

# Transforming Value Driven Care Structure in Singapore General Hospital

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## Background

The Singapore Ministry of Health (MOH) introduced Value Driven Care (VDC) in 2019 to optimize the healthcare outcomes of various conditions. Clinical outcomes and cost were studied as part of the initiative. Since then, Singapore General Hospital (SGH) has actively embarked on the VDC journey and have also started on various institution-initiated conditions. Based on the results of value analysis, areas for improvement were identified and various improvement projects were started.

As the number of VDC conditions increases, there is a greater need to organize the VDC initiative in a more efficient and structured manner. Hence, the VDC@SGH team was formed in 2020 to help drive VDC in SGH. The cross-functional team is led by the hospital's Institution Value Lead (IVL) supported by the SingHealth Office of Value Driven Care (OVDC) and consists of Clinical Governance and Quality (CGQ), Strategy Management and Analytics (SMA), and Process Transformation and Improvement (PTI). Each department contributes different domain of expertise to ensure the success of VDC in SGH.

## Aim

To meet operational challenges of Value Driven Care in SGH and deliver value to patients by transforming the VDC structure in SGH via tapping into the expertise of different departments.

## Analysis of problem

VDC was initially undertaken by CGQ in collaboration with SingHealth OVDC. With the expansion of VDC in SGH, the following operational challenges were identified:

### 1. Optimisation of data analysis and reporting

- As number of VDC conditions increases, more time and manpower is needed for manual data analysis and creation of PowerPoint reports
- Automation in data analysis and visualization will improve the efficiency

### 2. Improvement projects

- With completion of baseline data analysis of various VDC conditions, areas of improvement are identified
- Staff specializing in quality improvement (QI) is needed to guide VDC teams on scoping and running of QI projects

### 3. Oversight on VDC@SGH

- With more VDC conditions, there is an increased need to have oversight on existing and upcoming VDC conditions
- Formation of a working group will help Senior Management to maintain oversight and drive the initiative

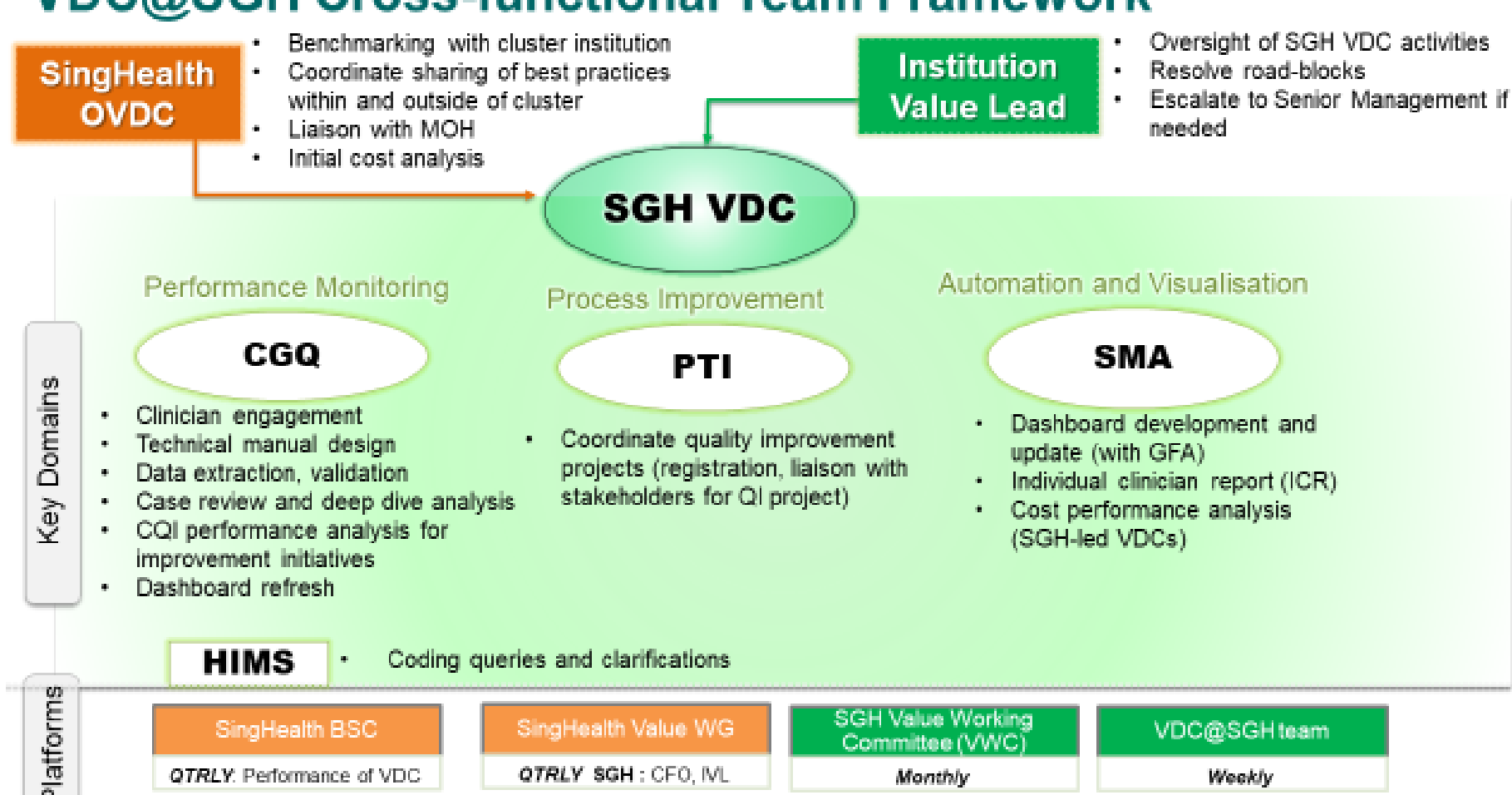
### 4. Sustainability of VDC

- Number of VDC conditions cannot expand indefinitely
- An assessment matrix should be established to allow conditions that have met VDC goals to exit (i.e. handed over to department for their own monitoring)

## Interventions

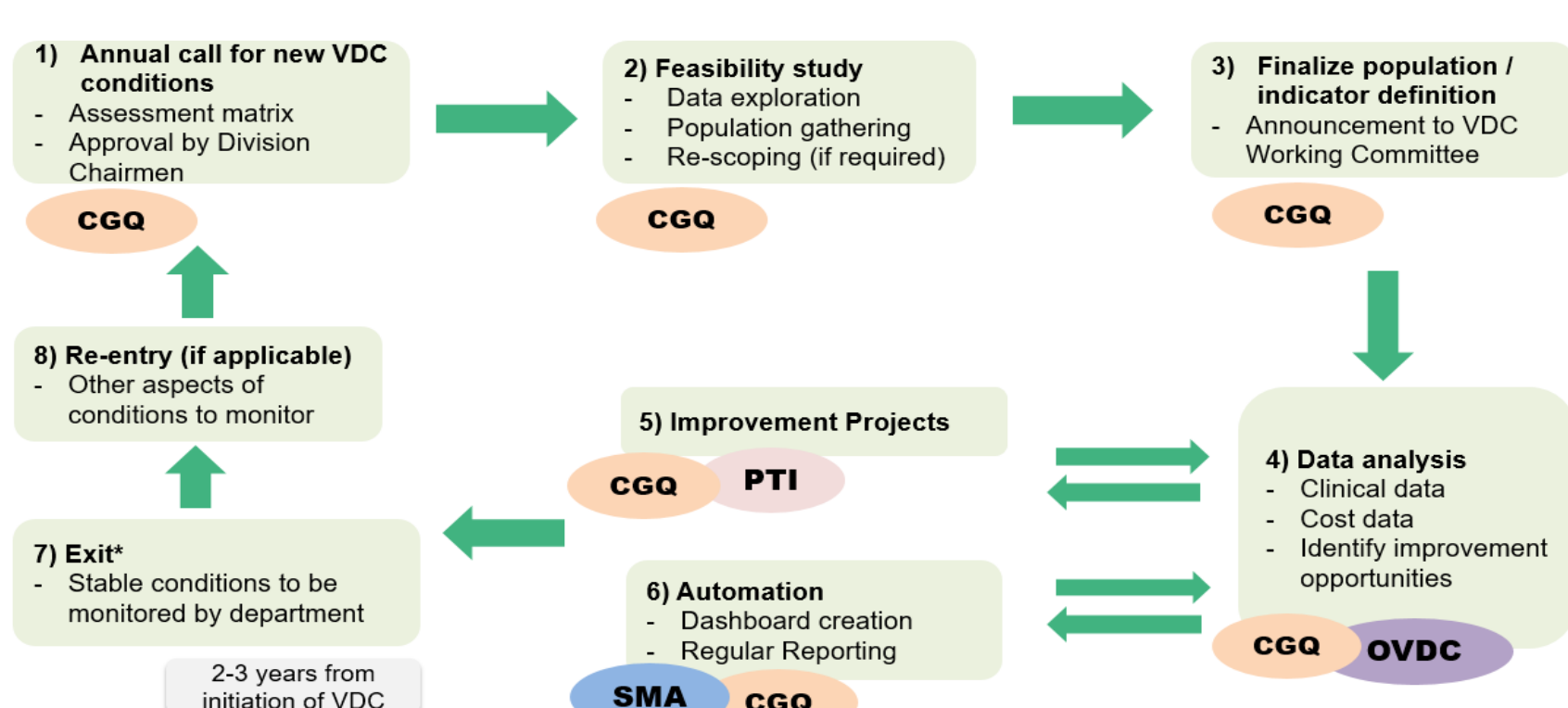
In Sep 2020, the VDC@SGH team was set up to address challenges 1 to 3:

### VDC@SGH Cross-functional Team Framework



The team is also implementing the following life cycle to initiate and exit VDC conditions:

### VDC Life Cycle

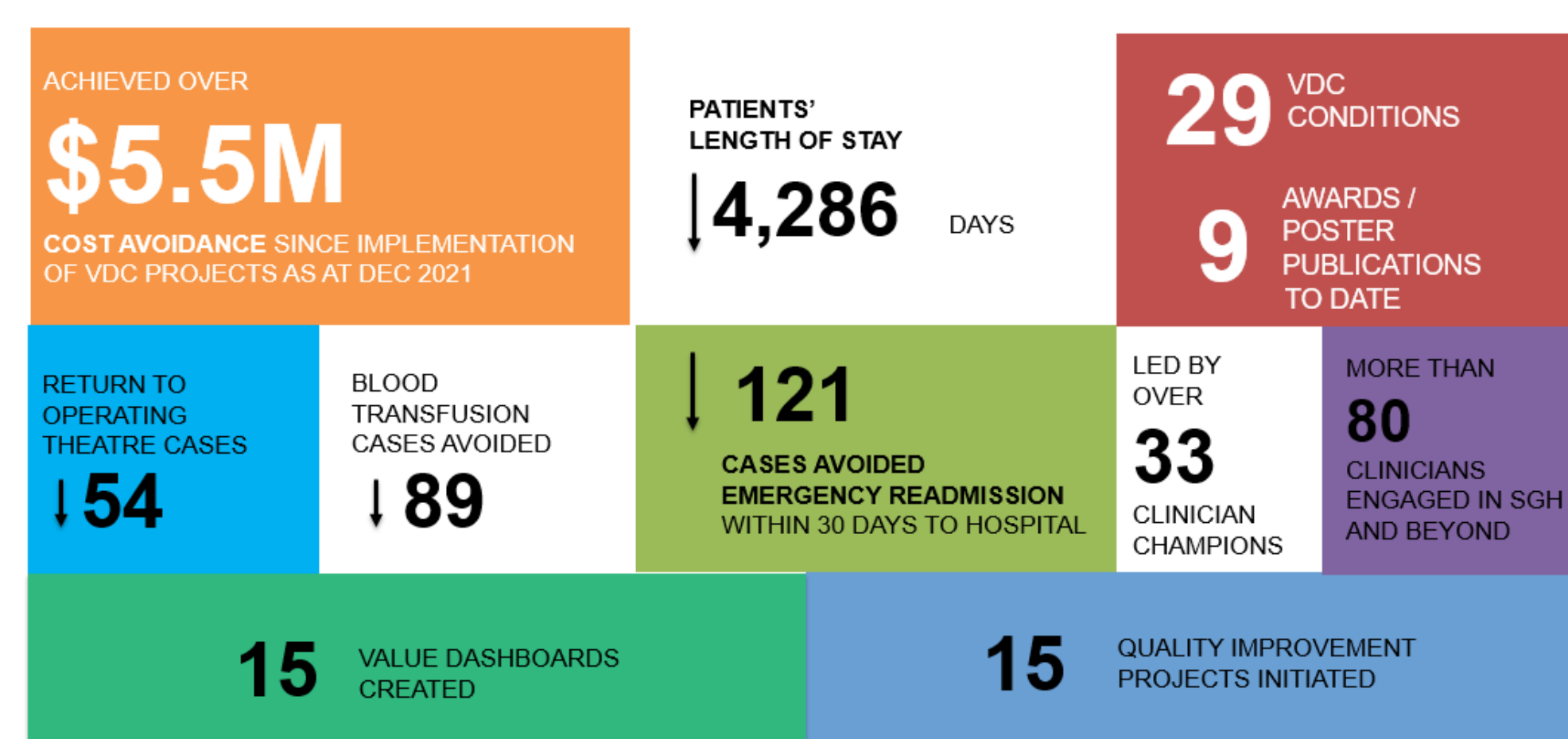


\*Criteria for exit: No plans for improvement projects for past 2-3 years. Requires concurrence from Clinician Lead and Division Chair.

## Results

The cross-functional team managed to effectively meet the operational challenges. Improved outcomes were observed for common VDC indicators such as length of stay, readmission, and blood transfusion.

### VDC Achievements



### Sustainability Plans

For the next 5 years, the team aims to implement 10 new VDC conditions per year. To achieve this target, additional manpower will be required. Staff will be trained and upskilled to manage the challenges ahead. Conditions that have met the objectives of VDC will also be exited to allow for more new conditions.

### Acknowledgement

We will like to thank SingHealth and SGH Senior Management for their continued support and guidance in VDC efforts. We will also like to thank all members of the VDC@SGH team, Clinicians and other stakeholders involved without which this poster will not be possible.