

Cared for, supported by many helping hands

Under the Community of Care programme, elderly with complex medical and social needs find comfort in being able to recuperate at home

IN spite of suffering chronic knee pain, anaemia and several other ailments, Mr Low Teck Guan, 70, often forgot to take his pills – all 11 of them – in the morning.

This went unnoticed until Ms Lisa Ang, a Patient Navigator and staff nurse from Singapore General Hospital, visited him at his two-room rental flat in Lengkok Bahru, five days after he was discharged from hospital. It had been his third hospital admission in the past year.

"I counted his medication and noticed he had not been taking them every day as prescribed," said Lisa.

She packed his medication into pill boxes and labelled them according to days of the week to help give Mr Low a visual reminder to take his pills.

Lisa is part of an SGH care team that conducts home visits under the Community of Care programme. Launched in April 2017 by the SingHealth Regional Health System (RHS), the programme aims to enhance health and social care for elderly patients after they are discharged from hospital.

The care team, comprising doctors, nurses, medical social workers and therapists, identify patients who are at-risk before they are discharged. Together with community partners, they monitor patients at home until their condition is stabilised.

Lisa assessed Mr Low during his hospital stay and found that he might have difficulty coping at home.

"He is single and has no close family members to depend on. His legs were weak and he needed rehabilitation at a community hospital but he declined and preferred to return home," explained Lisa.

During the home visit, she found that Mr Low was not only skipping his medication but also his meals. As he had to use a quad stick to move around, he found it challenging to buy meals and would wait for his flatmate, who works full-time, to do so. If his flatmate was busy, Mr Low would miss a meal.

It takes a village

Working together with Mr Alan Yong, a care executive from NTUC Health Cluster Support, Lisa helped to make arrangements for Thye Hwa Kuan Moral Society to deliver lunch and dinner to Mr Low every day.



From left: Alan Yong, care executive from NTUC Health Cluster Support and SGH Patient Navigator Ms Lisa Ang, doing a home visit together

They arranged for nurses from Home Nursing Foundation to change his wound dressing and applied for grab bars to be installed in his flat to improve safety. Lisa also taught him simple strengthening exercises which he could do at home.

Mr Low's flatmate was also enlisted to help monitor his medication routine and accompany him for appointments. In addition, Alan helped to secure financial assistance for him.

Adjunct Professor Lee Chien Earn, Deputy Group CEO (RHS), SingHealth, said the strong partnership and coordination between care agencies that can provide different types of services, is critical in keeping the vulnerable elderly healthy and happy in the community.

"Many have emotional and social needs, beyond the medical issues that we help to address. By working closely with the community, we can strengthen the post-discharge care support system, spot complications early and intervene before their condition worsens," he said.

Working as one

Regular meetings are held between the SGH care team and anchor care provider in each district to review the

residents' well-being, and flag out social and medical issues that require attention.

"By linking together the many helping hands, we find that this vulnerable group receives better care and is less likely to be readmitted to hospital as frequently," explained Associate Professor Lee Kheng Hock, Director of SGH Office of Integrated Care.

The programme now covers about 3,000 patients in the five Communities of Care: Chinatown, Tiong Bahru, Bukit Merah, Katong and Telok Blangah, with plans to extend it to a total of 5,000 patients by end 2018.

" By working closely with the community, we can strengthen the post-discharge care support system. "

– Adjunct Professor Lee Chien Earn, Deputy Group CEO (RHS), SingHealth

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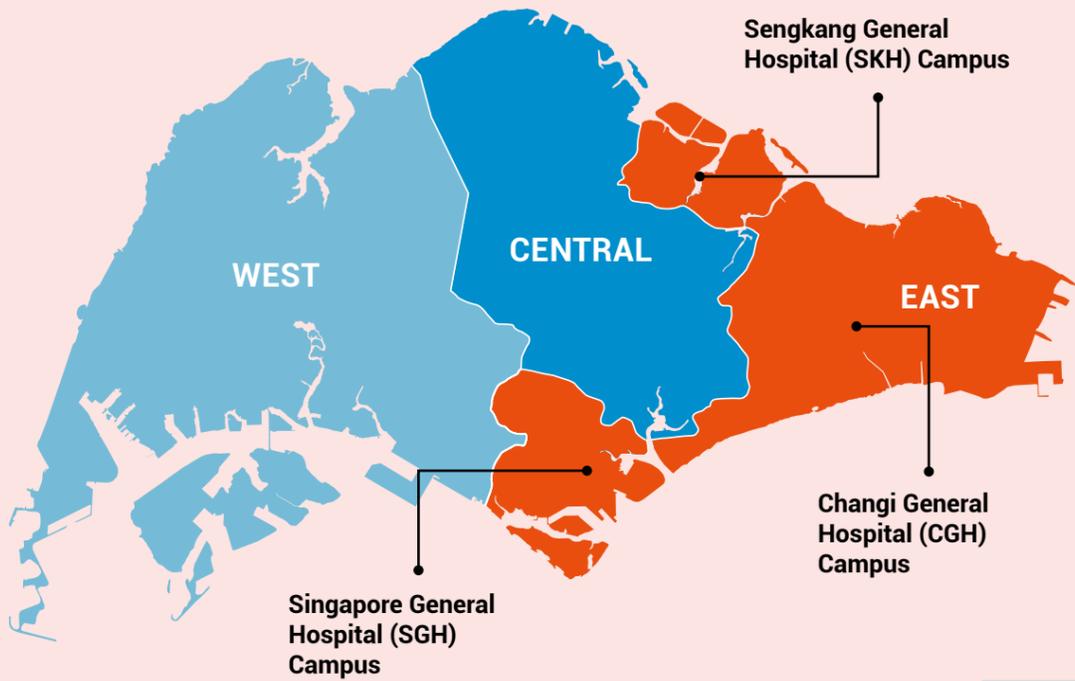
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SingHealth Regional Health System



The SingHealth Regional Health System (RHS) recognises that our population can be empowered to keep well, get well and age well in their communities and homes.

To achieve this, we collaborate with like-minded agencies across the care continuum to identify health and social needs, promote behaviour changes and develop sustainable programmes to improve quality of life.

As an academic RHS, we also leverage health services research and analytics to understand healthcare utilisation patterns and to facilitate appropriate interventions.



When help is just next door

Neighbourly support keeps the elderly well in the community

WHENEVER Madam Chin Mooi Kooi, 89, feels lonely, she picks up the phone and calls her neighbour in the next block, Madam Susan Lu, 70.

"She is like another daughter to me," said Madam Chin, who lives in a four-room HDB flat in Bedok with a helper. Her daughter and son live with their families in other parts of town.

For the last three years, Madam Lu, a retiree, has been visiting Madam Chin at her home a couple of times a week, to keep her company and check on her well-being.

"We chit-chat about everything, from exchanging recipes to household matters. It's nice to have a visitor, especially one who also speaks Hokkien and shares my interest in cooking," said Madam Lu.

Madam Lu is a volunteer under the Neighbours for Active Living (Neighbours) programme, launched by the Eastern Health Alliance (EHA) and the South East Community Development Council in 2013.

The programme brings together many parties including volunteers, a care team comprising professionals with nursing, social work backgrounds and community partners such as family service centres, to work together to keep the elderly well in the community. The focus is on those who are at risk of frequent hospital admissions.

Once these patients are discharged from hospitals, the care team visits them at home to ensure they take their medication correctly and go for their medical appointments. They also link patients with community organisations if they need financial assistance or help getting meals, household supplies and transport for their medical appointments. To ensure any urgent issues are addressed early, the care team has direct access – via email or phone – to the patients' doctors in the hospital.

Volunteers trained in communication and befriending skills who live nearby visit the elderly a couple of times a week, to ensure that they do not feel lonely or isolated.



The regular visits by Madam Susan Lu (left) have brightened up Madam Chin's life

Ms Cheryl Lau, community manager of the Neighbours programme, said: "The volunteers forge long-term relationships that enable elderly residents to stay as healthy as possible at home. They are like the "eyes and ears" of our care team who alert us if there's anything wrong."

Thanks to this approach, a study of 2,540 "Neighbours" clients who were recruited from 2013 to 2016 showed that over a six-month study period, 68 per cent had fewer hospital admissions (from 2.2 to 1.0 admissions) and shorter hospital stays (from 7.1 days to 4.1 days).

" The volunteers forge long-term relationships that enable elderly residents to stay as healthy as possible at home. "

– Ms Cheryl Lau, Community Manager of Neighbours programme

Bridging Care

Two new community hospitals in Sengkang and Outram slated for completion in 2018 and 2020 respectively

IN the face of an ageing population with increasingly complex healthcare needs, SingHealth is ramping up infrastructure to meet the needs of patients who require extended care and rehabilitation after their discharge from acute hospitals.

"The community hospital plays an important role in ensuring continuity of care for patients after they pass the acute stage. In designing the spaces in the new community hospitals, we were intentional in creating a homely environment that promotes

healing and aids rehabilitation so patients can experience care that's personalised," said Ms Margaret Lee, CEO of SingHealth Community Hospitals (SCH).

Under SCH, the new Sengkang Community Hospital and Outram Community Hospital will join Bright Vision Hospital to provide a total of 1,165 beds. Each community hospital is staffed with multidisciplinary care teams comprising specialists, nurses, therapists, medical social workers, dietitians and pharmacists.



Wellness Garden at Sengkang Community Hospital

The idea is simple but crucial: these community hospitals are located just next to acute hospitals so that patients can transit smoothly from one care setting to another and eventually to home.

In August 2018, Sengkang Community Hospital will open its doors and cater to patients transiting from Sengkang General Hospital and other acute hospitals.

Surrounded by natural greenery, the 400-bed community hospital houses a wellness garden and pocket gardens at other levels to provide patients and their caregivers with greater tranquillity and respite.

The hospital will leverage telehealth and community resources to ensure patients remain well-supported when they return home, with physiotherapists and occupational therapists providing rehabilitative help and monitoring their patients' progress.

Similarly, Outram Community Hospital which will open its doors in 2020 will cater to patients transiting from Singapore General Hospital and the specialty care centres on SGH Campus. Every space within the community hospital is designed with rehabilitation in mind.

A Centre for Activities of Daily Living allows patients to practice performing daily tasks under the guidance of a therapist. Designed as a typical two-room flat, patients are able to prepare food and cook to get a head start on their transition back to their homes and loved ones. Dining rooms are also designed into the wards to simulate the home environment and encourage patients to practice daily tasks.

"At the heart of our care model is making sure patients are cared for every step of the way and helping them regain confidence to look after themselves. It is the kind of care we would want for our loved ones," said Ms Lee.



The 448-bed Outram Community Hospital will open in 2020

Nipping it in the bud

SingHealth Polyclinics motivates pre-diabetic individuals to make lifestyle changes



Mr Soong enjoying his Kopi-O Kosong

WHEN Mr Soong Chin Suan, 63, went for his annual checkup at Marine Parade Polyclinic in September this year, he was dismayed to hear that his blood sugar was "borderline high".

The doctor told him he had pre-diabetes, a condition where the blood sugar level is higher than normal but not high enough to be full-blown diabetes.

Instead of just sending him home with medication, the doctor sent him to see a care manager at the polyclinic.

Mr Soong is among more than 200 patients enrolled in the Pre-Diabetes

Management Programme run by SingHealth Polyclinics (SHP). With one in seven adults in Singapore having pre-diabetes, the programme aims to empower pre-diabetic individuals to make lifestyle and dietary changes, to prevent the onset of diabetes.

Patients on the programme work with a health counsellor or care manager to achieve this goal.

Assistant Nurse Clinician Patsy Lim, Care Manager at Marine Parade Polyclinic said: "We ask them about their lifestyle habits and involve them in developing individually tailored

action plans to improve these habits. We set targets for weight loss, educate them on diets and discuss ways to quit the habit, if they are smokers.

Patients are also advised to record their daily food intake and blood glucose levels, which they measure twice a week.

After six months, patients return to the polyclinic to review their records with the care manager and find out if the action plan is working. If not, tweaks are made and a second follow-up takes place six months later to check the progress.

Mr Soong realised that he had been consuming too much sugar after his first meeting with the care manager. He took immediate steps to stop adding sugar to his coffee and snacking on peanuts and pistachios after dinner. He has become more active and plays golf three times a week. At the same time, he has been diligently monitoring his blood glucose levels with a glucometer.

He said: "If the readings don't improve, I plan to exercise more to lose weight. I have read about the complications of diabetes and I really don't want to go through that."

Are you pre-diabetic? Take part in this study now!

The SingHealth Duke-NUS Diabetes Centre is doing a three-year study on the effectiveness of a diabetes prevention programme, which consists of group exercises, health coaching classes and cash incentives for those who lose weight. Metformin will be prescribed to those who are at high risk of developing diabetes, despite lifestyle changes.

The study is recruiting 850 pre-diabetic individuals aged 18 to 64 who have a Body Mass Index of 23 or above. Those interested to participate in the study can call **9115-6276** or email predicted@singhealth.com.sg.

For more details, please visit www.predicted.com.sg.

Fit or frail? Seniors take the test!

A new community screening test targets seniors at-risk of becoming frail



Tay Ee Ling, Principal Physiotherapist, SKH, conducting an exercise session at COMNET Senior Activity Centre

AT 64 years old, Mdm Sa'odah Binte Midi is an active and cheerful *mak cik* who loves to do hip hop dance, attend IT courses and cook her favourite dishes.

Probe a little deeper, and you will be surprised to hear that Mdm Sa'odah underwent a major brain operation a year ago, following a mild stroke which left her prone to occasional giddy spells.

In addition, she is pre-diabetic, has high blood pressure and high cholesterol levels. On her left wrist is a scar from an operation after she slipped and fell on a rainy day three years ago.

Despite these health woes, Mdm Sa'odah passed her first ever Individual Physical Proficiency Test (IPPT) in July this year.

Take an IPPT if you are 55 and above
It was of course, not the usual IPPT associated with army boys and NSmen. Instead, Mdm Sa'odah took a test specially tailored for seniors like her.

The IPPT for Seniors, or IPPT-S is a frailty screening programme, developed by a multi-disciplinary team of doctors and allied health professionals from Singapore General Hospital (SGH) and Sengkang General Hospital (SKH).

The screening consists of a questionnaire and a series of nine short physical tests. The questionnaire identifies medical, functional and psycho-social risk factors that may put seniors in the frail or pre-frail category while the tests assess their flexibility, strength and balance. For example, participants assess their strength in a grip test and do a "back scratch" to test their upper limb flexibility.

Seniors who are assessed to be pre-frail or frail and require medical attention are referred for follow-up at



Grip strength test to measure strength and general physical health

polyclinics. In the future, GP clinics will be involved as well.

"The development of frailty as one ages often goes unnoticed until a health crisis, like a fall, occurs. We want to detect frailty early and help seniors make lifestyle changes before conditions worsen," said Associate Professor Ng Yee Sien, Senior Consultant, Department of Rehabilitation Medicine, SGH and SKH.

IPPT-S at the Void Deck

Community partners play an important role in identifying seniors for the screening and ensuring follow-up care.

The first to get on board was COMNET Senior Activity Centre @ Rivervale Crescent and Rivervale Community Centre. The IPPT-S was conducted at the void deck of Block 182 in Sengkang, where the centre is sited.

Ms Annie Lim, a centre coordinator from COMNET Senior Activity Centre shared, "At first, the take-up rate wasn't great, but when seniors saw the test in progress, they got interested and

signed up on the spot. After they got their test results, some became more serious about exercising. Having the physiotherapists and dietitians from SKH here to conduct follow-up sessions also helped. When the SKH team is around, seniors push themselves harder to exercise, compared to when they follow a workout video!"

Annie and her team of staff and volunteers also picked up useful tips from the SKH team on nutrition, physiotherapy and nursing care to help their clients.

Some seniors, like Mdm Sa'odah, are looking forward to taking the tests again. "I took part because I wanted to know how fit I am after my operation. I hope I get a better score in my next test!"

SKH aims to bring on board more community partners on this initiative and is grateful to the Ng Kim Suan Foundation, a fund managed by the Community Foundation of Singapore, for coming forward with some financial support in piloting this programme.

Of the 95 seniors screened:

- One third were pre-frail
- 2 were frail
- 21 were at risk of malnutrition

Seniors who required further medical care were referred for follow-up at Sengkang Polyclinic



Back scratch to test upper limb flexibility



Box and Block to test upper limb power and motor skills



Tandem stand to test balance