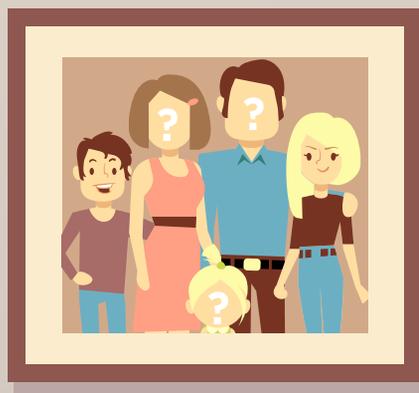
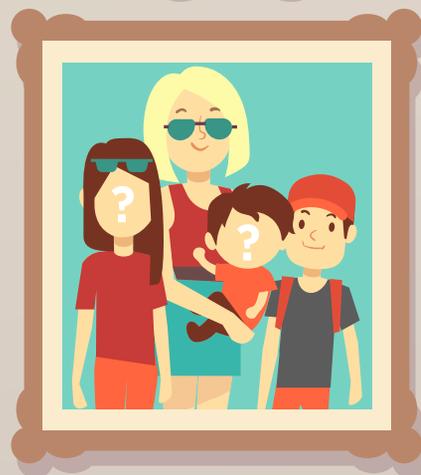
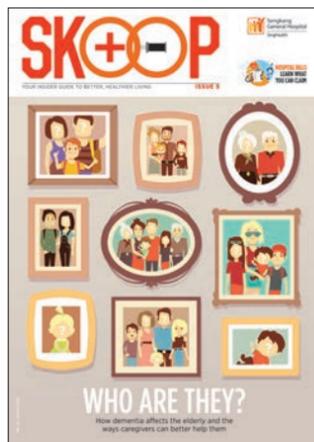


# SKOOP



## WHO ARE THEY?

How dementia affects the elderly and the ways caregivers can better help them



**Publisher**  
Sengkang General Hospital  
Pte Ltd

**Editorial Team**  
Cecilia Pang  
Loretta Lee  
Renee Seow

**Editorial Committee**  
Julian Ang  
Bernard Chan  
Dr Victor Kwok  
Mohamad Rizal Bin Mohd Razali  
Dr Sharmini Su A Sivarajah  
Doreen Tan  
Evangeline Tan

**Expert Sources**  
Germaine Chng  
Melissa Chua  
Dr Iris Rawtaer  
Clarissa Tang  
Dr Laura Tay  
Dr Tay Kai Hong

**Publishing Agent**  
NewBase Content Pte Ltd

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 **Sengkang General Hospital**  
SingHealth

110 Sengkang East Way,  
Singapore 544886  
Tel: +65 6930 6000 (24 hrs)

90700-005-1219

# WELCOME!

Dear readers,

We hope you like our vibrant new look, but more importantly, we hope you enjoy reading our stories even more. Since the official launch of Sengkang General Hospital (SKH) early this year, we have sharpened our focus on delivering better care services to our community. In line with this vision, we have refreshed the design of *Skoop* to include a new masthead, restructured story formats and used bolder images in a snazzier layout. Even with these improvements, our goal remains the same: to give you the insider's view with stories that are a little unexpected and with deeper insights to help you better understand and take charge of your health.

We hope you will enjoy this issue. If you have suggestions on how we can make this publication more interesting and relevant for you, do write in at [skoop@skh.com.sg](mailto:skoop@skh.com.sg). We would love to hear from you.

The Editorial Team

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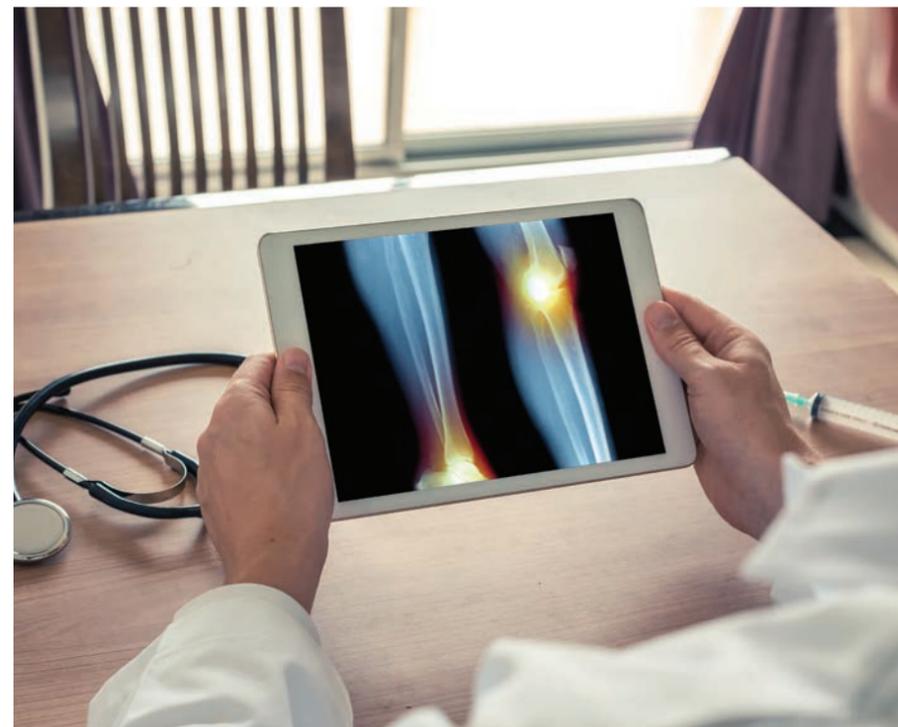
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# NEW TECHNIQUES IN SURGERY



## LATERAL ANKLE REPLACEMENT SURGERY

### Low risk, quicker recovery

Does the persistent pain from an ankle joint make a simple activity like walking or climbing the stairs unbearable? When you're trying to stay active, the idea of using walking aids may put you off, and ankle arthritis can make you not want to leave your home. So what's the solution? The answer could be in an advanced technique in ankle replacement surgery.

Ankle replacement surgery is traditionally done from the anterior (front) of the ankle. However, a lateral ankle replacement surgical method (from the side) was performed at SKH earlier this year.

This new method gives surgeons the ability to see the joint from the side as they operate, enabling them to get good tissue balancing and

ensuring minimal bony cuts so as to prevent post-surgical complications.

Lateral ankle replacement using this new technique has several advantages, one of which is to enable a larger range of joint movement after surgery.

“Lateral ankle replacement allows a larger range of joint movement after surgery”

## MOTORIZED SPIRAL ENTEROSCOPY

### Safer, faster, less discomfort



Many patients suffer from digestive symptoms such as abdominal pain, diarrhoea, constipation or gastrointestinal bleeding. In most cases, the common endoscopic procedures performed are gastroscopy and colonoscopy. These allow the doctor to examine the upper digestive tract and the large intestine.

In some cases, however, the problem lies in the middle digestive tract, called the small intestine. This region is inaccessible using traditional endoscopy techniques, due to its length of between 4 and 6 metres. To reach this part of the digestive tract, the conventional procedure makes use of balloon enteroscopy, which requires coordination between two operators and can take two to three hours.

However, an advanced medical technique has made it possible to cut the time taken to examine the entire small intestine to 30 minutes. Motorised spiral enteroscopy requires just one doctor to operate and allows a firmer grip of the intestinal walls, resulting in a faster and more accurate procedure for patients. This technique was performed at SKH in June this year.

The shorter time and more effective diagnostic abilities of the new technique mean a faster, safer and more comfortable procedure for patients.

Please speak to your doctor if you are interested to find out whether these surgeries can help you.

# A NEW HOPE

Maybe you walk less than you used to because of aches in your legs, or you think you have “poor circulation”. These could be symptoms of peripheral vascular disease (PVD) — an underdiagnosed yet serious disease similar to coronary artery (heart) disease.

More prevalent in the elderly, PVD is a major health problem affecting more than 200 million people worldwide. It is a blood circulation disorder that causes the blood vessels outside the heart and brain to narrow. As a result, blood does not flow properly to the leg, leading to possible health complications.

Many are unaware that they are at risk of developing PVD, or they mistake their leg cramps for age-related pains or arthritis. As such, they don't seek treatment. Left untreated, PVD can lead to difficulty in walking and, at its most severe stage, result in dead tissue, gangrene and even amputation. Early treatment of PVD can restore your mobility, decrease the risk of heart attack, stroke and amputation, and possibly save your life.



## WHAT YOU NEED TO KNOW ABOUT PVD



- PVD affects 20% of patients over the age of 75



- People with PVD are 4 to 5 times more likely to have a heart attack or stroke



- 1 in 3 patients over age 50 who suffer from diabetes also has PVD



- Within 2 to 4 years of the first amputation, one-third of all PVD patients will lose their other limb



- Approximately 20% to 50% of people with PVD do not experience any symptoms

“PVD is a blood circulation disorder that causes the blood vessels outside the heart and brain to narrow”

### THE SKH HOPE PROGRAMME

The Holistic Care in Peripheral Vascular Disease (HOPE) programme at SKH allows patients admitted with PVD and underlying complex medical conditions, such as diabetes, high blood pressure and heart disease, to be reviewed together by medical specialists and vascular surgeons. Patients benefit from holistic specialist care for their vascular diseases, as well as their complex medical conditions. This improves their diabetic control, increases the probability of saving their legs and reduces medical issues.

# TEXT NECK: MYTH OR FACT?

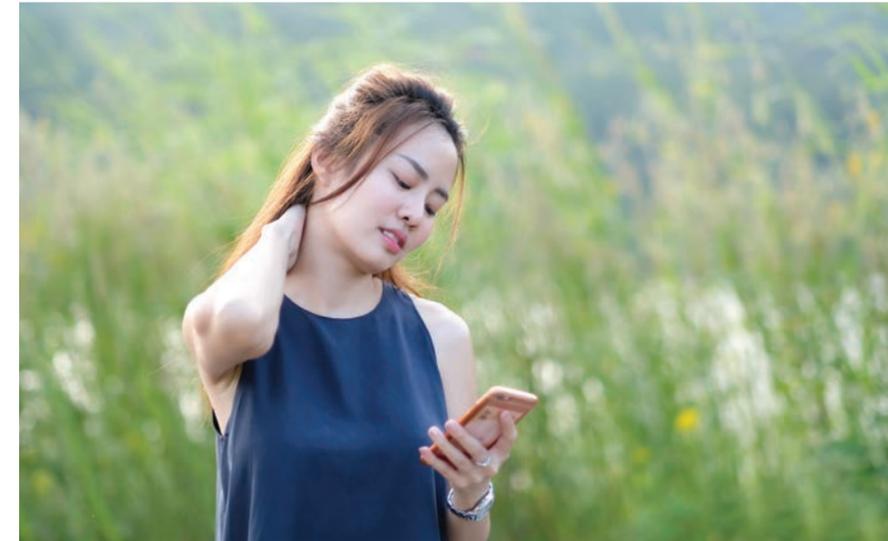
“Text neck” — we’ve all heard of it. Used to describe pain in the neck, the notion of “text neck” — and sometimes “text claw” — has grown in recent times, due to our increasing use of mobile devices. It refers to the overuse of or repetitive stress on one’s neck, as the head is hung forward and downwards when looking at one’s mobile device for an extended period.

However, text neck does not exist, according to Dr Bernice Liu, principal physiotherapist at SKH. “Neck discomfort is not exclusive to people

always on their mobile devices. It can occur to anyone whose body is unused to a prolonged position in activities such as reading, sewing and typing for a long time.”

So, rather than blame our phones for our neck-related ills, we should be looking at our activity — or lack of.

“If anything, text neck is not of concern. What is of concern is that people are moving less because we’re spending too much time on our electronic devices. In other words, being too sedentary is the real problem.”



## PAIN IN THE NECK?



- It's a symptom, not a disease (“Text neck” is not a medical term)
- 80% to 90% of back and neck pains are not serious
- There is no evidence that avoiding “bad postures” prevents pain. There is no “best” or “correct” posture
- Forward head posture does not explain neck pain and disability — neck pain can occur to people with or without a forward head posture

### TIP

The key is to keep moving! Moving and changing positions are helpful, and so is doing exercises to maintain and improve strength, endurance, power and flexibility for spine health and overall well-being.

# YOUR BREAST HEALTH MATTERS

Breast cancer is the number one cancer among women in Singapore, yet only two in five women are up to date with their mammogram screening. In fact, mammograms are currently the most reliable screening method for breast cancer — it can detect small cancers even before they can be felt.

The potential benefits of detecting breast cancer early are not having to undergo aggressive treatments and having better outcomes. Screening mammograms are recommended once in two years if you are over 50 years old and without known risk factors. Be the boss of your breast health and start taking ownership to fight breast cancer today!



# FLU FACTS – GET THAT SHOT!

The festive season is just around the corner and although there is no definitive flu season, flu viruses tend to peak during this time. But how much do you really know about the illness and flu vaccine?



## FACTS:

- **It's more serious than you think**

Flu can lead to serious health complications in the young, old and those with high-risk chronic conditions, and is sometimes deadly. It can affect anyone, including healthy people.



## MYTHS:

- **You will catch the flu from the vaccine**

Flu vaccine contains inactivated virus, and dead viruses can't make you sick. What it does is stimulate your immune system to make antibodies that will protect you from the flu.



- **It's different from a cold**

Flu is caused by the influenza virus. It is more serious than a cold, with symptoms ranging from high fever to vomiting. The common cold is caused by a different virus and presents milder symptoms.



- **Antibiotics can cure flu**

Antibiotics do not work against viruses like the flu. They only have effects on bacteria, which have different structures from viruses.



- **It's contagious even before symptoms start**

As many as three out of 10 people carry the virus without having any symptoms. The virus can survive for one to two days on hard surfaces, so if you touch a contaminated surface, you could spread the bug to others without knowing it!



- **You can catch the flu in cold, drafty environments**

The only way to catch the flu is by being exposed to the flu virus. Flu season coincides with the cold weather, but they are not related.

## THINK YOU'RE STRONG? TRY THIS TEST!



Sit on a chair that is 40cm in height. Cross your arms in front of your chest and raise one leg to about 45 degrees from the ground.



Keeping the same leg raised, stand from your seat, making sure to keep your back straight. Hold the pose for three seconds.

As we age, our bodies and muscles start to weaken, making it harder for us to keep up with daily activities such as going to the market, climbing stairs or having a fun day out.

The Ministry of Health estimates that one in two healthy Singaporeans aged 65 and above could become severely disabled in their lifetime. You may think now that you are far from frail, but this stand-up challenge may surprise you.

The nationwide challenge, #standforstrength, aims to

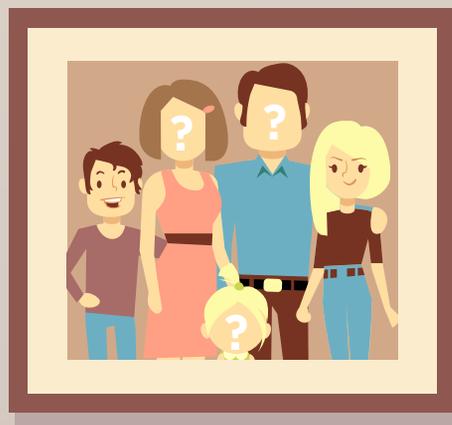
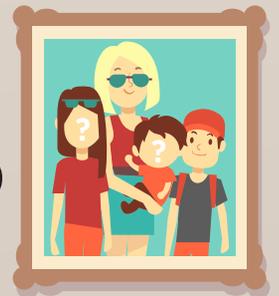
raise awareness on preventing muscle loss and frailty in Singaporean adults. This challenge helps you gauge if you are at risk of developing muscle loss, by having you stand up on one leg from your seat and holding that position for three seconds.

Research has shown that those who cannot perform the test face a higher risk of not being able to walk in their 70s and beyond. Try the test and start taking action to keep frailty at bay!



# DEMENTIA

## DO WE UNDERSTAND IT?



Dementia is a condition often misunderstood by many. In a survey done by the Alzheimer's Disease Association and the Singapore Management University this year, over half of 5,600 Singaporeans polled said they knew little about the disease. *Here's what you need to know.*

# WHAT IS DEMENTIA?

It is a gradual brain disease that causes people to slowly lose their cognitive abilities. Persons with dementia lose the ability to think, reason and remember things, and eventually have difficulty coping with everyday activities.

There are many types but the most common ones are:

- Alzheimer's disease
- Vascular (stroke-related) dementia

## Did You Know?

**1** IN EVERY **10** PERSONS AGED **60** YEARS AND ABOVE HAS DEMENTIA



**82,000**

NUMBER OF DEMENTIA PATIENTS IN SINGAPORE

**30%**

OF CAREGIVERS TO DEMENTIA PATIENTS FEEL EMBARRASSED WHILE TENDING TO THEM IN PUBLIC



**3 in 4** feel rejected and lonely, with more than half feeling ashamed of their condition

Sources: Well-Being of the Singapore Elderly, Alzheimer's Disease Association, Singapore Management University

## DEPRESSION & DEMENTIA

Research has shown that people who had depression later develop dementia. With dementia cases on the rise, it's even more important to understand the link between the two. Dr Iris Rawtaer, Consultant in the Department of Psychiatry at SKH, gives us some insight.

### What is the link between dementia and other conditions, like depression?

Depression is a risk factor for dementia. It increases the decline from having trouble with thinking and memory skills to dementia. Depression or depressive symptoms can also occur as behavioural and psychological symptoms when one gets dementia. Other risk factors include hypertension, diabetes, obesity, smoking, physical inactivity and social isolation.

### Which occurs first, and why?

Any of the two conditions can occur first. When patients come to us with memory difficulties and mood symptoms, we clarify which symptoms came first with them and their caregivers. The order in which their symptoms occurred is crucial in helping us diagnose their primary condition.

### How can we lower our chances of getting these conditions?

Ensure good control of blood pressure, weight and blood sugars. It is important to clock in regular exercise, stimulate your mind and interact often with family and friends. Increasingly, research is showing it's better to do all these sooner rather than later, and not wait till retirement.



## COMMON SYMPTOMS



### ASKING QUESTIONS REPEATEDLY AND MISPLACING THINGS

EXAMPLE: Misplacing house keys and bank book, forgetting their ATM PIN or leaving food burning on the stove. They may even accuse others of stealing after misplacing their items.

### CONFUSING PLACES AND TIME

EXAMPLE: Getting lost in their own house or outdoors, feeling frustrated in unfamiliar environments, mixing up day and night (for example, asking for lunch at night).



### UNABLE TO RECOGNISE PEOPLE

EXAMPLE: Getting family members mixed up repeatedly, forgetting friends and relatives, especially those they haven't seen in a while.



### FORGETTING SKILLS

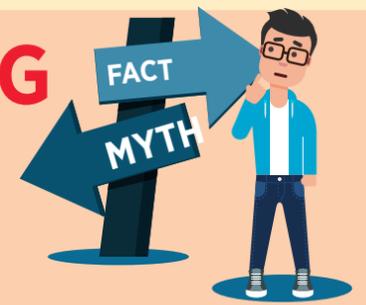
EXAMPLE: Forgetting how to use their mobile phone, remote control or kitchen appliances. Having difficulty learning new skills.



### HAVING TROUBLE WITH LANGUAGE AND EXPRESSING THEMSELVES

EXAMPLE: This could be spoken or written, and even in their native tongue. It can come across as answering questions irrelevantly, losing interest or being insensitive.

## DEBUNKING MYTHS



### MYTH

Dementia is part of normal ageing

### FACT

Dementia is a progressive illness that causes memory, intellect and personality to decline over time. It is a brain disease and is not part of normal ageing.

Only older people can get dementia

While it is more common among people above 65 years old, younger people can also develop it. Early onset is often associated with genetics.

Since there is no cure for dementia, there is no need for treatment

There is currently no cure for dementia, but early dementia can be treated with medication and therapy to slow down progression and maintain quality of life. There is also a small number affected by reversible causes such as vitamin deficiency or hydrocephalus (excess fluid in the brain).\*

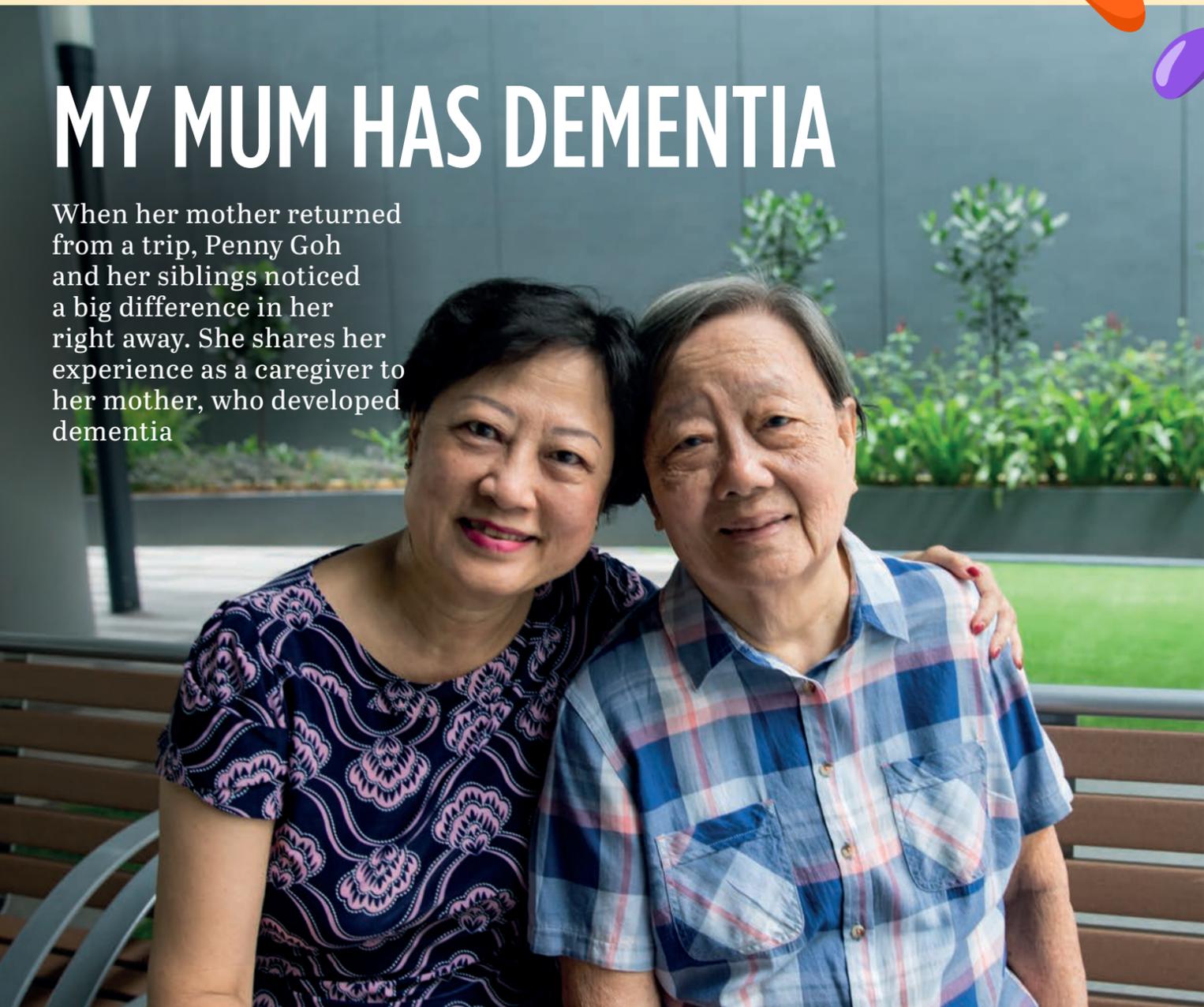
Dementia patients are not aware of what is going on around them and can be 'difficult'

Very often, patients can understand more than they can express. As the disease progresses, it is very important to reach out to your loved one using music or touch. Set up a daily schedule, communication techniques and a calm, familiar environment.

\*If you are experiencing sudden memory problems, it's important to see a doctor early. Early evaluation can help identify or rule out reversible causes.

# MY MUM HAS DEMENTIA

When her mother returned from a trip, Penny Goh and her siblings noticed a big difference in her right away. She shares her experience as a caregiver to her mother, who developed dementia



**M**dm Koh Ah Moy, 85, first showed signs of having dementia last year after returning from a five-week visit to Australia, where Penny's elder sister was living. "We noticed that she seemed a little more disoriented and forgetful," Penny recalled.

Before the trip, Mdm Koh would walk the dog every day and never lose her way. But when she returned, she would occasionally get disoriented during the walk. People who met her also commented on her appearance, saying she looked "unwell". She lives in Sengkang with Penny's brother, who

also expressed concerns about her failing memory. He was afraid that she might forget to turn off the stove at home, which is especially worrying as he and his family members work full time and can't be at home with her all the time.

Dementia has also affected Mdm Koh's hand-eye coordination. "She used to sew clothes for my family. Once, I gave her several place mats to re-stitch using the sewing machine, and when she returned them to me, the sewing was all over the place," recounted Penny.

## Prompt testing and managing the condition

Mdm Koh was showing some of the common signs of dementia, such as misplacing things, confusing places and time and forgetting skills. Knowing that her mother's family has a history of dementia — her eldest aunt and grandmother were diagnosed with it — Penny's elder sister, who accompanied their mother back to Singapore, took her to get tested. To help their mother manage her condition, Penny and her brother then arranged for her to go to St Luke's ElderCare for daycare services.



As Penny is a retiree, she has more time to tend to their mother. "St Luke's shuttle bus will pick her up in the morning on weekdays and bring her back later in the afternoon. I take her to regular medical check-ups with psychiatrist Dr Iris Rawtaer at SKH, as well as to her other medical appointments at the National Eye Centre, the National Skin Centre and Tan Tock Seng Hospital."

Penny uses these visits as a chance to keep her mother mobile and active, as she thinks it is important for her mother to exercise. Whenever they go to SKH, Penny would ask her mother to walk the short distance from Compassvale to Sengkang MRT station and to the hospital.

## Ups and downs

But where there are good days, there are also not-so-good ones. "Sometimes, at St Luke's, my mum would feel "insulted" when asked to solve puzzles or sort beans according to their colours

or types, as she feels there is "no point in sorting beans that were deliberately mixed up by the centre's staff". As Mdm Koh doesn't like to sing, she would not participate when asked to do so, Penny shared. "She has a very strong personality, so sometimes, we have to convince her to participate in the activities."

But her mother does enjoy the outings that the daycare centre organises, which include visits to Gardens by the Bay and prawning trips. "We would also compliment her by saying she is one of the lucky few chosen to go on excursions because she is mobile and can walk unassisted."

## Looking on the bright side

Penny and her family make it a point not to let their mother's condition get them down. "Not everything is bad," she said. "Sometimes, she would forget and give children their *ang pao* twice during Chinese New Year! The honest kids would say, 'Ah ma, you've already given me!' But some would keep quiet. This happens at birthdays, too. We find these little moments quite hilarious."

While the family shares laughs over instances like these, they are aware of the seriousness of their mother's condition. There is currently no cure for dementia, but it is possible to slow its progression with medication, therapy and activities. Weekdays at St Luke's attending their activities and excursions helps keep Mdm Koh physically and mentally active.

While caring for someone with dementia comes with some challenges,

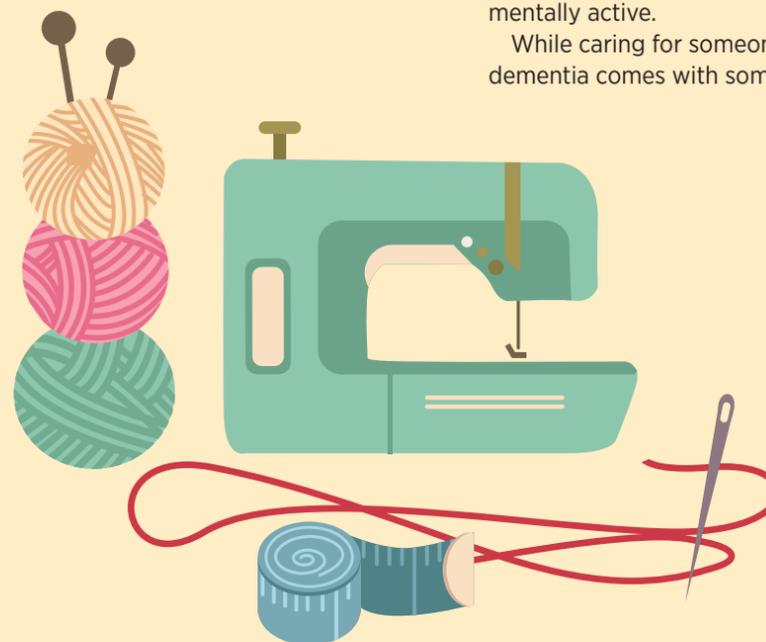


**“Sometimes, she would forget and give children their *ang pao* twice during Chinese New Year! The honest kids would say, 'Ah ma, you've already given me!'”**

Penny says it helps to be patient and to establish a routine. She said it's more manageable if there are fewer changes, as changes to routine — even the slightest — can leave those with dementia confused and irritable.

"We cannot hurry them. Let them take their time, always remind them and always be patient," Penny advised. She said her mother would ask the same questions repeatedly, so it helps to keep calm. In keeping with consistency, it also helps to stick to just one doctor for treatments.

You also have to be able to adapt. "Sometimes, when dealing with someone with a strong personality like my mother, it helps to let them take the lead," she added. "For example, when crossing the road, instead of holding her hand, which she detests, I would ask her to hold my arm instead. It helps to be observant and adjust to suit the person's character." **SK**



# CREATING A COMMUNITY THAT CARES

Why it's important to build a dementia-friendly community and hospital in the northeast

**D**ementia can be a socially alienating illness — but it need not be, if there is a community that understands the condition and plays an active part to support persons with dementia and their caregivers.

This is why SKH, in collaboration with our community partners, has made it a priority to build a dementia-friendly community (DFC) in the northeast of Singapore. We speak to Germaine Chng, Deputy Director of Service Planning and Care Integration at SKH, about these plans.

## Why is it important to have a dementia-friendly hospital and community?

We feel it's important to answer the needs of the community — and these needs have in recent years evolved significantly. Our population is ageing rapidly and with it, the number of people developing dementia in old age has been on the rise. Surveys and news reports have shown that patients commonly suffer feelings of rejection,

loneliness and shame, while their caregivers undergo stress and anxiety from having to care for their loved ones.

Much more needs to be done to raise awareness about dementia and equip our community to better support and care for patients and their caregivers.

## Tell us more about the efforts behind building a DFC.

We started this journey in 2018 by inviting the Lien Foundation and the Alzheimer's Disease Association, both of which have done good work in this area, to co-create a DFC with us in the northeast.

And this year, to promote greater public awareness of dementia, we held our inaugural World Alzheimer's Month event, with the theme "I'm Still Me", featuring talks and hands-on activities.

Some of the stories shared by dementia patients were eye-opening — in particular, 82-year-old Peter Lim, who has lived with the condition for a decade, shared what mattered most to him was that he was able to remain independent and make his own decisions for as long as possible.

We've also been training our staff so they can better understand and relate to persons with dementia. There are two levels of training: basic and intermediate. Non-clinical staff, such as counter staff and security personnel, undergo basic training to learn about dementia, its symptoms

and effects on patients, as well as what to do when they come into contact with a dementia patient.

Meanwhile, SKH's doctors, nurses and allied health professionals who provide clinical care to dementia patients undergo the intermediate course. Training is adapted to the needs of their respective disciplines and covers topics like identifying behaviours of concern, providing person-centred care, palliative care, as well as care for caregivers and self.

## What other initiatives are there in the pipeline to provide the care PWDs need?

SKH will be pressing on with its person-care initiative in hospital. We'll also work closely with our partners to reach out to the community to connect and mobilise resources to co-create our DFC.

The saying that "It takes a village" applies just as much to supporting and caring for persons with dementia and their caregivers. If we all do our part to better understand the condition and work together to support them in our own neighbourhood, we can be that community that cares. **SK**

## What to do if you encounter a PWD in public: Be K.I.N.D



### KEEP A LOOKOUT

- Look out for signs of disorientation.
- They may look dirty and unkempt, or ask for money/food.

### INTERACT WITH PATIENCE

- Speak softly and slowly to them.
- Ask one question at a time and be patient.

### NOTICE THEIR NEEDS AND OFFER HELP

- If they appear lost, check if they have some form of identification or next-of-kin's contact number.
- Bring them to a place to sit and rest. Offer a drink.

### DIAL FOR HELP

- Call the next-of-kin.
- Continue to chat with them and provide reassurance.
- Alert security if they are found lost in buildings.
- Last resort: Call the police, but don't tell them that you are doing so as it may alarm them.



Download the Dementia Friends mobile app by scanning this QR code. Caregivers can post cases of missing loved ones, and after receiving the information, Dementia Friends will help to keep a lookout.





# FIRST AID FOR THE MIND

Dementia patients and caregivers can enjoy quality of life after diagnosis. Here's how the SKH Memory Clinic can help



## What is the SKH Memory Clinic?

It is a specialist clinic that provides holistic assessment and care for patients and their caregivers. It offers:

- Systematic and comprehensive care
- Extended cognitive examination with structured assessment tools
- Investigations to exclude potentially reversible causes of memory decline
- Coordination of care with community providers

## What you can expect at the SKH Memory Clinic:

### Comprehensive medical and psychological assessment

All patients will undergo a full assessment of their physical and psychological health, including:

- Mental and physical health review
- A detailed history of memory difficulties
- Basic memory tests. Some may also need to be referred to a clinical psychologist for more extensive cognitive tests to confirm diagnosis of the underlying cause of the memory problem.

Caregivers will be interviewed to gain further insight into how the condition is affecting their loved one's behaviour, functional abilities and relationships.

The team will also assess the

caregiver's ability to cope with his or her duties, so as to provide the necessary support.

### Diagnosis and counselling

The specialist will discuss the diagnosis and treatment plan with both the patient and caregiver. The cognition nurse will also provide individualised dementia counselling to equip caregivers with the knowledge and skills needed for looking after a person with dementia.

For some patients, the evaluation process may rule out dementia. However, the pre-dementia phase or mild cognitive impairment can change — it may improve or remain stable, although a proportion of patients does subsequently develop dementia. SKH Memory Clinic will follow up with these patients so that any deterioration can be detected early and managed appropriately.

### Medical, psychological and social interventions

The identified factors contributing to the patient's memory symptoms will be treated appropriately.

Depending on the underlying cause of dementia, cognitive enhancer therapy may be prescribed to treat the cognitive symptoms.

The medical team will work with the

caregiver on strategies to minimise the emotional distress to the patient and caregiver, which can include medication or introducing the patient and caregiver to suitable community services.

### Follow-up and care planning

Patients are offered follow-up services to check on their progress and complications of dementia.

The attending specialist can also walk patients through their future care plans, such as Lasting Power of Attorney and Advance Care Planning.

Caregivers will be given ready access to advice and management by the patient's clinician and nurse. **SK**

***Please speak to your doctor if you are interested to find out whether this service can help your loved one.***

## Providing support with MindFully Me



MindFully Me is an SKH group therapy programme for patients with mild to moderate-stage dementia and their caregivers. The group's overall objectives are to provide opportunities for PWDs to be engaged in meaningful and pleasurable activities as well as socialisation, and to help carers gain confidence in interacting with their loved ones.

Patients and their caregivers attend two-hourly group sessions over eight weeks, with sessions moderated according to the cognitive level of the patients. Theme-based activities, which include familiar and fun topics like food, places of interest, hobbies and festivals, are held to stimulate the patients.

MindFully Me is also a platform to introduce existing daycare programmes in the community to patients who are uncomfortable in group settings. Participants have described the sessions as enjoyable — in particular, they liked that the environment and sessions were not stressful.



# WHAT CAN I CLAIM?

Three things you should know about claiming insurance for hospital bills

The cost of healthcare has always been a concern among Singaporeans. To address some common issues, we will be kicking off this series on healthcare financing with understanding hospital bill charges and how they affect the extent of your insurance claims.

## 1 The type of ward you choose matters in the long run

Patients undergoing planned admission for a procedure (elective surgery) sometimes opt to stay in A1 or B1 private wards, thinking their private insurance will cover the higher cost. Many are unaware of the fact that doing so means they are considered a private patient even after they are discharged. This means that they will be charged private rates for all follow-up outpatient specialist consultations. Any subsequent drugs, tests or scans will also be billed at a higher rate.

Additionally, having insurance riders may not cover all outpatient follow-ups and costs – something that most patients are also unaware about. Hence, choosing the appropriate ward type is important, as it affects one's post-discharge medical bills.

This information is usually shared during financial counselling given to patients before they are admitted. They will be provided an estimated hospital bill, information on the financial schemes available and the various ward options, to help them make an informed choice.

## 2 To claim from MediShield Life, you will have to pay a small portion of your hospital bill first

Singaporeans and permanent residents enjoy lifelong coverage with MediShield Life, which provides the most basic form of health insurance. It covers large hospitalisation bills in B2 and C wards at public hospitals, as well as selected outpatient treatments that are costly, such as chemotherapy and dialysis.

Those who choose to stay in non-subsidised wards at public hospitals or in private hospitals will also be covered by MediShield Life. However, the payouts are pegged at B2 or C ward types. That is why those who want higher coverage for the cost of stay in private wards or at private hospitals get Integrated Shield Plans from private insurers.

But the general misconception that MediShield Life pays for everything still exists. There are two components patients must pay out of their pocket (via cash or Medisave): deductibles and co-insurance (see page 15 for more on what you can and cannot claim with MediShield Life).

“Many are unaware that choosing to stay in private wards means they will be considered a private patient even after they are discharged”

## 3 Get adequate medical insurance for your foreign domestic worker to avoid having to pay large hospital bills

Many families in Singapore rely on their foreign domestic worker to help maintain their household and care for young children or ageing parents. Employers are responsible for their helper's medical needs and must bear





the full cost of medical care, including hospitalisation, by providing adequate medical and personal accident insurance.

Though having insurance does provide employers peace of mind in the event that their helper falls sick or suffers an injury, many are unaware that insurance claims for such medical expenses are paid out as reimbursements. This means employers must first pay the medical fee before making a claim from their insurer.

Government subsidy is not applicable to foreign patients, so medical expenses can sometimes amount to

a lot. Employers must also ensure they have sufficient funds to pay the hospitalisation fee upfront, as required by insurers.

Most basic plans offered by insurance companies for domestic helpers include the required minimum \$15,000-a-year coverage for hospitalisation fees such as inpatient care and day surgery. Employers should evaluate whether the basic insurance is adequate or opt for a more comprehensive coverage. It is also advisable to find out from their insurer how coverage and payouts are administered. **SK**

“Employers should evaluate whether the basic insurance is adequate or opt for a more comprehensive coverage”



## UNDERSTANDING WHAT PARTS OF YOUR BILL YOU CAN CLAIM

If you wish to claim from MediShield Life, please inform the hospital staff handling your hospital admission or outpatient treatment. The hospital will submit the claim for you to the CPF Board for processing. To understand how a MediShield Life claim works, you should know that the payout is calculated based on three components:

- Claimable limits • Deductible • Co-insurance

**A Claimable limit**  
The claimable limit is the maximum portion of the bill eligible for MediShield Life claim. It depends on your length of stay and the type of procedure you underwent. This claim limit is set at \$100,000 per policy year, with no lifetime limits on claims.

**B Deductible**  
Before you receive a MediShield Life payout, you first have to pay the deductible, which is a fixed amount to pay in each insurance policy year. The amount of deductible payable depends on your age and type of ward chosen (see Table 1).

**C Co-insurance**  
This is the amount you have to co-pay after you have paid the deductible. It is usually stated as a percentage of your claimable amount, ranging from 3% to 10% (see Table 2).

MediShield Life will cover the bill up to the claimable limit (A), less the deductible (B) and co-insurance (C) components.

- The portion covered by MediShield Life is in yellow
- The portions in blue are payable using Medisave and/or cash

In this illustration, the box represents the hospital bill

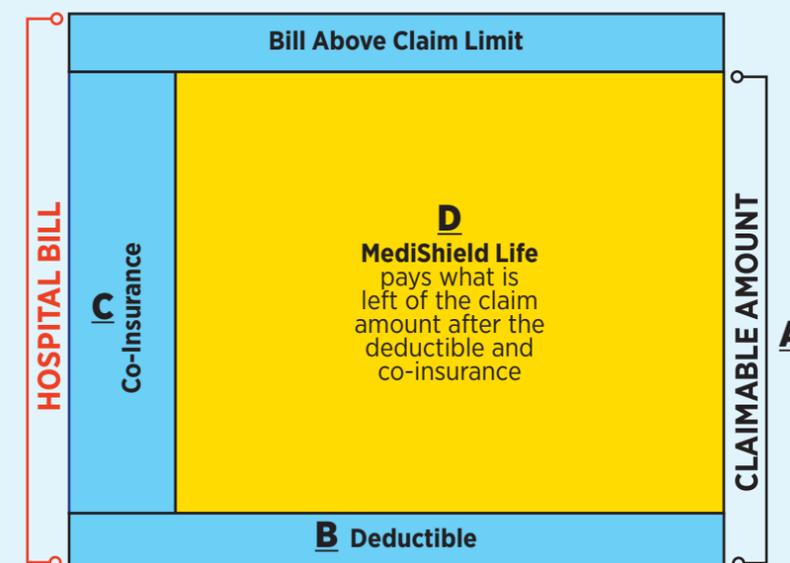


Table 1		
	Age 80 & under	Age 81 & over
C ward	\$1,500	\$2,000
B2 ward & above	\$2,000	\$3,000
Day surgery	\$1,500	\$3,000

Table 2	
Claimable Amount (Inpatient and Day Surgery)	Co-insurance (% of Claimable Amount)
First \$5,000	10%
\$5,001 - \$10,000	5%
>\$10,000	3%



For more information and examples on how the MediShield Life claim works, scan this QR code



# I'M STRESSED OUT CARING FOR MY SPECIAL NEEDS CHILD!

Parents of children with developmental disorders often neglect their own needs and find themselves burning out. Here's how they can provide sustainable care while making time for their own well-being

If you have a child with special needs, your child may not be the only one who may need medical attention or help. You could be a “hidden patient” yourself.

Dr Tay Kai Hong, from the Department of Psychiatry at SKH, coined this term to refer to parents of children with developmental disorders such as autism and intellectual disability. These parents often work tirelessly caring for their child — at the expense of their own health. Besides the underlying mental stress, the practical demands of taking care of a child with special needs can be overwhelming, and will eventually take its toll.

What are the signs to look out for? What can you do to cope? It starts with understanding what you are going through.

## 1 You are not alone

Yes, there are other parents like yourself out there, struggling with the demands of caring for their special needs child.

In Singapore, about 1.4 per cent of all children under the age of four are diagnosed with varying degrees of developmental issues, and one in 150 children are diagnosed with autism.

In 2014, 4,400 children were diagnosed with developmental problems, a 76 per cent increase from 2010.

Today, with early screening methods, developmental disorders such as autism spectrum disorder and intellectual disability are detected earlier in children. As a result, there are more diagnosed cases.

## 2 It is normal to feel grief

You may go through a grieving process as you struggle with self-stigma, on top of the stigma imposed by society and how others perceive someone with special needs. You may grapple with feelings of shame and guilt, thinking you are to blame for your child's condition.

Dr Tay says it is common for these parents to go through recurring grief whenever they see their nephews and nieces or neighbours' children achieve the “expected” life milestones, such as speaking their first word, making their first friend, graduating from school, finding a job and getting married. This grieving process may involve feelings of denial, resentment, anger and depression.

It is important to realise these feelings are perfectly normal and come to terms with one's circumstances. Acceptance is the first step towards making changes for a better life as a family.

“It is perfectly acceptable to put yourself first at times”

## 3 Caregiver stress is real, and it's important to manage it

Parents of special needs children go through any number of challenges in their caregiving journey. These may include having to manage behavioural issues like temper tantrums and aggression, financial burden or feelings of shame and guilt, leading to self-imposed social withdrawal and isolation. There could also be tensions within the family, such as marital strain, which may stem from disagreements on how best to manage the child.

Caregiver stress can also arise when you face difficulties accessing basic services such as childcare, healthcare and education for your child. It can also come from worrying about the future — care needs may persist well into adulthood if your child is unable to gain the skills needed for independent living.

Chronic long-drawn stress from caregiving can be damaging to your well-being. If left unchecked, it can take a toll on your relationships and physical and mental health, eventually leading to burnout and depression.

## 4 It is okay to put yourself first

Remember that it is perfectly acceptable to put yourself first at times. Self-care is vital to your ability to provide sustainable care and there is no reason to feel guilty about taking a break. Self-care re-energises and restores you physically, mentally and emotionally, and helps you be a better caregiver in the long run.

Start with simple lifestyle habits, such as eating healthily, exercising, sleeping well and taking time out to relax. Talk to close family members and friends and share your feelings.

## 5 Think positive and prepare for the future

Focus on the positive emotions and experiences, not just the challenges, says Dr Tay. Appreciate your child's strengths and unique qualities. Don't be afraid to ask for help and support from your family.

Often, much of that sense of stigma comes from your own perception of how others view your child and your situation. You may be surprised to find that the public is kinder and more accepting than you think.

Dr Tay also recommends planning ahead to meet the practical and medical care needs of your child, with the help of professionals such as social workers and lawyers. Making plans well in advance will reduce uncertainty and give you peace of mind.

## 6 Tap on available resources

Find a support group where you can share experiences, tips and resources and receive encouragement from other “special parents”.

Singapore has a wide range of services to support persons with mental disabilities. It is all part of the 3rd Enabling Masterplan, launched in 2017 to improve the quality of life of persons with disabilities. Services range from special schools to adult disability homes and specialised psychiatric services such as the Adult Neurodevelopmental Service at the Institute of Mental Health.

### Don't wait to get help

The caregiving journey can be immensely fulfilling and rewarding if you know how to manage the rough patches. Caregiver stress comes and goes and fluctuates with circumstances, but it can also lead to clinical depression if your symptoms become severe and persist for more than a few weeks.

If you think you are clinically depressed, approach a doctor or get help from mental health professionals. General mental health services are available in every public hospital. 



## DO YOU HAVE ANY OF THESE SYMPTOMS?

If you do, you are likely experiencing caregiver stress

- Feelings of resentment and changes in mood 
- Constant fatigue, physical and emotional exhaustion 
- Changes in sleep and appetite 
- Reduced interest and motivation in daily tasks, obligations or leisure activities
- Neglecting yourself physically and emotionally, living on a poor diet
- Withdrawing from social contact
- Feeling helpless, hopeless and that there is nothing to live for

## How to get help

- Consult a social worker or counsellor at your Family Service Centre or speak with a medical social worker at any public hospital.
- Tap on online portals like SG Enable and Autism Resource Centre (ARC), which offer a comprehensive range of information and support resources.
- Check out the Employability and Employment Centre (E2C), located at the Enabling Village and operated by ARC, which provides assessment, training and supported employment opportunities through collaboration with employers such as the National Library Board, Pathlight School, and businesses like Tiong Bahru Bakery and Starbucks.



# WHAT'S ON THE MENU?

A lot of thought and preparation go behind each meal served at SKH. Here's what happens behind the scenes

Imagine cooking 4,500 meals a day, covering breakfast, lunch and dinner, and serving up seven different cuisines. This is not a restaurant; rather, it is the central kitchen at SKH, where meal-planning comes with a different set of considerations. One of the main challenges is feeding a diverse group of patients with different needs — a core team of experts has to consider many factors, including each patient's health condition, dietary needs, as well as the nutritional content, taste and textures of the food being served.

**It takes a village**  
Various departments and teams are involved in meal planning, with each responsible for different aspects:  
**The core team:** This menu workgroup comprises nurses, dietitians, speech therapists and the SKH Food Services department, who collaborate to ensure the meals prepared are safe, nutritious and tasty.

**SKH dietitians:** They assess patients' dietary intake and food preference and/or restrictions in planning appropriate diets that will suit their individual medical conditions.

**SKH speech therapists:** To prevent choking in patients with swallowing problems and ensure safety, speech therapists conduct monthly checks to make sure food textures and consistency meet hospital standards.

**SATS Food Services:** SKH's appointed kitchen service provider helps to oversee and operate the hospital's 3,650-square-metre kitchen with a 48-strong team.

**How it all came together**  
It took one year to design, source, conduct research and development, and develop and modify the recipes with the menu workgroup.  
The result? A menu with five key components: a staple, protein, vegetable, soup and fruit; and seven



**“Nutritious food is vital to patients' recovery, so SKH works to ensure the dishes served suit their dietary needs”**

different choices of cuisines for each meal, including a chef special for private ward patients. The menu changes every two weeks, so patients can always look forward to something new.

**Matching the right diet to each patient**

Nutritious food is vital to a patient's recovery and well-being, so SKH works to ensure the dishes served are modified to suit the dietary needs of different medical conditions. For example, patients who are malnourished or have undergone surgery may receive meals with higher calorie and protein content. Suitable alternatives are considered to ensure variety across meals and days of the week.

There are 25 therapeutic diets at SKH, and the combinations of therapeutic diets, textures and cuisines allow for variations beyond this number to match individual needs. Examples of therapeutic diets include diabetic, lipid-lowering and high-calcium diets.

Food textures are also an important factor, in particular for patients with swallowing issues. There are five levels of food textures prepared by

the kitchen: pureed, minced, soft and chopped, regular soft and regular.

Speech therapists would assess the patient's ability to swallow and recommend the diet texture deemed safest for them. “Patients who find it difficult to chew or control food in the mouth would be recommended a pureed diet, while those who are able to chew but have difficulty swallowing may be given a diet of soft and chopped foods,” explained Melissa Chua, head of the Speech Therapy department at SKH.

**Healthy tasty meals served just right**

Hospital food is commonly considered tasteless and boring. To counter this, the core team has taken steps to make it both healthy and appetising, so patients feel like they are eating a home-cooked meal.

“We offer more variety, make sure meals are visually appealing, use different cooking methods and season with natural herbs and spices for flavour to strike a balance between nutrition and taste,” said dietitian Clarissa Tang.

The Food Services department also takes into account dishes and ingredients that are popular with most people, and adjust recipes to complement patients' individual nutritional needs and medical treatments, so they will enjoy eating — and finishing — their food. This, in turn, speeds up their recovery and enhances their overall experience at the hospital. 



**DID YOU KNOW?**  
These are SKH's three most highly requested menu items:

	1. Herbal Chicken (Chinese cuisine)		2. Grilled Fish with Citrus Fruits Salsa (Western cuisine)		3. Masala Chicken (Indian cuisine)
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PHOTO: SATS FOOD SERVICES

**BON APPÉTIT!**



While food choices are restricted to the menu available, patients can make special requests which SKH will try to meet — as long as they are within guidelines. “We will assess all requests and consult our dietitians to modify and tailor requests accordingly; this also depends on the availability of ingredients,” Chia Pei Ling from SKH Food Services explained.

# LENDING A HELPING HAND

Mealtimes at SKH aren't the same without this group of volunteers who help feed and befriend patients

Since 2018, Helping Hands, a volunteer group, has been carrying out simple duties to make work manageable for healthcare workers at SKH. Meet Helping Hands' volunteer group champion, Nurse Clinician Mohamed Rizal Bin Mohd Razali, and volunteer coordinator Bryan Ravi Bai Heng, from the Community Engagement department, who handles outreach. They share more about the programme and their experiences.

**How many volunteers do you have?**

**Rizal:** We have a pool of 15 regulars.

**What are their main duties?**

**Rizal:** They distribute and collect meal trays, chat with patients and assist in bed-making. Some volunteers may help feed patients or aid them in simple tasks like refilling their beverages.

Patient safety is the volunteers' foremost priority. If they see that there is a "fall risk" sign on the patient's bedside, they know this patient should not be up and about.

**How do you ease volunteers into their duties?**

**Rizal:** We ask them to visualise the entire process as if they were caring for their own grandparents. We also advise them to seek help when they are unsure. For example, if they feel that feeding a patient might result in medical complications or choking, then it is important to consult the nurse in charge.

We are also mindful of our volunteers' comfort; for example, some may be uncomfortable handling trays with meat products.

**Bryan:** Before we begin volunteer orientation, we chat with them to understand their reasons for volunteering and to get a sense of how enthusiastic

they are. We try to identify those with potential and who can be groomed to be leaders. Most of their training will take place on the job.

**What are your top training guidelines?**

**Rizal:** Volunteers need to be mindful of a patient's level of dependence and must first ask if they want help, as some would prefer to do things for themselves. Volunteers should always check a patient's identity to ensure a meal is distributed to the right person.

**What were challenges you faced when setting up the Helping Hands programme?**

**Rizal:** When we first began, I needed to oversee and guide the volunteers frequently. Now, with a pool of regulars, we have a "train the trainer" practice, where the more experienced will mentor the new volunteers.

The ward managers were also not accustomed to the presence of our volunteers, but this has since been ironed out. The volunteers' job scopes have also been more clearly defined.

**Any advice for anyone thinking of volunteering?**

**Rizal:** There is no criteria — we welcome anyone who wishes to volunteer.

**Bryan:** Our volunteers are trained to execute their tasks effectively. All you need is a good heart! 

**KEEN TO FIND OUT WHAT OUR VOLUNTEERS DO?**

SCAN THIS QR CODE OR EMAIL US AT VOLUNTEER@SKH.COM.SG



## SPOTLIGHT

Yvonne Ng has been volunteering as a Helping Hand at SKH since February this year. She talks about what keeps her going.

**What made you volunteer?**

I have always been interested in volunteering in healthcare. When I saw that SKH had volunteer opportunities, I decided to sign up, as the hospital is near my home.

**What are some of your duties?**

I usually volunteer during weekends at breakfast, where I serve patients their meals. I help with feeding patients only when it is allowed. Helping the nurses allows them to focus on patients who require treatment and more attention.

**What are some challenges that you face?**

Sometimes, it can be difficult to understand some patients' requests, especially if they are unable to speak clearly. I feel bad when I can't help them, but would refer them to a nurse or healthcare attendant who would be more familiar with their needs. Since we wear a vest that identifies us as volunteers, patients are usually welcoming of us.

**Any interesting or memorable stories from your volunteer sessions?**

I once had to feed a patient who was immobile. He sounded sad when he shared that he could be hospitalised for a while. Although our chat was short, I felt that I had lightened his mood.

Another elderly patient thanked me for volunteering and even reminded me to be careful with the food tray as the floor was wet. I felt appreciated. The healthcare workers are friendly and some have even taught me more efficient ways to serve. It feels good to help, and I have learnt a lot from my volunteering experience.

# Can you recognise a heart attack or stroke?

## Learn how to save a life.

Sign up for the **COMMUNITY HEALTH ACADEMY** and arm yourself with basic knowledge on how to deal with life-threatening situations.



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- Heart-saver & AED (mandatory) • Stroke • Chest pain and heart attack • Acute breathlessness
- First aid (seizures, fainting) • Childhood injury prevention (falls, drowning, choking)

### **Module 2: Health and Wellness** **(4 Apr - 25 Jul 2020) Saturdays, 9am - 12pm**

**1 module @ \$50, 2 modules @ \$75.** You may register for two modules or choose either module to attend. A single workshop trial class is available at \$10. Participants who successfully complete a module will receive a Certificate of Attendance.  
Venue: Sengkang General Hospital, 1 Anchorvale Street, Singapore 544835

## **REVIEWS FROM PARTICIPANTS**

“Thanks, SKH, for conducting this course. Would like to see more community-driven education courses, as they give us very practical and useful knowledge (for self and caring for others)”

“Excellent facilitator, provides real-life examples, engaging”

**Register now at [education@skh.com.sg](mailto:education@skh.com.sg)**

For enquiries, please call 6930 2994 or 6930 2993