Caring for patients beyond the hospital

Community nurses provide preventive and post-discharge care for residents living in the North

Mahjong tiles crackle and the chatter of elderly residents fills the air in the Thye Hua Kwan Wellness Centre at Blk 131 Yishun Street 11. KTPH’s staff nurses Ang Man Yun and Nursetiawati Bte Abdul Rahman are getting ready for a busy Tuesday morning.

From 9am to noon every Tuesday and Thursday, the two nurses will man the community nurse post located at the wellness centre. Over here, the nurses provide head-to-toe baseline assessment of residents aged 50 and above. They also counsel and give health advice to residents. Residents who need financial or other forms of assistance are referred by the nurses to the relevant voluntary welfare organisations.

Community nurse post
This community nurse post is one of eight currently located in community clubs, wellness centres and residents’ committee zones across the Nee Soon and Sembawang Group Representation Constituencies (GRCs). The community nurse initiative is one aspect of KTPH’s Ageing-in-Place (AIP) programme that emphasises preventive care to help seniors age in place.

Most of the residents are repeat visitors - here to monitor their blood pressure or simply to seek health advice. But for...
Mdm Lee and Mdm Chong who are visiting who are visiting the community post for the first time, they will have to undergo a comprehensive 20-minute geriatric assessment.

As part of the assessment, the community nurse will ask the senior about his/her medical history and personal perception of his/her health. The nurse will then administer cognitive and functional tests for dementia and mobility respectively. She will also ask if the senior has any financial issues and whether he/she is depressed.

“This geriatric assessment is mandatory for all first-time residents visiting the community nurse post. It helps us to get to ‘know’ the patient socially, physically and medically, so we can recommend the appropriate intervention,” says Staff Nurse (SN) Man Yun. By intervention, this means the community nurses can make timely referrals to the polyclinics or family doctors for conditions such as dementia and depression.

Mdm Lee gets a clean health of bill, but she has to watch her high blood pressure and high cholesterol. The 65-year-old retiree is clearly in ownership of her health as she brisk walks or jogs for 30 mins daily.

Seniors in ownership of their health

Mdm Chong was discharged recently from KTPH’s Rehab Clinic after undergoing physiotherapy for weak knees. Like Mdm Lee, Mdm Chong is a highly-engaged and active senior who swims three times weekly, sings KTV with friends and takes part in community activities. After the functional assessment, SN Man Yun advises Mdm Chong to make a new set of glasses to correct her long-sightedness. Observing Mdm Chong’s unnatural gait, she encourages her to continue with her leg exercises.

A beaming Mdm Chong says, “This (community nurse) initiative is very convenient for elderly like us. Waiting time at the polyclinic is very long and the doctor usually doesn’t tell us more about our health condition. I like it that your nurses provide very personalised service.”

Visiting the patients at home

SN Man Yun and Nursetiawati (Wati) will then spend the afternoon visiting patients at their homes. Dr Wong Sweet Fun, Senior Consultant in Geriatric Medicine, explains that this home visit component of the AIP programme hopes to ‘de-medicalise’ continuation of care after discharge from hospital, so that caregivers at home will be less daunted by the tasks of caregiving.

“Medical input is not required all the time; some aspects of home-based care such as bathing, dressing and eating the right food can be done without formal and clinical caregiver training,” explains Dr Wong.

The first patient is 95-year-old Mdm Ho, who has multiple medical conditions. She had been admitted to KTPH three times between July to November 2012 for shortness of breath and chest pains.

“We visit Mdm Ho once or twice every month to monitor her blood pressure, and to observe her mental and physical state,” says SN Man Yun. Mdm Ho has not been readmitted since going on board the AIP programme in November 2012.

After SN Wati has taken Mdm Ho’s blood pressure, Mdm Ho lies on the bed. SN Man Yun then slowly bends the old lady’s knees. This is an exercise to maintain the knees’ range of movement to prevent stiffness. She demonstrates this exercise a few times to show Mdm Ho’s domestic helper, so that she can continue exercising Mdm Ho’s knees till the nurses’ next visit.

The next patient is 66-year-old Mr Lim who needs to take more than 10 types of medications for his multiple ailments. The nurses patiently cross-referenced Mr Lim’s medication list with the physical packets of medications to ensure that the family had adhered to his medical regime.
“During our home visits, we also ensure that patients with multiple conditions comply with their medications. Very often, elderly who live alone are confused about or do not take their medications on time,” explains SN Man Yun.

**Coordinated team care**

Under the coordinated team care model of AIP programme, the community nurses work closely and may do combined visits with KTPH pharmacists, dietitians, rehab therapists and medical social workers to provide specific and targeted interventions to needy patients.

As Mr Lim has a high risk of falls, SN Man Yun suggests installing a proper hand grab to replace the flimsy towel rack that he currently holds onto when he is being bathed. She will help to facilitate the application for the home modifications under the HDB-EASE (Enhancement for Active Seniors) programme for seniors.

The nurses round off their visit by teaching the primary caregiver Mrs Lim to use a home blood sugar monitoring kit. “By teaching family members simple procedures such as taking the blood pressure and blood sugar of the patients, we empower caregivers to play a more proactive role in managing their loved ones’ chronic conditions. This ensures timely intervention without the need for hospitalisation,” says SN Wati.

“The nurses have helped me to know more about caring for my husband. It is reassuring to know that I can call the nurses anytime if I need any advice on my husband’s condition,” Mrs Lim says.

SN Wati shares, “I enjoy my work as a community nurse. A nurse in the ward focuses on helping patients recover quickly and go home. But as a community nurse, what I am doing is very meaningful, as we help them to stay healthy and away from the hospital.”

**About the AIP Programme**

KTPH’s overwhelming A&E workload and the high demand for subsidised beds motivated the hospital to look for innovative solutions to care for patients outside the hospital. The Ageing-in-Place (AIP) programme, piloted in September 2011, focuses on post-discharge care to ensure discharged patients receive help and support in recovering well and rehabilitating at home. This minimises their need for unnecessary readmissions and allows limited hospital beds to be optimised for more critically-ill patients.

The programme targets patients with three or more hospital admissions over a six-month period. Community nurses visit these patients regularly to assess them and develop individualised care plans that address the patients’ clinical, social and environmental needs. The AIP team also works closely with community partners such as voluntary welfare organisations, government bodies and grassroots organisations to address the myriad needs of the patients.

As of February 2013, there were 725 patients under the care of 14 community nurses in 10 constituencies in the north.

An analysis of 200 patients who had completed six months of care under the AIP programme showed there was a 65 per cent reduction in the number of admissions - from an average of 3.6 times (prior to AIP’s home visits and interventions) down to an average of 1.2 times. Around 47 per cent of these 200 patients required zero admission after the AIP programme. This is equivalent to freeing up beds for 522 new admissions.

* Consent has been given by the residents and patients featured in the article for the use of their photos and to disclose their medical conditions.
Don’t ignore that stomach pain

Early detection may stop pancreatic cancer in its tracks

The pain on the right side of Mr Toh’s abdomen had been there for several years, but he ignored it. Eventually, he was admitted to Khoo Teck Puat Hospital, and the doctors recommended that he undergo some tests to see if the cause of the pain could be more clearly determined.

Diagnosis and assessment

For abdominal pain, the doctor would order a standard diagnostic work-up (clinical and laboratory examinations) which includes endoscopy and trial of medical therapy. “If the patient’s condition does not improve, or if there is a suspicion of cancer due to family history of cancer and recent unexplained weight loss, then further investigation such as an ultrasound or CT scan of the abdomen is required,” explained Dr Eugene Lim, Consultant with the Department of Surgery at KTPH.

In this case, an ultrasound scan found that Mr Toh had bile duct stones. This was removed by an endoscopic procedure called Endoscopic Retrograde Cholangiopancreatography (ERCP). At the same time, a CT scan revealed a cystic tumour in Mr Toh’s pancreas and he was diagnosed with Intraductal Papillary Mucinous Neoplasm (IPMN), which is associated with pancreatic cancer in 70 per cent of cases for the main duct type.
This is a CT scan of a patient who is diagnosed with intraductal papillary mucinous neoplasm (IPMN) of the pancreas. IPMN (highlighted with red arrow) are tumours (neoplasms) that grow within the pancreatic ducts.

Cystic tumours of the pancreas do not affect daily life, and patients may have vague symptoms ranging from mild abdominal pain to dyspepsia (presence of persistent or recurrent pain or discomfort centred in the upper abdomen). In the case of older patients like Mr Toh, who was 67 when diagnosed, other medical conditions might delay the initial diagnosis. However, such tumours are taken seriously as they may develop into pancreatic cancer, which has a very high mortality rate. It is also difficult to tell whether a tumour is cancerous or not.

Treatment and care
A multi-disciplinary approach is adopted where specialists from various departments meet to discuss the best treatment for patients with complex cases, be it endoscopic, radiological or surgical treatment.

At KTPH, the procedure to treat pancreatic tumours begins with a gastroenterologist taking a sample of the cyst through endoscopic ultrasound. Next, a radiologist analyses if the cyst is likely to be cancerous. If there is a chance of pancreatic cancer developing, surgery may be required. A team comprising of a medical oncologist and a pathologist will assess the patient’s post-operation condition.

For Mr Toh, he underwent a successful surgery to have the cyst removed in an operation called pancreaticoduodenectomy which is commonly referred to as the Whipple procedure.

“A Whipple procedure is a major operation that can take 4 to 10 hours. It may require removal of large parts of the pancreas and adjacent parts of the small intestine. Due to the complexity of the operation, the main challenge thus is in deciding whether the patient requires the operation,” said Dr Lim.

Fortunately, pancreatic cysts requiring surgical removal are not common, with KTPH having seen about a dozen cases in the last three years. These were mostly found during the course of a routine CT scan.

“Pancreatic cancer is not one of the ‘top’ cancers, but it is a serious one because it is often caught at a very late stage, has vague symptoms and there is no form of screening for it. By the time it is discovered, it is often too advanced to operate on,” said Dr Lim. “Nowadays with the greater use of CT scans, this helps us find cystic tumours before they develop into something worse, and the availability of specialists from multiple disciplines lets us diagnose and treat the condition early.”

Where is your pancreas?
The pancreas is a gland organ in the digestive system, located behind the stomach and connected to the small intestine. It produces digestive enzymes and important hormones that regulate blood sugar, including insulin.

About Dr Eugene Lim
Dr Eugene Lim is a Consultant with the Department of Surgery at KTPH. He was trained locally as well as abroad on a Ministry of Health’s training scholarship in Verona, Italy and Glasgow, UK in Pancreatic Surgery. He has special interest in Hepatobiliary and Pancreatic Surgery, Upper Gastrointestinal Surgery and General Surgery.
No more pain in the hip

Faster recovery with advances in hip surgery

At first, John Lin thought the pain in his hip came from a hernia operation he had undergone a few months ago. So the full-time National Serviceman, who was then 19 years old, ignored it. But the pain persisted for a year and became worse. By the time he was sent to Khoo Teck Puat Hospital, he was limping badly and could barely walk.

KTPH’s Department of Orthopaedic Surgery recommended John for a magnetic resonance imaging (MRI) scan, and this revealed a tear in his right hip labrum – the soft tissue around the socket of one’s hip joint.

To repair the tear, Orthopaedic Consultant Dr Andy Wee carried out a hip arthroscopy. This is a minimally invasive surgical procedure to trim the damaged and torn labrum to prevent it from irritating the hip joint and being a persistent source of pain.

The procedure took no longer than two hours and involved two small incisions, each one less than one centimetre long. And the day after the surgery, John was up and walking with the help of crutches, and could be discharged.

Advances in diagnosis and treatment
Both the diagnosis and the surgical procedure illustrate how far the treatment of hip injuries has advanced in recent years.

Hip pain is often attributed to age-related wear and tear on the bone and patients would therefore be sent for an X-ray, but soft tissue injuries do not show up on X-ray. Hence, young patients like John would be treated with physiotherapy rather than surgery, which might not address the problem.

However, as doctors and patients become increasingly aware of the causes of hip pain and the possible treatments, MRI scans are more frequently utilised and soft tissue injuries are more accurately identified as a result.

Hip arthroscopy is still a relatively new technique here, according to Dr Wee, who has performed five such procedures within the last year. Most of the patients that his department has seen are physically active young people between the age of 20 and 40, and their hip problems are typically caused by injury.

Such patients respond well to the procedure, regaining their full range of motion in a relatively short time. John, for example, was able to start running three months after surgery and now he has returned to full activities with no further hip complaints.
Faster recovery with advances in hip surgery

In the past, such injuries are typically addressed with open surgery, usually involving very large incisions of not less than 10 centimetres. Patients would have to remain hospitalised for up to five days after the procedure, and their recovery time would be prolonged.

“Hip arthroscopic surgery is technically demanding and complex as the hip joint is very deep seated, and it is hard to get instruments in,” explained Dr Wee. “Traction and intra-operative imaging are needed for the procedure, unlike more commonly performed arthroscopic procedures of the knee, ankle and shoulder. There are many important blood vessels and nerves around the hip, which makes it even more challenging.”

However, instruments suitable for hip surgery are more widely available now, and fluoroscopy, the use of imaging to show a real-time image of the body’s skeletal structures, is also more widespread. Most importantly, a greater number of orthopaedic surgeons are receiving training in hip arthroscopy, making it a more viable option for patients whose hip problems are not severe enough to warrant a complete joint replacement.

“Today, we are aware that young people can be troubled by hip pain that is not related to bone problems,” said Dr Wee. “Even if an X-ray shows no injury, an MRI may be useful to see if an arthroscopic procedure will be beneficial for them.”

Repairing tears in the labrum (soft tissue around the socket of one’s hip joint)

- If the tear is a small one, the damaged portion of the tissue is surgically removed.
- If the tear is large and can be repaired, small anchors are placed in the bone and the labrum is sutured to reattach the torn portion to the bone.
- If the tissue is crushed or the tear a complex one such that it cannot be repaired, the damaged portion that causes the pain is debrided or trimmed.
- If the damage is caused by degeneration, as in older patients whose labrum and cartilage has worn out with age, a full joint replacement is often more practical.

About Dr Andy Wee

Dr Andy Wee is a Consultant with the Department of Orthopaedic Surgery at KTPH. He graduated from National University of Singapore in 1999 and subsequently completed his advanced specialist training in the field of Orthopaedic Surgery in 2009. An avid sportsmen and ex-national squash player in his younger years, his sub-specialty interests are in the field of sports surgery and upper limb reconstructive surgery. He underwent formal fellowship training in these sub-specialties at two world-renowned centres - the Mayo Clinic in 2010 and the Fowler Kennedy Sports Medicine Clinic in 2011.

Dr Wee is active in research and teaching, and has won several awards for his research efforts, most notably the prestigious Singapore Orthopaedic Association Young Orthopaedic Investigator award in 2010. Dr Wee currently runs a surgical consult clinic at the Sports Medicine clinic in KTPH, where he treats athletes with all sorts of sports-related injury.
Surviving SARS: Learning from the past, preparing for the future

Ten years ago, our colleagues battled the SARS outbreak when we were operating as Alexandra Hospital under the management of Alexandra Health cluster in 2003. This year, we commemorated the event on 28 March with our staff and valued guests who were in the thick of the action. There were several poignant moments as we remembered those who had risked their lives to hold the fort, enabling Alexandra Hospital to remain SARS-free throughout the outbreak.

On reflecting, we realise that the fight for a battle starts even before it begins, the little things we do in our daily lives, the rigorous rituals we follow – such as the seven steps in hand washing, masking up when sick – are the small fences we build as a strong defence against a pandemic.

It is during peace time that we have to set ourselves up to prepare for the battle, any battle.

Paranoia helped us to survive
To battle the threat, surveillance for the then unnamed disease started almost immediately, despite a lack of clear instructions and directions. A task force was quickly convened to study and make sense of whatever information that was available. The committee gathered intelligence from various sources in order to establish SARS management policies.

Stringent protocols were developed to protect the staff and other patients. No one was exempted. Cleanliness and hygiene measures were stepped up. These included daily temperature
checks, arming all frontline staff with personal protective equipment (PPE), thorough cleaning of the hospital and patient screening.

Mrs Chew Kwee Tiang, CEO of KTPH who was then COO of Alexandra Hospital, shared that swift action had to be taken by the management as it was an old colonial structure with a traditional open ward design and lack of proper isolation facilities. They could not afford to have a SARS case.

Dr Wee Wei Keong, then Deputy Director of Clinical Services (now Director, National Healthcare Group Polyclinics) also shared one of the wisest things they had done at the start of the outbreak was to set up an A&E fever isolation tent to separate the patients with fever.

Staying ahead of the curve through innovation
As part of SARS containment measures, no visitors were allowed. It was painful to have to tell the next-of-kin why they could not visit their loved ones. The crisis brought out our innovative and creative streak - a project team harnessed the teleconferencing technology to arrange virtual visits for the patients and family members. The nurses helped to move the televisions from one bed to another for the virtual visits which were often heartbreaking with tears. The virtual visits offered a small measure of comfort to the patients and their families.

Think beyond hospital to the community
Mr Yong Yih Ming, then part of South West CDC (now Deputy General Manager, Raffles Medical Group), noted that the hospital went into the community within a month of the outbreak to manage the fear and anxiety of the people. Alexandra Health and Southwest CDC worked closely for the Community Health Screeners Programme and the public hygiene campaign with South West CDC. Our nurse educators went out to various community centres to educate grassroots leaders and residents on SARS basics, fever screening and trained them on infection control procedures including the seven steps of hand washing.

Adopting good hygiene habits
Will our patients and staff remain disease free when the next outbreak occurs? Mr Liak urged all to emulate the Japanese and Taiwanese in being role models of hygiene by adopting good habits such as diligent hand washing and wearing of masks when unwell.

238 people were infected and 33 died in Singapore during SARS. Among the casualties were our fellow healthcare workers. We should not forget the losses and lessons from the battle against SARS.
Interviews with Alexandra Health’s SARS fighters

“There are cases. We have a problem. You better protect your staff.” While catching up with fellow colleagues at Tan Tock Seng Hospital (TTSH)’s dinner and dance, Dr Francis Lee, then Head of Alexandra Hospital’s Department of Emergency Medicine (A&E), heard there were cases of an unknown outbreak which originated in China and had spread to Singapore. Although there were no instructions from Ministry of Health, Dr Lee immediately gave instructions to his A&E staff to wear masks and gloves.

Without Dr Lee’s sense of urgency, Alexandra Hospital would have fallen to SARS. Ten years later, Dr Lee, Head of KTPH’s Department of Acute and Emergency Care, shares how we fought the virus.

Whenever a suspected case was found, we had to spend many hours looking for the other individuals who came into contact with the patient, a process known as contact tracing. This became a breeze when the Defence Science and Technology Agency (DSTA), in a joint project with us, installed an electronic contact tracing system at the A&E department. The system using radio-frequency identification (RFID) technology could map every movement of the individual right down to the metre. What we learnt from SARS is the need to be vigilant and everyone should be drilled to know their immediate actions when under threat. This could be crystallised into the 4S:

- **Sound the alarm** (Warn the hospital and staff immediately)
- **Self-protect** (All personal and department defences go up)
- **Safety first** (Establish a safety barrier between the at-risk patients from others, e.g. segregation, isolation)
- **Self-check** (Look internally to see if any other cases have slipped through or whether one has been affected)

“Many foreign nurses received phone calls from family members asking them to return home. But they refused to go back because they knew we all needed to work together to fight SARS.”

Jesbindar Kaur, Senior Nurse Manager
Manjit Kaur, now Nurse Manager of Ward A61, was at the frontline battling SARS. Manjit who oversaw the designated fever ward in Alexandra Hospital during the SARS outbreak recollects:

"I was afraid of being infected with SARS but my team and I felt that there was a job to be done so we worked together to fight the disease"

Mustafa Bin Khamis, Security Team

"SARS was an eye-opener. It made us realise how vulnerable we were and we all took infection control seriously."

Wong Sook Cheng, Senior Nurse Clinician

Nobody knew what was happening and we [nurses] were frightened. My ward became a locked-out fever ward. Out of the 43 beds, the majority were elderly patients with chest infection, pneumonia or fever who were very lonely as they could not see their family, grandchildren. We had a lot of difficulties due to the visitors’ restriction and the sisters were running all over the hospital to handle the visitors when security could not manage.

My ward came to a standstill. Only basic care was provided - doctors came and made their rounds and it was left to the nurses. We had to wear the personal protection equipment (PPE) over our uniforms which were rather stifling. The linen department gave us track pants and collared t-shirts to wear instead. Every day we were having a sauna with the PPE on. It was so hard and difficult to work.

And what did the patients see? The nurses were all covered; the only things they saw were the forehead and the eyes. Our eyes were full of fear, but in spite of that, we continued.

Nurses wearing uniforms were shunned by taxi drivers and the public. SARS 2003 was the scariest and loneliest time in my nursing career. We survived SARS and the hospital came out of it SARS-free. I was glad to contribute in my little way to the collective efforts of fighting SARS at Alexandra Hospital. It made me proud to be a nurse.
Creating a culture of health at the workplace

Alexandra Health shares health-promoting philosophy with corporates

Around 200 human resource professionals from 100 companies went on a learning journey at KTPH to find out about Alexandra Health’s health promotion philosophy and workplace health promotion strategies.

"With 19 per cent of our workforce in the 65 years and above age range by 2030, a strong workplace health promotion programme is essential for employees to stay healthy and productive," said Mr Jerry Seah, Senior Manager (Workplace Health Promotion) at Singapore National Employers Federation (SNEF).

According to the latest National Health Survey conducted by Ministry of Health in 2010, Singaporeans are not doing enough exercise - only 19 per cent of adults engaged in physical activities of moderate or greater intensity for 150 minutes per week. Twenty per cent of adults also had high blood pressure and 40 per cent were overweight. One in seven adults smoked and one in six had high cholesterol.

“As the population ages and we are living longer, it is important to take care of our own health,” said Dr Michael Wong, KTPH’s Deputy Chairman of Medical Board and Director of the Health for Life (HFL) Centre. During the learning journey, a collaboration with SNEF, Dr Wong shared with the HR professionals some of Alexandra Health’s key strategies for creating a culture of health at the workplace.

Recognised as a health promoting workplace
Alexandra Health recently beat global giants Johnson & Johnson, P&G China and SAP to snag the Global Healthy Workplace Award (Large Enterprise) at the inaugural Global Healthy Workplace Award and Summit 2013 in London.

The Health Promotion Board also awarded Alexandra Health with the Platinum Singapore Health Award in 2012. The Platinum Award is awarded to organisations that have achieved at least two Gold Awards consecutively and have demonstrated tangible benefits from their workplace health promotion programme.

Walking the talk
Members of KTPH’s senior management make it a point to walk the talk by participating in various health promoting staff activities such as the annual Health Screening and AH Fitness Challenge. The AH Fitness Challenge is an annual event to gauge the fitness levels of staff through three static exercises (push-up, sit-up and sit-and-reach) and either a 1.6km walk or 2.4km run. As a form of positive reinforcement, incentives are given to staff who attain at least a minimum level of fitness.

Creating a conducive environment
The environment plays a key role in fostering healthy habits and behaviour. In the construction of KTPH, thought was given to remake and re-utilise the areas surrounding the hospital as communal spaces for exercise and activities. For example, Alexandra Health worked with various government agencies to ‘make over’ Yishun Pond to incorporate a running track and fitness corners for staff and residents to exercise. Dr Wong shared that greenery in the hospital does not

Staff taking part in the annual AH Fitness Challenge.
just promote the healing of patients, but can also make employees happier and more productive.

We also collaborated with partners such as NTUC Foodfare to set up a cafeteria selling healthier and more nutritious options using ‘reverse pricing’. For example, it is cheaper for a diner to opt for brown rice than white rice in his economy rice set.

**Inculcating lifestyle and personal health skills**

New employees have to undergo a compulsory one-day Health Advocacy Course to understand KTPH’s philosophy as a health-promoting hospital. At the course, they get a more in-depth knowledge of Alexandra Health’s five pillars of health (see sidebar) and translate the learning to shape their daily behaviour and habits. In addition, we encourage them to be ambassadors of health with family and friends.

Health education messages are visible throughout the hospital. There are signages encouraging staff and visitors to give their hearts a lift by using the stairs. A ‘BMI wall’ outside the Pharmacy provides an easy way for people to find out their body mass index (BMI) easily.

With three out of four adults in Singapore employed in a workplace, Dr Wong emphasised the need for companies to focus on workplace health promotion. “Each employee is a potential agent for positive change by embarking on a healthy lifestyle and cultivating good health habits. Companies can help to shape these positive behaviours by having in place workplace health promotion programmes or strategies. A healthier employee is also a happier and more productive employee.”

**Interested in starting a workplace health programme?**

Companies can apply for the Health Promotion Board (HPB)’s Workplace Health Promotion (WHP) Grant which provides financial support to help companies start and sustain their workplace health programmes.

Alexandra Health can be your partner in keeping employees healthy! Our Health for Life team offers:

- Specific health programmes for employees based on organisational needs and goals
- Onsite health screenings and appropriate intervention programmes
- Talks to raise awareness of and educate individuals on chronic illnesses and travel health
- Email enquiry@alexandrahealth.com.sg for more details

**ALEXANDRA HEALTH’S 5 PILLARS OF HEALTH**

- Eat wisely
- Exercise regularly
- Be happy
- Stop smoking
- Practise personal hygiene
Focusing on Asia Pacific’s healthcare challenges

Health systems in Asia are facing many challenges - rising costs pressures, ageing populations, increasing public expectations, and a rise in lifestyle or non-communicable diseases (NCDs), such as diabetes and obesity.

These challenges were the focus of the inaugural Design & Health Asia Pacific International Symposium. This was organised by the International Academy for Design & Health (IADH) and held at Khoo Teck Puat Hospital from 14 to 15 March 2013. Prof Alan Dilani, Founder and Chief Executive of IADH, pointed out the need for Asia to “redesign its health systems to better integrate care with a focus on health promotion”.

To view all speakers’ presentations, please visit www.designandhealth.com

Emergency medicine: at the cutting edge

Minister for Health, Mr Gan Kim Yong, launched this year’s Society for Emergency Medicine in Singapore (SEMS) Annual Scientific Meeting on 6 April 2013 at Khoo Teck Puat Hospital (KTPH).

This event was a platform to celebrate and pay tribute to emergency healthcare workers for their unyielding dedication and sacrifices made, in order to be “in the frontline of care, saving lives, relieving suffering, diagnosing illnesses and treating patients”, as the organising chair Dr DH Phua shared.

Besides recognising their efforts, experts in this field also congregated over the two-day event for an exchange on the latest advancements, findings and sharing of techniques, processes and more. KTPH’s representatives from Acute and Emergency (A&E) Care Centre, Department of Cardiology and Nursing department were amongst the speakers and symposium leaders. For more conference details, please visit www.sems2013.sg
I had a nauseating headache and visited KTPH’s A&E department. I don’t see a lot of patients at the waiting area but I waited for more than 2 hours! Why is the waiting time so long?

The priority of the A&E department is to provide immediate medical attention to critical P1 and P2 cases (Priority 1 and 2), as prompt and timely care may mean the difference between life and death.

You would not see these P1 and P2 cases at the waiting area as KTPH’s A&E department has a separate entrance and treatment area for these priority cases which are mostly sent in by ambulances. Our A&E specialists spend an average of 60 to 120 minutes attending to each serious/critical case. When there is a spike in urgent cases, priority is accorded to them, and so non-critical cases would have to wait longer for their turn to see a doctor.

KTPH’s A&E department sees around 400 patients daily. This means that every 3.6 minutes, one person walks in to seek treatment. However, around 70 percent of our A&E patients are P3 cases (Priority 3) or non-emergency cases. These are patients who are mobile and down with minor ailments such as low-grade fever, headache or sprain. These non-emergency cases take time away from emergencies.

If you have a headache or other minor ailments (as listed in box), visiting the A&E often incurs a long waiting time and prolongs the discomfort. We encourage you to seek treatment from the nearest polyclinic or general practitioner (GP).

What goes on inside the A&E department?

Seek treatment from the nearest polyclinic or GP for the following minor ailments:

- Mild fever
- Coughs and colds
- Small cuts or bruises
- Chronic aches and pains
- Minor nosebleed
- Mild diarrhoea and vomiting
- Localised rash or insect bite
- Superficial burn or scald
Khoo Teck Puat Hospital organises regular Continuing Medical Education (CME) programmes to update medical professionals of the latest trends and practice.

Here are some of the upcoming programmes that general practitioners (GPs) can sign up for:

<table>
<thead>
<tr>
<th>Time</th>
<th>Venue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.00pm to 4.30pm (inclusive of lunch)</td>
<td>Auditorium / Kaizen 1, Learning Centre, Tower B, Level 1, Khoo Teck Puat Hospital, 90 Yishun Central, Singapore 768828</td>
</tr>
</tbody>
</table>

For more information, please contact our GP Engagement Office at 6602 3016.