

A Healthy Dose of Family Medicine in Nursing Homes

Care collaborations between Singapore General Hospital (SGH) Family Medicine and Continuing Care (FMCC), Pearls Hill Care Home and Henderson Nursing Home

Interviewed by Dr Low Sher Guan Luke, FCFP(S), Council Member, Editor

the mere mention of nursing homes brings to mind stereotyped images of elderly residents who are bedridden with high nursing needs and staying in institutional care for the rest of their lives. The public often lament the loss of privacy and dignity during the tail end of these residents' lives, and many sympathize with their plight, but few come forward to contribute to the care of these residents. Nursing homes are therefore besieged by lack of good medical, nursing and allied health manpower and funding to improve the quality of care for their residents. But all these are set to change. At the forefront of such change lies the care collaboration between SGH FMCC and two of the nursing homes in their regional health system catchment area, namely Pearls Hill Care Home and Henderson Nursing Home. We find out – from Dr Matthew Ng, Senior Consultant and Head, SGH FMCC and Dr Catherine Chan, Registrar, SGH FMCC – how SGH FMCC is gearing up to improve the care system in these two nursing homes.

In the nursing homes, we worked closely as a multidisciplinary team including a team led by nursing managers, physiotherapists, occupational therapists, medical social workers and visiting speech therapist/dietician/pharmacist.

CM:

How do the doctors feel about this collaboration?

Dr Catherine Chan (CC):

Very few of us had prior exposure to nursing home work, hence this is a great opportunity to understand how family physician can contribute to the management of nursing home residents in Singapore. With this exposure and knowledge, further improvement can be made to transit patient more smoothly from acute or community hospital to a nursing home. However, working in this unfamiliar setting can be both exciting and challenging.

CM:

Were there any rewarding moments when all your efforts paid off? Were there also moments which were particularly challenging?

CC:

As doctors, the rewarding moments were the appreciative "Thank You's" we received.

Contributing to the care of the residents ranging from reducing acute hospital readmissions to completing an Advance Care Planning is fulfilling as we know that for some of the residents, nursing home is their final home and the healthcare staffs are their only "family".

I think one of the biggest challenges was increasing number of residents with complex medical needs, for example, patients with ongoing oral chemotherapy for cancers. There are a lot more ambulatory patients with high fall risk staying in nursing homes due to poor social support. All these patients require more and longer medical consultations.

Resources like lab test, imaging and medication are definitely limited as compared to acute or community hospital, and the doctor will need to order evidence-based tests or treatment available in the community that will be beneficial for the least cost.

There is a quite fair amount of administrative related work needed for doctors to do within the Enhanced Nursing Home Standards.

College Mirror (CM):

We recently learnt that SGH FMCC has started collaborations with some nursing homes. Which are these nursing homes involved, and how did this collaboration come about?

Dr Matthew Ng (MN):

SGH FMCC and Bright Vision Hospital (BVH) are currently working with Pearls Hill Care Home and Henderson Nursing Home. Collaboration with the nursing homes is part of care integration plan under Regional Health Systems (RHS).

CM:

How much resources does this collaboration take from SGH FMCC and the nursing homes?

MN:

Our resident physicians are visiting each nursing home 3 times a week and spent at least 4 hours for each session there. The resident physician will consult a senior doctor if further clarification on management are required. To facilitate the learning of the medical officer and RPs, the consultant in-charge goes to the nursing home occasionally as well.

CM:

How has this helped the nursing homes?

CC:

We hope to assist the nursing homes in improving the quality of care, focus on quality of life and psycho-social needs of the residents in nursing homes and at the same time meeting the Enhanced Nursing Home Standards. As a family physician who comes from an acute hospital, we can play an intermediate role between the other members of the nursing home multidisciplinary team and the professionals in the acute and community care. Hence, we can provide adequate continuous long-term care, which most residents require.



Dr Low Wen Chyi, Resident Physician SGH FMCC with staff from Henderson Nursing Home

Image courtesy of SGH FMCC

CM:

This is a new frontier from the traditional models of care in family medicine. What does such a collaboration mean for family medicine?

MN:

Family medicine is one discipline in many settings. Today, Family Medicine has moved beyond the traditional GP and polyclinic setting in the community, and is practiced in many different contexts and in diverse areas such as acute hospitals, community hospitals and nursing homes.

Family physicians are well suited to provide nursing home care. They can manage numerous chronic conditions, are trained in patient-centered care, and have experience working with families and interdisciplinary teams. These important skills can help residents and their families establish meaningful goals of care at the end of the life span. Continuation of care can be provided for the residents at the nursing home, decreasing the necessity of patients returning to the hospital specialist outpatient clinic for routine follow-up of their medical problems.

CM:

How will this help the regional health system in the entire healthcare landscape?

MN:

By working with the nursing home, we can help in developing and strengthening partnerships across care providers in the region, and across care settings – tertiary, primary and community care especially in an ageing population.

This will improve patient flow and coordination of care through the complex healthcare system, align capacity with demand, and strengthen coordination and communication for a seamless care.

Overall, helping to ensure effective, appropriate, and efficient and value conscious care for the entire healthcare

landscape.

CM:

What else can we look forward to, in such a collaboration?

MN:

We can look forward to including nursing home as part of residency and advanced practice nurse community medicine's training.

There are also ideas about working on providing continuing medical education and development of evidence-based protocols with regard to nursing home medicine and care.

CM:

Is there anything else you will like to bring up for our readers?

CC:

We hope that there will be a progressive change in nursing home instead of being reflected as "The space just didn't seem to have any life in it ... it feels like your life is on hold."

■ CM