

THE HOSPICE LINK

JUNE – AUGUST 2020 • MCI (P) 052/10/2019

The 3As of Palliative Care: Availability Accessibility Affordability

PLUS:
**Technology-enabled
continual therapy**

**Launch of new
Inpatient Hospice
Palliative Care Service**



SINGAPORE
**HOSPICE
COUNCIL**



Members' Contacts

Assisi Hospice

832 Thomson Road, S(574627)
T: 6832 2650 F: 6253 5312
www.assisihospice.org.sg
assisi@assisihospice.org.sg

Buddhist Compassion Relief Tzu Chi Foundation (Singapore)

9 Elias Road, S(519937)
T: 6582 9958 F: 6582 9952
www.tzuchi.org.sg/en

Dover Park Hospice

10 Jalan Tan Tock Seng, S(308436)
T: 6500 7272 F: 6258 9007
www.doverpark.org.sg
info@doverpark.org.sg

HCA Hospice Care

705 Serangoon Road, Block A #03-01
@Kwong Wai Shiu Hospital, S(328127)
T: 6251 2561 F: 6291 1076
www.hca.org.sg
contactus@hcahospicecare.org.sg

Metta Hospice Care

32 Simei Street 1,
Metta Building, S(529950)
T: 6580 4695 F: 6787 7542
www.metta.org.sg
hhospice@metta.org.sg

MWS Home Care & Home Hospice

2 Kallang Avenue,
CT Hub #08-14, S(339407)
T: 6435 0270 F: 6435 0274
www.mws.sg/centre-location/mws-
home-care-home-hospice
MWShh@mws.sg

Singapore Cancer Society

15 Enggor Street, #04-01,
Realty Centre, S(079716)
T: 1800 727 3333
www.singaporecancersociety.org.sg
hospice@singaporecancersociety.org.sg

SingHealth Community Hospitals (Bright Vision Hospital, Outram Community Hospital, Sengkang Community Hospital)

10 Hospital Boulevard, S(547530)
T: 6970 3000
www.singhealth.com.sg/SCH

St Andrew's Community Hospital

8 Simei Street 3, S(529895)
T: 6586 1000
www.sach.org.sg
general@sach.org.sg

St Joseph's Home

36 Jurong West St 24, S(648141)
T: 6268 0482 F: 6268 4787
www.stjh.org.sg
general@stjh.org.sg

St Luke's Hospital

2 Bukit Batok Street 11, S(659674)
T: 6563 2281 F: 6561 8205
www.slh.org.sg
referral@stluke.org.sg

Tsao Foundation

298 Tiong Bahru Road
Central Plaza, #15-01/06,
S(168730)
T: 6593 9500 F: 6593 9505
tsaofoundation.org
info@tsaofoundation.org

Changi General Hospital

2 Simei Street 3, S(529889)
T: 6788 8833 F: 6788 0933
www.cgh.com.sg

Khoo Teck Puat Hospital

90 Yishun Central, S(768828)
T: 6555 8000 F: 6602 3700
www.ktph.com.sg

KK Women's and Children's Hospital

100 Bukit Timah Road, S(229899)
T: 6225 5554 F: 6293 7933
www.kkh.com.sg

Ng Teng Fong General Hospital

1 Jurong East Street 21, S(609606)
T: 6716 2000 F: 6716 5500
www.ntfgh.com.sg
enquiries@juronghealth.com.sg

National Cancer Centre Singapore

11 Hospital Drive, S(169610)
T: 6436 8000 F: 6225 6283
www.nccs.com.sg

Tan Tock Seng Hospital

11 Jalan Tan Tock Seng, S(308433)
T: 6256 6011
www.ttsh.com.sg

Woodlands Health Campus

9 Maxwell Road,
MND Complex Annex A,
#03-01A, S(069112)
T: 6681 5999
www.whc.sg

Lien Centre for Palliative Care

Duke-NUS
Medical School Singapore
8 College Road
Level 4, S(169857)
T: 6601 2034 / 6601 7424 [Education]
T: 6601 5113 [Research]
www.duke-nus.edu.sg/lcpc

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Most people would agree that "You Only Live Once" (YOLO) is simply the most commonly used expression urging one to make the most out of the present moment without worrying about the future.

Indeed, life is short and at times, the most precious things can easily become lost too. Ever so often, external factors can cause that loss or perhaps we could have caused ourselves to lose things or people we value because we procrastinated.

Truly, the space of palliative care is still very unspoken about even though it provides comfort to people of all ages with serious, chronic, and life-

threatening illnesses. Many perceived that this is something that could wait and be thought about only when crisis happens.

On the contrary, palliative care is most effective when there is sufficient time to discuss and understand your and your loved ones' care preferences, financial ability, values, beliefs and care goals. The 3As that one can rely on to prioritise in order to achieve holistic healthcare plans are — **A**vailability, **A**ccessibility and **A**ffordability.

This can serve as an overview as to what is currently offered to help you in improving your life.

AVAILABILITY	ACCESSIBILITY	AFFORDABILITY
<i>What is my preferred care mode?</i>	<i>Am I eligible to use palliative care services?</i>	<i>What financial situation do I need to be in to have my preferred palliative care?</i>
DO YOU KNOW?	DO YOU KNOW?	DO YOU KNOW?
<ul style="list-style-type: none"> • Home Palliative Care • Day Palliative Care • Inpatient Palliative Care • Consultative services 	<ul style="list-style-type: none"> • Patients of all ages, from babies to the elderly, can benefit from palliative care • Palliative care services are available to those with life-threatening illnesses such as advanced cancer, chronic illnesses including end-stage kidney, heart, lung and neurological failure 	<ul style="list-style-type: none"> • Costs can be kept affordable through various subsidies and financial schemes • Government subsidy is available through means-testing • Other financial schemes (e.g MediSave) are available

Indeed, the quality of life is highly subjective from one to another. Therefore, wait no more to talk, plan and act.

You should define your own palliative care needs that aim to relieve your suffering, improve your quality of life and that of your family as the system offers the care for the "whole person".

Former US President Barack Obama once said: "Change will not come if we wait for some other person or some other time.

We are the ones we've been waiting for.

We are the change that we seek."

Let's wait no more — your decision will make the difference.

Ms Evelyn Leong
Chief Executive
Singapore Hospice Council

The 3As that one can rely on to prioritise in order to achieve holistic healthcare plans are — **A**vailability, **A**ccessibility and **A**ffordability.



Making music — a patient with music therapist Isabel Tan. Opposite page: An occupational therapist and a physiotherapist are physically present with patients to facilitate music therapy, attending to patients' needs at their bedside

Technology-enabled continual therapy

In times of necessity and for the health and safety of patients, sometimes it is best for caregivers to be physically distant, but this does not mean they will not be emotionally present for them.

St Luke's Hospital cares for the whole person, as patients have more than just physical needs. Art and music therapy can help lift their mood and hence facilitate recovery or improve quality of life.


"Safety first," said Ms Kang who wished only to be known by her surname. Her mother, 81, was taking part in art and music therapy using remote technology for some 'engagement' and 'motivation'. As physical distancing helps reduce the risk of COVID-19 infection, St Luke's Hospital staff work in different zones. The use of teleconferencing technology has helped the art and music therapists to be with patients virtually. Patients can see and hear their therapists, and vice versa. The music therapist can still sing along with patients, motivating them to respond and follow, and the art therapist can still demonstrate and guide patients in art.

Physically present with patients are their assigned occupational therapists. Music therapist Isabel Tan says of these colleagues, "They are our eyes, ears, hands and legs. They are critical to ensure the effectiveness of the programme as they are on-site to attend to patients."

Occupational therapist, Batrishya Binte Dol Rani, is glad that music and art therapy could continue, "It is worth the effort when we see our patients enjoy the activities."

St Luke's Hospital cares for the whole person, as patients have more than just physical needs. They also have social and emotional needs. For example, serious illness may lower a patient's spirit, which in turn will affect appetite, sleep, and willingness to partake of medication and therapy. Art and music therapy can help lift their mood and hence facilitate recovery or improve quality of life.

The hospital has used technology for speech therapy since 2016, with telemeeting software to help patients who are home-bound. "Such patients can still receive therapy while saving time, effort and money on travelling to the hospital and back home. By reducing barriers of time and space, the desired frequency of therapy can continue and patients may improve their ability to swallow, eat and speak, for example, after stroke," said Kenneth Lam, Deputy Director of Rehabilitation Services.

Kenneth added, "Being evidence-based in our approach, we will review the effectiveness of the medium in music and art therapy to see if it can be a long term alternative to help more patients who have ambulatory constraints, even when we are back to DORSCON Green and distancing is no longer a requirement." 



WORDS AND PHOTOS ST LUKE'S HOSPITAL

Doing more together

Palliative care offers various aspects of care, especially for elderly patients, by relieving symptoms, pain and stress of serious illnesses to improve their quality of life. Members of the care team from Sengkang Community Hospital look at what defines palliative care.



Life is a gift and every single moment should be cherished. Happiness can come in many forms — even as far as giving joy to others.

For Mr Low (not his real name), his life was full of positivity. The Sengkang Community Hospital (SKCH) palliative patient remained cheerful despite suffering from metastatic prostate cancer.

“He would greet everyone with a broad and uplifting smile. It always made my day,” said Dr Sumayyah Omar Bin Talib, a Resident Physician treating Mr Low from the SKCH Post-Acute and Continuing Care (PACC) team.

Dr Sumayyah revealed that Mr Low’s smile was contagious too, spreading to help elevate

everyone’s mood. He cultivated this liveliness within the hospital and maintained it till the day he was discharged to spend the rest of his days at home.

FULFILLING A LAST WISH

Mr Low would keep himself active without fail. He derived joy from reading newspapers, watching television and socialising with other patients, or by simply appreciating the greenery at the Hospital’s garden.

In between all of these activities, Mr Low participated in therapy sessions and attended his specialist appointments at the acute hospital.

“For patients like Mr Low who travel back and forth for appointments every day, ambulance fees are a major concern,” said Dr Sumayyah.

To ease Mr Low’s financial burden, the care team worked together to find alternatives.

Together with the rehab team, they began to provide caregiver training to Mr Low’s son. Within three days, they equipped him with skills on how to transfer Mr Low by vehicle so that he can accompany his father for appointments instead of engaging an ambulance service.

While that was going on, the Medical Social Service (MSS) team assisted Mr Low in fulfilling his wish of spending his remaining days with his wife. Knowing that it is very important to him, the team worked closely with Mr Low to identify possible solutions to make his wish come true.

In the end, the Medical Social Worker helped his family with relevant information to apply for a domestic helper to aid his family members in caring for him when he returned home.

Thanks to the team’s commendable effort, Mr Low’s needs were addressed promptly and he was able to return home after the helper arrived.

“We were filled with joy and satisfaction because we were able to provide appropriate care to Mr Low and fulfil his wish!” said Dr Summayyah.

Opposite page:
Dr Sumayyah (second
from left) with her
team at SKCH

TEAMWORK IN PALLIATIVE CARE

The needs of patients suffering from life-threatening illnesses vary and it is rarely possible for just one professional to provide adequate care. A support team is required in order to help patients like Mr Low.

“The team often goes beyond the call of duty by offering assistance to patients as some of them might be reluctant to ask for help,” explained Dr Sumayyah.

Family members are also part of the care team. They have a role in caring for the patients, direct their plan of care and take part in any decision making.

It really takes great effort from everyone to achieve a common goal. Palliative patients can benefit as there is cooperation and understanding among the team members.

The quote by the late deaf-blind American author is so apt here: “Alone, we can do so little; together we can do so much!”

“

The team often goes beyond their call of duty by offering assistance to patients as some of them might be reluctant to ask for help.”



WORDS AND STAFF PHOTO: SENGKANG COMMUNITY HOSPITAL
OPPOSITE PAGE PHOTO: SABINE VAN ERP/PIXABAY

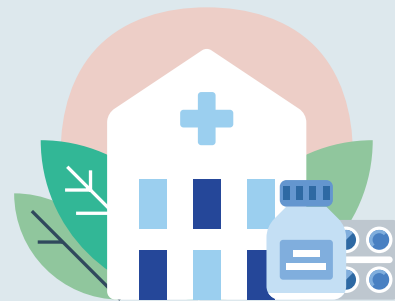
Accessing palliative care

Assisi Hospice offers a four-step guide to finding the most suitable type of palliative care for your loved ones.

Step 1: Choose a suitable service

Assisi Hospice provides care for patients across the spectrum of Inpatient, Home Care and Day Care palliative care services. This allows patients and family members to journey with a clinical team they are familiar with, and to receive the care they need.

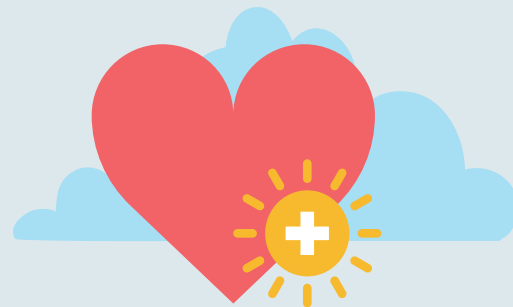
Our **Inpatient Care** is for patients of all ages who need specialist palliative care in an inpatient environment. The cost of inpatient stay will depend on the level of government subsidy based on a means test. This government subsidy, together with MediShield Life and a subsidy from Assisi Hospice will help lower the cost to patients. Prospective patients and their families can speak with the Medical Social Workers regarding any concerns about the cost of stay.



Our **Home Care** service is for patients who prefer to be cared for at home, if their condition allows. Regular home visits by our care team support families in caring for patients by helping them manage the symptoms of advanced illnesses and provide psychosocial and other practical support. Our Home Care service is offered free to all patients, regardless of location in Singapore.



Our **Day Care** service provides a warm and interactive environment for patients who require care during the day. It is made accessible by ferrying patients to and from their homes. Our Day Care fee is a nominal \$10 per day and it covers two-way transport, meals, medical consultations, nursing attendance, psychosocial support, occupational therapy, physiotherapy, as well as all therapeutic and recreational activities, including outings.



Step 2: Get a doctor's referral

Admission to Assisi Hospice's Inpatient, Home Care and Day Care services is by doctor's referral. The patient's doctor (either a general practitioner or one from a hospital) will need to complete a referral form available on Assisi Hospice's website (https://www.assisihospice.org.sg/wp-content/uploads/SHC-Common-Referral-Form_20-Jan-2020.pdf)



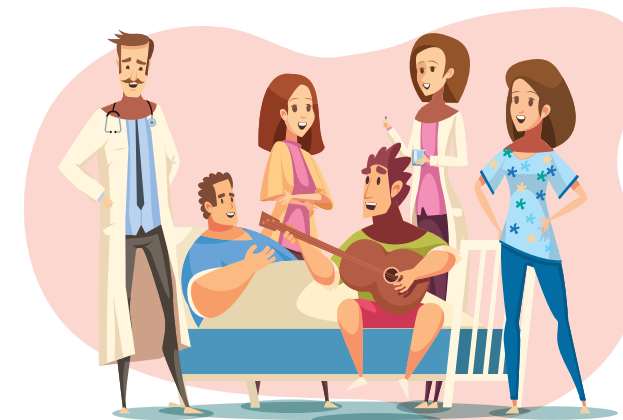
Step 3: Wait for Assisi Hospice's update


Upon receipt of the referral form, our doctor will assess the patient's suitability for palliative care and will contact the referring hospital or doctor on admission arrangements, such as bed availability, date of first assessment visit, and so on.



Step 4: Arrange for transfer of patient (for Inpatient service)

The ambulance transfer will be arranged by the referring hospital or doctor. A family member will need to accompany the patient during the transfer and facilitate his or her admission process.



The patient will be cared for by our team of specialist doctors, nurses, allied health and pastoral care professionals. When faced with life-limiting illnesses, our patients receive medical care, as well as psychosocial, emotional and spiritual care. 



Dr Andy Lee (first row, third from left), Head of MWS Home Care & Home Hospice with his teams

What does it take to have a ‘good death’?

Head of MWS Home Care & Home Hospice Dr Andy Lee addresses common concerns about the accessibility of palliative care.

For many Singaporeans, death is viewed as a taboo subject, and family members worry that raising the topic will affect the patient’s will to live. They also have the impression that end-of-life care is unaffordable and difficult to access, causing them to think about it too late. Conversations about palliative care for the terminally ill tend to remain off-limits until they are absolutely necessary.

It is important to explore the underlying ideas and previous experiences that may have given shape to their current concerns. There may be deep-seated beliefs that have been built up over many years based on what they have seen or heard from trusted friends or family members. In this article, we look at some of the concerns expressed by patients and their caregivers, and how palliative care can be made accessible to them.

WORDS AND PHOTOS: METHODIST WELFARE SERVICES

A patient can still receive curative treatment while undergoing palliative care. The aim of palliative care is to provide a better quality of life for patients by helping them with their physical, psychological and spiritual needs.

PALLIATIVE CARE IS NOT LIMITED TO A HOSPICE AND IS APPROPRIATE AT ANY STAGE OF A SERIOUS MEDICAL CONDITION

Contrary to popular belief, a hospice is not just a medical facility for patients to receive care at the final stage of their lives. The term “hospice” actually refers to a concept of care that focuses on improving the quality of life for terminally-ill patients and their loved ones. This care can be delivered at home or in long-term care facilities such as nursing homes, or inpatient hospices.

Palliative care is appropriate at any stage of a serious medical condition. A patient can still receive curative treatment while undergoing palliative care. The aim of palliative care is to provide a better quality of life for patients by helping them with their physical, psychological and spiritual needs. In fact, starting palliative care as early as possible after diagnosis has proven to be beneficial to patients in offering a higher quality of life.

The MWS Home Care & Home Hospice team provides a suite of home-based care for patients so they may continue to live in the comfort of their own homes. Beyond providing care, we also coordinate care services and financial options in the community and with hospitals for our patients. Our services accept referrals from hospitals, private general practitioner clinics or other home care agencies through the online Agency for Integrated Care portal, through email or fax.

FOR HOME-BOUND PATIENTS, PALLIATIVE HOME CARE CAN BE BENEFICIAL

Although there are limitations to the diagnostic tests that can be done at home, palliative home care is still beneficial for patients, especially those who are home-bound and are unable to travel to the hospital for their regular follow-ups. With good clinicians tending to patients, diagnosis and medication can still be administered effectively. This also supports those with advanced diseases who need palliative care to manage pain, and fulfil their wish to spend their final days at home. At MWS Home Hospice, our teams of doctors,




nurses and medical social workers make regular home visits and provide round-the-clock support. If a problem crops up in the middle of the night or at weekends, the patient and their caregivers are assured that help is only a phone call away and that a doctor will visit the patient if necessary.

This support from home care doctors and nurses helps to allay a lot of anxieties of home-bound patients, especially if they are no longer able to visit the hospital for their usual follow-ups. Many of our patients actually look forward to the visits even when they are well because of the companionship and camaraderie.

HOLISTIC PALLIATIVE CARE ALSO SUPPORTS CAREGIVERS, EVEN AFTER THE PATIENT PASSES AWAY

Holistic palliative care takes into consideration the patient and caregiver's needs. Our team uses a person-centred approach which entails engagement with each patient and the family to understand their total needs. These may include medical care, nursing care, home personal care, as well as housekeeping, errand-running and assistance with

daily activities such as bathing, moving around, dressing, transferring, toileting and eating.

Grief and bereavement are also important aspects of palliative care. When patients pass away, it is essential to support their families with a team that is able to assess their psychosocial and spiritual needs. Through bereavement follow-ups and counselling, they can help family members to cope with grief and receive closure. 

Our team uses a person-centred approach which entails engagement with each patient and the family to understand their total needs.

An MWS Home Care & Home Hospice patient receives holistic care in the comfort of his own home

The essence of care is always affordable

St. Joseph's Home holds true that care can remain affordable with creativity, conversation and compassion applied to the mix.

Gina was in tears, "My mother was very poor. She couldn't afford to send me to school. She didn't have enough money for food. She loves me so much. Now, she's gone." Gina choked on her own tears. Gina is one of our Residents. She has advanced dementia and today, she was missing her mother more than usual. Sitting beside her, I had the privilege of sharing in her life as a daughter.

Her heartache of growing up in a poor family brought to mind some questions: What determines whether something is available to you? Is it your pay check or how luxurious the place looks?

In essence, the heart of hospice care is to provide physical, emotional and spiritual

comfort during the remaining days of someone's life. The comfort of a tender companion and respect for human dignity is always affordable.

A MEASURE OF CREATIVITY

The COVID-19 situation has pushed our creative limits and challenged what we thought was impossible. Before the circuit breaker started, volunteers hosted a slew of art, music and dance programmes at the Home. Now, with a webcam and a portable TV, our volunteers zoom into our Residents' clusters to host spontaneous virtual activities. While the warmth of touch is not easily replaceable, technology can help to bridge the physical distance between us and nurture our relationships.

Residents of St Joseph's Home enjoy a performance by band Jamspiration






To care for Residents as persons, not patients, we need to start with having real conversations with them, and getting to know them.

To care for Residents as persons, not patients, we need to start with having real conversations with them, and getting to know them.

Our pastoral team tends to our Residents from their first day at our Home. The team welcomes Residents at the front door, befriends them during their stay here and accompanies them when they take their last breath.

Aside from our staff team, our volunteers have different but valuable roles in Residents' lives. Volunteers provide a listening ear to Residents, not only to share their burdens, but also to share in their years of lived experiences and wisdom.

Before the circuit breaker started, youth volunteers visit the Home to befriend our Residents. To continue these relationships and create new ones, our Residents and youths exchange postcards and digital hellos instead.

Our staff are honoured to share in the stories of our Residents and to cultivate hope and resilience with them. In difficult times as these, supporting one another becomes more important than ever. For caregivers and volunteers who are now homebound, a care that inspires hope can continue to be available and affordable with creativity, conversation and the heart of care. 

Youth volunteers who could no longer visit send photos and write letters to keep in touch with St. Joseph's Home Residents. Opposite page: St. Joseph's Home Residents enjoying a virtual live performance by band Volunteer Guitar Connection

One example is the live bands that perform during our weekly coffee corner sessions. In the past, live bands would hook up their portable sound systems to busk for Residents. Residents can make song requests, sing and clap along, while enjoying the company of other Residents and volunteers.

Today, our live band sessions look slightly different. With Zoom, Residents can make song requests live like before. The playful banter between the musician-host and Residents adds vibrance and laughter to the Home. More importantly, the volunteers who are zooming into the Home also bring a semblance of community life when they share nuggets about what is happening in their own households.

A MODE OF CARE

One of our staff members once commented, "It is not the outcome that matters. It is whether Residents are proud of themselves after the activity." As much as possible, our staff arrange the physical space and materials so that Residents are empowered to engage.

Every morning, Mr Tee reads *The Straits Times*, not only to catch up on the news, but also to learn English. Last year, Mr Tee attended volunteer-run computer lessons and learnt how to get on YouTube and Google Translate to learn conversational English.

Mr Tee now spends more of his time in his living area, where there are neither computer units nor volunteer teachers around. To encourage continual learning, staff at that cluster have made notebooks and newspapers available to him. He would then diligently jot down the English phrases that he picks up from the newspaper and enlist the staff around to help with translation.

A MATTER OF CONVERSATION

For Residents who move into our Home, they need to bid goodbye to parts of their lives that they might have grown familiar with. A new environment can bring elevated anxiety. When we are anxious, we either fight the feeling with 'uncooperative behaviour' or flee from it by insisting on returning to the old life.

WORDS AND PHOTOS: SHEREEN NG, COMMUNITY PARTNERSHIPS, ST. JOSEPH'S HOME
RESIDENTS' NAMES HAVE BEEN CHANGED





SPCC 2020

Embrace • Engage • Envision

7TH SINGAPORE PALLIATIVE CARE CONFERENCE

www.singaporepalliativecare.com

SPCC 2020

is a biennial conference that aims to engage professionals beyond the palliative care community.

In light of the COVID-19 pandemic and the advisory from the Ministry of Health to cancel or defer large-scale events, the organising committee has decided to postpone SPCC 2020 to the first quarter of 2021.

The safety of our speakers and delegates will always be our top priority.

Please look out for further updates at
www.singaporepalliativecare.com.

For any queries, kindly contact us at
secretariat@singaporepalliativecare.com

In the meantime, we urge everyone to exercise social responsibility and safe distancing. We are confident that Singapore will ride through this challenging time with everyone's efforts and prayers.



SCAN ME!

WORKSHOP HIGHLIGHTS

- Communication, Law, Ethics and Professional Regulations (CLEaR) workshop
- Neuropalliative Care Made Easy
- Serious illness conversations
- Palliative care nursing - Management of complex palliative care issues in the community
- Use of Music and Imagery (MI) in Palliative and End-of-life Care
- Psychological Interventions and Techniques in Palliative and End-of-life Care
- Management of breathlessness

MAIN CONFERENCE HIGHLIGHTS

- Pain Management
- Through Music and Art Making - Bring Your Inner World into Practice
- Mental Wellness in Palliative Care
- Cancer Updates - Immunotherapy and Immunotoxicity



SHC @ Queenstown Public Library

Explore and learn more about palliative care and end-of-life matters through stories, digital resources, a photo-documentary and more at the exhibition!

Venue: Queenstown Public Library, Level 1, 53 Margaret Dr, Singapore 149297

Date: Sunday, 16 Aug - Monday, 31 Aug 2020

*In view of the COVID-19 situation, please check our website www.singaporehospice.org.sg for updates.



Singapore Hospice Council Turns



Stay tuned for more information on our
Charity Gala Dinner
happening in early 2021

Palliative Care Services in Singapore

HOME PALLIATIVE CARE

- Assisi Hospice
- Buddhist Compassion Relief Tzu-Chi Foundation (Singapore)
- Dover Park Hospice
- HCA Hospice Care
- Metta Hospice Care
- MWS Home Care & Home Hospice
- Singapore Cancer Society
- Tsao Foundation (Hua Mei Mobile Clinic)

DAY PALLIATIVE CARE

- Assisi Hospice
- Dover Park Hospice
- HCA Hospice Care

INPATIENT PALLIATIVE CARE

- Assisi Hospice
- Bright Vision Hospital
- Dover Park Hospice
- St Andrew's Community Hospital
- St Joseph's Home
- St Luke's Hospital
- Yishun Community Hospital

CONSULTATIVE SERVICES

- Changi General Hospital
- Khoo Teck Puat Hospital
- KK Women's and Children's Hospital
- Ng Teng Fong General Hospital
- National Cancer Centre Singapore
- National University Hospital
- Tan Tock Seng Hospital



For referrals to service providers of inpatient care, home care and day care services, visit <https://singaporehospice.org.sg/shc-common-referral-form/> or scan the QR code above (for healthcare professionals' use).

WORDS SINGAPORE HOSPICE COUNCIL PHOTO ASSISI HOSPICE

New Inpatient Palliative Care Service

On 1 April 2020, the Ministry of Health (MOH) launched the Inpatient Hospice Palliative Care Service (IHPCS) to provide patient-centric and seamless care to patients receiving inpatient palliative care. This new service is in line with MOH's ongoing efforts to improve the quality, accessibility and affordability of palliative care.

AVAILABILITY: MEETING PATIENTS' PALLIATIVE NEEDS

With the IHPCS, a common service framework will be introduced to ensure that all service providers are able to provide a standard scope of services to meet the needs of palliative patients in two tiers.¹

1. General palliative care is for patients with palliative care needs that require inpatient management. Examples include relieving symptoms such as pain and breathlessness through oral and subcutaneous medication, as well as socioemotional support for patients and caregivers during this difficult time in their lives.

2. Specialised palliative care is for patients with complex needs that require higher levels of care (compared with general palliative care). Examples include the administration of intravenous medication and specialised wound care for complex wounds.

Patients will be assigned to the appropriate tier based on their goals of care and needs. Each patient's assigned tier will be regularly reviewed and updated by doctors as needed.

The framework will also allow patients with fluctuating care needs due to changes in their health condition to be cared for in the same location. This promotes continuity of care and minimises the need for transfers to different care facilities. As all providers will be required to provide a standard scope of services, patients also have the option of a wider range of providers and can be more assured that their care needs will be fulfilled regardless of setting.



ACCESSIBILITY: ADMISSION AND REFERRALS

Patients can be admitted to IHPCS from acute hospitals and direct referrals from the community, such as from General Practitioners and Home Palliative Care providers. The expansion of referral pathways will improve the accessibility of inpatient palliative care for patients who require it and facilitate the right-siting of patients.



AFFORDABILITY: EXTENSION OF SUBSIDIES

Singapore residents admitted into IHPCS are eligible for means-tested government subsidies of up to 75%. To better support patients who require inpatient palliative care, MediShield Life coverage will be extended to all IHPCS patients, and MediSave withdrawal limits will be increased for patients with more complex needs. Singaporeans who cannot afford their bills after subsidies, MediShield Life and MediSave, may apply for MediFund.



	MediShield Life limits
General palliative care	\$250/day
Specialised palliative care	\$350/day

	MediSave limits
General palliative care	\$250/day
Specialised palliative care	\$350/day

For more information on IHPCS and other Intermediate and Long-Term Care Services, patients and their caregivers can visit the Agency for Integrated Care's website or approach their regular doctors or medical social workers.

¹ With the exception of St Joseph's Home, which only provides general palliative care.



**SingHealth
Community Hospitals**

Bright Vision • Outram • Sengkang

SingHealth Community Hospitals

Singapore Hospice Council welcomes SingHealth Community Hospitals (SCH) as our new member on 1 April 2020.

SCH oversees the management of Bright Vision Hospital, Sengkang Community Hospital and the new Outram Community Hospital, which opened on 18 November, 2019.

The focus at SCH goes beyond patients' length of hospital stay, aiming to provide a homely environment in community hospitals for patients to receive well-paced, personalised care. The multidisciplinary team helps patients to not only recover from their medical conditions, but also regain abilities to integrate into the community. SCH wants to shape the way they deliver person-centred care across healthcare settings, and beyond the hospital to the community.



Download Caregiver Resource Booklets

Singapore Hospice Council's booklets, which aim to better support and empower caregivers, are now available for download in 4 languages — English, Mandarin, Malay and Tamil.

Learn more about Caring for Yourself After a Death, Nutrition in Advanced Illnesses and Understanding the Final Hours at <https://singaporehospice.org.sg/caregiver/>

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Design
Printer

Christian Subrata
Yung Shung Printrade Pte Ltd



1 Lorong 2 Toa Payoh #07-00
Braddell House
Singapore 319637
T: 6538 2231
E: secretariat@singaporehospice.org.sg
www.singaporehospice.org.sg



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