

MEDIA RELEASE

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IMH clinches the prestigious Grand Award for the Hospital of the Year at the Asian Hospital Management Awards 2011

- Two other IMH projects also received Winner and Excellence awards -

1. The Institute of Mental Health (IMH) has won the inaugural Grand Award for the Hospital of the Year at this year's Asian Hospital Management Awards (AHMA) held on Thursday, 8 September 2011 at the Resorts World Convention Centre, Singapore. The AHMA recognises and honours hospitals in Asia that carry out best hospital practices. Now in its 10th year, the Awards is recognised as the accepted hospital management awards programme for the Asia Pacific Region. Awards are given to hospitals in the region that have implemented or enhanced outstanding and innovative projects, programmes, and best practices during the previous year.
2. Besides the Grand Award, IMH also bagged a Winner award and two Excellence awards. **"Re-engineering Case Management Service to Improve Inpatient and Outpatient Follow-up Care"** won the *Most Outstanding Project* in the Service Improvement for Internal Customers Project category, while **"An Effective Primary Care Model of Stable Psychiatric Outpatients within the Community – the Mental Health-General Practitioner Partnership Programme"** won the *Excellence Awards* in the Operational Customer Service Project category and the Marketing, PR or Promotional Project category.
3. Some 315 projects from 84 hospitals in 11 countries vied for the awards in nine categories (please refer to Annex A for details). The Grand Award is for the hospital that is exemplary for its projects or programmes in the past year that became finalists for the awards or was consistently commended by judges.
4. "We are very honoured to be the winner of the Grand Award for the Hospital of the Year at this year's Asian Hospital Management Awards. I am also extremely pleased that two of our programmes were recognised in three other award categories. This gives us the affirmation that our programmes are evaluated by international consultants to be of best practices standards. At the Institute of Mental Health, we will continue to improve patient care by continually reviewing our programmes and learning from the best," said Dr Chua Hong Choon, Chief Executive Officer of IMH.

Re-engineering Case Management Service to Improve Inpatient and Outpatient Follow-up Care.

5. This project aims to enhance the current care delivery framework for patients through an integrated mental health care system.

6. Currently, there are about 35,000 outpatients and 1,600 inpatients under the care of IMH. In 2003, the Case Management Department started case tracking of patients to ensure that they continued to receive follow-up care upon their discharge. Case Management Service started with a group of patients under specific criteria and was carried out for up to three months after discharge or once they become regular with treatment. During this time, Case Managers would monitor the patients . typically acute patients who were prone to aggression or had suicidal tendencies . through telephone calls to ensure they were taking their medications and returned regularly for their follow-up appointments.
7. Case management expanded when results showed that patients who were under the follow-up of a Case Manager fared better in terms of reduced relapses and readmissions to IMH. From just four Case Managers when the programme started in 2003, IMH now has 24 Case Managers.
8. In March 2010, under the Healthcare Service Development Plan funded by the Ministry of Health, the Case Management Service evolved into a systemic and integrated patient tracking system covering all IMH patients across the care continuum, from admission to discharge and re-integration to society. When a patient is admitted, a Case Manager is assigned to him and becomes part of a multi-disciplinary team that looks after the patient. The Case Manager often acts as a patient liaison and confidante, ensuring that the patients' clinical, emotional, physical and social needs are well-understood and appropriate intervention or support is given. Patients are assessed by the doctor and multi-disciplinary team for risks factors and those on a higher risk profile are accorded closer follow-up. For example, a minimum-risk patient would be provided with psycho-education and counseling and the Case Manager ensures that he returns for his follow-up treatment after discharge. A high-risk patient, on the other hand, is monitored more closely to ensure he adheres to a prescribed care plan.
9. Under the enhanced framework, more regular and structured risks and needs assessments are also carried out. Brief assessments are conducted on a half-yearly basis while comprehensive assessments are done annually. Patients are then re-stratified according to their risks and clinical needs. Case Managers then ensure that follow-up care for discharged patients and outpatients are provided according to the levels of support needed for the individuals.
10. Re-engineering the process also involved the use of technology and engaging community partners. In the past, case tracking was done manually. Since 2010, an IT system helps track the cases and integrates the care process. Community partners such as nursing homes and general practitioners now work closely with IMH to provide care in the community for these patients. All this has resulted in significant improvement in patient outcomes.
11. Between January 2010 and May 2011, patients' compliance to follow-up treatment after discharge improved from an initial baseline of 78% to 88%. The number of patients defaulting treatment dropped from 22% to 10%. There were also a reduction in re-admission rates and an improvement in clinical and functional outcomes in the patients. Case Management has also helped to reintegrate IMH patients back to society with minimal risks to the community.

An Effective Primary Care Model of Stable Psychiatric Outpatients Within the Community - The Mental Health – General Practitioner Partnership (MH-GPP) Programme

12. In Singapore, General Practitioners (GPs) are multi-skilled primary care providers supporting 83% of all primary level medical care, and are often the first point of contact for patients with mental illness. This places GPs at the forefront in detecting, treating and/or referring a patient presenting with mental illness in the community. Stable patients in the remission and recovery phase of their illnesses are suitable for primary care treatment by GPs in the community.
13. The Mental Health . GP Partnership (MH-GPP) Programme was first established in IMH in 2003 to discharge stabilised outpatients from IMH to the care of GPs in the community. The success of the programme led to its implementation as a hospital-wide initiative in 2007 and the programme was officially formed under the National Mental Health Blueprint.
14. The MH-GPP Programme aims to provide accessible and cost-effective care to discharged and stabilised patients based on sustainable and long-term partnership with GPs who are provided with training by IMH to perform this role. Through this partnership, patients are able to get mental health treatment more conveniently as the GP clinics are usually located closer to the homes of patients. Most GPs are able to see patients in the evening, which makes it easier for those who are working. With more stable patients being right-sited to the community, the hospital's resources can be channeled to look after the more acute and complex psychiatric cases.
15. Over 1000 patients have been referred to GPs since the inception of the Programme in 2005. The re-admission rate for patients under the care of these GPs has remained low, at under 10% (between April 2007 and March 2010).
16. The Programme has also developed a strong GP Partnership network through on-going recruitment and training of GPs with mental health interest. To-date, there are 48 GPs with the Programme. In 2010 the Graduate Diploma in Mental Health, jointly offered by IMH and the National University Singapore (NUS), provided a further boost to equip GPs to treat mental illness in the community.

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About the Institute of Mental Health

The Institute of Mental Health (IMH) is the only tertiary psychiatric care institution in Singapore. Located on the sprawling 25-hectare campus of Buangkok Green Medical Park in the north-eastern part of Singapore, IMH offers a multidisciplinary and comprehensive range of psychiatric, rehabilitative and counseling services. The 2010-bedded hospital aims to meet the needs of three groups of patients . children and adolescents (age below 19 years), adults, and the elderly. IMH also runs mental health education programmes for the general public. These programmes aim to promote mental wellness and raise awareness of the importance and benefits of prevention, early detection and treatment of mental disorders.

ANNEX A: Categories and Criteria for AHMA 2011

The 2011 Awards are for projects and programs implemented or significantly enhanced between *January 2010 to May 2011*

1. Corporate Social Responsibility (CSR) Project

An undertaking that made a difference in the improvement of healthcare in the community. Is the project or program sustainable? Does the hospital merely provides resources or makes it an integral part of its community involvement. Does the hospital give of its management time and expertise? Is it innovative? More weight is given to how meaningful is it to the community it serves.

2. Cost reduction project

A project undertaken with the specific goal of reducing costs in any area of hospital operations. Ideally the project did not require capital investment and a large part of the savings was passed on to the patient. Did the project generate savings that would continue into the future? Did the nature of the savings allow the hospital to pass it on directly to the customer? Was the cost saving significant in relation to the costs in that category or in relation to total hospital expenses?

3. Human Resource Development Project

A series of activities or a project undertaken by the hospital that was aimed at developing a large percentage of its people as knowledge-based workers. Is it a sustainable activity and did it achieve its goals? How innovative was the project and program. Did it have a lasting improvement in the skills of its employees? How meaningful was the program to the employees? How useful is it in their work? Special weight is given to the percent of employees covered, how well it motivates employees to provide better service and how the training improves service.

4. Service improvement for Internal Customers

These are awards for any hospital department or unit that implemented any outstanding projects on how better to serve their co-departments or employees better. How well did the project look upon the other department(s) as a ~~customer~~? Special weight is given to how innovative the project is, how well it reinforces the concept of ~~internal customer~~, at no additional expense and how it improves service to its clientele.

5. Marketing, PR or Promotional Project

A project that made an impact on clients and the public, and/or that resulted in the hospital ~~g~~ gaining recognition as an innovator or leader in the field, or that resulted in business generation. The emphasis here is on business that can be more or less attributable the project and what this is as a percent of the department or hospital ~~g~~ revenue. In this sense, a department or center (and not necessarily a hospital wide program) that launched a successful campaign and can show results is eligible. More weight is given to how it used marketing tools to improve its revenue at least cost.

6. Patient Safety Project

This award is for the hospital that introduced an outstanding project for the monitoring and improvement in the delivery of quality medical care. Projects for the reporting, deliberation, management, and prevention of Sentinel Events are included as part of this category. More weight is given to how much project or program improved patient safety and are there measurements to back this up. In other words the judges will particularly look at the percent improvement.

7. Clinical Service Improvement Project

A clinical improvement project that was successfully completed in any of the specialized (technical) areas of hospital management, such as Nursing, Laboratory, Radiology or in specialty clinics such as eye center, kidney center, etc. The project should show measurable results of having improved the service in such areas as reduction in medication errors, reduced waiting times, prevention of service defects, or faster results with little or no capital outlay.

8. Operational Customer Service Project

A customer service project that responded well to the needs of its clientele, drew praise from them, and positively projected the hospital as a quality service provider. The judges favor entries that also reduced costs, and did not require major capital expenditure. More weight is given to projects that are innovative (in relation to where the hospital is located). Is it a meaningful improvement of its service considering the environment in which it operates?

9. Bio Medical Equipment / Facilities improvement Project

A project or program that sought to improve customer service and quality of care by special maintenance, systems and procedures for usage or improvement in biomedical equipment and/or facilities in general of the hospital. Did the project improve the hospital's ability to deliver better service? It could be to but that comfort of its clientele? Did it help employees service patients better?

10. GRAND AWARD for HOSPITAL OF THE YEAR

The GRAND AWARD is for the hospital that in the opinion of the judges is so exemplary for its projects or programs in the past year . as reflected in the number of projects and programs that became finalists. The award is for the hospital that made improvements in two or more of the nine award categories above or had truly superior and outstanding (overarching) results in one area. The judges will also consider that the improvements had the greatest impact on the hospital's operations that will give due weight to the background and circumstances in which the results were achieved. In general, weight is given to innovation and improvements generated with the least use of capital if any. The GRAND AWARD winner will be selected from one of the winners and approximately 20 runners up.

Note: The Awards do not recognize any particular hospital as the best in a particular category. The Board of Judges and Advisers state however that the project they have selected for a specific Award is an outstanding one that deserves recognition and that may serve as a benchmark for other hospitals. It follows that there may be more than one winner in a category, and conversely there may be none.