Home care goes beyond just nursing

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Home care goes beyond just nursing and can provide a range of services to help caregivers take care of their loved ones. As a home care nurse, I see patients who are in the comfort of their homes but still need help with various activities of daily living. These patients are often elderly, and as they age, they require more assistance to maintain their independence and quality of life.

We work closely with our therapists and medical social workers to ensure that the patients receive the best possible care. We assess the environment to see how the patient is coping and make referrals to the home care doctors or therapists, depending on what is needed. Sometimes, the patient has a domestic helper who is competent enough to handle basic feeding and changing of tubes. Occasionally, we also do a bit of case management. For example, if the patient’s family is going overseas for a holiday or their block is under renovation, we help them source for respite care where the patient stays in a nursing home for a short period of time.

Many of my patients are battling cancer and bed-bound. Some of them have a very challenging family situation. I have a patient whose husband has to work extra hard to make ends meet. Fortunately, we have kind patients who donate items they don’t need any more, like adult diapers, which we pass on to patients who need them. We also have a domestic helper who comes in to help them with their basic care.

As for the patients’ financial situation, some of them are eligible for financial assistance, while others are not. This means that their families still need to provide for their medical and nursing needs. Sometimes, the patient’s family is under financial difficulties to pay for their medical and nursing care. This is not an easy situation for them to live with, and I always try to provide solutions to their problems. In fact, when I visit my patients, I always ask their family members how they are doing. Many of them are surprised as they don’t expect that from us nurses.

I visit my patients, I always ask their family members how they are doing. Many of them are surprised as they don’t expect that from us nurses. I always remind the caregivers to take care of themselves and try to keep their spirits up. Some of my regular patients treat me like a confidante, especially when they cannot do things on their own. Many of them are illiterate and ask me to read their letters. Recently some of them asked me to help collect their ISG50 transport vouchers for them. Others give me their bank book saying “Ah Moi, you help me to see, Government got give top-up or not?” (Ah Moi, can you help me check if I have received the top-up from the Government?)

I have no regrets about switching to nursing after 10 years as a Singapore Air Force technician. Having signed up for the Professional Conversion Programme for Registered Nurses, I got my nursing diploma from Nanyang Polytechnic after two years and was bonded to the National University Hospital (NUH) for three years as a surgical nurse. It was during this stint that I saw people going home from the hospital without a good support system, without good resources. As my care for them ended at the NUH doors, I always wondered how they were going to cope at home.

Once I completed my bond, I wanted to experience more aspects of nursing and joined in the home care programme at Ang Mo Kio-Thye Hua Kwan Hospital. Now, after a year as a home care nurse, I can truly say that I get a lot of satisfaction from the job. Not only do we home nurses play a very vital role in keeping people in the comfort of their home, we also let them have the pleasure of recovering in the comfort of their homes.

Looking back, Mr Moses Lee said the 3Ms “are always works in progress... if you look back at the files, we were reviewing MediSave contributions, minimum sum, maximum contribution, MediShield scheme, trying to enhance it to make sure that with MediShield, people can pay for their medical cost until end of life”.

As for MediFund, the Government has been topping it up and “making sure that we are using the fund to pay for those who truly cannot afford it. We are quite proud that we launched ElderShield because we recognised that eventually most individuals will reach a stage where they cannot manage themselves but they and their families still need the funding to look after them. I recall these are the major plans that we introduced in order to deal with the problems of cost and affordability,” he added.

State of Singapore’s health

As more hospitals were commissioned, MOH’s focus shifted from the operational aspects of health service provision to the monitoring of health and healthcare outcomes. The State of Health 1997 report, issued by the then Director of Medical Services Dr Chen Ai Ju, highlighted major trends and challenges that Singapore would face. These included the ageing population.