

OVERVIEW OF JURONG HEALTH CONNECT

Mr Ho Sun Yee

Presentations

- Struggle through the Care Maze
- Demographics & Epidemiological Profile of Jurong
- Focus Group Findings
- Comparative Models of Care

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

JHC - Mission

- Evolve a Patient-Centric, Seamless and Accessible Healthcare Network
- Residents of Jurong
- Through Collaborative Approach
- Across continuum of care

Proposed Initiatives

- Coordinated Health Screening Programme
- Chronic Disease Self Management Programme
- Community Case Management
- One Stop Health Information Centre
- Website and Health Resource Booklet
- Home Carer Training

Coordinate Health Screening

- Systematic accessible mass health screening in the community
- Opportunistic health screening by GPs
- Targeted follow-up
- Improved health screening software to GPs and Providers
- Data to be integrated into Electronic Medical Records

Chronic Disease Self Management Programme

- Series of workshops to manage own health conditions
- One or more chronic conditions – diabetes, hypertension, obesity, stroke etc
- Highly participative, mutual support and confidence building
- Leaders among participants to be trainers in their community

Community Case Management

- Service that coordinates and maintains a network of formal & informal support
- Activities to optimise functioning & well-being of patients in the community
- Work with patients and service agencies
- Prevents premature institutionalization

One Stop Health Information Centre

- Provide information about social-healthcare and eldercare services
- Coordinating agency for referral management & coordination
- Extend integrated care services electronic referral to other step down facilities
- Website & health booklet

Healthcare Call Centre

- General enquiry on health and social services
- Tele-health services
 - *Clinical triage*
 - *Disease management*
- Referral and appointment scheduling
- An important population health management tool

Home Carer Training

- Many providers – 4 Broad Categories
 - *Relatives of Patients*
 - *Maid Training for care of patients*
 - *Volunteers*
 - *Certificate courses*
- Partner with providers and grassroots
- Coordinate and channel participants

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

	Coordinate & Connect	Access	Reach	Empower
Health Screening	Y	Y	Y	Y
Self Management Programme	Y	Y	Y	Y
Case Management	Y	Y	Y	Y
One Stop Centre	Y	Y	Y	Y
Health Call Centre	Y	Y	Y	Y
Home Carer Training	Y	Y	Y	Y

Please Tell Us....

- **Are we on the right track ?**
- **How can you help ?**
- **What else shall we do ?**
- **Can we complete 50 % of proposed initiatives in 12 months ?**
- **Can we complete 100 % in 2 years?**

Thank You