

Palliative Care in the Community

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Topics covered

- Palliative Care Services in Singapore
- National Standards and Vision
- Commonly used drugs

Palliative Care Services in Singapore

- Hospital-based: all major hospitals
- Community hospitals: St Luke's, AMKCH, St Andrew's CH
 - Coming up... Outram, Woodlands, Alex Campus...
- Inpatient hospices: Dover Park, Assisi, St Joseph's, Bright Vision
- Home hospice care: Refer to Referral form
- Day hospice care: HCA and Assisi

I am a GP. Can I refer my patient to a home hospice care service?

Things to consider before referring to home hospice care:

- Preferable for primary doctor to refer
- Is there a life-limiting illness?
- Prognosis?
- Needs? (How can home hospice care add value?)
- Have the diagnosis, prognosis and goals of care been discussed with patient/family?

How to introduce home hospice care?

- **Value-add:** symptoms, 'troubleshoot at home', 24hr/7 days hotline, especially if want to stay home as much as possible
- **Free service**, means testing done for all (hospice gets funded through govt and charity)
- **Visit frequency:** according to needs
- **Nurse-led**, doctors available
- **Equipment loan**
- **Referral** to inpatient hospice

COMMUNITY HOSPICE PALLIATIVE CARE SERVICES COMMON REFERRAL FORM



Please indicate service type and provider. (Tick one provider only.)

<input type="checkbox"/> HOME CARE <input type="checkbox"/> Agape Methodist Hospice <input type="checkbox"/> Assisi Hospice <input type="checkbox"/> Dover Park Hospice* <input type="checkbox"/> HCA Hospice Care <input type="checkbox"/> Metta Hospice Care** <input type="checkbox"/> Singapore Cancer Society <input type="checkbox"/> Star PALS	<input type="checkbox"/> IN-PATIENT CARE <input type="checkbox"/> Assisi Hospice <input type="checkbox"/> Bright Vision Hospital <input type="checkbox"/> Dover Park Hospice <input type="checkbox"/> St Joseph's Home & Hospice	<input type="checkbox"/> DAY CARE <input type="checkbox"/> Assisi Hospice <input type="checkbox"/> HCA Hospice Care
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* Phase 1: Central area (TTSH discharges) only. Please enquire if in doubt."
 **Home care service covers parts of East or North East Singapore only. Please inquire with service.

Please **FAX** this Common Referral Form to the service indicated (Please refer to **ONE** service only.)

Agape Methodist Hospice	Fax: 6435-0270	Tel: 6435-0274	HCA Hospice Care/ Star PALS	Fax: 6352-2030	Tel: 6251-2561
Assisi Hospice	Fax: 6253-5312	Tel: 6347-6446	Metta Hospice Care	Fax: 6787-7542	Tel: 6580-4695
Bright Vision Hospital	Fax: 6881-3872	Tel: 6248-5755	Singapore Cancer Society	Fax: 6221-9575	Tel: 6221-9578
Dover Park Hospice	Fax: 6258-9007	Tel: 6500-7272	St Joseph's Home & Hospice	Fax: 6268-4787	Tel: 6268-0482

PATIENT DETAILS (Block letters please. Do not use patient's sticker.)

Full Name: _____	Address: _____
NRIC: _____ Race: _____	Postal Code: _____
Date of Birth: <u> </u> / <u> </u> / <u> </u> Dialect Group: _____	Tel: _____ Language(s) spoken: _____
DD / MM / YY	

Filling in the referral form

- Correct address (may be different from NRIC)
- Spokesperson's contact number
- Fill in all the blanks to the best of your ability
- Pay attention to prognosis
- Explain diagnosis and prognosis to patient/family
- Medical history and active issues very important

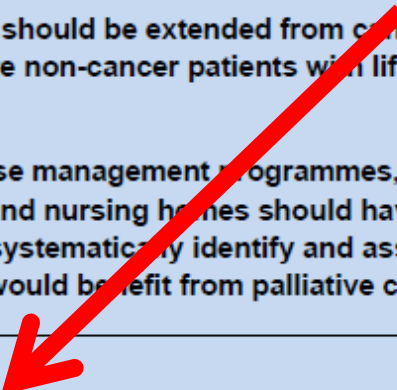
National Standards and Vision

Year 2010: Singapore ranked
18th in Quality of Death

National Strategy for Palliative Care

Table 1: Summary table of goals of strategy and recommendations

Goals of Strategy	Recommendations
Goal 1: All patients with life-limiting illnesses should be identified and their palliative care needs assessed.	 Ensure that all health care institutions caring for patients with life-limiting illnesses have a system to identify these patients early and assess their needs. Palliative care should be extended from cancer patients to include more non-cancer patients with life-limiting illness. Chronic disease management programmes, cancer programmes and nursing homes should have guidelines to systematically identify and assess patients who would benefit from palliative care.
Goal 2: All patients with life-limiting illnesses should be cared for by health care professionals using a palliative care approach. Patients with complex needs should have access to specialised palliative care services.	 Ensure that all healthcare professionals have a palliative care approach to the care of patients with non-complex end-of-life needs. Ensure that all patients with complex needs have access to specialised palliative care services in the appropriate setting, with multidisciplinary team support.

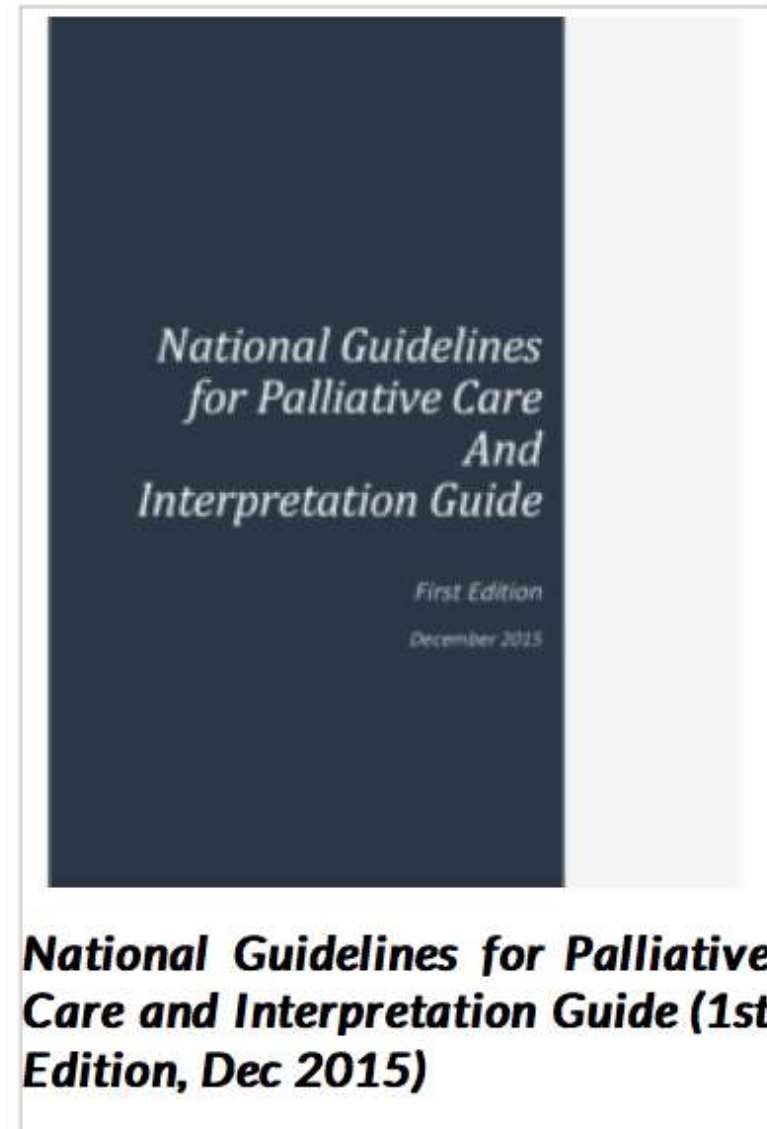
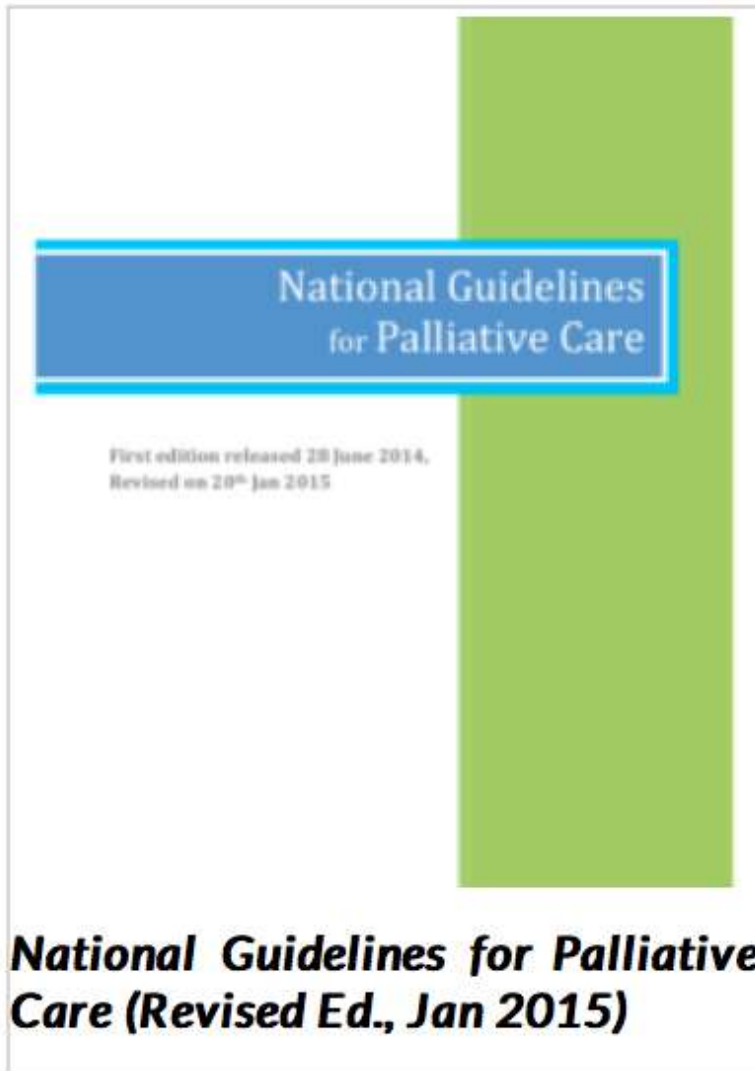


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Goal 2:	

Ensure that all healthcare professionals have a palliative care approach to the care of patients with non-complex end-of-life needs.



Palliative Care Enhancements in the Pipeline: Mr Chee Hong Tat (CNA 15th Feb 2017)

- Speaking to reporters on the sidelines of a visit to Assisi Hospice on Wednesday (Feb 15), Minister of State for Health Chee Hong Tat said **palliative care will become increasingly important as the nation faces an ageing population.**
- “We’re mindful that as we look at how to transform our healthcare system, **we want to move away not only from acute hospital services but towards more community care and long-term care,**” he said, adding that more details will be announced at the Ministry of Health’s Committee of Supply session.

MOH plans for 2020

- Increase public awareness/Grief and Bereavement support: 1st SHC Community Engagement and Communications Steering Committee
- Advance Care Planning: expand to primary settings and SOCs
- Quality Improvement Programme for palliative care providers to ensure high standards
- 232 inpatient hospice beds now → 360 in 2020
- 5500 home care places per year now → 6000 in 2020

How many Palliative Care Specialists in Singapore?

- Real and Fake numbers...
- Fake numbers: 57 as of 2016 (including grandfathers: 20% of time in pall. Therefore includes oncologists and haematologists)
- Real numbers: 39 FTE

Types of Palliative Care Providers

- Basic
 - MO/Resident
 - Internal Medicine or Family Physicians without GDPM or minimal pall experience
- Intermediate
 - Resident Physician/Registrars/ Trainees in Palliative Medicine
 - Internal Medicine or Family physician with GDPM and substantial pall experience
- Specialist
 - Palliative Medicine Specialists

Post-graduate Training and Education

- 2017/2018 Graduate Diploma in Palliative Medicine: 12 months part-time
 - Open for online applications
 - Closing date 31st May 2017
- 33rd Post-Graduate Course in Palliative Medicine: 3-days
 - Open until 5th April
 - Course from 26-28th April 2017
 - 12 CME points

Common Drugs

~~Common Drugs~~

Community Engagement

Ask the EXPERTS in the Community...