The Road Not Taken

TWO roads diverged in a yellow wood,
And sorry I could not travel both
And be one traveler, long I stood
And looked down one as far as I could
To where it bent in the undergrowth;

Then took the other, as just as fair,
And having perhaps the better claim,
Because it was grassy and wanted wear;
Though as for that the passing there
Had worn them really about the same,

And both that morning equally lay
In leaves no step had trodden black.
Oh, I kept the first for another day!
Yet knowing how way leads on to way,
I doubted if I should ever come back.

I shall be telling this with a sigh
Somewhere ages and ages hence:
Two roads diverged in a wood, and I—
I took the one less traveled by,
And that has made all the difference.

Robert Frost (1874–1963)
“Silver Tsunami”
American Geriatric Society

Sir Clement Freud
“If you resolve to give up smoking, drinking and loving, you don’t actually live longer – it just seems longer”.

National Healthcare Group’s Vision:
“Adding Years of Healthy Life”
• Singapore: Sweden: USA

• Land Area:
   • 650:13500

• Population:
   • 1:1.9:62

• Singapore - Very “dense microsystem”
Singapore – Ageing Projections

- 2030: 3X increase to **900,000** elderly
- 1 : 5 of population aged 65 or older.
- Dependency Ratio:
  - 1: 8 in 2007 to **1: 4.2** by 2030
- *More than half of economically active Immigrants*
  - *Single-person elderly households*
Low Taxation
Co-payment

2/3 Private Spending
4.2% GDP on Health

Public 1.5% GDP (2009)
or US$3Billion

4 Financing Schemes
Compulsory Savings
(MediSave)
Catastrophic Illness Insurance
(MediShield) (cradle)
Disability Insurance
(ElderShield)
Govt Social Safety-net
(Medi-Fund)
Singapore Government Health Expenditure will double from US$3 Billion to US$6 Billion over the next 5 years.

Elderly population: increased demand for inpatient care

Some comparisons:
New Zealand (2.2); Norway (2.5)
US and UK (2.7)
Elderly population: increased demand for inpatient care

Increase in Acute Care beds: 1900
Increase in Stepdown Care Beds: 1800

Some comparisons:
New Zealand (2.2); Norway (2.5)
US and UK (2.7)

Reorganizing Singapore Healthcare into more Integrated Cluster Systems

From “Ownership of Services” to “Ownership of Population”
From Institution-Based to Population-Based Care

Source: MOH Singapore
Managing Patients systematically instead of episodically

Expanding the Boundaries of Care beyond to the Social Sectors
Macro-Strategy
Ministerial Committee on Ageing (MCA):
Health & Social Svc Sectors

Age in Place with Grace and Dignity

1) Impetus to Act: A Burning Platform
2) Tangible: *Re-employment Act*, Wellness, Prevention
3) Access: Facilities
4) Affordability: *Financing Schemes* for the Middle-Income Elderly
5) Quality: *Home Care* versus Institutionalization
6) People & Perceptions: Care-givers & Population
“Getting in Touch with Past Initiatives”
First Aged Home located in a public housing estate in 1970s

- Wellness Programs: Ageing in Place
- Transitional Home Care & High Risk Home Care
- Palliative Hospice & Home Care
- Adv Care Planning in Nursing Homes (Project Care)
- Comprehensive Medical Care in Nursing Homes (Project Pre-Care)
- “Virtual” Wards
Culture

TTSH has almost as many Volunteers as Doctors
Support them – be Present
Volunteer Appreciation, Engagement & Training

Come Cycle with your friends & family. Experience the beautiful Park Connectors in the North East and raise funds for the elderly sick in Singapore on
Sat 25 Feb, 8am, Sengkang Riverside Park (Mushroom Cafe)
Free Goodie Bag worth $50 for first 300 participants.
Sign up now!

9km or 11km routes
$50* per person
$30* per person for group of 4 and above.
Free for children below 5.
Register online today or call 6357 2499 / 2494.
http://ttshcharityride.com/

Volunteer Appreciation, Engagement & Training
Fun & Meaningful

Design for the Elderly

New Geriatric Centre

Ward Re-design
### Culture of HCWs And Hospital Systems

#### Pride of Purpose

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**Alignment Model (after Ross Wilson)**