SINGAPORE HOSPICE COUNCIL

FREQUENTLY ASKED QUESTIONS (as at 30 Sep 2023)

Introduction to Palliative Care

1. What is Palliative Care?

   Palliative care is the active holistic care of individuals across all ages with serious health-related suffering due to life-threatening illness, and especially of those near the end of life. It aims to improve the quality of life of patients, their families and caregivers.

2. What are the principles of Palliative Care?

   Palliative Care:

   - Affirms life and regards dying as a normal process.
   - Neither hastens nor postpones death.
   - Provides relief from pain and other distressing symptoms.
   - Integrates the psychological and spiritual aspects of care.
   - Offers a support system to help patients live as actively as possible until death.

3. Who can receive Palliative Care?

   Palliative care is for people of any age and at any stage of a serious life-threatening illness.

Palliative Care Providers in Singapore

A. Referral Process

1. What are the Palliative Care Services available in Singapore?

   Palliative Care Services are available in different settings:

   Hospitals

   Inpatient and outpatient Palliative Care consultations are available in all restructured hospitals.

   Private hospitals may have contacts for private palliative care consult services.

   Inpatient Hospices

   i. Assisi Hospice
   ii. Dover Park Hospice
   iii. St Joseph's Home

Inpatient Palliative Care Wards in Community Hospitals

i. Outram Community Hospital
ii. Ren Ci Community Hospital
iii. Sengkang Community Hospital
iv. St Andrew's Community Hospital
v. St Luke's Hospital
vi. Yishun Community Hospital

Hospice Home Care

i. Assisi Hospice (Islandwide coverage)
ii. Buddhist Compassion Relief Tzu-Chi Foundation (Singapore)
iii. Dover Park Hospice (Central area coverage)
    - Includes: Programme Dignity (for patients with advanced dementia)
iv. HCA Hospice (Islandwide coverage)
v. MWS Home Care and Hospice (Islandwide coverage except East side)
vi. Metta Hospice Care (East side coverage)
vii. Singapore Cancer Society (Islandwide, for cancer patients only)
viii. St Andrew's Community Hospital (East side coverage for patients with end-stage organ failure)
ix. Tsao Foundation (Hua Mei Mobile Clinic)

Hospice Day Care

i. Assisi Hospice
ii. Dover Park Hospice
iii. HCA Hospice

2. What are the admission criteria for the various Palliative Care Services?

a) Inpatient Hospices:
- Prognosis ≤ 3 months
- Some patients with prognosis > 3 months may be admitted if they have specific needs which are better met in an inpatient hospice (e.g. respite care, inpatient symptom control, a course of treatment) (Please refer to the respective hospices for more information)

b) Inpatient Palliative Care Wards in Community Hospitals:
- Prognosis ≤ 3 months

- Patients with a longer prognosis may be admitted for a period of time if they require specialised interventions or monitoring in a palliative care ward in a community hospital

c) Hospice Home Care
- Prognosis likely ≤ 1 year

ci) Hospice Day Care
- Prognosis likely ≤ 1 year
- Able to tolerate transport from home to day care centre and back (Please check with the respective centres for oxygen-dependent patients)

3. When should I refer a patient to Palliative Care?

Any patient with a life-threatening illness can be referred to Palliative Care, especially if they have physical symptoms, psychosocial and / or spiritual needs.

Hospitals
Patients in the Restructured Hospitals can be referred, even if they are still undergoing treatment (eg chemotherapy, radiotherapy or other disease-modifying treatment)

Inpatient Hospices and Palliative Care wards in Community Hospitals
Patients are often referred to Inpatient Hospices and Palliative care wards in Community Hospitals when:
- they cannot be cared for at home, either due to caregiver stress or the lack of a caregiver
- they need symptom control or interventions in an inpatient setting

Hospice Home Care
- Patients with a life-threatening illness and prefer to be cared for at home can be referred to Hospice Home Care services.
- The home care team can titrate medications for symptom control, provide medical advice and treatment such as oral antibiotics. They can also offer advice on whether and when it is appropriate to refer a patient to hospital for further evaluation and treatment when a patient's clinical condition changes.
- Some patients prefer to pass away at home. The home care team would journey with the patient and family until the end.
- Patients being cared for at home need to have committed and competent caregiver(s).

Hospice Day Care
- Patients can be referred to Hospice Day Care to keep them engaged in activities and social interaction.
- Sometimes, patients are referred to Hospice Day Care if their caregivers are working during certain hours.
- The day care centres have medical, nursing and allied health support.

4. How can a patient be referred to palliative care?

Hospital

- For inpatient palliative care consults, please refer to your hospital's referral process.
- For outpatient palliative care consults, you can arrange for an outpatient palliative care clinic appointment by calling the respective clinic and providing a memo from the referring doctor.

Inpatient Hospice / Hospice Home Care / Hospice Day Care

- You can refer a patient by using the AIC referral portal if you have a registered AIC account. Please indicate the specific service required and the referral will be directed to the specified service.
- You can also submit the SHC Common Referral e-Form (available on the SHC website), which will be emailed to the institution you wish to refer to.
- For urgent referrals (e.g. if the patient needs urgent hospice home care review or admission from home to inpatient hospice), please contact the respective institutions **by phone**.

For any queries, please contact the respective institution.

5. What information is needed for a palliative care referral?

Important information to include:

- Detailed medical history, including previous oncological treatment if any or if there are further treatment plans
- Any physical symptoms, psychosocial or spiritual issues to note
- Current medication list
- Patient's main spokesperson's contact details
- Patient's goals of care or Advance Care Plan if available

6. How is the referring team informed of the referral outcome?

Hospital

- The palliative care team will provide a referral reply for inpatient referrals
- The outpatient clinic staff will inform the patient or family of the appointment date once the referral is accepted.

Inpatient Hospices and Palliative Care Wards in Community Hospitals

- The administrator or clinical team may contact the referring party if there are any queries regarding the referral.
- The administrator will inform the referring party of the outcome of the referral by the use of a response form or in the AIC portal.
- If a referral is deemed inappropriate, the palliative care team would usually inform the referring party to make alternative arrangements.
- Once accepted, the patient may be placed on a waiting list. The date of transfer will be informed once confirmed.

Hospice Home Care / Hospice Day Care

- The administrator or clinical team may contact the referring party if there are further queries regarding the referral.
- The nurse or administrator will contact the patient or family directly to arrange a home visit or day care assessment.
- If a referral is deemed inappropriate, the clinical team would usually inform the referring party to make alternative arrangements.

7. How is the patient transferred from one place of care to another?

Hospital to Inpatient Hospice / Palliative Care Ward in Community Hospital

- Once the time and date of transfer are confirmed, the hospital team should arrange for transport of the patient from the ward directly to the inpatient hospice / palliative care ward at the specified time.
- The family member / healthcare proxy should be informed and asked to accompany the patient on the day of transfer.

Home to Inpatient Hospice/ Palliative Care Ward in Community Hospital

- Once the time and date of transfer are confirmed, the family / caregiver / healthcare proxy should arrange for transport of the patient from home directly to the inpatient hospice / palliative care ward at the specified time.
- The family member / healthcare proxy should accompany the patient on the day of transfer.

8. Can a patient be discharged from palliative care services? If so, what are the criteria for discharge?

Discharge from Inpatient Hospices and Palliative Care Wards in Community Hospitals

- Yes, a patient may be discharged from the inpatient hospice or palliative care ward if he / she is medically stable with well-controlled symptoms and deemed to have a longer prognosis. Care may be continued elsewhere, e.g. home or nursing home.
- A patient can be discharged home if the wish of the patient and family is for him / her to be cared for at home with the help of a competent caregiver.
- In some instances, a patient can be discharged home during the last few days of life to fulfil a wish to pass away at home, in what is termed a compassionate (previously known as terminal) discharge (ComD). Visit SHC eLibrary for more ComD resources.

Discharge from Hospice Home Care / Day Care

- Yes, a patient may be discharged from these services. Alternative arrangements, e.g. palliative care outpatient clinic appointments may be arranged where appropriate.

- In situations where the patient is getting too frail to attend the day care centre, arrangements for hospice home care can be made.

Can a patient be discharged from Palliative Care? If so, what are the criteria for discharge?

Yes, a patient can be discharged from Palliative Care if the patient's condition improves and is no longer considered to have a life-threatening illness.

9. In cases where patients are discharged from Palliative Care, can they be referred to palliative care when the need arises again?

Yes, they can be referred to palliative care when the need arises again.

B. Palliative Care Services

Community Inpatient Palliative Care Services

1. What are the criteria for inpatient palliative care services in the community?

As a general guide, inpatient palliative care services look after patients who are in the last few months of life, with an expected prognosis of 3 months or less.

Service providers may also accommodate patients with a longer prognosis who need temporary inpatient treatment or care planning.

2. How long can a patient stay?

The expected duration of stay depends on each patient's medical condition as well as the reason for referral. If in doubt, healthcare providers can clarify this with the respective service providers.

3. What are the visiting hours?

The visiting hours are dependent on the respective service providers, and may change depending on external factors (e.g. presence of an ongoing pandemic).

4. Can family members or caregivers stay overnight?

While service providers are understanding of the desire for family members or caregivers to stay overnight and would do their best to assist, it is recommended

to clarify with respective service providers if and how they may be able to accommodate each request.

5. How can patients and family members find out more about inpatient palliative care services in the community before deciding on admission?

If recommendation for admission to an inpatient palliative care service comes from a healthcare provider, they can be approached for further information.

Many service providers also provide various modes of contact that will enable them to address your queries directly.

6. What happens if / when a patient outlives the prognosis?

The clinical team will assess each patient's situation and medical condition in order to make a recommendation as to the best place of care for the patient.

7. Can a patient be discharged home from an inpatient palliative care service?

- Yes, a patient may be discharged from the inpatient hospice or palliative care ward if he / she is medically stable with well-controlled symptoms and deemed to have a longer prognosis. Care may be continued elsewhere, e.g. home or nursing home.
- A patient can be discharged home if the wish of the patient and family is for him / her to be cared for at home with the help of a competent caregiver.
- The clinical team will work with each patient and their family or caregivers to come up with the best arrangement. This includes linking each patient up with service providers in the community to ensure that they continue to be supported regardless of where they may be.
- In some instances, a patient can be discharged home during the last few days of life to fulfil a wish to pass away at home, in what is termed a terminal discharge.

8. Can a patient go on home leave?

While service providers are understanding of the various reasons for home leave and would do their best to assist, it is recommended to clarify with respective service providers if and how they may be able to accommodate each request.

9. Can investigations be done (e.g. blood tests, X-rays)?

- Although invasive or aggressive investigations are seldom done in the inpatient palliative care setting, each service provider may have capabilities to perform certain tests where indicated.
- The clinical team will assess the best approach to each situation and will advise the patient and family accordingly.

10. What services are available? (e.g. PT / OT / AT / MT)

- Each service provider is equipped with the necessary allied health services to allow them to deliver an appropriate level of care for their patients.
- Details about the available services can be obtained from the respective service providers.

11. Can a patient receive treatments such as blood transfusion or IV antibiotics?

- The availability of specific treatments is dependent on the respective service providers.
- As such treatments are not commonly instituted in the inpatient palliative care setting, the clinical team would assess each patient's situation and make appropriate recommendations taking into account the patient's preferences.

12. What are the charges? Are there subsidies available?

- Singapore Residents admitted into Inpatient Hospice Palliative Care Services (IHPCS) are eligible for means-tested Government subsidies of up to 75%, as well as MediShield Life and MediSave coverage.
- IHPCS includes inpatient hospices and community hospital palliative care services.
- If patients need further financial assistance, the respective service providers would be able to provide more information.

13. What if the patient cannot afford the charges? Is financial assistance available?

- In situations where patients and / or their families have financial difficulties with inpatient charges, they may request to speak to a medical social worker to seek financial assistance.

14. Can MediSave, MediShield Life and private insurance be used?

- Based on IHPCS, MediShield Life coverage is extended to all IHPCS patients, and MediSave can be used for patients staying in approved hospices. For private insurance, please check with the respective private insurance providers.

15. What is the MediShield Life and MediSave limit for inpatient charges?

- Depending on the condition and needs of the patient, the Medishield Life and Medisave limits for inpatient palliative care charges range from $250 to $350 per day.

Hospice Home Care

1. What are the criteria for hospice home care?

All patients with a life-threatening illness who wish to be cared for at home may benefit from a hospice home care service. The hospice home care team can provide symptom control, psychosocial support, care coordination and end-of-life care at home.

2. How long can a patient remain under a hospice home care service? Can a patient be discharged from a hospice home care service?

There is no pre-determined limit to the duration of care under a home hospice service. Generally, a patient may be considered for discharge if the patient's condition improves and is no longer considered to have a life-threatening illness, or when care by another primary or community care service is sufficient.

3. How often are the home visits?

The frequency of the home visits is dependent on the level of care that the patient needs. Home visits may range from more than once a week for unstable patients to once a month for stable patients.

4. Who are the healthcare professionals visiting the patient at home?

The hospice home care team consists of the doctor, nurse and medical social worker, and in some services, therapists. The nurse will visit the patient most frequently.

5. Are home care nurses able to perform procedures for a patient at home, e.g. catheter change, nasogastric tube insertion, wound care?

The hospice home care nurses can perform:

- female urinary bladder catheterisation, nasogastric tube insertion, simple wound care, uncomplicated stoma care, oro-pharygneal suctioning and subcutaneous injection.

However, some of these procedures are not routinely performed by the home care nurses. Please check with the respective service providers. Venepuncture, intravenous administration of drugs or hydration, male urinary bladder catheterisation, regular complex wound dressing are usually not done.

6. What other services are available in hospice home care?

Physiotherapy, occupational therapy, music and art therapy may be available as a home care service, depending on the respective service providers.

7. Does the hospice home care nurse provide physical care for the patients?

- The hospice home care nurse focuses on performing a comprehensive palliative care assessment and management of symptoms and psychosocial issues as a priority.
- The nurse can teach caregivers how to provide adequate medical and nursing care to their loved ones.

8. How much does hospice home care cost?

- Some services may have a charge. Please check with respective service providers.
- Patients and caregivers pay for consumables (including medications) at the respective retail and pharmaceutical agencies.

9. What are the options if a family is unable to cope with patient care at home?

- There are various sources of support in the form of a live-in caregiver, foreign domestic worker and private nurses which may be discussed according to the needs of the patient and their caregivers. These services are provided by external agencies.
- Alternatively, the patient may be admitted into an inpatient hospice or inpatient palliative care ward in a community hospital. The hospice home care team will be able to help with the referral.

10. What happens when a patient passes away at home? Who will certify the death of a patient?

- The hospice home care doctor can certify the death of the patient if it occurs during a home visit.
- In other instances, the family can contact general practitioners (GPs) who provide the service for a fee. The contacts of some of these GPs will be provided to the family by the home care team.

Hospice Day Care

1. What are the criteria for hospice day care?

- Life-limiting illness
- Prognosis < 1 year but patients with a longer prognosis may be considered on a case-by-case basis
- Functional status: ambulant or chair-bound

2. How long can a patient stay under a hospice day care service?

- No pre-determined limit
- Subject to review by the hospice day care team beyond 1 year

3. How often can patients attend day care?

- This depends on the respective hospice day care service
- It can be a few days a week to daily, depending on the needs & preference of the patient

4. How much does hospice day care cost? Is there subsidy available?

- The cost is variable, ranging from $0-10 regardless of government subsidy. Please check with the respective service providers.

5. Are meals and transport provided?

- Meals - 2 tea breaks, 1 lunch
- 2-way transport is provided

6. What are the opening hours?

- Pls check with the respective service providers.
- Patients usually arrive by 10am and leave the centre by the mid-afternoon.

7. Can a patient be discharged from a hospice day care service?

- Yes. A patient may be discharged from the hospice day care service. Alternative arrangements, e.g. palliative care outpatient clinic appointments may be arranged if appropriate.
- In situations where the patient is getting too frail to attend the day care centre, arrangements for hospice home care or inpatient hospice can be made.

8. Are day care nurses able to perform procedures for a patient at the day care centre? (e.g. catheter change, nasogastric tube insertion, wound care)

Yes, they are able to perform female catheter change, NGT insertion and simple wound care, uncomplicated stoma care, and subcutaneous injection.

9. What are the activities and services available in hospice day care? (e.g. PT / OT / AT / MT)

- Physiotherapist / Occupational Therapist / Art Therapist / Music Therapist / Speech Therapist / Pastoral Care / Nursing / Doctor / Social Work
- Volunteer-led activities
- Interest groups, e.g. Gardening, cooking, wood craft, art & craft (to check with respective day care service providers)

<u>General questions on caregivers</u>

1. Do the palliative care services provide medical equipment for patients / families to borrow?

Home hospice care providers are able to recommend and / or assist in equipment loans from vendors if needed.

2. What forms of support can palliative care services provide for families and caregivers?

- Psychological support
- Social support
- Spiritual support
- Financial support
- Grief & bereavement support (further elaborated in point 3)

3. Do palliative care services provide grief and bereavement support?

Yes. However, the duration and type of grief and bereavement support varies between palliative care service providers.

Palliative Care Training and Education

1. How can I find out more about palliative care training and courses?

   Information on training and courses can be obtained from these websites:
   - https://singaporehospice.org.sg/palliative-care-education/
   - https://www.duke-nus.edu.sg/lcpc/education
   - https://www.palc.org.sg/education/
   - https://medicine.nus.edu.sg/dgms/graduate-diploma/palliative-medicine/

   Examples of courses are listed as below:
   - Agency for Integrated Care (AIC)
     - ELNEC (End of Life Nursing Education Consortium) Course
     - Basic Palliative Care Certificate
   - The Palliative Care Centre for Excellence in Research and Education (Pal-C)
     - Certificate of Palliative Care
     - Spirituality
     - Geriatric Pall care in Advanced Dementia
     - Pain management
     - Palliative care in Advanced non cancer condition

   - Lien Centre for Palliative Care (LCPC)
     - LCPC-SHC Postgraduate course in Palliative medicine
     - Palliative Care Course for Community Nurses (Basic and advanced)
     - Palliative Care Course for Pharmacists (basic and advanced)
     - Palliative Care Course for Social Workers (basic and advanced)
     - Palliative Care Course for Therapists

2. What is the training programme like to become a palliative care specialist?

   - The training programme will be switched to a residency programme in July 2024.
   - Generally divided into 2-year and 3-year track.
   - Entry criteria for the 2 -year track requires candidates to have fully completed specialist training in any one of the following four: Advanced Internal Medicine, Geriatric Medicine, Medical Oncology, Paediatric Medicine.
   - For the 3-year track, candidates are required to have acquired a Master of Medicine in Family Medicine.
   - For more details, please visit https://www.nhgeducation.nhg.com.sg/nhgresidency/programmes/medical-specialty-senior-residency-programmes/palliative-medicine-(integrated-programme)

For nurses, the different levels of training courses are as listed below:

Level	Courses
Level 1 – Palliative Care Approach	1. ELNEC (AIC) 2. Certificate in Palliative Nursing (AIC) 3. Specialist Diploma in Palliative Care Nursing (Ngee Ann Polytechnic)
Level 2 – General Palliative Care	1. Advanced Diploma In Nursing (Palliative Care) (Nanyang Polytechnic)
Level 3 – Specialist Palliative Care	1. Master of Science (Palliative Care) (King's College, London.), (Monash University, Melbourne) 2. PhD

3. Are there any online resources available for my information when caring for a palliative care patient?

- https://www.duke-nus.edu.sg/lcpc/resources/sg-pall-ebook-disclaimer
- https://singaporehospice.org.sg/e-library

Working in Palliative Care

1. What are the job opportunities in palliative care?

- For medical officers / residents; one may apply through MOPEX or residency electives through MOHH
- For positions as volunteer doctors, resident physicians and others, please refer to the respective organisations' openings and various recruitment platforms

2. What qualifications do healthcare professionals need to provide Palliative Care?

For general palliative care

- Doctors: Postgraduate course (GDPM, SHC postgrad course / APHN Diploma (Flinders) or Staff Registrar Scheme Diploma (SRS)
- Nurses: Introduction to Palliative Care Nursing Course / Certificate in Basic Palliative Care (RN) / ELNEC for nursing / Palliative Care Course for Community Nurses (LCPC)

- Social Workers: Certificate in Basic Palliative Care / Basic Palliative Care Course for Social Workers (PCCSW)

For specialist Palliative Care Appropriately credentialed and certified by Professional training registered or recognised by Professional Organizations / Boards of Specialist Training.

- Palliative Care Medical Specialist: Singapore Medical Council (SMC) registered and Specialist Accreditation Board (SAB) accredited specialist training in Palliative Medicine.
- Palliative Care trained nurse: Nurse with Advanced Diploma in Palliative Care or its equivalent training by an accredited training institution. Specialist Palliative Care Nurse: Nurse recognised as specialist by their credential of a Masters or PhD from an accredited training institution.
- Social Worker: Degree in social work or post-graduate diploma in social work with Basic Palliative Care Course for Social Workers (PCCSW) or equivalent.

Volunteering in Palliative Care

1. How can I volunteer in a palliative care service?

Please approach the respective institutions to find out more about volunteering.

ABOUT ACP, LPA, AMD

1. What is Advance Care Planning?

Advance Care Planning (ACP) is the process of planning for your patients' future health and personal care. Having ACP conversations with their loved ones allows them to:

- Share their personal values and beliefs
- Explore how their values and beliefs affect their healthcare preferences in difficult medical situations
- Think about who among their loved ones can be their voice if they become very ill one day

2. Where can one find ACP facilitators?

Please refer to https://singaporehospice.org.sg/acp-directory/

3. What is a Lasting Power of Attorney?

The Lasting Power of Attorney (LPA) is a legal document which allows a person who is at least 21 years of age ('*donor*'), to voluntarily appoint one or more persons ('*donee(s)*') to make decisions and act on his behalf should he lose mental capacity one day. A donee can be appointed to act in the two broad areas of personal welfare and property & affairs matters.

4. Where can one find a certificate issuer for the LPA?

Please refer to https://www.msf.gov.sg/opg/Pages/The-LPA-Where-to-find-a-Certificate-Issuer.aspx

5. What is an Advance Medical Directive?

An Advance Medical Directive (AMD) is a legal document that your patient signs in advance to inform the doctor treating him / her (in the event he / she becomes terminally ill and unconscious) that he / she does not want any extraordinary life-sustaining treatment to be used to prolong his / her life.

6. How much does it cost to do an AMD?

To do an AMD, your patient will have to consult a doctor who, as a witness, is required to explain the AMD to him / her. He / she may have to pay the doctor for the service rendered. However, the AMD form itself is free.

7. Where can one direct patients to do an AMD?

Please refer to https://www.moh.gov.sg/policies-and-legislation/advance-medical-directive