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# MOH to pilot virtual wards for more medical conditions

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Project to involve 2,000 patients with illnesses including diabetes, pneumonia

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Following the success of the Covid-19 virtual wards programme, where patients who would otherwise be ineligible for home recovery were telemonitored and allowed to safely recover at home, the Ministry of Health (MOH) is looking at a similar set-up for other medical conditions.

The Covid-19 virtual wards at the National University Hospital (NUH), Singapore General Hospital (SGH) and Khoo Teck Puat Hospital (KTPH) have helped more than 700 patients and saved more than 5,000 hospital bed days.

Patients under the programme are prompted via chatbots or phone calls to check their vital signs – such as oxygen saturation and temperature – regularly.

A similar initiative under the MOH Office for Healthcare Transformation (MOHT) called MIC@Home will be launched in the first half of this year for patients with other medical conditions and for those who require post-operative care.

These conditions include diabetes and hypertension, pneumonia, urinary tract infection and chronic infections such as septicæmia, where bacteria enter the bloodstream and cause blood poisoning.

These patients are otherwise stable but need to be hospitalised to manage their medical conditions until they are fit for discharge, said MOH yesterday.

Mr Lai Yi Feng, the project man-

ager for MIC@Home, told The Straits Times that three pilots will be rolled out, at NUH and Alexandra Hospital (NUHS@Home), SGH (SGH@Home) and KTPH (YH Medical Home).

The project will involve 2,000 patients over a period of two years and recruitment will begin in the first half of the year.

Patients must be 21 or older, and must have adequate caregiving support at home if they are not able to take care of themselves, said Mr Lai.

MOH will then review the results of the programme before scaling it up to a mainstream medical service model to complement inpatient hospital care for suitable patients.

Mobile care teams in the pilot phase will deliver selected inpatient-level services to the patient's homes, including teleconsultation, remote vital signs monitoring, regular visits by doctors, nurses and therapists, as well as intravenous therapy and simple blood tests, said MOH.

Asked if there were plans to ensure that seniors or those who are less tech-savvy can use these telemedicine solutions, Mr Lai said that MOHT is working with multiple technology providers to make sure that is the case.

"We are collaborating with tele- and mobile medicine service providers such as Speedoc to augment healthcare manpower on the ground and reduce each pilots' reliance on limited hospital resources," he added.

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