Alexandra Hospital
A member of the NUHS

AHEAD

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One Bed, One Care Team

P10

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Message From CEO

Associate Professor
Jason Phua
Chief Executive Officer

Dear community friends,

Alexandra Hospital celebrates its first year under the care of the National University Health System on the first of June, 2019.

It has been a hectic year. We have operationalised our five signature person-centred programmes: the Well, Fast, Chronic, Healthy Ageing, and Palliative Care Programmes. We have upgraded our wards with communal areas for engagement, set up our Urgent Care Centre, Integrated Care Clinic, Healthy Ageing Clinic, Eye Surgery Centre, Ear Nose Throat Centre, Orthopaedic Centre, Endoscopy Centre, Day Surgery and Main Operating Theatres, Clinical Measurement Centre, and diagnostic imaging and laboratory medicine services, to name a few. Through one principal doctor and one care team, we have cared for thousands of patients with what has been dubbed the "Integrated General Hospital" model, from admission to discharge and from the clinic to the community.

To better prepare our patients for home, one of our wards focuses on specialised rehabilitation for post-stroke, spinal cord injury, traumatic brain injury, and other patients with the help of exoskeleton bionic devices. In addition, we are designing two wards of the future which will be adaptable to evolving care models, patient profiles, and technology. An example of this technology is the robotic nursing assistant which we are designing with the SG Healthcare Assistive and Robotics Programme and local industry.

We have always believed in walking with our patients and their loved ones through their health journey as we redesign healthcare with our people and our community. Many of you, including general practitioners and the primary care networks, National University Polyclinics, Fei Yue, Lions Befrienders, FaithActs, St Andrew's Nursing Home, United Medicare Centre, Silver Generation Office, Community Networks for Seniors, Social Service Office@Queenstown – to name a few – have toiled for years to build a healthier Queenstown. We are privileged to follow your footsteps, and to develop care paths with you. Thanks to your efforts, we have narrowed the gap between healthcare and social care.

Our care managers at CareHub@AH and our community nurses have been able to expand the traditional transitional care programme for hospitals and act as a single point of contact for individuals with a host of complex medical and social issues because of reliable partners like you. In April, our A-Life Community Health Post programme completed four healthy ageing and lifestyle workshops for residents at Queenstown Community Centre, in partnership with the Active Ageing Committee. This will be followed by a comprehensive screening and "Prescriptive Plan" programme for functional decline, chronic diseases, cancer, and vaccinations, which we will run with many of you. We will also be rolling out the Geriatric Service Hub which acts as a satellite mobile clinic to better serve the elderly at community touchpoints. We are also heartened to have welcomed in our midst "Alex Advocates" who not only volunteer in the wards, but also serve as resource persons whom we turn to for ideas on enhancing patient experience, patient activation, hospital design.

Queenstown is one of Singapore's oldest housing estates. About 20% of its residents are 65 years and older, and many of them continue to suffer from multiple chronic diseases. There is so much more we can do together for them. Thank you for all your support over the past 12 months. We are still "young" and we continue to learn from you. Please feel free to contact me at jason_phua@nuhs.edu.sg if you feel there is something we can do better, or if there is anything we can help with.

We look forward to many more years of friendship.

Sincerely,
Jason Phua
CEO, AH

Alexandra Hospital's purpose statement reads, "We walk with you and your loved ones through your health journey as we redesign healthcare with our people and our community."

Today, we let our Care Managers take the lead. They are the friendly faces who, together with our community partners, continue to look after the well-being of our patients long after they have been discharged.

Walking the Journey, HOSPITAL and BEYOND

FEATURE ARTICLE

Madam Shamala (not her real name), 76, is single and lives on her own in a two-room HDB flat. She suffers from chronic diabetes and movement disorder, and most recently suffered from a bad fall. It was the fall that put her back into Alexandra Hospital (AH) where she was first met Care Manager Bernice Gwee.

As her job title suggests, Bernice's role was to care for patients like Madam Shamala. Care Managers are specially trained to support patients in making a smooth hospital-to-home transition.

Madam Shamala warmed up very quickly to Bernice, an experienced nurse of nine years, and the two of them worked closely together to plan ahead for Madam Shamala's discharge, right from her hospital bedside.

As part of the discharge planning process, a therapist was sent to Madam Shamala's house to assess her living conditions. When it was found to be unsafe - the uneven and corroded floor tiles made it a major risk for falls - a phonecall was made to FaithActs, a non-profit community service agency serving the needs of children, youths, families and seniors. FaithActs' volunteers quickly sprung into action, re-laying the floor tiles and getting the house in order before Madam Sharmala's return.

The home assessment visit also unearthed a habit that is prevalant among senior patients. Madam Sharmala was hoarding medications and not taking them as instructed. Under the nurse and pharmacist's guidance, Madam Shamala was coached on how to manage her medications as well as trained to self-administer her insulin injections. With renewed confidence in herself, Madam Shamala is recuperating well at home. Madam Shamala is just one of the many patients AH Care Managers have supported since the role was introduced last June.

Traditionally, hospitals offer discharged patients transitional care services to help them manage their conditions at home. Under the Agency of Integrated Care's (AIC) Hospital-to-Home (H2H) programme, such care usually includes regular home visits by patient navigators or community-based nurses over a period of three to six months.

The AH care team, made up of doctors, care managers, nurses, and administrators, is set up to complement existing efforts in

getting our patients back on their feet as quickly and as safely as possible. They are part of the CareHub@AH initiative, which is a multi-disciplinary team approach to caring for patients.

A Care Manager's work starts once a patient is admitted. The Care Manager chats with the patient to find out more about the patient's medical conditions as well as life at home, and if a family member is available to take care of the patient's needs once the patient gets the all clear from the doctors. With enough information on the Care Manager's hand, the Care Manager is able to craft out, together with the rest of the care team, an ideal discharge plan the moment the patient is well enough to make the journey back home.

Navigating the complex healthcare system can be very challenging for elderly patients like Madam Shamala. The Queenstown district, one of the oldest housing estates here, has over 20% of residents that are over 65 years of age. Their medical issues are often aggravated by other issues like the lack of a support network, family background of abuse, neglect and violence and poor finance. Many of them need regular care across various medical specialties. Having a familiar face and a single point of contact makes it much easier for them to get their routine checkups done on time and stay on track. Sometimes, what they need may simply be a shoulder to lean on, a listening ear or some words of encouragement. Trained in variety of counseling, coaching and motivational techniques, this is something that Care Managers are able to provide.

Today, Bernice still checks in with Madam Sharmala with regular phone calls to her. Both of them know they can also count on the extended community partners who pop by regularly for visits. AH is positive that our work connecting patients, staff and community beyond hospital grounds will go a long way in keeping our elderly healthy and safe.

CareHub@AH can assist in areas such as:

- **Assessing patients' care needs and providing timely interventions and follow-ups and preventing re-admissions**
- **Working with patients, families and community partners to tackle problems beyond medical issues – including financial difficulties or challenging living conditions**
- **Helping patients make the right decisions given the various healthcare options, including hospital care and community care**
- **Linking caregivers up with primary care and social services providers in the community**
- **Providing support to community partners**

CareHub@AH hotline provides support for existing patients, caregivers, and community partners. Our Care Managers can be contacted at 8181 3288, Monday to Friday, 9am -6pm for advice, information, or an assessment of care needs.

There with OUR PATIENTS

"I enjoy spending time, joking with, interacting with and engaging the senior patients in the wards and colouring with them, to keep them occupied and agile in their speech and thoughts. It's important that they are engaged and not bored, which could worsen their cognitive abilities. Some of them do not have family nor visitors. I'm glad my company can lift their spirits and hopefully motivate them to feel better."

– Alexandra Hospital Advocate, Mr Azman Bin Abdullah

Come help make our patients' hospital stay a little better. Join us as an Alex Advocate! The hospital also welcomes pro bono performances on weekday afternoons from 3pm for one hour. For enquiries and registration, please email AH_Advocates@nuhs.edu.sg.

They have belted out songs in the Alexandra Hospital (AH) wards during the festive periods and quietly sat with our patients to ensure they are never alone. They are our Alexandra Hospital Advocates (Alex Advocates), enthusiastic and committed individuals who have joined us as our friend and advocate and given their heart, time and resources in making our patients feel a little less anxious during their stay.

Enrolled under the hospital's Alex H.E.A.L." (Help, Engage, Assist Lives) programme, our Alex Advocates come from all walks of life from students, to working adults and retirees but all with a heart for our patients' wellbeing. To date we have the privilege of having over 60 such volunteers as part of the AH family.

61-year-old Azman Bin Abdullah is one of the most active Alex Advocates since AH came under the National University Health System (NUHS) in June last year. In his time with AH patients, Azman hopes to assist those in need and contribute back to society while learning how to better care for the elderly and the needy, as well as provide support to caregivers and the families. Azman brings with him rich experience from volunteering with other public healthcare institutions and Voluntary Welfare Organisations such as the Singapore Red Cross and National Crime Prevention Council.

Humble and with a strong passion to learn about caregiving and helping others, he underwent training by AH to support the care team in the wards, such as transferring inpatients to wheelchairs, portering them to the communal areas in the wards, engaging the elderly patients by spending his free time with them at the bedside as a minder and befriender, and bringing cheer to them during special festivals and celebrations in the wards, such as Mid-Autumn Festival, Christmas and Chinese New Year.

Rain or shine, Azman would come, sometimes, dressed up in festive garb to lend cheer and entertainment to patients or as a life-sized mascot, never mind beads of perspiration, and filled with enthusiasm which could bring smiles on faces. "I enjoy spending time, joking with, interacting with and engaging the senior patients in the wards and

colouring with them, to keep them occupied and agile in their speech and thoughts. It's important that they are engaged and not bored, which could worsen their cognitive abilities. Some of them do not have family nor visitors. I'm glad my company can lift their spirits and hopefully motivate them to feel better," shared Azman who can converse in Malay, English, Mandarin and simple conversational dialect.

"I started out with helping out at MP Meet-The-People sessions and other grassroots events. I was also part of the parent support groups of my four children growing up in primary and secondary schools. These piqued my passion in volunteering in the community and even brought me across the seas to work with United Nations from 2000 to 2002 at East Timor mission as Fire Chief and then to Africa and Congo till 2006 at worn-torn areas of Kenya, Uganda, Zambia, Ethiopia, Somalia, Zimbabwe.

Azman is also one of our hospital's advocates involved in discharge planning and patient activation in order to empower them to be confident of taking care of themselves independently at home. Outside of his security work and shifts, whenever it is his day off, he spends time at AH and even applies for leave to carry out random acts of kindness at the wards. "It is my privilege to be able to help and cheer them on. It is depressing enough to be sick and more so one is alone to face it. Life is like a candle and when we have got hold of it, we should want to make it burn as brightly as possible before handing it on to future generations of carers. I am happy when I help others."

Aside from regular volunteers like Azman, the hospital also has an arts-in-healing programme as part of Alex H.E.A.L, where schools, corporate groups and special interest and voluntary welfare organisations can come into our wards to perform through music, song and performing arts to bring cheer to our patients.

Since the National University Health System (NUHS) has taken over AH, the hospital has had many performers come through our doors and made the hospital a much livelier place for our patients and their family members.

Alexandra Hospital takes on a more integrated approach to enhance patients' health outcomes and their family's healthcare experience.

Hospitals are run either as acute or community hospitals, where patients receive their diagnosis and treatment for their acute care needs through an acute hospital and are sometimes subsequently, transferred to community hospitals for rehabilitative services such as physiotherapy.

Alexandra Hospital (AH) is the first healthcare institution in Singapore to roll out a new model of care, called the Integrated General Hospital (IGH), where patients receive end-to-end services under one roof from a single care team and where their post discharge care is well integrated with the community.

The multi-disciplinary team which cares for the patient comprises doctors, nurses, pharmacists, therapists, dietitians, medical social workers, care managers, and

Characteristics of the

Inpatient

- Fast track admission to appropriate inpatient facilities
- Single care team practising holistic medicine
- Follow-through from admission, acute to subacute to rehabilitative and community care
- Right-sited care without unnecessary transfers
- Patient and family empowerment and activation, with tailored interventions for conditions

> **“I have been admitted a few times to different hospitals for falls, but this is the first time I am completing a few rehabilitation sessions at a special room within the same ward. It’s convenient and I looked forward to going home to live my normal life again.”**
>
> ***- Alexandra Hospital patient Mr Lo***
>
> *(Not his real name).*

administrators, all of whom lend their expertise for the patient’s physical, mental, and social needs.

Twice a week, this team convenes in the morning to discuss the care plan recommended by the lead member regarding the inpatient’s current condition. Together, the team calibrates the patient’s care plan based on the patient’s needs, which may change over time as the patient’s condition improves or deteriorates. For example, the patient may receive higher intensity of medical care during the initial phase of admission with an acute illness, and as the patient’s condition stabilises, the intensity of the medical care will be scaled down, while the rehabilitative care, which is more critical for recovery at the sub-acute phase of illness, will be ramped up so that the intensity and type of care are seamlessly matched to the trajectory of the patient’s illness.

Upon discharge, patients are referred to a named primary care physician, either a GP or a polyclinic doctor, who will continue to manage the patient. For specialist outpatient appointments, care is coordinated by the patient’s principal doctor at AH. This one principal doctor will attend to all of the patient’s healthcare needs and consolidate care plans for those with multiple chronic conditions into one appointment, according to the patient’s goals. It is hoped that this focus on holistic care will enhance patients’ outcomes and their family’s healthcare experience.

“Such integrated care model is patient-centric where resourcing is also centralised, dynamic and sited where the patient is. The patient does not move from one institution to another, which saves time, administrative hassle and costs. More importantly, this ensures continuity of care and seamless communication within the same care team and overall, better clinical outcomes for the patient”, said Dr Satya Gollamudi, Head of the FAST programme and Senior Consultant at AH.

The design of the IGH model was guided by insights from the community at Queenstown. The Health Innovation Project by the Department of Communications and New Media at the National University of Singapore (NUS) reached out to more than 700 respondents around Queenstown, and identified issues faced by the community. Subsequently, AH partnered the Chua Thian Poh Community Leadership Centre at

IGH Journey:

Outpatient

- Outpatient clinics integrated into key programmes where one principal doctor covers a broad spectrum of co-morbidities in a patient
- Integrated Care Clinic: One doctor consolidates patient’s care plans, cutting down on multiple specialist appointments

Community

- CareHub@AH: Patient is returned to his regular named primary care provider, to ensure that patient will be able to remain healthy and safe at home
- Primary care: Shared care processes with family physicians in the community, including named discharges from hospital to primary care (step-down), and direct access from primary care to hospital (step-up)

NUS to carry out a Receptivity Study of about 170 residents in Queenstown where residents shared their hopes and expectations of AH's care models.

80 year-old Mr Lo (not his real name) experienced AH's IGH care model when he was warded early last year for a fall. Prior to this admission, he had previously been warded for spinning spells and falls. Since his transfer from NUH A&E to AH, he had been managed by a care team led by Dr Liew Mei Fong. Dr Liew also manages his multiple related conditions from hypoglycemia, diabetes, hypertension to chronic kidney disease.

After a few days of medication and treatment, Mr Lo progressed to the next tier of rehabilitative care with physiotherapist, Muhammad Norrisman Bin Mohamed Hassan and occupational therapists, Quek Shufen and Cheryl Goh Jie Ying from the same care team, who over five sessions, helped Mr Lo to ambulate with walking stick assistance.

After several one-hour daily sessions to walk with a walking frame and carrying out several other assisted-living activities such as hanging clothes, sweeping the floor and pouring water, Mr Lo was discharged after two weeks.

"I have been admitted a few times to different hospitals for falls, but this is the first time I am completing a few rehabilitation sessions at a special room within the same ward. It's convenient and I looked forward to going home to live my normal life again," beamed Mr Lo.

Chief Executive Officer of AH, Associate Professor Jason Phua said, "Whatever we do at AH, we must always keep in mind that it is for our patients, their families, and the community – people that we should and will work with to co-design the hospital and campus."

Efforts are ongoing to improve and validate processes for the IGH, with a view to scale more successful practices. Over time, it is hoped that more patients who require acute hospital care but not complex tertiary specialist treatment, can be managed through the IGH.

“Such integrated care model is patient-centric where resourcing is also centralised, dynamic and sited where the patient is. The patient does not move from one institution to another, which saves time, administrative hassle and costs. More importantly, this ensures continuity of care and seamless communication within the same care team and overall, better clinical outcomes for the patient.”

- Dr Satya Gollamudi, Head of the FAST programme and Senior Consultant at Alexandra Hospital.

OUR PEOPLE

PEOPLE at the Helm

1. Associate Professor, Jason Phua, CEO
2. Associate Professor, Khoo See Meng, Chairman Medical Board
3. Ms Grace Chiang, Chief Operating Officer
4. Ms Margaret Lee, Chief Nurse
5. Ms Doris Wong, Chief Financial Officer

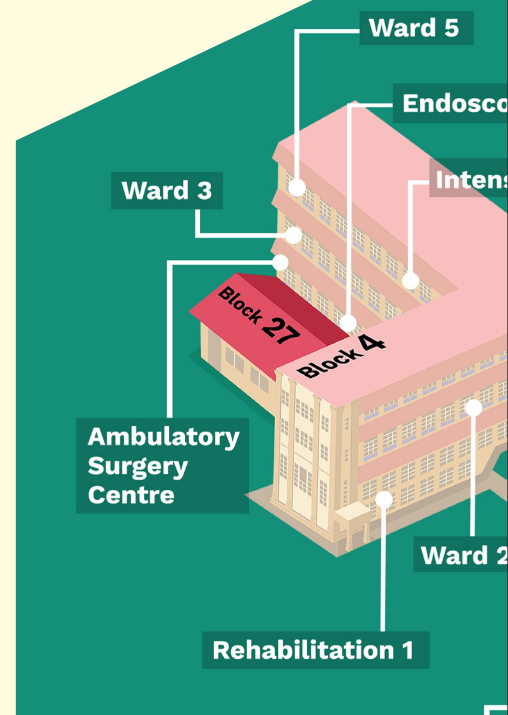
6. Ms Hooi Pik Yee, Head, Pharmacy
7. Mr Melvin Phoon, Head, Allied Health
8. Ms Loke Huay Ean, Head, People Matters (Human Resource)
9. Mr Xie Yao Quan, Head, Healthcare Redesign
10. Ms Susan Koh, Head, Strategic Communications

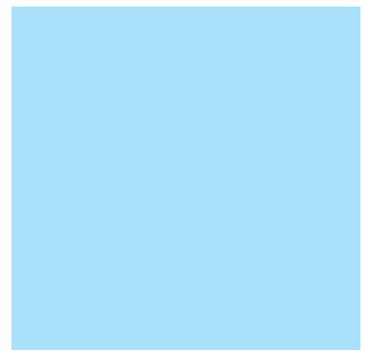
VITAL STATISTICS

Redesigning our Journey to BETTER HEALTH

Our hospital is currently undergoing some transformations to serve you better.

Here is an update of our services and facilities available.





Rehabilitation 2

Block 11

Block 9

Block 10

Ward 12

Ward 10

Clinic K
- Healthy Ageing Clinic
- General Surgery Clinic
- Dietetics

Diagnostic Imaging

Block 7

Block 8

Day Surgery Operating Theatre (DSOT)

Pharmacy

Ward 7

Block 6

Ward 8

py Centre

Clinic E
- Anaesthesia Outpatient Consultation Clinic
- Orthopaedic Centre

sive Care Unit (ICU)

Ward 4

Ward 13

Block 1

Ward 11

Block 2

Major Operating Theatres

Block 28

24-HR Urgent Care Centre

Clinic J
- Integrated Care Clinic
- Gynaecology Clinic
- Podiatry

Care and Counselling

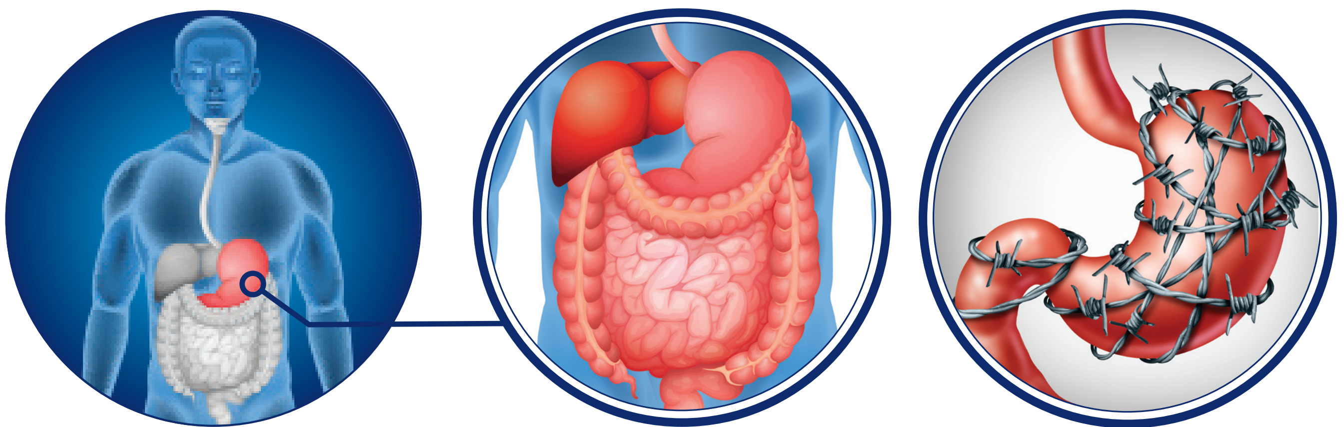
Clinical Measurement Centre

Clinic B
- Eye Surgery Centre

Information updated as of 1 June 2019

Skipping Meals, Stress, Can Lead to STOMACH ULCERS

Those suffering from peptic ulcer disease should quit smoking and drinking, have regular mealtimes and modify their lifestyles to reduce stress.



INSIGHTS

When I first saw Ms Lee, 43, in the emergency department, she already had all the symptoms and signs of peptic ulcer disease (PUD), which is characterised by painful sores in the lining of the stomach or duodenum.

She was suffering from severe abdominal pain and had gone into septic shock, a life-threatening condition that occurs when blood pressure drops to a dangerously low level after an infection.

Her upper abdomen was rigid and hard, and tests suggested that she had a perforated peptic ulcer or a hole in the stomach.

This means the bacteria in the stomach and intestinal contents can leak into the abdominal cavity, and then get into the blood stream, which will result in a severe infection that can be fatal if left untreated. She needed immediate surgery to save her life.

Ms Lee is among a steadily growing group of people suffering from the same "urbanite chronic condition" – aka peptic ulcer disease, though her case is an extreme one as PUD cases rarely come with complications of bleeding and perforation.

Many of the patients I see have non-specific symptoms such as upper abdominal discomfort, bloating or belching.

Although it can occur to anyone, those who are middle-aged, like Ms Lee, tend to be more susceptible to getting peptic ulcers as they tend to neglect their health due to their many commitments.

"Those who get recurring symptoms such as upper abdominal pain, bloating and belching should get an endoscopic assessment of their upper gastro-intestinal tract to check for a bacterium called Helicobacter Pylori. This bacterium is linked to PUD and stomach cancers. However, about 80 per cent of the individuals infected with it do not have any symptoms."

– Dr Sujith Wijerathne

Ms Lee, a stay-at-home mother of three young school-going children and wife to a jet-setting husband, is a clear example.

She fussed over her three children, was particular about how the housework was done and worried about almost anything and everything under the sun. This, plus her anxious nature and perfectionist streak, left her highly tense and paranoid. She is what some would term a "kancheong spider".

And, she often skipped meals when she was short of time.

The hints of her condition were there as she frequently had gastric pain, including several episodes of intense upper abdominal discomfort. Each time, she would self-medicate with painkillers such as Non-Steroid Anti-Inflammatory Drugs (NSAIDs) like Ibuprofen, but the pain remained.

However, as she has a high threshold for pain and discomfort, she chose to put her family first and her own health last.

I am seeing more young working adults, some with young children, putting work, family or family commitments before their health. They skip meals or eat irregularly, and do not always eat enough.

Some of them also hit the gym on an empty stomach to stay slim and look good. Others drink and smoke to cope with stress.

These compounded sacrifices are not worth it because over time, PUD may creep up on you and, if left untreated, it may lead to severe consequences.

The frequent use of painkillers such as NSAIDs does not treat the problem. In fact, they may even worsen the pain. The sharp pain always returns because these drugs treat only the symptoms, but not the cause.

Those who get recurring symptoms such as upper abdominal pain, bloating and belching should get an endoscopic assessment of their upper gastro-intestinal tract to check for a bacterium called Helicobacter Pylori. This bacterium is linked to PUD and stomach cancers. However, about 80 per cent of the individuals infected with it do not have any symptoms.

Ms Lee underwent a two-hour keyhole operation where I repaired a 1cm hole in her duodenum (the first part of the small intestine). There were a lot of pus and stomach contents coming out of the ulcer.

After the surgery, she was put on a liquid diet (she returned to a normal diet after three days) and a course of antibiotics to treat the bacteria responsible for PUD.

At the follow-up check-up, I explained to Ms Lee that she would need to modify her lifestyle as there was a possibility the condition may recur.

Stress is an oft-cited anecdotal cause of gastritis and ulcers. The stress due to anxiety and related disorders may contribute to PUD. I thus referred Ms Lee to a psychologist at Alexandra Hospital.

She has since adjusted her routine and is recovering well. When I saw her recently at my clinic, she also looked much happier.

My advice for PUD patients is to quit smoking and drinking, and have regular mealtimes as skipping meals can worsen the condition.

Go for balanced, healthy food that is lower in fat, acidity and spiciness. Avoid foods that may irritate the stomach, such as fried and spicy food, caffeine, carbonated beverages, citrus fruit juices and alcohol.

Dr Sujith Wijerathne is an associate consultant at the general surgery services of Alexandra Hospital and the minimally invasive surgical centre of National University Hospital.

Partnering for BETTER HEALTH

A-LIFE participants doing truck exercises as part of the workshop.

Alexandra Hospital launches A-Life! (Approaches to Lifestyle Intervention for Everyone) Programme in 2019 with Queenstown Active Ageing Committee.

Alexandra Hospital (AH) team has rolled out a series of four health education workshops under its A-LIFE! (Approaches to Lifestyle Intervention for Everyone) programme at Queenstown Community Centre, in partnership with Active Ageing Committee. Organised by AH's Relate, Integrate, Connect and Engage (RICE) Community Engagement team, together with Dietitians, Pharmacists, Physiotherapists and Occupational Therapists from AH, the programme focuses on healthy eating, exercising and lifestyle modification, to help reduce the risk of chronic diseases.

About 30 participants were present at the first workshop, the youngest being 54 and the oldest a spritely lady at 84. Miss Shirley Lau, 61, a nearby resident and participant

from Active Ageing said, "These workshops are useful because of the increasing awareness of the importance of keeping healthy and ageing well. I feel more guided and motivated to take charge of my health." There will be a follow-up session with the participants after the run to understand how much knowledge was retained and applied through.

Ms Catherine Koh, AH's Principal Dietitian said, "We would like to positively impact the health of the individual and the community as a whole, help them understand their health risks and be aware of the impact of lifestyle changes in the long term. We are also stressing the importance of self-monitoring their own health status, over time. From among the participants, we also hope to develop Health Leaders within the cohort to spread the health messages to friends in their own circles. A 'Train the trainer' program (currently in the development phase) will be implemented to empower Health Leaders within the Queenstown community to be trained in inculcating health messages throughout the community. This is to allow the community to safeguard the health of their own community, where our long term vision will be to develop Queenstown into a healthy community, with reduced incidence of chronic diseases.

Mr Gopal Kanapatty PBM, Chairman of the Queenstown Active Ageing Committee said, "It is important to provide easy access to residents on health empowerment and we have attracted participants from as far as Clementi and Jurong East in similar

Standing together: AH with over 70 guests from 20 different organisations at its first networking session.

efforts. Our strategy is to reach out to older residents and also increasingly, those just hitting 40 in the heartlands, so as to make it more convenient for them to access preventive healthcare services."

This is the fourth such A-LIFE series, with previous sessions organised with Stirling View Zone Resident Committee, Strathmore Avenue Zone Resident Committee and Stirling Neighbourhood Committee.

As part of AH's continuous efforts to build a healthier Queenstown district, its RICE Community Engagement team also works with other community partners such as St Andrew's Nursing Home, Silver Generation Office, FaithActs, Social Service Office@Queenstown, to name a few.

Last year the hospital reached out to over 70 guests from 20 different organisations comprising of community partners, voluntary welfare organisations, General Practitioners (GPs) and polyclinics to introduce our new care models and to lobby for strong support to strengthen the network of healthcare delivery in the community.

The hospital inked an MOU with St Andrew's Nursing Home (SANH) at this session, to develop care paths and allow greater accessibility to services in the Queenstown area with a focus on enhancing the quality of care for residents at the nursing home. Under this initiative, AH nurses and doctors spend time at the nursing home to share knowledge and skills to provide better care for patients. The

“These workshops are useful because of the increasing awareness of the importance of keeping healthy and ageing well. I feel more guided and motivated to take charge of my health.”

- Miss Shirley Lau, 61, a nearby resident and participant from Active Ageing

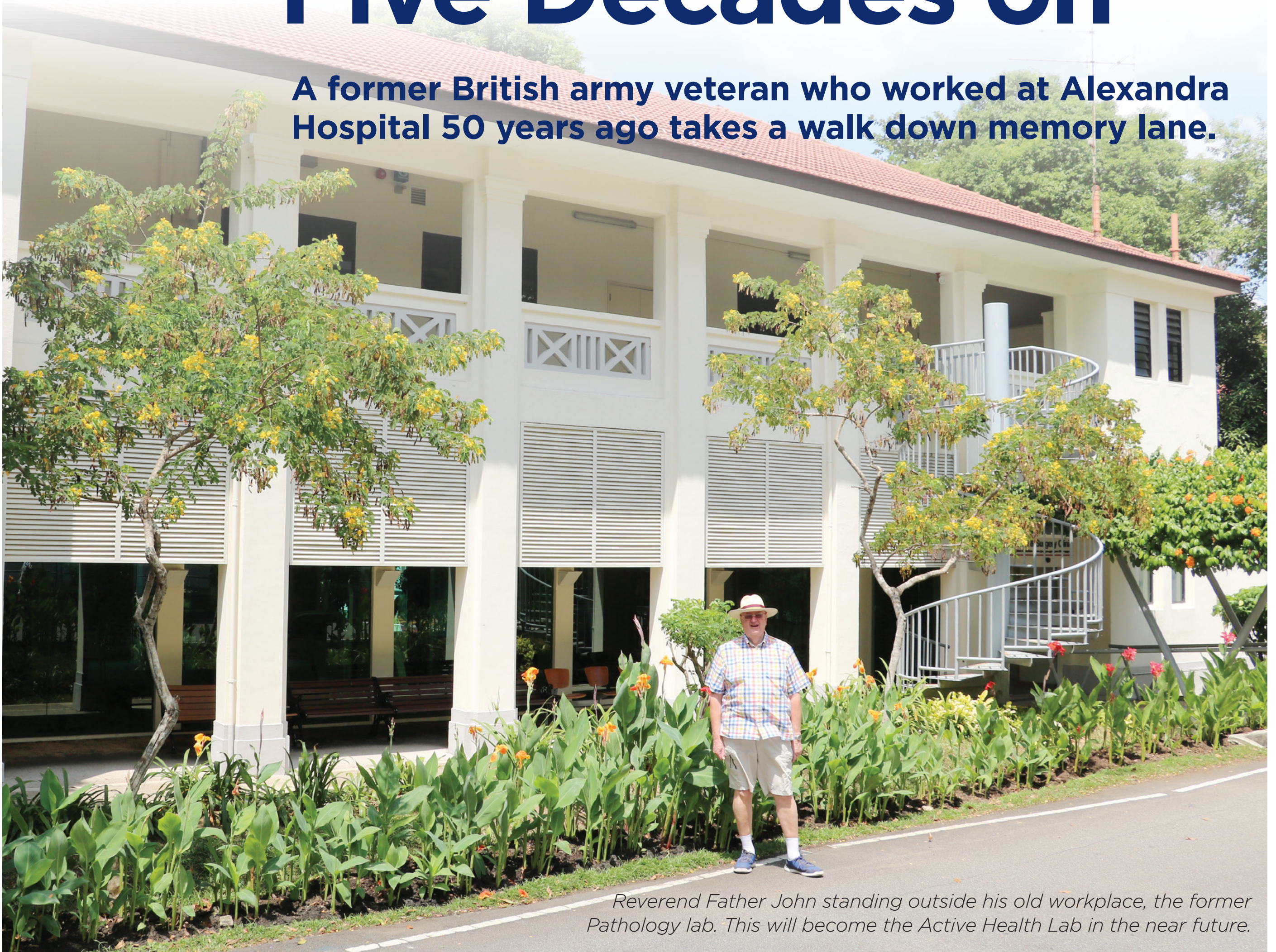
exposure also allows AH and SANH to build a stronger partnership, and to develop and pilot new care models.

RICE also reaches out to GPs in the Queenstown area to share hospital practices by the way of Continuing Medical Education (CME) topics, and more importantly, to network and foster stronger ties with the primary care partners in this area. It is hoped that through this network, patients will have better and more direct access to services that the hospital offers, thereby reducing waiting time for patients.

Moving forward, the hospital hopes to run more community programmes to identify and address the unmet needs in our community.

HOMECOMING for Pathology Veteran, Five Decades on

A former British army veteran who worked at Alexandra Hospital 50 years ago takes a walk down memory lane.



Reverend Father John standing outside his old workplace, the former Pathology lab. This will become the Active Health Lab in the near future.

As a National Heritage site with over 80 years of rich history oral archives, Alexandra Hospital (AH) is often remembered for its dark ages during WWII, but over the years, people with connections to the hospital's past – veterans, their family members, descendants and offsprings of the soldiers and military, military personnel and former staff, have returned to revisit and seek closure.

These welcomed guests hold deep insights and have helped the hospital to join the dots, and piece together the missing pieces from 1938, WWII to Sep 11, 1971 when the hospital was handed back to the Singapore Government.

The hospital's purpose is simple; to preserve and enrich AH's history for our generations now, and also share the future of AH's care model on a care journey built on such rich healthcare foundation.

The month of March saw a former British army veteran who worked at AH more than 50 years ago made his way down memory lane, at his old workplace.

Reverend Father (Rev Fr) John Harvey's journey to Singapore began about nine years into his military career in the Royal Army Medical Corps (RAMC). In 1968, Britain announced her intention to gradually pull her forces out of Singapore, but that did not deter Rev Fr John from requesting to be flown to the Far East. His request was granted, and he was brought along with his family on a Royal Air Force VC10. "It was a novelty for myself and my family to fly on a VC10, because it was then a new aircraft," he said.

After pitstops in Bahrain and the Maldives, Rev Fr John and his family stumbled into Singapore, quite literally. As he explains, "My wife got out of the car and fell straight into a monsoon drain; not a particularly dignified start to our time here."

But as quickly as he came, the then 25

> **My wife got out of the car and fell straight into a monsoon drain; not a particularly dignified start to our time here.**
>
> ***– Reverend Father John***

British Prime Minister Sir Edward Heath (left), meeting Reverend Father John (right) at the Sergeants' Mess (Block 14).

year-old Sergeant Harvey eased into his new role as a laboratory technician almost immediately, at the future Active Health Lab at Block 24. It was then known as the Central Pathology Laboratory - Far East Land Forces, and Rev Fr John recalls having to provide pathology services for not just local cases, but also various requests from the region. Being one of the busiest military hospitals in the Far East meant that AH had to handle cases from military hospitals in Malaysia, and even Hong Kong. "We treated a lot of Australians... we saw a lot of malaria (cases) that the Australians had contracted in Vietnam."

The Plymouth-born Anglican priest also fondly remembers the time when commercial activity was bustling, right outside the hospital, at an area known as the Dip. "We would buy all our souvenirs, camphor wood chairs, leather goods, all kinds of things."

Still, the most memorable event of all happened within the grounds of AH in 1971. Shortly after his discharge from the orthopedic ward (Ward 12), Rev Fr John was designated as a race official at a sailing event, where he would end up disqualifying a participant for making a false start. That participant would end up meeting him days later at the Sergeants' Mess (now Block 14), and out of all people in the world, it turned out that the 'victim' of disqualification was none other than then-British Prime Minister Sir Edward Heath! PM Heath tapped Rev Fr John on the chest, and in a playful scolding tone, said, "You're the young man who disqualified me in the race!"

Even though he retired 21 years ago, holding a final rank of Lieutenant Colonel, the 76 year-old, who has also had postings to Germany, Kuwait, and Hong Kong, still vividly remembers the layout of the hospital, and the many faces of whom he served with here. "(Those were) happy days, happy days," he muses.

A Case of BLURRED VISION

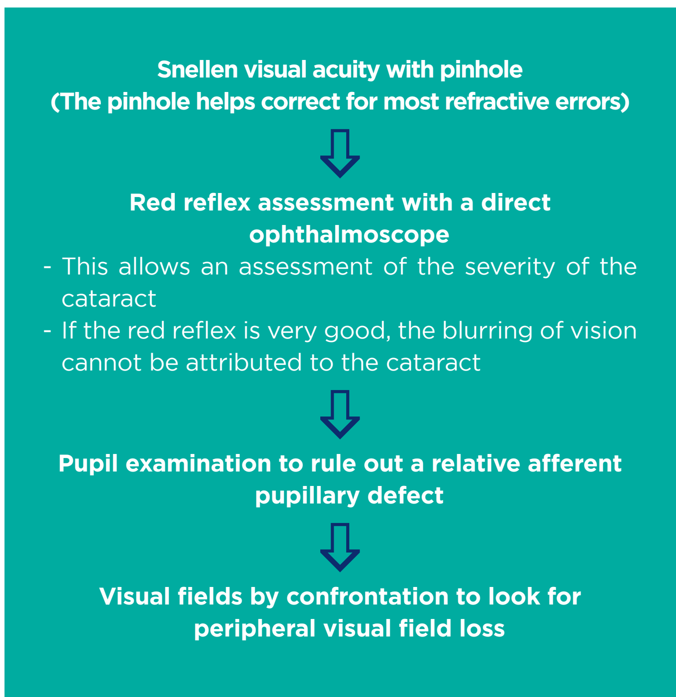
Is Snellen Visual Acuity Adequate For The Assessment Of Blurring Of Vision?

Blurring of vision is a common complaint faced by primary care practitioners from their middle-aged patients. In acute visual loss, immediate referral is warranted in all cases to rule out sight threatening conditions such as a central retinal artery occlusion or a retinal detachment.

Unfortunately, when patients come in with a chronic or subacute blurring of vision and reasonably good Snellen visual acuity, the GP is frequently faced with the dilemma of whether the patient needs to be referred on to an ophthalmologist or not. Frequently, in older patients, the most common differential is that of an age-related cataract.

Unfortunately, a Snellen visual acuity is a measure of **central** visual acuity and is not adequate to assess the severity of peripheral visual loss. Peripheral visual loss may occur in ocular conditions such as glaucoma or more sinister neurological causes such as in pituitary adenomas causing a bitemporal hemianopia.

In the context of a patient presenting with chronic blurring of vision, the algorithm below is suggested:-



Of note, a direct fundoscopy may be attempted but is frequently difficult bearing in mind the possible presence of a cataract and examination through an undilated pupil.

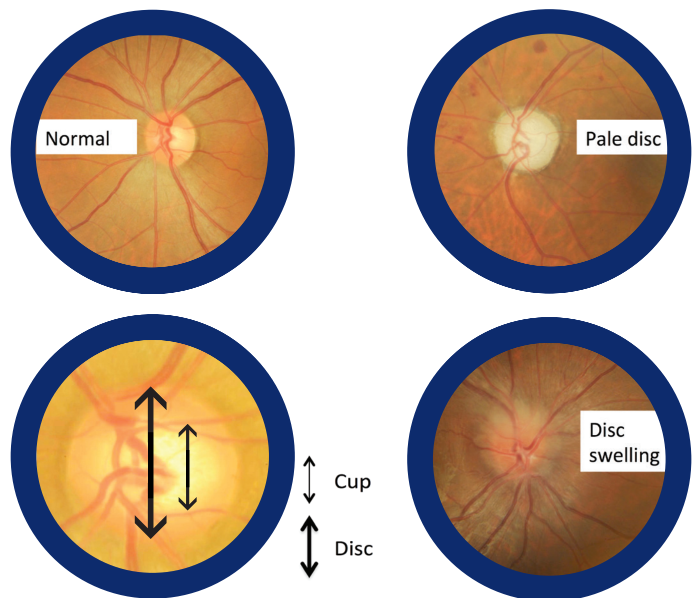
Guide To Fundoscopy Interpretation

If attempting a direct fundoscopy, examination of the disc and retina should be done.

Optic Disc Examination

When examining the optic disc, three Cs are reviewed (**Cup**, **Colour** and **Contour**)

- **Cup:** Abnormal cupping >0.6 is suspicious for glaucoma
- **Colour:** A pale disc is abnormal
- **Contour:** Disc swelling is abnormal



In picture above, CDR is about 0.6

Cup to disc ratio (CDR)
CDR >0.6 is suspicious for glaucoma

Retina Examination

In the examination of the retina, possible colors that may be observed are **RED**, **BLACK** and **YELLOW**.

Red spots usually indicate the presence of either dot, blot or flame hemorrhages (Seen in the context of diabetic and hypertensive retinopathy. A central retinal vein occlusion may also present with retinal hemorrhages but patients tend to present with acute visual loss rather than chronic).

Yellow spots may be due to drusen (Age related macular degeneration), cotton wool spots (Diabetic,hypertensive retinopathy) or hard exudates (Diabetic macular edema).

Black spots are usually indicative of old scars (Previous laser scars, retinitis pigmentosa).

To keep things simple, if any of the 3 colors are seen on the direct fundoscopy, a referral is usually warranted as it indicates that the patient has a retinal disease of some sort.

Should the examination be normal and the GP feels that the chronic blurring of vision is due to mild cataracts, patients should be advised to go to their optician to get their spectacles changed. If there is no subjective improvement with spectacles, it is strongly suggested that such patients be referred on to an ophthalmologist for further assessment.

Quick Facts On New Developments in Ophthalmology

1. Progressive myopia in children can now be slowed via the use of atropine 0.01% eye drops available in all restructured hospitals. Side effects are minimal and they are well tolerated
2. Smoking is a major risk factor for age related macular degeneration (ARMD). The many eye vitamins available off the shelf containing lutein are actually based on a formulation used in the prevention of progression of ARMD found in the AREDS study. There are two important facts to note about these vitamins:-
   i. Only patients with intermediate ARMD (Drusen >125um in size) or advanced ARMD benefit from the vitamins. Patient's without ARMD or with early ARMD had no benefit from the vitamins
   ii. Vitamin supplements that contain vitamin A(Beta-carotene) were shown to confer an increased risk of lung cancer when given to smokers
3. Aside from HbA1c reduction, the use of fenofibrate in patients with diabetic retinopathy has been shown to slow the progression of diabetic retinopathy and reduce the need for ocular treatment.
   i. In October 2013, Australia became the first country in the world to add diabetic retinopathy as an indication for fenofibrate.
4. The diagnosis of glaucoma is based upon the appearance of increased disc cupping and visual field changes on formal perimetry testing
   i. Intraocular pressure elevation is not required for diagnosis of glaucoma and therefore intraocular pressure measurement is not useful for screening
   ii. Snellen visual acuity may be very good even in advanced stages of glaucoma due to preservation of central vision with loss of peripheral vision
   iii. Patients should take advantage of the multiple eye screening programmes nationwide (Look for advertisements in papers, community centres etc)
   iv. Acute angle closure glaucoma is best diagnosed by looking for a fixed, mid-dilated pupil in patient presenting with a red eye with possible associated headache, nausea, vomiting and blurring of vision.

Dr Yuen Yew Sen
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Associate Consultant, NUHS Department of Ophthalmology, Retina/Uveitis Service

Clinic

Integrated Care Clinic

综合护理诊所 | Klinik Penjagaan Bersepadu | ஒருங்கிணைந்த பராமரிப்பு மருந்தகம்

One Doctor One Appointment ONE-STOP CARE

Alexandra Hospital's new clinic provides patient-centered care at one site.

With an ageing population, we see an increase in patients suffering from multiple medical conditions, often requiring the care of doctors with different specialties. Mr Cheng Yam Kwang, 66, was one such patient. He suffers from coronary artery disease, high blood pressure, and gout and was seeing three doctors - two hospital specialists and one polyclinic GP, on a regular basis. For Mr Cheng, this means having to relate his personal medical history at least thrice, struggle with having to remember follow-up visits made at two different locations, and often taking on the burden of constantly alerting each doctor to the diagnosis of the other two during routine consultations. He does this to ensure that his treatment for one aliment does not hinder or conflict with the progress of the other two.

To help make the lives of their patients like Mr Cheng easier, Alexandra Hospital (AH), Singapore's first integrated general hospital, has set up an Integrated Care (ICare) clinic, which aims to provide one-stop care to patients and cut down on unnecessary hospital visits. The ICare clinic is the flagship clinic of AH's Live Better programme, which focuses on helping patients plagued with multiple health issues.

A dedicated generalist doctor, trained in Internal Medicine or Family Medicine will be assigned to each patient. These experienced specialists are well versed in handling a wide variety of illnesses, and are skilled to diagnose, treat and manage chronic diseases often faced by the middle-aged and older people. And because the ICare clinic is set up with

"I save time from travelling and I don't need to go to two places for my care because Dr Teo is the one doctor who is taking care of me."

- Mr Cheng Yam Kwang, patient of AH ICare clinic

"This one principal doctor will attend to our patients' healthcare needs and consolidate care plans for those with multiple chronic conditions. In keeping with the One-Care-Team approach, the principal doctor, assisted by other healthcare providers and specialists, will be able to address the patient's concerns. This makes it more convenient for our patient, allows him to forge a closer relationship with his doctor and saves him both time and money."

- Dr Teng Gim Gee, Head of the Live Better programme

both basic and advanced diagnostic equipment and treatment services on-site in the hospital, it is very often the only stop patients need to make. The hospital has seen close to 3500 patients at the clinic since its opening in June 2018.

Dr Teng Gim Gee, Head of the Live Better programme says, "This one principal doctor will attend to our patients' healthcare needs and consolidate care plans for those with multiple chronic conditions. In keeping with the One Care Team approach, the principal doctor, assisted by other healthcare providers and specialists, will be able to address the patient's concerns. This makes it more convenient for our patient, allows him to forge a closer relationship with his doctor and saves him both time and money".

Today, Mr Cheng only sees Dr Desmond Teo, a consultant at the ICare Clinic, in the outpatient setting. This has allowed them to build a deeper doctor-patient relationship. Mr Cheng has this to say about the new arrangement, "I save time from travelling and I don't need to go to two places for my care because Dr Teo is the one doctor who is taking care of me."

How will patients benefit?

- Personalised care by a principal doctor without compromising on quality of treatment
- Holistic overview and understanding of patient's medical conditions by principal doctor
- Cut down multiple trips to different specialists' clinics for consultations
- Save time and money

Who is eligible?

- Patients with multiple medical conditions
- Recently discharged from our medical ward
- Require medication attention across various specialisations
- Has undiagnosed symptoms

Other than providing a comprehensive range of services from internal medicine, general medical care for adult and geriatric patients, chronic diseases management and preventive care, the ICare team also manages:

- Cardiovascular diseases (heart and vascular system)
- Dermatological diseases (skin)
- Endocrinology diseases including Diabetes (hormones and glands)
- Gastroenterological diseases (stomach and intestinal system, liver and gallbladder)
- Hematological diseases (blood)
- Psychological and psychiatric diseases
- Pulmonary diseases (lungs and respiratory system)
- Renal diseases (kidneys)
- Rheumatological diseases (joints and musculoskeletal system)

Start Your Healthcare Journey With Us

Visit us at the Integrated Care Clinic, Clinic J, Level 2, AH Block 1

For appointment and enquiries please call **6472 2000**.

You can also email us at AH_Appointments@nuhs.edu.sg or AH_Enquiries@nuhs.edu.sg

Alexandra Hospital
A member of the NUHS

Integrated Care, Clinic J
Block 1, Level 2

Call 6472 2000 to schedule an appointment or make enquiries

Live Better
CHRONIC CARE

Healthcare Redesigned

One Care Team
One-Stop Care

Care Manager

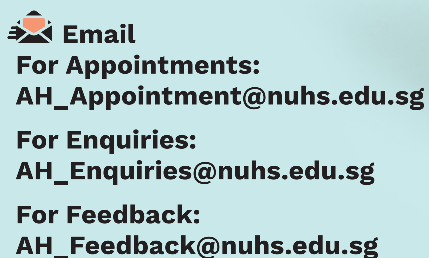
Nurse

Service Associate

Pharmacist

Allied Health Professional

Doctor



Healthcare Redesigned