

Welcome!

Bringing you the latest information and guidance to help you in your practice. This issue, we have a recording of our recent CME webinar, plus highlights on SKH services. As we would also like to take the opportunity to review our current bulletin, appreciate if you can spare a minute to share your feedback in a [brief survey](#) at the bottom of this email. Thanks for the continued support!

❖ Foreword by Prof Hsu Pon Poh | Chairman Medical Board, Sengkang General Hospital



Frailty is a distinct clinical condition that is often described as a transitional phase between successful ageing and disability. Multi-dimensional and complex, frailty can lead to increased risk of falls, disability, hospitalisations, caregiver burden, decreased quality of life and even death.

Given Singapore's rapidly ageing population, the number of pre-frail and frail elderly in the community is on the rise. To enable them to continue to be engaged and cared for, we must spare no effort in providing appropriate services to tend to their healthcare needs. At SKH, while we have jump-started our engines of innovation and research, enterprise and education to spur our clinical expertise, we have also been reaching out with support from our GP partners to the vulnerable and old in the community through frailty screening efforts, community nursing outreach and right-siting initiatives.

However, the key to improving healthcare delivery and quality is to work smarter together. We cannot do this in isolation. We value our continued collaboration with you to enhance delivery of care to the patients who need it. As part of an ecosystem, let us remain steadfast in building a coordinated platform to tackle senior frailty together.

Due to the new norms of working in this pandemic era, we are also heartened that we have been able to reach more of you through our online CME webinars. We hope the webinars have equipped you with useful information to manage your patients more holistically. Please do not hesitate to give us your feedback on what is relevant for you, so that our team can continue to collaborate and calibrate better with you to help the frail and vulnerable in our midst.

❖ SKH CME Webinar | When a Senior is Not Ageing Normally – Frailty Recognition & Management

SKH recently organised a webinar on 11 October 2021 where a panel led by our SKH Geriatrician, Rehabilitation Medicine Specialist, Dietitian and a Primary Care Physician discussed the best practices and relevant resources on frailty recognition and management.

If you had missed the webinar, you can view the recording by clicking the button below or this link '[Play Video](#)'.



PANEL SPEAKERS:



[Assoc Prof Laura Tay](#)

Head and Senior Consultant
Geriatric Medicine
SKH Dept of General Medicine



[Dr Dominic Chen](#)

Consultant
Rehabilitation Medicine
SKH Dept of General Medicine



[Ms Lee Hui Bing](#)

Dietitian
SKH Dept of Dietetics



[Dr Karen Nai](#)

Resident Physician
SATA CommHealth Community Hub
SingHealth Regional PCN

- **1 CME point will be awarded to eligible GPs.**
- Doctors who attended the actual webinar will have points submitted by SKH on your behalf.
- Doctors who watch the recorded webinar in your own time can submit self-claims via SMC portal (under Cat 3A). Please contact [Ms Julian Ang](mailto:Julian.ang.x.l@skh.com.sg) (Julian.ang.x.l@skh.com.sg) to obtain the SMC-accredited and approved event ID for your Cat 3A self-claim.
- This webinar is part of a series of GP webinars. Details of the next webinar will be shared soon. Stay tuned!

❖ Highlights

The Impetus for Frailty Identification and Management

There is growing impetus for improved identification and management of frailty owing to its significant contribution to functional decline and premature mortality among older adults. Being dynamic, frailty is potentially reversible, making frailty identification and management a priority for healthcare providers.

Primary care provides an ideal opportunity to screen identify older persons with frailty, especially in the early stages when it is more amenable to intervention.

The availability of validated rapid frailty instruments, such as the **Clinical Frailty Scale** and **FRAIL questionnaire**, supports the feasibility of frailty screening in line with recommended guidelines.

Both instruments also allow detection of the intermediate pre-frail state, which has been shown to be highly prevalent among community-dwelling older adults. Beyond routine screening, medical practitioners should be vigilant for seniors who are at risk for frailty, especially those with multiple co-morbidities, depression, cognitive impairment, malnutrition or social isolation.

The identification of a senior as frail or pre-frail should trigger a **comprehensive care plan** to address treatable medical causes. Medical management must be complemented by a multi-component physical activity programme that should include progressive resistance training, as well as efforts to optimise nutritional status and oral health.

Frailty Programmes for the Community



Community Nurse Posts (CNP)

Our community care for frail seniors is further complemented by several Community Nurse Posts in the northeast, supporting geriatric assessments, chronic disease monitoring and medication management, as well as coordinating care between healthcare providers and social service agencies.



ASPIRE

ASPIRE (Ageing Successfully in Place - Independent, Rewarding Lives) is an ongoing multi-disciplinary collaboration between SKH, primary care partners and community care providers to ensure personalised and holistic management for frail older adults in the community.

If you wish to refer your patients to the above programmes, please complete the attached Referral Form and email it to community.nurse@skh.com.sg. Note: Eligibility is subject to our CNP Nurse's screening.

To find out where our CNPs are located, please [click here](#).

If you are interested to know more, please contact:



[Assoc Prof Laura Tay](#)

Head and Senior Consultant
Geriatric Medicine
SKH Dept of General Medicine

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Nourish to Flourish

Spot Early, Intervene Timely

Poor nutrition can increase the risk of frailty in older adults. Optimal nutrition, when paired with exercise, can reduce loss or maintain their physical function. As many older adults and their caregivers think that anorexia and unintentional weight loss are common features of ageing, these can lead to malnutrition if left unaddressed, which then contributes to functional decline, increased risk of falls and weakened immunity.

An optimal nutrition provides substrates for fuel, repair and growth for the seniors. Calorie and protein intakes should be adequate for physical functions and weight maintenance, while calcium and vitamin D can help to minimise bone loss. It is equally important that the elderly consume healthy, balanced and varied diets to support their body needs and boost immunity. Good oral health also contributes to nutritional intake by influencing the ability of a senior to masticate, consume sufficient food and enjoy their meals.

Although older adults are at higher risk for developing malnutrition and frailty, these are preventable and reversible. GPs can utilise validated nutrition screening tools, such as the Malnutrition Screening Tool (MST) or Mini Nutritional Assessment – Short Form (MNA®-SF), and refer senior patients who are at risk of malnutrition to a dietitian for a detailed nutrition assessment and tailored plan that will help to address their specific diet-related concern.

With early nutrition screening, seniors can be directed to receive timely nutrition interventions that will contribute to improved outcomes and amelioration of the progression of frailty.

If you are interested to know more, please contact:



[Ms Lee Hui Bing](#)

Dietitian
SKH Dept of Dietetics

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❖ Services

Teleconsultations for Patients

Updated 26 Oct 2021 – More specialties added!


SKH is offering teleconsultation services for the following clinical specialties and allied health services below.

(Note: Patient's eligibility for teleconsultations will be assessed after the first face-to-face consult with the SKH healthcare professional)

Doctor Consultations	
<ul style="list-style-type: none">• Bariatric Surgery• Breast Surgery• Cardiology• Colorectal Surgery• Endocrinology & Diabetes• Gastroenterology (newly added)• General Surgery• Geriatric Medicine• Haematology (newly added)• Hepatobiliary Surgery• Infectious Diseases (newly added)• Internal Medicine• Hand Surgery (newly added)	<ul style="list-style-type: none">• Neurology (newly added)• Neurosurgery• Orthopaedic Surgery• Otolaryngology (ENT)• Pain Management• Palliative Medicine• Psychiatry• Renal Medicine (newly added)• Respiratory Medicine• Rheumatology• Sleep Medicine• Upper Gastrointestinal Surgery• Urology
Non-Doctor Consultations	
<ul style="list-style-type: none">• Genetic Counselling (newly added)• Preoperative Evaluation• Outpatient Cardiac Rehabilitation	<ul style="list-style-type: none">• Anti-Coagulation Clinic• Dietetics• Medical Social Services (newly added)• Occupational Therapy• Psychology• Speech Therapy
<p>SKH patients also pay lower teleconsultation charges than face-to-face (F2F) consultation charges. Applicable for those with doctor consultations only.</p> <p>▪ Video Consult: Same rate as F2F consultation charges (20% discount valid till 31 December 2021)</p> <p>▪ Phone Consult: 25% cheaper than F2F consultation charges</p> <p><i>* VC discount of 20% is not applicable for Non-Residents.</i></p>	

Join the GPFIRST Programme (Northeast Region)

GPFirst aims to encourage people to visit their GPs first instead of going to the emergency department if they are having mild to moderate or non-emergency medical conditions so that they can be cared for more promptly. This will allow ED care teams to focus on urgent cases. SKH has launched this programme since November 2020.




How GPFirst Works

Patients who are referred to the SKH Emergency Department by a participating GPFirst clinic will receive a **S\$50 waiver** on the prevailing ED attendance fee. They will also be accorded **higher priority** over P3 cases when they arrive at the ED.

SKH GPFirst Participating Clinics are supported with:

- SKH ED 24/7 Consultant Hotline
- SKH GPFirst Programme Coordinator Hotline (Office Hours)
- ED Guidance on Inappropriate Referrals
- CME Online Asynchronous Learning (COAL) and Quarterly CMEs
- GPFirst Aide Mobile App which provides clinical decision tools and calculators



Please visit www.gpfirst.sg for more information.

If your clinic is located in northeast Singapore and you wish to join GPFirst, or have any queries, please contact:


Ms Ivy Goh at ivy.goh.y.h@skh.com.sg (Tel: 6930 4282)

Ms Jayne Tan at tan.lih.jing@skh.com.sg (Tel: 6930 4167)

How would you rate our GP Bulletin?

Please take a moment to share your views of our GP Bulletin. Your feedback will help us to improve future issues.

Scan the QR code to answer a short one-minute survey. Thank you.



SCAN ME

If you have any questions or wish to provide feedback, please email Julian.ang.x.l@skh.com.sg
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