

CHANGE

A fundamental
shift in strategy –

from zero-COVID
to endemicity –

was now necessary.

SENIORS PLAY A GAME OF CHINESE CHESS AT CHINATOWN ON FEB 3, 2021.
SINGAPORE ENTERED 2021 WITH THE LOOSENING OF CIRCUIT BREAKER MEASURES,
ALLOWING SOCIAL GATHERINGS OF UP TO EIGHT.

PANDEMIC PIVOTS

2021: THE MOVE TOWARDS ENDEMICITY



AS Singapore lived through the dark days of Delta, hope came from crucial changes that drastically altered how the nation coped with the mutating COVID-19 virus and prolonged pandemic.

Not all measures were easy to implement, or readily accepted by the population. But the entire healthcare family soldiered on, knowing that change was necessary to win the fight.

To Mr Chan Yeng Kit, Permanent Secretary for Health at the Ministry of Health (MOH), the emergence of the infectious Delta variant signalled that a switch was on the cards. "The darkest period for MOH was the Delta outbreak, where our earlier 'test, trace, isolate' method became obviously impossible. We would have been overwhelmed."



PHOTO: TAN TOCK SENG HOSPITAL

At the National Centre for Infectious Diseases, healthcare workers in full personal protective equipment care for a patient in an isolation ward.

At ground zero – the intensive care units (ICUs) and emergency departments of hospitals – the healthcare machinery worked doubly hard to ensure there was sufficient manpower and operational capacity to fight this battle.

But it was a mountainous feat with the Delta variant as the number of cases spiked to over 1,000 a day – sometimes even reaching more than 5,000. Coordination was required across clusters, which led to the formation of MOH's Case Management Task Group.

Work shifts for healthcare staff were reorganised or even extended, while recruitment practices were overhauled to

fill the manpower gaps faster. To further ease overburdened hospitals, alternative care centres called COVID-19 Treatment Facilities (CTFs) were set up.

Pandemic protocols were also eased, allowing people with mild or no symptoms to recover at home instead of the hospital or healthcare facilities. Quarantine was no longer necessary for close contacts.

The changes, however, went beyond the hospitals and healthcare systems to how everyone lived with the virus. A fundamental shift in strategy – from zero-COVID to endemicity – was necessary. This was the most significant shift, and also the hardest.

**STRATEGY PIVOT:
FROM ZERO-COVID TO LIVING WITH COVID**

As readers flipped through The Straits Times on June 24, 2021, the opinion pages might have caught their eyes. In an atypical move, there was a commentary co-authored by three ministers from the Multi-Ministry Taskforce (MTF).

“Our people are battle-weary,” penned ministers Gan Kim Yong, Lawrence Wong and Ong Ye Kung. “All are asking: when and how will the pandemic end?”

Titled “Living normally, with COVID-19”, the commentary was one of the first public hints that the country would pivot from a zero-COVID strategy to one that treated the virus as endemic.

“I think the Cabinet knew that we needed to put it out. In terms of the need to signal a change, I don’t think there were disagreements, but there were always very diverse ideas and suggestions,” said Minister for Health Mr Ong Ye Kung.

When asked about the origins of the piece, he shared that the first speech he made as Health Minister was at a closed-door workplan seminar in May to stakeholders like hospital chief executive officers, emphasising the need to accept COVID-19 as endemic, as well as ensure that healthcare remained affordable, efficient and effective.



Minister Ong Ye Kung who took over as Minister for Health on May 15, 2021 was an early advocate for living with COVID-19, which garnered the support of the medical and scientific communities.

**PUTTING FORTH THE SCIENCE AND
NUMBERS TO PEOPLE WAS KEY TO**

“SHAPING SOCIAL PSYCHOLOGY”.

The science, he said, pointed in the direction of treating the virus like influenza, especially since vaccinations reduced the incidence of COVID-19 deaths to half that of influenza.

“From day one, we always thought at some point we had to live with COVID-19,” he said. However, it was still crucial for Singapore to take a more stringent approach at the start.

“We were lucky our starting point

was SARS,” he said, noting that countries in the West that treated COVID-19 like influenza from the start suffered millions of deaths. Limiting the spread in the community here bought Singapore time as vaccines were developed.

While the medical community and the science supported the “living with COVID-19” approach, Mr Ong said the public still had to be convinced. The commentary would give society an early indication of the nation’s impending shift.

Vaccinations provided assurance to the shift in strategy. It meant that the population would be more resistant to the virus and infections would be less severe. As a result, the healthcare system would less likely be overloaded if restrictions were eased on the road to living with the virus.

Putting forth the science and numbers to people was key to “shaping social psychology”. “Over time, this matter-of-fact way of explaining things and the logic – I think it convinced people,” observed Mr Ong.

“And gradually, people who were worried about opening, they see friends recover well, and that is very powerful. More and more people started saying: ‘It seems to be like the flu, once you take

the vaccine.’ And gradually, one by one, we start to convert people.”

Professor Kenneth Mak, Director of Medical Services at MOH, pointed out that the move to living with COVID-19 was also necessitated by a healthcare system under stress. “We could ill afford having too many people staying in hospital all the time – we were worried we might not have had enough nurses and doctors to look after them in the hospital,” he explained.

In early August, Mr Ong unveiled a four-stage plan to achieve the “living with COVID-19” strategy:

- 1 PREPARATORY STAGE**
(August 10 to early September 2021)
Adjust healthcare protocols and rules on social activities and travel
- 2 TRANSITION STAGE A**
Open up the economy further and resume social activities and travel
- 3 TRANSITION STAGE B**
Further opening up
- 4 COVID-19-RESILIENT NATION**
Living with COVID as endemic

At the start, more COVID-19 cases and deaths ensued, prompting many Singaporeans to question the feasibility of endemicity. On October 9, 2021, Prime Minister Lee Hsien Loong stepped up to address and assure the nation.

Acknowledging the public's unease, PM Lee explained how the Delta wave necessitated a change towards "living with COVID-19", especially since vaccinations made infections less dangerous for most.

"I want to share my thoughts and concerns with you, because unity of purpose and hearts is crucial to get us through the next few months," he said. "We must press on with our strategy of 'living with COVID-19'."

As the vision shifted on a national scale, preparations were already in the works from months ago as hospitals enlarged capacities.

**OPERATIONS PIVOT:
SCALING UP AND DECENTRALISATION**

The streets of Novena were quiet. Within the modern façade of the brightly-lit National Centre for Infectious Diseases (NCID), however, was a flurry of activity – to increase the hospital bed capacity following the Delta wave.

The NCID, officially opened on September 7, 2019, was designed to expand

its bed capacity from 330 to more than 500 in times of an outbreak. But beds still needed to be brought in.

Operations and nursing staff were enlisted to wheel beds into wards. One by one, dozens of beds glided across the corridors of the 17 wards.

Single-bed wards were converted to double-bedders, while twin wards accommodated three beds. Existing infrastructure, such as additional headboards with the requisite power connections, allowed for such instant retrofits.

"We had to borrow beds from Tan

Tock Seng Hospital (TTSH)," said Professor Leo Yee Sin, NCID's Executive Director.

NCID was also equipped with the best hardware. Not only did it have expansion capacity, but also a large screening centre, isolation wards and negative pressure rooms to prevent room-to-room contamination.

The software was equally important. "It was easier to house three patients in a cubicle, but not as easy to find three times the number of doctors. This meant longer working hours, more responsibilities and being doubly alert to not make mistakes," said Dr Tay Woo Chiao, who worked at



PHOTO: NATIONAL CENTRE FOR INFECTIOUS DISEASES

Extra beds were brought into the National Centre for Infectious Diseases.

NCID while he was a resident with the National Healthcare Group's Internal Medicine Residency Programme.

Dr Juanita Lestari was also right in the mix at NCID as a trainee doctor on her senior residency training during the pandemic.

"Everyone asked me why I chose to train in respiratory and critical care medicine," she said. "I love this field as it equips me with the right skillset to take

care of some of the sickest patients and their families in the intensive care unit. I see this opportunity as a privilege."

To shift patients away from overburdened hospitals like NCID, alternative care centres called COVID-19 Treatment Facilities (CTFs) were set up by October.

These were community care facilities meant for the recovery of elderly patients who were stable and mildly symptomatic

but had underlying chronic illnesses that could render them more vulnerable to a potential worsening of the illness.

Such groups required close observation but did not need to be hospitalised. Mr Ong said at a press conference on October 2, 2021 that the CTFs were crucial in easing the "biggest crunch" at the hospitals.

"The reason why we are facing the biggest crunch is because our hospitals are admitting many patients for close observation, even though their conditions do not require acute hospital care," he said.

"And that is why we need to set up CTFs, increase the capacity of CTFs, and CTFs have the medical capabilities and resources, including oxygen supplementation, to safely manage such patients who have a potentially higher risk of developing severe illnesses."

Besides supplementing existing medical facilities, it was also vital to ensure there was sufficient manpower to run these operations.



At the peak of the Delta wave, the National Centre for Infectious Diseases (NCID), Singapore's stronghold against COVID-19, had to expand its bed capacity and even borrow beds from Tan Tock Seng Hospital, recalled Professor Leo Yee Sin.

BUILDING A COVID-19 TREATMENT FACILITY



PHOTOS: TAN TOCK SENG HOSPITAL



Tan Tock Seng Hospital (TTSH) staff and Singapore Armed Forces (SAF) medics participating in a multidisciplinary resuscitation drill (left); TTSH staff and SAF medics organising rehabilitation activities for patients in the COVID-19 Treatment Facility at TTSH Wards @ Ren Ci (above).

THE IMAGE OF A YOUNG SINGAPORE ARMED FORCES (SAF) FULL-TIME SERVICEMAN gently tending to an elderly COVID-19 patient would remain as one of the most poignant images for Tan Tock Seng Hospital's (TTSH) Senior Nurse Ms Hasfizah Mohd Hanef during the pandemic. "For us nurses, it's an everyday thing, but it was inspiring to see them communicate with the elderly and hold their hands with that level of care and concern," said Ms Hasfizah, known in the wards as Sister Has. Before the pandemic, the nursing

veteran of 24 years was stationed at Ren Ci Community Hospital (RCCH), which houses TTSH sub-acute wards in close collaboration with neighbouring TTSH. When the Delta wave hit, many of Ms Hasfizah's team were deployed to supplement manpower needs at TTSH and the Communicable Disease Centre, both nearby within the Novena medical cluster. Ms Hasfizah was to stay at the TTSH Wards @ Ren Ci – not just to helm the fort, but to build it. She was entrusted with setting up COVID-19 Treatment Facilities

(CTF) at the institution in September 2021. This brought her in contact with SAF medics who bolstered the manpower required to attend to 70 beds at the CTF. "We all felt this was a national service for all," she said. There were many changes needed for the TTSH Wards @ Ren Ci to function as a CTF, such as plotting different entry and exit routes. This was complicated by the need to run business-as-usual functions, with Ms Hasfizah having to oversee two separate teams.

The team comprised about 100 members: 40 nurses from RCCH, 40 SAF medics and the rest from the National Healthcare Group, National Skin Centre, and private agencies such as Pancare. One way they kept morale up was to send motivational messages to one another via an electronic dashboard. For example, Ms Hasfizah would praise the young soldiers – who were only

given bedside training at the CTF – when they did well. The team spirit was crucial in carrying them to the finishing line in April 2022 when the CTF stood down. "Although the situation was tough, we had each other's backs during this period," she said. From experienced nurses to soldier medics, it required a team effort for the CTFs to succeed.



Tan Tock Seng Hospital's (TTSH) Senior Nurse Ms Hasfizah Mohd Hanef, a nursing veteran of 24 years, played a key role in setting up COVID-19 Treatment Facilities (CTFs) at the TTSH Wards @ Ren Ci Community Hospital during the Delta wave.

A BOLD SHIFT

MS PAULIN KOH, MOH's Chief Nursing Officer, had an idea to alleviate the manpower crunch: introduce 12-hour shifts in hospitals in place of the usual eight-hour shifts. Typically after every two consecutive days of 12-hour shifts, they will rest for two days – offering nurses a longer break.

She aimed to share her plan with chief nurses from public hospitals across Singapore in an online meeting in April 2021.

Drawing a deep breath, she un-muted her laptop microphone and explained

her idea to about 30 attendees of the Zoom meeting. Not surprisingly, there was significant pushback, with some chief nurses concerned about the extra hours working in the stuffy personal protective equipment.

"Some of them were outspoken and felt it would not be sustainable. This was a good point for discussion," said Ms Koh, who acknowledged the challenges involved and decided that it would be best for the chief nurses to decide if they wanted to adopt a 12-hour shift.

She would continue to monitor manpower requirements as hospital capacity expanded in the months that followed, knowing that she might have to put her foot down on the extended shift if

manpower was short.

"As Chief Nursing Officer, I need to evaluate and consider measures at the macro level, and the cooperation of chief nurses was essential. Sometimes, I have to make a stronger statement and tell them to 'please collaborate'," said the soft-spoken veteran nurse with 30 years of experience.

Thankfully, the hospitals were able to tide through the toughest of times, with some units adopting the 12-hour shifts eventually. These were complemented by some other initiatives adopted at the hospitals, such as looking out for the morale and welfare of the nurses, bringing back nurses who had left the workforce, and recruiting more foreign nurses.

Shifts could go up to 12 hours for nurses during the Delta wave due to the manpower crunch in Singapore, though this was complemented by mental health initiatives and efforts to recruit more foreign nurses.

PHOTO: NATIONAL UNIVERSITY HEALTH SYSTEM

Fatigue among nurses was a real concern, and attrition rates rose significantly compared to before the pandemic.



PHOTO: NATIONAL UNIVERSITY HEALTH SYSTEM

RECRUITMENT PIVOT: CASTING NETS FURTHER

The severity of the Delta wave meant that Singapore would soon have to increase the number of beds for COVID-19 patients, putting further strain on an already stretched nursing force.

One solution was to tweak the length of the shifts, which was proposed by MOH's Chief Nursing Officer Ms Paulin Koh.

However, this option was not to be easily taken as that would mean nurses would have to bear with the longer working hours of each shift, and the discomfort of wearing the PPE for longer hours.

But tweaking rosters was just one part of the solution. The nursing workforce was about to face more challenges. Beyond the TTSH cluster, many more healthcare staff – nurses and doctors – were also succumbing to the virulent Delta strain.

With more of them down with COVID-19, it meant less care was available for patients. In effect, it was equivalent to having fewer hospital beds, noted Prof Mak.

"When we started seeing our case numbers going up and our healthcare workers calling in sick, that became a concern for us. The trend was a big worry," he shared.

At the same time, many healthcare workers were also feeling fatigued – mentally and physically – from a prolonged pandemic that had lasted over 18 months,

with not much rest in between.

From early 2020 until the ebbing of the Delta wave in late 2021, healthcare workers were not able to take annual leave, unless there were exceptional circumstances. In 2021, over nine in 10 were not able to clear their accumulated leave from 2020.

Burnout became a real issue, said Ms Koh. "Fatigue showed through people calling in sick. At certain points, the number of those on medical leave was quite high because people were tired. Some started telling us they need a break or no-pay leave."

And some eventually left. In November 2021, it was revealed in Parliament that 1,500 healthcare workers had resigned in the first half of the year, compared with

2,000 annually before the pandemic.

Besides the push factor, there was also a pull factor offered by other countries. This was especially so for foreign nurses here, who were drawn by better pay and opportunities and the relative ease of obtaining residency in other countries. In 2021, the attrition rate among foreign nurses in the public sector more than doubled to 14.8 per cent.

Professor Chin Jing Jih, Chairman of the Medical Board at TTSH, said the global competition for healthcare manpower was heightened during the pandemic and Singapore felt the loss of foreign nurses keenly when they left to work in other countries.

"The contribution of the staff does not depend on where they come from," he said.



PHOTO: THE STRAITS TIMES © SH MEDIA LIMITED

NURSING CRUNCH: REINFORCEMENTS FROM OVERSEAS

Global competition for nurses was heightened during the pandemic, and many nursing students had their clinical attachments with healthcare facilities extended or brought forward to boost manpower.

WITH A BELEAGUERED LOCAL WORKFORCE and closed borders restricting the entry of new foreign nurses, coupled with an increasing demand for healthcare, the nursing manpower situation looked dire during the Delta wave.

A global pandemic also meant that nurses were in demand worldwide. Singapore had to make unprecedented decisions in its healthcare recruitment to effectively address the manpower shortage.

Ms Paulin Koh, in her other role as

Registrar of the Singapore Nursing Board (SNB), made the call to expedite the process of bringing in foreign nurses. “As leaders, times of crisis call for us to be courageous and agile to meet new needs with new solutions,” she said.

As Delta added more pressure on the manpower situation, multiple schemes were quickly put in place to bring in foreign nurses in a frictionless manner while still ensuring licensing requirements were met.

“These healthcare workers are very well-trained soldiers who are excellent assets during a very tough, prolonged war. To lose them during a crisis is a terrible hit – not just in numbers but also to morale.”

It was clear that changes were vital to retain valuable healthcare workers. Besides recognising their contributions with appropriate awards and offering career counselling, another way was to review if foreign nurses could obtain Permanent Resident status in Singapore

more easily to settle down here.

Beyond retention, there was still a need to further expand the current workforce. An option was to bring in more nurses from beyond these shores, on top of solutions such as tapping nursing students.

For many nursing students, their clinical attachments with healthcare facilities were extended or brought forward to boost the healthcare force. For example, Nanyang Polytechnic and Ngee Ann Polytechnic brought forward

clinical training in November 2021 for about 1,200 diploma-level nursing students, while the Singapore Institute of Technology extended its clinical training by two weeks in end-2021 for about 200 degree-level nursing students.

While Singapore made these decisive pivots in the three areas of national strategy, operations and recruitment, the pandemic was far from over. The public healthcare system needed the private sector to join the fight.

1

HIRING OF FOREIGN NURSES AS HEALTHCARE ASSISTANTS

With this scheme, institutions were able to bring in foreign-trained nurses quickly as they were not required to undergo the SNB Licensure Examination, and SNB did not need to conduct direct source verification checks of their documents.

2

SNB TEMPORARY REGISTRATION/ENROLMENT (TRAINING) SCHEME

Introduced in April 2021, it allowed foreign nurses to enter Singapore on an approved training plan without having to take the Licensure Examination in their home countries. During this period, these “trainee nurses” would work under supervision before sitting for the Examination in Singapore. Upon passing, they would practise as full-fledged nurses here.

3

SNB TEMPORARY REGISTRATION/ENROLMENT (EMERGENCY RESPONSE) SCHEME

Introduced in October 2021, it is a step up on the Training scheme to meet the further increase in demand for nursing services due to the pandemic. This scheme allowed foreign nurses to practise here under a strict supervision framework while they prepared to sit for the Licensure Examination.

The scheme was opened to eligible candidates from countries beyond the usual sources such as Taiwan, Indonesia, Sri Lanka, Bangladesh, Bhutan and Vietnam.

These schemes provided a much-needed boost to manpower here, bringing in more than 450 nurses as of September 2022.

KEEPING MORALE UP

“IF HEALTHCARE WORKERS
DON'T FEEL THEY ARE SUPPORTED,
MORALE WILL DIP.”

— PROF KENNETH MAK,
DIRECTOR OF MEDICAL SERVICES AT THE MINISTRY OF HEALTH

AS MOH'S DIRECTOR OF MEDICAL SERVICES THEN, Professor Kenneth Mak was the face that the public saw regularly, giving updates on the COVID-19 situation.

While he attended to the health of the nation, he also had to tend to the well-being of another key group – his colleagues toiling in hospitals and healthcare facilities.

“It was important to let healthcare workers know that people at the Ministry were aware of what's happening on the ground and we were fully supporting them,” said Prof Mak, sharing that there were many ground engagements with the staff.

It was vital that such efforts ran parallel to the public communication done during the Multi-Ministry Taskforce press conferences, which Prof Mak was a part of.

“Otherwise, the healthcare staff wouldn't understand why they were being thrown into the deep end and the relevance of what they were doing in the larger scheme of things,” he added.

As the circuit breaker limited face-to-face interaction, it was critical to tap on online mediums such as Telegram to reach out to healthcare workers. Most doctors had

existing chat groups set up with their medical school cohort, so MOH could engage them on these platforms.

It was all the more important to show support to healthcare workers as incidents of discrimination against healthcare workers increased. For example, in the early days of COVID-19, passengers on public transport would avoid medical workers in uniform. Some were asked to move out of their homes by landlords.

“When we identified this was happening, it became a whole-of-government mission to signal support for healthcare workers,” said Prof Mak. “If healthcare workers don't feel they are supported, morale will dip.”

The nation had to back its heroes on the frontline, and a strong rallying call was made by Prime Minister Lee Hsien Loong. In a [Facebook post on May 7, 2021](#), he called the discrimination faced by medical workers at Tan Tock Seng Hospital (TTSH) “distressing”, while urging the public to send words of encouragement to TTSH staff.

“It would be a thoughtful gesture to cheer them up and urge them on,” he wrote. “Don't lose heart, TTSH. Singapore is with you!”



PHOTOS: TAN TOCK SENG HOSPITAL



The public sent words of encouragement to staff from Tan Tock Seng Hospital and the National Centre for Infectious Diseases, to boost the morale of healthcare workers as the battle against COVID-19 dragged on.