





21 October 2022

FOR IMMEDIATE RELEASE

JOINT STATEMENT BY NHG, NUHS AND SINGHEALTH

- 1. Since the beginning of the year, our hospital emergency departments (EDs) have been experiencing a very high volume of patients. This is aggravated when there is an infection wave, such as over the past few weeks. We are working closely with the Ministry of Health (MOH) to optimise and adjust capacity, resources, protocols, and manpower to care for our patients and keep our staff safe. The safety and care of our patients remain our utmost priority. Patients requiring care will continue to be attended to.
- 2. We have been monitoring the situation closely and adjusting our response accordingly to optimise resources for both COVID-19 and non-COVID-19 patients. Where possible, we have redeployed manpower to better support the high attendance at our EDs. Our triage process includes having emergency clinicians review the cases for admission to hospital to ensure appropriate right-siting and avoid unnecessary admission.
- 3. We also refer stable patients to home recovery programmes such as NUHS@Home, SGH@Home and Yishun Health Medical Home, or community sites such as COVID-19 Treatment Facilities as appropriate. To free up more capacity, we are also deferring some non-urgent elective surgeries and admissions to preserve hospital beds and manpower.
- 4. There are dedicated facilities and manpower to support the care of COVID-19 patients. Our hospitals have set aside existing beds that can be converted to isolation beds, and holding facilities for suspect cases pending their results. We also offer alternative arrangements, where clinically appropriate, such as tele-consultation, tele-rehabilitation, tele-monitoring, remote prescribing, and delivery of medication.
- 5. We seek the public's understanding that longer waiting time is expected at our EDs, and priority will be given to patients with more serious conditions and who require admission. Patients with potentially life-threatening or medically urgent conditions will be attended to quickly, and sicker patients who require close monitoring will get a bed sooner based on acuity and priority. Those with lower acuity conditions will experience a longer wait time to transfer to the ward. However, inpatient care would commence at the ED with our specialty doctors reviewing, assessing and planning for the appropriate treatment even before the ward transfer.

- 6. Currently, our hospitals are seeing a high number of patients whose conditions do not require emergency care. We urge the public, including children, not to visit EDs unless it is for life-threatening conditions. For common and minor medical conditions, they should visit GPs and polyclinics, or consider teleconsultation with their doctor. Patients who walk into EDs with non-emergency conditions may be diverted to other urgent care clinics or primary care clinics for further assessment, so as to prioritise ED resources for patients who truly need acute hospital care. If COVID-19 testing or review for symptoms of acute respiratory infection is needed, members of the public can visit Public Health Preparedness Clinics for further assessment.
- 7. As part of the national efforts against COVID-19, our healthcare team has held the line for Singapore with significant personal sacrifices.
- 8. While we work hard to provide care for our patients, we recognise our staff need time to rest and recharge. We manage staffing needs through advance planning and staggered rostering of leave. This ensures that staff are able to go on leave by turns, or return to their home country. Given the prolonged duration of this pandemic, we have stepped up efforts to monitor the well-being of our staff, including their psychological health. We provide mental health support where required, and encourage staff to support and look out for one another.
- 9. Besides heavy workload and long working hours, a significant part of staff burnout is also due to abuse. We take a zero tolerance stance towards deliberate abuse against our staff and will take action to protect them. There are protocols in place that assure staff they can safely seek redress from abuse they may face from patients and caregivers, and get the support they need. We seek the public's patience and cooperation to help create a safe environment for our staff to do their best to care for patients.

PROF TERRANCE CHUA, GROUP CHAIRMAN MEDICAL BOARD, SINGHEALTH
PROF LIM TOCK HAN, GROUP CHAIRMAN MEDICAL BOARD, NATIONAL
HEALTHCARE GROUP

ASSOCIATE PROF THOMAS LOH, GROUP CHAIRMAN MEDICAL BOARD, NATIONAL UNIVERSITY HEALTH SYSTEM