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# GeriCare: The Singapore Model

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#### The GeriCare Vision

Developing partnerships between restructured hospitals and nursing homes to enhance care.

#### The GeriCare Mission

Leveraging on knowledge, skills and technology to enhance training and care in NHs.

Empower residents to communicate their wishes pertaining to care.

Creating a network of clinical staff working in and those supporting NHs.

Supporting end-of-life care emphasizing the principles of good palliative care in NHs.



CHAMPION WITH ABUNDANCE MINDSET

Staying true to the vision Well-defined strategy

EMPOWERMENT & OWNERSHIP

NHs contributed to the overall direction, vision and strategy and felt increased ownership

BUILDING TRUST Sensitive to nursing homes and respect their privacy Gained acceptance in adapting telemedicine

INCLUSIVE RELATIONSHIPS

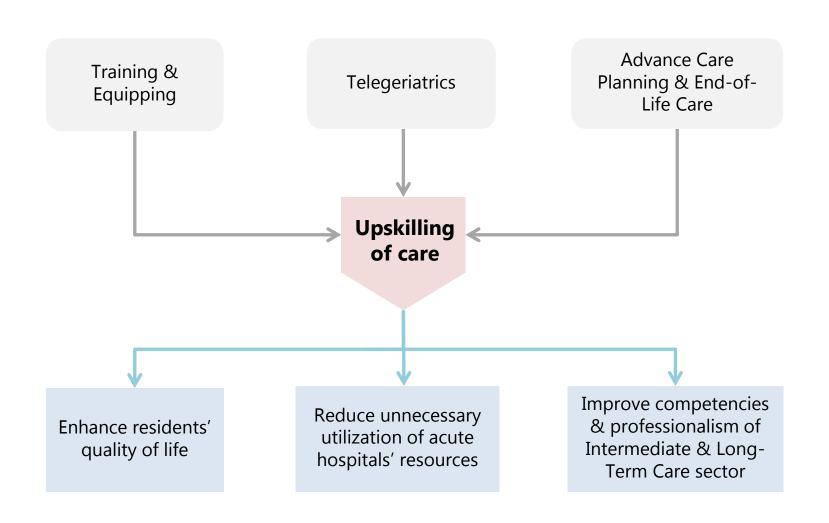
Engaged key nurses who are able to further champion GeriCare@North

SPACE & TIME FOR LEARNING

Introduced new skills and capabilities
Allocated sufficient resources and time in early
stages of implementation

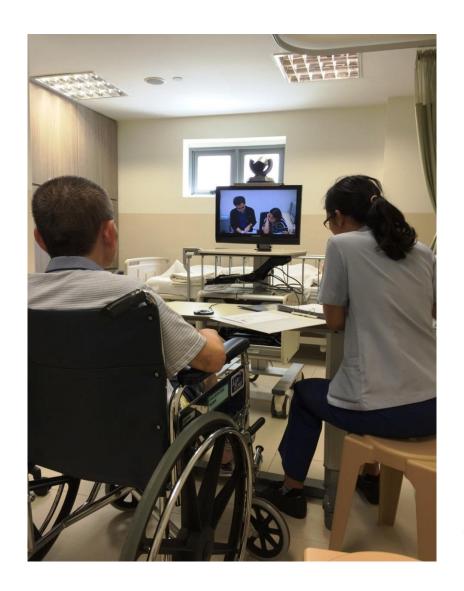


### The GeriCare Thrusts





## **Telemedicine Consultation**



26" LED monitor screen





10x HD Videoconferencing Camera



Microphone with touch-screen interface





## Start-Up Costs

	Year 2010	Year 2015
TV 26 inch	USD\$255 (LCD)	USD\$180 (LED)
Videoconferencing system	USD\$9,100	USD\$4,600
Trolley	USD\$3,000	USD\$2,900
Subscription services (Nursing Home)	USD\$420	USD\$150
Subscription services (Hospital)	USD\$200	USD\$200
IT Support manpower (per man day)	USD\$440	USD\$440
Total	USD\$13,415	USD\$8,470 V



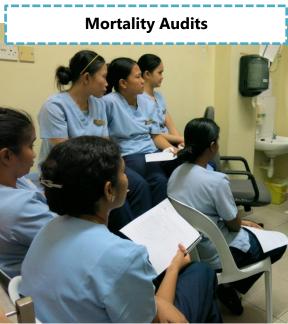
# Continuing Training & Nurse Education











### Nursing Homes

- 66 nursing homes
- 10,780 beds in 2014
- 17,150 beds by 2020
- Residents are wheelchair-bound or bedbound without caregivers at home.

#### Voluntary Welfare Organization (VWO)

**Charity organization** 

**Subsidy: 10%-75%** 

Subsidised fees: USD\$210-USD\$1,300 per month

10% of beds are for private residents: up to USD\$2,600 per month

#### **Private**

Full fees: USD\$1,140-USD\$3,600 per month

Portable subsidy: 10%-75%

Subsidised fees: USD\$390 - USD\$2,000 per month

Average cost of running a nursing home bed: USD\$420/week

### **Acute Hospital**

- 26 hospitals & specialty centers
- 11,230 beds in 2014

#### For any case of hospital admission in elderly

Average Length of Stay: 7 days

Cost to government: USD\$2015\*

\*Wong WC, Sahadevan S, Ding YY, Tan HN, Chan SP (2010). Resource consumption in hospitalised, frail older patients. *ANNALS Academy of Medicine Singapore*, 39(11): 830-836.



### Consult: 1 Nursing Home Resident

	Telemedicine consultation	Visit to Specialist Outpatient Clinic	Visit to Emergency Department	
NH staff involvement (in NH)	NH Nurse x1 30 min  No waiting time spent away from the NH	NH Nurse x1 5 hr 20 min Driver + Ambulance x1 1 hr 0 min  Total time spent away from nursing home for one nurse accompanying one resident 5 hr 20min	NH Nurse x1 1 hr 0 min Driver + Ambulance x1 1 hr 0 min No time spent away from nursing home	
Acute hospital staff involvement	Admin Assistant 10 min for administration 15 min per consultation Consultant 15 min per consultation 1 hr for 4 consults (1 NH) 2 hrs for 8 consults (2 NHs)	Clinic Nurse x1 15 min Consultant x1 15 min Pharmacist x1 10 min Administrative staff x2 20 min	ED Nurse x1 30 min Healthcare Assistant x1 15 min Administrative staff x1 10 min Medical Officer x1 20 min Consultant x1 15 min	
NH resident	15 min to be assessed by a consultant No travelling and waiting time Remains in nursing home	Going for SOC visit & back to nursing home Stress in an unfamiliar environment Time spent going to SOC 2 hr	6 hr 10 min (excluding procedure) in an unfamiliar environment alone	
Total time spent on 1 NH resident	25 min (USD\$45)	1 hr (USD\$199) (Does not include clinic overhead costs)	1 hr 30 min (USD\$191) (Does not include ED overhead costs)	

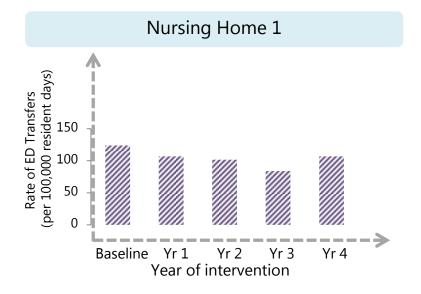


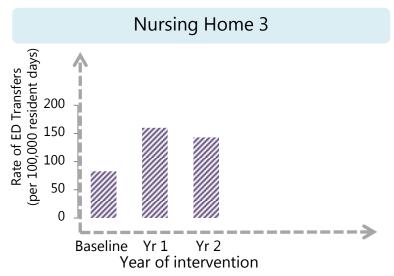
# Consult: Residents in 2 Nursing Homes in one afternoon

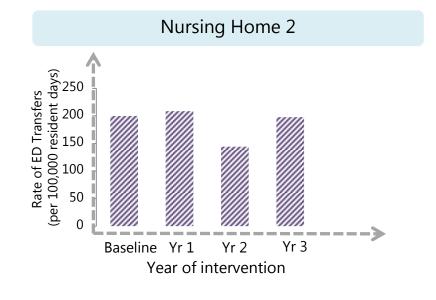
Total time spent per consult	15 min	21 min
NH resident	15 min to be assessed by a consultant No travelling and waiting time Remains in nursing home	15 min to be assessed by a consultant No travelling and waiting time Remains in nursing home
Acute hospital staff involvement	Admin Assistant 10 min for administration 15 min per consultation Consultant 15 min per consultation 1 hr for 4 consults (1 NH) 2 hrs for 8 consults (2 NHs)	Consultant 30 min travelling to nursing home 15 min per consultation 2 hrs for 8 consults (1st NH) 60 min travelling to next nursing home & back to hospital 2 hrs for 8 consults (2nd NH)
NH staff involvement (in NH)	NH Nurse x1 30 min No waiting time spent away from the nursing home	NH Nurse x1 30 min No waiting time spent away from the nursing home
	Telemedicine consultation	Physical visit to nursing home

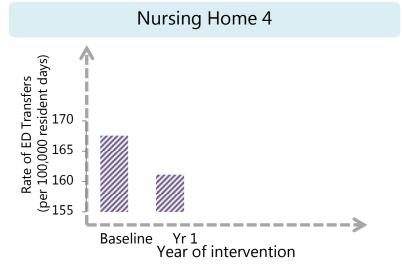


### Emergency Department Transfers: Mid-term stats



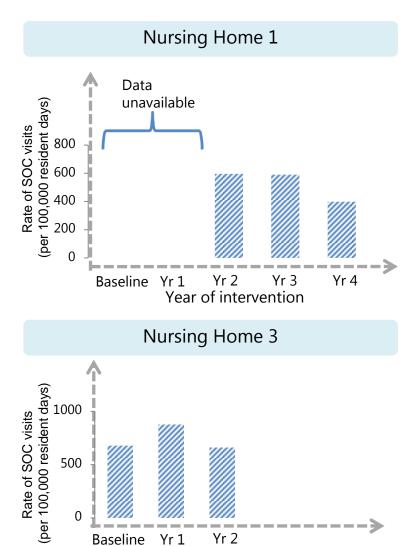




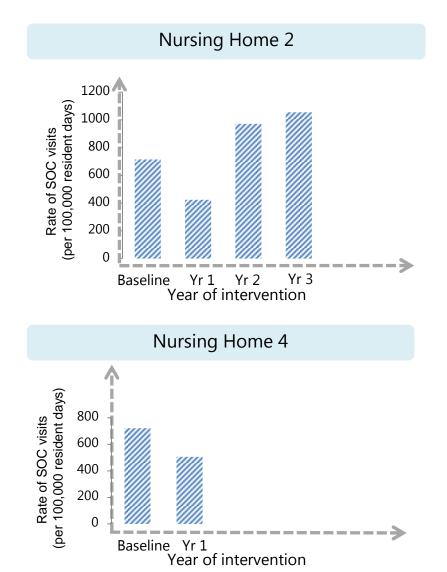




# Specialist Outpatient Clinic Visits: Mid-term stats

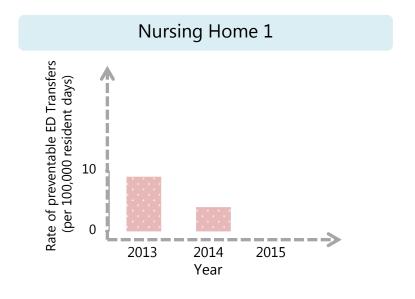


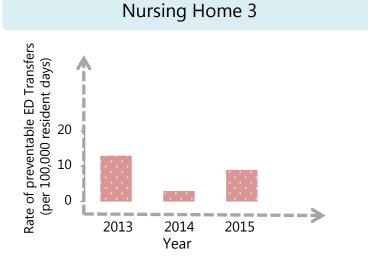
Year of intervention

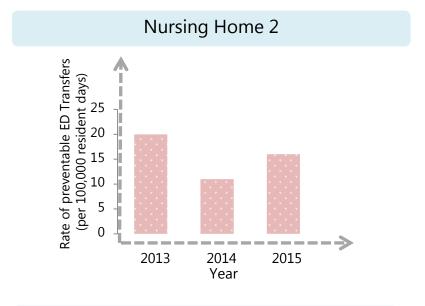


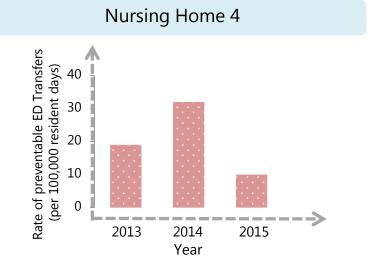


## Preventable Emergency Department Transfers: Mid-term stats



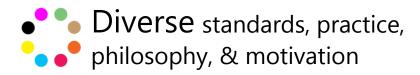


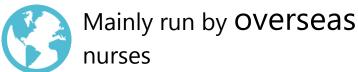






## Challenges in Implementation

















#### The GeriCare Team:

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#### Publication: Last moments of life: can telemedicine play a role? http://www.ncbi.nlm.nih.gov/pubmed /23388081

Thank You!