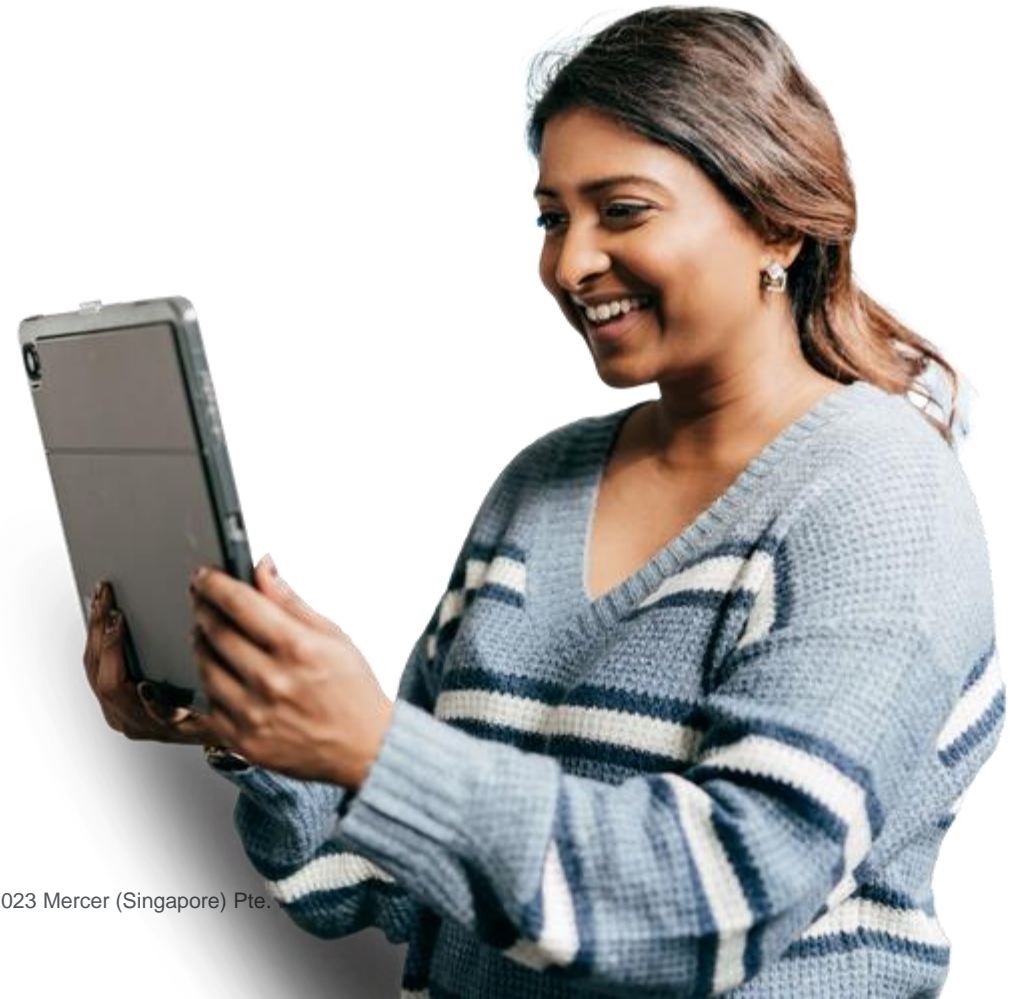


Case Studies from our Work Trial Organisations



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CONTEXT



St Luke's ElderCare is a healthcare provider committed to meeting the evolving care needs of clients through senior care centres, rehabilitation centres, active aging hubs and nursing homes.

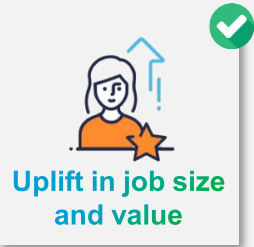
Size of organisation:

- 25 Senior Care Centres
- 1 Nursing Home
- >2,800 clients

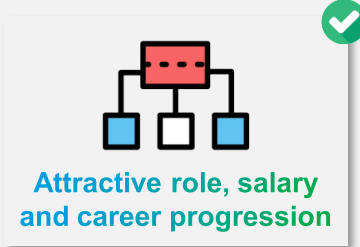
Key priorities:

- Overcome manpower challenges
- Upskill capabilities of all care staff
- Provide varied career progression opportunities

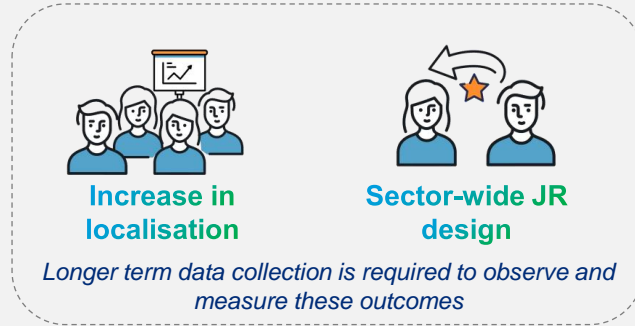
PROJECT OBJECTIVES



Uplift in job size and value



Attractive role, salary and career progression



Increase in localisation



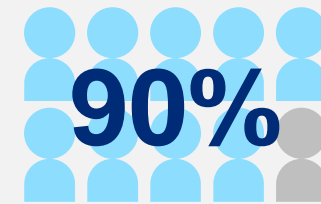
Sector-wide JR design

Longer term data collection is required to observe and measure these outcomes

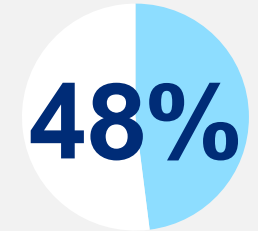
Observed during work trial

SUCCESS INDICATORS

FOR SCCA AND CCA ROLES



of S/CCAs would recommend the role to others



of S/CCAs can see themselves in the role for >3 years

WORK TRIAL INFORMATION



Community Care Associate

28 participants

6 Senior Care Centres
1 Nursing Home



Senior Community Care Associate

19 participants

6 Senior Care Centres
1 Nursing Home



Community Care Executive

2 participants

2 Senior Care Centres



Community Care Manager

3 participants

2 Senior Care Centres
1 Nursing Home

FOR CCE AND CCM ROLES

CCE/M work trial participants rated the roles to be at an **attractiveness level** of



Incumbent and supervisors' rating of how the roles have **improved** the following areas:

1 = no change; 5 = greatest improvement

Efficient provision of care **3.7**

Senior experience **3.7**

Multi-disciplinary teamwork **3.6**

KEY ENABLERS TO SCALE UP S/CCAS

OUTCOMES AT THE SCC

OUTCOMES AT THE NH



Job Rotation Initiative

Providing opportunities for S/CCAs to move temporarily to different settings with different client demands gives them **the chance to apply their learnings and improves skill retention.**

S/CCAs are exposed to **pressure wounds** and **NGT feeding** at SLR, which are uncommon in SCCs

"NH provides more clinical exposure"
- S/CCAs & Supervisors

S/CCAs are exposed to **programme planning and delivery** at the SCC to more of an extent than at SLR

"The rotation allows them to experience more and gain a better picture of how this role can be played"
- Nursing team



Empowering S/CCAs

Confident and competent S/CCAs are **empowered to share their knowledge and promote best practices** within their teams.

Experienced S/CCAs are empowered to guide newer Care Staff on how to care for seniors with **varying needs, dependent on their Individual Care Plans.** This also enables S/CCAs to refresh their knowledge.

"Practice is important to build confidence and if I'm unsure of something, I will ask someone"
- S/CCAs

S/CCAs **champion best practice and care standards** when they return to their households after training

"I encourage my team to document detailed progress notes so that there can be better plans set to improve the functional status of elders"
- CCA



Performance Management

Embedding **ongoing competency assessment** as part of performance management incentivises S/CCAs to apply and demonstrate new skills regularly.

Expectations of the S/CCA roles are communicated through **setting tangible goals**, ensuring that incumbents **prioritise these uplifted tasks** in their daily duties

"Motivation and recognition is key to encourage staff to practice clinical work"
- Project team



Role of Direct Supervisors

Regular communication between direct supervisors and role holders ensures commitment and alignment to the outcomes of the new roles.

Centre Managers have **regular check-ins** with S/CCAs to **encourage an open mindset** and ensure they are well supported in their new roles

"Centre Managers constantly communicate to ensure staff don't feel alone in this journey"
- Project team

Nurse Managers have conversations with Care staff to **identify suitable candidates** and **communicate expectations** for the S/CCA role

"It's important to identify individuals with a change mindset to ensure sustainable adoption of the role"
- Supervisors

KEY ENABLERS TO IMPLEMENT CCE/M

OUTCOMES AT THE SCC

OUTCOMES AT THE NH



Identification of the right candidate profile

Identifying talent with the **relevant prior work experience and core capabilities** is crucial to the success of the roles. Selected incumbents must also be **willing to adapt to changes** and **focused on opportunities to learn new skills**.



All CCE/Ms minimally had 4 years of experience with the organisation, which enabled them to bring a **clear understanding of care delivery models, services offered, and the standards required** to deliver the senior experience

The CCM provides structure to the work processes which are now more clear and standardized
- Physiotherapist

The CCM has had **6 years of experience** in eldercare and was highly involved in the **licensing and operations** for projects across the Nursing Home. Experience in **people management** was also important for the CCM role.

Her prior work with various departments as a Project Manager enables her to take on the mindset where both clinical and psychosocial needs are considered.
- Supervisor



Utilisation of various upskilling approaches

Supervisors to the incumbents **completed a competency checklist** against the Job Description to **identify areas of for development**. Various approaches were then used to upskill incumbents.



The CCM took a **staggered approach** to upskilling the CCE, to ensure a smooth transition from an SCCA to the Acting CCE role.

Focusing on a few job tasks every 2 months allows for more targeted and deeper learning.
- Supervisor

The CCM **shadowed the Chief Nurse** 2 days a week for 4 weeks, and was then **paired with a Nurse Manager** during regular rounds to pick up clinical knowledge.

As an experienced supervisor to Nurses, I am aware of the fastest way to get the CCM on track.
- Chief Nurse



Open dialogue with adjacent roles

Early communication with key collaborators about the roles and process changes is important to **build trust and manage resistance**. This also provides an opportunity to **formally request for support** from adjacent roles.



The CCMs played a crucial role in explaining the new ways of working to junior care staff and **how work would be delegated across the roles**.

After briefing the care staff of my new role, they are now proactively searching for opportunities for me to facilitate Advanced Care Planning conversations with elders.
- CCM

Before the start of the work trial, a briefing session with the CCM, supervisors, and Nurse Managers was conducted to **clarify the CCM role, expectations and address any concerns**. It was also used to identify systems which the CCM would be required to have access to, to complete their role.



Emphasis on continuous learning

SLEC actively encourages their talent to take **short courses and further their qualifications** for self-improvement.



One CCE had completed a **dementia programme** and another the **SCCA course**, even before the work trial. This set them up well to perform their **supervisory role** and **enhance care delivery** provided at the centre.

The CCM had taken a **Masters' in Gerontology**, as well as short courses in **wound management, individual care planning and basic nursing skills**. This enabled her to guide the care team and coordinate effective care plans.

CONTEXT



Ren Ci is a charity healthcare institution with the primary mission of providing affordable medical, nursing and rehabilitative care services for the seniors in the community.

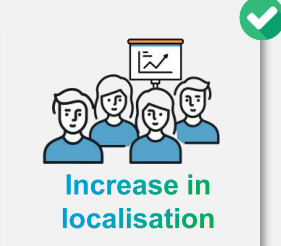
Size of organisation:

- 1 Community Hospital
- 2 Nursing Homes
- 3 Senior Care Centres
- 3381 elders

Key priorities:

- Overcome manpower challenges
- Upskill capabilities of all care staff
- Provide varied career progression opportunities

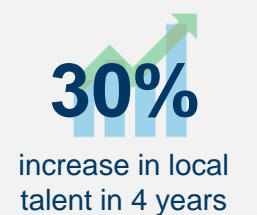
PROJECT OBJECTIVES



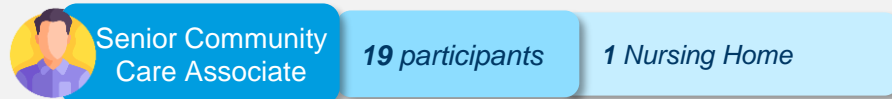
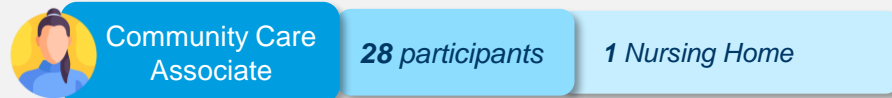
Observed during work trial

SUCCESS INDICATORS

FOR SCCA AND CCA ROLES



WORK TRIAL INFORMATION



*CCE work trial participants who joined at the beginning of the work trial were either promoted, redeployed, or had resigned by Nov 2023.

^One CCM had resigned, while another was promoted to take on the CCM role over the course of the work trial.

FOR CCE AND CCM ROLES

CCE/M work trial participants rated the roles to be at an **attractiveness level** of



Incumbent and supervisors' rating of how the roles have **improved** the following areas:



KEY ENABLERS TO SCALE UP S/CCAS



Collaborative effort by other departments

Members from the multi-disciplinary team (e.g. nursing, therapy) **at the site** provide training and guidance support. Training is **tailored** to address the common issues faced at the site.



Enhanced collaboration due to multi-disciplinary team's better understanding of the **capabilities** of the S/CCAs

"Over time, I better understand how to involve the S/CCAs in our activities."
- Physiotherapist

S/CCAs receive guidance and advice **applicable** to their setting and needs



On-the-Job Training

Nurse Managers **follow up** with S/CCAs on their competencies **for key tasks** after the completion of formal training.



Reduces incidents by ensuring **standardisation of care** across those new to Ren Ci / the sector as whole

"OJT effectively builds reinforcement and ensures correction of misunderstandings."
- Nurse Manager

Passionate individuals who do not have healthcare experience are **confident** and **take more initiative** in providing care



SCCAs as change champions

SCCAs were **empowered to support newly-trained role holders** to practice their new skills. Some SCCAs were identified to take on **larger leadership positions** to help identify the training needs of the CCAs.



SCCAs find **more fulfillment** in their role

"I found it fulfilling to help new staff who struggled in the beginning develop their abilities and see them grow"
- SCCA

New joiners are able to practice the **full suite of diverse skills**

Allow managers to focus on **higher level/ strategic work**



ACTIVE CHANGE MANAGEMENT THROUGHOUT ALL LEVELS

Leadership support

- Deep commitment to the job redesign journey from CEO and senior leaders since 2015

Use of formal platforms

- Proactively communicated the launch and leadership support of new roles during town halls
- Hosted graduation ceremonies of S/CCAs to recognise the effort of staff and commemorate the journey
- Celebrated successful role implementation through media publications (videos and online posts)

Role of people managers and senior staff

- Conducted one-on-one check-ins to ensure purpose and benefits of job redesign is cascaded to and internalised by role holders
- Addressed individual concerns brought up by role holders
- Involved pioneers to sharing their experience and advocate the role

Continuous reinforcement of skills

- Empowered SCCAs as change champions to support new joiners
- Nurse Managers provided On-the-Job training
- Refresher training was made available to SCCAs who took up a preceptor role

KEY ENABLERS TO IMPLEMENT CCE/M



Tailored and timely change management

Communications with direct collaborators such as the CCAs, SCCAs and Nursing colleagues were done to **build awareness** and **emphasise the importance** of the roles, while **ensuring challenges were resolved** swiftly.



Communications with junior care staff and nursing colleagues were done through multiple platforms such as the **company townhall, Management and Nursing team meetings**

OUTCOMES

Review of workflows was conducted to include the CCE/M into processes. **Access rights were granted** to allow them to perform their roles effectively

The CCM were granted access to (1) view the list of operational e-tickets raised by Care staff and the (2) programme budget



Sponsorship of senior leaders

Senior leaders **set the direction** for the implementation and integration of new roles to the existing ecosystem. They also **role model the mindset required** for the roles to be successful.



The Chief Nurse & HR Director from HQ visited incumbents for 1-1 check-ins to **hear their concerns**, particularly due to their new reporting line into the Nursing Department, and helped **assure** them of the significance of their roles

Before embarking on this JR journey, firstly, the CCOs must be able to understand the benefits of the roles, and the value and better outcomes [they will drive] for the NH. What's in it for the organisation has to be very clear. Secondly, they need to provide guidance on how to best integrate them into the team.
- Deputy Director of Nursing



Close partnership with the Nursing Team

The Nursing Team played an instrumental role in providing **on-the-job support** to the CCE and CCM, to **upskill incumbents on clinical knowledge** most relevant to the Nursing Home setting.



The Nurse Manager and Deputy Director of Nursing provided on-the-job training to **build quality assurance and supervision capabilities** during their regular rounds at the households

The rounds with the Deputy and Assistant Director of Nursing has taught me what to look out for during the rounds. I feel well supported.
- CCM

The CCE and CCM sat in during Nursing Team meetings to **gain deeper understanding of the clinical needs** of residents under their care



Encouraging ownership of projects

Ren Ci has a culture of empowering Managers and Executives to **take ownership of projects** (e.g., developing programmes for the residents, process improvement, learning), which contributes to the incumbents' sense of **achievement and satisfaction** in their role.



One CCM has initiated a project to improve the sleep schedules of residents, which includes **conducting a literature review and trialling of solutions for possible building-wide adoption**

It is important to have a clear area of expertise of "Care" for the CCM to play a strategic role.
- CCM

The CCMs are developing a **glossary of common clinical abbreviations and list of common illnesses** through independent research for personal reference and to help the upskilling of future incumbents

CONTEXT



NTUC Health is an NTUC social enterprise that provides an integrated suite of quality and affordable health and elderly care services to meet the growing needs of families and their dependents.

Size of organisation

(elder care only):



26 Senior Care Centres
6 Nursing Homes
21 Rehabilitation Centres
1,300 + day care clients

Key priorities

- Address manpower challenges
- Upskill capabilities of all care staff
- Provide career progression opportunities

PROJECT OBJECTIVES

Uplift in job size and value

Attractive role, salary and career progression

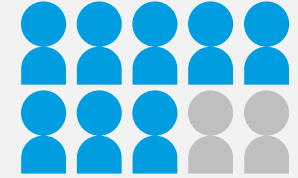
Increase in localisation

Sector-wide JR design

Longer term data collection is required to observe and measure the success of the roles against these outcomes

Observed during work trial

SUCCESS INDICATORS



82% of S/CCAs would recommend the role to others

How long do you see yourself working as a S/CCA?



ENABLERS OBSERVED AT NTUC-H

1 Leadership support and commitment to the project

2 Collaboration and teamwork on the ground

3 Support network among care staff

4 Change management

ENABLERS AT NTUC HEALTH

OUTCOMES

1



Leadership support and commitment

Deep commitment to job redesign journey from CEO and senior leaders since 2020. Key examples include sending staff as a **NTUC-H cohort for after-hours training** and **cross-deploying staff** to close manpower gaps arising from training



Operational challenges arising from training needs were overcome to **achieve meaningful S/CCA deployment**

It was important when leadership made the decision that everyone go ahead to be trained. Everyone become more serious about implementation
- Project team

2



Collaboration and teamwork on the ground

Nursing team was pivotal in guiding care staff after classroom training by **providing refreshers** to staff. On-the-job guidance was tailored to staffs' learning needs, ensuring practical application by **contextualising and offering opportunities to practice at work**



Collaboration is enhanced between nursing and care teams as they work together to close capability gaps

S/CCAs can learn and apply skills at **their own pace**

S/CCAs' ability to relate to the content might be limited. I recapped it a few times and assure them that they have seen these activities before the training"
- Community Nurse

3



Support network among care staff

Staff that undergone S/CCA training together created an **organic support network** among themselves to **learn together and motivate one another** throughout their upskilling journey



Sending the staff as one NTUC-H cohort for after-hours training or as a pair at the same time creates opportunities for staff to **learn and support each other** in the transition to S/CCA roles

"Inspiring and encouraging one another is important. It's an opportunity for individuals to come together and grow stronger."
- Project team

4



SUPPORTED BY CHANGE MANAGEMENT

Regular stakeholder engagement

- Conducted on-site and virtual briefings with role holders and supervisors to ensure purpose and benefits of job redesign are cascaded and internalised
- Regular check-ins to monitor progress and address concerns raised by stakeholders



Continuous reinforcement of skills

- Nurses provided refreshers and on-the-job training to S/CCAs during and after training
- Additional internal competency assessments implemented ensures S/CCAs continue to apply their skills



CONTEXT



All Saints Home is a social services organisation providing care services through rehabilitation, maintenance day care, dementia day care, center-based nursing and home care services

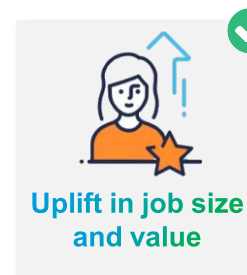


3 Senior Care Centers
~ 220 clients

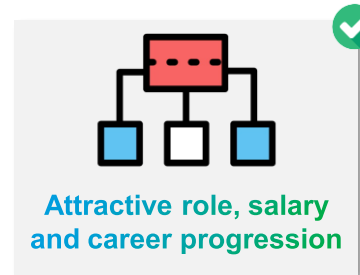
Key priorities

- Overcome manpower challenges
- Upskill capabilities of all care staff
- Provide career progression opportunities

OBJECTIVES ACHIEVED



Uplift in job size and value



Attractive role, salary and career progression

KEY LEARNINGS



Ownership of learning

- Giving S/CCAs **ownership** over their learning needs led to increased engagement & initiative
- S/CCAs requested for **additional learning opportunities** through informal **on-the-job** coaching by the Nurse Manager. This enabled the group to **deepen** their understanding of advanced nursing aspects of elder care, apply their skills and enhance competencies



Build CCA confidence

- The project team recognized the steep learning curve for newly trained S/CCAs and provided **consistent** encouragement and reassurance post-training
- Created more **opportunities for practice** based on the S/CCA capabilities and interest
- Established **clear and open channels** for guidance and escalation
- Nominated high performing S/CCAs as change champions to inspire confidence in others



Alternative talent pools

- **Explored alternative talent pools and built networks within the local community** in identifying potential candidates for the role, and **adopted a “dare-to-try” mindset** through trial and error supported with on-the-job guidance

OUTCOMES

S/CCAs contributed to the redesign of the senior care center client assessment form

“Learning the role of a CCA to serve the elderly has inspired me to go further.”

Change champions contributed to the increased adoption and acceptance of the S/CCA role

“This role has trained me to be more resilient when dealing with challenges.”

Sourced potential talent through initiatives such as the Yellow Ribbon, former care givers

5% will stay for <1 year
65% will stay for 1-3 years
30% will stay for >3 years



SUPPORTED BY CHANGE MANAGEMENT (USING THE ADKAR FRAMEWORK)

Leadership support

Strong support from the CEO and senior leaders on the job redesign journey

Build Awareness

Proactively communicated with care staff prior to launch of new roles—discussions in small groups followed by a town hall

Cultivate Desire

Cultivated S/CCA change champions to motivate others to try out the new role

Equip with Knowledge

Empowered S/CCAs to further their knowledge based on their interest

Develop Abilities

Provided opportunities to practice new skills based on S/CCA capabilities and interests

Ensure Reinforcement

Provided consistent reassurance and encouragement

CONTEXT



St. Andrew's Senior Care offers comprehensive day care services that encompass personalized care plans, healthcare services, therapeutic activities, and social engagement opportunities.

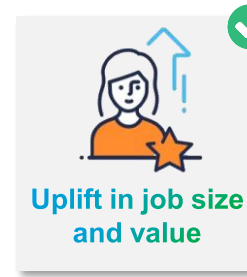


4 Senior Care Centers
~ 260 clients

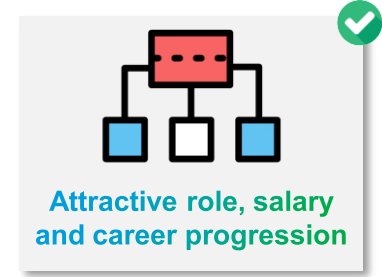
Key priorities

- Build local care staff core capabilities
- Provide career progression opportunities

OBJECTIVES ACHIEVED



Uplift in job size and value



Attractive role, salary and career progression

KEY LEARNINGS



Change Management

- Conducted **consistent change management** communications before and throughout the job redesign journey for both S/CCAs and for all adjacent roles (e.g., Nursing and therapy teams)
- Engaged with adjacent role holders in **small groups** to address their concerns, **provide reassurance** and **gain support on their role** throughout the job redesign journey



OJT Support

- Strong OJT and defined support structure helped accelerate the learning for the S/CCAs
- Assigned NAs as **nursing buddies** to support CCAs during **on-the-job training**
- Nursing buddies and nurses provided informal structure of **mentorship and guidance** for nursing tasks such as serving medication and follow up on updating medication records through a step-by-step approach



Competency Assessment

- Developed an **in-house competency assessment** adapted from the competency checklist to support contextualized on-the-job training, build mastery and prevent the risk of errors
- Competency assessment was conducted to assess the **first 10 consecutive successful attempts** for selected nursing skills conducted at regular intervals

OUTCOMES

NAs played a critical role in supporting CCAs to deepen their understanding of nursing tasks and learn more advanced nursing skills

"I am really liking this new role and I learned a lot in this new role. It is a challenging job but I love to learn more."

CCAs can serve medication independently and are able to step in for NAs when they are occupied

"It has helped me level up myself to do better in my career and I can contribute more in the workplace."

CCAs capabilities are updated regularly enabling them to provide consistent quality of care

"I have developed a greater understanding and learned new tasks for me to do"



SUPPORTED BY ACTIVE CHANGE MANAGEMENT

BEFORE JOB REDESIGN

Selecting the right group that have been with the CCO for at least 6-12months

Conduct small group sessions with CCAs' on role expectations

Communicate the impact of the new role with adjacent roles such as NAs/PTs/TAs/SN

Brief NA's on their role as a nursing buddy to CCAs in small group sessions



DURING IMPLEMENTATION

Provide reassurance and encouragement to CCAs' on role expectations on-the-job

Provide regular reassurance and guidance to NA's on how best to guide CCAs'

CONTEXT

李亞妹安老院
LEE AH MOOI OLD AGE HOME

Lee Ah Mooi Nursing Home provides comprehensive and quality care for the elderly. Its services include medical support, personal care, and recreational activities.

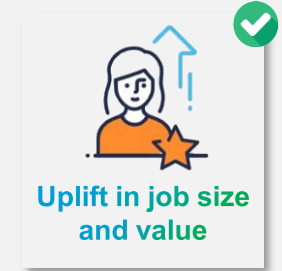


2 Nursing Homes
~ 220 clients

Key priorities

- Overcome manpower challenges
- Upskill care staff to provide holistic quality of care

OBJECTIVES ACHIEVED



Uplift in job size
and value

KEY LEARNINGS



Pre-
implementation
prep work

- Identify candidates suitable for the upskilled role based on **capability, career aspirations** and **interests**
- Conduct consistent change management communications on role expectations with S/CCAs to ensure clarity and transparency throughout the job redesign journey
- **Prepare supervisors** to review SOPs to involve S/CCAs; and plan for contextualized on-the-job trainings and provision of guidance when S/CCAs return from training



Optimised
schedules

- Reviewed the routines and tasks for each day per ward and **developed a shift work plan roster for S/CCAs** to balance between nursing, and therapy priorities
- Upon completion of training, **S/CCAs were assigned tasks progressively** based on **capability levels** and were given time to focus on sharpening their skills for these tasks
- **As their capabilities improved, the S/CCAs were gradually assigned** more advanced tasks

OUTCOMES

S/CCAs step into their new roles with the right expectations and mindset, allowing them to cope with the new role better and contributing to better retention

S/CCAs receive comprehensive support as they carry out their new role, allowing them to perform the uplifted tasks more confidently over time

S/CCAs are more involved and engaged as they are able to support nursing tasks, allowing NAs to focus on other aspects of nursing

With formal training and practice, S/CCAs are equipped with the know-how on managing care tasks and processes, and are now able to provide more holistic care for residents within the ward

CONTEXT



Lentor Residence is a Nursing Home that provides a comprehensive suite of services for residents, including nursing and rehabilitative care services

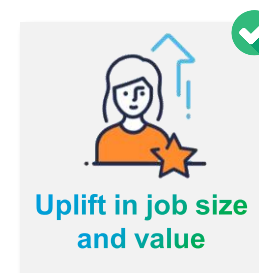


1 Nursing Home
> 150 clients

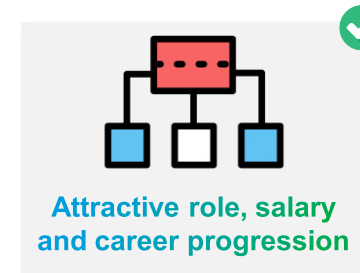
Key priorities

- Address manpower challenges
- Upskill capabilities of all care staff
- Provide career progression opportunities

OBJECTIVES ACHIEVED



Uplift in job size
and value



Attractive role, salary
and career progression

KEY LEARNINGS



Assessed candidates
for their readiness to
take on new roles

- Conducted a **readiness screening** of candidates ahead of training to determine **job fit** for the S/CCA role (new joiners & existing employees) based on 2 key criteria – having a **positive learning attitude** and **good work performance**, with other considerations such as **career aspirations** and language ability
- Conducted an **in-house work trial** for new joiners to **experience the role prior to officially coming onboard**, to help candidates better align their **expectations of the role**. Team assessed their performance and sentiment towards the new role at the end of the trial period, to confirm their readiness and desire to be enrolled for training.



Strong support from
care team and
assignment of buddies

- **Strong support** provided by supervisors and the care team post-training, particularly on **SOPs** at Lentor and **contextualizing the application of skills** from S/CCA training
- Coaching and guidance on clinical tasks was **simplified, removing the use of medical jargon** when supervising role holders who did not have a Nursing background, to help them understand and pick up processes more easily
- Assigned senior and more experienced **care staff as buddies** to S/CCAs, providing opportunities to **shadow and observe** how to carry out daily care routines, and **mentoring on how to perform** both clinical and non-clinical tasks



Continuous Capability
Building for S/CCAs

- When S/CCAs identified capability gaps when carrying out their day-to-day tasks, particularly in managing seniors with **mental health and behavioural issues**, the Project Team arranged for additional, in-house training to equip them with the required skills
- Learnings from these additional training sessions were then shared back by attendees with other S/CCAs to facilitate further capability building in the incumbents

OUTCOMES

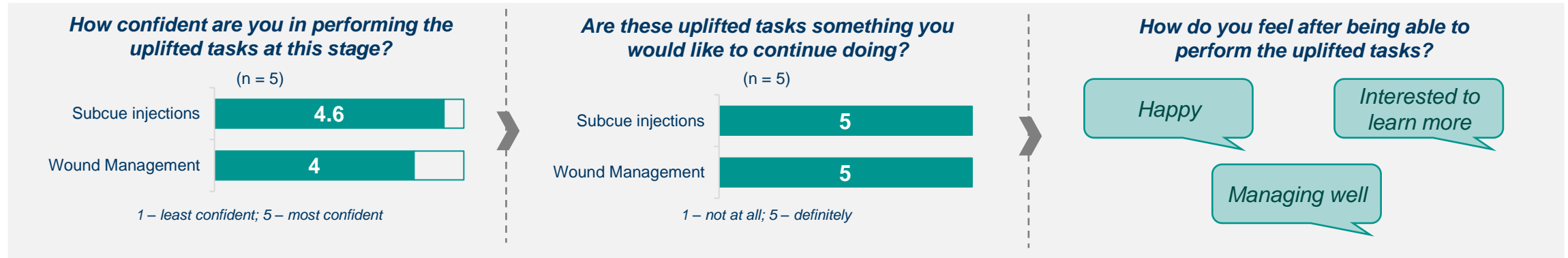
Identified and retained a high performing group of S/CCAs who executed the redesigned roles well, continually sought opportunities to learn and grow, and who had a desire to take on and continue in the role.

S/CCAs were able to apply their learnings, both clinical and non-clinical, quickly and effectively from training, and knew who to reach out to for support

“I have gained more confidence from being trained and working in a nursing home. It has widened my experience from attending to different characters and seniors.”

Proactive management of the S/CCAs capability development through additional training and knowledge sharing has allowed the incumbents to continue to improve the quality care they deliver

SCCA insights from the **SCC setting** on the uplifted tasks



Challenges



Language can be a barrier for SCCAs when communicating with seniors

Solutions

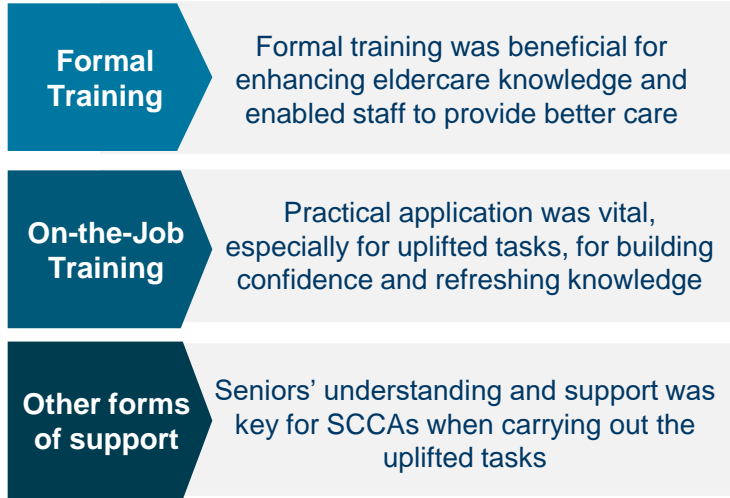
Brought in from colleagues to support with translations



Completing assessments for all modules at the same time can be quite stressful for incumbents

Support from their Community Nurse and Centre Manager to recap knowledge

Key enablers



Advice to other CCOs planning to upskill the team

- 1 Share standard procedures for clinical-related activities, such as medicine safety and subcutaneous injections
- 2 Support from managers, nurses and colleagues is crucial for enabling the transition of a CCA to an SCCA
- 3 Consider providing potential new joiners with the opportunity to complete and job attachment, to give them clarity on the expectations of the role

SCCA insights from the NH setting on the uplifted tasks

