulance bay raised $4,315.75, while staff across the Eastern Health Alliance pledged a total of $58,632.80 in an organisation-wide donation drive. A bazaar held on 24 January 2014 at the CGH Atrium took in a total of $11,513.45 in collections.

The fundraising events culminated with a “Love & Hope” Thank You Reception on 13 February 2014, where Group CEO of the Eastern Health Alliance Mr T K Udairam presented a cheque of more than $74,000 to Mr Goh Chin Siang, Chief Executive Officer of Mercy Relief.

CGH also sent a medical relief team to Tacloban City on a five-day mission in the wake of Typhoon Haiyan. The team of eight, comprising members from the A&E, cardiology and nursing staff, was led by Adj. Asst. Prof. Rahul Goswami.

The health infrastructure in Tacloban was completely destroyed when the typhoon struck. The team spent five days organising mobile clinics and moved from village to village to provide medical care.

The disaster felt close to home as many CGH staff hail from the Philippines. “Some of them have a family member or know of someone who was directly affected by the typhoon,” said Ms Lilian Chew, Director of Human Resources at CGH and Eastern Health Alliance. “It felt like one of our own is hurting, and as an organisation I’m glad we were really able to do something to help.”
Since its inception in 2011, the CGH-Eastern Health Alliance Scientific Meeting has gathered professionals from various disciplines in CGH and the Eastern Health Alliance to showcase and share their professional experiences and research.

The 2013 edition was held on 22 and 23 November 2013 across locations in CGH and St. Andrew’s Community Hospital for the third year running. The theme for 2013 was “Academic Medicine: Thinking Across, Moving Ahead”.

Through plenary sessions and workshops that spanned Clinical Medicine, Education, Innovation, Research and Sports Medicine tracks, the Scientific Meeting discussions were focused on examining how academic medicine could impact and complement the clinical aspects of medicine to improve patient outcomes and influence the quality of doctors for generations to come.

“More than ever, cross-disciplinary care teams are being brought together to find new and more effective solutions to old and persistent problems, or to find better and smarter ways of doing things,” said Guest of Honour, Health Minister Mr Gan Kim Yong. “The intent is to encourage us to think across disciplines and subject matter in seeking answers, so that we can mine new perspectives and ideas.”

Keynote speakers for the event included Professor Thomas Magnanti, President of the Singapore University of Technology and Design (SUTD) and Professor Chen Chao-Long, Superintendent of the Chang Gung Memorial General Hospitals and University in Kaohsiung, Taiwan.
MOU SIGNED BETWEEN CGH, EASTERN HEALTH ALLIANCE AND SUTD

The opening ceremony of the 2013 CGH-Eastern Health Alliance Scientific Meeting also witnessed the signing of a key Memorandum of Understanding (MoU) between CGH, the Eastern Health Alliance and the Singapore University of Technology and Design (SUTD) on 22 November 2013. The MoU seeks to enable good ideas to be nurtured across disciplines, industries, and possibly even national borders in the pursuit of better ways to provide patient care and solutions to healthcare challenges.

Under this agreement, $1 million will be contributed to a newly set-up HealthTech Innovation Fund to fuel 10 healthcare innovation projects over the next two years. The collaboration is specifically aimed at synergising SUTD’s engineering skills with CGH’s medical knowledge to encourage better designs for the hospital and its equipment, as well as to improve medical devices, hospital communications and methods of data analysis.
GPFirst Programme
Launched in January 2014, GPFirst is a scheme by Eastern Health Alliance and CGH A&E Department in partnership with GP clinics in eastern Singapore.

This is a first-of-its-kind partnership between hospital and family doctors that aims to educate and encourage patients to first visit their GP clinic if they have mild to moderate symptoms or non-urgent conditions, such as cold, flu, strains or sprains.

Under this scheme, patients who visited participating GP clinics and are assessed to require A&E care would be given higher priority if they are referred to the A&E in CGH, as they would have been properly assessed to require a visit to the A&E by their referring GPs.
NEIGHBOURS FOR ACTIVE LIVING
The Eastern Health Alliance and South East Community Development Council jointly developed a new community-based initiative – the “Neighbours for Active Living” programme in the eastern region of Singapore to facilitate active living and ageing-in-place within the community.

The programme was officially launched in January 2014 by Mayor for South East District Dr Maliki Osman as Guest of Honour. The Neighbours programme establishes community support structures to help less able or needy residents – especially elderly living on their own – look after various needs, such as helping to coordinate medical appointments, linking to various social services, or helping them reintegrate into the community after discharge. The Neighbours programme also aims to strengthen community engagement and build cohesiveness by enlisting community support from resident volunteers to serve residents in need.

All Neighbours programme volunteers undergo a two-day “Friend-a-Senior Camp”, which teaches them how to effectively communicate and interact with the elderly. They also learn how to conduct a basic social needs assessment of the elderly and their families through a holistic framework that encompasses health, social, psychological and environmental components. They also learn how to carry out intervention strategies and care plans to address psychosocial needs where necessary.

The Neighbours volunteers are trained and supported by a full-time team of volunteer management and care co-ordinators from the Eastern Health Alliance.

Such GPFirst referrals will also benefit from a $50 subsidy on the prevailing A&E fee at CGH.

“We know our GP partners well, and they play a key role in helping us provide the most appropriate, accessible care for our community,” explained Mr T K Udairam, Group CEO of Eastern Health Alliance. “The GPFirst programme is our way of encouraging our community to tap the wealth of expertise our GPs have to co-ordinate and manage their medical needs.”

More than 150 GP clinics have signed up to be part of GPFirst, and the number continues to grow. Participating GP clinics will display a GPFirst decal prominently in their premises. The launch was also partnered with a publicity campaign with online and physical advertising, including bus advertising and a dedicated website (www.gpfirst.sg).
CGH ACHIEVES JOINT COMMISSION INTERNATIONAL (JCI) RE-ACCREDITATION

In March 2014, CGH was re-accredited by Joint Commission International for another three years. This marks the fourth accreditation that CGH has achieved since 2005. JCI is a global leader in healthcare accreditation, with one of the most rigorous international standards in quality and patient safety.

This achievement is testament to CGH’s commitment to improving its service quality and ensuring a safe environment for its patients and staff.
CENTRE FOR INNOVATION INITIATIVES

The Centre for Innovation (CFI) has facilitated a range of projects, spanning from product to service innovation. Working closely with colleagues and partners, it helps to develop, build and drive innovative ideas to fruition.

One such project is the development of a safety vial cap, BenGuard. BenGuard prevents incorrect syringes from withdrawing insulin from the vial, thus improving medication safety. The design of BenGuard was co-created by doctors, nurses and Innovation staff. A patent has been filed for this invention on 21 March 2014.

CFI also provides key resources to facilitate innovation. Firstly, monthly Design Thinking Workshops have been introduced for staff since July 2013. This workshop enables participants to learn about the importance of empathy, to look through the lens of a user and inspire participants to discover new and innovative ideas. Secondly, the Centre for Innovation has increased the resources available to facilitate innovation such as having a 3D printer and in-house design expertise. Thirdly, staff can utilise the Innovation Grant to realise their idea.

CFI has expanded its local network with external agencies, institutions and organisations. It collaborates with industry partners to co-create innovative solutions and test out new models of care such as telehealth. It has strengthened its strategic partnership with the Centre for Integration of Medicine and Innovative Technology (CIMIT), a non-profit consortium of Boston’s leading teaching hospitals and universities. Together with CIMIT, the CFI is experimenting with the development of an unmanned healthcare kiosk as well as building a sensor network that facilitates ageing-in-place.
MR GERARD EE HOCK KIM
Chairman and Director
of Eastern Health Alliance
Pte Ltd
Chairman of Finance &
Master Planning Committee
Chairman of Staff Committee

MR GOH AIK GUAN
Board Member of
Eastern Health Alliance
Pte Ltd
Member of Finance &
Master Planning Committee
Member of Staff Committee
MR LIM CHIN HU

Board Member of Eastern Health Alliance Pte Ltd

Chairman of Information Technology Committee

Member of Audit Committee

Member of Quality & Service Excellence Committee

PROF IVY NG

Board Member of Eastern Health Alliance Pte Ltd

Chairman of Quality & Service Excellence Committee
BOARD OF DIRECTORS

MR FONG HENG BOO
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Chairman of Audit Committee

MS TRACEY WOON
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MS WOON LAI HAR

Board Member of
Eastern Health Alliance
Pte Ltd

Member of
Staff Committee

MR JIMMY PHOON

Board Member of
Eastern Health Alliance
Pte Ltd

Member of Finance &
Master Planning Committee
PARTNER CEOs
EASTERN HEALTH ALLIANCE FOUNDATION PARTNERS

- CHANGI GENERAL HOSPITAL
- HEALTH PROMOTION BOARD
- ST. ANDREW’S COMMUNITY HOSPITAL
- SINGHEALTH POLYCLINICS
- THE SALVATION ARMY PEACEHAVEN NURSING HOME
CHANGI GENERAL HOSPITAL
Changi General Hospital (CGH) is a hospital in the east with more than 800 beds. CGH offers a comprehensive range of medical specialities and services, helmed by a highly experienced and skilled team of healthcare professionals who consistently deliver excellent health outcomes and care for patients.

CGH has established itself as a centre of medical excellence, with services such as the Integrated Sleep Service, Breast Centre @ Changi, Hepatobiliary Service, Vascular Surgery, Gastroenterology, Endocrinology and the Changi Sports Medicine Centre.

CGH believes in delivering the best patient care with passion and empathy. To improve care for patients, CGH has adopted a proactive integrated care approach. Partnering healthcare providers in the east through the Eastern Health Alliance and innovating by adopting new medical technologies and systems, CGH aims to deliver better, seamless and integrated medical services.

CGH has been JCI (Joint Commission International)-accredited since 2005.
HEALTH PROMOTION BOARD

The Health Promotion Board (HPB) was established as a statutory board under the Ministry of Health, Singapore, in 2001, with the vision of building “A Nation of Healthy People”.

HPB aims to empower the people of Singapore to attain optimal health, increase the quality and years of healthy life, and prevent illness, disability and premature death.

As the key driver of national health promotion and disease prevention programmes, HPB spearheads health education, promotion and prevention programmes as well as creates a health-supportive environment in Singapore.

It develops and organises relevant health promotion and disease prevention programmes, reaching out to the healthy, the at-risk, and the unhealthy at all stages of life, from children to adults and older Singapore residents. Its health promotion programmes include nutrition, mental health, physical activity, smoking, and communicable disease education.

HPB also promotes healthy ageing, integrated health screening, and chronic disease education and management.
ST. ANDREW’S COMMUNITY HOSPITAL

St. Andrew’s Community Hospital (SACH) provides sub-acute and rehabilitative inpatient care for adults and children after their treatment at acute hospitals. SACH seeks to promote recovery and help patients regain daily living functions before they are discharged back into the community.

SACH expanded its Home Care Services (HCS) to include case management, home medical, home nursing, and home therapy. HCS’ clinical care programme caters to patients who are home-bound, and enables them to be cared for in their respective communities.

SACH operates a Day Rehabilitation Centre (DRC) that provides outpatient therapy services. SACH has also taken its rehabilitation services into the heartlands, partnering senior activity centres at Kampong Arang and Kampong Glam so that their residents may receive community therapy services to help them live in their respective communities.

SACH continues to enhance inpatient capacity and develop new capabilities. The Paediatric Inpatient Rehabilitation Service continues to develop and SACH is developing its capacity to care for patients with moderate to severe dementia. A dedicated ward will be revamped to be dementia-specific, with specialised facilities and an adjoining garden.

SACH operates two outpatient clinics, the St. Andrew’s Mission Hospital Clinic (within SACH) and at Elliot Road (within the St. Andrew’s Autism Centre), as well as a mobile clinic providing free primary care for needy heartlanders and foreign workers.
SINGHEALTH POLYCLINICS

SingHealth Polyclinics (SHP), a leader in Family Medicine, provides seamless, patient-centred preventive healthcare that is affordable and accessible. It comprises a network of nine polyclinics, which provide primary healthcare services to the community. In the east, the polyclinics are located in Bedok, Geylang, Marine Parade, Pasir Ris and Tampines.

The core services at SHP include the care management of chronic diseases such as diabetes and hypertension, and acute illnesses, vaccination, screening and allied health services. They also track clinical indicators and patient trends for a range of conditions managed at the nine polyclinics, namely diabetes mellitus, hyperlipidemia, hypertension and asthma.

SHP plays an integral role in promoting a healthy lifestyle within the community, empowering families with the knowledge of common health issues, care and treatment options. It is a member of Singapore Health Services (SingHealth), a public healthcare cluster that manages three hospitals and five speciality centres.
THE SALVATION ARMY PEACEHAVEN NURSING HOME

The Salvation Army Peacehaven Nursing Home provides compassionate, individualised, holistic care to all without discrimination. Established in 2000, Peacehaven has a capacity of 401 beds, and is run by The Salvation Army, an international Christian movement.

Peacehaven offers a comprehensive range of services to care for the sick, frail and elderly who have physical or mental disabilities with minimal or no appropriate caregiver support at home. Its residents have varying degrees of mental or physical disability, and the majority are either from destitute or low-income families.

The needs of the residents are met in a holistic manner, with services ranging from clinical care (such as medication management, wound dressing, and colostomy care) to therapy (from occupational and recreational therapists) to advice from allied health professionals (such as dietitians, geriatricians and pharmacists).

Located at Upper Changi Road North, Peacehaven provides a homely ambience for its residents by creating 13 Resident Living Areas, each designed as an individual home-like environment with its own bathroom, pantry, television and nurse's station.

It is also the first nursing home in Singapore to set up a specially designed facility in 2006 called the Hope Centre, which allows people with early to moderate dementia to live in a home-like environment with their own rooms. The facility has since become a role model and showcase for the care of relatively independent residents with dementia.

In 2011, Peacehaven also launched Grace Corner, in collaboration with Changi General Hospital, to provide focused and lower-intensity rehabilitation services for clients with long-term disability conditions. It aims to help clients regain maximum mobility so that they can return home and live independently.
## Size

<table>
<thead>
<tr>
<th></th>
<th>FY12</th>
<th>FY13</th>
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</thead>
<tbody>
<tr>
<td>Licensed beds</td>
<td>868</td>
<td>879</td>
</tr>
<tr>
<td>Beds in service</td>
<td>828</td>
<td>862</td>
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## Workload per Annum

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<thead>
<tr>
<th></th>
<th>FY12</th>
<th>FY13</th>
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<tbody>
<tr>
<td>Bed occupancy rate</td>
<td>91%</td>
<td>91%</td>
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<tr>
<td>Inpatient admission</td>
<td>41,073</td>
<td>41,778</td>
</tr>
<tr>
<td>Inpatient discharges</td>
<td>40,957</td>
<td>41,836</td>
</tr>
<tr>
<td>Total patient days</td>
<td>263,456</td>
<td>277,231</td>
</tr>
<tr>
<td>Average length of stay (days)</td>
<td>6.43</td>
<td>6.65</td>
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</table>

### Total Surgical Operations

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<thead>
<tr>
<th></th>
<th>FY12</th>
<th>FY13</th>
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<tbody>
<tr>
<td>- Day surgeries</td>
<td>26,462</td>
<td>29,505</td>
</tr>
<tr>
<td>- Inpatient surgeries</td>
<td>17,985</td>
<td>18,617</td>
</tr>
<tr>
<td>Total</td>
<td>44,447</td>
<td>48,122</td>
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### Specialist Outpatient

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<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>- Clinic attendances</td>
<td>374,503</td>
<td>377,684</td>
</tr>
<tr>
<td>A&amp;E attendances</td>
<td>156,839</td>
<td>147,613</td>
</tr>
<tr>
<td>Dental attendances</td>
<td>4,569</td>
<td>4,725</td>
</tr>
<tr>
<td>Dental procedures</td>
<td>4,475</td>
<td>4,571</td>
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</table>

## Staffing

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<thead>
<tr>
<th></th>
<th>FY12</th>
<th>FY13</th>
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<tbody>
<tr>
<td>Total</td>
<td>4,228</td>
<td>4,937</td>
</tr>
<tr>
<td>- Doctors</td>
<td>535</td>
<td>627</td>
</tr>
<tr>
<td>- Dentists</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>- Nurses</td>
<td>1,831</td>
<td>2,231</td>
</tr>
<tr>
<td>- Allied Health Professionals</td>
<td>703</td>
<td>772</td>
</tr>
<tr>
<td>- Others</td>
<td>1,155</td>
<td>1,303</td>
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## FINANCES

<table>
<thead>
<tr>
<th></th>
<th>FY12</th>
<th>FY13</th>
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<tbody>
<tr>
<td><strong>ASSETS BY MAJOR CATEGORIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plant and Equipment</td>
<td>134</td>
<td>151</td>
</tr>
<tr>
<td>Trade and Other Receivables</td>
<td>122</td>
<td>132</td>
</tr>
<tr>
<td>Other Assets</td>
<td>149</td>
<td>173</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>405</td>
<td>456</td>
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</table>

| **LIABILITIES BY MAJOR CATEGORIES** |      |      |
| Trade and Other Payables         | 125  | 147  |
| Other Current Liabilities        | 22   | 30   |
| Non-Current Liabilities          | 87   | 88   |
| **Total**                         | 234  | 265  |

| **CAPITAL/RESERVES BY MAJOR CATEGORIES** |      |      |
| Share Capital                     | 85   | 85   |
| Reserves                          | 86   | 106  |
| **Total**                         | 171  | 191  |

| **REVENUE BREAKDOWN BY MAJOR CATEGORIES** |      |      |
| Patient Revenue                   | 188  | 204  |
| Subvention                        | 320  | 344  |
| Other Revenue                     | 33   | 73   |
| **Total**                         | 541  | 621  |

| **EXPENDITURE BY MAJOR CATEGORIES** |      |      |
| Manpower                          | 297  | 337  |
| Supplies and Consumables          | 77   | 85   |
| Other Operating Expenses          | 133  | 145  |
| Depreciation and Amortisations    | 26   | 34   |
| **Total**                         | 533  | 601  |