Helping older patients make the transition to home care

Dr Noor Hafizah Ismail, a senior consultant geriatrician at the geriatrics department at Tan Tock Seng Hospital, says: ‘‘The way you assess for pneumonia is not complicated, but the way you deal with it is.’’

She tells of one patient who was admitted to hospital because of a high fever and was later diagnosed with aspiration pneumonia.

At first, the patient’s condition seemed to be improving, with no more coughing or fever. But the condition worsened, and the patient died.

The patient’s doctor realised that the patient was tube-fed. ‘‘We needed to make sure that the tube was not being blocked by secretions. We also needed to ensure that the patient’s breathing was not being obstructed by secretions which can cause aspiration pneumonia,’’ she says.

Dr Hafizah says that the key to preventing aspiration pneumonia is early intervention. ‘‘We need to detect these signs early and intervene accordingly. This can save many lives.’’

The $27 million, four-year-long ‘‘aged care transition’’ project kicked off in 2008 to ease the transition from acute community health-care services. The project aims to reduce readmissions, thereby minimising the risk of re-admission. It also seeks to improve the quality of life of elderly patients in nursing homes.

According to Mr Michael Foo, president of the Aged Care Association of Singapore: ‘‘There are about 38,000 elderly people in nursing homes, and about 25,000 in community hospitals. We have to do a lot to make sure that elderly people are taken care of properly.’’

The AIC works to ensure that hospital patients are kept away from hospital and are instead looked after at home by a team of therapists. ‘‘We want to get elderly patients to go to community hospitals, go to community health-care services, and at home. ‘‘This is because current funding models are based on ‘outputs’, and not ‘outcomes’. They form the bridge linking community health-care services and institutionalised care. ‘‘Yet the home care,” says Dr Ng, adding that the funding situation will have to travel around and may have to be studied further to avoid their re-admission.

Preliminary findings on the services were kept under wraps, ‘‘but this year, we are going to publish our findings, and the government will be able to decide if we should continue this service.’’

The AIC also launched a project which aims to prevent elderly patients from falling. ‘‘Falls are very common, and they are a very big problem. ‘‘This will ease the crunch on resources, and the community hospitals will be able to focus on patient care instead of administering care. ‘‘The community hospital system is where the most expensive care is given, and it is very important that we are able to prevent patients from falling. ‘‘We have to make sure that elderly folk do not fall and injure themselves, thus ending up at CGH’s emergency department. ‘‘The Swiss national, who has a family here in Singapore, has been visiting his wife regularly. ‘‘He decided to move here to be with his wife until she passed away.’’

Dr Pilloud also expected the family to be proactive in taking what the new service has to offer. ‘‘We have to make sure that elderly people who are dying are not left to their own devices, and that they are not left to die alone. ‘‘This will make it easier for the family to make decisions. ‘‘We have to make sure that elderly people are kept away from hospital and are instead looked after at home by a team of therapists. ‘‘We want to get elderly patients to go to community hospitals, go to community health-care services, and at home. ‘‘This is because current funding models are based on ‘outputs’, and not ‘outcomes’. They form the bridge linking community health-care services and institutionalised care. ‘‘Yet the home care,” says Dr Ng, adding that the funding situation will have to travel around and may have to be studied further to avoid their re-admission.

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