

# Care Transformation Journey

## Team Leader(s)

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## Team Members

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## Project Synopsis

To meet the evolving needs of the community sector by transforming care through job redesign, technology and workflow improvements.

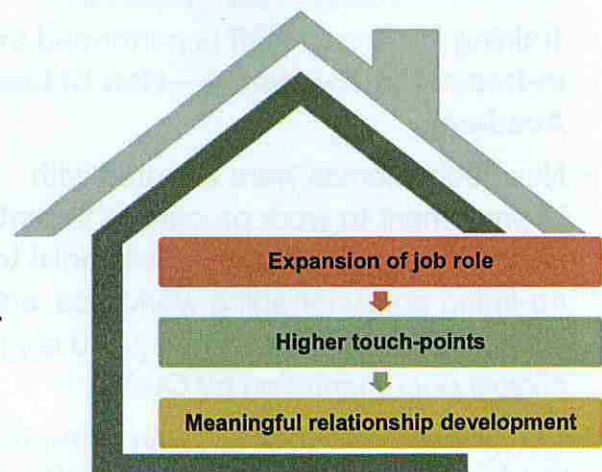
## Problem statement or motivation

Healthcare had been battling against issues such as aging population, manpower shortage and rising care expectations. Local workforce in the carer role has remained low, even though healthcare has not been spared from the lowering foreign ratio quota. There is a burning need for care transformation to provide sustainable care.

## Project Details

### Methodology

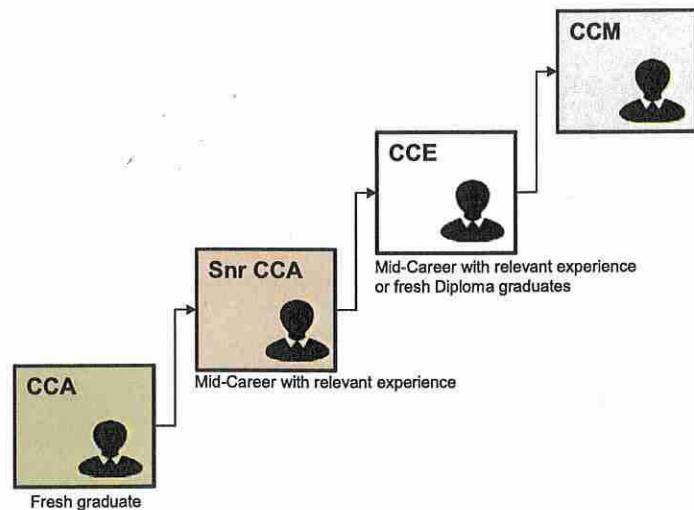
We redesigned the service model to better support, attract and retain an aging local workforce. Greenhouse model was referenced and we expanded the roles of Healthcare Assistants and Nursing Assistants to become Resident Care Associates (RCA) with the help of a Job Redesign (JR) Consultancy firm, and also reviewed the salary and career progression. Besides personal care, psychosocial and therapy assistant-like roles were introduced to RCA. This increases the touch-points and relationship development between staff and residents, and thereby, enhancing staff sense of job fulfillment.



## Collaboration

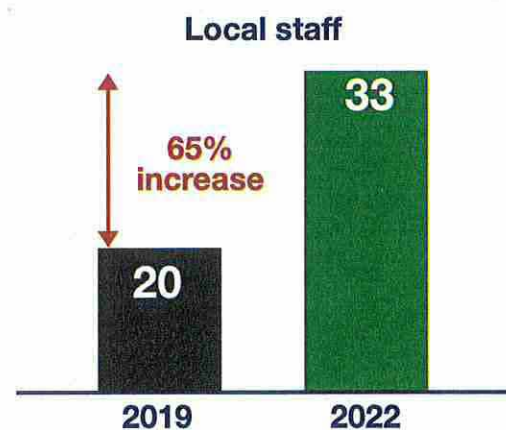
Ren Ci collaborated with sector partners to obtain SHMDP/CCMD funding to bring in overseas visiting experts to train the community staff for care transformation. Through Community Care Manpower Committee, Ren Ci also called for nationwide professionalisation and recognition of RCA career progression.

Subsequently, MOH & AIC also led nationwide JR by engaging Consultancy firm, Mercer. Ren Ci @ Ang Mo Kio (AMKNH) participated in this JR pilot together with NTUC Health and SLEC, and shared our past JR learnings with the team. The eventual consensus on the revised role name was **Community Care Associate (CCA)**.



## Project Outcomes or Findings

- Expanded roles of Healthcare Assistants and Nursing Assistants to become CCA.
- 36 CCA at AMKH were trained as of 5 Oct 2022 to take on the expanded role including subcutaneous injection. Total of 180 CCA & SCCA will be trained by Apr 2023.
- Training for Ren Ci staff is performed through **in-house training centre – Ren Ci Learning Academy**.
- New technologies were adopted with improvement to work processes to better support staff, e.g. use of mobile hoist to support no-lifting policy for aging workforce, enhanced electronic template to simplify and support direct clinical documentation by CCA.
- Ren Ci has been successful in **attracting locals** (e.g. mid-career switch and fresh ITE graduates) to take up the piloted CCA role within a household of AMKNH.
- Survey result was positive where **87% of the staff found the new career path attractive**.





Pay increments for the management roles in the care track is **attractive**.



Apart from the pay increment, I would want to continue on this track and **gain more knowledge and skills**.



The career path is an opportunity for me to **grow and expand my career**.



The blended role has enabled me to **care better for patients**, and the role is **suitable for new entrants who wish to make a career switch to healthcare**.



This additional track provides more opportunities for advancement, **may create tension with the nursing track**.



I took this role as a mid-career switch, wanting to take on a job that is **not so stressful and interact with the elderly**.



## Conclusion

- JR will be performed for the remaining roles of Community Care Executive (CCE) and Community Care Manager (CCM).
- The pilot is now being scaled up in the pilot sites. For Ren Ci, we will be scaling to all households in Ren Ci @ Ang Mo Kio, and eventually to Ren Ci @ Woodlands and Bukit Batok.
- AIC is driving the expansion of the pilot with the goal of nationalising the model.