

Redefining End-of-Life Care at Oasis@Outram

A care paradigm focused on the dignity, diversity and development of each individual.

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BACKGROUND

Palliative care is about focusing on care, rather than cure. It is that time in life when meaning becomes more important than medicine and when we ought to live fully in the present, till the very last moment.

The current landscape of Day Hospices and eldercare services in general have largely operated within a traditional care model, which leans towards a one-size-fits-all approach. While operationally efficient, it sacrifices the individual preferences of patients, who then become passive care recipients.

Oasis@Outram represents a progressive care model that challenges the status quo, redefining what it means to live meaningfully, even at the end of life. Multiple activities are offered at any point in time, enabling patients to choose what suits their interests. Beyond typical offerings such as exercise and crafts, Oasis@Outram is equipped with offerings not typically associated with day care centres, such as manicure and pedicure services, hairdressing, therapeutic horticulture, dental services, weekly happy hours with cocktails and mocktails, and a movie theatre. It is also a place where family caregivers are encouraged to visit.

SOLUTION: A UNIQUE OASIS MODEL

At Oasis@Outram, patients are active agents of their personal growth, and not just passive recipients of care. They are encouraged and empowered to contribute and volunteer in their own ways, enabling them to lend a helping hand to fellow patients. Beyond caring for patients, the services at Oasis@Outram are also extended to caregivers, for a truly family-focused approach.

Issues pertaining to infrastructure, as laid out in the Problem Analysis section, have also been addressed in the Oasis@Outram care model. With a larger transport fleet tapping on internal and external resources, patients no longer have to endure lengthy rides to and from the centre. The larger space at Oasis@Outram has also allowed more room for unique facilities to be built and correspondingly enabling us to run more novel activities. The space is also complete with warm pastel and invigorating emerald colours. The final result is an inviting space that challenges the notion that hospices are drab and gloomy places.

PROBLEM ANALYSIS

Care Recipient

- Patients passive recipients of care
- Patient-exclusive service
- Dropping day hospice attendance

Care Model

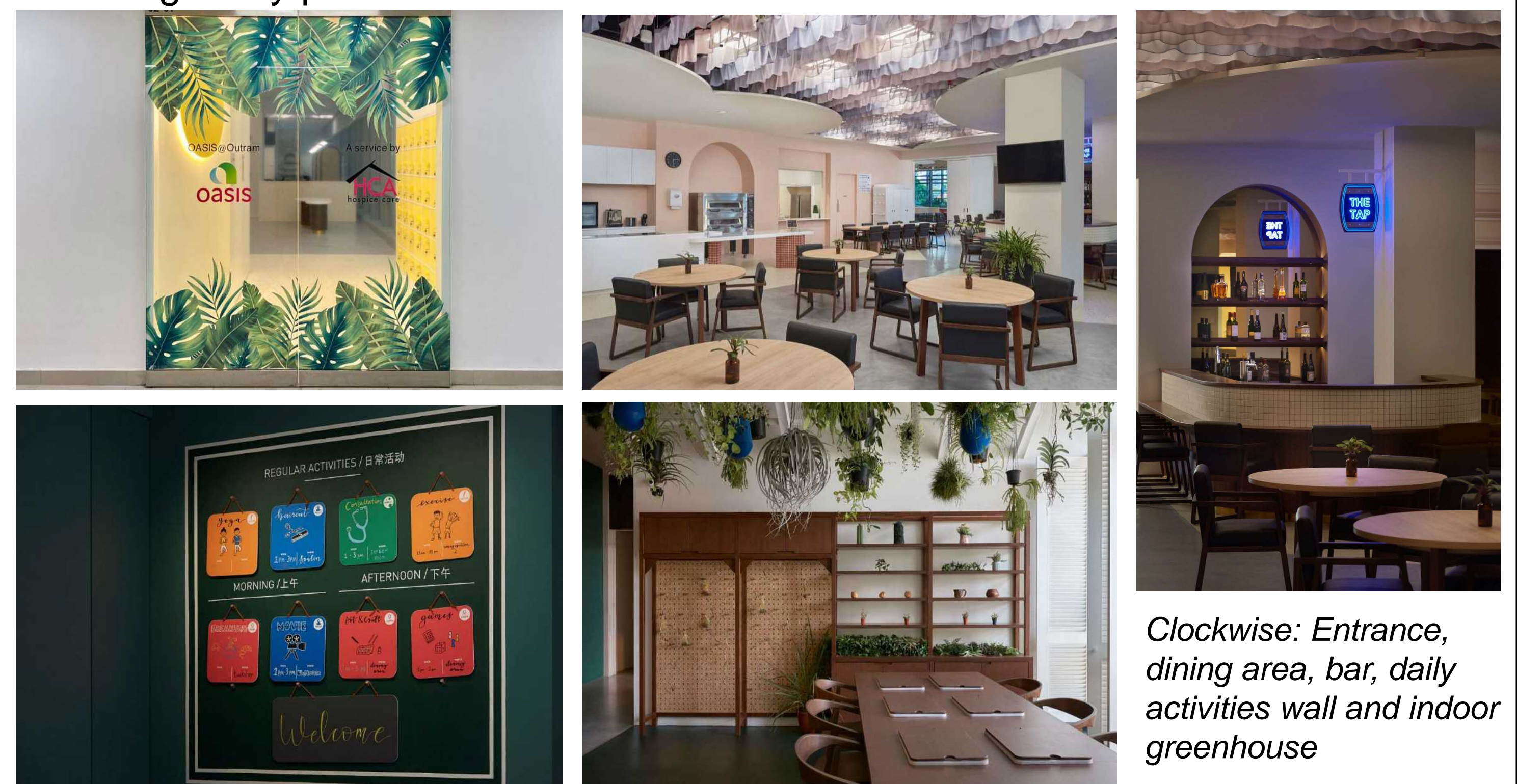
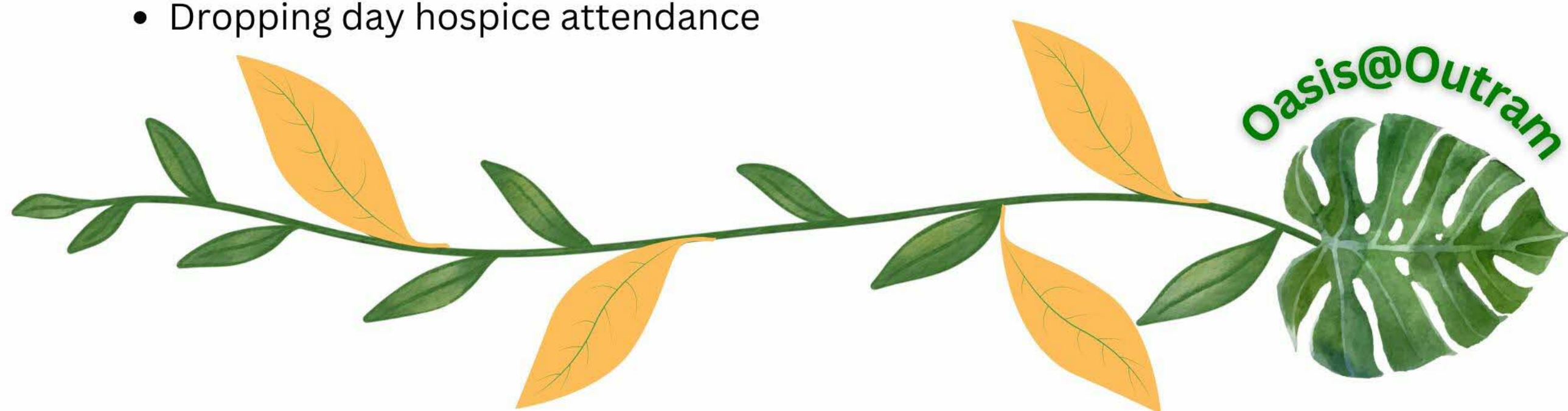
- Cater to basic needs
- One size fits all

Activities

- Limited and typical activities
- Ad-hoc and passive planning of activities based on resource availability rather than demand

Infrastructure

- Perception of hospices being dull, gloomy places
- Limited transport resulting in long travelling time
- Limited space area



Clockwise: Entrance, dining area, bar, daily activities wall and indoor greenhouse

RESULTS & BENEFITS

In a survey conducted with patients who attended/are attending Oasis@Outram, 79.3% of respondents said that things have improved to a great, or very great extent with them since attending the day hospice.

83.7% also responded either “good” or “very good” when asked if the activities were enjoyable and fun. Similarly, 90.7% gave a favourable response when asked if they found the activities engaging and interactive. Anecdotally, patients have described their time at Oasis@Outram to be relaxing yet fruitful and they also enjoy the company of other patients, staff and volunteers.

At Oasis@Outram, patients are encouraged to volunteer around the centre, which helps them to find greater meaning in their remaining days, no matter how long or short they may be. Apart from serving patients, caregivers are also welcome to join their loved ones at Oasis@Outram, as we believe that the scope of palliative care extends beyond patient care alone.

SUSTAINABILITY & REFLECTIONS

In the span of a year since its official opening, Oasis@Outram has continued to live up to its name, to nourish and nurture. The ecosystem of care has expanded significantly, evidenced by the newly established arrangement with Outram Community Hospital, for its palliative patients to participate in ongoing activities at Oasis@Outram, providing opportunities for patients who are away from home to leave the confines of the ward and experience some fun and enrichment for several hours, without being formally admitted into our service.

Oasis@Outram relies heavily on the efforts of volunteers, in its daily operations, as well as in the running of activities, such as beauty services and horticulture. The generosity of volunteers has enabled HCA to create a sustainable care model at Oasis@Outram.

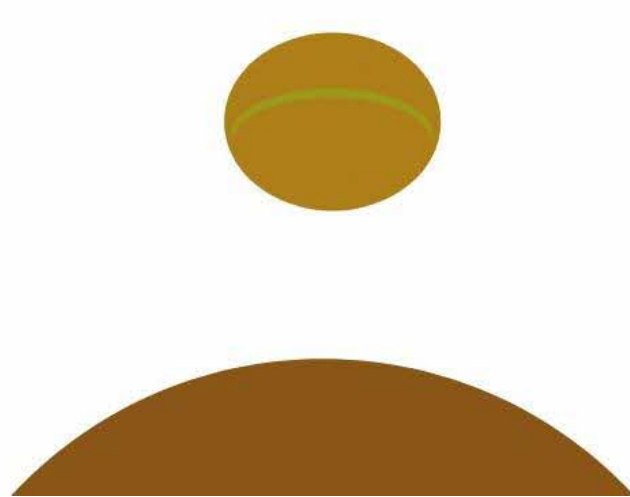
The team has also conducted numerous learning tours and journeys for other healthcare and social service organisations at Oasis@Outram. It is our hope that the interest in Oasis@Outram may help to enhance death literacy in our society, and that as more people and organisations get to know about the care model at Oasis@Outram, it will be adapted into the services of other care providers and constantly evolved to meet the changing and increasing care needs of a rapidly ageing population.

Like the ever-changing landscape of a desert, the patient-centric, family-focused model of Oasis@Outram will only continue to evolve, creating oases in areas of new needs.

IMPLEMENTATION

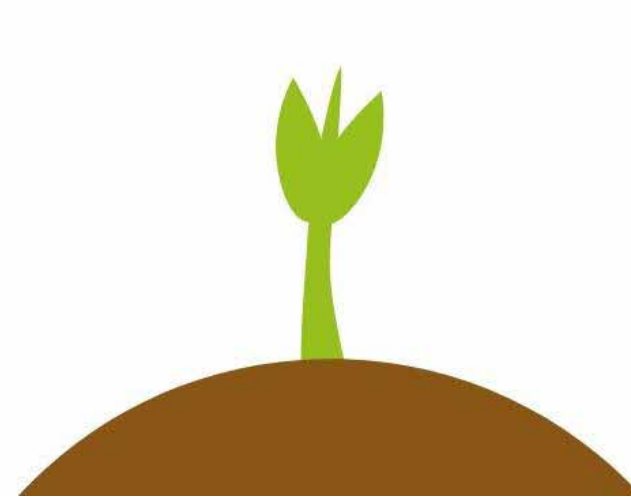
Phase 1 (2016 - 2018)

Review of old care model, including interviews of stakeholders and end-users.



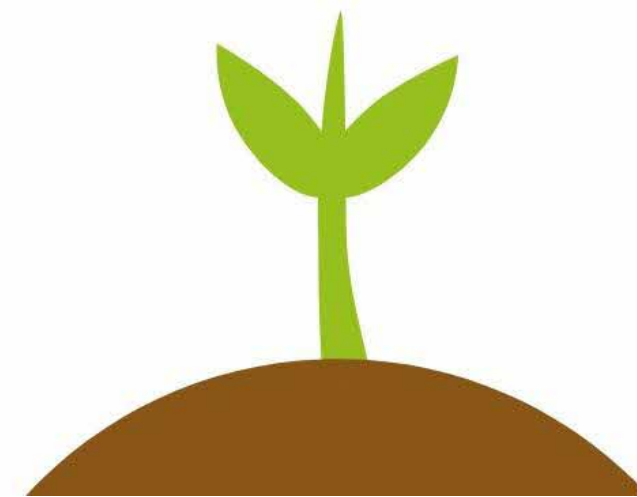
Phase 2 (2018)

Ideation of new model and identification of suitable partners for collaboration.



Phase 3 (2019-2021)

Development of new care paradigm through cross-disciplinary discussions. Construction of facility.



(Always Ongoing)

Continual improvements based on patient need and demand. Progressive opening to the wider community.

Phase 4 (Mid-2021):

Soft launch of Oasis, progressively testing intended services under the care model. Staff and volunteer training.



Phase 5 (July 2022):

Official launch of Oasis at full capacity with intended services up and running. Manpower resources stabilised.

