MAR–APR 2018
Changi General Hospital Magazine

# Caring

A HEALTHIER, HAPPIER LIFE

# A CULTURE OF PATIENT SAFETY

**Understanding the ins and outs of patient safety at Changi General Hospital**

## FROM HOSPITAL TO HOME

**Helping patients re-integrate into the community**

## CHEERS TO DRINKING LESS

**Risk factors of alcohol addiction and how to overcome it**

## MY GP ANSWERS

**Doctors' advice on bronchitis and athlete's foot**

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CARING

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CARING is published bi-monthly for Changi General Hospital by NewBase Content

Changi General Hospital
SingHealth

MCI (P) 123/12/2017. Company registration number: 198904226R. 

# A Note from the Editor

As children, we are often warned by our parents to steer clear of danger. This piece of advice is likely to stay with us for life.

While there are many ways to ensure our safety, I believe the most effective one is to arm ourselves with knowledge. After all, knowledge is power!

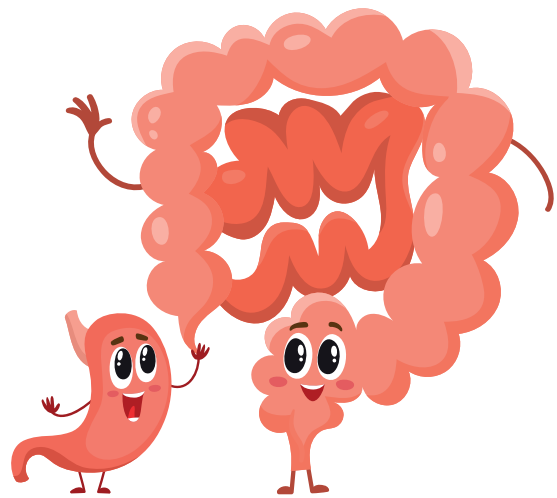
In this issue, learn about polycystic ovary syndrome and its various implications **(page 2)**, as well as the types of intestinal parasites that can possibly thrive in our body **(page 18)**. In Health Notes, our article on colorectal cancer sheds light on the most commonly diagnosed cancer in Singapore and why it is important to go for regular screenings **(page 5)**.

People adopt precautions, and so do organisations. We get a glimpse of how CGH fosters safety as part of providing care. We also meet some of the individuals behind its patient-safety initiatives **(page 12)**.

In addition, take a look at CGH's holistic initiative that helps patients integrate into the community again, and reduce the length of their hospital stays and the chances of readmission **(page 16)**. Our addiction counsellors also share tips on how to recognise alcohol addiction and the steps needed to ensure recovery **(page 8)**.

Indeed, when we are equipped with the right information, we are more likely to take steps towards prevention. I hope that you'll not only enjoy this issue's content, but also use it to protect yourself. Keep safe and carry on!

Retna Devi
Editor



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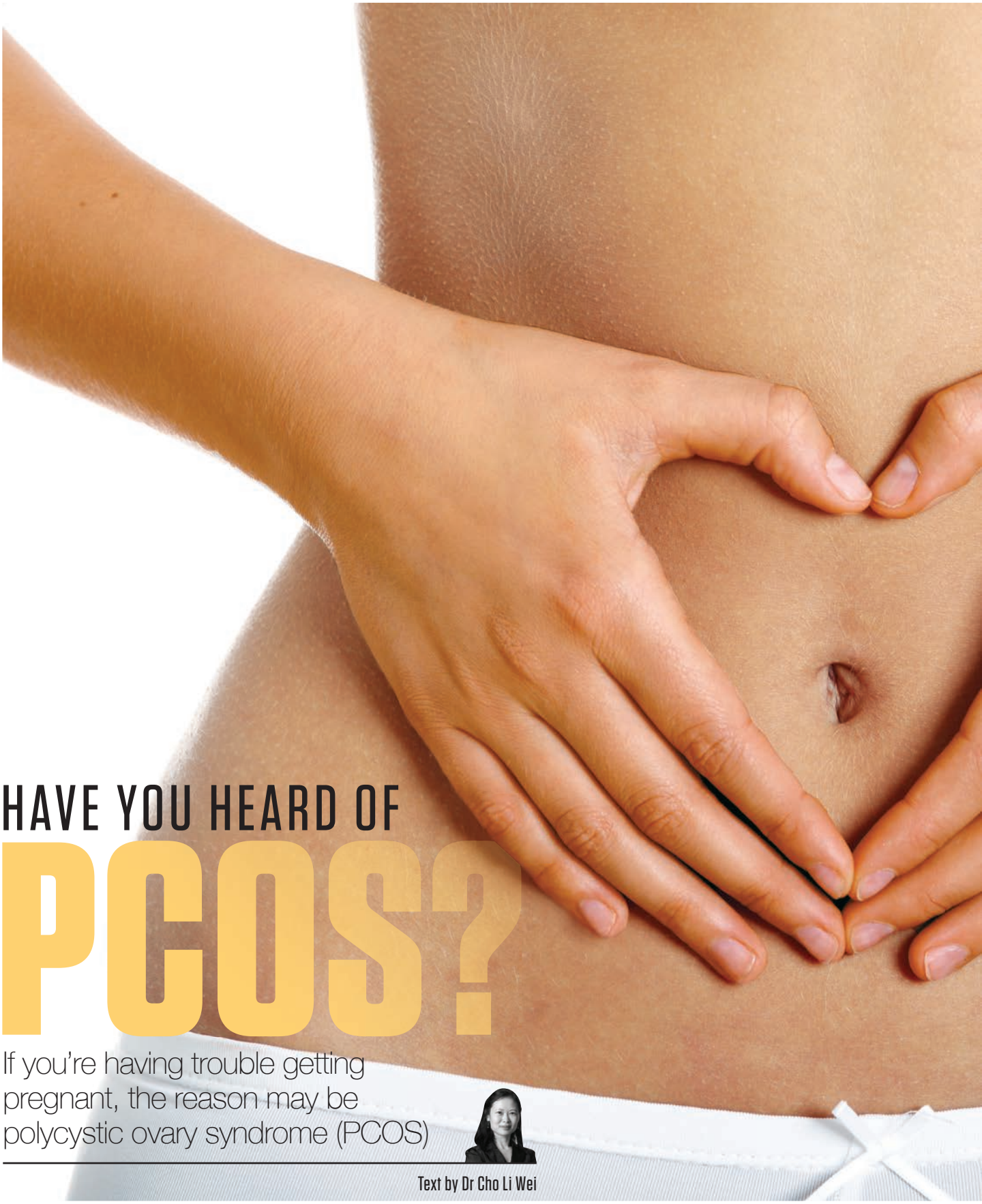
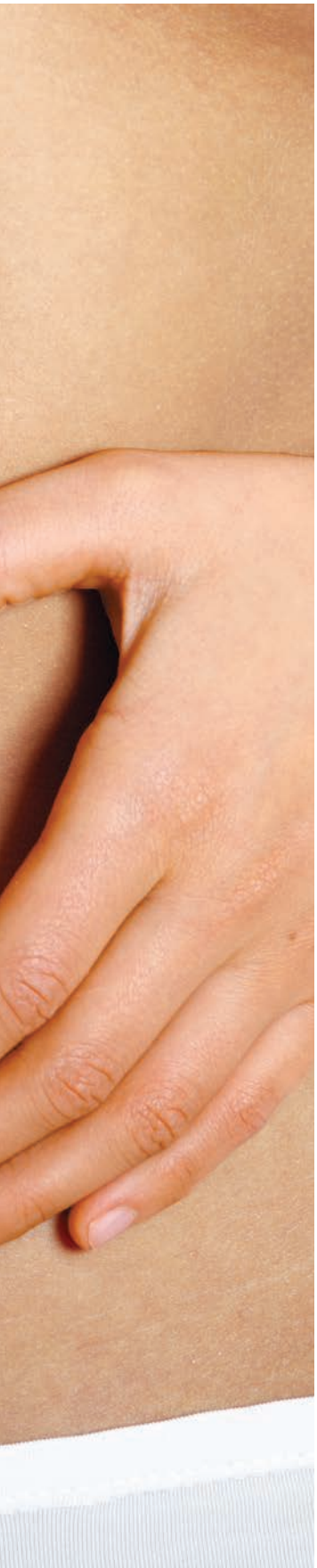


# HAVE YOU HEARD OF PCOS?

If you're having trouble getting pregnant, the reason may be polycystic ovary syndrome (PCOS)



Text by Dr Cho Li Wei



Polycystic ovary syndrome (PCOS) is a complex endocrine disorder and the most common female hormone condition. It is also the leading cause of infertility among women of childbearing age. If not properly managed, it can lead to other health problems in later life.

PCOS is caused by hormonal imbalance due to insulin resistance. High insulin levels reduce the sex hormone binding globulin (SHBG) and increase androgens (male hormones) from the ovary, leading to higher testosterone levels and irregular periods, infertility, acne and hirsutism. This is compounded by obesity, which causes an increase in insulin resistance, worsening the problem.

## It is estimated that up to one in 10 women has PCOS

The symptoms of PCOS vary from patient to patient. Diagnosis can be made only when patients have at least two out of three of these symptoms: polycystic ovaries (ovaries with many small cysts), raised testosterone (male hormone) levels, and reduced ovulation. These occurrences may be higher in women of certain ethnic backgrounds. For example, women of South Asian origin may present these symptoms from a younger age and suffer more severe symptoms.

PCOS can affect your appearance, self-esteem and quality of life. It is estimated that up to one in 10 women has PCOS. However, not everyone with polycystic ovaries has PCOS. One study of young women who had an ultrasound scan of their ovaries found that up to one in four had polycystic ovaries. However, many of these women were healthy, ovulated normally and did not have high levels of male hormones. Hence, they did not meet the criteria to be diagnosed with PCOS.

## HOW DO I KNOW IF I HAVE PCOS?

**Symptoms include:**

**Irregular or no menstruation at all**



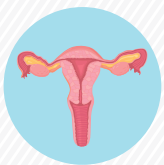
**Irregular ovulation, or no ovulation at all**

**Weight problems – overweight, rapid weight gain, difficulty in losing weight**

**Unwanted facial or body hair (hirsutism)**

**Oily skin and acne**

**Depression and mood change**



**Reduced fertility – difficulty in becoming pregnant or recurrent miscarriages**

**Thinning hair or hair loss from the scalp (alopecia)**

Symptoms usually start during adolescence, although some women do not develop them until later in life. Many do not recognise these symptoms early as those of PCOS.

## WHAT ARE THE HEALTH RISKS?

The condition has long-term health implications: Women with PCOS have an increased risk of developing Type 2 diabetes and heart disease, as well as endometrial cancer.

**Risks associated with reproduction:**

- Lower fertility
- Recurrent miscarriages
- Risk of endometrial cancer if untreated. However, the cysts do not lead to ovarian cancer

**Risks associated with metabolic syndrome:**

- Type 2 diabetes or gestational diabetes
- Sleep apnoea
- Heart disease
- Fatty liver disease
- High cholesterol
- Obesity

## HOW ARE PCOS AND DIABETES RELATED?

Many patients with PCOS also have diabetes. Research shows that around 35 per cent of obese women with PCOS have impaired glucose tolerance (IGT) and up to 10 per cent of them have Type 2 diabetes mellitus. Patients with PCOS usually have a strong family history of Type 2 diabetes, with 83 per cent chance of occurrence in relatives. This reflects the common etiology of insulin resistance in the two conditions.

If you are planning for pregnancy, be aware that your risk of gestational diabetes is also higher. Gestational diabetes can lead to other obstetric complications, such as large babies (macrosomia), shoulder dystocia and even stillbirth.

## HOW CAN PCOS BE MANAGED?

Treatments differ from individual to individual, depending on the symptoms presented. Generally, your doctor may recommend weight loss through diet and exercise. For women wishing to get pregnant, your doctor may suggest ovulation induction.

**Patients with PCOS usually have a strong family history of Type 2 diabetes**

**Dr Cho Li Wei** is a consultant in the Department of Endocrinology at CGH

# 9 THINGS YOU NEED TO KNOW ABOUT COLORECTAL CANCER

Did you know that the earlier you detect colorectal cancer, the more curable it is? Find out what else you should know in this quick guide

Text by Ooh Yi Hui

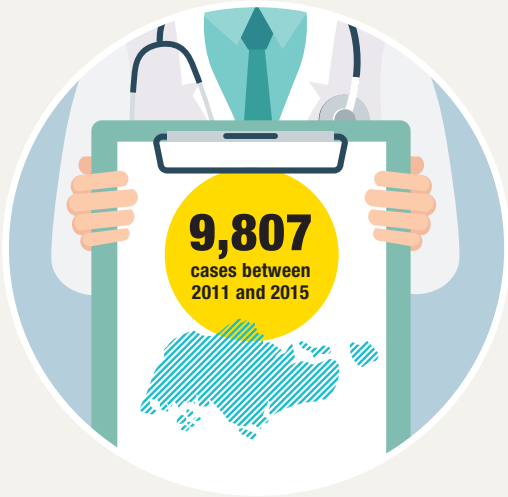
March is National Colorectal Cancer Awareness month. Learn more about colorectal cancer, the most commonly diagnosed cancer in Singapore and also one of the most treatable if you detect it at the early stage.

## 1 COLORECTAL CANCER IS CANCER OF THE COLON AND/OR RECTUM

The colon is the main part of the large intestine, and the rectum is the passageway connecting the colon and the anus. The two cancers are grouped because they share common characteristics. Colorectal cancer usually develops from polyps, which are growths on the inner walls of the colon and rectum. Commonly found in people above the age of 50, polyps may become cancerous after 10 to 15 years, so they should be removed if detected.

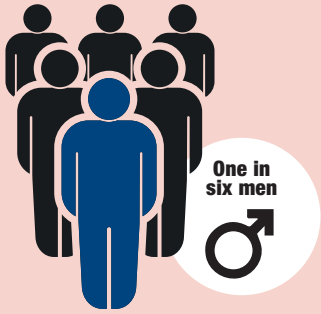
## 2 IT IS THE MOST COMMONLY DIAGNOSED CANCER

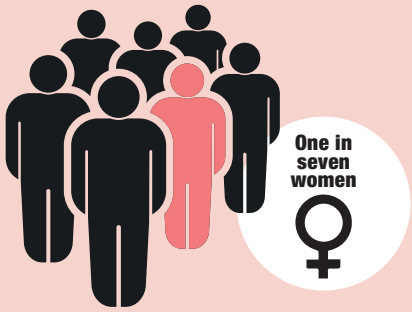
According to the Singapore Cancer Registry Annual Report 2015, colorectal cancer is the most prevalent cancer in Singapore. A total of 9,807 cases were diagnosed between 2011 and 2015.




## 3 IT AFFECTS BOTH MEN AND WOMEN

Colorectal cancer is almost as common among men as women. It is the most frequently diagnosed cancer for men and the second most commonly diagnosed for women after breast cancer. In Singapore, one in six men and one in seven women diagnosed with cancer between 2011 and 2015 had colorectal cancer.



## 4 SCREENING CAN PREVENT COLORECTAL CANCER

At the early stage, colorectal cancer cells are confined to the large intestine. However, if the cancer cells are not removed, cancer can develop and spread over time.

That said, colorectal cancer is one of the most preventable and treatable cancers if you are regularly screened. When polyps or early-stage cancer cells are detected and removed, the risk of cancer development is greatly reduced. Treatment is also the most effective at the early stage.

If the cancer is detected at stage one, the survival rates are 84 per cent for men and 86 per cent for women. When the cancer reaches stage four, the survival rates drop steeply to 10 per cent for men and 11 per cent for women.

## 5 RISK INCREASES FROM THE AGE OF 50

If you have a personal or family history of colorectal cancer or polyps in the colon, your risk is higher. Your chance of developing colorectal cancer also increases if you suffer from ulcerative colitis and Crohn's disease.

# Colorectal cancer is one of the most preventable and treatable cancers

## 6 GO FOR REGULAR SCREENING IF YOU ARE 50 OR ABOVE*

Regular screenings help diagnose and prevent colorectal cancer. Several types of screenings are available. The recommended screening test depends on your individual risk factors. Please discuss colorectal cancer screening with your doctor.

- The **Faecal Immunochemical Test (FIT)** is a simple and convenient test that can be done in the comfort of your home. It detects microscopic blood in stools that cannot be seen by the naked eye. Blood in stools may not appear red, and only the FIT can accurately detect any signs of blood.
- A **colonoscopy** scopes the entire large intestine, including the colon and rectum, using a long, flexible lighted tube inserted into the anus. This method takes about 20 minutes and is done by a specialist at a clinic.
- A **flexible sigmoidoscopy** examines the internal lining of the lower end of the large intestine. A short, flexible lighted tube is inserted into the rectum and slowly guided into the sigmoid colon, which is the last part of the colon before the rectum.

* The Singapore Cancer Society provides FIT kits to Singaporeans and Permanent Residents 50 years old and above at no charge all year round, if they have not done a FIT screening in the last 12 months or a colonoscopy in the last 10 years. You are encouraged to be screened through the FIT yearly.

## 7 LOWER YOUR RISK BY MAKING THE RIGHT CHOICES

Certain foods, such as processed meat, red meat, meat cooked at high temperatures and animal fat, have been found to increase the risk of colorectal cancer. Increase your fibre intake too. Avoid tobacco use and excessive alcohol. Maintain a healthy lifestyle by staying active, exercising regularly and keeping a healthy weight.

## 8 BLOOD IN THE STOOLS IS NOT THE ONLY WARNING SIGN

Colorectal cancer at the early stage often presents no symptoms. In many cases, it tends to be diagnosed at the later stages. According to the Singapore Cancer Registry Annual Report 2015, about one-third of cases in Singapore are diagnosed at stage three and a further quarter at stage four, for both males and females.

Although there are usually few or no symptoms at the early stage, you should still look out for the following:

- **Change in bowel habits**
- **Abdominal pain or discomfort**
- **Anaemia (low red-blood cell count)**
- **Presence of a lump in the abdomen**

## 9 TREATMENT OPTIONS DEPEND ON THE CANCER STAGE

To stage the cancer, doctors determine how deep the cancer cells have invaded the intestinal walls and if they have spread to adjacent lymph nodes and other organs. Then, depending on the cancer stage, doctors will offer various treatment options.

- **Surgery** removes the areas in the intestines and lymph glands affected by the cancer. The two ends of the colon are then sewn together. Some patients may require a stoma bag. As surgical techniques continue to improve, the need for colostomies is increasingly reduced. Newer surgical methods like laparoscopic and keyhole surgery help patients avoid long scars, reduce recovery time, and minimise infection after surgery.

- **Radiotherapy** is the next step after surgery to kill any residual cancer cells around the original tumour site. When combined with chemotherapy, it can also be used to shrink a large rectal cancer before surgery, so as to completely remove the cancer.

- **Chemotherapy** is used when the cancer has spread to other parts of the body (such as the lymph glands and other organs, like the liver or lung). It is also administered to selected patients after curative surgery to prevent recurrence.

# ARE YOU DRINKING TOO MUCH?

There's more to alcohol addiction than meets the eye. Learn how you can stay strong on the road to recovery.

Text by Ng Yoke Chiang and Patrick Teo

*"I'm not an alcoholic."*
*"But I don't drink every day."*
*"Nope, I don't have a drinking problem."*
*"I'm a social drinker."*
*"I'm not a heavy drinker."*
*"I can quit anytime I want."*
*"I drink only beer, not hard liquor."*

Sound familiar? You may have heard these lines from your family members or friends. Or you may have said them yourself. In fact, these are typical responses from drinkers explaining or justifying their alcohol use.

But did you know that to get addicted to alcohol, you don't need to be drinking every day? Or that you can become addicted no matter what types of alcoholic drinks you consume or how much alcohol content is in them?

## Addiction is defined as a chronic brain disease arising from the ongoing use of mood-altering substances

### WHAT IS ADDICTION?

Addiction is defined as a chronic brain disease arising from the ongoing use of mood-altering substances, such as alcohol and drugs, despite harmful consequences.

Addicts often exhibit the **4Cs**:

- **Compulsion –** addicts need to have alcohol or drugs in their systems to be able to function
- Loss of **control** over the amount or frequency of alcohol or drug use
- **Continued** use of alcohol or drugs despite harmful consequences
- **Craving** for alcohol or drugs when consumption is stopped.

# COMMON RISK FACTORS OF ALCOHOL ADDICTION

**FAMILY HISTORY**

Your risk is higher if you have a parent or close relative with a drinking problem. This may be influenced by genetics.

**FREQUENT DRINKING OVER A LONG PERIOD**

Regular excessive drinking for an extended period can result in alcohol-related problems or addiction.

**DRINKING FROM AN EARLY AGE**

Alcohol use disorder can affect anyone at any age, but you are at higher risk if you started drinking at an early age and often binge-drink.


## HOW CAN I OVERCOME ALCOHOL ADDICTION?

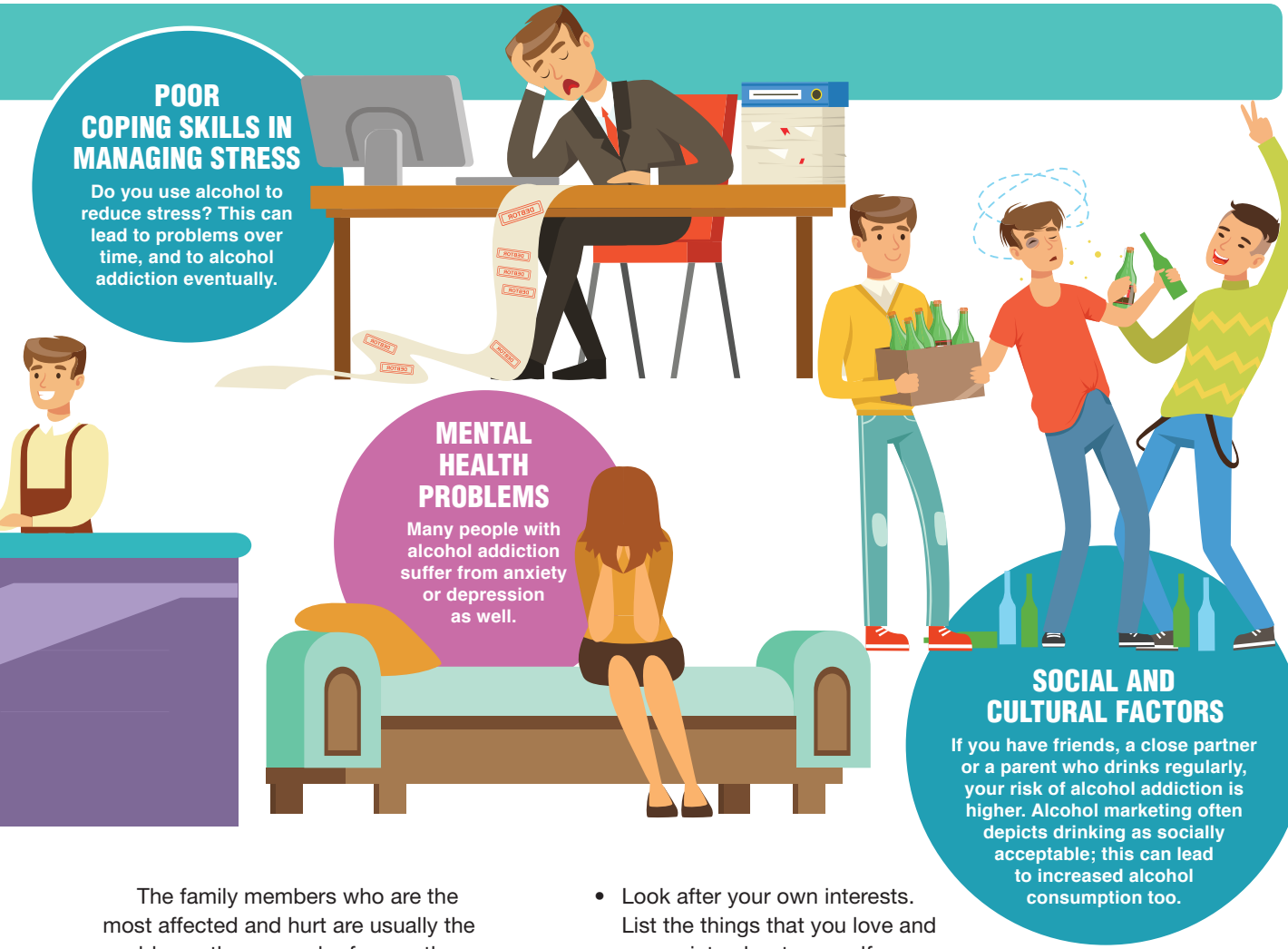
Addiction, like many other diseases, is treatable. It is not anything to be ashamed of. Many people have sought treatment, learnt addiction recovery skills and changed their lives without consuming alcohol.

**Here are some tips:**

- Accept that you have an addiction.
- Build a sober social network. Make new connections with non-drinking friends. Take up a hobby, volunteer or attend events in the community where alcohol is not involved.
- Learn to appreciate life and the people around you without alcohol in the picture.
- Avoid high-risk situations. Steer clear of temptations from friends who drink, pubs, bars and coffee shops. Don't keep alcohol at home.
- Practise saying "no" to alcohol in social situations. If someone is pressuring you to drink, you have the right to say "no" and walk away.
- Remind yourself of your reasons for not drinking.
- Learn to relax and let go of stress; go for walks, exercise or meditation.
- Develop healthy habits. A healthy mind and body and adequate sleep are important for your recovery.
- You cannot beat your addiction alone. It is crucial to gain strength from a solid support network, such as your family, friends, and groups like Alcoholics Anonymous, during your recovery.
- Be honest with the people who are supporting you.

## WHAT IF MY FAMILY MEMBER IS AN ADDICT?

- **Tips for family members**
  Alcohol addiction can destroy the lives of not only addicts, but their family members' as well. Family members living with addicts often experience hurt, anger, pain, guilt, shame, loneliness and inadequacy.




The family members who are the most affected and hurt are usually the enablers – the ones who frequently attempt to help the addicts curtail their addictive behaviour at the expense of their own wellbeing.

If you are the enabler, the first thing to remember is that the responsibility to cease drinking belongs to the drinker. Don't continue to bail the addict out; take care of yourself first.

**Here are other important points to note:**

- Loving the addict harder will not get him or her to stop the addictive behaviour.
- Learn to detach yourself from the agony of being involved in the addict's life. Only then will you be able to focus on yourself.
- Learn to be assertive and set boundaries. Change your behaviour to recognise your own needs rather than please someone else.
- Look after your own interests. List the things that you love and appreciate about yourself.
- Take care of your health and welfare. Eat healthy food, start exercising, enjoy your old hobbies or start new ones, and visit your doctor for annual check-ups. You need to replenish your strength.
- Your energy was exhausted while you were trying to help the addict. Now, attend to your other family members. Protect your children and assets.
- You don't have to fix the problem. You can let it go or get help from a professional.
- Participate in groups such as Al-Anon for support.
- Whenever you are in doubt, remember the **3Cs** of managing an addict:
  - You are not the **cause** of the addiction.
  - You are not able to **control** the addiction.
  - You are not able to **cure** the addiction.

**Mr Ng Yoke Chiang** is Principal Addiction Counsellor, Clinical Support Services, at CGH. **Mr Patrick Teo** is Senior Addiction Counsellor, Clinical Support Services, at CGH.

# Patient Safety is all in a day's work

A behind-the-scenes look at what it takes to ensure patient safety at CGH

Text by Retna Devi

Patient safety is a fundamental principle that CGH takes seriously. But how does the hospital effectively ensure patient safety? Curious to know, I embarked on an investigation.

What I found was nothing less than eye-opening.

## DAY 1: ASKING THE RIGHT QUESTION

My first discovery about patient safety at CGH was in fact a question. Healthcare staff ask every patient:

*"Can you please tell me your name and IC number?"*

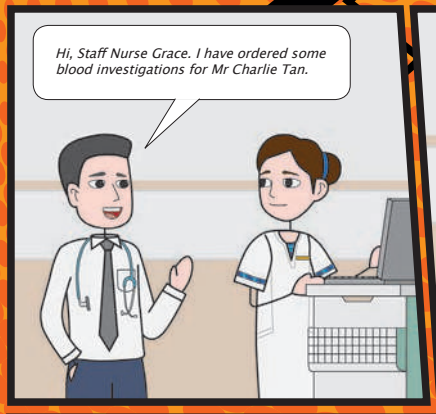
This question is known as the two patient identifiers. The practice of asking this question may seem simple, but it can correctly identify patients and ensure that the right patient receives the right care.

Dr Lim Si Ching, Chair of the International Patient Safety Goals (IPSG) 1 & 2 Workgroup, said that it is more reliable to use the two patient identifiers than just bed numbers, medical conditions and names to identify patients. This is because patients can be transferred to other beds, other patients can be diagnosed with the same medical conditions, and there can be more than one patient with similar names. A person's IC number, on the other hand, is unique and cannot be replicated.

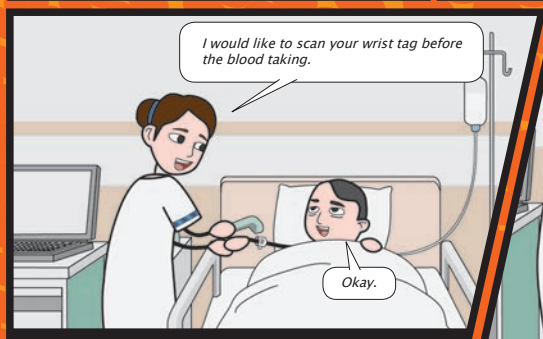
CGH's healthcare professionals are aware of the importance of this practice. They are also mindful of the possible ramifications if they misidentify patients or their diagnoses. Thus, they will ask patients the question at any stage of their stay, whether it is before blood sample collection (see comic strip on the next page), surgeries or X-ray scans, or during specialist clinic visits or bed transfers.

"While it may be challenging, it is one of the essential aspects of being a healthcare professional as it is an effective way of doing no harm to the patients," said Dr Lim. Every two to three months, Dr Lim conducts audits to ensure

# TWO PATIENT IDENTIFIERS: BLOOD COLLECTION AND BLOOD LABELLING



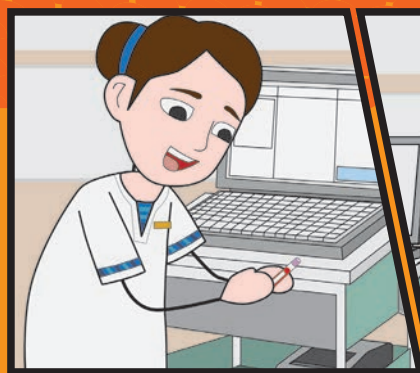

Staff Nurse Grace checks the Citrix System for other pending orders.

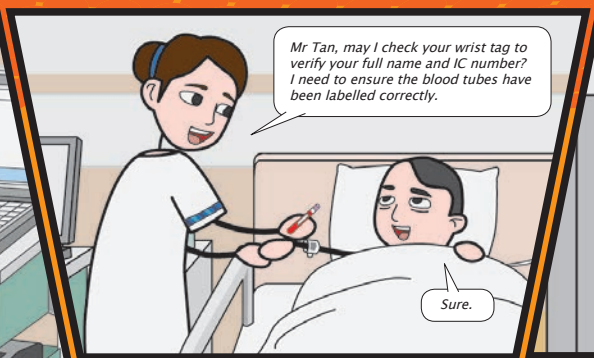

Staff Nurse Grace then takes an unlabelled specimen tube and double checks the name and IC number verbalised by Mr Tan against the name and IC number shown on the Citrix System.

She proceeds with blood collection using an unlabelled specimen tube.

After collecting the blood sample, Staff Nurse Grace generates a CPOE label using the printer on the phlebotomy trolley.



She pastes the label on the tube.




She also ensures to carry out the 5 moments of hand hygiene throughout the entire process.

Staff Nurse Grace despatches the specimen immediately to the laboratory via the pneumatic tube system.

Illustration: Shaul Heymans

Nurse Managers Arlene Padiernos Ramos and Chen Qiu Yan Joyce assisting a patient

## CGH is like a spiderweb where every node and thread is connected; it is building a culture of patient safety

that this patient-safety measure is consistently carried out.

At this point, I was struck by the similarities between a spiderweb and the hospital. CGH is like a spiderweb where every node and thread is connected; it is building a culture of patient safety that connects and touches every healthcare staff member and patient.

### DAY 2: NIGHT WATCH TO PREVENT FALLS

After learning about the two patient identifiers, I became even more interested in CGH's other patient-safety initiatives. Take the Night Observation by Watchers to Lower Fall Rate Programme, also known as Night O.W.L., for example. Started on 17 October 2016 and still in its pilot stage, this intervention programme is aimed at reducing falls during the night in 10 wards.

Nurse Managers (NM) Chen Qiu Yan Joyce and Arlene Padiernos Ramos, who are part of Night O.W.L.'s six-member committee, shared that falls occur during the night because geriatric patients with dementia or Alzheimer's and other adults with altered mental states often attempt to get out of bed without seeking nurses' assistance. This is why these patients need additional monitoring at night.

The programme not only has an interesting name, it has a quirky beginning too. "We were inspired by [TV programmes] *Baywatch* and *Bondi Rescue*, and the idea of lifeguards positioned at higher points surveilling the beach," said NM Joyce. The committee then sourced for volunteers among junior nurses to be Night Owls to patrol and monitor patients from 10pm to 8am on their days off. Currently, 68 junior nurses are signed up as Night Owls.

Yes, that's right. Many junior nurses are willing to lend a helping hand on their days off to reduce the number of falls, above and beyond their usual responsibilities. And there has been marked progress thanks to their efforts. Within five months of rolling out the Night O.W.L. programme, there have

been 1,962 good "catches" – instances of preventing at-risk patients from getting out of bed unassisted. This high number is heartening, because it means that many of the consequences that follow patients' falls, from hip fracture to internal bleeding, have been averted.

"Initially, when we were tasked to work on this, we were at a loss," said NM Joyce. "But what spurred us on was that other interventions have been tried here and in other hospitals but have not been quite successful."

NM Arlene agreed and added, "Feedback from the watchers has also been encouraging. They feel satisfied being able to help reduce the number of falls in the ward. The nurses on ward duty are also appreciative of the extra assistance in ensuring the patients' safety."

The Night O.W.L. programme opened my eyes to the CGH staff members' dedication to guaranteeing patient safety. With the pilot seeing positive results, the committee hopes to attract more CGH employees, even non-medical staff members, to participate in the programme as patient safety is a collective effort.

## DAY 3: IT'S IN OUR HANDS

What I found noteworthy was that the simplest measures could be the most effective and make a big difference. This was reiterated by Senior Nurse Clinician (SNC) Li Jie from Infection Prevention and Control (IPC).

"Hand hygiene is the single most important tool in preventing the spread of healthcare-associated infections among patients," she said.

Indeed. Aren't we taught from young to keep our hands clean by washing them with soap and water or using an alcohol-based hand rub? This practice remains important as we get older, and even more so in hospitals.

SNC Li Jie and her colleagues reinforce hand hygiene continuously through publicity, education, monitoring and feedback, so as to maintain consistent standards and minimise the risk of infection. They also oversee a range of other prevention and control processes, such as improved environmental cleaning and the appropriate use of personal protective equipment.

The IPC team adopts a multipronged approach to ensure patient safety:

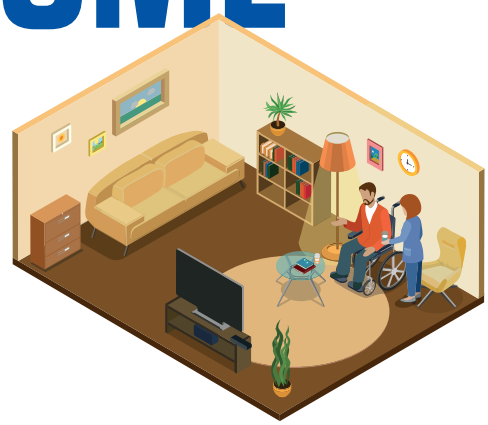
- **Advice –** giving advice to nurses, doctors, allied health professionals and other healthcare workers. The IPC nurses visit the wards daily to address infection prevention and control issues directly within the patient environment.
- **Surveillance –** monitoring healthcare-associated infection rates and trends, and relaying the information to the staff and hospital management.
- **Audit –** monitoring patient care and environmental standards.
- **Education –** providing staff training on infection control measures.

As I reflect on the different patient-safety practices I've learned about over the last three days, SNC Li Jie's words come to mind: "We need to believe that patient safety begins and ends with each one of us, and this should be the guiding principle that underpins our daily work." It has been an illuminating experience, yet what I've discovered is just the tip of the iceberg. The hospital has in place many other programmes and processes that cultivate and promote a culture of patient safety.

Senior Nurse Clinician Li Jie observing a nurse

# PATIENT CARE FROM HOSPITAL TO HOME

Helping patients integrate into the community again through a holistic approach



The Hospital to Home (H-2-H) initiative was created to help patients integrate into the community again, and reduce their length of stay in the hospital and the likelihood of readmission. Set up in April 2017 by the former Eastern Health Alliance, the initiative has now evolved to encompass three programmes within CGH – Neighbours, Transitional Care, and Community Nursing. To date, it has benefited more than 2,000 patients.

H-2-H is supported by a multidisciplinary team of community care nurses, community care coordinators and physicians. The team, working closely with the community, offers a holistic range of post-discharge services that create a safe environment for patients to recuperate at home. In other words, H-2-H offers a vital safety net to patients, who are reassured knowing that help is only a phone call away (see facing page for more information about the H-2-H process).

According to Zhang Di, Assistant Director of Nursing at CGH, who leads the team of community nurses in carrying out referrals and arranging home visits, H-2-H team members have to work autonomously in environments where resources are limited compared to the hospital. Thus, they need sharp observation

skills, in addition to good clinical judgment and professionalism.

"Patients may come to us for a variety of reasons, such as acute or chronic illness, and you really get to journey with them," she adds. "You are working with family members and caregivers as well. You touch people's lives in a more holistic manner."

## CARE COORDINATION

Another fundamental part of H-2-H is care coordination led by the CGH-Neighbours (Neighbours For Active Living) programme.

Community care teams in 18 communities in the east work closely with Community Nursing and Transitional Care to provide services to discharged patients. The teams also collaborate with community partners to take care of the needs of mutual clients.

During the first two weeks after a patient's discharge, care coordinators ensure that groceries are stocked. They try to get available volunteers from the community to help cook or buy meals for patients until meal provider services are in place. Care coordinators send reminders and arrange for transport to get patients to their medical appointments and, for those who are socially isolated, they coordinate befriender services. In addition, care coordinators offer caregiver training, including counselling, when necessary.

Volunteers from the community help form an alliance with the care teams, says Cheryl Lau, Community Manager of the CGH-Neighbours programme. "There are many good Samaritans who want to volunteer, so we get the residents and people in the community and train them as volunteers," she adds. Volunteers play important roles in providing safety networks. They befriend patients, monitor their health and wellness, and give timely feedback to care teams for any necessary interventions.

At times, patients may initially be reluctant to accept assistance. "We talk to them and we build trust. For example, we help them understand how meals can help them with their medication," says Cheryl. "Once they trust us and have rapport with us, we are there as their lifeline. Whether it is a medical or social issue, they can always contact us. As coordinators, we will try our best to help."

## THE H-2-H PROCESS

**As soon as patients are admitted through the emergency department, those with a high risk of readmission are identified through predictive analytic tools from the Ministry of Health.**

**The community team in CGH highlights these patients to in-patient case managers, who carry out assessments to determine if they need case management.**

**Coordinating nurses inform the nurses-in-charge of the patients' high-risk status. Concurrently, simple screening is done to ascertain possible post-discharge care needs.**

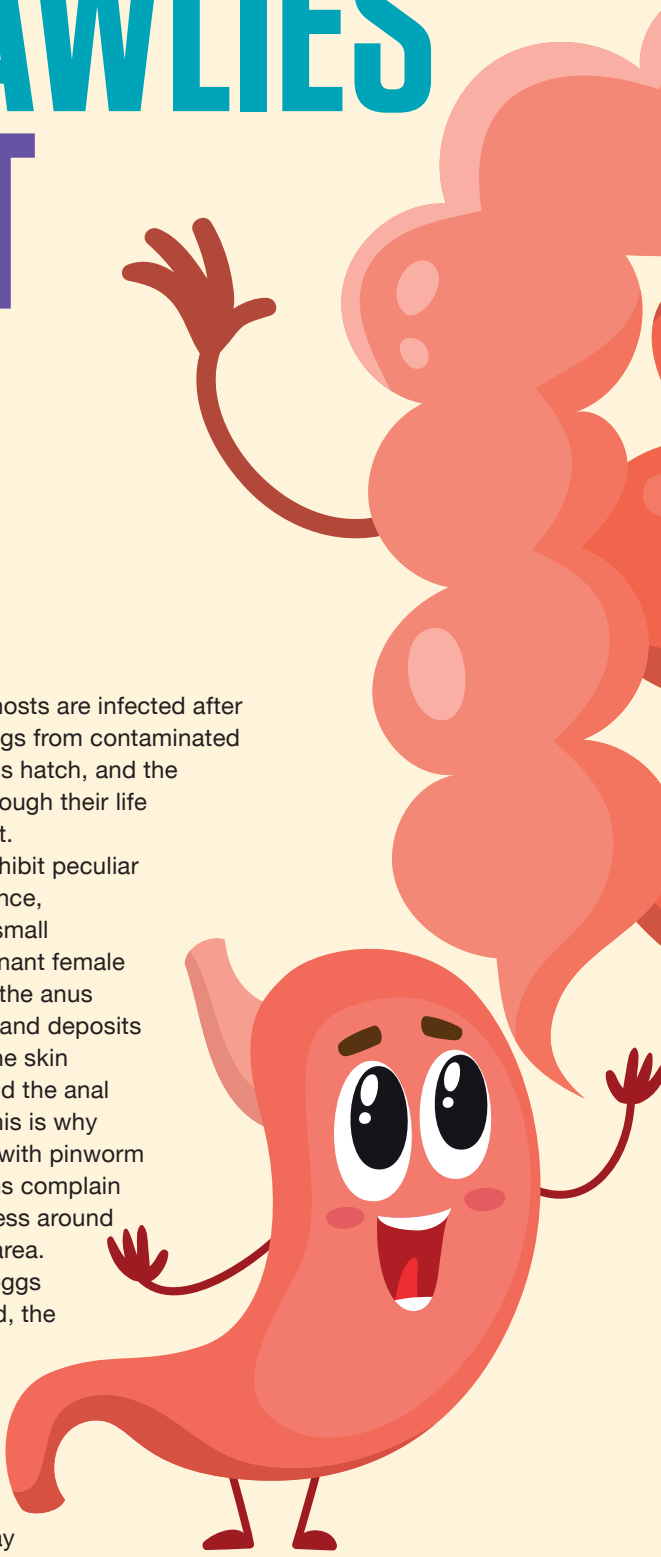
**Community nurses coordinate the patients' needs once they return home.**

**Patients may need a combination of services depending on their individual needs. The H-2-H team activates other members as necessary. For instance, nurses visit patients who need wound-care dressings or medication education. Doctors are on hand to help those with more complex medical issues, while care coordinators attend to their psycho-social needs. Allied health professionals may also be activated.**

# CREEPY-CRAWLIES IN YOUR GUT

Intestinal parasitic infections are more common than you think. To avoid one, read on to understand them inside out

Text by Dr Li Weiquan James, Dr Wang Lai Mun and Assoc Prof Ang Tiing Leong



Parasitic infections of the intestinal tract are less common in Singapore due to high standards of hygiene and good sanitation. However, with the rising trend of worldwide travel and immigration, the risk of parasitic infections is still present. This is particularly so when patients present symptoms that are not typical of common gastroenteritis after having returned or immigrated from countries with poor sanitation.

## WHAT ARE INTESTINAL PARASITES?

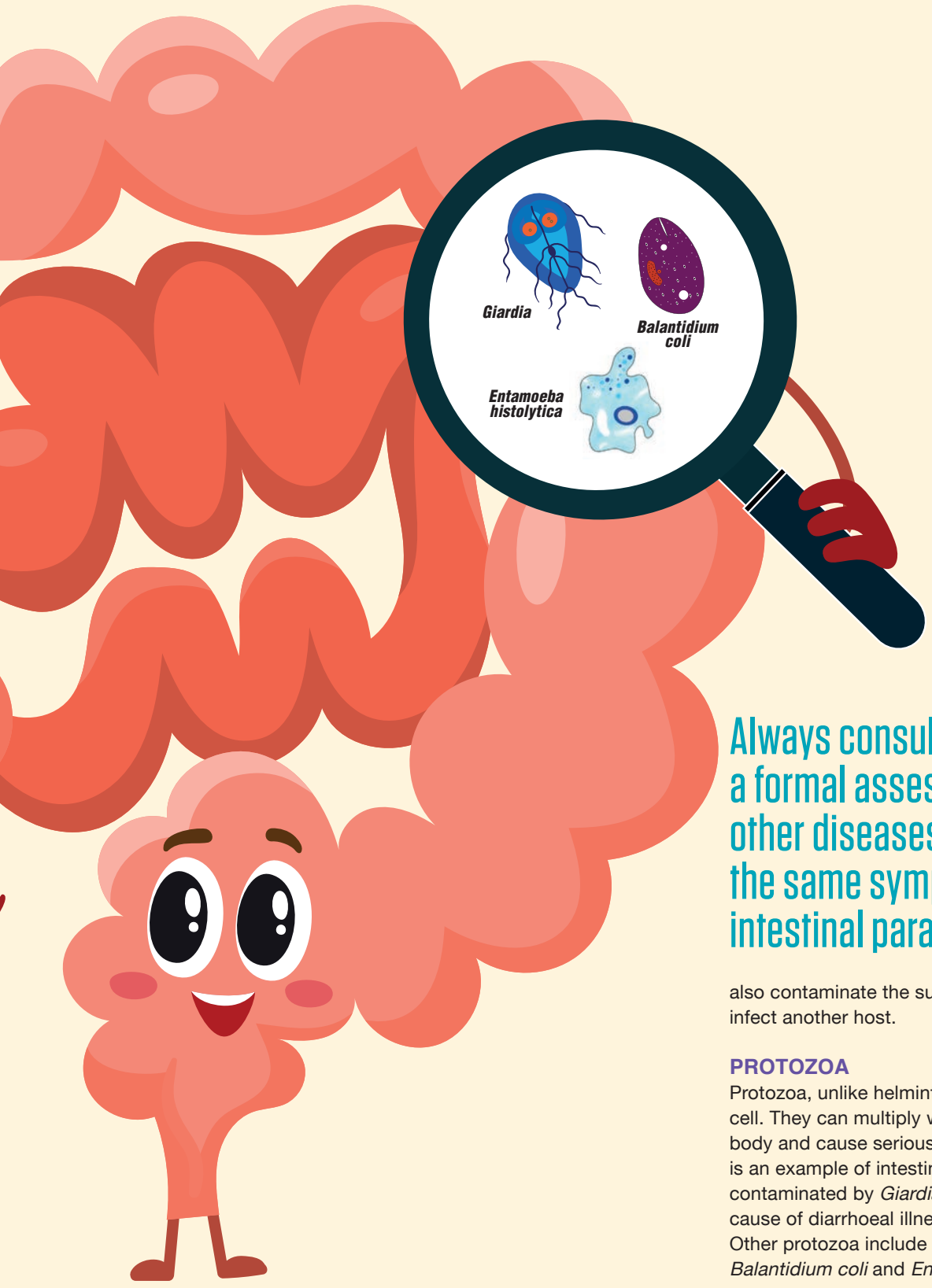
These are organisms that infect the small and large intestines, and if left untreated, they can lead to serious illness. The two main types are helminths and protozoa.

**INTESTINAL PARASITES CAN LIVE IN THEIR HOSTS FOR YEARS WITHOUT CAUSING ANY SYMPTOMS**

## HELMINTHS

Multi-celled helminths are also known as worms; the more common are roundworms, tapeworms and pinworms. Adult-stage helminths generally do not multiply within their hosts. Instead, hosts are infected after ingesting parasitic eggs from contaminated soil or water. The eggs hatch, and the helminths then go through their life stages within the host.

Some helminths exhibit peculiar behaviours. For instance, pinworms live in the small intestines, but a pregnant female pinworm migrates to the anus (usually at night) and deposits her eggs in the skin folds around the anal region. This is why patients with pinworm infections complain of itchiness around the anal area. Once the eggs have hatched, the larvae re-enter the intestines from the anus, causing a retroinfection (an infection that is contrary to its usual course). The eggs may



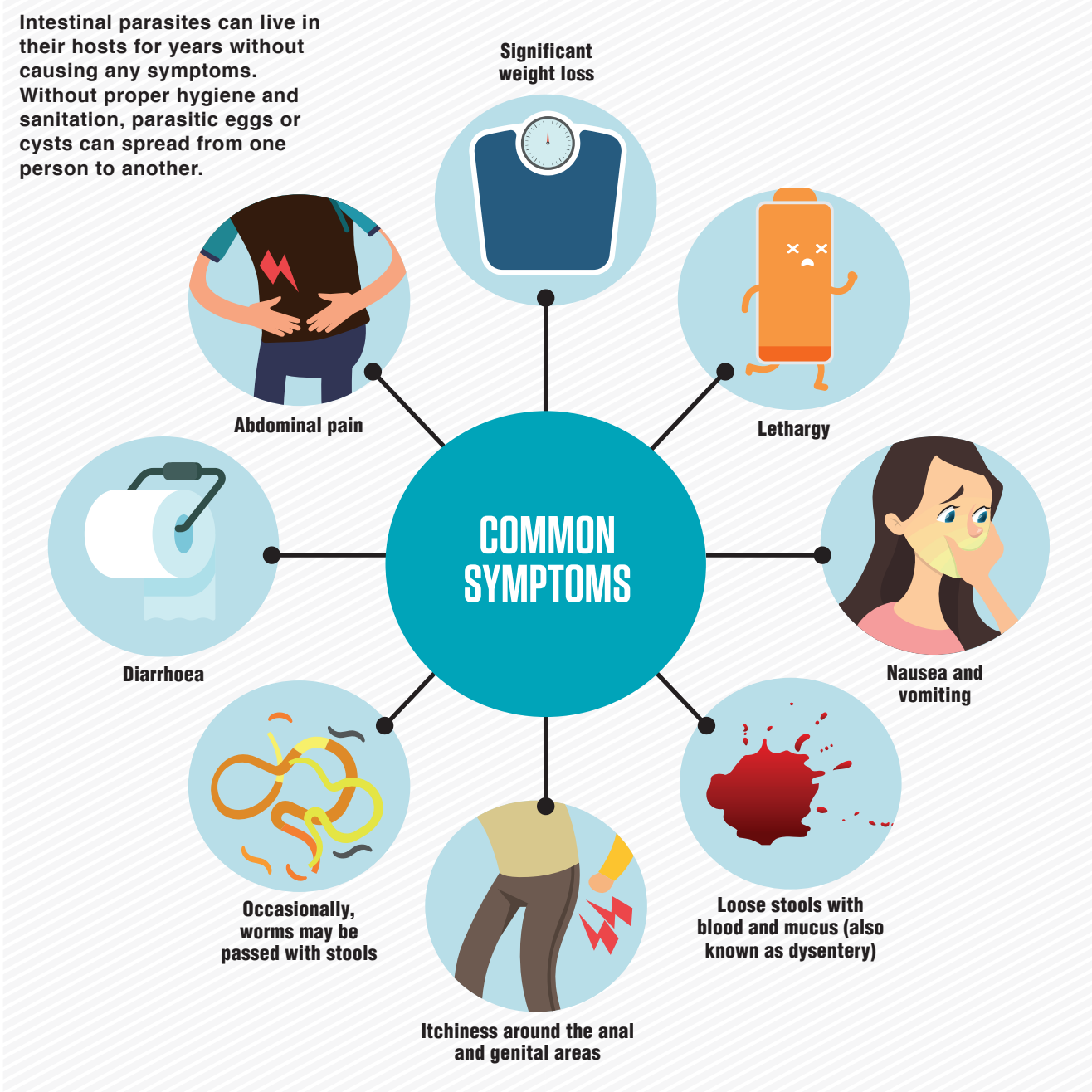

## Always consult a doctor for a formal assessment as other diseases can have the same symptoms as intestinal parasitic infection

also contaminate the surroundings and infect another host.

### PROTOZOA

Protozoa, unlike helminths, have only one cell. They can multiply within the human body and cause serious infections. *Giardia* is an example of intestinal protozoa; water contaminated by *Giardia* cysts is a major cause of diarrhoeal illness worldwide. Other protozoa include *Cryptosporidium*, *Balantidium coli* and *Entamoeba histolytica*.

# WHAT ARE THE SYMPTOMS OF INTESTINAL PARASITIC INFECTIONS?




Note that other diseases can have the same symptoms as intestinal parasitic infections. For example, inflammatory bowel disease may cause bloody stools and abdominal pain. An underlying colorectal carcinoma may lead to changes in bowel habits and weight loss in older individuals. Bacteria may also cause similar symptoms. It is important to distinguish between intestinal parasitic infections and other causes because the treatments are different. Always consult a doctor for a formal assessment and medical opinion.

## WHAT ARE THE RISK FACTORS?

Some of the risk factors associated with parasitic infections are:

- Travel to or residency in a region with known parasitic infections
- Poor hygiene

- Poor sanitation (water and food)
- Age – children and the elderly are more likely to be infected
- Compromised or suppressed immunity, such as in individuals with HIV/AIDS and patients undergoing chemotherapy or who are on high-dose steroids

## HOW ARE INFECTIONS MANAGED?

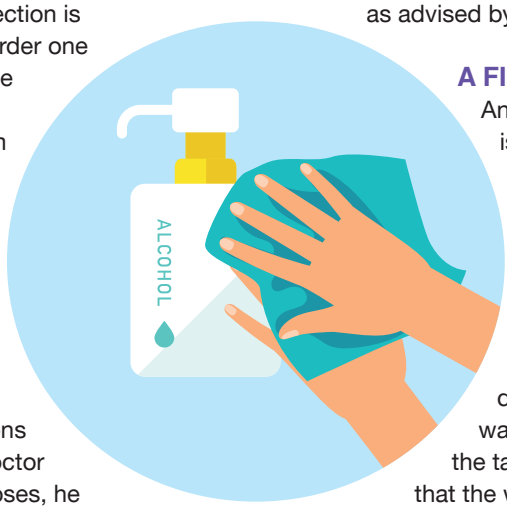
Besides asking about your symptoms, your doctor will take your travel history and perform a physical examination.

If an intestinal parasitic infection is suspected, he or she will order one or more stool samples to be collected for testing. In the case of a possible pinworm infection, your doctor may use the "Scotch tape" test, whereby adhesive tape is placed over the anus and then examined under the microscope for parasitic eggs.

When your symptoms are severe and complications are a concern, or if your doctor is considering other diagnoses, he or she may order an X-ray or CT scan or perform a colonoscopy. Your doctor may also take biopsy specimens to be checked for parasitic eggs.

# Make washing your hands a habit when travelling

When the diagnosis is confirmed, your doctor will prescribe anti-parasitic medication. The treatment may take several weeks, and it is important to follow all steps as advised by your doctor.




## A FINAL TIP

An ounce of prevention is also worth more than a pound of cure. Make washing your hands before eating a habit. When travelling to countries with poorer sanitation, drink only bottled water; avoid water from the tap or rivers. Note that the water used in cold desserts and for ice usually comes directly from the tap, so take the necessary precautions.

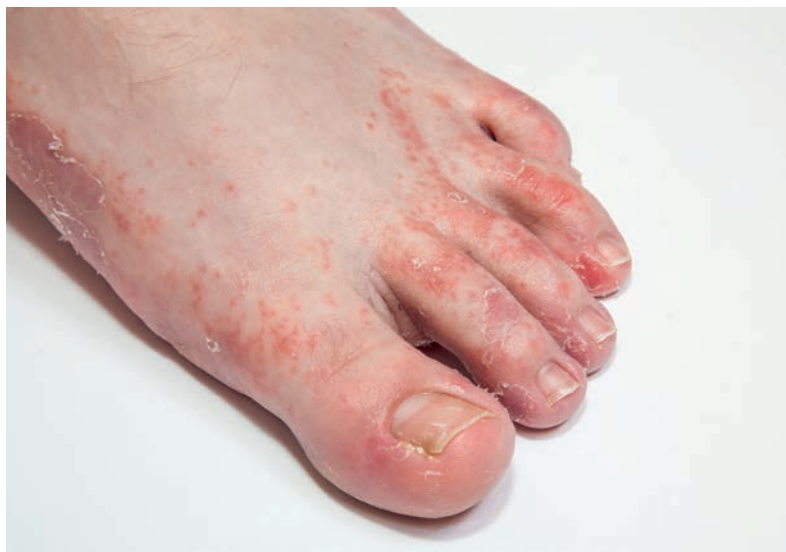
**Dr Li Weiquan James** is an associate consultant in the Department of Gastroenterology and Hepatology, CGH. **Dr Wang Lai Mun** is a consultant in the Department of Laboratory Medicine, CGH. **Assoc Prof Ang Tiing Leong** is a senior consultant in the Department of Gastroenterology and Hepatology, CGH

GPFIRST
Your family doctor, your first stop.

# YOUR GPs CAN TREAT THESE CONDITIONS

In January 2014, Eastern Health Alliance (EHA) launched the GPFirst programme to encourage patients in eastern Singapore to see their general practitioners (GPs) for mild to moderate medical conditions, rather than head to the emergency department first. In this regular series, our EHA community GPs offer advice on common ailments *CARING* readers might face.

Visit **www.gpfirst.sg** or see your GP for more information on common conditions such as cuts, bruises, mild scalds, nausea, headaches, sprains and fevers. Read on to learn more about athlete's foot and acute bronchitis.



## ATHLETE'S FOOT

**I am an 18-year-old National Serviceman. After completing my field camp last week, I found a scaly rash on the sides of my feet. The skin between my toes and soles is cracked and peeling, and there is an unpleasant smell from my shoes. I applied moisturiser every day, but the condition did not improve. In fact, the itching and burning have increased over time. I feel really uncomfortable. Can my GP treat this condition?**

These symptoms are caused by *tinea pedis*, also known as athlete's foot, a fungal skin infection. It affects your soles and the skin between your toes. It thrives in warm, humid conditions, so it commonly affects National Servicemen and athletes, who tend to wear socks and shoes for long periods and have sweaty feet. Athlete's foot causes an itchy rash, which may progress to skin breakdown and secondary bacterial infection if not treated.

Your GP will examine your feet for telltale signs of fungal infection. The symptoms include cracked or peeling skin, blisters, toenail changes (including thickening, discolouration and nails peeling away from the nailbed), as well as other associated conditions like bacterial infection and poor blood circulation. The treatment consists of topical creams and medication to help alleviate itching. If your infection is more severe, your GP may prescribe oral anti-fungal medication; if it is complicated by bacterial infection, he or she may treat it with antibiotics.

To prevent the recurrence of athlete's foot, it is important to maintain proper foot hygiene. Keep your feet clean and dry by frequently changing your socks, airing your feet and footwear, and wiping your feet. Use anti-fungal foot powder to wick away moisture. Wear sandals in public places like gyms and gym showers to reduce the likelihood of fungal skin infections.

If your infection persists or recurs frequently, your doctor may recommend skin scraping or blood tests, including diabetes screening. These tests will help exclude resistant infections or pre-existing conditions that may make fungal infections more common.

**Dr Eve Anwar**

**Dr Eve Anwar** graduated from the University of Melbourne in 2005 and currently practises at OneCare Medical. Her areas of interest include women's and children's health, and chronic disease management. She focuses on empowering patients with knowledge to better care for their conditions. Believing that good health is born of a trusting and open relationship between a doctor and her patient, she strives to make communication the cornerstone of her consultations.

## ACUTE BRONCHITIS

**I am a healthy 40-year-old man, a non-smoker with no known medical history. I have been having a bad cough for the past 10 days. Sometimes, especially at night, I experience shortness of breath. Good sleep has become increasingly difficult. Initially, I had symptoms of the common cold. My nasal congestion and sore throat have since resolved, though not the cough. I also cough up yellow phlegm. Will my GP be able to help me?**

Most likely, you have acute bronchitis. It is an inflammation of your lower respiratory tract (the windpipe and the structures and passages within your lungs). Your persistent cough may be due to your lungs' hyper-responsiveness.

Acute bronchitis typically starts with symptoms of the common cold, such as nasal congestion, runny nose, sore throat and cough. These symptoms progress to a predominant cough when the infection involves the lower respiratory tract. You may experience wheezing and even chest pain when you are coughing. You may expel pus in your sputum but that does not indicate a bacterial infection.

Apart from checking your temperature and pulse rate, your GP will examine your lungs. In particular, he or she will listen for a dullness when your chest is tapped, decreased breaths and rattling sounds.

When your doctor finds such abnormalities together with systemic symptoms such as fever, he or she will perform a chest X-ray. If you have a chest infection or pneumonia, he or she will prescribe antibiotics.

That said, antibiotics are usually not necessary for acute bronchitis as most cases are due to viral infections. Acute bronchitis is a self-limiting illness that typically resolves in one to three weeks.Your GP may prescribe throat lozenges or cough syrup for cough relief, or recommend that you take hot tea or honey.

Unnecessary use and overuse of antibiotics will lead to the increase of drug-resistant bacterial infections. Your GP will be able to explain in detail the risks and benefits of antibiotics and the problems of their overuse.

Other common causes of acute, persistent cough include asthma, post-nasal drip syndrome and gastro-oesophageal reflux disease, though these are unlikely in your case.

**Dr See Qin Yong**

**Dr See Qin Yong** is staff registrar in the Department of Care and Health Integration, CGH. He received his MBBS (Bachelor of Medicine and Bachelor of Surgery), Graduate Diploma in Family Medicine and Master of Medicine (Family Medicine) from the National University of Singapore. He is now pursuing the Fellowship Programme in Family Medicine from the College of Family Physicians, Singapore.