



CO-PRODUCTION OF A DIGITALISED PLATFORM OF COLLABORATIVE QUALITY IMPROVEMENT LEARNING IN A HEALTHCARE CLUSTER

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P615

INTRODUCTION

The processes of improvement projects registration, acknowledgement, approval and collation varied across the 11 institutions within SingHealth. The lack of a centralised platform to consolidate improvement projects across SingHealth reduced transparency and opportunities for cross learning, sharing and collaborations. Despite having an academic environment to encourage sharing of ideas, there was no official cluster platform for banking of ideas and projects to discuss improvement topics. There was a need for a good central collaborative platform to enhance the impact of cross learning.

The SingHealth Improvement Portal (SIP) was co-productively developed and built in a digitalized platform. It offers one-stop online registration and repository for improvement projects and, can facilitate an online community of practice for improvement teams and patient advocates to connect and cross-share best practices. This would encourage the co-creation of effective improvement solutions that would significantly benefit staff and patients within SingHealth and beyond.

AIM

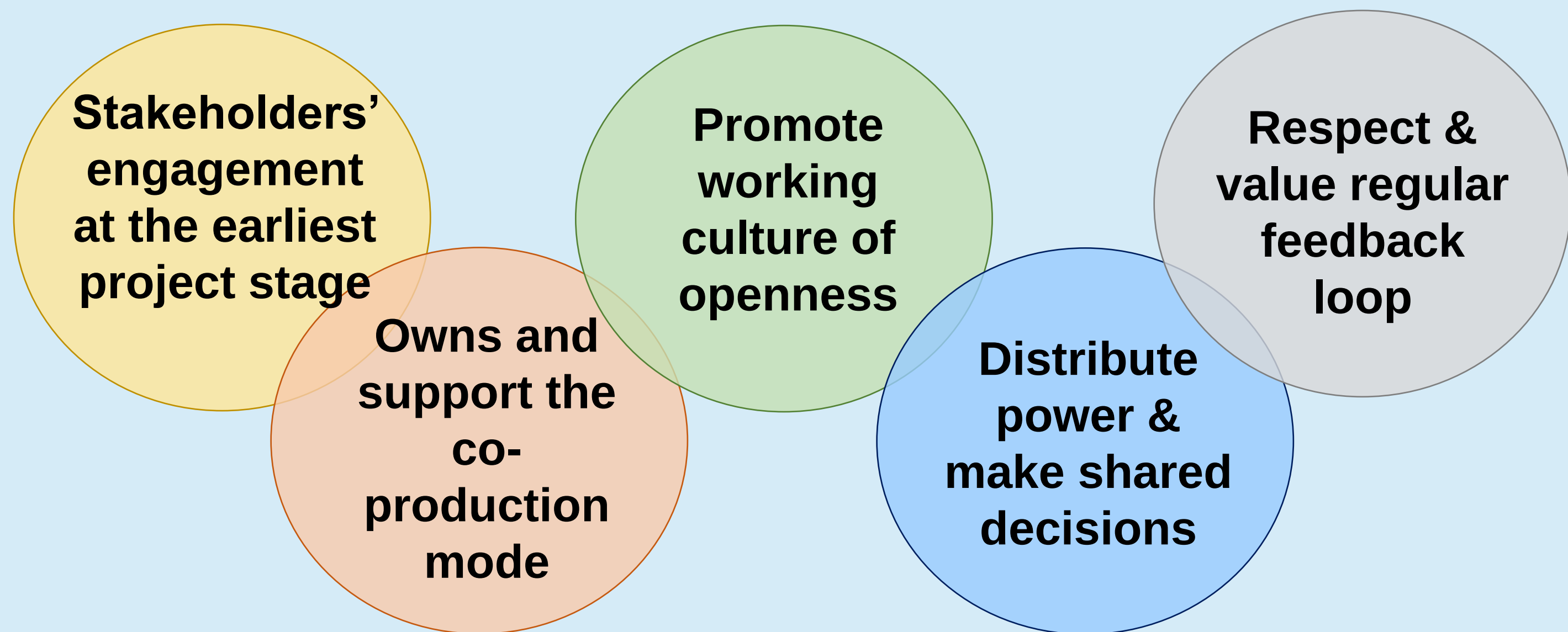
Development of a digitalised collaborative platform, using the co-production model to ensure user feasibility for the adoption and implementation of SIP across SingHealth institutions.

METHOD

The formation of SingHealth Improvement and Innovation Portal (SIP) working committee initiated the equal partnership and strategic alliance using the co-production model. It is made up of the Quality Improvement (QI) leads and Information Technology (IT) and project management experts. They were mostly the change agents and decision makers who could ensure the adoption and implementation of SIP.

The following co-production approach was embraced and applied throughout the development of SIP.

Figure 1: Co-production model applied for the development of SIP



RESULTS

Application of the co-production model for SIP development

Stakeholders' engagement at the earliest project stage

Identification of stakeholders who could benefit from the introduction of SIP unleashed individual's intrinsic motivation to garner support and commitment to contribute via the co-production model. Stakeholders engaged at the earliest project stage, had mutual understanding of the co-production approach.

Owns and support the co-production mode

The formation of the SIP committee provided an official platform for the stakeholders to co-own and commit to work together via the co-production mode.

Promote working culture of openness

The committee members were encouraged to provide honest feedback during requirements gathering and testing sessions. Through hearing from each other, they learnt about the variation in practices and the reason behind it; and eventually reached a common ground, with the harmonised general project registration workflow.

RESULTS

Distribute power & make shared decisions

The understanding and ownership of the co-production mode created a sense of autonomy, allowing SIP Committee to contribute with their unique assets and made shared decision at ease.

Respect & value regular feedback loop

Feedback was collected and valued through active closing of feedback loop. The active feedback loop helped to design users' practices into the SIP workflows.

The basic functionality and architecture of SIP was productively completed in 2022, and the shared decisions made from the co-production effort was shown in Figure 2.

Figure 2: 3 key SIP features from the co-production efforts

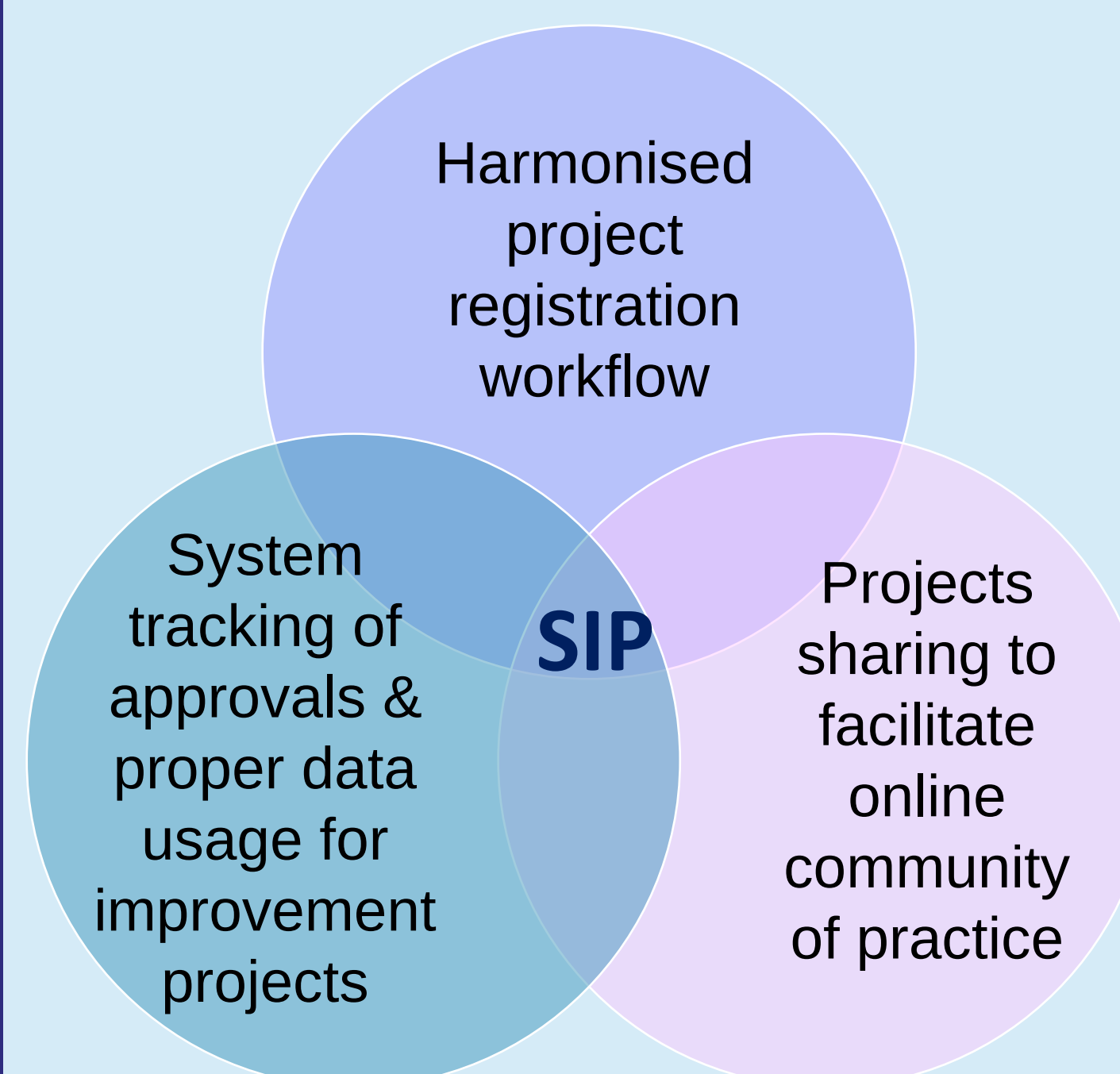
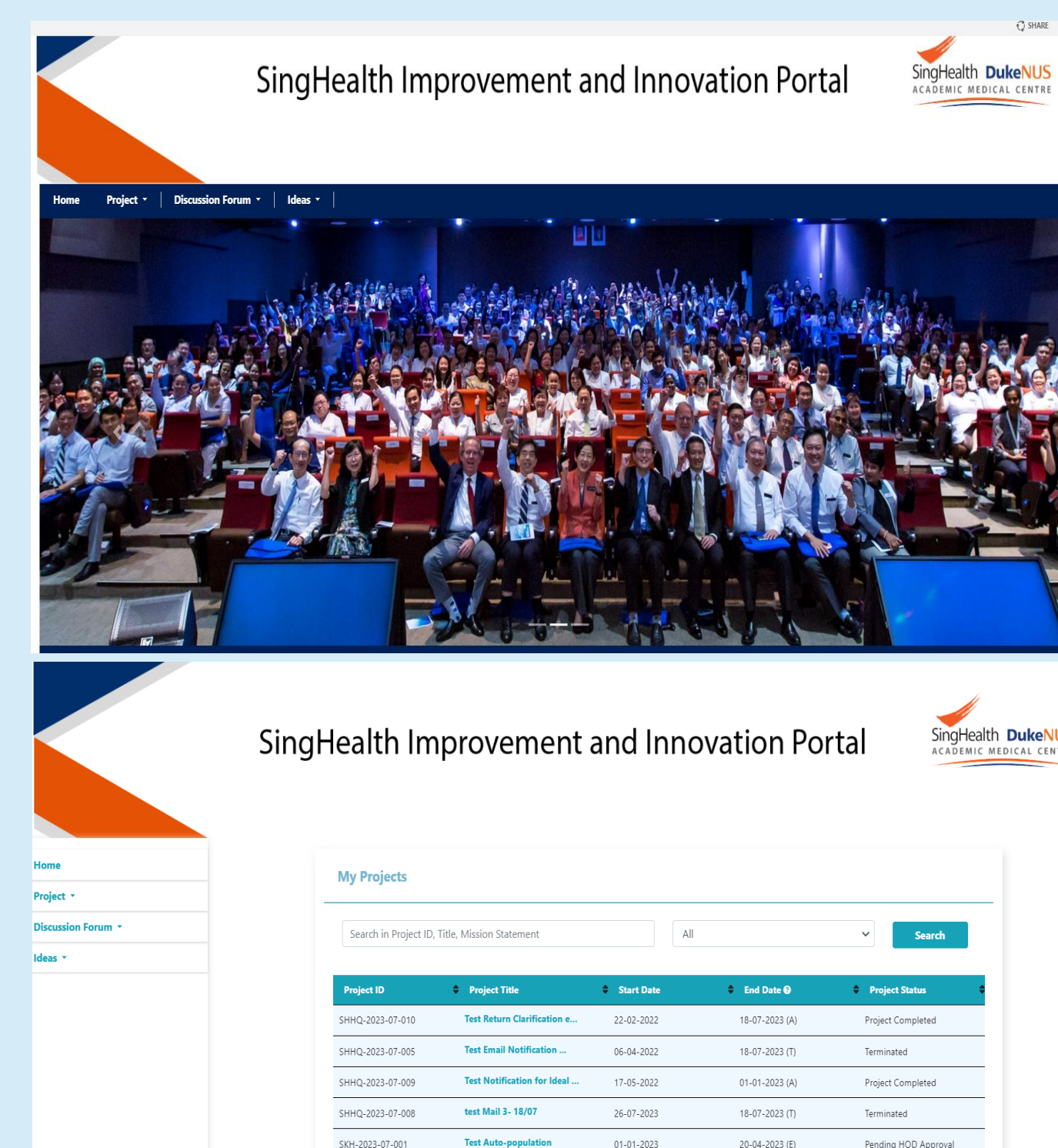


Figure 3: Snippets of SIP



CONCLUSIONS

Equal partnership with the sharing of intent and a compelling goal has reinforced the commitment of partners in this collaboration. The co-production model with frequent open dialogues and respect has established good mutual understanding and trust to co-produce the digitalised platform to strengthen collaborative QI learning in SingHealth.

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ACKNOWLEDGEMENT

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