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POSTER ABSTRACT

Implementing Hospital-Wide Integrated Planning Cycles Using the Hospital Governance Operating System (HGOS) to Enable Integrated Care at Scale

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Background: Integrated care achieves optimal outcomes when strategy, service design, financing, manpower and training are planned cohesively. Fragmented governance structures create coordination and enablement challenges, impeding translation of strategic priorities into coordinated operational plans and cross-departmental accountability for integrated care outcomes. Khoo Teck Puat Hospital and Yishun Community Hospital (KTPH & YCH) addressed these limitations by embedding the Hospital Governance Operating System (HGOS) within our Integrated Planning Cycle (IPC).

HGOS ensures unified hierarchy and role-levelling across clinical, operational and administrative domains. IPC-HGOS systematically operationalizes organizational strategy through clearly defined accountability pathways, supporting coherent integrated care scaling and delivery.

Approach: IPC operationalizes five planning dimensions—work plans, budget plans (Operating & Capital Expenditure), manpower plans, learning plans, and risk plans—through four HGOS governance levels: 1) CEO(L1) establishes Key Result Areas (KRAs) and Key Performance Indicators (KPIs), 2) Chief Staffs(L2) decide strategy and appoint Strategic Priority (SP) leads, 3) SP Leads(L2-L3) develop actionable Planning Guidance for cross-departmental initiatives aligned with organizational strategy, 4) Department heads(L4) propose integrated plans using all planning dimensions contributing to strategic priorities.

Dual validation pathways ensure coherence: 1) Vertical: division chairs(L2-L3) validate departmental proposals for feasibility and accountability, 2) Horizontal: SP leads validate strategic alignment and cross-department coherence. Both pathways converge at Chief Staffs for final approval.

Results: IPC (July-November 2025) received 139 work plan initiatives. The Integrated Men's Health Service is an example of a major integrated care service that exemplified IPC planning effectiveness. Following Chief Staffs' "Drive Ambulatory First and Elective Surgery" priority, SP

Leads guided establishment of the integrated service with Urology as anchor department. Department heads(L4) across Urology, Nursing, Operations, and Allied Health coordinated plans across five dimensions.

Scaling integrated men's health services systemically requires work plans for service modelling, budget for equipment and clinic renovation, manpower for clinical and operational support e.g. andrology nurses and physiotherapists, learning funds e.g., specialized training in penile rehabilitation and prostate cancer management.
Dual validation transformed initially fragmented departmental proposals into a more cohesive integrated services plan across job-families. Vertical validation refined plans based on chief-level feasibility assessments – physiotherapy training for example, became contingent on finance budget and manpower approval. Horizontal validation ensured stronger inter-departmental coordination towards shared targets and implementation timelines.

The proposed service was also refined to eliminate departmental resource duplication/conflicts and synergizes with established elective surgery priority. These refinements subsequently enabled C-Suites(L2) to grant more holistic approval and define clearer accountability, horizontally and vertically, for the integrated plans. Early survey results suggest the IPC process improved shared accountability and cross-departmental coordination for integrated care planning and overall planning coherence.

Implications: While systematic planning across multiple dimensions has precedent, integrating planning with role-levelled governance clarifies leadership roles, responsibilities and accountability for integrated care initiatives and results. IPC-HGOS provides clear role delineation and dual validation pathways, enhancing coherent planning that integrates services by design, potentially accelerating attainment of care continuity and integrated care outcomes for regional hospital systems. This demonstrates governance transformation as a critical pillar for integrated care planning and implementation.