



Focus Group Results

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Aims

- To listen to the challenges faced by the communities of Jurong
- To tap onto their experiences and ideas for Jurong HealthConnect
- To engage all stakeholders as participants in this project

Our Probes

- Experiences in health system
- What/Who were helpful?
- What are some of the gaps in services in Jurong?
- What are some of the critical factors that will be helpful for the resident in Jurong?
- How do they envision Jurong HealthConnect?

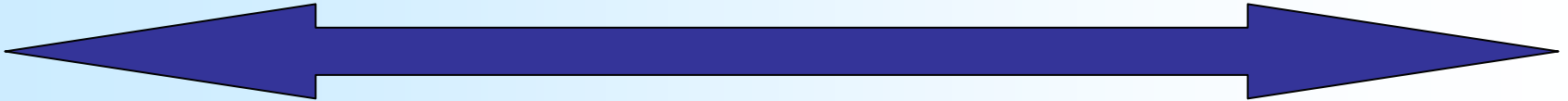
The Voices

- Residents, patients and caregivers from Jurong
- Grassroots Organizations and SouthWest Community Development Council (SWCDC)
- Family Physicians
- Voluntary Welfare Organizations (VWO)
- Hospitals – Alexandra Hospital, National University Hospital and St Luke Hospital
- Ministry of Health (MOH)
- Ministry of Community Development & Sports (MCDS)
- National Council of Social Services (NCSS)

Results

- Each focus group provided a perspective that reflected their standpoint of experiences!
- While perspectives diverge with respect to the care continuum, issues that our participants face converged on the following themes:
 - a) *Multiple providers and fragmentation*
 - b) *Lack of Communication & sharing of information*
 - c) *Access to services, information, practical assistance and emotional support*
 - d) *Healthcare Costs*
 - e) *Reaching out*

Continuity of Care



Community

**Self-directed
Care**

Primary

Hospitalist

Long Term

Preventive
Strategies
Health Screening

Family
Practitioners
Polyclinics

Hospitals
Specialists
Outpatient

Nursing Homes
Chronic Sick Facilities

Results

a) Multiple Service Providers and Fragmentation

“There is no proper coordination. Too many coordinators around and they are not coordinating together”.... (VWO)

*“There are just too many services and we are not familiar with them. Once my mother was discharged from the hospital, we do not know who to turn to”....
(Patient)*

Results

“Application forms are thick, difficult and different. I have to write a different form for different organization”.... (Nurse, Hospital)

Health Organizations

Public & Private Hospitals
Polyclinics / GPs
Community Hospitals
Day Hospitals, Day Rehabilitative Centres
Home Medical and Nursing
Nursing Homes, Hospices
Psychiatric Facilities, Dementia Daycares

Social Agencies

Home Help, Meals on Wheels
Intermediate Housing
Daycare Services, Neighbourhood
Links, Family Service Centres
Disabled Groups
Destitute Homes
Befriender Groups
Counselling Societies
Comm. Case Management
Comm. Development Councils

Friends

Patient & Family

Residential

Housing Development Board
Singapore Power
Town Councils

Self-Help Groups

Ethnic Societies:

SINDA, Mendaki, CDAC, Eurasian,
Religious Organizations:
MUIS, Buddhist, Christian Groups, Hindu
Endowment Board and Catholic Groups

Secular Groups:

Lions, Apex and Rotary Club

Results

b) Lack of Communication and Sharing of Information

“Discharge Summaries are not properly kept by the patient or caregiver and thus has made it difficult to know the previous history when patient is sent to us”.... (VWO)

“There should be a two-way information from hospitals to nursing homes and back. Right now, only hospitals to NHs and we cannot provide any feedback to the hospitals”.... (VWO)

Results

“Communication between doctors from different facilities is lacking but it is actually required”....

(Polyclinic Doctor)

“Good communication between service providers should be part of integration, but not much of it now unfortunately”.... (Doctor, VWO)

Results

c) Access to Information, Practical Assistance and Emotional Support

*“Patients do not know how the system works. So for example, if they miss an appointment or run out of medical supplies, they do not know where to go.”....
(Nurse, Hospital)*

“When my mother needed a day [care] service, I have to go round and round looking for one and when I found one, I had no clue if the service is good or got standard”.... (Caregiver)

Results

“When I need medical help at night, I usually think of hospital first. It would be good to have a phone number to call for help.”.... (Patient)

*“More information should be given to caregivers as currently, patients go back to hospitals unnecessarily because of no support or no knowledge on how to handle the situation.”....
(VWO)*

Better care options for elderly needed

I REFER to the report, "When aged mum gets dumped in nursing home..." (ST, June 3).

As a social worker, I am familiar with the desire of senior citizens to spend their last days in the community they know.

From my observations, family members, in general, are keen to comply with this wish as far as possible.

However, besides examining increasing admissions to nursing homes, has anyone looked into the reasons for the under use of outpatient or community-based care services, such as day-care centres, home nursing and home medical care?

Day-care centres

DAY-CARE centres for the elderly aim to provide care services with social interaction and rehabilitation maintenance components during the day while family members go to work or school.

I am encouraged to note that some centres have extended their operating hours to cover weekends and

public holidays.

Day-care centre operating hours have been an issue for working family members who care for their elderly parents at home.

These family members have to work long hours or even do shift work.

Unfortunately, most day-care centres operate on a standard time from 8am to 5pm, or till one or two hours later.

Some are even run on a five-day week.

This makes it hard for caregivers who have to work overtime, on weekends or in shifts to use their services.

For some, the alternative option of employing a maid is simply beyond their means.

And for middle-income families who fail the means tests for subsidies or who receive less substantial subsidies, day-care fees may be comparable to nursing home fees.

Thus, a family may resort to putting a relative in a nursing home, which gives round-the-clock care.

Respite care

ALTHOUGH respite care, a short-term care service for the

elderly which offers caregivers a breather, has been suggested as an alternative to nursing homes, it lacks accessibility and flexibility.

For example, if only those who need rehabilitation are accepted for respite care, a dementia sufferer will not qualify for such care if he is physically mobile.

However, his caregivers may be under a great deal of stress and need the respite such a care service is designed to give.

As far as I know, caregivers have to pay for respite care in cash and Medisave funds cannot be used.

This poses a difficulty to lower-income families who are cash-strapped.

Also, no subsidies are given for respite care, as they are for voluntarily run nursing homes or day-care centres.

Home medical services

HOME-BASED medical and nursing services cater to the elderly who are unwell and bed-bound or home-bound.

Most of these services operate only during office hours. Caregivers who need help outside office hours, such as if a naso-gastric tube has

been pulled out by their family member, will be advised to seek commercial home medical or nursing services.

However, lower-income families may not be able to afford the commercial fees.

There are family members who give up their career to care for their elders full time.

While we may agree they are simply doing their duty, we should also support them emotionally and financially.

Can tangible support, such as a minimal allowance, be given to such fulltime caregivers?

I agree with the Government view that an elderly relative should be put in a nursing home only as the last resort.

However, I am concerned that over-stigmatising the use of nursing homes may be at the expense of care for the elderly.

There are family caregivers who may become incapable of caring for their elderly at home, such as if they fall sick themselves.

If they insist on keeping their elders at home, it may mean insufficient or improper care.

Results

d) HealthCare Costs and Affordability

“The current problem is that everyone has to pay cash for community services and .. patients prefer to remain in the hospitals because they can pay by Medisave.”.... (Nurse, Hospital)

*“While everyone agrees that health screening is important, who is going to pay for the consequences of detecting illnesses and paying for treatment?”....
(VWO)*

Results

“We find that some of our elderly are unable to afford health screening. You know the government should consider subsidizing them. Maybe like \$5 so that everyone can have it.” (Grassroots Member)

Results

e) Reaching out

“Many attend because they want to be screened and they are the ones who have probably been screened before. The challenge is to reach those who have been not willing to attend and get them out.”.... (Grassroots Member)

*“When we do health screening, we need to take into consideration of those who are self-employed and working residents. Especially the hawkers who are unable to attend because of the timing.”....
(Grassroots Member)*

Results

“The ones I am referring to are the sandwich group of residents and patients who marginally miss out of public assistance. They are the ones who we need to pay attention”.... (Ministry Official)

“There is a group of homebound patients who are out of the system. We need to see how we can get them back.”.... (VWO)

Results

- **Visions of Jurong HealthConnect**

“There should be a One Stop Centre coordinating all service providers after discharge from hospital. A core group of people should be trained and be able to answer any health related questions.”.... (VWO)

“There should be a hotline/call centre to advise .. need a single person to take care with good perception of needs and not change every time.”.... (Caregiver/Doctor, Public Hospital also made the same position)

Results

“The ideal coordinating centre should be operating 24 hours. It should also be from a neutral party and not healthcare provider, else it might be feel obliged to accept all patients.” (VWO)

The Challenge to “CARE”

Connect and Coordinate

- The linkages and partnerships that have to be strengthened across providers for the communities in Jurong

Access

- The multiple opportunities and convenient avenues to acquire information, practical assistance and emotional support across residents, providers and communities in Jurong

Reach

- The extent and magnitude of engagement with/for the residents in Jurong

Empower

- The provision of knowledge and information to the patient and caregiver to make informed decisions in healthcare

Thank You