

Better care for more people

Bridging the gaps in healthcare

Singapore report



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Research premise

This is the largest global survey of its kind, analyzing the priorities and perspectives of healthcare leaders.

In 2024, the Future Health Index, now in its ninth edition, explores how healthcare leaders view their organization’s ability to deliver timely, high-quality care to everyone. The report focuses on the gaps that stand in the way, as well as examining ways of overcoming them.

This year, the Future Health Index is based on proprietary quantitative research conducted in 14 countries and supported by qualitative interviews in four of these countries: Singapore, South Africa, the United Kingdom, and the United States.



Delivering better care for more people

Timely access to care is a cornerstone of a well-functioning healthcare system. But increasingly, long wait times and staff shortages are making it difficult for people to get the care they need, when they need it. Not just in remote and rural regions, but even in metropolitan areas. And for those who already struggled to get timely and appropriate care, the barriers may only be getting bigger. The result: delays in screening, diagnosis, treatment and follow-up care, which are putting patients at risk and adding even further pressure to healthcare systems in the long run.

That's the stark reality painted by healthcare leaders in this year's Future Health Index. They recognize that to keep healthcare systems sustainable in the face of growing patient demand, we urgently need to rethink how and where care is delivered. The good news is that healthcare leaders are taking firm steps in this direction.

Through new care delivery models and AI-enabled innovation, healthcare leaders are addressing the critical gaps in today's healthcare systems. Increasingly, they are automating workflows to free up time for staff and reduce waiting lists. They are embracing virtual care and remote patient monitoring to extend the reach of care. And they are implementing AI to turn information overload into meaningful insights that elevate the expertise of healthcare professionals, helping them to consistently deliver high-quality care.

At Philips, we are committed to partnering with healthcare providers on this journey. We see the potential for a future where people everywhere, no matter who they are or where they live, can access the care they need, when they need it. What we hear from healthcare leaders is that they believe in the same future. A future that can only be achieved in partnership, by bringing together stakeholders from across the healthcare

ecosystem to collaborate and develop scalable solutions. That's how we can ultimately deliver better care to more people.

As we shape this future together, we must do so in a sustainable way. By now, it has been well demonstrated that environmental health and human health are inextricably linked. Encouragingly, a vast majority of healthcare leaders in our report recognize that reducing the environmental impact of healthcare should be a top priority. But many grapple with unprecedented financial pressures at the same time. This shows the urgent need for technological solutions that are both green and help reduce the cost of care. It can't be either/or – because we can't have healthy people without a healthy planet.

As you navigate these challenges with your organization, I hope you take inspiration from the path that other healthcare leaders set out in this report.

A portrait of Shez Partovi, a man with dark hair and glasses, wearing a blue blazer over a light-colored checkered shirt. He is smiling and looking towards the camera. The background is a blurred indoor setting with large windows.

//

How can healthcare providers deliver high-quality care everywhere regardless of patient location, staff availability, and other resource constraints? That's the question we must address through innovation and collaboration."

Shez Partovi
Chief Innovation & Strategy Officer
and Chief Business Leader of
Enterprise Informatics at Philips

Executive summary



1

Bridging the staffing gap

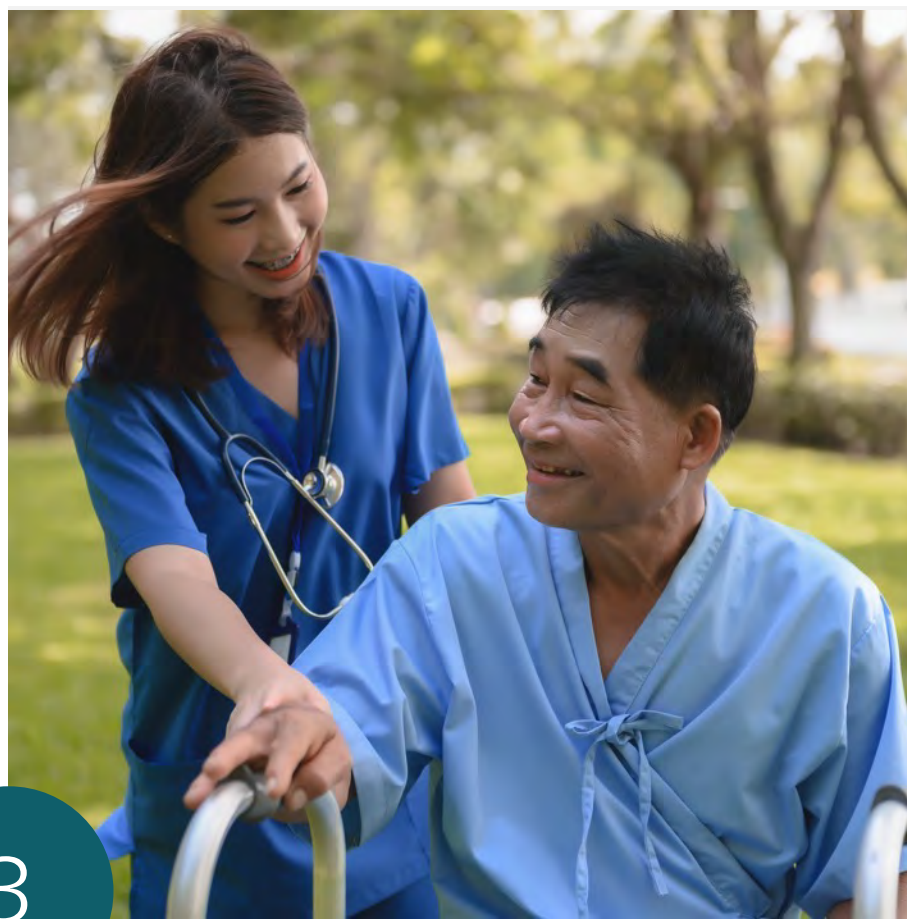
As they navigate staff shortages, healthcare leaders are turning to automation to improve workflow, virtual care and remote patient monitoring to ease pressure on hospital staff, reduce lengthy waiting lists and extend the reach of patient care.



2

Bridging the insights gap

To gather the most meaningful insights from the data, healthcare leaders are looking at better data integration, increasingly implementing AI for clinical decision support and investing in regenerative AI, while recognizing the need for guardrails to ensure the safe use of AI.



3

Bridging the sustainability gap

Healthcare leaders recognize the urgency to address climate change and lead the way with initiatives to protect both the environment and future of healthcare.

1

Bridging the staffing gap



Staff shortages are taking a toll on patient care

Singapore’s healthcare leaders say delays in care are an issue, with caregivers and patients impacted

Singapore’s healthcare leaders report that staff shortages are affecting both staff and patients, although not to the same extent as many other countries.

Half of healthcare leaders (50%) are seeing increased burnout, stress and mental health issues, and/or deteriorating work-life balance and low morale among existing staff. This is lower than the global average among healthcare leaders (66%), and leaders in China (79%) and the US (92%), suggesting that Singapore’s healthcare system may be coping better than other countries.

The impact extends to patients, too. Nearly two-thirds (65%) of healthcare leaders report that due to workforce

shortages, staff have less time with patients. There are higher patient-to-staff ratios and/or more clinical errors. Though a significant proportion, this is also lower than the global average (72%), China (83%) and the US (82%).

Singapore healthcare leaders (60%) say delays in care are an issue (lower than global average of 77%) – whether it’s due to increased waiting lists for appointments (41%), longer waiting times for treatments or procedures (35%), or delayed or limited access to screening, diagnosis, and preventive care (32%).

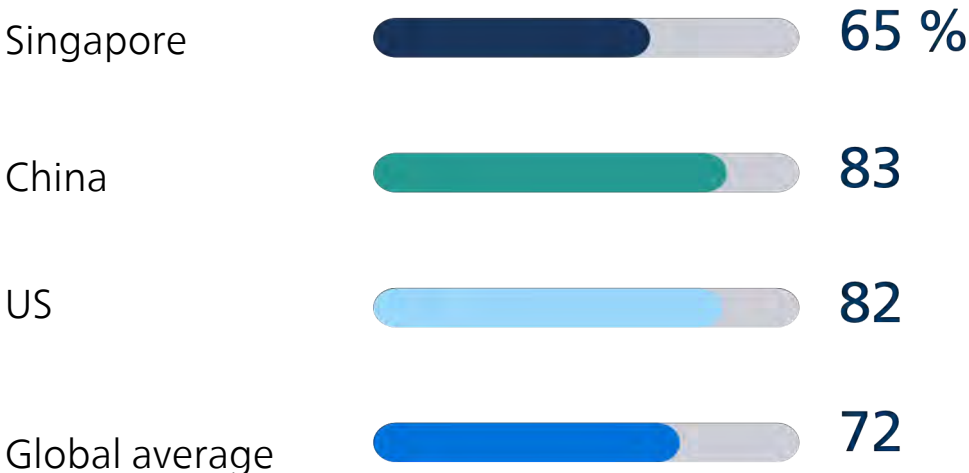


Healthcare leaders report impacts from staff shortages

Increased staff burnout, stress and mental health issues and low morale



Less time with patients, higher patient to staff ratios and clinical errors



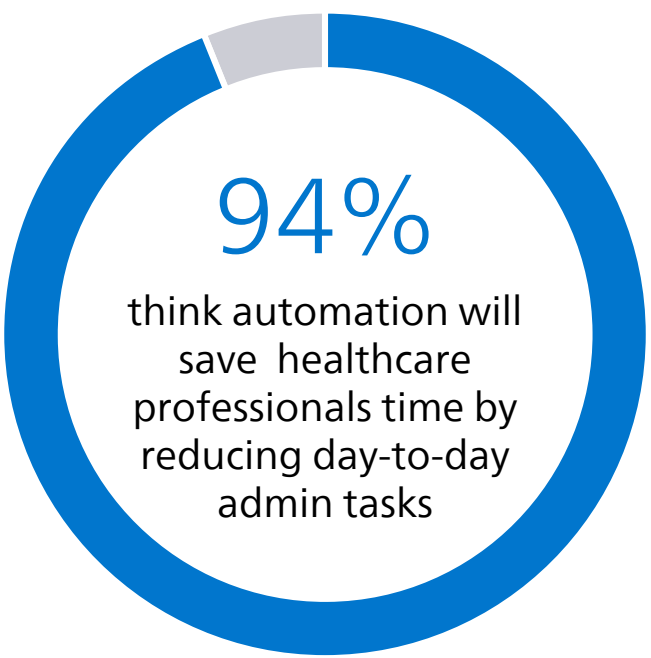
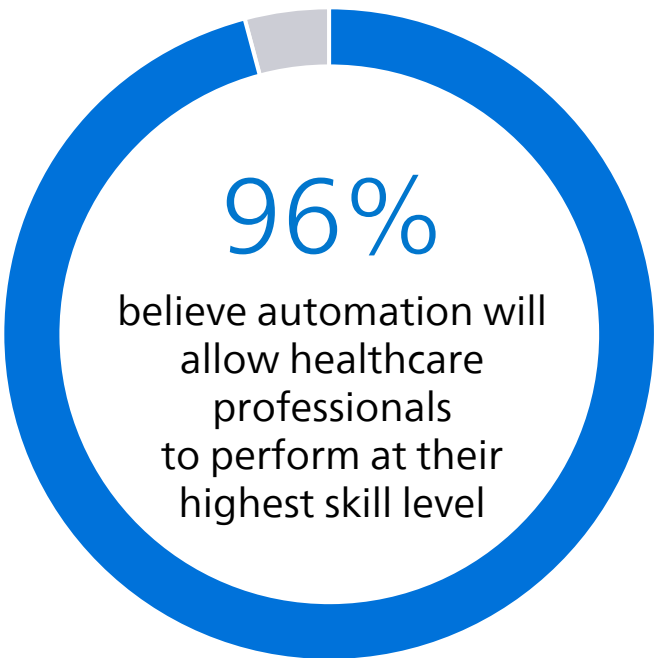
Automation can help ease staff shortages, if used right

Healthcare leaders are optimistic about its potential

A vast majority of healthcare leaders in Singapore think automation is critical for addressing staff shortages in healthcare by automating repetitive tasks and processes. They believe that it will save healthcare professionals time by reducing the burden of day-to-day admin tasks, allowing them to perform at their highest skill level.

Healthcare leaders see the potential of automation

They also see workflow prioritization as the biggest opportunity for automation. This can help healthcare professionals deal with high volumes of patients without compromising on quality – for example, through automated triaging systems that can assist emergency department staff, or through initial screening of medical images that can prioritize cases and delegate them to the right sub-specialty radiologist. Half (49%) have already implemented workflow prioritization, helping to address time-sensitive tasks or patient cases first. These will continue to be areas of priority for automation as it remains a top area healthcare leaders plan to implement in the next three years.



Extending the reach of patient care virtually

Healthcare leaders are positive about the impact of virtual care on easing staff shortages

According to leaders, both healthcare professionals and patients in Singapore feel positive about virtual care, with more than a quarter being very positive.

Virtual care can lead to new career opportunities

Nearly two-fifths (39%) of leaders note that virtual care enables more flexible work schedules for healthcare professionals. This could be a reflection of Singapore’s mandatory Tripartite Guidelines on Flexible Work Arrangements¹. From 1 December 2024,

all employers in Singapore must fairly consider formal requests from employees for flexible work arrangements. For healthcare workers, virtual care and remote patient monitoring provide options for more flexible working, as shown by the 39% of healthcare leaders who believe that virtual care creates new career options for those who want to work remotely, and can help attract and retain staff seeking a better work-life balance.

Virtual care eases workforce pressures via collaboration

More than one-third of leaders said that virtual care eases staff shortages by reducing the on-site staff required for certain roles (37%), while 35% think the technology increases staff support for complex patient management, both of which could help support and improve the work-life balance offered to healthcare professionals.



// [Virtual care] could help with space constraints. It’s impossible for us to keep building hospital after hospital....it makes sense for us to leverage [virtual care] in the community as well as the patient’s own home.”

Operations Director, public hospital

Remote patient monitoring improving care efficiency

Patients and professionals benefit from the technology

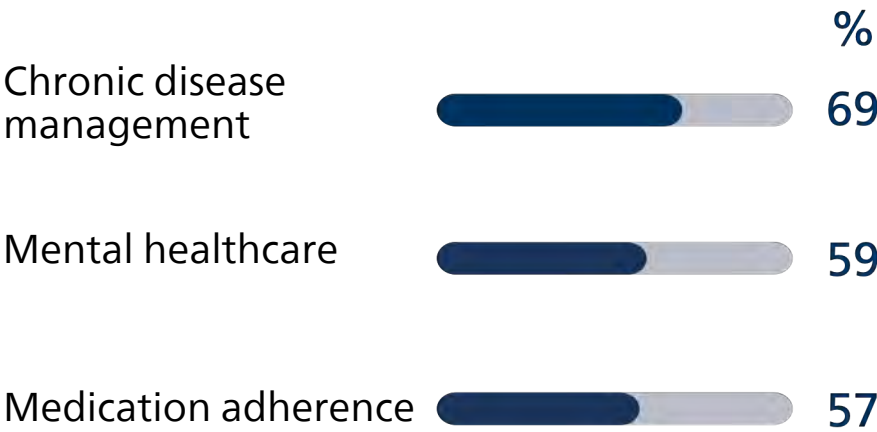
Alongside virtual care, Singaporean healthcare leaders see a vital role for remote patient monitoring in easing staff shortages and improving patient outcomes. This is reflected in the widespread current and planned implementation of the technology.

69% of leaders say that their organization has implemented remote patient monitoring for chronic disease management, among the top three highest result of all countries surveyed. This technology allows patients to recuperate at home while receiving around-the-clock patient support, which can also increase staff productivity and improve employee health.

Looking to the future, two of the areas in which healthcare leaders are most interested in implementing remote care include telestroke care (52%) and maternal and fetal health monitoring (48%).

As Singapore’s population is expected to become “super-aged” by 2026, with 21% of the population aged over 65 years old, the healthcare system will face ever greater pressures². Remote patient monitoring could be one way of alleviating care needs, by relocating patients from the hospital to the home.

Top three areas where remote patient monitoring has already been implemented



There’s a lot of talk [about the future of virtual care] being beyond the brick and mortar, where people can be taken care of in the community or even in the comfort of their own home... Through technology similar to how we currently manage chronic disease patients with remote monitoring. [More] patients won’t have to be 24/7 in the hospital [to receive care].”

Operations Director,
Hospital, Public sector, Singapore



Top three areas where remote patient monitoring implementation is planned within the next three years



Focusing on financial sustainability

Financial challenges are impacting organizations but efficiencies could be gained through partnerships

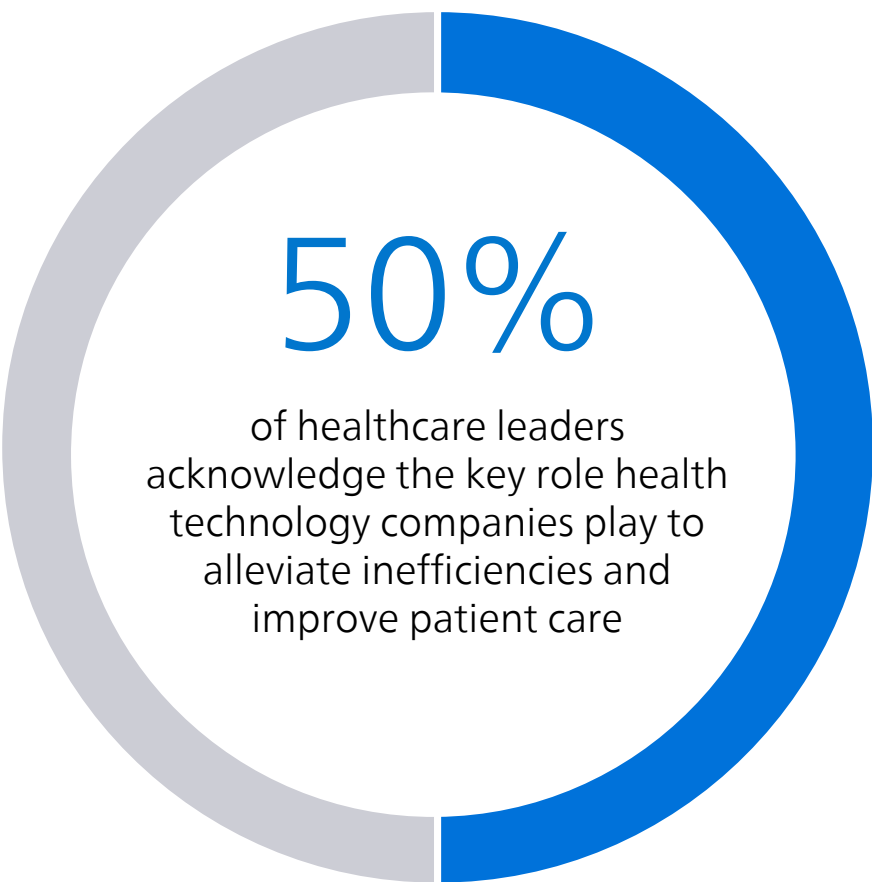
More than three-quarters (79%) of healthcare leaders in Singapore say that financial challenges are impacting their organizations' ability to provide timely, high-quality care. Specific impacts from financial challenges include more selective offering of treatments (32%), patients being more frequently moved from one organization to another and delayed/limited investment in equipment or technology solutions (both 31%).

Leaders are pursuing a range of strategies to address the financial and operational challenges they are facing. While more than half are implementing cost reductions (59%) as a strategy to overcome financial challenges, improving operational efficiencies (64%) is also a top strategy for leaders in Singapore.

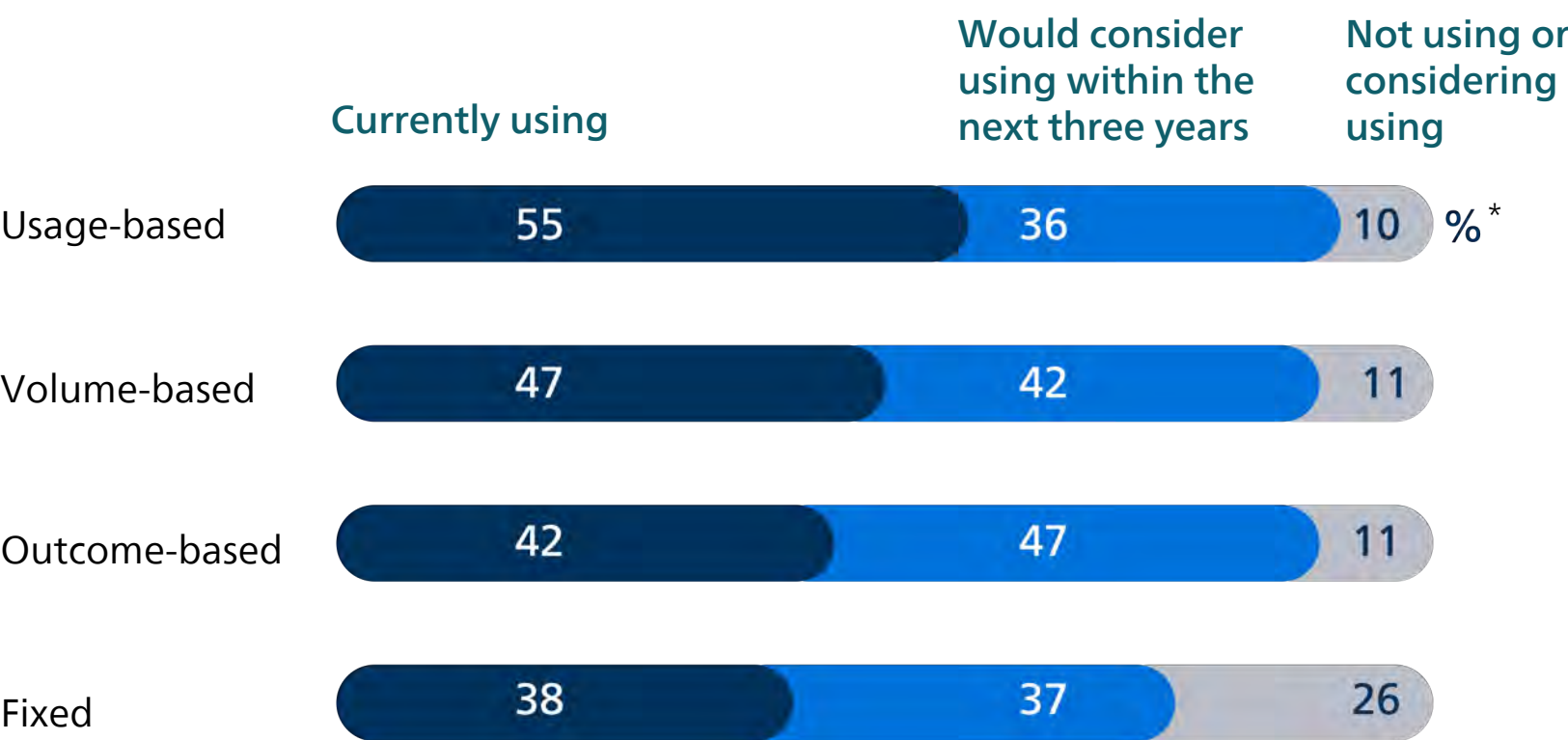
One way they might also do so is by changing their priorities for healthcare technology subscription buying options, switching to a preference for outcome-based rather than usage-based purchasing in the next few years.

Partnership key to providing timely, high-quality care

Organizations may also be able to take advantage of partnerships to ease pressure elsewhere in healthcare systems. Half of healthcare leaders acknowledge the vital role of health technology companies in improving timeliness and quality of patient care.



Healthcare technology subscription buying options leaders are using, or would consider using within the next three years



*Due to rounding, totals may add to more or less than 100%

2

Bridging the insights gap



Turning disparate data into actionable insights

Widespread technology adoption offers potential for improved patient care, but data integration issues persist

Healthcare professionals in Singapore often face difficulties in accessing disparate data and integrating it into a cohesive patient story. Accurate and timely access to data at key points in the patient’s journey is essential to overcome this and provide quality care.

This may be why more than one-third (37%) of healthcare leaders are looking to external partnerships to help with the use of data analytics for informed decision-making.

Most of Singapore’s healthcare leaders (84%) say their organizations experience data integration challenges that impact their ability to deliver timely, high-quality care. This inability to fully utilize data has wide-ranging effects, from financial and operational concerns to limiting coordination between clinicians and reducing their time spent with patients.



Overcoming data integration challenges

Connectivity and interoperability crucial for healthcare transformation

The impact of data integration issues is clear.

To address these issues, healthcare leaders would most like to see an improvement in data security/privacy (44%) and in data accuracy (42%). Allowing patients access to their own health data (40%) would also be beneficial, while improving interoperability between platforms/healthcare settings (38%) is a persistent concern.

Solving – or easing – these issues would not only improve patient care but also increase efficiency and reduce costs for healthcare organizations. These savings are reflected in the opportunities that leaders see for data-driven insights in improving patient care, which benefit both the organization and patients.

Opportunities include identifying evidence-based best practices (40%), reducing hospital admissions (38%), optimizing treatment plans or care pathways (38%) and predicting and reducing adverse patient events (37%), all of which could improve care.



Spotlight



Improving the nation's health with better connectivity

The National HealthTech agency, Synapxe, supports the Ministry of Health (MOH)'s Healthier SG national initiative to use technology to connect people and systems to improve health outcomes³.

Synapxe has enhanced existing public healthcare systems, including the viewing and creation of Health Plans, booking of polyclinic appointments through HealthHub (Singapore's national platform for digital health), and accessing billing systems.

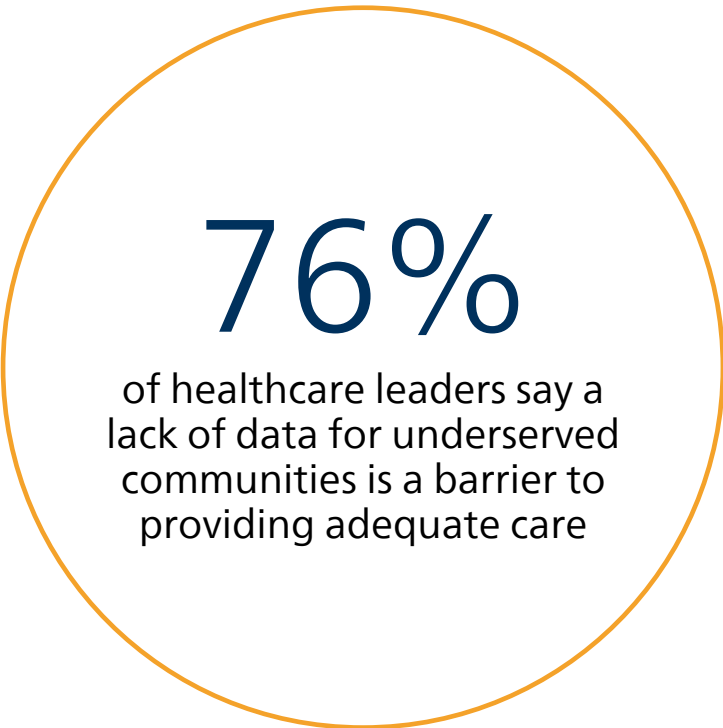
Other tools and networks include the National Health Information Grid (NHIG), GPConnect and the AI tool Assisted Chronic Disease Explanation (ACE-AI).³ Facilitating interoperability and data sharing across public and private healthcare companies, streaming in-clinic processes from registration to billing, and helping to predict chronic diseases, these technologies provide transformational holistic support for patients and healthcare professionals alike across Singapore.

Social determinants of health: the missing data piece?

The right data-driven insights could help reduce health disparities and ensure high-quality care for all those living in Singapore. However, the data needed to generate these insights is often missing.

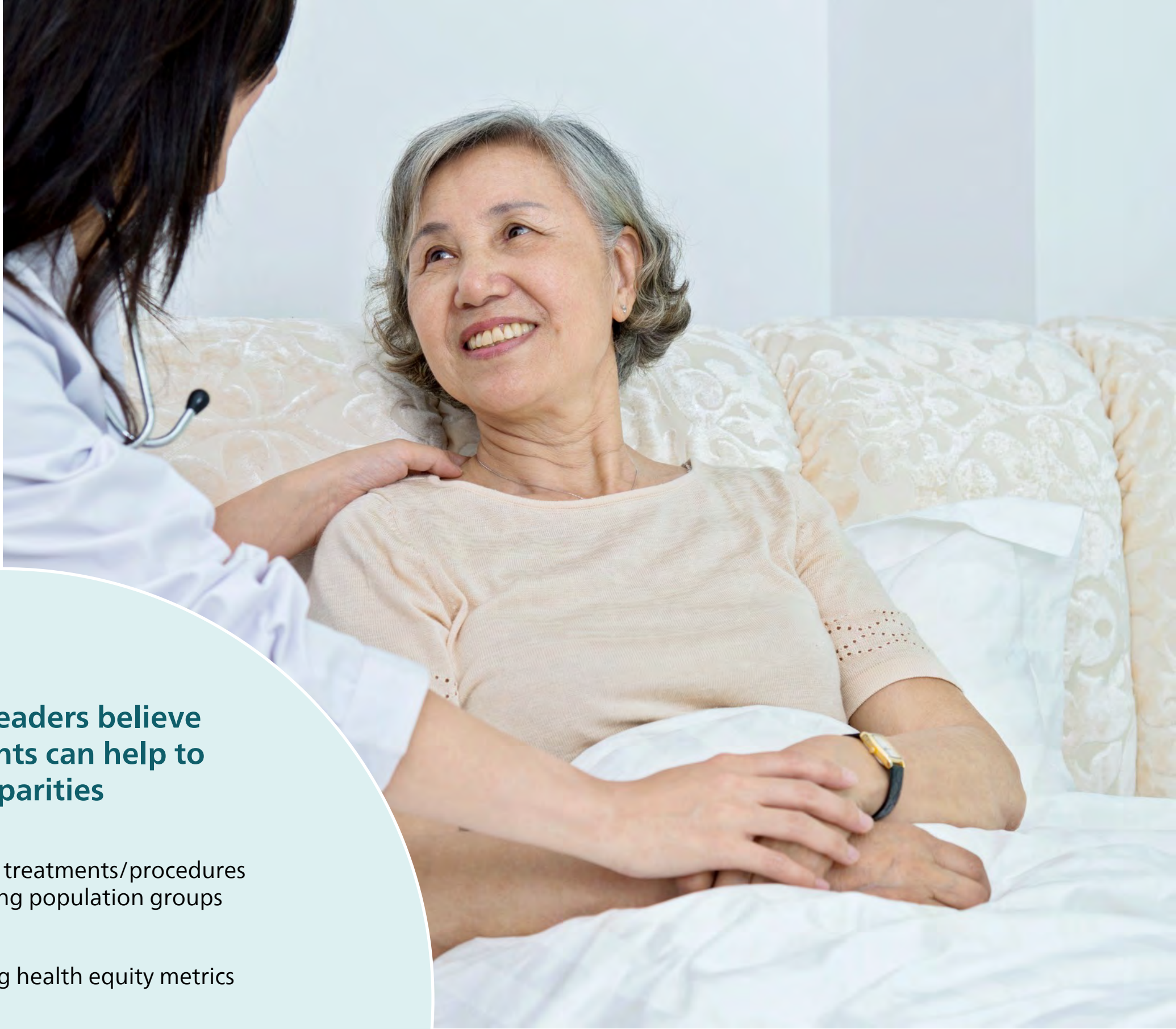
The majority of healthcare leaders (91%) say that having more comprehensive data on social determinants of health would help them improve access to care for specific communities or patient populations. When asked how data-driven insights could reduce disparities in health outcomes, 45% responded that it could help to allocate treatments or procedures fairly among population groups.

Partnership could also help address challenges in access to care. Nearly two in five (37%) healthcare leaders also identified other healthcare organizations as a key collaborator in helping to improve healthcare for the patients and communities they serve. This aligns with more than two fifths (42%) of healthcare leaders that see a strong need for external partnership in promoting community health (42%) and improving care coordination (37%).



How healthcare leaders believe data-driven insights can help to reduce health disparities

- 45% Allocating treatments/procedures fairly among population groups
- 44% Monitoring health equity metrics
- 41% Supporting evidence-based policy decisions to address health disparities
- 40% Identifying geographic areas with limited healthcare services
- 38% Facilitating targeted outreach and tailored interventions for specific populations



The AI evolution: from exploration to implementation

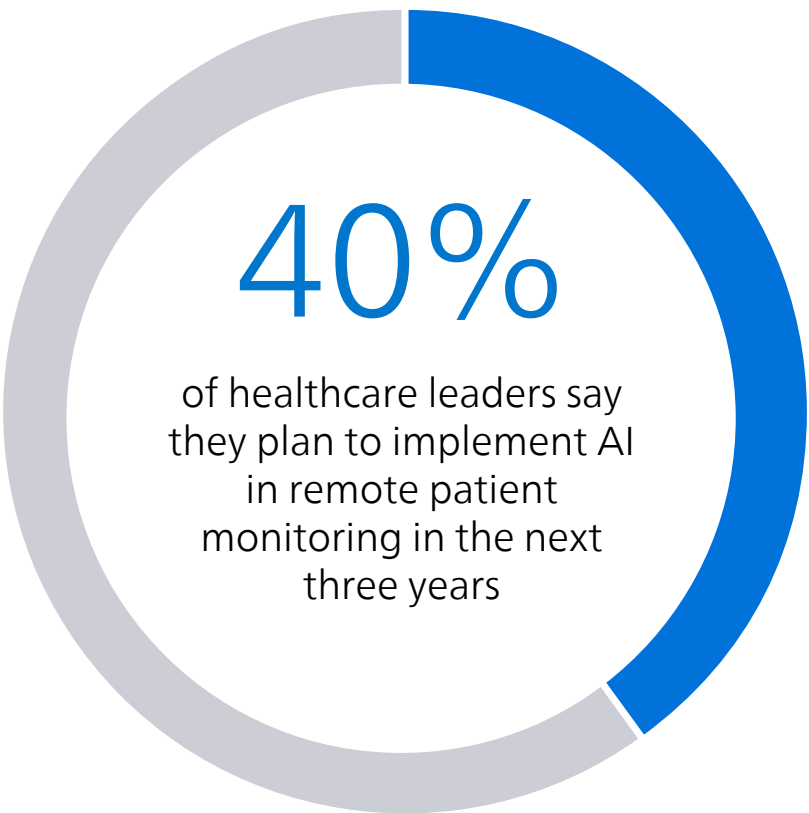
Over the past few years, AI in healthcare has been a key area of research and development. Today, clinical practice benefits from its implementation

This year’s Future Health Index findings show how healthcare leaders in Singapore have already implemented AI for clinical decision support across different areas of the hospital, with in-hospital patient monitoring (67%), medication management (64%) and treatment planning (61%) leading the pack.

What’s more, Singaporean leaders are outpacing their global peers when it comes to AI for clinical decision support. Specifically, AI in radiology (already implemented by 52% of organizations) enhances image analysis, reduces

diagnostic errors, and improves diagnosis speed, while in pathology (already implemented by 53% of organizations), it assists in analyzing tissue samples, identifying anomalies, and supporting accurate diagnoses.

Looking to the next three years, 40% of healthcare leaders say they plan to implement AI in remote patient monitoring. This technology can help generate predictive insights that identify patients at risk of developing certain conditions, enabling timely intervention and prevention.



Spotlight

AI is increasingly being leveraged in new ways across Singapore’s hospitals and healthcare facilities

The country’s hospitals will start using AI to assess patients in the emergency room, identifying those who need immediate treatment. This predictive model can flag patients at serious risk, as well as those who can be safely discharged⁴.

AI is also being used to support stroke patients, as seen in National University Hospital. Using an AI triage tool, the hospital can swiftly identify those patients who would benefit from endovascular treatment, a less invasive treatment for stroke⁵.

In KK Women’s and Children’s Hospital, an AI-powered ultrasound system is helping doctors to better deliver spinal anaesthesia on first attempt for women who are giving birth via caesarean section ⁶.

Singapore leaders ahead of the curve on generative AI

As with other technologies, healthcare leaders in Singapore are early adopters

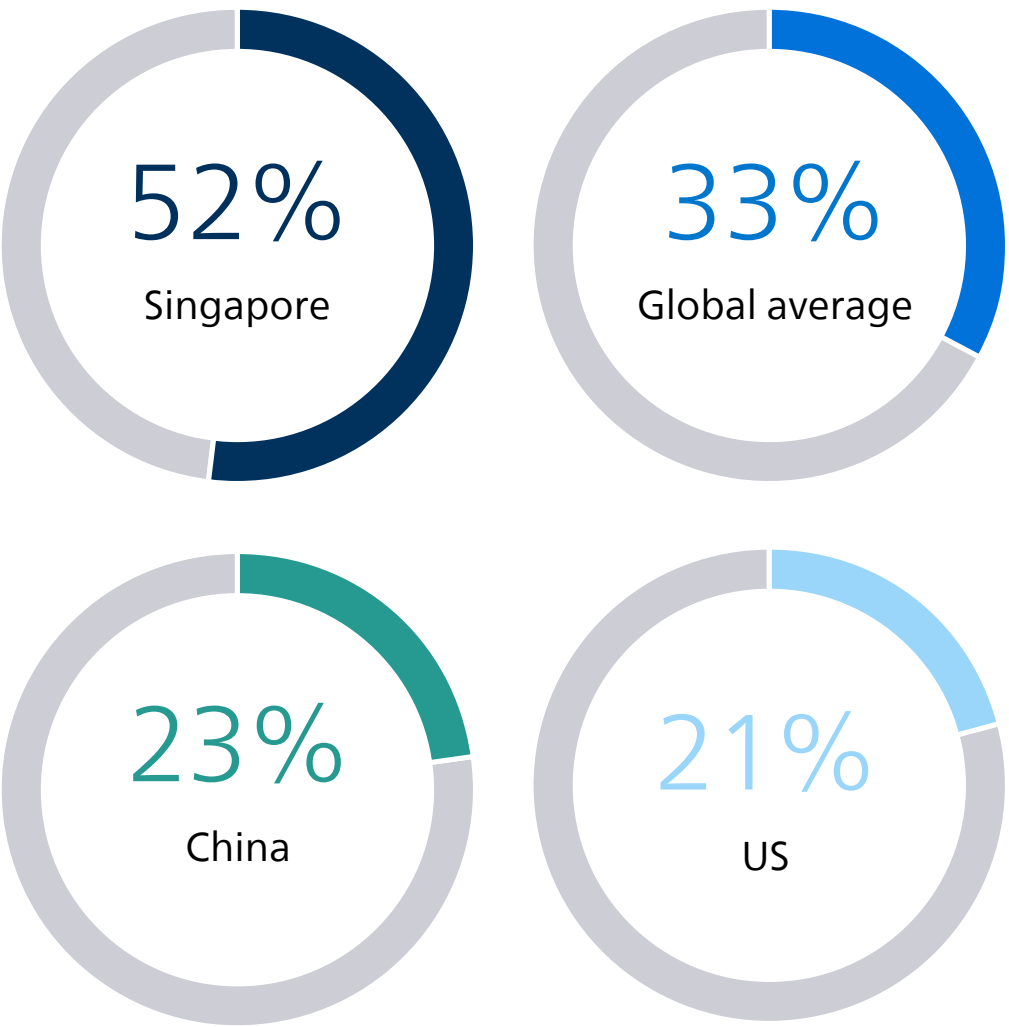
Generative AI has caught the attention of Singaporean healthcare leaders in the past year, since its rapid emergence into the public domain.

The technology has potential benefits for healthcare, improving patient care by unlocking new efficiencies and insights from patient data. In Singapore, healthcare leaders are more likely than their global peers to be already investing in generative AI: more than one-third (37%) are currently investing, with a further 52% planning investment within the next year.

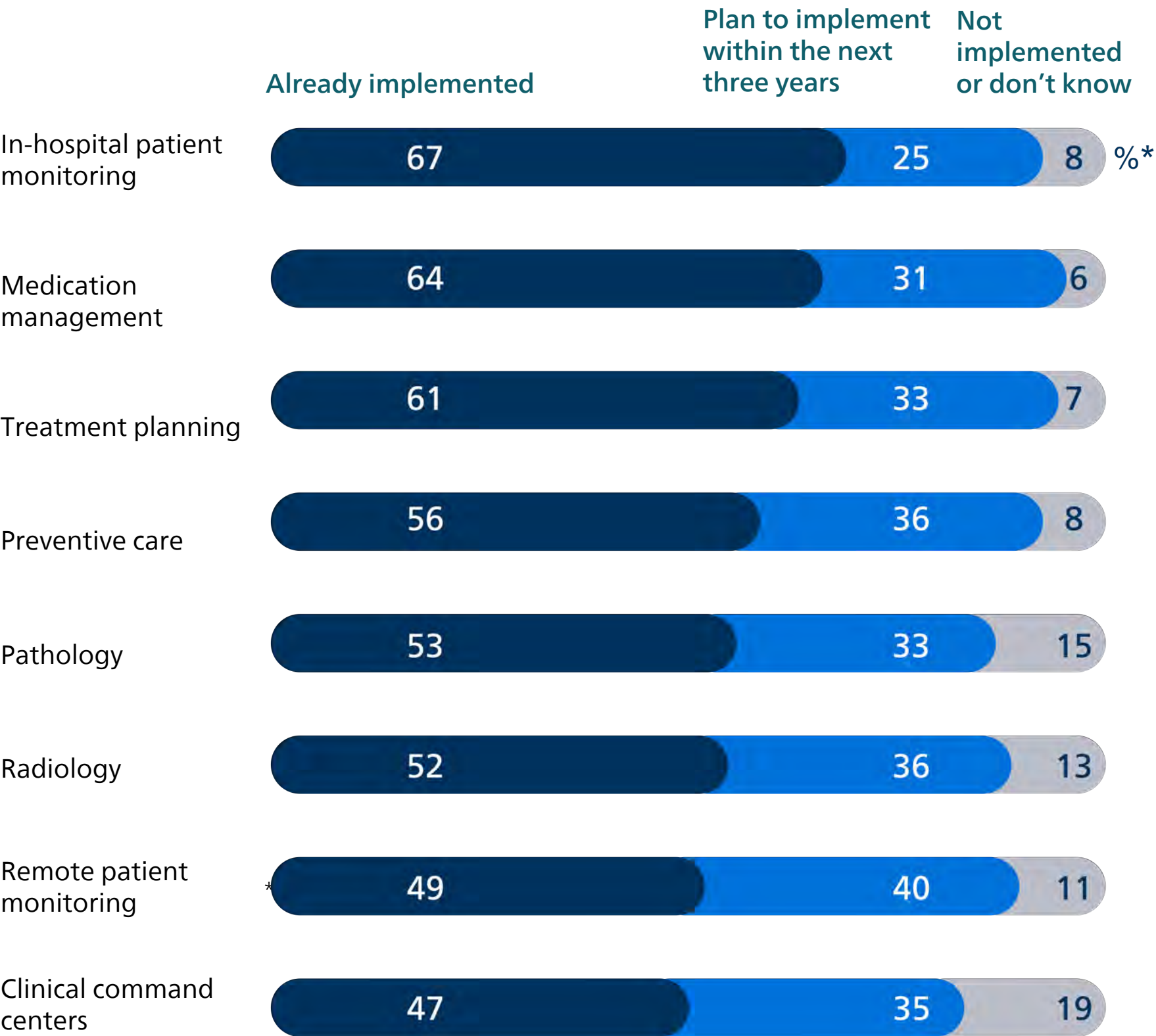
Investments in generative AI by healthcare leaders in Singapore



Healthcare leaders who say their organization plans to invest in generative AI within the next 12 months



Current and planned implementation areas of AI for clinical decision support

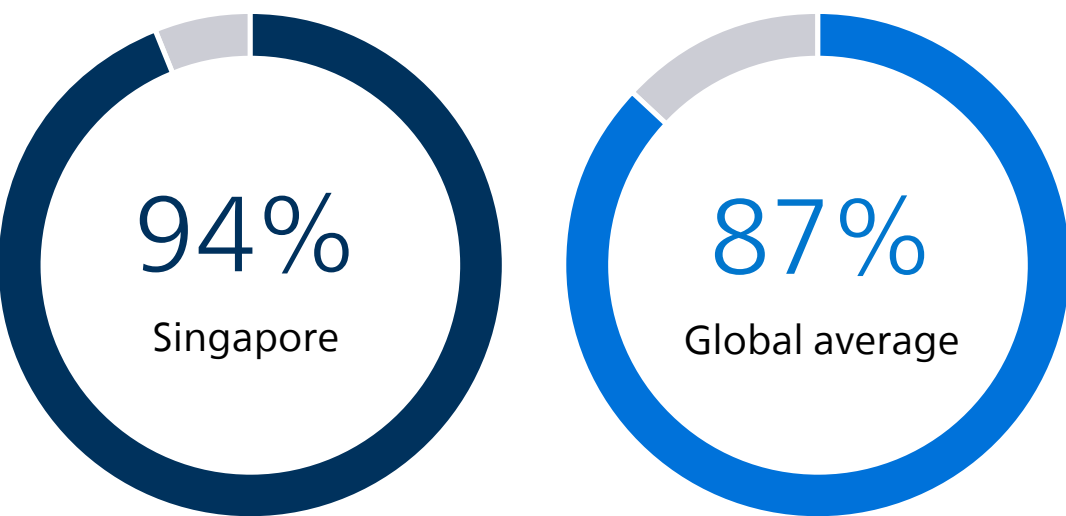


Responsible use of AI requires appropriate safeguards

While healthcare leaders are excited about AI, they understand it needs to be implemented responsibly

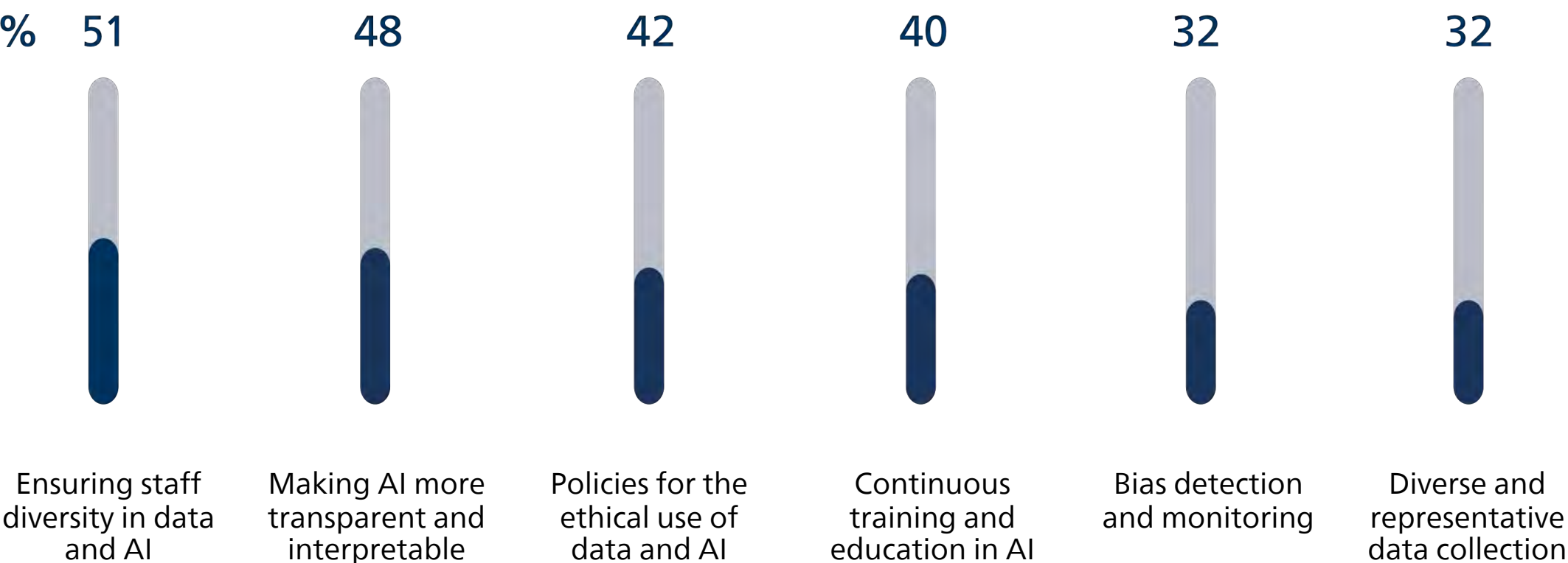
While AI is being leveraged for multiple use cases, most healthcare leaders believe the technology could widen disparities in outcomes for patients. The concern is shared among leaders, regardless of their levels of AI adoption. Data bias remains an area of concern, more so in Singapore (94%) compared to global (87%) respondents. This concern is on the possibility of data bias in AI applications widening disparities in health outcomes.

Healthcare leaders are concerned about the possibility of data bias in AI applications widening disparities in health outcomes



To address concerns about AI implementation, particularly data bias, healthcare leaders believe it is vital to ensure greater staff diversity in data and AI, as well as making AI more transparent and interpretable. Successfully adopting these and other strategies could also help reduce health disparities, ensuring high quality care for all.

Strategies for mitigating the risk of data bias in AI applications for healthcare



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A lot of these [AI technologies] are maybe trained on Caucasian populations...whether it truly is relevant to the Asian patient is something that we ask...every time we assess some of these technologies."

CEO, private multi-speciality practice



3

Bridging the sustainability gap



Environmental sustainability is a key priority

Singapore’s healthcare leaders are leading the way with sustainability initiatives - reaping financial as well as environmental benefits

Singapore is leading the charge when it comes to sustainable healthcare. Virtually all leaders in Singapore (99%) believe that reducing the environmental impact of the healthcare industry and CO₂ emissions should be top priorities for healthcare organizations, with the same percentage thinking these issues should be top priorities for governments.

Many decarbonization initiatives are already underway – including a collaborative effort between SingHealth, a leading healthcare network and the National University of Singapore’s Center for Sustainable Medicine (CoSM), to assess healthcare’s carbon emissions across the whole country⁷.

From 2027, Singapore is moving beyond listed entities to mandate climate reporting for large non-listed enterprises⁸. 50% of Singapore healthcare leaders say their organizations

have already implemented strategies to achieve a carbon neutral certification, above the global average (31%). A further 34% plan to implement strategies for carbon neutral certification in the next three years, placing Singapore among the leading countries globally.

Sustainability strategies already underway

The country’s healthcare leaders have also implemented a range of sustainability strategies. The most frequently cited actions include using renewable sources of energy, and reducing or eliminating hazardous substances – both higher than the global average and US. Examples of simple energy-saving initiatives already in practice include decreasing air-conditioning on weekends and in operating theaters when they’re not in use, driving energy efficiency.

Healthcare leaders believing that reducing CO₂ emissions and the environmental impact should be a top priority for healthcare organizations



Spotlight

Singapore’s healthcare industry moves to support the planet

With growing understanding of the impact of the healthcare sector on the environment, healthcare leaders are taking decisive action.

Notably, Ng Teng Fong Hospital has introduced several steps, including operating air conditioning in certain departments from 8am to 6pm only⁹.

The hospital also introduced a solar panel system that converts natural sunlight into a heat source which is then used to generate 100% of their hot water supply.

Alexandra Hospital saves around 30% of food waste that has been untouched by patients and converts it into nutrients for use in vegetable and fish farming¹⁰.

In March 2024, a centre at the National University of Singapore Yong Loo Lin School of Medicine was established to support decarbonizing the healthcare sector. The Centre for Sustainable Medicine also offers a master’s programme in sustainable medicine for healthcare professionals to develop an understanding of the climate-health link¹¹.

Sustainability underpins procurement, now and in the future

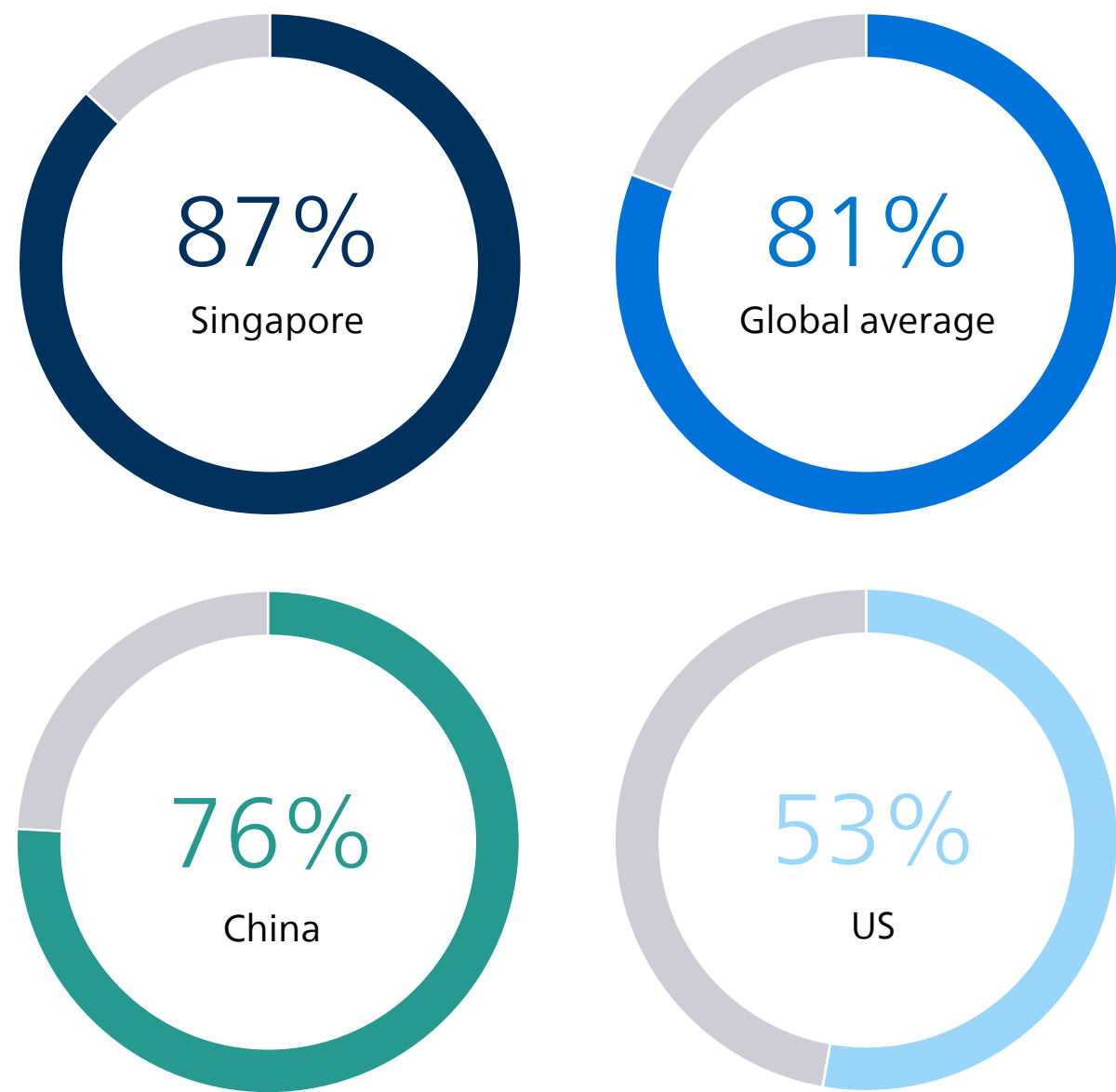
Environmental criteria are considered as part of sourcing and tendering processes

Healthcare leaders in Singapore are more proactive than their global, US and China peers when it comes to including environmental criteria in their sourcing processes, with most (87%) already doing so at least some of the time.

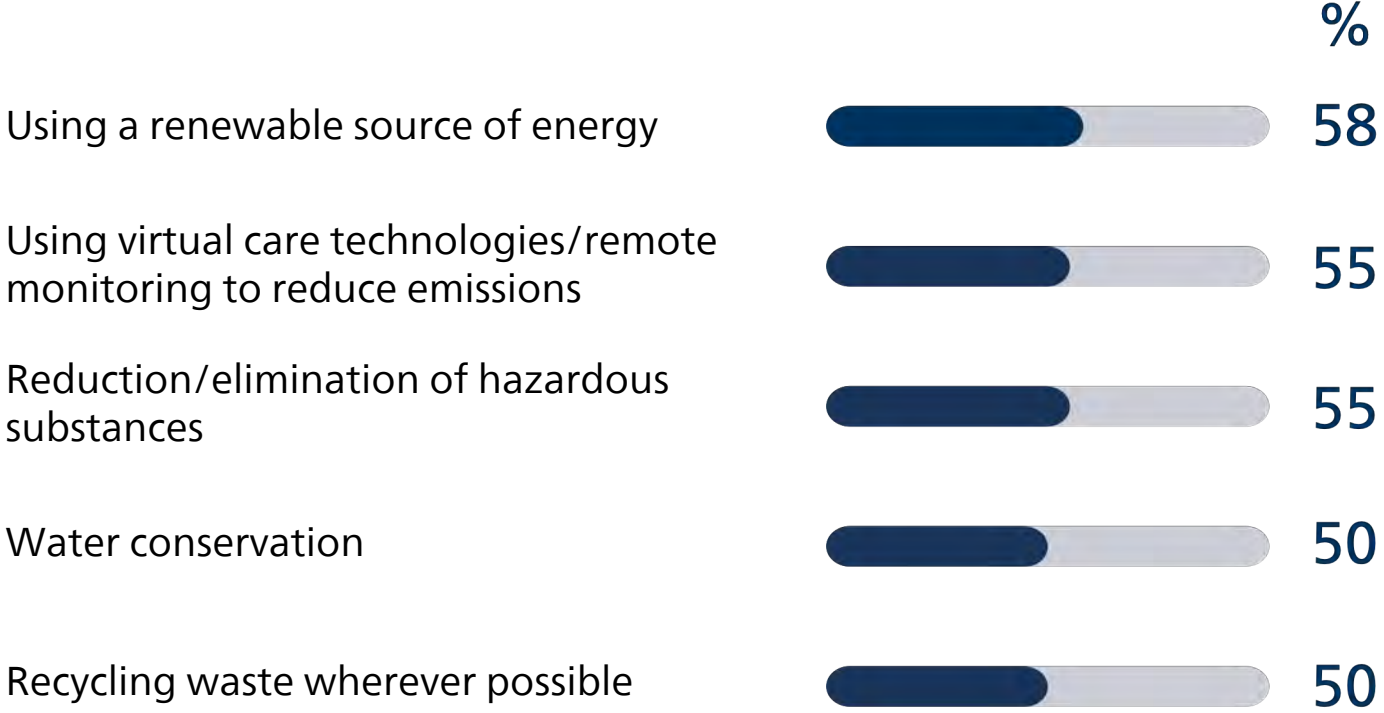
Currently, 42% of leaders say their healthcare organizations have put in place sustainable procurement initiatives, such as the use of circular equipment, with a further 51% planning to do so within the next three years.

Prioritizing reusable medical equipment and supplies is also crucial, with 49% of leaders already implementing this and 45% planning future implementation. Likewise, 50% say their organizations plan to invest in green building and infrastructure, such as repurposing existing buildings, within the next three years.

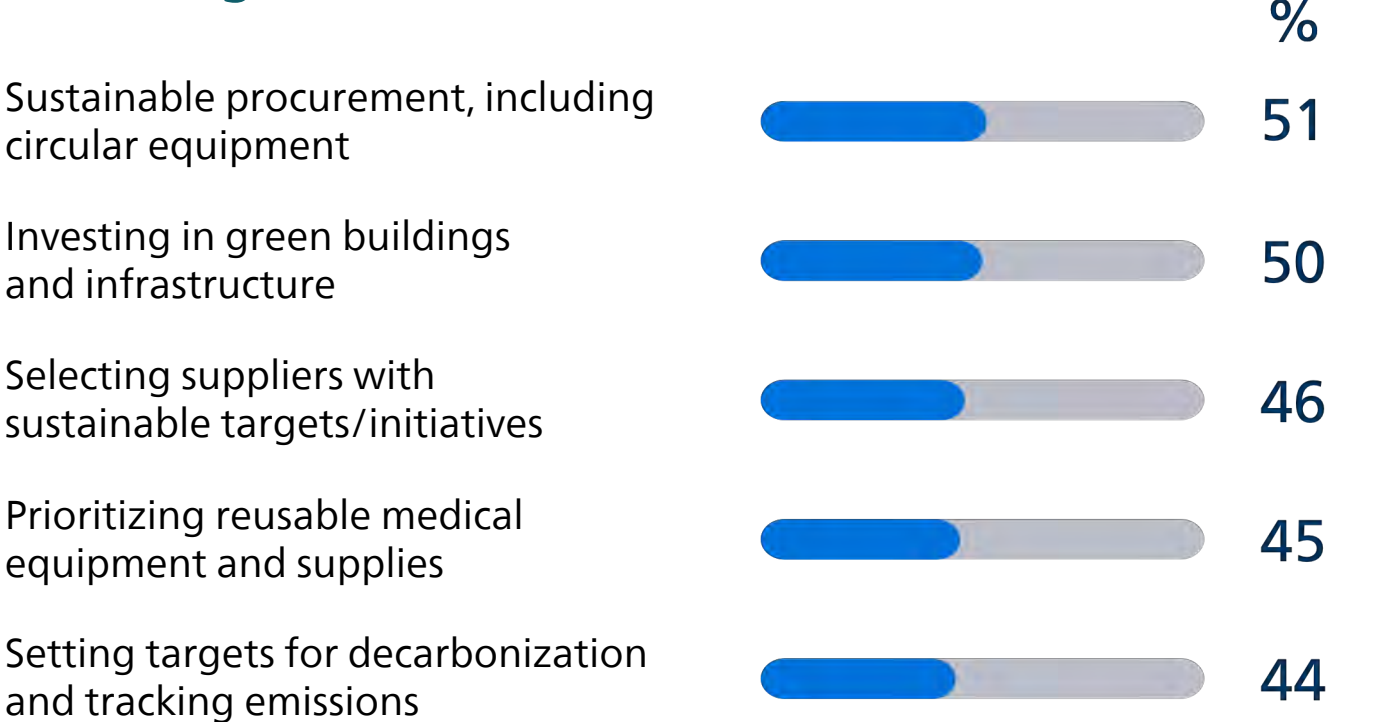
Healthcare leaders who say environmental criteria play a role in their sourcing or tendering processes



Top environmental sustainability strategies implemented by healthcare organizations, according to leaders



Top environmental sustainability strategies healthcare leaders plan to implement in the next three years, according to leaders



Appendices

Research methodology

2024 quantitative survey methodology

The quantitative study was executed by GemSeek, a global business and consumer research services firm employing a methodology of online (CAWI) surveying.

2,800 healthcare leaders, 200 in each of the 14 countries included (Australia, Brazil, China*, India, Indonesia, Italy, Japan, the Netherlands, Poland, Saudi Arabia, Singapore, South Africa, the United Kingdom, and the United States), participated in a 15-to-20-minute survey from December 2023 to February 2024.

Where relevant, the survey was translated into the local language. In some instances, certain questions needed to be adjusted slightly for relevance within specific countries. Care was taken to ensure the meaning of the question remained as close to the original, English, version as possible.

Below shows the specific sample size, estimated margin of error** at the 95% confidence level, and interviewing methodology used for each country.

| | Unweighted sample size (N=) | Estimated margin of error (percentage points) | Interview methodology |
|----------------|-----------------------------|---|-----------------------|
| Australia | 200 | +/- 7.0 | Online |
| Brazil | 200 | +/- 7.0 | Online |
| China | 200 | +/- 7.0 | Online |
| India | 200 | +/- 7.0 | Online |
| Indonesia | 200 | +/- 7.0 | Online |
| Italy | 200 | +/- 7.0 | Online |
| Japan | 200 | +/- 7.0 | Online |
| Netherlands | 200 | +/- 7.0 | Online |
| Poland | 200 | +/- 7.0 | Online |
| Saudi Arabia | 200 | +/- 7.0 | Online |
| Singapore | 200 | +/- 7.0 | Online |
| South Africa | 200 | +/- 7.0 | Online |
| United Kingdom | 200 | +/- 7.0 | Online |
| United States | 200 | +/- 7.0 | Online |
| Total | 2,800 | +/- 2.0 | |

2024 qualitative interview methodology

The qualitative portion of the Future Health Index 2024 was also conducted by GemSeek. To provide context and additional depth to the quantitative data, the survey results were supplemented with findings from a series of 45-minute, English language interviews with healthcare leaders. These interviews were conducted February to March 2024. There were eight participants, two from each of the following countries: Singapore, South Africa, the United Kingdom, and the United States.

* Survey data is representative of mainland China only and does not include Taiwan or Hong Kong.
** Estimated margin of error is the margin of error that would be associated with a sample of this size for the full healthcare leader population in each country. However, this is estimated since robust data is not available on the number of healthcare leaders in each country surveyed.

Glossary of terms

Artificial intelligence (AI)

AI refers to the use of machine learning and other methods that may mimic intelligent human behaviors, resulting in a machine or program that can sense, reason, act and adapt to assist with different tasks.

Automation

The use of technology and software solutions to perform tasks and processes with limited human involvement. It may involve the application of digital tools, machines, and computer systems to streamline and optimize various aspects of healthcare delivery, administration, and management.

Clinical decision support

The provision of information to help inform decisions about patient care.

Data bias

A flaw that occurs when certain elements of a dataset are missing, under-represented or over-represented.

Data-driven insights

Information gathered from the analysis of raw data and used to inform decision-making.

Data integration

Used here to refer to a variety of clinical and/or operational information amassed from numerous sources including but not limited to electronic medical records (EMRs), medical devices, and workflow management tools.

Decarbonization

The process of removing carbon, or material containing carbon, from a substance or object.

Generative AI

Artificial intelligence algorithms that can be used to produce content such as text, images, audio or other data in response to inputted prompts.

Healthcare ecosystem

Describes the locations of care and services provided, the people involved in care delivery (including patients, family members and caregivers), and how they work together to improve efficiencies and optimize experiences.

Healthcare leader

A C-suite or senior executive working in a hospital, medical practice, imaging center/office-based lab, or urgent care facility who is a final decision-maker or has influence in making decisions.

Healthcare organization

The hospital or healthcare facility for or in which the healthcare leader works.

Healthcare professional

Individuals who are directly involved in providing healthcare services to patients (including doctors, nurses, surgeons, specialists, technologists, technicians, etc.).

Interoperability

The ability of health information systems to work together within and across organizational boundaries, regardless of brand, operating system or hardware.

Remote patient monitoring

Technology that provides care teams with the tools they need to remotely track the health of their patients outside of conventional clinical settings (e.g., at home), collaborate with the patients' other healthcare professional(s) and help detect problems before they lead to readmissions. Examples of this include cardiac implant surveillance, vital-sign sensors at home, etc.

Social determinants of health

Non-medical factors that influence health outcomes, such as the conditions in which people are born, grow, work and live.

Staff

This refers to all employees within a healthcare organization, including healthcare professionals, IT, financial services, administrative support, facilities, etc.

Sustainability

Meeting the environmental needs of the present without compromising the ability of future generations to meet their own needs.

Technology infrastructure

Foundational technology services, software, equipment, facilities and structures upon which the capabilities of nations, cities and organizations are built. This includes both IT infrastructure and traditional infrastructure that is sufficiently advanced such that it can be considered modern technology.

Timely, high-quality care

For the purposes of this survey, this phrase reflects healthcare being provided to all patients and the communities served by a healthcare organization.

Underserved communities

Includes people who receive fewer health care services and/or encounter barriers to accessing health care services (e.g., economic, geographic, cultural, and/or linguistic barriers).

Virtual care

The use of telecommunication technologies that remotely connects a patient to a healthcare professional, or a healthcare professional to a healthcare professional.

Workflows

A process involving a series of tasks performed by various people within and between work environments to deliver care. Accomplishing each task may require actions by one person, between people, or across organizations – and can occur sequentially or simultaneously.

Sources

1. <https://www.channelnewsasia.com/singapore/flexible-work-arrangement-requests-tripartite-guidelines-employers-employees-4266831>
2. <https://www.channelnewsasia.com/commentary/singapore-healthcare-hospital-telehealth-diabetes-remote-3802171>
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The Future Health Index 2024 report explores how healthcare leaders view their hospital's ability to deliver timely, high-quality care to everyone. A quantitative survey was conducted among almost 3,000 healthcare leaders from 14 countries (Australia, Brazil, China, India, Indonesia, Italy, Japan, the Netherlands, Poland, Saudi Arabia, Singapore, South Africa, the United Kingdom and the United States). This was supplemented by eight qualitative interviews of healthcare leaders, two from each of the following countries: Singapore, South Africa, the United Kingdom and the United States. Both the quantitative and qualitative research stages were conducted between December 2023 – March 2024.



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