

Leaving Well



NHG is committed to fostering greater acceptance and accessibility of End-Of-Life (EOL) care within the community. Together with our Institutions, we are striving towards ensuring comprehensive support for residents in Central and North Singapore in their EOL journey through a diverse range of initiatives.







LEAVING WELL

IMPROVING QUALITY OF LIFE THROUGH COLLABORATION

Collaboration With Nursing Homes On EOL Care

For more than a decade, NHG has been collaborating with nursing homes (NHs) to enhance end-of-life (EOL) care. This partnership aims to improve the quality of life and care for NH residents with palliative care needs, allowing them the dignity of spending their final days comfortably in a familiar environment. The teams involved in this collaboration include Central Health's Project CARE, Yishun Health's GeriCare@North, and Woodlands Health's Nursing Home Supportive Care. Tailored to meet specific needs of each NH, the partnership encompasses screening and identification, Advance Care Planning (ACP) discussions, care management, capability building, and post-death review. In FY2022, NHG linked up with 15 of the 33 NHs in its region, and over 99 per cent of NH residents had their treatment preferences honoured, with more than 76 per cent being able to pass on in their preferred location.

NHG is actively working to extend this model to the other NHs, which is part of a cross-cluster effort to develop a common training curriculum that includes palliative care, among others, as well as to streamline

training and education to be rolled out in late 2024.

ACP Team At Woodlands Health

In FY2022, Woodlands Health (WH) collaborated with multiple community partners and stakeholders to engage and educate residents on various health causes and initiatives. An ACP team was also established to cultivate a culture of ACP within and beyond WH. The team organised a series of informative talks, workshops, and outreach booths, as well as advocacy training to promote the importance of ACP. It also supported patients, families, and staff members in the development of advance care plans that align with their values and preferences.

Predicting Mortality: The Prognostic Model For End-Stage Lung Disease (PRO-MEL)

Patients with end-stage lung disease (ESLD) experience a heavy burden of respiratory and psychosocial symptoms, but often do not receive timely referrals to palliative care as accurate prognostication is challenging. In view of this, NHG's Health Services and Outcomes Research (HSOR) developed a prognostic model for one-year all-cause mortality in ESLD to support clinicians in identifying patients at a high risk of deterioration, facilitating recommendations for recognition of unmet needs,



and earlier referrals to palliative care.

This was a retrospective cohort study that included patients with a recorded ESLD diagnosis in Tan Tock Seng Hospital (TTSH). Of the 1,000



“**One elderly lady shared that she was the closest to her husband as they had no children. However, she was also concerned about her husband's health, as his memory was failing each day. Through this conversation, our team was able to broach the topic of ACP and how it could help her and her husband navigate a medical emergency when one is incapable of making decisions.**”

Woodlands Health ACP team AT THE WORLD CANCER DAY CARNIVAL



BOOSTING WELL-BEING CREATIVELY



Art And Music Therapy At The End-Of-Life

Art and Music Therapy serve as unique outlets for patients to address their physical, emotional, and psychological needs. Patients benefit from refocusing their attention on aspects of life beyond their illnesses — be it through creating art or immersing themselves in music. This experience provides them with a sense of agency as well as helps alleviate physical symptoms, such as pain and breathlessness.

With the support from donors, the Department of Palliative Medicine at TTSH launched two programmes — an Art Therapy programme, The HEaling ART (HEART), in October 2017, and a Music Therapy programme, MUSic therapy at the End of life (MUSE), in April 2019.

In 2022, TTSH embarked on a three-year research study, supported by Temasek Foundation, to evaluate the impact of Music and Art Therapy on patients admitted under three clinical specialties — Palliative Medicine, Geriatric Medicine, and Rehabilitation Medicine. As of 31 October 2023, 190 participants have enrolled in this study. Hospitalised patients eligible for the programme receive either music or art therapy interventions, and the study team tracks improvements in their symptom control and quality of life, with the goal of using the results to showcase the benefits of these Creative Arts therapies and incorporating them as part of chargeable standard care. In doing so, the team hopes to effect a sustainable provision of Art and Music Therapy to patients warded in TTSH.

patients studied, 122 (12.2%) passed within a year. The patients either had a diagnosis of chronic obstructive pulmonary disease or emphysema (55%), bronchiectasis (38%), or interstitial lung diseases (12%). The final model included predictors such as diagnoses of interstitial pulmonary disease, cancer or cerebrovascular disease, use of long-term oxygen

therapy, being underweight, and more (see table below).

The model effectively differentiates between patients who passed on from those who survived (area under curve: 0.76), and will be adapted as a decision support tool to provide clinicians with prognostic estimates for each patient, as well as enable the prioritisation of high-risk patients for holistic needs assessments.

Prognostic Factors For Mortality In ESLD

Factor	Odds ratio (95% confidence interval)*
Diagnosed with interstitial pulmonary diseases, yes vs no	3.65 (2.02, 6.58)
Ever started on long term oxygen therapy, yes vs no	4.69 (1.82, 12.08)
Most recent Body Mass Index <18.5, yes vs no	3.06 (1.79, 5.24)
Require assistance with at least 1 Activity of Daily Living, yes vs no	2.63 (1.45, 4.75)
History of specialist outpatient visits in 6 months prior, yes vs no	0.43 (0.27, 0.69)
History/presence of cancer, yes vs no	3.43 (1.70, 6.94)
History/presence of cerebrovascular disease, yes vs no	2.83 (1.28, 6.23)

* Adjusted for age, gender, and ethnicity. A prognostic factor of an odds ratio exceeding 1 is associated with higher odds of mortality, while a factor of an odds ratio below 1 is associated with lower odds of mortality.