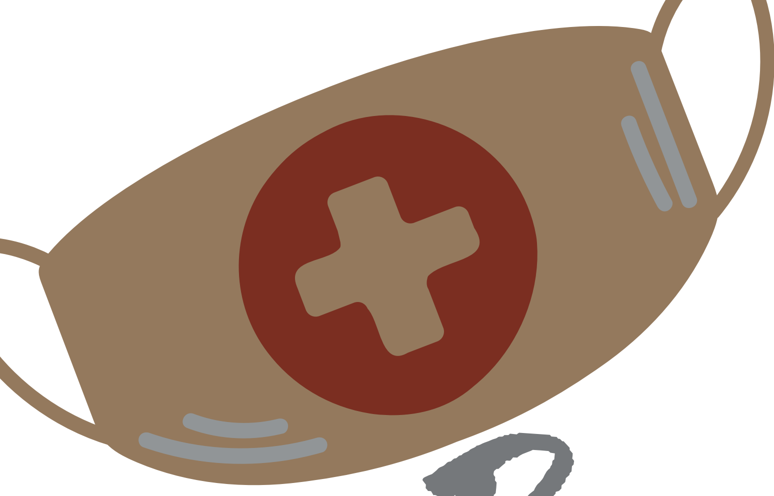

Braving through COVID-19 as a Kampung

Management Development Office

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Foreword

I am incredibly proud of the heartfelt and important contribution made by our young leaders during this COVID-19 pandemic. Through their eyes, hearts and hands, I feel their strong sense of duty and their relentless commitment to lead and support our hospital's response.

Ripped out of their daily routine and management training, they were redeployed at short (or no notice) to new functions to augment and respond to the pandemic. Their courage to face the unknown, work in new teams, and learn-on-the-go are a testament to their grit and fortitude. The crisis has gifted them lessons and relationships that will see them grow to become our future healthcare leaders.

Their reflections captured in this e-book have inspired me and will inspire generations to come. They are our foundation for a better health system and our preparedness for the next crisis to come.

Dr Eugene Fidelis Soh
Their Advisor, Colleague, Friend
and in time, Patient.

Introduction

This e-book captures what our young leaders see, hear, feel and think, as they stepped up to fight the battle against COVID-19 at ground zero.

During the initial onset, many of them were deployed to support the frontline. They have braved the unknown to uncover many more unknowns. New perspectives are formed. New friendships across all levels of staff are forged. New ways of working are put to the test and improved every other day.

They have worked alongside the heroes behind the scenes to ensure smooth hospital operations. The shared experiences as one TTSH kampung will continue to be etched in their minds, and know that we can brave all future crises together with unity.

While life in the time of COVID-19 is different, their resilience, relentless commitment, patience and gratitude are prevalent in this marathon race. Learning from the battle has inspired and led them to gain a greater understanding of the backstage arena of healthcare's 'chaordic' and purposeful world.

Every piece of reflection is written in its most authentic form and will inspire you and me.

I am extremely proud of our young leaders, and may they continue to go from strength to strength.

Lynette Ong
Director, MDO and a fan of Dr. Seuss

"On and on you will hike, And I know you'll hike far and face up to your problems whatever they are." - Dr. Seuss, "Oh, the Places You'll Go!"

We were deployed to support the frontline services during the initial phase of the pandemic. Hear us out as we reflect on our memorable (yet scary) experiences!

RUN AWAY AND JOIN THE CIRCUS, IF YOU DARE

By Lua Yan Bin,
Management Fellow

We have all heard the phrase, "run away and join the circus" but I did not for a moment, think that this would be a relevant title to what I have to share when Dr Eugene requested for us to pen down our sentiments and learnings from the outbreak that is COVID-19.

Fear not my fellow comrades for the circus has come to us! Just to set the context, I do not mean this in a less than positive manner that may otherwise have been the usual associations with a circus though to a certain extent, we do seem like we are living as the multitudes of colourful characters, each playing a unique and valuable role in it.

Also, as much as a circus is usually used to describe chaos and a flurry of activities, there is order and structure within to ensure that things continue to function.

So, what was my role this time? I have had the honour (yes, I do see it as an honour albeit a slightly less than usual one) to be seconded to a team who has been at the frontlines since even before MOH announced DORSCON Orange and definitely way before WHO termed COVID-19 a pandemic. I was one of the guys at Visitor Experience Services (VES) and we were some of the non-clinical folks in the multi-disciplinary kampung at the frontlines.

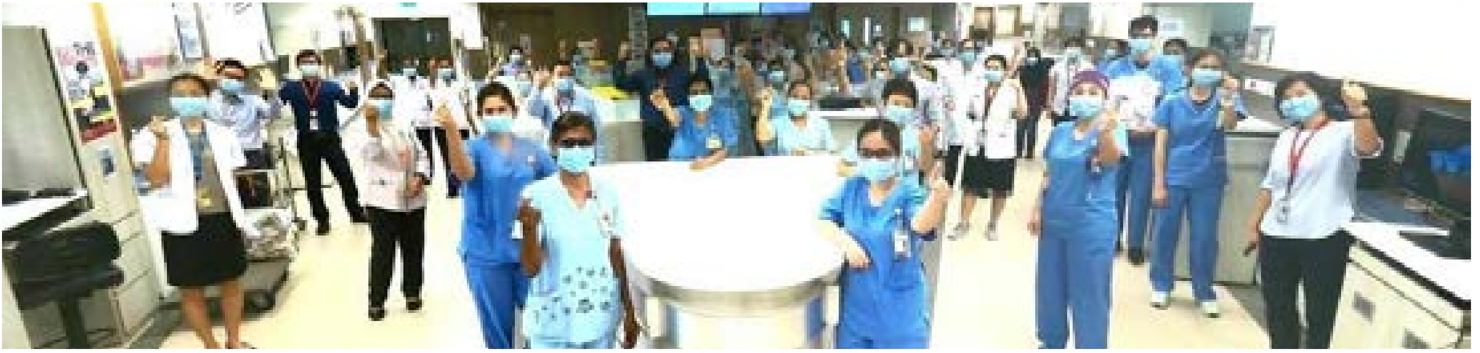
Regardless of whether we were the designated ringmaster or fire breather, one of the most pertinent roles which I saw that we all had to take on at one point in time or the other, was that of the tightrope walker. It is all about balance.

If you ever had the luxury or curse of choice, you would concede that it might not be the easiest or most time-efficient task which you had undertaken. Depending on our personalities and inclinations (think MBTI, StrengthsFinder, Shapes, etc.), we might do (quite) a bit of thinking and/or seek counsel from others before taking the next step; and this is if the surrounding conditions permit.

However, with the dynamism of COVID-19 and scale of impact to our patients, visitors, and population at large, if there is one thing that we could count on as constant, it is the fact that time is most definitely not on our side. Oftentimes, our leaders must make calculated decisions based on whatever available facts and figures, coupled with historical evidence and experience, as well as the good sense of collective leadership. These decisions would then set the guidelines which governed our actions and subsequent decision-making. As you might already observe, there were ripple effects and the impact, far-reaching. This is a highly stressful undertaking seeing that we have limited and evolving information about COVID-19 in the early days such as its mode of transmission and other symptoms which would accompany its onset.

One of the first few balancing acts which I have seen our leaders debate over and mull upon was of course, our ever favourite resource: manpower. I was on the scene after the initial non-clinical manpower for deployment was determined; in fact, I was one of the many in this pool of available and deployable resources to VES. There were also colleagues deployed to support NCID Screening Centre but I shall exclude this portion in my little monologue here as I am not best placed to comment.

With relentless review of ground workflows with our leaders from Operations, Transformation and Human Resource (HR) within the first few days upon commencement of entrance screening, we were able to streamline much of the patient and visitor flows. With that came the review for manpower optimization at each hour of the day and how best to segment these work hours to time blocks which laid the foundation of our daily shifts. Having to work with the conditions set by HR such as minimum working hours per day and maximum hours per week, the VES team also had to balance requests to recall deployed manpower from the various departments when it was evident that COVID-19 is here to stay. Entrance screening is part of the new normal and the departments would have to start ramping up what we commonly know as BAU (Business-As-Usual) work amidst ongoing work to support outbreak management.



The alternative to our staff deployed for duties would be the injection of temporary staff (temps) from recruitment agencies to fill the need. There were other considerations here such as the number of temps to bring in; and what was the near ideal replacement rate of temps to TTSH staff with enough runway for the latter to "impart" their wisdom, especially the softer skillset such that patient and visitor safety as well as, experiences were not compromised. With the number of stakeholders involved and seeing that some decisions were contingent upon others, this was but one of the many examples where the balancing act was not just binary, but multilateral and has to be reviewed holistically.

Even if I were able to adopt a laissez-faire attitude and leave all those confounding tasks to the "adults", mastering funambulism in my day-to-day was still imperative. Communication was a big part of work, especially for entrance screening. There was much to "download" to the entrance screeners during roll calls daily, especially when we started to realize the various mix of staff. Some had been on duty for an entire week or more, hence more than familiar with updated information. Some were back to BAU work for a couple of days or weeks and new information might have been made available in their absence. Despite segmenting the screeners to identify those who might need more time at roll calls, a balance on the amount of information communicated had to be struck to ensure that the most important ones were successfully retained.

Feedback is another important aspect in this balancing act. When feedback could be both positive and negative, there is a need for moderation to make them as constructive as possible. With enthusiasm and ownership, outpouring of feedback to better the process came. This ranged from queries and discussions on why running nose was not included as one of the symptoms screened for COVID-19 during the initial days to what dishes should be included as part of the catered meals.

All feedback should be accorded due acknowledgement, though not all should or could be followed-up. The moderation exercised here was finessed by common sense, experience, collective input from stakeholders and subject matter experts, as well as solid relationships which could ameliorate the tricky communication that might follow our saying, "No" or "Not now".

With the diversity of staff and accompanying strength which we celebrate, the truth is we should also expect similar range in the moods and motivations of deployed staff. It might not be the easiest of tasks to manage these and bring the group to a consensus when it comes to differing opinions on what was best for our patients, visitors, and us. While I use the term, "manage" to describe this, essentially it boils down to utilizing the differing opinions from one another to strike a rational balance; or agree to disagree. What has helped was something which my first few bosses in TTSH shared when I joined healthcare those years back: put patient at the centre of it all.

Regardless of our intrinsic motivations, most of us should answer to this. It is an appeal to the most basal of motivations and that is to do good by our fellow humans, be it patients or colleagues. When you reach an impasse in your discussions with our multi-disciplinary kampung in future, try this and really believe in it. Maybe it will work for you too?

I shall leave you with my last anecdote which I saw underlie a lot of the decisions when it came to our patients during COVID-19 and it has to do with compassion. One of the duties which I took on which some of you have had the joy/bad luck of experiencing, was to conduct daily roll calls for our deployed staff. There was an incident which struck and stayed with me, and it has to do with a patient whom I shall call Mr. K.

MR. K

Mr. K was a Chinese national working in Singapore and has been here for some years. He had a good education, job, many friends and was leading an active lifestyle. However, he was also in Singapore alone, without his family who was in China. Mr. K was diagnosed with late stage cancer and I believe receiving treatment for some time before his condition worsened significantly during the COVID-19 outbreak and had to be hospitalized. However, this had got nothing to do with the pandemic and it was pure coincidence. The significance of being warded during this time was the visitation policy in place of zero visitors (during the time when he was warded) unless the patient was actively dying and all visitors, if permitted, should not be serving Stay-Home-Notice (SHN) and Quarantine Order (QO).

When Mr. K's condition took a turn for the worse, his mother was contacted and she got on a flight to Singapore. Air travel during this time (and still is) was curtailed with the number of flights between China and Singapore, minimal. Upon arrival in Singapore, Mr. K's mother had to serve SHN and could not come to her son immediately. The Nursing, MSW, Security, Housekeeping and VES teams communicated frequently and worked closely together on various fronts including seeking consensus within the care team on its stand towards making an exception for Mr. K's mother to come to the hospital while on SHN if and when the situation called for it and the workflows for when it happened. After answering those questions, another critical one awaited: when should the care team notify the mother as this depended largely on Mr. K's condition. It should be urgent enough for exceptions to be made but not be too late that Mr. K's mother would miss seeing her son for the last time. Of course, approval from CMB and COO had to be sought for such exceptions.

Information as such were of course communicated to the entrance screeners as they would be one of the first few, if not first, persons to encounter Mr. K's mother when she arrived at the hospital. As I went on day after day during roll calls to reiterate the workflow as well as, report that Mr. K was still holding on, unbeknownst to me, I became more and more vested in the wellbeing of this patient whom I have never met. Part of me was happy that he was still with us and waiting for SHN to be completed for his mother, but the other part knew that the longer it got, the likelihood of him being in a lot of pain increased. The inevitable finally came and things went along as smoothly as it could in the situation.

Through just this one incident, we witnessed the struggles of patient and NOK wanting to reach one another for that last human connection; the kampung spirit which we know of and are imbued with, come alive to do what was right not just by the patient in question but the community (infection control needs); and lastly the tightrope which we all walk on as we weigh the pros and cons of our decisions and their impact on those we care for/about.

"With this, I invite you to embrace the "circus" life with zest and lean on one another when the going gets tough."

"I am very grateful for the opportunity to be serving at the frontline, even only in a small way"

By Nicole Yee,
Management Associate

The COVID-19 pandemic occurred unexpectedly early in my healthcare career - after my first six months, to be exact. I had just begun to adapt to a new job and work environment, and all of a sudden, crisis struck. However, it was my honour to have the opportunity to not only witness TTSH's outstanding emergency response first hand, but also to personally participate and play my role in serving fellow Singaporeans in my deployment. I gained many valuable hard and soft skills during these unprecedented times that I will carry with me for the rest of my career. I was nervous, excited, but also immensely proud to be a part of the response team at the frontline during such a one-in-a-lifetime global crisis. Instead of viewing this as a challenging experience to be feared, I chose to use this as a valuable learning opportunity. This mindset proved very useful as the situation in Singapore continued to worsen.

It all began with the tense anticipation of the DORSCON code moving to "orange", and the flurry of activity where we received updates from our head of departments on the hospital direction, policy and preparedness. Planning for something unprecedented which we knew would eventually come to pass showcased the foresight of our leaders, and while the atmosphere was solemn, the sense of camaraderie and the TTSH kampung spirit was evident as we spurred each other on to stay calm and overcome this together. As stricter measures such as the annual leave freeze kicked in, it became more and more real that it was no longer about personal entitlement and satisfaction, but rather, it was a time to rise up together as TTSH Kampung and place our trust in our management and leaders that this was for the best of all staff, patients and fellow Singaporeans. We could not have known it then, but it was to be our national service, of sorts, to our nation.

As a non-clinician and new executive, my role in our emergency response was limited, but nevertheless fulfilling. I was part of the first wave of staff deployed for VES entrance screening duties. It was a rare chance for an administrative staff to interact and directly serve our patients and their next of kin. Being able to reach out to and engage them was very meaningful for me as I witnessed heartwarming moments and empathised with their stories even in time of crisis.

Often, I would be challenged to go beyond the call of duty to help them in some other way. I recall fondly escorting an older adult to our Day Surgery centre for her breast cancer surgery, and conversing with her during our journey. I will not forget the gratitude in her voice as she chatted with me and thanked me repeatedly for escorting her and physically being with her as she presented herself for surgery at the Day Surgery centre, which must have surely been a nerve-wrecking experience. This five minute interaction with her really warmed my heart.

While I have heard of other staff being worried and hesitant, and understandably so, I continued to volunteer to be deployed for more duties, as I felt this was a chance like no other to not only serve our community, but also to learn from. Another highlight of my deployment was to ED, which for me triggered many personal memories of my own experiences there. Because I could greatly empathise, I found myself constantly going the extra mile to assist distressed patients and next of kin who had arrived at the ED - some unable to speak English, others were clueless about registration, and many anxious at the status of their loved ones who were being attended to out of their sight. My heart went out to those who were helpless and desperate as they waited for updates on their next of kin who were being resuscitated. It was a life-changing experience for me to witness these moments firsthand. Despite only wearing a surgical mask while standing near the nurses who were in full PPE, I wasn't unduly worried nor apprehensive. I was reminded constantly by the actions of our leaders, who were open and consistent in providing updates on our preparedness, that this was my privilege; my privilege to learn, hear, see, and most importantly, serve.

I am very grateful for the opportunity to be serving at the frontlines, even only in a small way. If not for COVID-19 pandemic, I would not have had the opportunity to impact some lives directly in the way that I did. While I gave and served, I also received multi-fold. I experienced the generosity and kindheartedness of members of the public, who constantly blessed us with goodies and food to spur us on. I gave in a way I can, they gave in the way they could. We all served fellow Singaporeans in our capacities, and this strengthened our drive to press on. Essential workers or not, work from home or not, the only way we can overcome this is to fight together, as one Singapore.

THIS TOO SHALL PASS.

By Jim Tan, Management Associate

5 months into Singapore's battle against COVID-19 and treading on the road to recovery, it is an opportune time to reflect on the pandemic's impact, and my personal experience and learnings. COVID-19 came out of the blue, proving to be one of the greatest challenges in recent years, and arguably decades. We were forced to re-evaluate the way we work and live, review our mental model of what is "essential" and found ourselves scrambling to fight an invisible and indefinite enemy. From the unfaltering minister coordinating the public sector response, to the tireless sanitation worker doing additional shifts, from the anxious mother rushing to purchase masks, to the patient son guiding his parents on QR codes, everyone found themselves to have played a unique role in this unprecedented crisis. It is no different for me, and here I share about my experience with the Community Swab Team (CST).

Coordinated by the Community Health Team in TTSH, CSTs are small teams of about 6-7 hospital staff who are trained and sent to support community partners with the swabbing process. As an administrator, it was with excitement, purpose and a slight bit of apprehension that I joined the team. We were briefed and trained on the entire process including activation, gowning up, setting up and swabbing. I was a swab assistant and was mainly involved in setting up the swab stations, preparing test kits, verifying patient identity and the handling of completed swab samples. Other than performing the swabs, we also trained the nursing home staff in the entire process, equipping them with the skills required in the event of a surge in cases among their residents.

My first activation came around mid-April when clusters have emerged in local nursing homes. While I had heard about these swabbing exercises on the news and attended the relevant training sessions, being on the ground was an entirely different experience. Drenched in perspiration in our PPE, we kept our voices cheerful and hands steady and completed about a hundred swabs within the allocated few hours. While on paper it was about numbers and efficiency, being on site what I witnessed were very human emotions. Some were fearful and struggled during the swab, which at times required the process to start over again, causing even further distress.

Moments like that were tough to watch, and it really made me appreciate the level of composure, empathy and dexterity the swabber had to possess in order to accomplish the task. I did my best to learn and help wherever I could, and visits usually went by before I realised. There was a lot of learning on the job, but with the cooperation, encouragement and kind guidance from one another, we picked up the pace quickly. While every site had its unique features and challenges, the team was increasingly effective and confident, and it was a joy and an honour to have worked with them.

While we were just a single team, I think it is helpful to think of ourselves as part of the larger anti-COVID efforts. In terms of containing community spread, the CST from various hospitals played a key role in identifying infected persons and facilitating their swift isolation and treatment. Especially when we look at elderly in nursing homes who are susceptible not only due to weaker immune systems but also the artificial clustering of people. Furthermore, deliberate training of nursing home staff was also effective in amplifying the impact of our work. Amid the viral fear and risk, they were equipped with the skills (and equipment from MOH/AIC) to able to screen and care for their residents in a safe and efficient manner. On a national level, this has somewhat expanded our testing capabilities, ensuring a faster response should the situation call for it in the future.

On top of the actual intervention, this has an important psychological impact as well. At this stage where infection numbers in Singapore is falling and we are gradually reopening, it is as much about detection as it is about assurance. The need is pervasive across society, from the government, businesses, foreign partners to the general public. Practical measures and assurance has allowed us to hold even our General Elections during this period. The trust from international businesses and partners has facilitated trade and travel, an example being the international green channels and fast lanes formed with partners like China and Malaysia. For the everyday person living with various levels of anxiety and confinement for the past several months, seeing the extensive efforts and falling infection count may be a much-needed assurance that a calibrated resumption of social activities is justified.

Through my time with the CST and the Division for Central Health (DCH), I saw more clearly the hospital's community role in an outbreak situation. When the country wanted to perform a surveillance sweep of all nursing homes in Singapore, MOH allocated nursing homes to each public tertiary hospital.

This is in effect what population health is about, hospitals looking beyond its four walls, working together with partner organisations to take charge of the health of the larger community.

Fortunately, we had previously established relationships and care networks with most of these nursing homes and were able to quickly communicate, understand their situation and challenges, and coordinate the appropriate assistance. I remember being activated on three consecutive days and together with many colleagues, completed screening of all the allocated nursing homes in a matter of days. Additionally, having roles within the hospital also allowed me to see the difficult balance between hospital and community.

With NCID being at the forefront of the nation's fight against COVID-19, it was demanding on hospital resources as we planned for and managed the sharp increase in cases in March and April. Understandably, there was a palpable redirection of hospital resources to the NCID screening centre and inpatient care. While there were new national-level community care efforts like Community Care Facilities and the National Care Hotline, they could not replace existing TTSH community operations which were kept to a minimum. I did wonder how patients and residents in these programmes were affected by possible disruption in services. Only once we got the base settled, did discussions regarding a progressive resumption of TTSH community efforts intensify, including home visits, screening, education, psychological support and logistic matters. With the knowledge gleaned from this experience, I believe we might be able to achieve a better balance in the future.

On a more personal level, I have also learnt much about trust. Firstly, I trust my capabilities and PPE. Being part of a small team tasked to complete so much, and meeting so many people deemed to be at risk of the virus, somewhat requires you to trust in what you have. It is definitely not a blind trust, but one based on training and vigilance. Perform all the preparation you need, and after which, hold back the irrational fears so you can better focus on and contribute to the task at hand.

Secondly, I trust my teammates. Other than being a "Swabber" or "Swab Assistant", we were also one another's Water Boy, Safety Officer and Cheerleader. The cross-coverage and synergy in the team allowed us to accomplish so much more.

And thirdly, trust in the overall situation. As everyone is struggling with the disruption to their lives, worrying about their loved ones and their future, and healthcare workers are taking on additional responsibilities, it could result in significant stress and anxiety. I have learnt that in times like this it helps to be kind to others and yourself, and to remain optimistic in the overall situation. As the saying goes, "This too shall pass". While it could feel terrible and long now, with our combined efforts, things will get better. We are beginning to see the light now, and I believe soon enough, we will be out of the tunnel.

This is a poem in cleave form. The steps to read it are:

- *Read the poem on the left, written in the perspective of a TTSH visitor*
- *Read the poem on the right, written in the perspective of the author*
- *Read the whole poem as an integrated perspective of the author*

IN SUSPENSE

By Wong Su Ting
Management Associate

Looking left and right
almost lost in the flock
Above the noise, a booming voice,
“Please go to Counter 1!”

How unfamiliar it is now,
thinking to myself silently
Just then, a question ensued,
“Uncle, where are you going to?”

“I’m here for my son,
he’s at Ward Eighty-Six,
Been here a long time –
Do you know where that is?”

Moments passed – then – “I’m sorry,”
I apologised in earnest.
I was holding up the snaking queue
I was tightly coiled and nervous

I settled myself down and
Gave a call to a family member
I heard her say, “Thanks for helping my dad,”
“Ward 86 is at CDC, I remember.”

I wondered why
A supposedly simple process,
to an old man, turned into
A stomach of knots tied tight

Alas, I moved onward
I wasn’t about to be deterred.
Through the crowds I cleared
I was looking forward–
to see him

I caught sight of him
eyes wandering, back slouched
The traffic controller yells,
hands gesturing throughout

How overwhelming it must be –
to be an elderly in this time.
“Are you worried; do you feel afraid?”
Thoughts circling in my mind

Teary eyes, gazing, as he said –
Wait. He said Ward Eighty-Six?
I really should know where that is,
Abashed, I asked a partner instead.

She said she didn’t know either, so
I grabbed him a chair, looked ahead and saw
I had to tend to the others, even if
I’d a sense of ineptness awash

I admitted those behind, when he
then passed his mobile over.
The kind voice of a daughter she had
With that, I restored my composure

Just ten minutes, only ten,
Was truly enough to be
A moment which tasted like
A sliver of failure to deliver

I told myself it was but a hiccup.
Typing away like clockwork,
I became aware, I was tense because
I only wanted–
a loving father, meet his ailing son.

Disclaimer: For ease of writing, the identity of some characters were amended.

IN SUSPENSE

In the first couple of weeks that temperature screening and VES operations were set up, I'd been deployed to B2 Entrance to carry out visitor registration. Many would recall that B2 was one of the busier entrances, where work was almost non-stop in the peak hours. There was a plethora of visitors and patients, young and old, disabled and abled, English and non-English speaking. My team did our best to retain the human touch while performing our repetitive tasks. We smiled, remained calm and patient, and answered queries to the best of our abilities. This way, we cleared the queues one visitor at a time (such is life without biometric scanners).

It was during this shift that I met a man in his 80s, who came to visit his wife at Ward 86. I've a soft spot for the elderly, so as the old man approached, I put on my best "小妹" (xiâo meì, or "little girl" in Mandarin) smile, and wanted to do my best in serving him, even if this was just a simple task. Unfortunately, I was stumbled by my lack of knowledge of the hospital!

There was no sign of a Ward 86 in the location list on FormSG, and when I asked my partner–herself swamped at the time–she was unsure too. Though I wasn't fretting, I certainly felt bad keeping poor Uncle waiting on his feet, confused over where he was supposed to go. I scrambled to get a chair and let him sit with me so I could attend to others waiting and wouldn't create a bottleneck. The matter was solved when he called his son who, after much of a back-and-forth, enlightened me that his father was actually heading to CDC. In that moment, I really wished I could have accompanied Uncle there personally, but I had to settle for just writing the address down on his hand, assuring him he was heading to the right place, before directing him to an usher.

I then continued tapping away on the laptop, while also wondering if I'd put myself at risk by using his phone and touching his hand! (Disclaimer 2: I sanitised my hands before touching the laptop)

My team learnt from our busy day. At the end of the shift, we took time out to streamline our processes. We rearranged our counters and numbered them so visitors could see where to go long before they reached the front of the queue. We removed excess signage and brought attention to vital ones. We tidied up resources at the station, made it easy to obtain essential items (such as the stickers), and reduced wastage this way. One of my colleagues even sourced a cardboard box to serve as a bin for our stickers' backing papers that were strewn all over the tables. With markers, paper and tape, combined with eyes observing for gaps in processes, minds active to create solutions, and hearts willing to make the effort, we did our best to give visitors like Uncle a calmer and smoother process of registration. With the collective effort to date, procedures have improved so much that the issue I met is probably now rare, and the processes are probably so streamlined that when met with a hiccup, staff will have the time and energy to solve the problem.

The starkest reminder that came to me, was the importance of encompassing the needs of both abled and disabled persons from the very beginning of conceiving policies and processes. Our hospital is a scaled-down society where a significant part of our population is disabled, which makes it an unquestionable imperative to advocate for disabled persons' needs.

In times of crisis, or when we're exhausted, it is natural to fall back on being so task-oriented just to get the job done. However, it only takes social and organisational support, together with lots of self-care, to rejuvenate ourselves after setbacks, so that we may take our very next moment off awareness to remember that rules are made by humans for humans, and that pandemic or otherwise, putting heart in our job to care for people is exactly what gives it meaning.

Historically, no reflection of mine is complete without quotes, so I leave you with the words of Hubert H. Humphrey, former Vice President of the USA:

> "The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; those who are in the shadows of life, the sick, the needy and the handicapped."

Thank you to the VES team, and all others involved, for toiling day and night to say the least, to make things work.

THE PATH OF LEAST RESISTANCE

By Athelia Low, Management Executive

I was part of the very first shift for the Visitor Experience Services (VES) Entrance Screening on the morning of 8 February 2020. I was assigned as guardian of the Ward Entrance - specifically to be the first line of defence at the registration table, together with a fellow shift member turned friend. Most patients and visitors came in groups that consisted of the elderly, the young, the physically handicapped or a combination of them all. When they reached the table, we would explain what was needed to be filled in, also giving them the option of either a paper or electronic form. For some reason, everyone automatically reached for the paper forms. We knew the scale of data entry that would be required afterwards and urged patients and visitors to use the electronic forms where possible. However, before the first half of the shift was over, the A4 box cover which we placed the completed forms in was already full! At the end of my shift, as I tried to decipher the illegible handwriting when keying in the paper form details, I mulled over how the situation ended up as such.

It was obvious that electronic forms were the way to go to avoid the tedious data entry, yet they did not seem viable for both the older demographic who were unfamiliar with technology, and those who had young, active children and could not handle multiple electronic submissions for the whole family. It was simply easier to use the paper form and they chose the path of least resistance. Kudos to the VES team for the quick problem-solving which resulted in the desired process that was the easiest path for patients and visitors! By my next shift on day 3 of the Entrance Screening, the team had already deployed laptops and mobile phones that we could use to help patients and visitors key in their declaration. We had provided them with an option that was even easier than the paper forms – simply pass us an identification card, verbally answer the declaration questions, and we would do the rest.

I experienced another occurrence of how people veered towards the easiest path on a separate shift. Assigned once more to the Ward Entrance, I observed that in the earlier shift, one person was stationed at the start of the two lanes that were set up for patients/visitors and staff. That person's role was to stand in between both lanes and direct people to the correct lane. I wondered whether that role added value to our team as there were already signage put up for wayfinding, but it appeared that as long as a person was stationed there, people would look to them for directions instead of referring to the signage.

THE PATH OF LEAST RESISTANCE

So, a fellow MA and I did a little experiment to test if people would go to the correct lane if no one was there to direct them. We left the position between both lanes empty, but stood close enough such that we could intervene to redirect people if necessary. Then, we watched and kept count. Of the 30 people/groups that arrived during that time, more than 80% found their way to the correct lane without any assistance from us. Between self-help and a person's help, it might seem easier to ask a person for help. However, in this instance, self-help was more than sufficient and the value-add of a person's assistance was minimal. Our conclusion was to then focus primarily on other tasks such as helping people with their declaration forms, yet at the same time stay close enough to provide assistance when necessary.

Having observed how people naturally choose the path of least resistance, I learnt that sometimes we have to make all the other options more "difficult" so that our desired option appears to be the easiest. This initially seemed counterintuitive to me, especially when more time and effort is required to make the other options appear "difficult", but I came to see its importance through my posting. I was in the CHI-People Development's MICE (Meetings, Incentives, Conferences and Exhibitions) team when COVID-19 hit us. The leaders had to make the difficult decision of restricting access to the use of the Learning Studios to only essential trainings or to provide a conducive space for virtual meetings. This was necessary in order to minimise non-essential physical interaction and also to maintain a record of the activities within the Learning Studios, should contact tracing be required. To implement the restricted access, we had to block room bookings from the FBS system and take over booking requests so there would be proper screening before requests were approved. We also had to lock the Learning Studios' doors to override access card entry, unlock the doors before each session and lock it back after. This was the best way to ensure that the Learning Studios were not used without proper records in place. (For context on why this was necessary, during our regular building walks, we would always find users who were using the rooms "off-the-record" without having booked them.) Though these strict measures were not palatable to many, use of the Learning Studios had to be made more "difficult" so that the desired option becomes the path of least resistance – Avoid physical meetings and meet virtually wherever possible!

Now, the easiest path is not always the most beneficial one. Oftentimes, I find that while the easier paths may lead to short term satisfaction, the better and more beneficial paths require investments of time and effort. COVID-19 has completely changed the what, where and how of the things we do. The easier reaction to this would be avoid having to change until absolutely necessary and then do so reluctantly afterward. But a more ideal response or mindset would be to welcome whatever changes that come our way and keep learning, unlearning and relearning as we go. As an organisation, how can we encourage more of us to choose the more challenging but better path? I believe two factors play a key role. Firstly, leaders who set the right tone and encourage staff to have a growth mindset and seek continual learning. Secondly, co-workers and friends who walk through the ups and downs together and inspire each other to be better versions of themselves. I am fortunate to have found both in TTSH!

TRIUMPH IN TROUBLING TIMES

By Vionna Fong, Management Associate

The year-end period is always a joyous time filled with festive occasions such as Christmas and the New Year. Most people would be in relaxed and merry spirits as the year comes to a close. The office space quietens; the waiting line for the water dispenser or the sink in the pantry is a lot shorter, and there is stillness in our colleagues' desks - as many flock abroad, marvelling at the wonders of the world, copious with the joy for a well-deserved break. For many of us, this period is often one for reflection of the past year and also one where we begin looking ahead to the new year, reviving yet again our past resolutions, convincing ourselves that this year, we will achieve them.

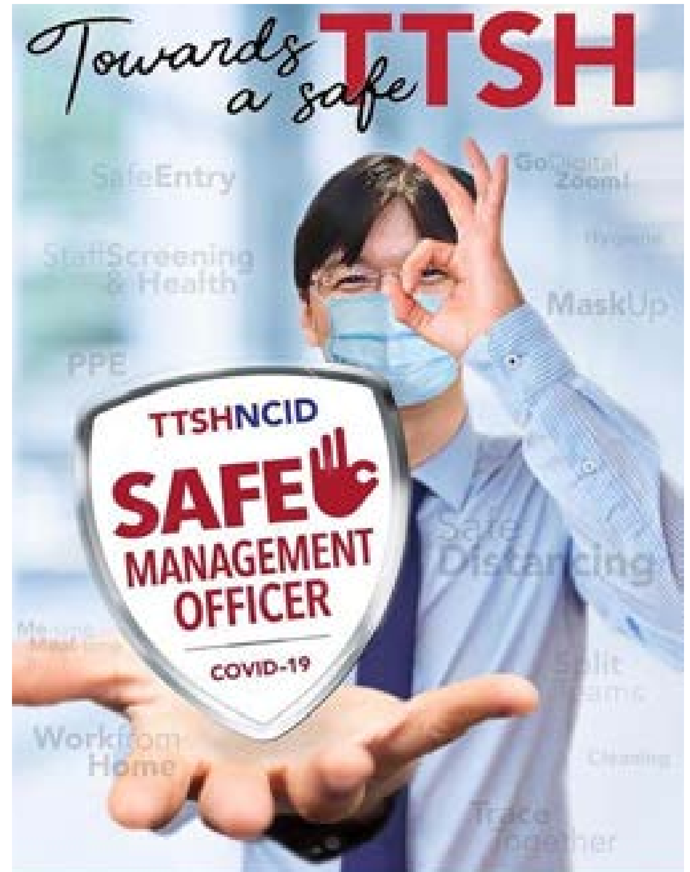
It is a new decade – 2020. I recall I had set several personal and professional goals for this year – Get a driver's license, have a go at solo-backpacking in South East Asia and take a course on Public Speaking. Then came the unanticipated COVID-19 pandemic.

The spread of the coronavirus has caused severe global economic disruption, widespread shortages of supplies and has directly changed our way of living.

For a few months, global and local news coverages were brimming with almost nothing but information on the coronavirus. Around me, I observed how differently people coped with and responded to the situation. Some of us took positively to the rapid spread of information and were able to keep afloat, while others gradually became overwhelmed to a point of numbness and developed an attitude of nonchalance. Despite differences in the outward facing portrayals, as the pandemic raged on, I came to learn that there were several underlying commonalities shared by us all – Amidst uncertainty, we are afraid. We feared for the health of not only ourselves, but also our loved ones – family, friends and colleagues. We feared for our livelihoods – Having adequate and necessary supplies, being able to hold on to our jobs, being able to provide for our families. We had self-doubts, questioned ourselves and experienced feelings of helplessness – Am I doing enough during this pandemic? Am I providing sufficient support to clinical teams on the frontline facing infections? Should I be doing more?

It was through the temperature-screening deployments ran by Visitor Experiences Service (VES) department that I had gathered the aforementioned perspectives, through my encounters with people from all walks of life. I met students with aspirations to join the healthcare industry, who spoke of their dreams of becoming a nurse or an administrator; retirees who stepped up to the role because they found meaning in it as a means to support the nation in contract tracing; and fellow TTSH colleagues across different family groups from various departments – Biomedical Engineering, Cardiology, Research and more – and their views on the deployment, the pandemic and how their day-to-day roles have been impacted.

At the temperature-screening checkpoint, at times we are faced with atypical cases of patients and visitors who wish to enter TTSH premises. I recalled my encounter with a particular patient who arrived at TTSH for a follow up visit at Clinic B1A. He had failed the temperature-screening checkpoint declaration as he mentioned he was on Stay-Home Notice (SHN) and was therefore denied entry into the hospital. Growing impatient, he was visibly frustrated and begin speaking in a raised voice which attracted stares from other members of the public. As our conversation developed, I found out that he had only been issued a 5-day Medical Certificate (MC) by his neighbourhood General Practitioner (GP) and was told only to leave his home only if unwell. However, there was no letter or documentation issued to provide clearance for his visit TTSH. While ensuring that the patient remained as calm as he could, I made several phone calls to VES, clinic staff at B1A, the patient's Next-Of-Kin (NOK) at home and the patient's GP. It was undoubtedly a stressful situation as the patient kept his eyes on me and was becoming increasingly agitated. Eventually with advice from VES, a decision was made, allowing me to explain the situation to the patient in a manner that he could understand and accept. It was slightly challenging for me as he was Mandarin-speaking and colleagues who have worked with me before would know that my Mandarin requires brushing up! Nonetheless, I gave my best and the patient was satisfied with how the situation was managed before deciding to return home. Through this encounter, I learnt that dynamic situations can arise when you least expect them. Being able to maintain a calm and steady composure is important, but the key would be to speak and interact in a manner that fosters trust and provides assurance.



Fear, anxiety and worry are natural emotions felt by many during such troubling and uncertain times. However, beyond these emotions, I also observed tenacity, resilience, courage and hope. Within TTSH, no matter which family group we belong to, or which role we hold, a choice was made by every individual at some point. The same can be applied to external parties, such as our fellow Singaporeans, who are with us as an organisation to face the pandemic. The choice to press on, support one another in ways small or big, to look ahead and keep hope that the pandemic will pass and that we will collectively emerge stronger. While it is too early for us to claim victory against the pandemic, I believe that with every little effort and choice made by every individual, in these troubling teams, we each have triumphed, in ways of our own.

KEEPING UP WITH THE CHANGES

By Sarah Tan, Management Executive

When the outbreak first started in January, I remember that almost immediately, colleagues around me got pulled into various duties – entrance screening, NCID screening centre operations, IOCP secretariat duties, community swab teams, etc. – it felt like everything had come to a standstill for close to 2 weeks as meetings were being cancelled, colleagues were deployed to support COVID-19 efforts, and emergency briefings were called. Our clinical leads and department heads tried their best to update us in the midst of all the changes; but because no one really knew how the outbreak was going to develop, it felt like they were leading us into the unknown. These briefings however, provided a sense of comfort in the midst of everything, as leaders acknowledged the uncertainty but also assured the team that preparations were underway.

In the weeks before my first entrance screening duty, I felt very odd going about my business as usual, as majority of my team members were already deployed to support the hospital's COVID-19 efforts. It felt weird working on my existing department projects that were more long-term in nature, instead of joining in efforts to fight the outbreak in the here and now.

"Crisis forces commonality of purpose on one another." – Michelle Dean; I shared the same purpose, but it was only until I supported VES for entrance screening, that I really felt like i was contributing to this common purpose. I learnt from this experience that when a crisis happens, it is important to include everyone in the organization, in roles no matter big or small, so that they will feel like a part of the collective history and movement that fought through the crisis.

I started my entrance screening duty after the first few weeks of the outbreak, and colleagues who went before me told me to be prepared for the many changes that I would experience. True enough, things were fluid and the team had to depend on daily briefings to keep ourselves updated on the day's duty. However, what I really appreciated through this process were the clear principles communicated from the start. Although the daily pointers changed, we could rely on these principles to guide our actions.

Also, meaningful feedback raised to the VES team was taken into consideration, and prompt action to improve entrance screening for both the staff and our patients was taken. From paper forms to electronic forms, from no social distancing between screeners to adequate social distancing, and from manual keying in of ICs to the scanning of ICs – the VES team really demonstrated what it meant to constantly strive for process improvements and increased productivity. It made me reflect on the mindset that we tend to have after working for some time, where we are quick to say "this one cannot change one lah" or "it has always been like that". Even as someone who has only been working for 2 years, sometimes it's hard to challenge the existing norm, and easier to stick to how things have worked so far without querying the efficiency of current processes.

Supporting TTSH's entrance screening efforts also exposed me to the patients and caregivers that entered our premises day in and day out, as well as staff from other departments in the hospital. We always see from our statistics that we serve the oldest population in Central zone, and that majority of our inpatients are aged 65 years and above. However, it is one thing to view these numbers and another to interact with them in real life. Being stationed at the hospital entrances and interacting with our visitors helped me better understand the demographics and needs of our patients, and how to adjust my actions to meet their needs (like asking the screening questions in Chinese han yu pin yin instead!). I was also thankful for the opportunities to interact with colleagues from various departments. Off-peak hours of our entrance screening duties were great opportunities to informally learn more about what other departments were doing and build relationships beyond my department. I will always remember the times we ordered delivery for McDonald's breakfast and the shiok Nissin cup noodles that brought great comfort and warmth during night shifts.

My Experiences as a Frontliner

By Audeline Elleora Elias Sasmita,
Management Associate

It has been more than 6 months since DORSCON level turned orange due to COVID-19. As a relatively new healthcare administrator, everything felt like a blur to me while my colleagues were ramping up the hospital operations to be ready for the situation.

I was deployed for the entrance and temperature screening under VES and was part of the first night shift duty. During my first night duty, I was tasked to do data entry work and manned the ED entrance in the early morning. As the days passed, I (realised) that amidst the uncertainties which COVID-19 brought upon all of us, my colleagues whom I worked with were very cooperative and helpful in all of our duties. It was also a once-in-a-lifetime experience for me to be part of the frontline work during this pandemic.

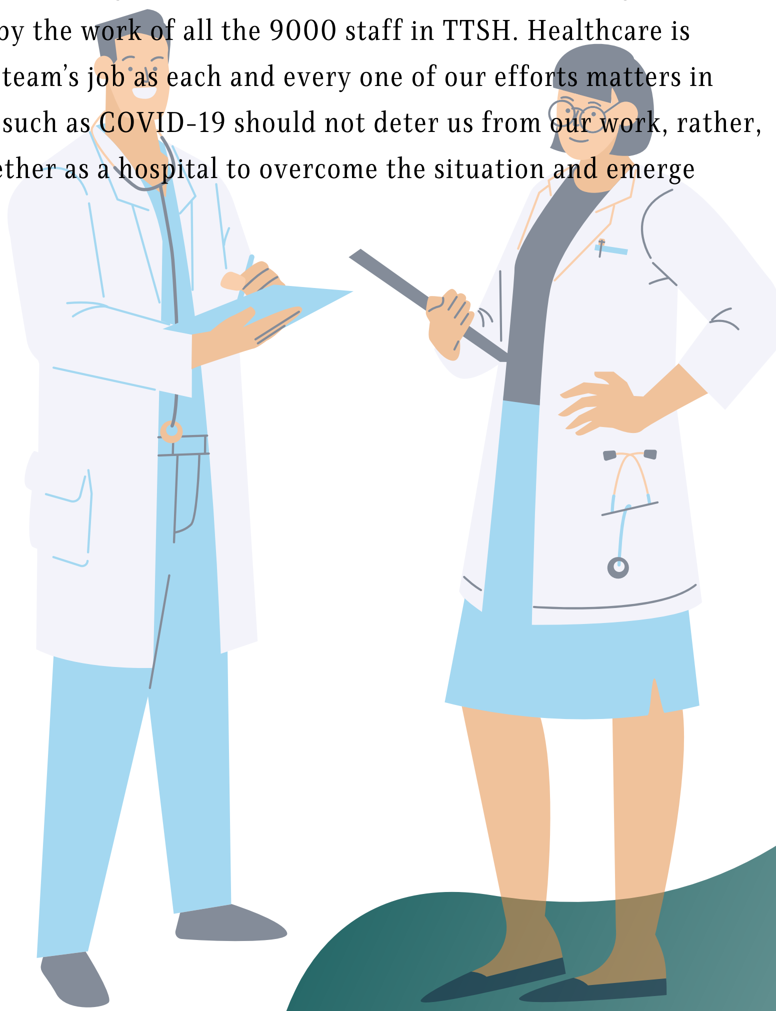
The greatest takeaway from this entrance screening deployment experience would be getting to know colleagues from various departments and finding out about the meaningful work which they have been doing. I had many chances to speak to different healthcare administrators and professionals who willingly shared their work experiences thus far in TTSH with me. After hearing some of their multiple years of experiences in the healthcare industry, especially the experiences of those who were present during the SARS period, it allowed me to feel more reassured concerning the whole pandemic situation as I know that I'm not alone in this fight against COVID-19.

This pandemic has also allowed me to see the goodwill of many members of the public. Any kind act, no matter how small it may be, is greatly appreciated by the frontliners. It was also during this difficult time that support from my close ones became especially crucial.

I am thankful that I received ample of love and support from my family members who were understanding of my work and did not gave me additional pressure about working in the hospital. They also ensured that I was well physically and mentally by providing me with homecooked food after I come home from my entrance screening duties, accommodating to my lack of presence at home due to the odd shift hours and more. My dad even visited me on one of my entrance screening duties and bought bubble tea for me and my colleagues who were on duty with me!

In my second posting at Activation, I was also rostered to help with manning the counter for hamper deliveries. My duties involved receiving hampers or gifts for patients who were warded and delivering them up to the patients' bedsides. Delivering gifts to the patients was something which I had no prior experience in and it really warmed my heart whenever I saw the patients' faces lit up upon receiving a hamper. I was also heartened by the encouragement provided by my new colleagues on my first day manning the counter. My RO even gave my colleague and me a surprise Starbucks delivery as a motivation for the duty!

In summary, I'm grateful for the experience of being a frontliner in this COVID-19 situation thus far. It definitely opened my eyes to the different responsibilities expected of a healthcare administrator and it also gave me the chance to know various healthcare workers in the hospital, their different roles and even the needs of the patients, something which I was not familiar with before my frontline experience. This experience also made me more aware of the different ground work in TTSH and allowed me to gain a greater appreciation of the difference made by the work of all the 9000 staff in TTSH. Healthcare is definitely not a one-man's or one healthcare team's job as each and every one of our efforts matters in delivering the best patient care. A pandemic such as COVID-19 should not deter us from our work, rather, it should strengthen our resolve to work together as a hospital to overcome the situation and emerge stronger from this.



IT HAS BEEN OF GREAT PRIVILEGE TO BE ABLE TO CONTRIBUTE DURING THESE EXTRAORDINARY TIMES

By Cheong Jie Qi
Management Associate

I was deployed to NCID Screening Centre as part of the first wave of augmented manpower in mid-February when there was a peak in Mainland Chinese cases. As the only representatives from our respective departments, mere trangers to one another, there was an awkward tension that hung in the air among those at the pre-deployment briefing. This was interlaced with a palpable sense of uneasiness - we were scheduled to support the ground operations of the Screening Centre (SC) with the first group commencing their shifts the following day.

By then, we had completed our Just-in-Time mask fitting and PPE training and were ready to go. The briefing concluded with a walk-through of the SC to orientate us to the place, which was previously shown to us on screen as a flat layout. The strict control of personnel entry and multiple doors to ensure constant air pressure made entering feel no less than stepping into a concrete fortress. Meanwhile, I was secretly grateful that I still had two weeks before my first shift.

Two weeks on, I reported for duty. At the Screening centre, we supported ground operations in three main ways. Firstly, we helped with daily tracking of SC attendances for reporting to internal (NCID and TTSH SMM) and external stakeholders (MOH). The screening centre operates on a 24/7 basis and as the supporting Ops team, we helped to ensure supplies were undisrupted. This included PPEs, forms used by patients and medical teams (sorting form, patient questionnaires, clinical protocol, hotspot list). One can imagine that these forms not only updated regularly but ran out quickly as well, when there were surges in patient load. We were also involved in the activation of the relevant support units, such as the IT department when there was a system down or the Facilities team when a light was faulty.

Having no inkling of the basics of infection control - clean routes, dirty routes etc, I was initially afraid of falling behind more experienced teammates. However, with their patient guidance and support, I managed to adapt quickly and the workings at NCID soon turned into second nature. The shifts were eight hour (hyphenate) blocks (with night shifts taking eleven hours). Being back in the real world after each shift ended always imbued a small sense of dissonance, due to the incongruity between the vigilant attitudes of healthcare workers and the nonchalance of the public. This was especially so in the beginning months before the cases escalated in numbers and the reality of the outbreak hit.

I was deployed for a second time at the end of March and by then, things were starting to change. Little did we know, we were on the cusp of a partial lockdown in our own country, the Circuit Breaker. To sum my learnings with regard to outbreak management, there would be four key points. Firstly, information is key in guiding decisions and it is important to stay updated on the latest news as they are certain to impact plans. For instance, the data we collated provided a sensing of where the patients generally came from and where they are discharged to. The senior management then used the information to guide ramp-up plans for manpower, screening and bed capacity, amongst others. The clinical teams also had their eye on studies published by other countries to advise their own clinical guidelines.

Secondly, in an outbreak, we will not always have the luxury of time to plan with granularity given its fast-changing nature. An example was the circulars from the Ministry which advised on the relevant criteria and action plan for different risk categories of patients. A subsequent circular could be released before we were through planning for the changes in the previous one. They expanded with every appearance of a potential cluster, starting from Chinese nationals to returning students to foreign domestic workers. When these happened, we would modify our workflows on the ground to ensure that they are handled appropriately and in line with the latest national guidelines. This rendered a fleeting sense of helplessness when you realised how much you are at the mercy of many external factors (eg. international, ministerial, organisational policy changes). Yet it emphasised the need for flexibility in any plan, to be able to adapt to the ever-changing pandemic situation.

Thirdly, successful communication is a two-way street. At SC, the ED leaders could establish workflows one after another for the medical teams, but this would not actualise until the ground staff were made aware of it. It was essential for the staff to have a feedback platform to allow for reiterative refinement and process improvement. The provision of feedback was facilitated through daily briefings and proper handovers - a usual practice for the medical team but more important during these times than ever.

Lastly, there was strength in unity and diversity in our people. As support ops, we ensured that supplies needed were never found lacking, enabling the medical team to focus solely on providing care. Yet were it not for MMD's timely procurement and delivery, the contribution of the support ops to maintain par levels could not have come to fruition. Kitchen coordinated caterer deliveries and ensured nobody went hungry, housekeeping maintained the cleanliness of the place and linen took care of our scrubs. We were anchored by so many others, who were in turn anchored by others. Together, we contributed with our fair share of expertise and made things happen as one team.

Reflecting on the whole experience, it was rare and eye-opening, a process of unlearning, learning, and relearning. I was leaving behind what I knew as an administrator and learning what it meant to be a frontliner. Before my deployment, NCID was this new building that had stood for less than a year, its capabilities and inner workings untested and known to so few. There was hesitation and fear of what we did not know. Fast forward to the present, I have since gained a better understanding through my experience on the ground. With numerous news reports and documentaries offering an insider's look, NCID was also catapulted to the national stage as the epicentre of the nation's efforts to combat the pandemic. This influx of information aided the public's understanding by resolving misconceptions and allaying fears. In turn, this enabled the outpouring of public support which contrasts starkly against the discrimination faced by some healthcare workers back during the SARS outbreak. Relearning was about timely reminders of what I thought I knew.

I thought I knew about the unity of Nursing spirit but it was different experiencing it for myself. The Nursing Officers-In-Charge were ever ready and willing to help, they were leaders who respectably stayed grounded with the ones they led. I relearnt the meaning of a TTSH Kampung as I worked alongside these individuals from diverse backgrounds, coming together as one Ops team and actively collaborating to improve the processes using our respective expertise. I was reminded of this each time I went for meal breaks.

Staff deployed at NCID SC often rotated for breaks alone or at most in pairs, we were socially distanced from each other way before TTSH Main Building enforced safe distancing measures in eating areas. While the loneliness was tangible, sitting in the pantry and looking around at the wearied unfamiliar faces still brought a sense of quiet solidarity knowing that we were all in it together. The notes of appreciation and encouragement from the public that 3S (Goodwill team) plastered the walls with was another heart-warming reminder that we were supported as a whole TTSH Kampung.

With my deployment, I had a glimpse of what our frontliners go through during this pandemic: wearing full PPE and the long shift hours. The sterile smell of the thoroughly filtered air hits the olfaction each time the door swung open. The feeling of the goggles and the N95 mask's metal strip settles in as a dull ache that spreads slowly across my cheek bones and lasts way past my shift. The night shifts left me disoriented when I yearned to retire as others began their day. On the day with nearly 500 SC attendances - an unprecedented peak in nearly three months of operation,

I was struggling to complete compilation of the necessary information for each patient before morning came. Going through the case notes and discharge summaries of one patient after another, clearing off each name highlighted in bright yellow felt endless. Yet I was reminded that while each of these names is merely a line item in my spreadsheet, they were very real individuals for the frontliners. Visualising the snaking queue of patients they faced, one could only imagine how they must have felt, with barely any time for respite.

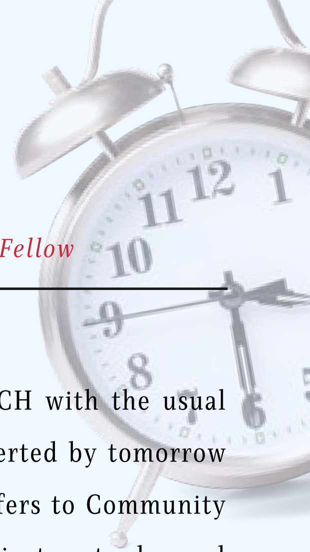
The deepest impact was left by the anxiety of becoming infected compounded by the bigger worry of spreading it to my loved ones during my deployment. I came down with a persistent runny nose and sudden fever just before my second day of deployment. This led to my experience at the SC as a patient myself. While I was reassuring myself and my loved ones that the chances were less than slim, I could still recall acutely the stirrings of anxiety when I was home and awaiting my swab results. On top of being extra cautious when going about the house, I isolated myself to my room for the most part throughout my five-day medical leave and ate meals separately from my family. The hypothetical scenario of being tested positive, being warded at NCID, having my family members being quarantined ran through my head several times. One could imagine my relief when I was informed of my negative results. The stories of healthcare workers socially distancing themselves from their loved ones encountered on the news were poignant reminders of these extraordinary yet unfortunate times.

Looking back, we may have met with several challenges. Yet each time, we got through as a team, trusting in our training and skills and in each other. We had confidence in the system and our leaders that they would always do what they knew was best, even if it may not seem right in the moment. As the supporting Ops team, we were empowered by our purpose to support the medical teams as best we could so they could provide the best care for the patients. It has been of great privilege to be able to contribute during these extraordinary times. It is important to retain the sense of unity and vigilance that has been imbued by this experience. Moving forward, I do hope for us to carry that forward to the next generation of healthcare workers, who will most certainly meet an equal if not greater challenge in their times.

Ten different stories where we were involved in managing COVID-19 from ground zero to ensure smooth hospital operations.

How Long Does It Take To Set Up COVID-19 Ward?

By Lim Jin Yin, Management Fellow



Time Check:

9am on 29 Apr 2020 (Wed), Sr Wee suddenly called for a meeting at TTSH's Ward 10 at RCCH with the usual suspects from Nursing, Facilities, Security, Housekeeping etc. She said Ward 10 would be converted by tomorrow into a COVID-19 Short-Stay Unit (SSU) to house stable COVID positive patients awaiting transfers to Community Containment Facility (CCF). My first thought was "Huh how can that be? I was IOCP secretariat just yesterday and the minutes I sent out just 12 hours ago clearly stated CDC1 Short Stay Unit (SSU) to be ready by 30 Apr, 5pm... there was zero mention of a RCCH wards plan!"

Key planning parameters include:

- Existing non-COVID patients had to be transferred out,
- ward capacity to be doubled,
- nursing manpower has to be redeployed from all over campus to staff the SSU,
- access to ward must be restricted with strict adherence to clean and dirty flows that meet infection control standard precautions,
- the only other SSU on campus is in another block with an entirely different ward configuration and infrastructure design,
- the plans must fulfil to RCCH's stringent measures in addition to our own,
- the ward was to be ready to receive the first patient by 6pm on the next day.

Although these parameters made this task highly challenging, the unit leaders did not wait nor request for a clear directive; instead they acted on first trigger by Sr Wee, and displayed collaborative strength and the TTSH kampung spirit. Follow-ups were already in progress by the time CEO met the team at 11am to review and confirm the decision to set-up our wards in RCCH as SSU. At that meeting with CEO, the senior leaders did not only provide broad directives but they studied the details and addressed the team's concerns and challenges, which helped let everyone in the room align on the latest and 'realest'.

The team also appreciated how the senior leaders were candid in sharing other background considerations, and were courageous in explaining the rationale behind their decision to change SSU plans to be at RCCH wards in just over a night when preparations at CDC1 were already underway. Two senior leaders actually zoomed in to this meeting from CDC1 carpark, because they just completed overseeing the delivery of 100 divan bed frames and mattresses originally meant for CDC1 SSU.

At 2pm, more unit reps gathered for a meeting with RCCH management to discuss TTSH's immediate plans to convert 3 wards within their premises to admit and transfer COVID positive patients round-the-clock. I scrambled to prepare layouts and workflows that RCCH would likely ask for as per our usual meetings, but to my surprise none of these were required! For instance, lifts are a precious resource that usually involves meticulous planning of usage schedule, but RCCH quickly dedicated one of the two banks of service lift for SSU. At that moment, I was relieved and thankful to Lady Luck for the positive outcomes, but upon reflection, I realised that was a display of the trust and confidence the RCCH team had towards us. This trust and confidence has been built up over the past years of working closely together on several projects during both peacetime and COVID, many of which involved changes to lift use. Relationship-building requires time and test, but if we continue to communicate and collaborate towards win-win, it will get stronger and we can achieve more than if we only do it alone.

My memories of the next 24 hours were mostly of everyone mad preparing the wards. People were "borrowed" and physically pulled from one discussion circle to the next, and the default mode of communication changed progressed from text messages to calling because no one had time (or hands) to read or type (don't even try email).

I remember moments when I felt overwhelmed by the seemingly endless hiccups – e.g. when the telecom bell that was crucial for real-time contactless communication between clean and dirty zones was not working, or when I went round in circles but could not find just one waste bin to be placed at the staircase area for de-gowning, and also when UNM told me that we need to do up a directional guide urgently for the newly deployed nurses and doctors because most of them did not know how to get to these wards to report for duty/calls. There were more but these were the top 3 that really had my anxiety levels spike.

These challenges led me to recall the discussions at IOCP when senior nursing leaders would seem hesitant in committing to timelines especially for ward conversions and opening. It was a privilege to learn these leadership insights on the outbreak at IOCP, but I am equally if not more thankful to have gone through this hands-on experience of setting up a ward, so I can now better empathise with the stress and pressure faced by the ground, which are not to be taken lightly and are worthiest of all our respect and appreciation. At 8.30pm on 30 Apr 2020 (Thu), a text in the group chat informed that the first group of COVID positive patients have settled down in Ward 10 SSU at RCCH. The dozens of us who had been part of the set-up are very proud that we have pulled off this feat in a record-breaking time of 33 hours! But we would not hope to repeat this nor outdo ourselves... ***Today, the SSU at RCCH have stand down but this shared experience will continue to be etched in our minds and serve as the common bond in a stronger and better relationship than before.***

TEST OF OUR KAMPUNG SPIRIT

By Deborah Lee, Management Executive

"You've been requested to support in the Integrated Disease Outbreak Coordinating Platform (IOCP), please report tomorrow 28 January..."

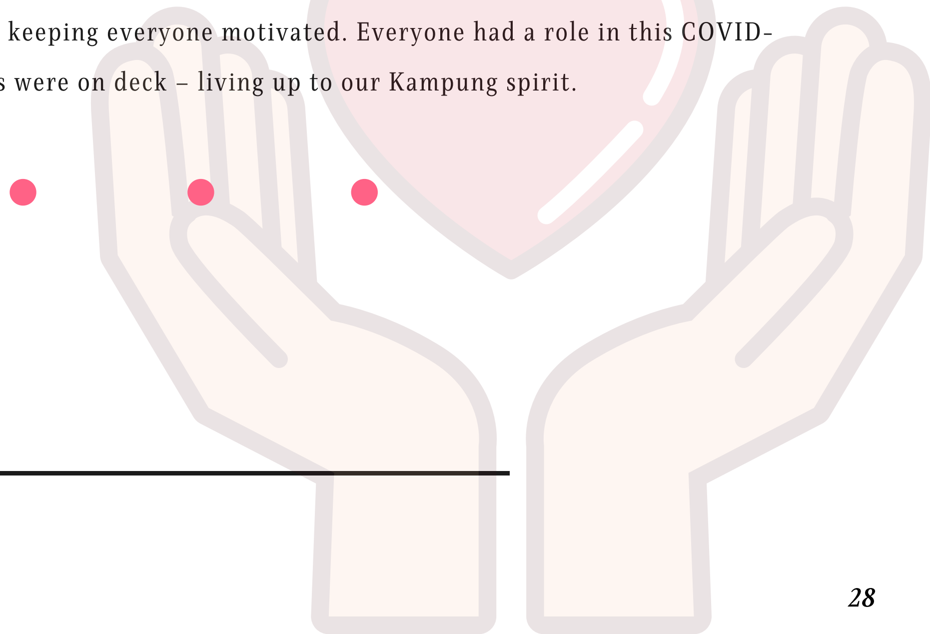
Those words fell on me with both excitement and apprehension. I was faced with an internal dilemma, of what was seemingly insignificant when compared to the greater cause of supporting in the COVID-19 situation, a birthday leave. Nevertheless, I had decided to take it in stride and embrace the responsibility while holding onto the optimism that the situation would improve and that I could always have a good break after. However, unbeknownst to all, weeks continued to past with no sight of the improvement.

Every decision made became tied with heavier responsibilities as the situation developed. What others saw as a "top-down" decision was in fact weighed with much considerations and thorough deliberations through meetings that were held daily and sometimes longer than five hours. I recounted a topic which was close to heart for all; "Leave Allowance". When the topic was tabled for discussion, the meeting turned into a debate where every leader weighed in their views, both pros and cons, from welfare considerations where staff should be entitled to breaks to the lack of manpower that is essential for smooth operations. As the final decision was made, silence fell upon the room as everyone respected the tough call that meant more than "Leave Freeze" – It had meant all hands were needed to fight this virus as One – it was a test of our Kampung spirit.

These decisions often trickled down with varying consequences and had impacted the lives of what the public call us as "essential workers". As the news of leave freeze was announced, there were two factions – one that respected the decision, while the other dissatisfied with their disrupted plans. I found myself straddled between both. As a travel-lover, this meant cancellation of all my holiday plans which I had made a year in advance. To make matters worse, I found myself faced with unresponsive agents who were also overwhelmed with the numerous request for cancellation or postponement of plans.

Everyone had their fair share of sacrifices and each weighed no less than the other. Though, I was admittedly embarrassed with my frustration on the disruption of holiday plans, when I had heard stories of the sacrifices of frontline staff during my walkabouts with the senior leaders as part of the "Spread A Smile" campaign. Some shared that they had decided to postpone their weddings to support their fellow teammates who were already struggling to balance with the heavy workload and lean manpower, while others were understanding of the situation that their closest friends at work could not attend their weddings due to team segregation plans. I even recalled that a nurse had decided to stay apart from her family while coming to work almost every other day, to prevent any possible transmission of the virus, when little was known on its' transmissibility. Her personal sacrifice to keep her family well while she continues to give her best at work was truly admirable.

Through these stories, I came to the realization that contribution should not be weighed based on the significance or achievement of the work but the effort and heart placed in doing them. As an administrative staff, more often than not, the work tasked seemed incomparable to the frontline team who were managing the patients' contracted with the virus. I recalled being questioned by someone on why I was so invested in designing the wall and creating merchandises to support the "Spread A Smile" campaign, to which was answered by one of the winners who had posted for the campaign; the campaign had caught her attention and reminded her to stay positive and she passed on the message to others to keep persevering on. The designs mattered; though it may only impact a small group of staff, positivity from smiles are contagious and would be spread around, which would achieve the aim of keeping everyone motivated. Everyone had a role in this COVID-19 situation, and truly all hands were on deck – living up to our Kampung spirit.



COVID-19

CONTRIBUTING MY LITTLE EFFORTS

By Eve Cheng, Management Executive

In the past few months from February to June 2020, my role in supporting COVID-19 pandemic has changed a few times, but with each role change, I am thankful for the opportunities to learn and contribute my little efforts to my nation's fight against this virus. Read on to find out the differences I've made.

Entrance Screening Duties & Process Improvement Project

Screening Centre Process Improvement

Rapid Improvement Project - Journey of a Swab

ENTRANCE SCREENING DUTIES & PROCESS IMPROVEMENT PROJECT

From the Chinese New Year holidays in late January, we were told to be on standby for activation as Singapore confirmed her first case in the country. When we were finally activated for entrance screening duties on 8th February 2020, I felt worried yet relieved that I could finally contribute my efforts to this looming pandemic. There was a sense of anxiety being on standby and also some feelings of helplessness as I was unsure of what I could do to play a part in the larger scope.

The first few days of entrance screening duty were filled with lots of constant changes, uncertainty, and information overload as we familiarised ourselves with the people, processes, rules and shift schedules. For each shift, we were randomly deployed to different entrance locations with different colleagues. There was a lot of getting used to at the start and the rules of entry were changing every single day at rollcalls. There were also new colleagues on rotation and temporary contract staff joining the entrance screening team and we had to orientate and induct them each day.

Things were also not smooth for the staff, patients and visitors entering the hospital. The new and cumbersome processes in place to do travel and health declarations at every entry created lots of inconveniences to enter the premises and as entrance screeners, we had to deal with unhappy patients and visitors daily. Staff also had to get used to joining the right queues and consciously display their staff pass when entering the Health City Novena campus. During the occasional few times that I had to deal with uncooperative staff, I was a little disappointed about the lack of support and understanding of the role that an entrance screener played to safeguard the borders of our campus. But as there was more communication on Workplace@Facebook, we started to see more appreciation in smiles and simple "thank you" to encourage us as we stand guard our borders for long hours.

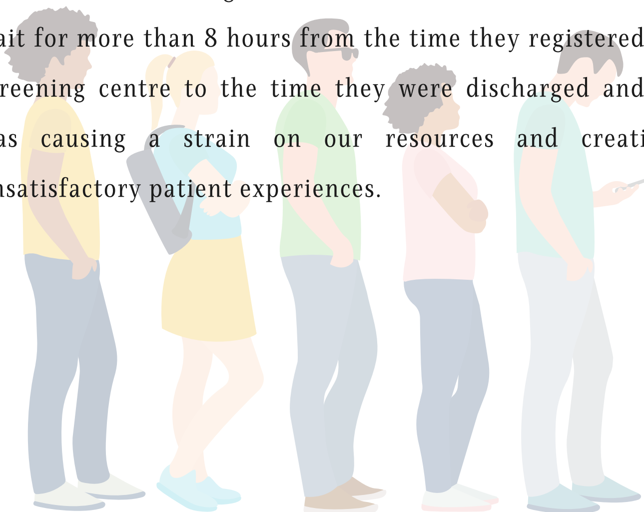
To prepare for a potential ramp-up of patient volume at the outpatient clinics, my department, Kaizen Office, worked together with the Visitor Experience Services (VES) team to conduct a "Time & Motion Study" in March 2020. This process review involved consecutive on-the-ground observations of trends in the time taken to process a declaration form and the time visitors spent in the queues to glean insights that would not be apparent from daily visitor and patient volume data. Combining both ground observations and the use of a simulation software, my team was able to validate several observations and trends to propose recommendations for optimizing operational efficiency, and for dynamic allocation of manpower throughout the day.

During this process review, there were times when I struggled and resisted to step up to help the entrance screeners because I was supposed to play the role of an observer and not be involved in the work itself. But it really ached me whenever I see the queues for the patients and visitors stretch for more than 10 meters all the way to the taxi stand at Basement 2 pharmacy because many of them are elderly who are unable to stand for extended periods of time. While we tried to think of many possible solutions or workarounds to reduce the waiting time, very often we were faced with infrastructure limitations or clinical restrictions. We questioned the purpose and rationale of some of the steps in the process and we received replies such as "because xxx said that we have to do it" or "the system is as such, we cannot change it". And the restrictions and replies from staff made me wonder how much improvements can Kaizen propose and how much were staff ready and willing to explore alternatives for changes. We had to get buy-in from the various departments to explore alternatives and these are part of the change management skills that I picked up from this project. Nevertheless, this project allowed me to appreciate ground operations and how operations staff have to think on their feet to solve problems and manage crisis or as what we call it "fight fires".

SCREENING CENTRE PROCESS IMPROVEMENT

On 18 March 2020, I took my first step into the operational NCID screening centre. I was both excited, yet fearful; I was excited because the last time I had been to screening centre was about two years ago in late 2017, also in PPE, but that of a white construction helmet, yellow vest and black safety boots, to do onsite measurements for the procurement of equipment. The screening centre then was a space of concrete walls with exposed cables and pipes and lots of construction dust in the air. In 2020, I entered the fully-operational NCID screening centre and my PPE consists of a N95 mask, gloves, gown, face shield or goggles and a hair net that I just learnt how to properly don 2 hours before entering. The screening centre in 2020 was fully equipped with equipment, clinicians, support staff, patients, with the "virus in the air". Whenever I reflect on both moments, I am very thankful that NCID opened just in time in September 2019, a few months before this pandemic struck us.

A long waiting time for swab tests and long physical queue that extended out of the screening centre triggered a process review by the Kaizen team in 24 hours. The surge in patients was a result in the re-call of Singaporeans who were working or studying overseas to return to Singapore. There were also increasing numbers of foreign workers who were sent to screening centre for swab tests. Patients had to wait for more than 8 hours from the time they registered at screening centre to the time they were discharged and it was causing a strain on our resources and creating unsatisfactory patient experiences.



Through a series of observations and interviews, my team sought to understand the process in screening centre and roles and responsibilities of our screening centre colleagues. The process review aimed to ensure sustainable manpower deployment, prompt turnaround time (TAT) for patient screening and patient-centric care. We identified the issues in each step of the process and provided recommendations for productivity gain within six hours, truly a rapid improvement event (RIE). Our team came from a fresh-eyes perspective and when proposing recommendations, we were often constrained by infrastructure or clinical considerations. However, our screening centre colleagues were open to our suggestions and together, we were able to improve the processes at screening centre.

RAPID IMPROVEMENT PROJECT – JOURNEY OF A SWAB

On a Saturday afternoon (18th April 2020), three other Kaizen colleagues and myself were activated for an urgent project to reduce the TAT for COVID-19 lab tests over the weekends. My team and I responded quickly to the call for action and reported in full PPE at screening centre on a Sunday morning. In consultation with Department of Lab Medicine (DLM), Emergency Department (ED) and Health and Environmental Services (HES), the rapid improvement project was initiated to reduce the TAT from swab sample being taken at the screening centre to result notification to patient. We embarked on a series of Go-and-Sees and co-created solutions with the project owners to allow for time-saving and less wastes in the process. Recommendations have been implemented and the team will look to continuously improve the process to bring down the TAT.

One of the recommendations was to develop a rack that allows for easier transportation of specimen from screening centre to the lab by the porter. As the rack had to be customized to fit the chiller box and hold the specimen tubes, the team spent an afternoon in CHI Living Lab (CHILL) prototyping the rack with cardboard. After a series of re-iterations, the final design of the rack was sent to a vendor for mass production to be used in Screening Centre and DLM. Two months later, we conducted a review session with the project team and the feedback was that the racks were helpful and they were looking to produce more racks for other areas of the hospital. For me, I felt that this project was truly meaningful and critical during this time as patients (and their close contacts) were anxious and worried about their swab test results. Reducing the turnaround time for the swab results would mean reducing their anxiousness – be it positive or negative results.

Overall, I had a very fulfilling experience when I completed my COVID-19 related Kaizen projects and I was proud to be able to contribute my efforts to improving the experience of our staff and patients in this crisis period where manpower is tight and everyone was doing their best to help one another. I was also happy and thankful for the opportunities to be able to be at ground zero of TTSH entrances and NCID screening centre instead of viewing the scenes from news reports and reading stories from my colleagues. While we never hoped that NCID would be in use, I am proud and glad that it was ready to serve its purpose for Singapore.

THE DAY AFTER VALENTINE'S DAY

By Lek Jie Ying, Management Executive

Valentine's Day, a day where love is celebrated worldwide, had a whole new meaning in 2020. It was three weeks since COVID-19 landed in our shores, and NCID became the spotlight of Singapore. That Valentine's Day, we received 40+ deliveries and sent tons of goodwill to all TTSH and NCID departments. The goodwill team was exhausted by the end of the day and clocked close to 25,000 steps. I remembered feeling it as one of the worst Valentine's Day for myself simply because I was too tired to do anything for the rest of the day.

The most memorable part for me for Valentine's Day was not about 14 Feb. It was the day after when the typical V-day madness ended. It was 15 Feb 2020 that will always remain as my fondest memory of COVID-19 goodwill work.

That Saturday was a beautiful one. I ended up going from B2 "dungeon" to various wards on a Saturday afternoon, which is rare for us who work office hours. And it turned out to be an afternoon with the prettiest memories with the unexpected gratitude I experienced. A warmth that will stay with me whenever I look back on that day.

We had to spillover the V-Day work to 15 Feb due to the overwhelming support from the public. I remember it started with our colleague managing TTSH Facebook calling

me and informed me about a mother who wrote in and shared that her daughter took her Chinese New Year angbao money to buy snacks and made cards for the healthcare worker. We made arrangements that Saturday for a representative from NCID to meet and receive the goodwill on behalf of NCID from the 7-year-old girl.

I will not forget how the girl shyly came out of her car and didn't dare say hi to us. It was when we were receiving the card from her, only then gave her first smile. The items she passed to us may be simple, but the gesture was big. At seven years old, I was probably plotting for which new toy to convince my parents to get for me. She understood the graveness of the disease and displayed her big heart, with a maturity beyond her age. I hope this incident will spur her to continue doing good as she grows up because that's the hope that keeps us going, isn't it?

We then received two more deliveries - 100 care packs and trays and trays of flowers. The flowers were by a particular movement called refreshflowers, where a group of friends comes together to receive

THE DAY AFTER VALENTINE'S DAY

leftover flowers from various florists and repack them into fresh bouquets and deliver to hospices. This year they decided to do it for TTSH. Part of goodwill work requires us to determine where to distribute the items, especially if they are perishables. It was a Saturday afternoon, and the workforce on duty that day was lean. I recalled looking at my team, mentally eliminating departments that we visited the day before, and trying to decide where to send all these goodies to. We had finally made a call, planning a route. We decided to go B2 first because a few little birds shared how hardworking our Pharmacists managing medication delivery had been and how our MMD colleagues were putting extra hours to ensure ramp-up of wards and the screening center can happen.

It was the start of encounters I will not forget. We stopped at MMD and Linen and chanced upon a group of aunties from Housekeeping. And when we gave them flowers, they sheepishly smiled as they received, and an auntie held her hand up to her mouth to hide her smile. The uncles at MMD looked at the care packs with their tired being and kept saying thank you for remembering us. The Pharmacist took some time to compose herself because she had been exhausted from her work when we dropped by. I felt a rise of emotions just being at that few departments. They may be hidden from public eyes and not deemed frontline staff by definition, but they were every part important and critical in making sure this COVID fight was possible. Amid the B2 corridors that many of us don't go, they made magic happened.

We then went to the wards that were not covered by the leaders the previous day during their walkabout. I never knew the power of flowers until that afternoon. Flowers made people scream in joy, run to you in delight, lift the mood of any individual, and it brings people together. I lost count of the screams I heard, but I remember the faces. I have forgotten how many floors we went but the joy they displayed upon receiving their bouquets. I have forgotten how many photos we helped organize and took, but I know every emotion you see in the pictures were real. I saw the tears accumulated in some of their eyes, the unspoken gratitude behind their masks. I remember walking through the halls with our comms colleague, and she said to me that the pictures will speak a thousand words and when COVID-19 is over and we look back, the photos will remind us of the emotions we saw that day. The images taken that day went viral the moment it was on Facebook. You would have most likely seen them, and now you have heard what happened behind the photos.

I often hear any day can be Valentine's Day as long as love is present. Indeed, sharing the love of the public with our colleagues made it the best Valentine's Day ever.

REAL TIME LOCATION SYSTEM

By Yap Zhan Hao, Management Executive

To give a very brief introduction, the Real Time Location System (RTLS) allowed real-time location and proximity tracking, giving the user the capability for these 3 main functions: Contact Tracing, Hand Hygiene Compliance and Asset Tracking. Apart from that, the system is able to support other functions like real-time location tracking and patient abscondment notifications. The system consisted of tags, which could communicate with each other and had to be worn/atached to the respective users. These tags are vital to the use of RTLS.

At Inpatient Operations, we were, at the time, busy with the implementation of the Real-Time location System (RTLS) in NCID. This could not have come at a better time but there was just a small problem. RTLS implementation at the Screening Centre was scheduled for later in the year. As always, BAU comes before the outbreak. Who could expect that an outbreak would happen at this exact moment? The RTLS at the Screening Centre was nowhere near functional. We spent many nights toiling to craft a makeshift solution that would, at minimal, provide automated contact-tracing capabilities for our staff working in the screening centre.

In the beginning, it was difficult to see how our efforts were going to pay off. Staff had to draw and return the RTLS staff tag every time they entered and left the screening centre. PSAs had to learn how to use the RTLS System to start tagging and untagging patients with the patient tags. Each tag was about $100 a pop, and staff had to be wary of accidentally breaking or losing the tags. On top of that, there were the inception issues that came along with a new system to further complicate things.

PLUS, the 1001 new workflows that they had to be instantly familiar with. Saying that the RTLS system was an added inconvenience is putting it lightly. It felt as if we were forcing something on them that they didn't need at this time.

Our team was on the ground as support staff, assisting and educating staff on how to use the RTLS tags, trying to make the experience as painless as possible and making sure that they understood the rationale, in the hopes that they buy in to it. As expected, we were met with much resistance. RTLS was another additional item that they had to manage, and it was difficult for them to see its utility at that point in time.

However, things changed when the staff began to internalise how RTLS could help them. At the system level, RTLS augmented the manual contact tracing workflow, technically providing the ability to automate the contact tracing process. While the system was unproven at the time and still had certain gaps, it allowed Prof Angela and her team of Contact Tracers an information source that could be pulled instantaneously. This trickled down to the department level, where staff are not so caught up with the contact tracing process and can work on the task at hand.

REAL TIME LOCATION SYSTEM

The biggest surprise however is the 180-degree change in mindset, and how quickly the RTLS system was accepted by the staff. This happened about a week into the system implementation. I observed staff reminding others to carry the tags, explaining to others the need for compliance. I was perplexed, and during my time standing at Lift Lobby H, struck up some casual conversation with the staff and asked them: Why? The RTLS tags weren't some magical Covid-19 barrier. It didn't prevent them from getting infected. All it did was contact tracing; to tell them if they had been in contact with a positive case.

Their response surprised me. They explained: The earlier they are identified as contacts, the earlier they can isolate themselves and reduce exposure to their colleagues and their loved ones. It was their way of protecting others, and to fight the outbreak. This was something that they expected of each other, to be responsible for the safety of one another. The RTLS tags were also a symbol of TTSH's efforts to keep them protected as they worked on the frontlines. They responded in a very matter-of-fact way, almost as if this was a question that needn't be asked, as though everyone already knew the answer.

This is the embodiment of the TTSH Kampung Spirit. A community effort to keep each other safe during trying times, and the expectation that this is everyone's responsibility. The integration of the individual into the collective. It was also an acknowledgement that the efforts by the management and the healthcare administrators working to implement such systems were well-appreciated by them.

This renewed the respect I have for our staff and reinforced my belief in the importance of the support that we give to them. While it seems that it would still be awhile until this outbreak subside, I know that we will be able to weather this storm, as we had 15 years ago.

I PRAY FOR THIS PANDEMIC TO END SOON!

By Samuel Lee, Management Associate

30 January 2020 (Thursday), 15:26 PM via WhatsApp

Reporting Officer (RO): "Hi Sam, can you pls see to all the cancellation notices and saving a copy in R drive by tomorrow latest? Got wind that you will be deployed to Command Centre starting Monday."

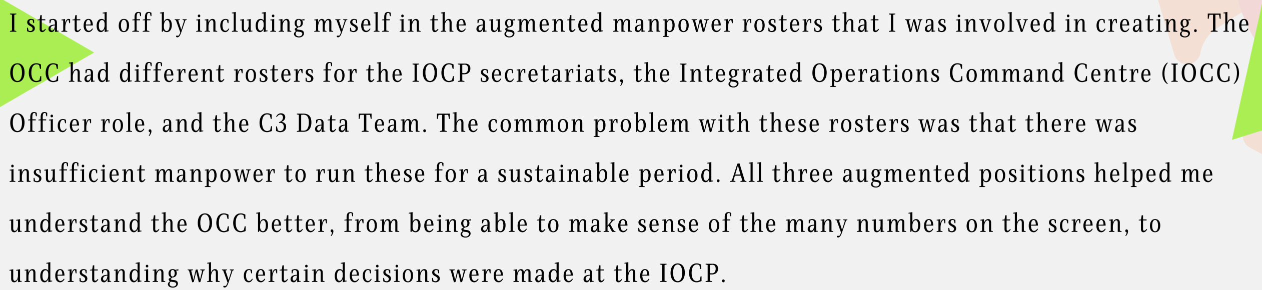
Me: "All in R drive already." "I see. Am going to meet Lynette now."

Two days prior to the WhatsApp messages, P&D received confirmation that the TTSH & Central Health Leadership Retreat 2020 would be cancelled. The Leadership Retreat would have launched the TTSH & Central Health 2030 Strategic Map, a 10-year roadmap for TTSH. P&D had played a significant role in creating the Strategic Map and planning for its launch. I was looking forward to wrapping up my first posting by seeing my team's efforts come to fruition. COVID-19 put a stop to that. I wondered to myself what there was left to do in P&D, as most of my KAAs had been cancelled.

Around that same time, COVID-19 related operations were starting to pick up around the campus. The Operations Command Centre (OCC) shifted into crisis mode, and the Integrated Operations Coordinating Platform (IOCP) between TTSH and NCID was established. The campus was bracing itself to serve as the bulwark against the expected wave of COVID-19 cases. As an outsider to these operations, I was very kaypoh. "When are we going to enter DORSCON Yellow?" "How many cases are there today?" "How will our regular hospital operations be affected?" These were some of the many questions I had.

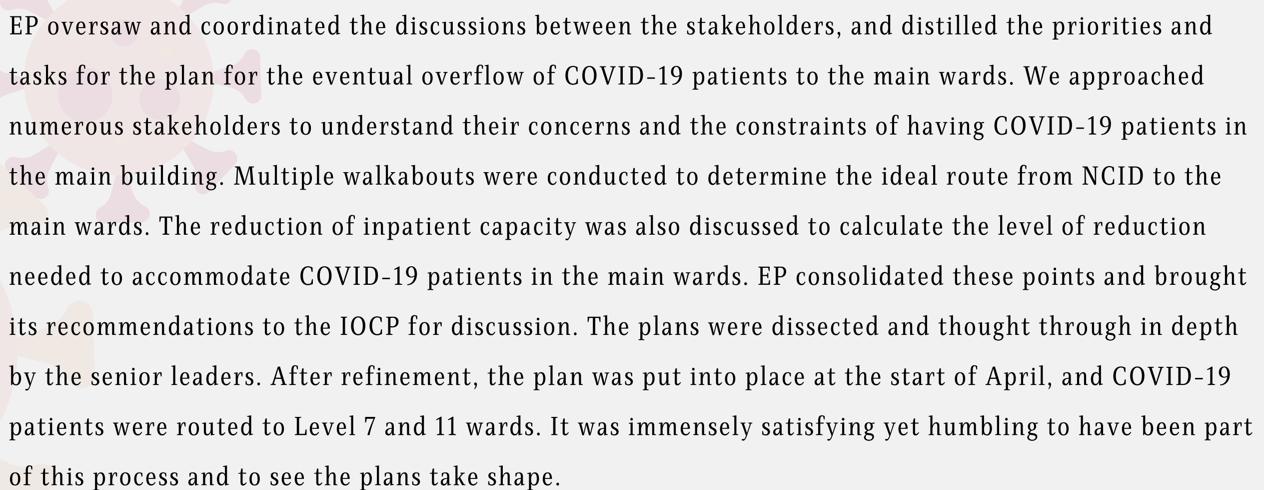
I wondered whether the information from my RO was accurate. Why would I be needed at the OCC? I was only a P&D MA and had never done ops-related work before. Lynette explained that the OCC required additional manpower during this crisis, and that the MDO was looking to deploy an MA there for three months. She assured me that my ROs and HOD were supportive of this arrangement. I got more and more excited about the idea. It was a once-in-a-lifetime opportunity to see the inner workings of crisis operations and the tough decision-making processes, and to contribute to it in whatever ways I could. I readily agreed and joined Emergency Planning (EP).

The DORSCON level was raised from Yellow to Orange the week I arrived. I was lost in the beginning as there was so much going on that I did not understand. The entire OCC was drowning in daily tasks and ever-changing developments, with little time to explain the evolving situation to me. It was difficult to understand the dynamics of my new team, and I even begun to wonder why I was deployed to the OCC. The excitement had sizzled out. However, I decided to make the most of it by helping with whatever I could. I needed to move past being spoon-fed instructions as MAs are used to, and find my place within the EP team and the OCC.

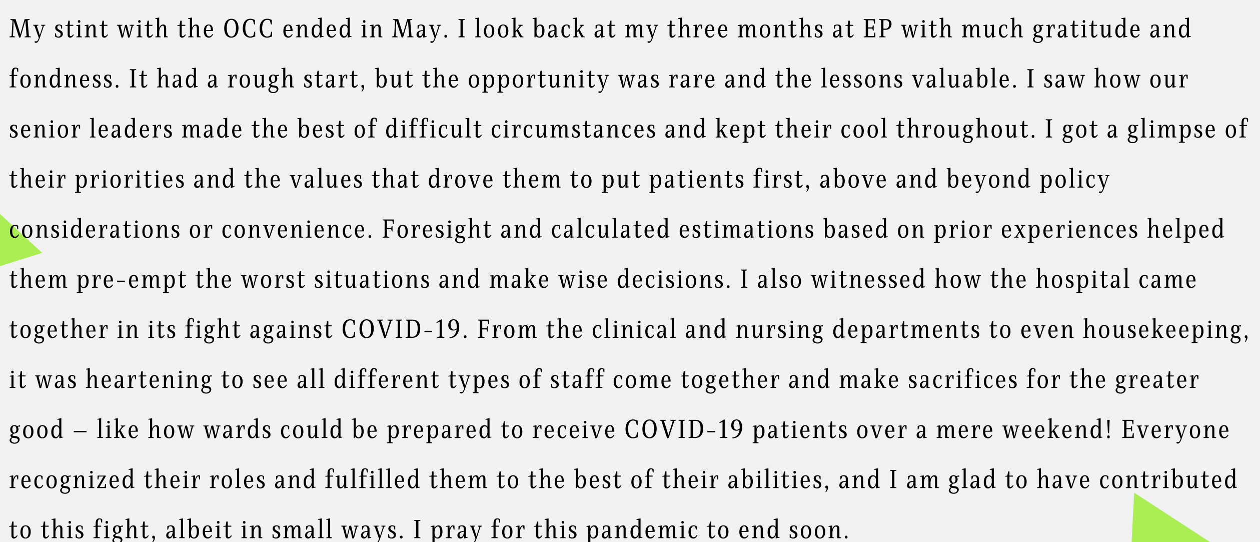


I started off by including myself in the augmented manpower rosters that I was involved in creating. The OCC had different rosters for the IOCP secretariats, the Integrated Operations Command Centre (IOCC) Officer role, and the C3 Data Team. The common problem with these rosters was that there was insufficient manpower to run these for a sustainable period. All three augmented positions helped me understand the OCC better, from being able to make sense of the many numbers on the screen, to understanding why certain decisions were made at the IOCP.

By mid-March, the local situation was worsening, with a steadily rising number of cases. The wards in NCID were filling up, hitting Bed Occupancy Rates (BORs) of more than 90%. Thus came the initial suggestions about housing COVID-19 patients in the main TTSH wards. CEO gave guidance for Professor Chong Yew Lam and EP to engage the relevant stakeholders to explore how this could be done, should the need arise. My EP manager and I were quickly roped into a preliminary discussion with the Nursing, Infectious Disease, Infection Control, Diagnostic Radiology, OT, Facilities, and Security departments. This began my involvement in a series of tasks through which I grew much.



EP oversaw and coordinated the discussions between the stakeholders, and distilled the priorities and tasks for the plan for the eventual overflow of COVID-19 patients to the main wards. We approached numerous stakeholders to understand their concerns and the constraints of having COVID-19 patients in the main building. Multiple walkabouts were conducted to determine the ideal route from NCID to the main wards. The reduction of inpatient capacity was also discussed to calculate the level of reduction needed to accommodate COVID-19 patients in the main wards. EP consolidated these points and brought its recommendations to the IOCP for discussion. The plans were dissected and thought through in depth by the senior leaders. After refinement, the plan was put into place at the start of April, and COVID-19 patients were routed to Level 7 and 11 wards. It was immensely satisfying yet humbling to have been part of this process and to see the plans take shape.



My stint with the OCC ended in May. I look back at my three months at EP with much gratitude and fondness. It had a rough start, but the opportunity was rare and the lessons valuable. I saw how our senior leaders made the best of difficult circumstances and kept their cool throughout. I got a glimpse of their priorities and the values that drove them to put patients first, above and beyond policy considerations or convenience. Foresight and calculated estimations based on prior experiences helped them pre-empt the worst situations and make wise decisions. I also witnessed how the hospital came together in its fight against COVID-19. From the clinical and nursing departments to even housekeeping, it was heartening to see all different types of staff come together and make sacrifices for the greater good – like how wards could be prepared to receive COVID-19 patients over a mere weekend! Everyone recognized their roles and fulfilled them to the best of their abilities, and I am glad to have contributed to this fight, albeit in small ways. I pray for this pandemic to end soon.

my THOUGHTS...

By Jazel Kan, Management Associate

When I first joined Tan Tock Seng Hospital, I heard many stories from our healthcare leaders on their battle against SARS in 2003 as an individual, department and organization. I definitely was not expecting myself to be part of the new battle against COVID-19. COVID-19 came so quickly and is here to stay. All of us have to adapt to a new normalcy and change the way we do things in one way or another.

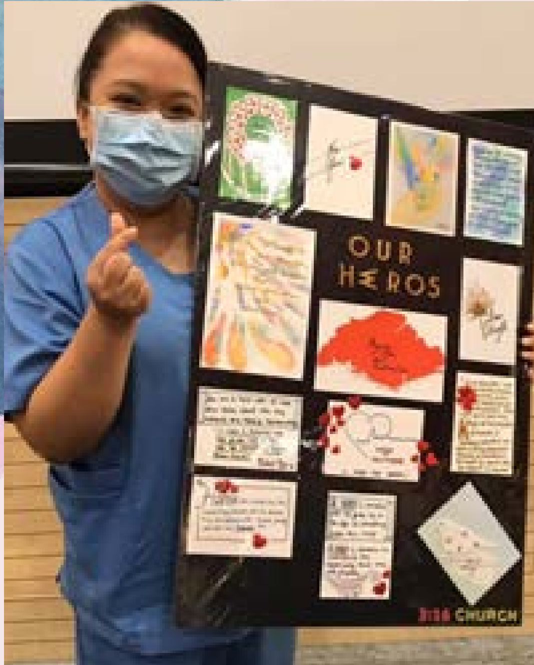
Events have been cancelled, postponed or executed in a completely different manner (such as having an online webinar instead of a physical event). Outpatient clinics had to scale down their operations to support the hospital's outbreak management, as well as to comply with safe distancing measures. Manpower deployment plans and inpatient ward arrangements were also frequently adjusted.

As a healthcare worker, I witness how our hospital is constantly trying to keep ahead and manage the outbreak to flatten the curve. I feel very proud that we are all putting in our best efforts to fight the battle together. Personally, I was deployed to help out at the entrance screening stations for a few weeks. It was common to hear members of the public expressing their frustration with the inconvenience and long queues to enter the hospital premises. In response, VES actively gathered feedback in order to improve the screening workflow and layout of the various stations to increase work efficiency.

Thankfully, there were also many people who expressed their understanding. On one of the nights that I was on duty, a lady passed us a pandan cake and told us that it was "something small for all of you". To her, it might just be a small gesture. To us, it was a touching moment as we felt her sincere appreciation for our hard work. As for my work in Ops DICC, I am currently supporting two departments, Geriatric Medicine and Palliative Medicine Departments. Since late January, my team started preparing for DORSCON Orange. As the Centre for Geriatric Medicine is located off-site in Annex 2, we had to prepare our own entrance screening station. I helped to prepare the layout and logistics required. During the first week of DORSCON Orange, I joined our ground staff at the entrance screening station during clinic peak hours to facilitate smooth execution by reviewing and adjusting the workflow if needed.

I was also involved in discussions with our geriatric doctors and clinic staff on the scaling down of clinic operations. Together, we planned and put in place the workflow, communication scripts and templates. Very soon, the doctors started to actively review their patient lists to identify patients with non-urgent appointments; Patient Service Associates (PSAs) started to call the identified patients to postpone their appointments; Ops team started to collate statistics to track the effectiveness of the scale-down. Along the way, there were several changes to the workflow, scripts and data collection method. We were constantly exploring how we could do things better in a more effective and meaningful manner.

Looking ahead, we also began to brainstorm methods to ensure clinic sustainability. While it is important to allocate manpower and resources to manage the outbreak, we should not neglect other patients who also need our care and services. Patient safety and care continuity are of utmost priority. Thus, the geriatric team began looking at how we could discharge more patients to our community partners, or how we could work hand-in-hand with them to manage the care of our patients in a shared care model.



In addition, both the Geriatric and Palliative Medicine departments are currently in the midst of preparing for the use of technology to provide tele-consultations for our patients. For the past few months, we have been liaising with doctors and clinic staff for the planning of patient criteria, care model, workflow and risk mitigation. Concurrently, we are also preparing the IT logistics and infrastructure required for the trial. Both departments will conduct a trial and gather feedback, thereby allowing us to review and adjust the patient criteria and workflow before rollout. However, the hospital has the intention to eventually align the workflow across the various SOCs. When that happens, we will need to be flexible to change and adapt quickly. Both the geriatric and palliative medicine departments also have long-term plans to sustain tele-health beyond COVID-19 to provide flexibility of care.

Overall, there are a few learning points from this battle against COVID-19. Firstly, change is the only constant. This outbreak is unfamiliar to everyone and we need to explore, try and adjust along the way. No one really knows the "best answer", so it is important that we run ahead with what we believe is a "good answer" and make refinements to get a "better answer". There may be setbacks and challenges that we have to face, but we should not be too afraid or uncomfortable with change.

Secondly, communication is very crucial to get buy-in from the various stakeholders when we are trying to implement new workflows. It is important to get their advice and opinion when we plan, as they may be able to offer better options as well. Different stakeholders may have conflicting points of view. As part of the Ops team, I often have to manage the stakeholders' expectations and help each other come to a consensus. Communication also helps to ensure that everyone is clear of the workflow and our respective roles so that we can work as a team. While this may be a time-consuming process, it is definitely beneficial for everyone.

Thirdly, while we manage the outbreak in the short run, we also need to plan for the future. It is inevitable to prioritize resources and manpower for the management of COVID-19, but we cannot neglect the other patients who need our care and services as well. It is important to plan ahead, look at the big picture and strike a balance.

COVID-19 is a crisis, but it is also an opportunity for us to do things differently.

I believe all of us can learn and grow together from this experience. Let us all stay safe and continue to work hard!

Meeting the Evolving Operation Demands

By Joycelyn Sin, Management Fellow

It's the week leading up to the long Lunar New Year public holidays and I should be all excited and hyped up about the reunion dinner with my extended family. However, the brain does not think this way. Instead, the brain is filled with one new term – Wuhan. And in the weeks and months that followed, nCoV and COVID-19 would replace that space in the brain.

When I joined TTSH, I had been involved in civil emergency drills in one way or another. When NCID was built, we had also come up with a disease outbreak response plan. This drawer plan was pulled out in January 2020. However, within a week or so, we realised that what was happening in NCID differed from our drawer plans. Very quickly, we knew that we couldn't just depend on our plans, but had to adapt to whatever situation was happening on the ground. We had to make fast decisions, and in our decision making process, we would always fall back to a few principles – ensure that staff are adequately protected, that all staff are familiar with their job role and responsibilities, and that there is sufficient staffing on the ground.

At the initial start of the coronavirus outbreak, we worked closely with Infection Control. We established the appropriate personal protective equipment (PPE) which the ground staff would have to don, in addition to working out an enhanced cleaning schedule. This included the cleaning frequency as well as the type of cleaning chemicals to use. We also held daily meetings with our different vendors whose support would be crucial during this time period. We kept them updated of the latest information we had regarding staff policies, PPE requirements, temperature monitoring requirements and so forth. We worked closely with them to ensure that there was sufficient manpower on the ground, and to iron out any issues which surfaced. We would always check in to see if there were any problems which required our immediate attention, and on occasions, we had to deal with multiple stakeholders to coordinate and resolve ground matters quickly. It is important that during the transition to outbreak mode, change is managed quickly and nimbly.

Yet, just as we thought that we had stabilised ground operations and had transited into outbreak mode operations, we were alerted to news of the Malaysia movement control order (MCO). As a huge chunk of our outsourced labour force are foreigners, with a significant proportion of them from Malaysia, the MCO would impact our manpower supply. I recall hearing about this news at 10pm on a Sunday night, and immediately, I started contacting all my vendors. We had to move swiftly. The vendors asked their staff if they would be willing to stay in Singapore for at least 6 months. For those who were willing, Malaysians on night shift were told to bring in their luggage the next day, and for the day shift, they were told to pack their luggage and bring it with them when the reported to work that morning. Some day shift Malaysians were released early to return home to pack their luggage. We were worried if the staff could clear the customs in time, and was constantly kept updated of their situation at the causeway. Concurrently, we kept our leaders aware of the situation. Fast forward to after 18 March 2020, 0130 hours, the Malaysians had successfully gotten out of the jammed causeway and arrived at their new accommodation in Singapore. Fortunately as well, our vendors, with a strong support from their company's headquarters, were able to secure accommodations for the staff within a short time frame. In this crisis, everyone had sprung into action quickly, cooperated and worked together as team.

Meeting the Evolving Operation Demands

No sooner had we stabilise the manpower situation when another crisis happened. There had been an outbreak of the coronavirus among foreign dormitories. Foreign workers had to be swabbed, and had to stay in their premises. They were not allowed to work. This had an impact on our waste collection as well as landscape services. Particularly affected was our contracted biohazard waste collection services that were heavily dependent on foreign workers. At the peak of the outbreak, where NCID was operating at full capacity, our biohazardous waste load had also increased significantly. We have seen almost a 20-fold increase in biohazard waste load compared to peacetime, and had increased our waste collection frequency from once daily to thrice daily to clear the waste promptly. Hence when the foreign workers were locked down, our contracted biohazard waste provider was not able to clear the waste promptly. The contracted provider activated their business continuity plan by engaging another vendor to carry out the collection but was still unable to meet the demand for NCID. Our biohazard waste overflowed in the biohazard waste room and piled up. If we left the overflowing biohazard waste unattended, the biohazard waste room would run out of space in 72 hours. So over the next 48 hours, we embarked on a multi-pronged approach, working closely with ALPS, our contracted vendor and also the ministry to resolve this issue. ALPS explored if alternative licensed waste collectors could clear the biohazard waste, while we were in constant communication with our contracted vendor to see what support they require to perform the work required of them. The ministry was able to release some foreign workers back to work, and normalcy resumed four days later after the backlogs have been cleared. I had not expected such a crisis to emerge from within a crisis, so I was extremely relieved when this incident had been resolved.

The outbreak amongst foreign workers meant that a large number of them were sent to NCID screening centre (SC). These foreign workers did not have to be admitted, so many were waiting to be sent back, filling up SC quickly.

A decision was made to convert Communicable Disease Centre 1 (CDC 1) into a holding facility. While CDC 1 used to be under TTSH's management, the land was returned back to the Singapore Land Authority (SLA) in July 2019. Correspondingly, CDC 1 manpower had also been redeployed to other TTSH areas back then. The reopening of CDC 1 meant that we needed more manpower. And we needed it almost immediately. With MCO still in place, it would be challenging to obtain foreign workers. Building on our experience on handling manpower requirements for COVID areas, we were able to establish our required needs within a short timeline. Next, we worked closely with our outsourced vendors to bring in additional manpower within a short timeframe. We prioritised manpower to areas which would be open first. The vendors were able to bring in new workers in a timely manner and CDC 1 begun operations with sufficient manpower.

It has been 6 months since I have been involved in handling the coronavirus outbreak. Many work hours have been burnt handling and resolving issues on the ground. The learning curve has been steep, the pressure high, and stress levels and emotions have gone through a roller coaster ride. Many things could have gone wrong, but they did not. I entered an outbreak not knowing what to expect, and I have learnt that outbreak management can be challenging and difficult, but manageable with the team's and the organisation's support. In any outbreak, we should always expect the unexpected, and coupled with Murphy's law, we should take action quickly and make the necessary adjustments where required. I am thankful that my team have become more bonded through all that we have gone through, and that as a team, we have overcome the challenges. We have emerged stronger and more resilient together.

Transformational from within

By Stephenie Liew,
Management Executive

I had the opportunity to be part of Nursing's organisation health and engagement team when COVID hit Singapore. Before COVID, Nursing Service was running monthly forums for Chief Nurse (CN) and nursing leaders to engage with ground nurses and nursing officers separately. In the same week of receiving the news that Singapore had her first COVID positive case, CN called for a forum with all nurses to update on the situation and what to expect in the week to come. The Community Hall at Annex 2 was bursting with nurses as our attendance hit a high!

As the number of COVID cases went up, changes to workflows, manpower deployment and staff policies took place almost every day. Safe management measures kicked in and physical gatherings, especially large-scaled ones were not allowed. In the midst of this battle with so many moving parts, engagement with the nurses was ever more crucial. However, a seemingly simple move to online was not easy and required many considerations and much preparation work. Preparation work included going down to the ground with IHIS team to conduct IT connectivity check, configure laptops to tap on an alternative stable IT network and advise nursing leaders on appropriate locations as an option for nurses on shift to gather with safe distancing to join the online engagement together.

Who led the digital transformation of your company?

A) CEO

B) CTO

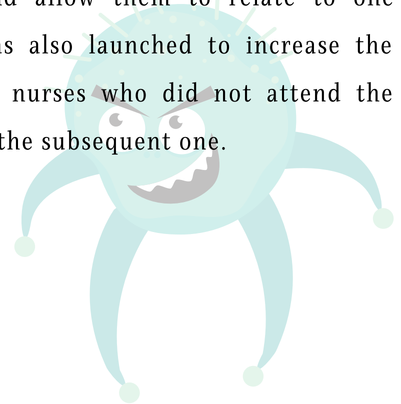
C) COVID-19

During circuit breaker, I came across a funny photo on Instagram. While the photo above is meant for laughs, the truth is that when the crisis began, some organisations, be it within healthcare or beyond, were forced to go virtual and make changes to their work processes or models due to restrictions that prevented people from meeting physically or coming to work. While digital transformation has always been part of TTSH's transformational journey, this crisis has pushed us to try and pilot new ways of doing things or even things on our 'wish list'.

This experience reinforced an important lesson – transformation starts with our people and investing time and effort to build their capabilities because they are the ones who bring about the change. I spent a huge bulk of my time engaging nursing leaders and assigned representatives from each area to share about upcoming plans, brief them on their role during each session, understand their reservations, seek agreement and even break perceptions that managing an online engagement is difficult. I can still remember so clearly the nerves and excitement the engagement team and the representatives were feeling while preparing and waiting for the first official online session to start! After a few rounds of online engagement, the representatives are now confident to take ownership of the setup, manage relevant videoconference controls, provide feedback, gather relevant data for the engagement team to gauge the effectiveness of the sessions, and train new staff to take over their role if needed.

Fast-forward to today, online engagement has become a familiar process and a new normal! Upon reflection, I have observed several positive changes. First, Nursing is now more open to multiple engagement formats as compared to a single format of monthly physical forums pre-COVID. On top of the regular online sessions, there are still physical engagements within appropriate size with specific groups such as SC nurses, ICU nurses and others. We even tried a mixed (physical and online) format and learned that it was not effective and moved on. The current restrictions and dynamic conditions due to COVID have allowed me to have a glimpse of what it means to 'marry the mission and date the model' as we were pushed to explore and be open to various formats of engagement to meet the needs of specific groups.

Second, the definition of engagement has expanded as new initiatives have sprung up. There was an urgent need to find ways to boost the nurses' morale. We kick-started a #NursingStories workplace series to tap on the power of stories to honour various groups of nurses who have contributed in different ways, encourage them and allow them to relate to one another. COVID Nursing FAQ bank was also launched to increase the effectiveness of the online sessions as nurses who did not attend the session often raised similar questions in the subsequent one.



TRANSFORMATIONAL FROM WITHIN

Third, there has been an increase in two-way dialogue. During our engagement sessions, more ground nurses are asking questions face to face or via the Zoom chat function beyond the usual one-way asking questions anonymously on Slido (a platform used to post questions and vote). Beyond receiving answers and updates from nursing leaders, ground nurses have started to use the session to express gratitude and encourage each other occasionally too. I was pleasantly surprised to see nurses using this online platform to not only voice their concerns and queries, but to encourage and give thanks (a rare sight during engagement sessions)! I would like to be hopeful that these slight changes in engagement culture could continue as we slowly transit out of COVID together.

YINGYAN
WARD 8B

To Touch a Heart, and Have Mine Touched

Some weeks ago, an Auntie actually asked for my number, and told me to get in touch with her when I get married! There was another Auntie too, who told me to call her just to chit chat after she goes home. These moments are not just light-hearted. They really keep me going, knowing I connected with patients here.

It's been a time of reflection and learning for me, facing issues like the death of patients, and learning how to communicate with patients with dementia. I want to be able to touch someone's life every day, and I'm thankful I'm able to when I care for patients here. Seeing how some patients fight for their lives has also touched me in return.

Before I joined the airline, I'd considered being a nurse. I've learnt here that nurses have to be patient, empathetic, and both mentally and physically strong. For me, a nursing career is definitely possible in my future. Till then, I hope I can keep sharing with others how meaningful being a nurse is.

My experience with Nursing has provided me such a precious opportunity to witness the importance for leaders to engage the ground and vice versa, be in times of crisis or during peacetime. Often quoted, "a crisis is a terrible thing to waste". Although these steps are baby steps, I am proud that nursing engagement has evolved and progressed during this crisis. However, there is always more that can be done and I hope that as we transit into Phase 3 and beyond, we will not take steps backwards and return to our pre-COVID norms. Let us figure out what the new norms are for our respective areas and the organization. Let us keep taking steps forward in its transformational journey.

Invaluable Learnings from COVID-19

By Chiang Kar Wai, Management Associate

Many knew that Tan Tock Seng Hospital started to prepare for COVID-19 much earlier before COVID-19 was broadcasted on national news, but how much earlier?

To be exact, COVID-19 was first tabled for discussion at the first Gen Ops of 2020 on 8th Jan. Back then, little was known about this virus except for the fact that Wuhan was the epicenter. I witnessed how the senior leaders then planned for numerous precaution measures with limited information available. During that meeting, the leaders covered the medical aspect, administrative aspect, and most importantly, how to manage staff morale when there is so little known about this virus. Shortly after, Gen Ops Plus was convened on 22nd Jan where all clinician heads and their residents attended. It was then, where the Integrated Operations Coordinating Platform (IOCP) was introduced, and the hospital management was briefed about the incoming pandemic. During this period, Ops Centre had two main roles - to provide data for daily IOCP meetings and to embark on the rapid development of Disease Outbreak Scenario in the Command, Control and Communicate (C3) system.

The C3 system aims to provide real-time data that enables visibility on hospital-wide operations to facilitate decision-making processes. The C3 system development is broken down in to seven scenarios and fortunate or not, COVID-19 happened before the development of the Disease Outbreak scenario. From the perspective of the Ops Centre team, this outbreak serves as a test for the usability of the C3 system for the hospital. It was a golden opportunity for us to convince and earn the recognition and confidence in the C3 system from all corners of TTSH. In my perspective, this outbreak also serves as a test for myself as we had to work at an even faster pace during this trying period and for me to contribute meaningfully to the team despite my inexperience.

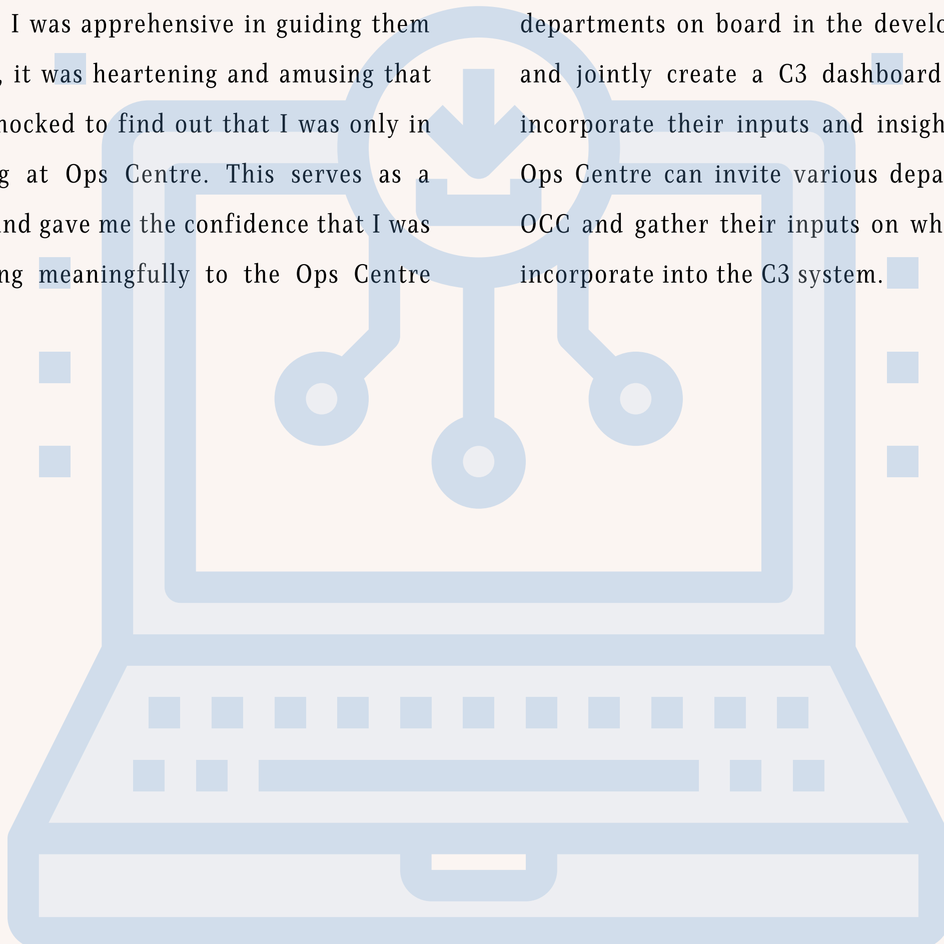
One of the challenges I faced during this period was that regardless of the numerous Outbreak SOPs previously planned during peacetime, there will always be new workflows when the outbreak strikes. Furthermore, when our staff are swamped with work, they will often turn to their most comfortable method of data recording which is the usage of paper and pen. This manual data recording created a delay in the flow of data and spelt trouble for the C3 system that aims for a real-time update of the ground situation to the IOCP committee. As such, we had to repeatedly devise ways to gather close-to real-time data collection and convince every stakeholder to trust the numbers we report. One memorable experience I had during this trying period was when the epidemiologists from OCEAN were finally convinced that our data-

Invaluable Learnings from COVID-19

collection methodology was accurate and more real-time compared to the previous set of data they were referring to. Since then, they have turned to us for reporting COVID-19 related data. Whilst we were rapidly deploying indicators into the C3 system Disease Outbreak scenario, it would require a significant amount of time to verify and validate these indicators before we can trust the data churned out by the system. As such, we created a prototype Disease Outbreak video wall as an interim measure that is manually updated on an hourly basis by a team of augmented staff. The Ops Centre role is to guide this pool of augmented staff and keep them updated of the ever-changing situation in order for them to accurately update our prototype Disease Outbreak video wall. While there was a "Survival Guide" created to help the augmented staffs during their shift, we would still be on standby to answer any data queries from stakeholders and to ensure the accuracy of the hourly situational updates. With majority of the augmented staff comprised of managers and senior executives who have worked in TTSH far longer than I did, I was apprehensive in guiding them what to do. However, it was heartening and amusing that some of them were shocked to find out that I was only in my first MA posting at Ops Centre. This serves as a validation to myself and gave me the confidence that I was definitely contributing meaningfully to the Ops Centre team.

A key responsibility I had was to submit daily reports to the IOCP committee to track the progress of this pandemic. This report, termed as the "2359 report", is a summary of the preceding day's statistics such as the number of patients screened, number of confirmed patients, and the waiting time at various touchpoints. The data trends derived from this report were then analyzed and used as a proxy to formulate the hospital's next step in overcoming COVID-19. Churning of this report and troubleshooting any discrepancies in numbers before noon has soon became my daily routine and this has definitely honed my critical thinking skills to a higher level.

The C3 system is effective only if we have the support of the various departments. Whilst Ops Centre has gained the trust and confidence from IOCP committee, the challenge would be for us to convince various departments to incorporate the C3 system into their daily operations and have hospital-wide utilization of the C3 system. To do so, we can explore the idea to have the various departments on board in the development of this system and jointly create a C3 dashboard with indicators that incorporate their inputs and insights. Similar to before, Ops Centre can invite various departments for a tour at OCC and gather their inputs on what would be useful to incorporate into the C3 system.



Invaluable Learnings from COVID-19

Key Takeaway ONE

It is crucial to be adaptable in any situation and to be creative in tackling the unknown. TTSH being the forefront hospital for this pandemic must not only be prepared to tackle any situation, but we need to be a notch higher - to be adaptable and to be able to deal with all the curveballs that come in our way. One notable incident that highlighted the need to be prepared would be the allocation of wards solely for COVID-19 confirmed patients. As the lab results had a lead time, an outbreak initially had a mixture of the suspect and confirmed patients. However, with the number of confirmed patients increasing and the number of available beds in NCID decreasing, we needed to separate the types of patients and assign specific wards for only confirmed patients. This allowed us to increase the capacity of the wards by having double or triple beds in each cubicle when required. True enough, the daily admissions into COVID-19 wards sky-rocketed and had we not separated the types of patients, we would not be able to efficiently allocate beds to COVID-19 patients and effectively keep the risk of infection low at the SC.

Key Takeaway TWO

People are the crucial ingredient in the recipe for overcoming any challenges. Together with a team of dedicated individuals, we have spent the entire Lunar New Year, celebrated Valentine's Day, and countless late nights together to tackle the uncertainties and contribute to TTSH's pandemic response efforts. We have seen each other in our worst appearances and celebrated every little accomplishment achieved together. These shared experiences and the trust formed helped create a strong-knitted team at OCC to keep the engine working as we drive towards a new norm.

All in all, it has been a tiring yet unique and enjoyable experience at Ops Centre dealing with COVID-19. The invaluable learnings we take away from COVID-19 would make Ops Centre more prepared and adaptable for other situations.

Everyone has a different encounter with COVID-19 situation. Read on to find out more about healthcare administrator's voyage through our lenses.

Steps in Our COVID-19 Journey

By Chew Wei Chen, Management Executive

"Ask not how far we have to go, but how far we have come"

At the turn of 2020, we heard pockets of information from various global new outlets about an emerging infectious disease of respiratory nature. Back then, that was all it was – just something to tinker with our sense of hearing. Just noise, perhaps? It was too early to tell. Would it mutate into something larger than life? We couldn't have known. Fast forward to today, we now are engaged in the full and very real manifestation that is COVID-19, and all our senses have since been triggered on this battlefront.

I recall a particularly tense moment early on in our outbreak response. It was Chinese New Year's eve on 24 January 2020, and everyone at work was excitedly basking in the festive mood. Unexpectedly, an urgent huddle was called between all the Division of Medicine (DOM) and Division of Integrative and Community Care (DICC) Head of Departments (HODs) at noon. Entering the room, the switch from feeling festive to sensing an unspoken air of trepidation was immediate, and unnerving. The meeting attendees, myself included, already knew that COVID-19 was on going and growing in China, but it was at that platform where we first learnt of Singapore receiving its first confirmed COVID-19 case just 1 day prior (on 23 January 2020). Everyone turned to Infectious Diseases HOD (Dr Monica) for assurance of our next steps to take, and she fielded as many questions as she could best answer. The clock was ticking, it was well past noon and we were supposed to be off-work and heading home for reunion meals. But nobody left their seats. The sense of unease around the room quickly evaporated and in its place, was retained the sense of purpose. With a flurry of calls and conversations around the room, the series of early actions were set in motion to prepare the campus for outbreak. And this is where we are today.

On a daily basis, our deployed frontliners from various family groups and suite of support services stepped up to their duties, unfazed against this common yet invisible enemy. Very much so, the healthcare system's outbreak response can be analogous to that of a pair of shoes.

In our fight against COVID-19, we work in tandem, side-by-side, make forward progress without knowing how far this journey might take us. The healthcare system is an amalgamation of many singular components coming together to do 1 common job well. Overtime, wear-and-tear may slowly erode away the soles of the shoes, akin to chipping away at the sustenance of morale of our healthcare system as we make baby steps towards overcoming COVID-19. But very much like the base of the shoe, the healthcare system's core will remain steadfast and unyielding, never one to stand down or shun away from the good fight. Nonetheless, nothing in the world can function without a little care and maintenance from time to time, and for that we can indeed feel and physically receive the outpouring of love from all walks of life, young and old, saluting the healthcare system as the first runner to enter this marathon, who will also be the last to finish and exit this race.

Steps in Our COVID-19 Journey

As the healthcare system continues on in this journey, at times we may slow down when road bumps are encountered, or even have to recalibrate our steps when new and/or unexpected turns arise. When necessary, we might increase our pace in order to stay ahead of this curve, which is a never ending 'dance'. But above all, the healthcare system will not stop in this journey, as we move towards wrestling back a sense of normalcy through small victories and firm steps forward.

In the past few months, we have threaded cautiously. But above all, we continue to thread confidently. Our trust in the Healthcare system, what it stands for, how far it will go, is testament of the efforts of all the good people putting their best foot forward day after day for our patients.

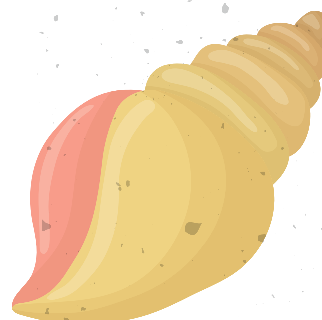
To all our Healthcare colleagues running alongside each other, we are united in the cusp of this marathon race we are in. To all our Healthcare colleagues feeling fatigued, focus on your next step, and make it the best possible step you could take in the moment. Then focus on your next best step. Then another one. Ask not how far we have to go, but how far we have come. Thread confidently.

“ A smooth sea never make a skilled sailor

By Dawn Chan,
Management Fellow

This thought was never far from my mind for the last couple of months. COVID-19 and all that had happened around the world, have jarred most, including myself out of our comfort zone. One day, COVID-19 seemed far removed from our sunny little island but suddenly, we were in the eye of the storm. As I watched colleagues around me riding out the waves together, I couldn't help but to feel that we became better versions of ourselves as we weather this storm – the fast paced dynamism of the situation has forced us to think and adapt to the situation while on our feet.

Having all-hands-on-deck, coupled with our shared experiences during this pandemic had helped us to also strengthen our kampung spirit – we made new friends, fostered new relationships along the way, shed tears and laughed over the most ridiculous things, as we stepped up to do our part. On hindsight, I see the silver lining – the lessons and experiences were invaluable.



A smooth sea never make a skilled sailor

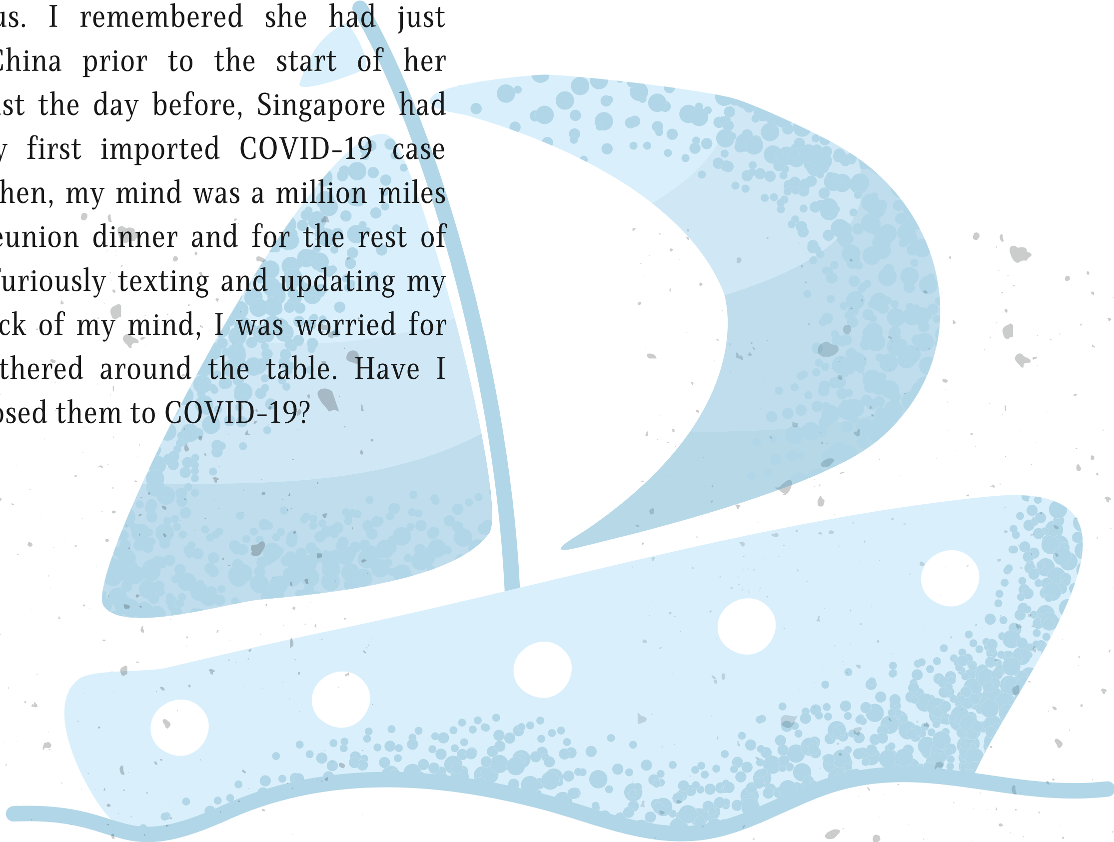
Keeping each other buoyant

24 January 2020 – I remembered it was the eve of Chinese New Year. I was on my way for reunion dinner at an old school restaurant. I had been looking forward to this all week as my younger sister who permanently resides in Hong Kong, had flown back with her husband and my super cute niece were back in town. It was a lovely feeling to be able see all of them again.

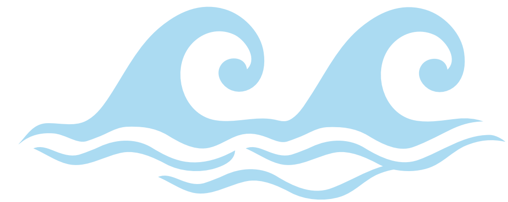
Halfway through the boisterous meal, I received a whatsapp message from my intern who had just joined the department a week ago. In the buzz that was the restaurant, I vaguely remembered feeling my heart plummeting to my stomach as I read the message. "Hi Dawn, I'm not feeling well. I have a fever and my parents are bringing me to see the doctor."

Goodness gracious. I remembered she had just returned from China prior to the start of her internship and just the day before, Singapore had reported its very first imported COVID-19 case from China. By then, my mind was a million miles away from the reunion dinner and for the rest of the night, I was furiously texting and updating my bosses. At the back of my mind, I was worried for my family all gathered around the table. Have I unknowingly exposed them to COVID-19?

Then I thought about my team, some of them more senior in year. We lead such intertwined and connected lives, so many what-ifs. I shuddered thinking of the consequences. I sat drowning in my thoughts throughout dinner but eventually, heaved a sigh of relief some 5 hours later after knowing that my intern's PCR test returned negative. But somehow, my natural instincts kicked in – I became highly attuned to COVID-19 news, articles. I nagged people around me about mask wearing, hand hygiene (asked the QSM PSAs!), and hoarded hand sanitisers, masks, wipes and other stuff for family and colleagues alike. I have to admit that I became a germophobe for a short while. It finally took a GP some time down the road, to tell me that I was actually experiencing anxiety much to my surprise. This was a wake-up call as I had unknowingly neglected my own mental wellbeing. I realised keeping buoyant in this storm was a vital aspect that I had not given much thought about. And as I learnt to keep my wellbeing in check, I also made sure my colleagues and those around me stayed buoyant too. It will never hurt to stop and check in with a colleague on how he or she is doing!



“ A smooth sea never make a skilled sailor



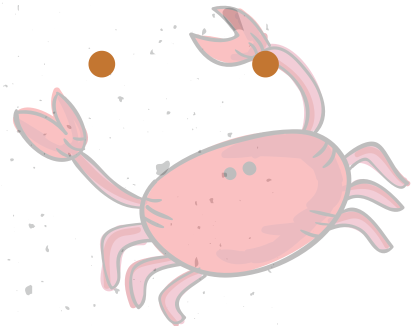
Fly that sail high and proud

I have never shared this but the VES team has been an inspiration for me during this period. Due to the ever-changing visitor policy, the VES team often bore the brunt of anger from patients, next-of-kins, and visitors alike this half a year but their indomitable spirit never fail to amaze. Kudos to VES and also, our security colleagues. Often, I would stop to chat with X and Y when I spot them on duty at the entrances; with smiles as bright as day, these 2 ladies never seem to break a sweat handling challenging situations on the ground. As I watched the team at work from afar, I couldn't help but to admire and applaud them for toeing the line while maintaining their professional front. Thank you for standing tall and proud my fellow TTSHians!

At times, I found myself trying to emulate that VES spirit and energy when I'm handling challenging callers while on duty at the Joint Call Centre (JCC) for the last few months. When I feel myself about to lose my cool, I think about our VES colleagues and how they have held up their sails for so long, it gave me a little strength to push ahead. So thank you VES folks for being my inspiration.

One thing that I'm still trying to wrap my head around is, amidst the storm we remained calm and collected as we adapted to new situations and policies. Collectively decisions were made, whether at the senior management level at IOCP or down on the ground – collective leadership has never been more real or apparent to me. In the JCC that I was rotated for duty for the last few months, there were also instances of making collective decisions on the go as we encountered special out-of-the-norm scenarios and the amazing thing was, it was never about our designation or seniority but rather, we accepted course-of-action that worked best for the situation or scenario. I remembered taking a call from a foreign worker who could barely speak English. Unfortunately for him, he was dropped off at the wrong dormitory after being swabbed at our Screening Centre. Besides the language barrier and him not knowing which dormitory he was supposed to return to (due to several transfers), we had to figure out on the spot how to help him as this scenario was certainly not what we had expected. Upon reflection, I have learnt much on-the-go from the team that was put together for JCC. Thank you for the past couple of months, my fellow sailors, from Contact Centre, Patient Relations Services, NCID and Dept of Clinical Epidemiology. I think we have emerged somewhat from the storm, and we can look back fondly on the laughter, fun, free lunches and the occasional and high-in-demand bubble tea.

As we gradually return to our business-as-usual, I must say that while COVID-19 has been a dreadful pandemic, the experiences gained and relationships fostered will be held dear to my heart.



A strange new world

By Priscilla Foo
Management Associate

2020 is an unforgettable year. With every advent of a new year, it embodies a spirit of a new beginning and I was all ready to take on a new year. As 2020 unfolds, instead of checking off the list of new year resolutions, I was striking them out. Cancellation emails were crafted and calendar invites were cancelled. The usual hustle and bustle of business-as-usual (BAU) dwindled.

New responsibilities were assumed, old tasks have to be re-planned with social distancing measures and Zoom became a verb. The familiar hours of 8.30 am – 6pm were upended. My workdays lie in the fate of the roster as I assumed the role of screening officer to ensure safe entry of visitors into the hospital. The finale came with little delight when circuit breaker was announced. The known but uncharted waters of working from home (WFH) was implemented almost immediately.

"Change is the only constant in life." I respect and agree to this quote by Heraclitus, a Greek Philosopher. But I pictured changes to be well-deliberated in countless meetings, accompanied by a Gantt chart with sequential roll-out. The trajectory of lightning speed events led to a strange new world, at least for me. Daily routines were disrupted, everyone in my family retreated home. For myself, it was a struggle to adapt to WFH. My colleagues mentioned WFH was more productive for them, but I beg to differ. I miss the interactions with my colleagues. The ease of talking across cubicles to have my queries answered and of course the air-conditioning in office (April & May is usually one of the hottest period in Singapore). Spirits were low during the first week of WFH, thank goodness for Zoom Video Conference which reminded that we are together apart. The beginning was tough, but there is nothing that cannot be learned, is all a matter of perspectives.

During the peak of COVID-19, I hoped I could do more to contribute to the hospital. There was a reminder from the Senior Management that despite the hospital fighting COVID-19 ferociously, it did not mean that BAU operations cease completely. I may not be part of the frontline workers but my role as an administrator is not undermined too. It is as important to maintain the operations of the hospital as with the management of COVID-19. My best contribution is to keep the BAU operations going.

When SARS happened in 2003, it felt like life was paused for 3 weeks due to school closure. With COVID-19 pandemic, 2020 seems to be cancelled and life came to a standstill with no next big plan to look forward to. But every cloud has a silver lining, since there is no way out, the only way is in. A concoction of Circuit Breaker and WFH has "created" time to cultivate new habits which I often dismissed with "no time" excuse. WFH and social distancing measures also meant mode of meetings and engagement have to be re-invented. Boundaries were pushed and unknown things were learnt.

The whole nation has been impacted by COVID-19 pandemic. For many of us, I believed we were waiting for the pandemic to be over, much like SARS, so things can go back to normal again. But there is a plot twist here, instead of going back to normal, we are gingerly inching towards a "new" normal. Handshakes are now elbow-bumps, masks are the latest fashion accessories and safe-distancing became instinctive. Rather than hoping for the next big holiday, I choose to divert my attention to the little things in life. One day, one meal and one conversation at a time. Appreciating the morning coffee with my mother, the silly conversations with my brother and the sweaty home workout.

This is my new normal in a strange new world

WITHSTANDING THE COVID-19 WAVES

By Dawn Cheng,
Management Fellow

In the few years leading up to 2020, the SGSecure tag line of "Not If, but When" often had a slightly different meaning to my friends in healthcare. Having watched the movie 'Contagion' for no less than five times (a firm favourite for its depiction of an outbreak), discussions on how our lives would change when the world encountered another outbreak, and if we were ready for it, were quite common. Hence when COVID-19 first broke the news, some changes to lifestyle habits were made early on in our household, starting with not going out and holding off Chinese New Year visitations to close family and friends.

As a former nurse who applied for nursing school and a job in TTSH, during both the SARS and H1N1 outbreaks respectively, I wholeheartedly support and appreciate any colleague supporting the COVID-19 response. While I was excited about supporting the daily Integrated Outbreak Coordinating Platform (IOCP) meetings to learn about crisis leadership, I secretly harboured a desire to return to the nursing frontlines, and wrote to the Singapore Nursing Board (SNB) several times to appeal against their Dec 2019 decision to withdraw my license due to five years of non-clinical practice. Unfortunately, their decision was firm. While I was extremely frustrated with their unwavering decision to not enable interested, non-clinically practicing, trained nurses to use our training to contribute in times of crisis, I respected their decision.

Still hoping to support nursing during my spare time (due to reduced business as usual work), I had a discussion with my then-reporting officer, Dr Jeannie Tey. After getting the green light from her on my plans, I wrote an email to Keng Kwang, who graciously accepted my request, and put me in touch with Sr Laura and Sr Bee Fong.

While they both recognized that I would not be able to practice as a nurse, they were keen to explore areas where I could use my nursing background to support nursing. That culminated in the decision for me to be a hand hygiene auditor for inpatient wards, and supporting Infection Control with COVID-19 ward walkabouts, to ensure that infection control practices were maintained. To prepare me for my new roles, Yeng May and Sue Fern from Infection Control both guided me and put me through the necessary tests before releasing me back to the wards.

Going back to the wards for the first time in five years was like meeting an old friend, both literally and figuratively. In addition to seeing my old colleagues, there was also the familiar sounds of nurses trying to use unfamiliar dialect to communicate with older patients, and sights of fast-paced walking, and doctors huddling together discussing about cases, which reminded me of my nursing days. While there were many familiar sights, there were also new sights like the extremely well groomed Singapore Airlines Care Ambassadors (their hair is never out of place), increased use of technology in delivering care (e.g. iPads for medication serving), and the repurpose of usually full and crowded wards as rest areas for colleagues working in COVID-19 areas.

Returning to the wards to carry out my new duties, I had a newfound appreciation for how over the years, TTSH had created baseline levels of "chronic uncertainty" through rotations and projects outside of our areas of work. By pushing us beyond our comfort zone, it had in turn, supported us (the workforce) to pick up adaptability as a skill, while tapping on our past skills and experiences to maximize our contribution. This was clearly observed during the COVID-19 situation, where many colleagues had double hatted or taken on new roles to support the outbreak response, some voluntarily doing so. With many disrupting forces shaping the future of work, such as technological changes, changes in employee expectations (e.g. work from home which was previously a sacred cow in TTSH), and evolving clinical care models, it is increasingly important to recognize the importance of adaptability as a skill in the post COVID-19 world.

As we begin to return to business as usual, I look forward to how TTSH would capitalize and expand our current edge of adaptability. Who knows, perhaps after all the dust has settled, TTSH could work with MOH and SNB establish a new nursing reservist programme for non-clinically practicing nurses who are keen to retain their licenses to meet the minimum practice hours, and aid in future outbreak responses. I know that I would welcome that change, and if given an option, readily sign up for such a programme.

THE BATTLE WITH COVID-19

By Chua Khai Shing, Management Associate

The weather forecast of Coronavirus (then known as nCoV) had been looming over us since mid-January 2020, when positive cases started presenting themselves around the world, particularly in Asia. Since weather is immutable, we learn to sail in all conditions. With the first confirmed case in Singapore on 23 January, terminology like "DORSCON level" became common as everyone geared up for rockier days ahead and the official escalation to DORSCON Orange. It was nerve-wrecking and suspenseful as we braced ourselves for fighting the unknown.

Tan Tock Seng Hospital had the added advantage and historical baggage of SARS and H1N1 outbreaks. We knew that most staff would be affected and redeployed when DORSCON Orange became a reality. For Management Associates in the NHG Healthcare Management Associate Programme (HMAP), the kampong spirit came to life as the hospital and other institutions within the cluster began preparations to weather the storm together.

Confusion abound through countless back-and-forths, as no one had clear direction on how planned events would play out. The planned January hospital conference on DAV was cancelled, to be rescheduled as a clinical sharing on nCoV. Our planned outreach project, organized by Management Associates, stood down where possible, as physical career fairs, career talks and Open House were cancelled. The crisis communication trickled down as we prepared for the first wave of infections.

The hospital-wide effort became more cohesive and manpower was redeployed. As we wanted to discourage patients and visitors in the hospital, medication delivery ramped up. My colleagues from Clinical Standards and Improvement (CSI) department and I were tasked to help out with medication delivery orders as well as repackaging blister packages for Pharmacy. It was a rare opportunity to learn about other departments and how they worked, and an unintended glimpse into my next posting.

That was just the start. That very same day, DORSCON Orange was announced. Transformation Division was to help with the Visitor Experience Services (VES) duties. How we ended up in the Theatrette waiting for the briefing to occur will be etched in my mind as the beginning of this drawn-out learning journey, but where time flew by so quickly that we are now halfway through 2020. Many friends not working in the healthcare industry questioned why we were called for duty – "How come this is part of your jobscope?" .

I am reminded of the time I signed my offer letter with TTSH, and the discussion I had with Brenda, my then-HR Business partner. Forebodingly, she had described that "when things get down to it, and when a pandemic like SARS breaks out, as HR, I won't only be doing HR. I will be doing whatever is needed of me." COVID-19 made this especially surreal to me as I drew the parallels in my mind, and I prepared to take up the responsibility to conduct my duty. Through the VES deployments, I got to know many new friends who served with the same heart and passion, whom I would otherwise never have met. These familiar faces from the same shifts also became comfort. This reinforced my belief that friendship and camaraderie in TTSH were my anchor during this period. Drinks and treats were being offered, words of encouragement kept coming, and gratitude that we were sailing the boat together.

As we transited in and out of VES duties, I am grateful for the opportunity to help drive Spread a Smile, where I supported our Allied Health Services and Pharmacy (AHSP) Chairperson's (Doreen's) Walkabout to AHSP departments, where she thanked her teams, explained the changes and reassured them about the situation. Throughout the pilot month of working with the Spread a Smile team, I got to know our colleagues who were helping to incorporate a loving "mother" into every department. Together, we spread smiles by bringing gratitude, smiles and laughter around the hospital with weekly Spread a Smile awards! We also revamped the Patient Safety and Quality wall (in between Security and Theatrette) to show montages and the winners for the weekly Spread a Smile awards. Additionally, I got to help with delivering Treat Fridays to the ICU colleagues, so there were plenty of chances to see smiles over the treats, sponsored by other colleagues in the hospital! While I loved the unofficial staff-treat-staff movement, I was also heartened by the outpouring of support from the public, as well as the unique Valentine's gift from TTSH.

Even now, as we work tirelessly towards improving the situation, the Spread a Smile movement has shifted as we revamped the wall again to allow for more interaction between our staff, all while being contactless. Beautiful cards were designed, with crowdsourced quotes, available for anyone who could relate to the cards. As we traverse out of COVID-19, I feel that our shared experience has led us to see the beacon of light ahead. Innovation and cohesiveness have increased in this time of crisis, but we do not have to wait for crises to happen to fight the good fight. We have grown more resilient, and with this comes the hope and knowledge that we are better prepared for future incidents, in the unfortunate event they should come to pass.

United Against COVID-19

By Edwin Phua, Management Fellow

Fatigue yet energised...

I have the privileged to serve TTSH through multiple COVID-19 roles. Ranging from partaking in strategic discussions as an Integrated Operations Coordinated Platform (IOCP) secretariat, coordinating goodwill efforts on the ground for staff appreciation, all the way to supporting the community as Community Swab Team (CST).

The recollection of the efforts required for the aforementioned roles still distresses me even today. But in hindsight, they gave me a basis to connect the dots at various levels i.e. leaders, ground and community.

IOCP helped me appreciates the importance of understanding the intent of policies and guidelines, why they came about and the thought process behind how they were being developed. These provided me with the explanation on why they were worded in a certain manner and how they could be tweaked based on the fluidity of the ground situation.

I also came to realise that it is inevitable that things will be interpreted differently on the ground as everyone have their own views. That was when I valued my role as an IOCP secretariat; being able to spread the intent of the policies and guidelines within our circle of influence. However small the effort might be, collectively it became rather significant with around 15 of us out there, coupled with the official communication channels by SMM and HOD.

> ***The best way to find yourself is to lose yourself in the service of others.***

Whenever I am swamped with juggling between the various COVID roles and maintaining a certain degree of Business As Usual (BAU) work, I would draw energy by comparing my plight with that of our leaders. Compared to our roster-based support, I was rather inspired and energised by seeing the same leaders committed to contain COVID-19 and making decisions almost on a daily basis, for as long as COVID-19 started. They soldiered on with no breaks or whatsoever.

This alluded to my next point on the importance of energising oneself and my fellow colleagues. As the saying goes, "The best way to find yourself is to lose yourself in the service of others." – Mahatma Gandhi and "We rise by lifting others." – Robert Ingersoll

The beginning of my support for goodwill have been very meaningful. I saw smiles from staff through our display of appreciation artworks from the public and sharing of personalised messages to them. The act of performing the aforementioned further energised me. The effects were exponential at the early phases of COVID-19 and during surges.

However, with the increase in goodwill donations and having discovered the authenticity of the intent of some organisations' in their donation (for marketing purposes) caused me to question the value of the work. Would our staff be increasingly desensitised to our efforts? Does committing additional manpower to manage goodwill donations during an outbreak be the most productive?

These thoughts had gradually dissolve overtime as I had come to terms with the magic formula - to strike a right balance i.e. prioritising support in other areas, finding the most efficient and least resource intensive way to manage goodwill donations.

While my stint in the CST was limited, I valued the Infection Control trainings and briefings provided by the Community Operations Team. CST opened up an alternative universe for me to appreciate the intricacy between wellness in the community and the outbreak cases in the hospital.

> *At the end of the day, this arduous experience had been a rather fulfilling one. I am very glad to be alongside 9000 staff, voyaging through this journey.*

MY THOUGHTS ON STAFF ENGAGEMENT IN A PANDEMIC

By Chua Qing Wei, Management Executive

Having been through a posting with the Nursing family group, I am well aware of how much respect nurses have for hierarchy. In fact, when I interviewed nurses from nursing units with low Employee Climate Survey (ECS) scores, a number of them expressed discontent with their leaders and working environment. Yet, when COVID-19 struck and BAU wards were rapidly converted to COVID-19 positive wards, I saw how the same nurses came together with their nursing leaders on short notice with no questions asked. The busier the situation, the more they encouraged and supported each other. And that has been the case up till today.

What was the secret ingredient that brought these nurses together? My guess is the meaning nurses derive from serving on the frontlines. At its core, nursing is about making a real difference by caring for people in need, and there is no time like now that society is dependent on them to save lives and contain the spread of the virus. Since the start of the outbreak, many nurses have written about their deployment experience by posting or illustrating them on social media. While the content of each post was different, I felt that all of them communicated a common message: “We are exhausted after our shift, but it was worth it.”

This reminded me of the core message shared by guest speaker Kuik Shiao-Yin during MDP Ceremony 2019: To run a good race, one needs to be a willing sufferer – someone who knows why they are doing something and who they want to be despite the fatigue, challenges and the constant need to keep pace with change (e.g. the ever-changing suspect definition by MOH). These willing sufferers derive meaning from the pains and gains that come with the job and have accepted them as part and parcel of life. I believe that having meaning at work boosts one’s adversity quotient and level of engagement. Subconsciously, it also encourages one to strive for work-life integration as opposed to work-life balance.

Thinking about this on a larger scale, is it possible to help staff find meaning at work during a pandemic? My take is that we cannot, as meaning is highly personal and can only be derived by an individual based on his/her beliefs, values and purpose in life. There are times, however, when an individual may temporarily lose sight of his/her meaning at work when caught up in the busyness of things or ‘firefighting’ to resolve the issues at hand. When this happens, it may be helpful to remind staff about why they chose their profession and its impact on society by featuring positive stories and experiences of those who are facing similar challenges. This is one area in which I felt TTSH and the media have done well; they have brought to light the untold stories of many of our staff in both frontline and backend support departments to the general public, who responded with an outpour of praise and gratitude. I strongly believe that such high levels of acknowledgement would rekindle staff’s sense of purpose and encourage them to give their best at work.

Media stories aside, TTSH also launched the “Spread A Smile” campaign to encourage staff to spread positivity by smiling behind a mask. While I recognise that such a campaign would boost the hospital’s morale as a

whole, I have my doubts as to how effective it is in appealing to staff's meaning at work. Back in late 2018, the Nursing Work Life Shared Governance council ran a similar campaign called "Joy At Work" which rapidly gained traction among the nurses. As the name suggests, the campaign involved sharing photos on what sparked joy in their workplace. Despite its success, CEO gave CN a piece of profound advice which I still remember today: helping our staff find meaning at work is more important than helping them find joy at work, because meaning is the source of joy. How do we know if nurses, majority of whom have a dominant 'Lover' archetype, are not simply succumbing to peer pressure when taking a photo to showcase on Workplace? How do we know if they are genuinely happy or just putting on a façade that masks their dissatisfaction at work? Do the same issues apply to "Spread A Smile" if its intent is to appeal to staff's meaning at work?

Perhaps what is more important is for leaders to make a conscientious effort to measure and track staff satisfaction levels to get a sense of the level of engagement on the ground. This is typically done through informal check-in sessions or through ECS during peacetime. In addition, the hospital's Staff Engagement Workgroup is working with NHG HQ to roll out pulse surveys (a truncated version of ECS) in the near future. During a pandemic, however, most of our staff are taking on additional roles and responsibilities, and would probably have not much time for anything else. The last thing they would want to do is to complete a survey after a tiring day at work. Even getting staff to comply with twice daily temperature monitoring is already a challenge! Hence, the approach taken to measure engagement must be kept simple. One possible way to do this is to draw on Institute for Healthcare Improvement's visual measure: staff can choose between two coloured marbles (e.g. green for a good day and red for a bad day) and drop one of them in a jar before leaving office. To further enhance anonymity and reduce Hawthorne Effect, this process can be moved to an electronic platform in which staff can choose between a smiley/frowning face as opposed to green/red marbles. Collecting and trending such data would provide insights on how healthy a unit is and allows leaders to perform timely interventions should any red flags surface.

For divided units that have been brought together by COVID-19, how can we ensure that they stay collaborative and united after the pandemic subsides? Drawing on my limited knowledge and experience in practising Organisation Development during my posting at Nursing Service, my thoughts would be to conduct an intervention using Appreciative Inquiry (AI) shortly after they return to BAU. AI involves getting staff to envision the possibilities of "What could be?" by acknowledging the strengths and contributions of everyone in the team. Early AI intervention helps staff recall their collaborative moments battling COVID-19 more clearly and reduces the emphasis on issues that plagued them prior. Thus, the ideal state would be easier to envision and perceived to be less out of reach than before, increasing the likelihood that staff would act on creative tension to facilitate change towards a more cohesive unit.

As I come to the end of my reflection, I would like to caveat that I am no engagement expert and the above pointers are my two cents on engaging staff during a pandemic. To me, the most successful organisations are not the ones who have managed the challenges brought about by COVID-19 well, but those that did so while taking care of their employees' well-being and level of engagement – for what good is stellar performance if the organisation loses all its employees after? It is my hope that this reflection piece has given management trainees some food for thought in the engagement space.

#TogetherWeCan

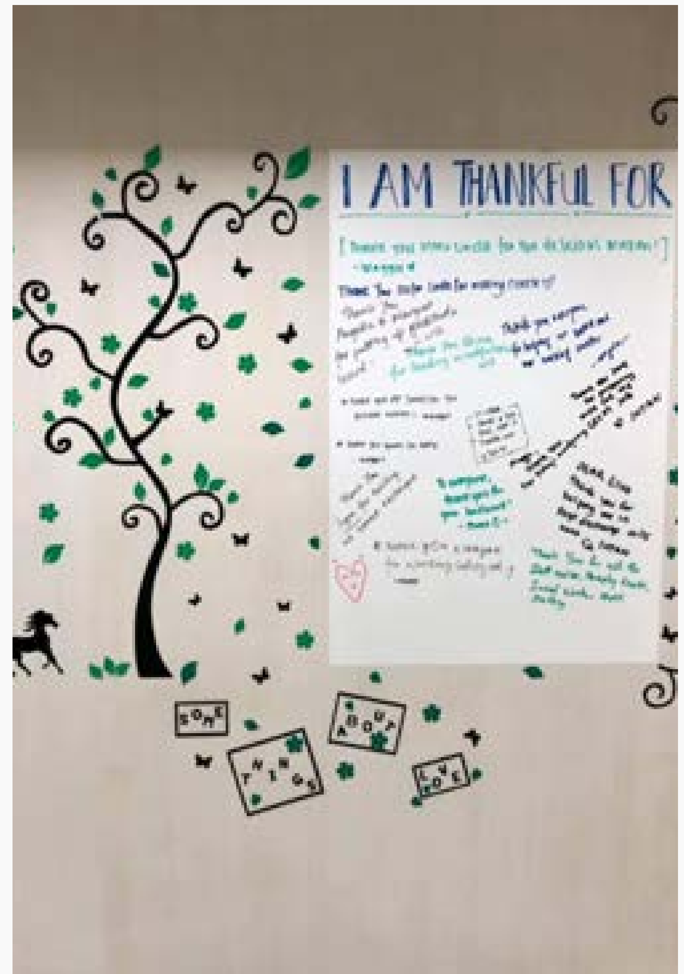
By Isabella Wong
Management Associate

The past few months have been nothing short of extraordinary, and we as staff of TTSH have been, and still are, constantly reminded of that. The unceremonious onset of this global pandemic has ignited mixed feelings in me. On one hand, as a (dare I say) young, eager staff, new to not just the healthcare industry but also the workforce, I have found myself selfishly reveling in the multitude of co-learning opportunities our management of COVID-19 has offered. It is through these times that it is apparent that steadfast leadership is crucial in ensuring patient and staff safety. On the other hand, daily interactions with our front-line heroes, patients and visitors serve as a sobering reminder that the virus is indiscriminate and ruthless in its transmission and we cannot afford to lapse into complacency.

I had the privilege of joining of the Quality Service Management (QSM) team during my final HMAP posting, which coincided with the onset and height of COVID-19 uncertainty. As case managers, my colleagues and I were in a unique position to have an ear on the ground to get a direct sensing of public sentiments and also have almost-immediate access to the latest updates on policy and workflow changes. This allowed us to serve as both patient ambassadors, working with internal stakeholders to improve the patient experience, as well as corporate ambassadors, to uphold our organisational mission. Through the varied feedback received, it became increasingly apparent that the heart of our work as healthcare staff centres on empathy. This includes empathy displayed by our staff towards patients and also vice versa.

In the early days of COVID-19, changes to hospital policies and workflows were frequent, and modified to adapt to our evolving public health needs, while factoring in our cognisance of infrastructural and logistical limitations. For example, when we stopped retailing surgical masks on our premises to conserve supplies for our own staff and to prevent throngs flooding our campus, concerned (ahem frantic) members of public desperately wrote in to and called the QSM and the NCID hotlines (which the QSM team was also supporting at that time). Feedback ranged from polite requests for alternative retail outlets to brash admonishments for supposedly leaving our patients and the public to fend for themselves. It was easy to feel wronged and get frustrated. After all, why were all these people shooting the messenger? The messenger even sincerely apologised for not providing masks, and politely advised alternative locations to source for them.

The team could only bite the bullet and face such dissent as and when it came. Looking back, I believe that being more considerate of others' intentions behind their concerns would have alleviated, to some extent, their exasperation and feelings of injustice. Try as I did to hide my impatience, at times it regrettably showed in my conversations with feedback providers - the resigned sigh, the curt reply or the raised tone. I was in a team that believed strongly in the value of every piece of feedback, and we were mindful that every person had a reason for saying what he/she had said. Even after several months of feedback management, there is still much to learn about the nuances of service improvement work. However, I do feel that any additional bit of empathy we can spare as healthcare workers would allow our interactions with concerned parties to be received more easily.



Conversely, there can also be room for improvement in terms of how patients and visitors view and interact with staff. In order to maintain a therapeutic relationship between healthcare staff and patients, empathy and compassion need to also be shown to our workers. Granted, it has been extremely heartening to see members of public band together to roll out inspiring initiatives like the SG Healthcare Heroes online platform and the newly-formed Hopes in Meals non-profit food distribution group. It is gratifying to see the efforts of not just our healthcare heroes, but those of other professions, publicly lauded and appreciated, and more initiatives grown out of compassion. However, with the gravity of the current pandemic situation comes great anxiety, especially for our patients and their loved ones. The hospital has had to implement strict but necessary policy changes, which have sometimes led to extreme reactions and verbal lashings against our staff. For example, the implementation of our enhanced visiting policy during the Circuit Breaker had led to increased related complaints faced by our inpatient teams. I vividly recall being admonished near our ward registration counter, by an anxious daughter, unwilling to accept that she was unable to visit her mother upstairs just before the latter's surgery. As someone who has also witnessed her family express frustration with such policy restrictions, it is understandable why some feedback providers reacted the way they did. However, we hope that our patients and visitors understand that some practices are as hard for us to enforce as it is for them to accept. That being said, I greatly appreciate the time I had spent engaging our patients, visitors, members of public, as amidst their patient journeys were also stories heard and laughs shared. Hearing their concerns gave me a better understanding of the community we serve.

Working through this pandemic has shown me that our patients and visitors to a large extent, greatly value the effort our staff has put into ensuring their care. However, there can always be room for improvement, and I hope to always put our patients at the forefront of whatever work I choose to do in healthcare.

PASSION, PURPOSE AND EXCELLENT LEADERSHIP

By Cheong Qi Yun, Management Associate

It was exactly one year ago when I first embarked on my career in healthcare with Tan Tock Seng Hospital as a Management Associate. Already knowing that it was going to be a meaningful and worthwhile journey, I was eager and ready to serve. However, I could never have imagined that a global pandemic of this scale would strike so early into my healthcare journey, just 7 months into the job. Although I did not don a physical full Personal Protective Equipment in my administrative line of work, I gleaned a different type of psychological PPE that worked brilliantly to protect, unite and keep the hospital running effectively during the COVID-19 outbreak.

Passion & Purpose

When COVID-19 cases first started spreading across Asia, concern over the virus amongst colleagues were prevalent, and many suspected that it was a matter of time before it reached our shores as an international hub. True enough, Singapore was one of the first few countries globally to receive an imported case. As the number of imported and local cases grew over the next few months, increasingly more staff were deployed for various COVID-19 related duties. Not only were colleagues from clinical disciplines dealing with direct patient care deployed, many non-clinical ones were thrust into the frontlines as well for operations such as entrance screening duties. While fear of contracting the virus was present amongst many, the desire to step up and serve was undeniably stronger.

Over the past months, I have seen many colleagues and peers stepping up and contributing abundantly. For instance, our clinical colleagues were working additional shifts, taking fewer breaks, covering each other, and putting in extra hours beyond what was required of them. Non-clinical colleagues on the administrative side also took on duties to serve on the frontlines while continuing with business-as-usual duties, while support staff put in extra effort and precision on essential work that can be physically strenuous. They have made a huge sacrifice as many also chose to practice social distancing with their loved ones, including limiting physical contact and spending less time with them.

While I could see that some of them were visibly fatigued, they were still marching on strong, driven by their inner fuel stemming from their desire to serve patients and the wider community, and passion for their work. This is where we can see that individuals who are in healthcare certainly do not treat it as an ordinary job, simply because it is no ordinary job. Healthcare is complex, at times exhausting, but we persevere because there is a greater purpose that we are serving, because we want our patients and the community to be healthy and well.

PASSION, PURPOSE AND EXCELLENT LEADERSHIP

Excellent Leadership

In the early days of the COVID-19 outbreak, our leaders in the organisation had spent almost every day of the week, including weekends huddled in the Operations Command Centre for the most part of the day, strategizing and making key decisions on COVID-19 related matters. The decisions made were based on principles that are sound, logical, and forward-looking - all of which can be affirmed when looking back retrospectively. For instance, in maintaining staff safety, the management swiftly prohibited all hospital staff from travelling for leisure purposes during the early stages of the outbreak. As one of the staff affected by the travel restriction (I was due to set off on a long-awaited trip on the very evening of the official announcement), I accepted the rationale but had still felt slightly disappointed that my trip was not going to happen. Many felt the same way too and some tried to seek exceptions, but management was firm in their stance and stuck by their decision.

Fast forward a month, the government blanket banned all unessential travel to reduce the risk of any outbound travellers importing the virus back home. Our hospital has done well in reacting quickly to enforce the travel restriction, preventing any potential imports into the hospital community right from the start. This demonstrates that while clearly knowing that some decisions will not be well-received by some, management still has to enforce tough decisions, for the overall good of the staff population, hospital, and the community. In tough times, excellent leadership paves the direction in ensuring that the organisation is kept healthy and functioning. The battle against COVID-19 is still ongoing at the point of writing, and the war is not just yet over. Even after we conclude the battle against COVID-19, there are still future outbreaks to come. Let us remain ever vigilant and continue to strive in our PPEs, to serve with Passion, Purpose, and to trust in Excellent leadership. I am inspired to continue striving for the greater purpose of serving others and am positive that I have chosen the right place to grow and contribute.

Journaling COVID-19 Reflections

By Lim Zi Wei, Management Associate

As my batch of Management Associates (MA11) celebrates the completion of our first year in TTSH on 1 July 2020, I recall how eager and excited I was to embark on my journey in healthcare a year ago. While I expected myself to be challenged, as well as to learn and grow in my individual and professional capacities, I never would have imagined that we would be at the frontlines of a global pandemic.

In the months that has followed since the first confirmed case in Singapore on 23 January 2020, and the subsequent declaration of DORSCON Orange on 7 February 2020, COVID-19 has continually challenged the way we live, work, and play. Advisories have been put in place for individuals to protect themselves and one another by wearing face masks and carrying out safe management practices. Working from home has become a new norm, with what used to be physical meetings at work replaced with online video conferences. As we continue to journey through this crisis, things may never be the same as before, at least not until a vaccine is found.

We all have a part to play in the response against COVID-19. Since DORSCON Orange, all hospital staff had to defer their overseas travel and leave plans, as well as monitor their temperatures twice daily. For healthcare administrators, managing the disease outbreak also meant placing non-essential projects and business-as-usual (BAU) operations on hold, as well as being deployed to other departments to provide support for hospital-wide efforts. As part of the Management Development Office (MDO), as well as my posted department at the time–Operations Allied Health Services and Pharmacy (Ops AHS&P), I was deployed to various areas on the ground to meet manpower needs, such as carrying out entrance screening for patients and visitors.

Being deployed on the ground was a privilege for me because it allowed me to better understand, through my personal observations, the experiences and frustrations of those that we seek to serve, care, and heal. Although the majority of patients and visitors recognised the need for entrance screening to be conducted, there were multiple instances where I encountered those who reacted negatively about having to wait in line before entering our hospital premises. While I was generally able to manage these patients and visitors, it was here that I learnt that our patients valued receiving seamless care that is both convenient and accessible.

It was also through my deployments that I had the opportunity to truly experience the Kampung Spirit that TTSH prides itself on. Prior to the start of my journey in healthcare with TTSH, I had heard on numerous instances that healthcare is a relationship-based industry, as well as the reference to TTSH as The People's Hospital. During the deployments, I worked tirelessly in shifts with teams comprising colleagues from different departments, some of whom I have never encountered before. These shifts included overnight duties, which I found to be challenging as I would have to cope with adjustments to my body clock to manage alternating shift timings. Despite being acquainted only at the start of our deployments, I was heartened by how we readily cared for the general well-being of one another through simple acts of service, such as taking turns to cover for one another so that we could take short breaks. I also enjoyed the personal conversations and cordial discussions that we shared, especially on topics such as our aspirations and motivations for building a career in healthcare.

My most memorable deployment experience came in the form of supporting the 24/7 Screening Centre (SC) Duty Operations at the National Centre for Infectious Diseases (NCID), which took place from 13–26 April 2020. In this deployment, teams worked in shifts round the clock to streamline workflows, manage patient data, and coordinate information among various stakeholders. While I readily volunteered myself when manpower support was sought from Ops AHS&P, I recall feeling apprehension and worry because the SC was also ground zero for COVID-19, and there was relative risk of contracting the virus given the large volume of attendances and admissions at the time. However, I quickly realized that my fears were unfounded, as arrangements had been made to ensure staff safety through infection control and prevention measures. Prior to the deployment, I was mask fitted with N95 respirators, and was provided with training on the proper procedures to don and doff personal protective equipment (PPE) that we would be wearing when entering the SC. We were also briefed on the layout and segregated movement flow of staff and patients, which ensured that we were familiar with our environment and did not unnecessarily put ourselves at risk.

Incidentally, the exposure to ground operations during my deployment to the NCID SC has also been incredibly helpful upon starting on my second posting as part of the MA programme. On 4 May 2020, I was rotated out of Ops AHS&P into the Operations Command Centre (OCC), where I became involved in the rapid development of the Command, Control and Communications (C3) system to deliver a systems approach in supporting ground operations. The C3 system provides real-time visibility on patient flow and resource allocation, which enables timely and effective key decisions to be made by hospital management. While my posting to OCC has provided me with an appreciation of the macro-level perspective in disease outbreak management, having first-hand experience of what happens on the ground at the SC accelerates my learning and ability to contribute to the team as we continue to focus on developing the full capabilities of the C3 system in a disease outbreak scenario.

As of July 2020, we are currently in a more positive state with regards to the disease outbreak situation. We are progressively looking to stand down augmented manpower and resume BAU activities, while ensuring that safe management practices are continued to keep the number of infections at bay. Although we are still in the midst of a global pandemic, I am thankful for the lessons and experiences that I have gained from COVID-19 thus far, and I hope that we will continue to build on our capabilities and shared knowledge to remain one step ahead of the curve. In the meantime, it is also important that we remain vigilant, prepared, and ready to respond to any changes in the outbreak situation, especially since healthcare will always be at the forefront of any disease outbreak response.

REFLECTION FROM THE SIDELINES

By Michelle Lee, Management Fellow

Living in the time of a pandemic may mean different things to different folks. For some, it may cause anxiety – the fear of being infected or infecting a loved one, or the fear that your favourite bubble tea store might go bankrupt. While for others, it might cause a surge in adrenaline – "I've heard so much about the SARS story, I want part of this action too!" or gratefulness – "Thank God I live in Singapore, our healthcare system is impeccable". For me, it was a demonstration of Collective Effort, an Opportunity for innovation, being Vulnerable, feeling Isolated, and Disrupting the way we work – C.O.V.I.D.

Collective Effort

I am sure many have read from published articles that it takes a village to fight this virus, and I cannot agree more. Initially, hearing from colleagues in other departments on their COVID-19 duties and hardships made me feel small and insignificant. I questioned my contribution as a healthcare worker, or... could I even call myself that? But I soon realized that I could contribute in my own humble ways, like being rostered to support visitor screening duties – which served to guard the hospital's borders, keeping staff, visitors and patients safe. For someone who has never worked in the frontlines, it was a great experience for me; getting to interact with members of the public who had colourful personalities, befriending other colleagues and learning about their job function, and working shift! Yes, as sadistic as that sounds, it was pretty enjoyable. We were well fed, well protected, and well informed throughout this experience, and I have to commend the Visitor Experience Services team for well-oiled planning and execution.

Opportunity for Innovation

COVID-19 pandemic has elicited numerous innovations worldwide, in the areas of medical and health technology, diagnostics and even business model innovations. While I'm enthused by the vibrancy of new products and services, I wonder how we can sustain such an innovation culture without the presence of a burning platform (like an outbreak). How do we encourage staff to never be contented with the status quo, to have the courage to tinker and flirt with new ideas? I don't have the answers right now, but this pandemic has definitely gotten me thinking.

Being Vulnerable

I recall lessons in school (social studies/GP class) sharing about Singapore's vulnerability as a small country, and how its People are the number one resource. This really hit home with me during the COVID-19 pandemic. As an Op Ed writer in Straits times once wrote; "Vulnerability is Our Middle Name". Singapore's global air connections and interconnectedness – trade and travel, once a great benefit to our economy and lives, posed a serious threat to the Singapore community as the number of imported cases rose steadily in March 2020. We were also left vulnerable when Malaysia closed its borders, leaving us without eggs, vegetables and poultry. Lucky for us, Singapore had a diversification strategy which then provided a wide range of alternative sources (like eggs from Poland!). Lesson here – don't put all your eggs in one basket, no pun intended. In projects and events, always look for alternatives - plan Bs, Cs, and maybe even Ds! In one's own professional development, look at diversifying your skillsets and work experience (within TTSH of course!).

Isolation

In March this year, I came down with mastitis and ran a fever that didn't seem to go away. While I knew it would go away with some antibiotics and painkillers, I went to see a nearby GP nonetheless to get a MC (as specified by the updated staff policy during COVID-19 pandemic). The visit to the neighbourhood GP was the worst ever experience I've had in my life – beats getting a root canal or an epidural! Upon hearing that I worked in TTSH, I was rudely told to leave the doctor's room immediately, and wait outside the clinic while he put on his PPE. Once the doctor was gowned up, I was asked back into the consultation room where he stood 2 meters away from me, and told me he had to send me to the NCID screening centre. I was subsequently advised to 'throw the money' on the reception counter and leave his clinic, and the receipt would be sent to me electronically. I was embarrassed and frustrated – not only did he make me feel like a leper, he refused to hear me out regarding my mastitis. I was in pain but that didn't seem to matter. This was the first time I felt discriminated because of where I worked, and yes I cried all the way home.

All was well after I reached the NCID screening centre – I was greeted by friendly familiar faces, and was so grateful for my medical 'family'. The entire screening process was smooth and efficient, and the nasal swab was really ok – maybe I got luckily with a super skilled pro! I was out in an hour with yet again proud to be part of this healthcare family. But the isolation is real, and my thoughts go out to the frontliners who face discrimination on a daily basis.

Disrupting the way we work

When COVID-19 hit, conferences and training programmes were being cancelled all around us. While news streamed in that "XXX conference will be postponed" and "YYY conference will be cancelled", our team (the millennials) lamented and complained that CHI Innovate should be cancelled too. We had initially thought that with such a fabulous line-up of speakers and panel list, it would be an extreme pity and difficult to do justice to the programme by going online. But we were reminded of our intent, to inspire and celebrate innovations, and promote new ways of learning. So the team dug deep, and worked with the appointed conference organisers to e-nnovate Innovate. This whole experience has thought us to be more agile in the way we plan events, with numerous iterations that kept us on our toes. Having the privilege to work from home from time to time has also thought me a few valuable lessons.

- This is a privilege. Do not complain when you have to return to office
- Remember to take breaks, it's easy to work into lunch time
- Camera on when doing a video conference call – having your camera off (for no good reason) is akin to staring at your laptop the entire time during a physical meeting. I find it slightly disrespectful and you lose the opportunity to connect with the person.
- Challenge yourself to do more – work effectively + do your laundry perhaps?

> I am going to conclude by sharing something more 'lite'. Before the circuit breaker, my kid was non-verbal, had 4 teeth, and crawling. Post circuit breaker, he's babbling nonstop, has 11 teeth, and only knows how to run (to my horror). I hope everyone has experienced a growth like his during this pandemic: Finding a Voice, Developed Grit, and Learnt to be Quick on your Feet.

CORONAVIRUS - THE CATASTROPHE & CATALYST

By Lynn Yeo, Management Fellow

There is a Chinese saying that humans should not live behind a mask but yet in 2020, a simple sheet of mask has become our lifeline to survival and defence against the coronavirus. In the hurricane of change, the ongoing pandemic has been both a catastrophe and catalyst of transformation to our lives. Like an asteroid that hit earth, our teams are divided and rotated out of their usual scope to support our healthcare system. At home, the notion of being home has taken a different meaning and mood. For many, it has become a space to contain our routine for the whole 24hours. The uncertainty now lies in how and when we will overcome this virus. The unknown remains as our unabating enemy – no farsighted intervention or vaccine seem to be within reach. We can only soldier on the current waves.

Readiness is when preparation meets crisis. Agility is what happens when preparation meets crisis.

A decade ago, the siren rang the first time for me during the H1N1 pandemic in 2009, I was only a young executive then, still green in the healthcare field and understood very little the string of events that followed through the activation. Then, specific to the disease - Influenza A (H1N1-2009), I had two different deployments. One was night shifts based in the command centre to monitor the status of cases and the numbers of patients on quarantine orders (QOs – patients had prophylaxis with oseltamivir delivered directly by MOH hence the numbers and patient details were crucial). The other was then-called the 'triage duty'. That was the birth period of our Visitor Experience Services (VES) unit and when the policy of restricted visitor numbers and visit times came into place and remained till today. Like soldiers on the front line, we guarded all entry points of the hospital and tried to keep it the "clean room". There were no smart phones or QR codes then. We used pen, paper and stickers for entry.

This same containment strategy to triage febrile persons at all entry points is reactivated today. In addition, health declarations, contact tracing processes as well as infection control measures are in place. Supporting NCID to manage the first few waves of coronavirus infected patients, the whole nation was looking upon us on our crucial first steps. Fear surfaced on many facets but it did not paralyse those who were called to the frontlines in the split of a second. This is readiness when preparation meets crisis. I had no fear as I saw those who fought the H1N1 pandemic remain here today taking up yet another challenging mission for the nation. All steadfast, wiser and stronger. Unlike the 2003 SARS epidemic when TTSH was the only designated hospital for all case management, this centralized strategy was not adopted as we are dealing with a different monster this time. One that doesn't die with its host.

When Singapore raised its DORSCON level from yellow to orange on 7 Feb 2020 and the circuit breaker measures 2 months later, it meant many policy shuffles internally to support the necessary preventive initiatives that impacted our work, teams and personal lives. Numbers escalated, flood gates let loose with the foreign workers in the dormitories (aggressive testing) and the whole healthcare system was under duress to tide through the incalculable surge. Pooling and training of manpower, creation and deployment of services, preventive and care initiatives to sustain the whole system that worked round the clock. Creative social distancing implementations, swift and decisive interventions as well as open and consistent communications all happened one after another. Such is agility and what happens when preparation meets crisis. We were ready. We were agile. We emerged right before everyone, once again.

The call to be answered.

Like the strength of tea put to test in hot water, this came as a time for each of us to serve and protect our community, our patients and most importantly, the very team member right next to us. There were anxiety, fear and many choices to be made with the changes of everyday. Our BAU was put on a temporary halt, we were called upon for deployment duties and found new ways to manage our new routine and protect those at home.

I was called upon for VES duties that ran in 3 shifts round the clock. New updates and changes to the workflow was a new norm, we had to stay responsive to what was happening around the world and where the cases were from. Manpower support came from all divisions and ranks, it was a diverse yet co-operative team of members willing to chip in in whatever ways possible. Supporting one another was important as we provide assurance and clarity to help others seek beyond the dark clouds. This was especially trying on colleagues who are relatively new to healthcare and our complex system. Some were not prepared mentally and emotionally. Granted, the pandemic scared everyone around the world. This situation was beyond their imagination, especially those not in clinical care. The bonds and relationships they had with the organisation and people were short strings. The inherent fear was understandable. They had to have faith and trust their guts. They had to prioritize their emotional and organizational resilience. Other times, they just have to trust first and find out later. We had talks of rehearsing the steps of duty, the steps upon returning home, the steps for self-assurance.

We had to marshal everyone to stay on course and to manage when individuals feel they need to exercise their individual rights above team needs. What was required then was back to the basic human needs of empathy and extension of care through flexibility. How to help others help one another. How to support those who were fearful, resistant or in denial. How to cope with change and remain agile.

To help them find their feet, communication was key and we had many platforms to unlock the messages by the grace of technology. Accessibility to information which we did not have during H1N1. Yet, it can also be a double-edged sword. How much was too much information and #fakenews kept everyone more busy than necessary. Words also hold different meanings to different people. Social distancing meant that leaders can no longer gather their teams and communications may be filtered due to mode and receipt at different times. Consistency in updates was necessary to put everyone on the same page. We used to communicate to connect to one another, now we connect to communicate.

To facilitate team adaptations, it was and still is important to access and sense behaviours. The accumulated peacetimes EBAs (emotional bank accounts) are important for such rainy days. Beyond exhibiting capabilities, it was a time for everyone, not just the leaders to extend thoughtfulness and care. Regular check-ins are necessary and sincerity goes a long way.

Being at the frontline for those who usually were not was a wake-up call to appreciate how other family groups have been serving and what our patients were going through each time they visit our hospital. It renewed our purpose to serve, care and heal. It reminded us of what it meant to put ourselves in the shoes of others. I recalled a day when I was emotionally worn out by the overwhelming interactions with patients and visitors who were majority in the elderly pool.

Clearly, they were all ill, some more sick than others. They were exhausted with their own medical woes - what was coronavirus to them? None look the same as they were on their identification cards anymore. It saddens me and I posted a reminder on facebook for myself.

[The Creases of Life.]
In my current duty, I screen all patients and visitors who walk thru our doors. I verify their particulars by looking at their ICs. I cannot describe this well to you but it saddens me much when the man or woman who stands before me no longer look the same as the bright face on their ID card. This emotion is instantaneous and caught me off guard several times. I look at the face on the ID card and if the owner wasn't standing before me, he/she could have been my friend, my colleague, a man on the street from my generation. But when I look at their current state (and sometimes they tell me why they are here for), it stirs much emotions and images across my mind. Hello Stranger , I do not know you, you looked really well and pretty/handsome when you were younger, you would have many stories I do not know. You must have served and built this country for many of us here today. Thank you for passing me by and thank you for being patient with us. I really appreciate it when you say thank you back to me when I thank you for your time. I sincerely wish you well. Time waits for no one. #sentimentsfromthefrontline

The next painful thing to hear was from the Grabfood deliverers who say they could not call the food stalls within our compound to inform them that they were waiting outside as they have no more credits left in their mobile phones. These were not the stories I was prepared for.

This pandemic has disproportionately hurt the sick and marginalized population. As we stretched ourselves for patients with coronavirus, we must be mindful of those who need our care and accessibility to healthcare services as well. We need to be aware of the silent deaths.

"Crisis does not build character, it reveals it."

What differentiates one organisation from another lies in its leadership. These chaos and uncertainty have underscored the importance of good leadership. A crisis can bring out the best or worst in all of us. The pandemic is a catalyst for leadership growth, to build collective resilience and help each other not just survive but thrive as we navigate through stress and ambiguity, and transit from business-as-usual into business-unusual. This meant we had to quickly recreate our jobs and do things differently.

Strategic decisions to redistribute manpower, enable a remote workforce, calibrate work priorities as well as motivating the team requires one to be flexible and willing to make difficult choices. Change often come in a disruptive staccato rhythm. There were many leadership moments, there were also casualties who left our system when individuals cannot agree to disagree. If we do not stand together, the greatest threat is not found in the virus but our real nemesis would be our weakest link that breaks us.

Forge ahead

We may never return to the life we know and this could transform the way we deliver care to our patients. This could also accelerate our reach in the community, much like how the foreigners in the dormitories have been taken notice. As many industries downsize their work teams and offices, we may also stay with the cost-efficient route to remote working arrangements. With land limited at HealthCity Novena, could we utilize our space differently and reconstruct our facilities? Our workplace has for decades been built as a kampung to work and grow together. How will we continue to flourish in this kampung that is still weathering the irreversible effects of the pandemic?

"Let's pray hard for a breakthrough through this outbreak."

It's all about the journey, not the outcome. Nine articles on our takeaways from this pandemic.

Healthcare Heroes

By Evetor Sim
Management Executive

Harmonising daily BAU work, outbreak augmentation and life during C-19 crisis

Each of us is like an interlocking piece in a 10,000-piece jigsaw puzzle

Actively working hand in hand and journeying through uncertainty together

Leadership seen across all levels

Together making a difference in ways we knew and did not know but learnt how to

Healthcare as a career has never resonated more

Caring for our population through innovative and transformational means

Advancing not without mistakes or failures but constantly striving to do better

Remembering each puzzle piece is "helping to put a man on the moon"

Humbled by people from all walks of life who took it upon themselves to positively impact

Every 6am morning shift and overnight duty was a worthwhile struggle

Ready to learn, unlearn and relearn in an unprecedented time of challenge

Openness, collaboration and empathy are key to navigating this

Essential to apply our learnings moving forward, yet at the same time

Stepping back to reflect on what truly matters: Each other

The pursuit of purpose has always been important to me, which is why I fell in love with a healthcare career for its commitment to caring for and improving lives. When SARS struck the nation in 2002, I was in primary school silently supporting on the sidelines. Living and working through the current C-19 pandemic has certainly thrusted myself into managing in a new and unfamiliar environment. While the fight against C-19 has demanded more from each of us by rewriting how we live and work as well as creating new challenges, we have demonstrated tremendous agility to fulfill our duty of care. Crisis does test our sense of purpose, and in such adversity – the power of purpose has united us, fueling better collaboration among multi-disciplinary teams.

For the past few months, I have been augmented as part of the Operations Command Centre (OCC) Data team to provide real-time information and analysis for management decision support in response to C-19 situational updates. I have experienced the team and work evolving to become more efficient and productive through continuous fine-tuning of reports, protocols and roster planning. My colleagues are passionate about problem solving and innovation, finding ways to apply them to meet challenges at hand. Adopting technology at an accelerated rate was mandatory to deal with such a crisis. Currently, the OCC team is working on a fully automated data dashboard as part of continuity planning that would transit us into rapid mobilization and optimal manpower utilisation especially during an outbreak.

Being responsible for a team of 10 Patient Service Associates who diligently helms the hospital's frontline efforts at the Admissions Office in TTSH and NCID constantly teaches me new things about leadership. As I entered this new role alongside the first C-19 wave, I asked myself – How can I make my staff feel safe, engaged, informed and useful?

Active listening is vital in understanding and keeping closely aligned with my staff's needs and sentiments. I frequently engage them on an individual basis, in smaller groups and during weekly team huddles as a two-way conversation that allows me to be more visible to guide, reassure and clearly communicate as well as providing an avenue for staff feedback. Admittedly, it was a challenge to inspire ground staff especially when I was personally navigating through uncertainty. With constantly changing hospital policies on a daily or even hourly basis to accommodate new C-19 developments, it was important for me to bridge that gap between management and ground as well as navigate dynamic scenarios with my staff. Active listening also extends to asking how staff are feeling and coping as a means to connect and establish their sense of belonging to the team and purpose. We need to acknowledge that leaders may not have a crystal ball with all the answers, so this meant the need for me to take time to understand what my staff are asking and why they are asking it. Building on this momentum of deeper engagement, there has been opportunity to leverage my team and elevate their voice in a meaningful way by working with them to align on our priorities, processes, plans and contingencies.

Looking inward, managing oneself may be the most important foundation here. After all, I am human like everyone else. Taking time out and establishing personal coping mechanisms have helped me to make sure I am prepared and focused not only in my area of work but also for my team.

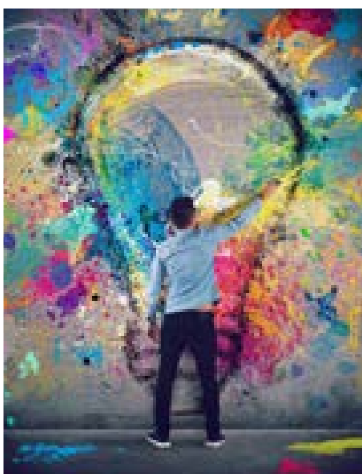
As we journey through crisis recovery and into the next new normal, it has been proven in various situations that the urgency for change prevailed over traditional legacy structures as we shifted out of our comfort zones and evolved at a faster pace. The big question now is –

Agile Design Innovations during COVID-19 Crisis

By Chua Jia Xiang
Management Fellow

INNOVATIVE PROBLEM-SOLVING AT THE HEART OF TAN TOCK SENG HOSPITAL

During my short three years in the organisation, my creative colleagues never failed to surprise me with their innovative ideas to our everyday issues. At the start of this crisis, a multi-disciplinary team from National Centre for Infectious Disease (NCID), TTSH Department for Infection Control, and Centre for Healthcare Innovation Living Lab (CHILL) collaborated to develop a low-cost, robust and disposable face shields. The new face shields modelled after an older face shield used during the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003. The culture of continuous improvement and innovation has always been the DNA of our organization. It is ever necessary for us to seize moments to improve care for our patients and staff.



The mandarin word for crisis, 危机, comprises two characters that represent dangers and opportunities. This is especially true as the COVID-19 pandemic has disrupted our lives and how we deliver care in the hospital. We are faced continuously with fast-changing policies and the large numbers of COVID-19 positive patients coming into our system. These factors demand a new way of how we do things differently in the organisation, and we are presented with opportunities to change them. I will share my observations on how COVID-19 helps amplify the agile innovation in Tan Tock Seng Hospital.

CO-CREATING BASED ON A SHARED VISION

Getting the buy-in from the various stakeholders from different family groups has always been a significant challenge in leading change. It often takes time and planning to align everyone towards the same goal of the project. COVID-19 had helped align different stakeholders together and create stronger bonds in times of need to solve the problems collectively. Using a design approach of empathy towards people had been effective in engaging staff in the development phase. We continue to see more of our colleagues join in the prototyping sessions in CHILL despite their busy schedules and duty cycles. One example was them trying to improve their colleagues' working environment at the screening centre with a sneeze guard to protect them during nasal swab. Furthermore, the development of the face shield had allowed us to gain more insights into 3D printing technology, and more confidence to achieve demand-driven manufacturing with external stakeholders such as A*Star, and Siemens. The crisis creates a vision for staff and like-minded stakeholders to take swift actions to support innovations relating to COVID-19.

Agile Design Innovations during COVID-19 Crisis

BREAKING BARRIERS WITH NEW PERSPECTIVE

In a large organisation with 9000 voices, change can be a daunting task for staff to embark on as people are programmed to resist changes. Why change if things are still working, leading with drastic changes is exhausting, and returns might be negligible? This crisis has transformed the way we look at our processes and systems in the organisation. One example from our pharmacy was the attempt to change the way patients pay for their medication delivery - giving them medication first, and allowing them to pay later. Before COVID-19, some of our colleagues had concerns that it would incur more bad debts from non-compliant patients. However, a pilot ran by the team during COVID-19 showed encouraging results, where they managed to maintain the bad debt percentage at pre-intervention. Circuit breaker pushed us to think of new ways to get our patients out of the hospital, and this had driven the quicker implementation of methods to tackle new obstacles.

The COVID-19 crisis has given us an excellent opportunity to do our work better and differently. We have to continue to use this chance to learn, grow, and enculturate new habits of doing things. Continuing to ask myself, how might we continue to challenge the mental model of the current system, challenge our internal processes, and inspire people in this journey? Together as a big TTSH Kampung family, let us continue growing this innovative culture to the next level.

MY COVID-19 JOURNAL

By Benjamin Wong
Management Executive

FEAR AS A DOUBLE- EDGED SWORD

With each epidemic, there are many unknowns - what is the mode of transmission, how do I protect myself, what are the chances of survival for those infected etc. Fear is an instinctive reaction to such situations with potentially life-threatening consequences. Fear subsequently drives our decision making process. For example, fear drove individuals to make seemingly irrational or selfish decisions - none more apparent than the rush to purchase toilet paper, instant noodles and condoms at the supermarkets.

I think there are 2 important dimensions to these decisions. From the lenses of an individual carrying out these actions, it always makes perfect sense or there is a completely justifiable reason for doing so; but these actions can create either positive or negative externalities for society. For example, when we were recruiting temporary staff to support the security operations in COVID clinical areas, there was a group of individuals who were not willing to take on these vacancies despite our repeated reassurances of stringent infection control guidelines. Many cited taking care of vulnerable individuals at home as a reason for declining these positions. To the job applicant, he/she was exercising a personal right to choose based on valid circumstances; but if there was a sizeable group who made the same decisions, the lack of manpower would have compromised our overall healthcare response.

At the same time, fear can keep people safe and drive critical workflow improvements. From the lenses of an individual carrying out these actions, it also makes perfect sense or there is also a completely justifiable reason for doing so; but the fundamental difference lies in the positive impact it makes on society. For example, when conscientiousness staff take personal hygiene routines seriously and strictly comply to Personal Protective Equipment (PPE) protocols, he/she creates a positive externality by contributing to the reduced risk of transmissions.

WHITE SWAN, BLACK SWAN OR NO SWAN

The black swan theory is a metaphor that describes an event that comes as a surprise and has a major effect. This COVID-19 epidemic is itself a black swan event. We had to convert TTSH wards to outbreak wards (even after a purpose built facility had been completed), staff had to take on new roles that was not planned for previously, and having to put in place safe management measures (being one of the first few public places to place 2 metre markings to manage at our retail outlets and partitions at food outlets).

All organisations prepare for "white swan" events based on a set of accepted assumptions. This includes catering sufficient capacity (supplies, manpower, and equipment) to respond when the need arises. During black swan events, resource management becomes more challenging. It is a judgment all between stockpiling "ahead of the curve" to cater for even more capacity versus minimizing wastage when the swan doesn't appear. In fact, I believe that some level of wastage is inevitable in mounting an effective response to black swan events. The question is: how do leader arrive at the "best" judgment call?

I offer three factors which can contribute to better decision making surrounding resource management in outbreaks:

- Embrace collective leadership: seek opinions and bounce off resourcing plans with multiple individuals to reduce blind spots in decision making;
- Do not put all the eggs in one basket: leaders should have multiple options for achieving the same outcome while also embracing innovation early to expand the pool of potential options;
- Have a good sensing tool: early warning signs are important for phased ramp up or deactivation of resources.

"CHANGE AGAIN?"

The evolving outbreak meant that we had to handle a number of workflow changes and were given relatively short periods of time to respond. This characteristic presented two realities for me in Managing Self and Managing Others.

I felt that I was sometimes not in control of the situation due to the pace of work and failed to achieve certain standards I had set up out for myself. This lack of mastery was demoralizing. In turn, I learnt how to Manage Self through a mindset shift where control of a situation is not a single endeavor but a team sport. By adopting this new way of thinking, I was able to achieve a more sustainable outcome for the organization. A key ingredient in this new paradigm is trust - an intangible sense that teammates will get the job done. Leaders sometimes demand to be trusted first but forgetting to first trust others.

In Managing Others, it became apparent that communicating effectively has never been so important. The bigger question is how is information communicated to the last man on the ground in the most effective manner? I think leaders often mistake equating giving a piece of instruction as the receiver internalizing the information in the same way. With many learning styles, was the best way through Whatsapp/TigerText, daily briefings, job description cards, on-the-job training, or hardcopy notes? I thought the important concept here was to know your staff well - their learning styles, weaknesses or strengths. This would help leaders tailor their approach in order to communicate effectively.

**Note: The perspectives presented in this article represent the author's alone. It has not been approved for circulation by the department or by the hospital.*

don't fear change, embrace it.

"When the winds of change blow, some people build walls, others build windmills."

By Teo Li Huan
Management Fellow

It was the afternoon of 27 Jan 2020, the third day of the Lunar New Year. My phone started ringing and there were a few Whatsapp notifications coming in. Upon checking my phone, our colleague from the Emergency Planning team had created this group chat named 'Wuhan – IOCP Secretariat' and added a few of our TTSH colleagues into the chat. We were told that CEO had activated us to take on the IOCP secretariat role in two teams from tomorrow onwards (i.e. 28 Jan when we returned to work), with more information to be shared during the briefing to be held the next working day. With the creation of the chat coupled with much uncertainty on what to expect, I embarked on my COVID-19 journey at work...

Throughout these few months, I have had the opportunities to support in several COVID-19 duties as augmented manpower, and also in the management of off-site TTSH facility as part of my BAU departmental work.

AUGMENTED MANPOWER

Integrated Disease Outbreak Coordinated Platform (IOCP) Secretariat & Integrated Disease Outbreak Coordinated Committee (IOCC) Officer

I was thankful to be able to support as the IOCP Secretariat, and subsequently as the IOCC Officer, as that allowed me to be at the forefront of the discussions and information dissemination. It was indeed an eye-opening and enriching experience to be able to listen first-hand to the conversations of our senior leaders (and the considerations that came along), and to witness how the numerous 'friendly debates' help in decision-making. It was also very heartening to see that our senior leaders would always put the safety and well-being of staff as one of the top priorities.

Joint Call Centre (JCC)

Subsequently, I got roped in to support the Joint Call Centre, where my role was primarily to coordinate admissions to NCID wards, as well as to support the facilitation of same-day transfers to the Community Care Facility (at EXPO).

For this augmented role, I would like to share on three key learning points:

Firstly, the importance of teamwork. Even though my team members were from different departments and it was the first time most of us worked together, everyone worked hand-in-hand to complete the tasks. There was no 'you' or 'I', only 'we' when on duty. Great teamwork was exhibited and everyone took on their allocated tasks with no complaints. Once done with our allocated work, we would also volunteer to help each other, and that allowed work to be completed even faster. I was extremely grateful to work with such a team, where the 'Kampung' spirit was indeed apparent. Secondly, the ability to work in continuous flux and be adaptable. As my duty cycle was for 2 weeks straight followed by BAU for the next 2 weeks, there was never a stint when I went back to JCC with no change in workflow. It was thus important to adapt to the changes and not to lament/ complain about the ever-evolving tasks. We would have to understand that this was inevitable as the COVID-19 situation was full of uncertainty and no one was able to crystal-ball and knew what to expect.

Thirdly, the importance of providing sufficient and appropriate background information for the ground to understand and execute the tasks, yet not overloading the team with too much details. For myself, the prior exposure to the IOCP meetings allowed me to better appreciate the tasks performed by the JCC team, and to

see how the decisions made by the senior management at the IOCP meetings translated to workflows. It was thus relatively easy for me to understand the work, as well as the reasons behind some of the actions taken. However, I noted that some of my peers could not really see how the tasks done by the JCC team tie in to the bigger picture/understand the intent of some of the decisions. There were certainly efforts by our team lead to share some of the background information, but the specific information shared may not be that relevant to the ground, which might thus result in more confusion rather than clarity.

With the above three key learning points, the translation to actions in my leadership journey are:

- To remember to constantly commend and encourage the team of the good work they have achieved, as that would keep the team going.
- To reassure the team that as a leader, I would always be there for them to navigate the changes and provide the direction in the ever-changing landscape.
- To try to achieve the best balance in provision of appropriate background information so that the team is clear of and can better appreciate the work which they do (this really depends on the target audience), versus overloading/causing confusion.

In addition to augmented duties, there was also much impact to my department portfolio which comprised operational support to Rehab Centre (mainly inpatient) situated off-site at Ang Mo Kio-Thye Hua Kwan Hospital (AMK-THKH, which is thus our landlord).

One of the most memorable and enriching parts was with regard to the visitor management policy. As a smaller community hospital, AMK-THKH did not have a visitor gantry. With the need to register visitors, makeshift visitor screening counters and system had to be created and developed, and they had to cater to the needs of TTSH facilities located within as well. There were also numerous rounds of alignment with AMK-THKH on the visitor management policies that came about with every change introduced by MOH. As much as possible, we would follow the visitation policy of AMK-THKH, but there were also instances where deviations were required due to system limitations.

There were thus a lot of coordination and liaison required with the AMK-THKH team, and I am thankful it was relatively easy to work with them. I believed it was largely attributed to the close relationship the TTSH Rehab team had built up with them throughout the years. I witnessed how they would always check in with the TTSH team to ensure that we were included in their planning and executions, for which we are deeply appreciative of.

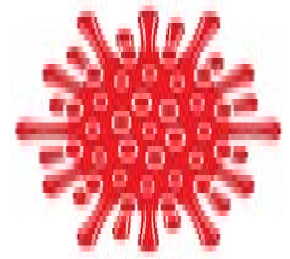
MANAGEMENT OF OFFSITE FACILITY (AS PART OF DEPARTMENT BAU)

Internally, there was also much teamwork displayed within the medical, nursing, allied health, operations and administrative, as well as ancillary colleagues. Despite the numerous rounds of updates to the visitation policy, all the family groups cooperated and co-developed/tweaked work practices to abide by the policy, and collectively came up with workarounds for exceptional cases.

I came to realise that there were very few minor hiccups and unhappiness amongst the staff (both internally and with the AMK-THKH team) despite the ever-changing visitor management workflows primarily due to one main reason – stable, deep relationships. Everyone was willing to accommodate and help each other out in times of needs with almost no resentment as the strong rapport had already been built up over the years while working together, and this was an important element for the team to tide through the COVID-19 period. This was not just exhibited in terms of visitor management, but also for other patient-related workflows/practices that came about as a result of COVID-19.

COVID-19 had indeed brought many changes to our lives - they can be seen as inconveniences, or from a different angle, as positive takeaways/learnings. With that, I would like to end off this reflection piece with a Chinese proverb to remind us that our perspectives matter greatly: **'When the winds of change blow, some people build walls, others build windmills.'**

Notes from a Healthcare Administrator



By Iqbal Firdaus, Management Executive

The year was 2003. Life as I knew it was going to change forever. It was the year that I was taking my Primary School Leaving Examination (PSLE) and my 12-year-old self was only concerned about getting through the seemingly endless barrage of mock test papers and their mathematical problem sums. Then in my naivete, I understood little of national and global developments; much less the serious impact that some nanoscopic virus would have on our lives.

Nearly two decades later, I found myself being right in the thick of the largest global disease outbreak since the Severe Acute Respiratory Syndrome (SARS) virus as an augmented Operations Support Staff at the National Centre for Infectious Diseases (NCID) Screening Centre.

Defined as the crisis of our generation, the COVID-19 virus engulfed many countries and Singapore was certainly not spared. I finally understood the palpable sense of fear and deep uncertainty that many of my senior colleagues felt in their lines of duty during the SARS outbreak.

Unlike my co-workers who had been working tirelessly to ensure our patients received the best care and environment possible for recovery, I would never consider myself as a frontline staff in the current crisis. Nonetheless I do have some reflection notes to share based on my experience during this period.

Keeping the Ship Afloat and Sailing

Since early February, many of us had been called to augment support for the hospital's disease outbreak management efforts. As the days went and with the fight against COVID-19 taking on more dimensions, the required support expanded. From visitor screening to contact tracing, it was all hands on deck to mitigate further spread of the virus. Well, nearly all hands. There was also plenty done to adapt our hospital to the needs of the moment (albeit with great difficulty at times due to the evolving situation) and keep it running to conduct our regular business-as-usual (BAU) affairs.

My deployment at the NCID Screening Centre came much later in the year. Before and in between that, I was holding the fort at my own department for a good majority of my portfolio as members of my team were pulled to support our hospital's leadership at the Integrated Operations Coordinating Platform (IOCP). Perhaps one key lesson for me came in the form of Dr Eugene's clarification on his reason to proceed with the commencement of a project that I was working on which involved referrals to community day rehabilitation centres. It was a poignant moment because he explained and reminded the importance of anchoring our presence in the community and affirming trust by being there for our partners in both "peacetime" and "wartime".

In addition, witnessing the swift and well-considered response that we had to the outbreak made me immensely proud of our organisation and our country's healthcare system. On the national front, our Ministry of Health (MOH) colleagues played their part and implemented several adjustments to existing policies to adapt to the pandemic. One example was the extension of MediSave and Community Health Assist Scheme (CHAS) to cover telehealth services when safe distancing measures kicked in, which ensured patients with chronic conditions could continue their follow-up consultations without the risk of community transmission.

In all, whilst these efforts did not necessarily take place on the very frontlines of the crisis, they were nonetheless instrumental to keep the ship afloat and sailing – maintaining a sense of stability and normalcy amidst the chaos.

Learn, Unlearn, Relearn

I considered it a privilege to be called to support the operations at the NCID Screening Centre. Literally the forefront of the nation's battle with COVID-19, I approached this opportunity with much enthusiasm (to slight apprehension from my family and friends) because it was finally an opportunity for me to contribute almost directly to the frontline efforts.

I had two separate stints at the Screening Centre. My duties included management of Personal Protective Equipment (PPE), generation of daily reports, and coordination of patient transfers to Swab Isolation Facilities (SIF).

At the end of both my two-week stints at NCID, I truly felt that I learnt, unlearnt, and relearnt a lot – be it about myself or others. The stints presented a great opportunity to leave what I knew behind and be open to new ways of doing things. And that was what I did.

It was a particularly enriching experience because the Support Operations team comprised staff from different backgrounds and I saw how their lived experiences shaped their different working styles. In addition, we also worked with seasoned Nursing Officers who were always there to provide guidance.

Something which I thought was quite beautiful was how the Supporting Operations team worked together to organically improve the workflows. True to the adage that the best time to learn or improve was by doing, these ad-hoc tweaks refined the prevailing practices to make processes more efficient.

It Takes a Kampung

COVID-19 was also a psychological battle. The pandemic took a physical and mental toll on many of our staff which affected overall morale. It should also be noted that, as frontline staff, our colleagues made laudable sacrifices in their personal lives and put themselves in the line of fire.

In times of crises like these, the organisation looked inward and reconsolidated our Kampung spirit. It was heart-warming to see many of our colleagues stepping up and contributing towards the goodwill efforts around the hospital. Spreading smiles and good cheer with the outpouring donations from well-wishers brought comfort to those who really needed it, albeit perhaps temporary relief.

Ramadan (the Islamic month of fasting) was challenging during the COVID-19 period. Due to the strict outbreak measures, many of the usual practices – even simple ones like breaking fast together – were waylaid. Muslim healthcare workers had to adjust to make up lost time with their loved ones and disruptions to their personal routines. To support our Muslim colleagues with their obligations during the pandemic, my team and I worked with Ministry of Community, Culture & Youth (MCCY) on the #SGUnited Buka Puasa Initiative to provide free meals for their breaking of fast. Recognising the need and meaningfulness of this effort, I also volunteered to support the meal distributions in the community. Throughout my interactions with the beneficiaries during the month-long project, I became more cognisant that it was crucial to strengthen community morale and support during adversities.

Notwithstanding the hardware and software of crisis management, it must also be stressed that the heartware component should not be overlooked. Our response to the COVID-19 pandemic has shown that a holistic, compassionate approach can and should be a guiding ethos for healthcare management.

All in all, the pandemic highlighted the intersectionality of healthcare and the interdependence of different sectors of society. It had demonstrated that society is only as strong as its weakest link and could not be blamed on lack of individual effort. A collective effort was needed to navigate and circumvent such complex challenges. Emerging from this crisis, we should be proud of what had been accomplished and continue our good fight whilst caring for one another.

MY COVID EXPERIENCES

By Victoria Chang, Management Associate

As healthcare administrators, we truly had to be like water; in fact, at the peak of COVID-19, I think I heard the term “fluid” being used to describe almost everything – timelines, status, schedules, etc. We were facing unprecedented times, and COVID-19 was indeed a test of adaptability and flexibility.

As a Human Resource Management Associate in charge of managing the hospital’s internships, I personally experienced this test with the first (and last) batch of Management Interns I recruited. In January, I had just onboarded and orientated 13 eager-eyed students who were excited to take their first steps in their journey as healthcare administrators. Then, COVID-19 happened.

Three weeks into their internship, there were whispers of Singapore turning DORSCON Orange and the eventual suspension of all hospital internships. As such, the interns soon turned to me for answers but unfortunately, there was little I could do or say to reassure them.

Besides the interns, their managers also approached me with questions that I could not answer. I remember many late night discussions with my bosses trying to find a solution that would satisfy the interns, their schools and parents and the needs of TTSH. At one point it felt like a juggling act as we found ourselves trying to manage the expectations of multiple stakeholders.

“Be like water, my friend”

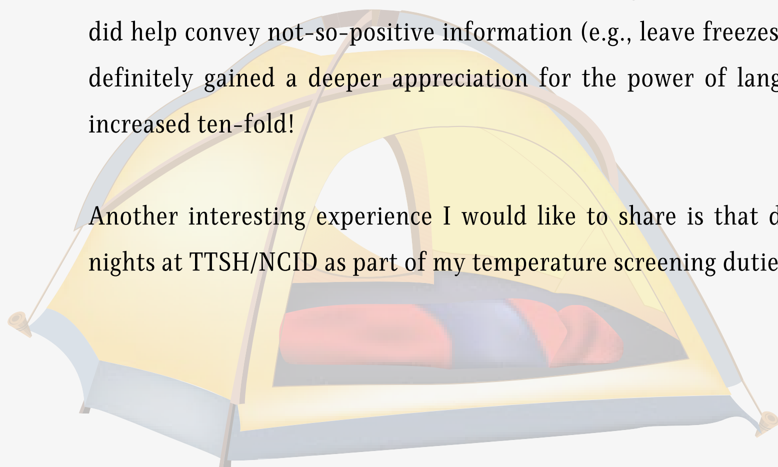
When we officially turned Orange, in a strange way, I was kind of relieved. In that period of limbo between Yellow and Orange, there was little we could do or say to the interns. I thought that turning Orange meant we could finally end this chapter of uncertainty and empty promises. I did not expect a new flurry of enquiries of a different nature – "what about work from home?", "what if I can get a signed declaration from my school and parents?". We had hired some very persistent interns, and turning Orange was not going to stop them from continuing their work.

While I was heartened by their fierce commitment to TTSH, we were soon caught in another balancing act – managing the interns and schools while also ensuring minimal liability to TTSH. During this time, my communication skills were truly put to the test and I had to learn how to delicately deliver bad news to many people. It was a fine line between expressing empathy and understanding, while also being firm and realistic.

Thankfully, with the guidance of the HR team, I was able to maintain positive relationships with the interns, even though I had to eventually let all of them go. On an unexpected note, we were even able to hire a handful of them as temporary staff during COVID-19!

Not long after, my communication skills were once again tested when I was tasked to create infographics for staff to help address common FAQs and translate the enhanced staff policy into a more readable and accessible format. It was challenging to find a balance between being succinct and easy-to-read while also ensuring the information accurately depicted what was written in the policies. Furthermore, I faced some initial difficulties in expressing neutral/positive language in my infographics. For example, I was taught to refrain from using phrases like "staff cannot/should not..." and to instead rely on phrases such as "staff are encouraged/advised to..." On hindsight, I do think the slight changes in phrasing did help convey not-so-positive information (e.g., leave freezes) in a more welcoming manner for staff. Since then, I have definitely gained a deeper appreciation for the power of language – not to mention, my Canva navigation skills have increased ten-fold!

Another interesting experience I would like to share is that during the early days of COVID-19, I spent 3 consecutive nights at TTSH/NCID as part of my temperature screening duties. When I first joined TTSH, I never imagined i would be



able to say that I literally slept over at my workplace, not once but three times. I was among the first batch of staff to get deployed for entrance screening duties, and needless to say, there were many hiccups along the way. For instance, I was posted to do night duty at the entrance of the B4 carpark, where there was no crowd flow at all. While it was frustrating being at the receiving end of system inefficiencies, I knew that it could not be helped as new workflows would always bring about an awkward period of transition. To be frank, the mental exhaustion of screening duties clouded my judgement at times but eventually I learnt to be patient of the system, and to trust the leadership. Management needed time to work out any kinks, and it was our responsibility as ground staff to provide meaningful, constructive feedback to aid in the improvement process.

Another great takeaway from the screening duties were the relationships and friendships built over hours of entrance screening together. Through my duties, I got to make friends with staff who have been with TTSH for much longer than I have – I even met someone who have been with TTSH for over 30 years! It was so enlightening to hear about their varied experience – from their department BAU work to their experience working at TTSH during SARS. These friends I made definitely made the hours fly by, and I truly felt like a part of the kampung.

Reflecting back on my COVID-19 experiences as a whole, I feel that I have learn three key lessons: Firstly, nothing is ever set in stone (including ourselves!). Things are everchanging and while it may be frustrating not having any control of the situation, we must learn to wield uncertainty to our advantage. For instance, the evolving situation led to many revisions of the enhanced staff policy, and as a result, I had to work quickly and efficiently to ensure the infographics were up to date with the latest versions of the policies. While it may have been vexing to have plans change constantly, we must learn to adapt and flex according to the situation.

Secondly, communication is a constant tug of war between pleasing the audience and delivering hard truths. There were many times when I felt lost for words when facing my interns – not knowing if I should be politically correct or honest. It took me a while to realise that these outcomes were not mutually exclusive. In my experience, the most effective communication tool was genuity. People are much more understanding when they know they can trust you.

Thirdly, crises can bring out the best in people. At the height of COVID-19 and all the impending uncertainty, I saw my bosses and colleagues react in a myriad of ways. It was very interesting to see how COVID-19 transformed the Hospital's leaders and brought out another side of them. Personally, I got to witness the wonderful working dynamic between the HR leaders, and their calmness amid the storm of COVID-19. It was particularly interesting to see how my supervisors were transformed into detailed investigators as they continuously reviewed the enhanced staff policy with a fine-tooth comb.

COVID-19 brought an onslaught of challenges and difficulties, but with it came efficient system changes (telecommuting being one great example!) and brought many of us closer. While I hope the next outbreak will not happen anytime soon, I believe TTSH will come out of this much stronger than before!

Keeping Up With COVID-19 Times

By William Salim,
Management Fellow

The COVID-19 pandemic has been a tremendous learning environment for many, if not, all of us. My reflections revolve around the following key themes: 1) Leadership & Decision 2) Embracing Change.

Nothing tests and pushes the limits of leadership more than a crisis. One of the paramount domain of leadership with respect to time and context is in the unknown and uncertain situation that lies ahead. Though there are some similarities and co-relatives with previous closest health-based crises, such as the notable Flu pandemic in 1918, the SARS epidemic in 2003, one cannot disagree that there are indeed no two crises that would be the same. This is all the more profoundly felt in the mind and heart of any leader, who are called to stand in the gap of the known and the unknown/uncertainty.

With only time that stands in between the current reality and the hoped-for/desired reality, leaders are often called to walk the dark fogs of realities: (1) actual reality with imperfect/partial information/knowledge, (2) imagined possible reality, (3) targeted reality, (4) eventual reality. These fogs of realities are often shaped by one's own perceptions, experiences, understanding, aspirations and goals. One thing that would be commonly experienced by leaders would be the feeling of/being uncomfortable. This brings me to one takeaway on leadership in light of the COVID-19 situation: one has to learn to grow and live in the uncomfortable zone, perhaps at least for a 'moment' until the imagined possible reality, targeted reality and the eventual reality converge and emerges from our current actual reality. "VUCA" which stands for Volatility, Uncertainty, Complexity and Ambiguity is perhaps a term that succinctly describes the essence of the arena of any leadership operating environment. The COVID-19 pandemic in all its various facets and aspects is one such (case in point) situation that all leaders somehow were called upon to face. Not one leader is exempted, not at least for any organisation.

Every leader is then charged with the impetus to rationalise, decide and act at various circles of influence and respective levels of involvement and to effect a change towards the desired reality. Integral in every leader's key responsibility is the process and actualisation of decisions. Many resources have been written and compiled on this, but one that has significantly challenged me and shaped the way I think on the theme of leadership and decisions is an insightful and paradigm-shifting article I thought of sharing with all of us – "Why Do Some Societies Make Disastrous Decisions?" by Professor Jared Diamond, UCLA, a Pulitzer Prize-winning author of the well-acclaimed "Guns, Germs, Steel: the Fates of Human Societies". For your reading pleasure, the article can be read at this website:https://www.edge.org/conversation/jared_diamond-why-do-some-societies-make-disastrous-decisions

Essentially, the approach outlined takes the form of 4 key roadmap checkpoints in the process of decision-making:

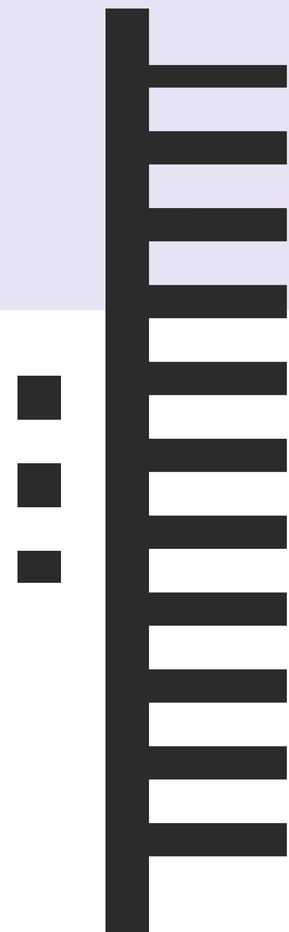
- What problem can we anticipate before the problem actually arrives?
- How do we perceive/identify the problem if/when the problem arrives?
- How do we solve the problem having perceived/identified it?
- How do we ensure that the problem is solved even as we attempt to address/resolve the problem?

I thought to invite you alongside me as you read this simple brief reflection of mine to take a walk down memory lane to revisit the beginnings of COVID-19 (a suggestion: end 2019) to see and consider at the various time points since then where each of the above questions could be asked and what our thoughts to them would be.

A second major thought in reflection over the COVID-19 pandemic is on the theme of embracing change. The need for embracing change cannot be overemphasized. We could easily cite many references to it, from the need for us all to facilitate/enable and play our parts in the necessary change in specific instances such safe distancing, mask-wearing, team segregation, telecommuting, juggling between family and work commitments amidst circuit breaker restrictions, virtual (less personal) interactions over web conference meetings, exercising restraint on non-essential activities, and for some, the loss of employment, the upending of businesses. While change may be portrayed in its seemingly less favourable or limiting dimensions, we could also come to acknowledge, appreciate and cherish change in the forms of innovation and opportunities to venture into otherwise unavailable areas of doing our work differently and perhaps even more than our usual reach of impact. There are many applications to this positive embracing of change that are described in the various media/platforms specifically in TTSH.

In closing, without the attitude and spirit of embracing change, learning and growth would be significantly impeded be it at the levels of individual, team, organisation, or as a system. This brings to mind the critical importance of embracing change which cannot be undermined as it is the very instrumental posture and means by which one could continue to grow in life-long learning journey. After all, what would be the value of learning if they are not applied to the change that it's meant to cause and effect?

A leader is one that effects a change towards the desired outcome in a desired way. Thank you for reading this reflection.



How I Have Grown Through COVID-19

Over a total span of 4 months, I supported over 2 key functions:

- Support for Entrance Screening (Early Feb – Late March)
  Shift work to support the entrance screening for patients and visitors at TTSH's entrances
- Support for Visitor Experience Services (Late March – Late May)
  Shift work to support the augmented staff and temporary staffs at the various entrances

Below are some of my reflection points made during this period, broadly categorised into 3 main sub pointers.

By Loo Wei Sheng, Management Executive

HINDSIGHT VS INSIGHT VS FORESIGHT

Over the past few months, there has been countless comment/sharing over different media platforms on the pandemic could have been managed better. Being in the healthcare sector, it's almost reflex to adopt a defensive approach upon such discussions. However, from a learning and forward thinking perspective, the challenge lies in translating insights (derived from hindsight) into foresight for future challenges. Two key takeaways for me personally.

First, to constantly reflect. A simple action can have profound changes in our personality or way we manage work. It's a task that I hope to cultivate into a more frequent habit. Second, to take a step back when in the thick of things and do a quick recollection if any of my past experiences could potentially help solve of the upcoming challenges in my current task.

MUTUAL SUPPORT AND COLLABORATION

Despite working shift hours and managing the various ground issues on a daily basis during the past 4 months, the mutual support within the VES team had been top notched. From the deliveries of comfort food to providing a listening ear, the team camaraderie is commendable. While this may seem micro in the grand scheme of things, the supportive culture and willingness to assist is vital to the success of the team's operations.

Another distinctive feature will be the team's openness to new suggestion and ideas as we adapted daily to the ground challenges, yet holding on to our fundamentals and principles. In an environment where everyone was able to share and discuss openly on the next step, there was a balance to ensure that the best idea was utilised for ground implementation.

On a personal reflection note, these are some of the traits that I hope to develop in my future team. As much as hard skillsets are critical in a fast-paced operations environment, the culture will determine the success of the team in the long run. This attachment has re-affirmed similar thoughts and reflections from my previous stints at various departments.

COMMUNICATION

During the Feb/Mar period, conversations among staff has been revolving around individual's safety while performing entrance screening. As Singapore scrambled to combat this invisible virus, there has been various standards in terms of PPE used at various frontline settings. The mainstream media published articles of SAF solders using surgical face mask and face shield (as part of their safety PPE) to process foreign workers checking into MINDEF's camps, who are supposedly healthy. However, at our entrances, we were assured that surgical face mask was sufficient while we conduct declaration for unwell patients and interact with sick individuals and directing them to NCID.

It was also notable that we were previously that we were supposed to be issued eye goggles, but was subsequently deemed "not require" upon activation at the frontlines of entrance screening. While we do have strong belief in our protocols, it had inevitably created a concern among the staff, where healthcare institutions often preach that we were more careful in reducing the risks for our staff.

Perhaps there was an indeed a thorough review of the PPE required for entrance screening, however, I personally felt that the communication wasn't assuring for ground staff who have been roped in to help out in this pandemic.

In an ideal situation, it would be for the organisation's benefit if every single staff is able to visualise that the organisation has placed them at their tip top priority, at every single battlefront. My own learning lesson will be that communication have to be a dialogue, as much as the situation is able to accommodate, and to conduct regular check-ins with my team.

The Brave New World of COVID-19

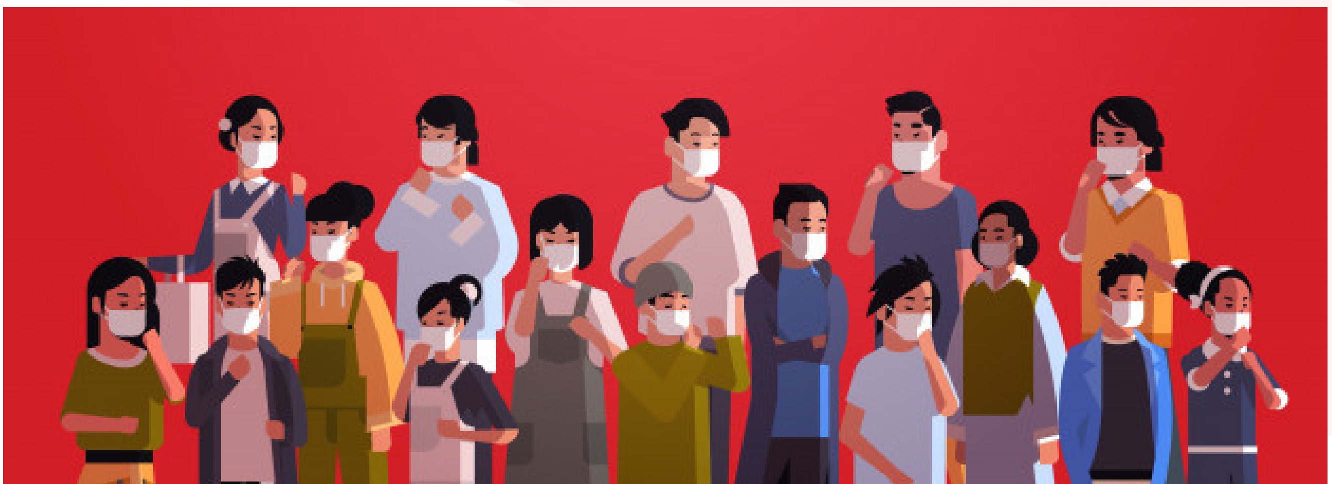
By Evelyn Tan, Management Fellow

Welcome to the brave new world of COVID-19. The Coronavirus (COVID-19) pandemic took the world by storm and presented a huge disruption to lives and well-being of every individual. Looking back through the months since the coronavirus started, here are four key takeaways of my COVID-19 pandemic experience as our organisation prepared and responded to the spread of the virus.

- *Everyone is essential*
- *Mindset shift: Change Management*
- *Seize the moment*
- *Never let a good crisis go to waste*

Everyone is essential

Everyone is essential. Many business units and work functions in our hospital halted when Singapore raised DORSCON level to Orange. In the Division for Central Health, many of our community activities and partnership engagements were interrupted to reduce the risk of cross infection; our community partners were centring their resources to adapt to the numerous COVID-19 definitions, policies and guidelines that were introduced by the Ministry of Health. The office was buzzing with uncertainty and questions: How long will the pandemic last? Do we continue to speak with the Ministry and partners on that funding proposal to sustain our care delivery? Should we start planning for our upcoming mega engagement event? Plans were left on hold while the core functions of the hospital steadily ramped up to cope with the rising demand for COVID-19 management. When the world and our hospital are shaken by a massive disruption, job may suddenly seem insignificant and even pointless for some of the less-essential workers, especially when they are not working on the frontlines. Fortunately, our hospital understood that it was important to recognise that there were still ways for the affected workers to contribute and we could recall that many colleagues were swiftly redeployed as augmented staff to support essential activities in the hospital. This helped to reinstate self-worth for staff and helped them to adapt in the new situation brought forth by the pandemic. At the same time, the agility to redeploy the workforce had bought time for the management to plan for its next move. Small things count. So simple yet so effective. What I had experienced was that small initiatives, whether they were part of a larger initiative, were almost always successful. They were successful because they were simple. A case in point is honouring staff with the COVID-19 #HealthcareHeroes badge. Staff carried the badges proudly on their lanyards and they felt especially honoured if they had been involved in any of the COVID-19 redeployment. Check out the posts on their Facebook and Instagram! These were efforts that created shared workforce resilience; especially for the staff who were deployed for shift work, which was my newfound admiration for our shift workers!



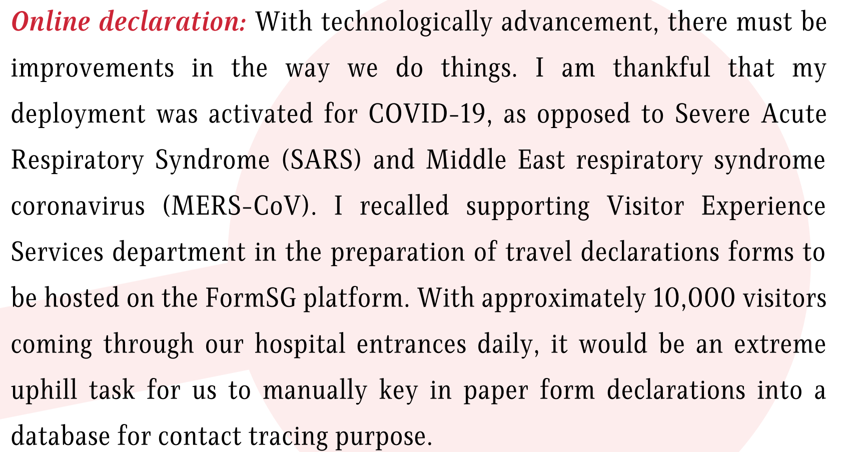
Mindset Shift: Change Management

Perhaps the biggest change that COVID-19 had brought would be at the workplace. Considering consumer behaviour had increasingly shifted to shopping online in the past decade, they do not find discomfort during the pandemic, especially during circuit breaker, as they just need to switch their consumption pattern to online shopping. I was serving home quarantine and had absolutely no issues not heading out of house for grocery shopping!

Over the past 6 months, I had experienced precipitous change management than most part of my professional life. Workplace had to rapidly adapt to broad ranging changes to the way of working. As I recalled attending a meeting on telehealth that was held over Zoom platform, a clinician candidly pulled a joke that he had never used any technology to review his patients or to facilitate meetings, but have now accepted tele-conferencing as a way of life. Following are some of the daily adjustments that I had observed at the workplace and may be good practices that we should maintain in the long run to decrease common virus transmission, hence promoting a safer workplace for everyone:

Social distancing & hand hygiene: COVID-19 had shown us the importance of reducing the risk of further local transmission through physical distancing and maintaining personal hygiene. Distancing was taken so seriously that members of public had suggested the travel declaration officers situated at hospital entrances to be appropriately distanced. During my deployment at the Visitor Experience Service department, personal hygiene and protection were of paramount importance and the same importance was placed in my office too. Throughout the circuit breaker where social distancing and personal protection were strictly enforced in all environments, NCID consultants casually shared with me that the efforts taken for COVID-19 had resulted in flattening the curve for a typical flu season in Singapore. Similarly, I noticed a significant reduction in staff reporting sick due to respiratory illnesses such as flu.

Work from home: Flexible work arrangement was an uncommon practice in Singapore pre-COVID-19. What I learnt when our organisation had embraced flexible work arrangement was that generally staff did not abuse the trust that we placed on them; for the fear that some people might take advantage of the flexibility. On the contrary, I learnt that giving up some control of work schedule led to increased employee morale, engagement and commitment to the organisation. Send an email or instant text anyone of them at the beginning of a workday, and I guarantee no disappointment in getting a response within a reasonable timeframe.



Online declaration: With technologically advancement, there must be improvements in the way we do things. I am thankful that my deployment was activated for COVID-19, as opposed to Severe Acute Respiratory Syndrome (SARS) and Middle East respiratory syndrome coronavirus (MERS-CoV). I recalled supporting Visitor Experience Services department in the preparation of travel declarations forms to be hosted on the FormSG platform. With approximately 10,000 visitors coming through our hospital entrances daily, it would be an extreme uphill task for us to manually key in paper form declarations into a database for contact tracing purpose.

Webinar and podcast: Majority of trainings and engagement were conducted face-to-face traditionally. Our colleagues at People Development would unanimously agree that how training was rendered had changed in the last few months since we've turned DORSCON Orange. The pandemic had caused the traditional medium of training to came to a "complete standstill" overnight, necessitating a swift adoption of replacement digital tools. The swift adoption of digital media was especially important for Community Operations, who was leading COVID-19 management when the first case of COVID-19 was announced in Lee Ah Moi Nursing Home, subsequently at other nursing homes too. With the lack of physical presence and the impetus need to upskill our nursing home partners in handling potential outbreak, our clinical team had to promptly adapt to conducting online trainings on swabbing for COVID-19. Continue Medical Education (CME) for GPs and engagement with community partners have taken onto digital platforms too. Webinars and podcasts have superseded traditional face-to-face form to deliver training contents. Training became scalable and is not confined to the limitation of physical space for trainers, and trainees have the flexibility to arrange their schedule and attend the training at their convenience. Additionally, speaking over video conferencing is becoming more natural, which is a positive change for the cohort of staff like myself who was previously not comfortable to Facetime! However, effectiveness of non-physical training should be evaluated as there may be downsides of utilising digital media entirely.

SEIZE THE MOMENT

"The decisions I regret were the ones where I did not act quickly enough. You just have to jump in, because it's never going to be perfect."

One of the most impactful learnings I took towards crisis management is to jump in, act fast, learn and improve along the journey. My biggest regret was the inability to launch COVID-19 tests in the community to support GPs in screening for the virus. We had good plans about how we would execute our mobile COVID-19 screening centres and how we would engage the general practitioners in the neighbourhood to support their call as frontliners in the fight of the coronavirus.

However, there were engagements to be done with the Ministry on understanding their next move in scaling COVID-19 screening using public health preparedness clinics; and convincing internal stakeholders on tapping on the already strained healthcare resources, personal protection equipment and work processes to support community screening. Opportunity costs were spent on getting a finely tuned plan before a proposal could be drafted, and we lost the opportunity to launch our proposal because the Ministry indeed expanded the testing for COVID-19 in the community through supporting the polyclinics and public health preparedness clinics.

I learnt a lot from the cost of inaction. The decisions I regret were the ones where I did not act quickly enough. You just have to jump in, because it's never going to be perfect.

NEVER LET A GOOD CRISIS GO TO WASTE

As the good old saying goes: "never let a good crisis go to waste". My deployment at the Visitor Experience Services had to come to an end when Community Operations recalled me to ramp up community support as part of business continuity plan for the hospital. The COVID-19 pandemic had presented many opportunities for Community Operations to drive changes and create new norms in the way we advocate for seamless and joined-up care, especially in the areas where Specialist Outpatient Clinics and National Healthcare Group Polyclinics had to devise strategies to cope with their capacity during post circuit breaker period due to social distancing measures. Environment, situation and mind-sets shifted due to the new set of challenges that COVID-19 presented, and it forced business units to start thinking about collaborating, instead of competing.

There were many instances where our community partners required support from TTSH and NCID as our institutes are the epicentre for managing COVID crisis; hence have gathered knowledge management on the pandemic management, as well as personal protection equipment resources. It was a right decision that we support our community partners to foster strong trust and establish goodwill with our community partners. This would set positive outlook in the following months as we expand our collaboration plans with the partners. Concluding to my key takeaways: Every staff is important, and it is necessary for the management to be inclusive for all level of staff to be able to contribute meaningfully. Though in times of uncertainty and people seeks for stability, differing situations have presented opportunities for us to drive changes; seize the moment and never let a good crisis go to waste. I hope you have gleaned some insights from my experiences.

"Every moment is a fresh beginning. The best has yet to come. It's time for the next chapter ..."

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Editorial & Design

Regina Tan, Executive, MDO

Advisors

David Dhevarajulu, Executive Director, CHI
Lynette Ong, Director, MDO
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Samantha Foong, Manager, MDO
Vanessa Audris Lim, Assistant Manager, MDO

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