



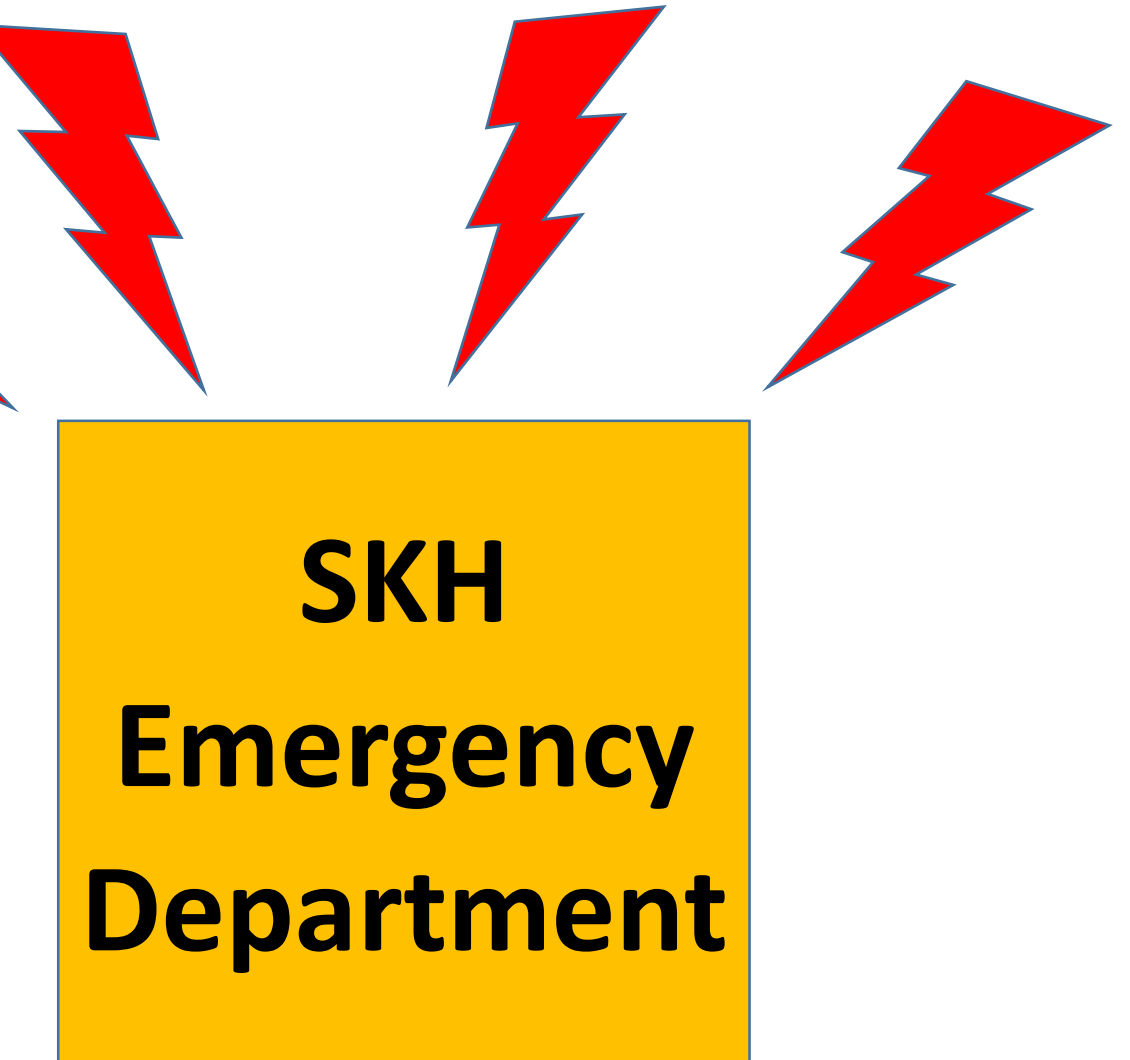
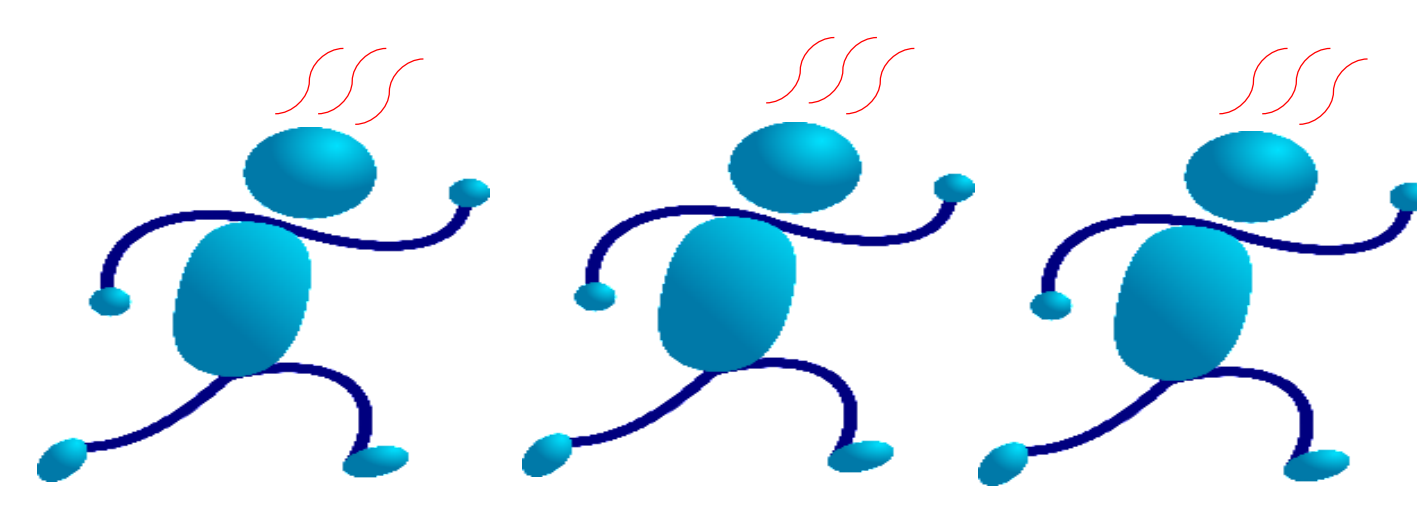
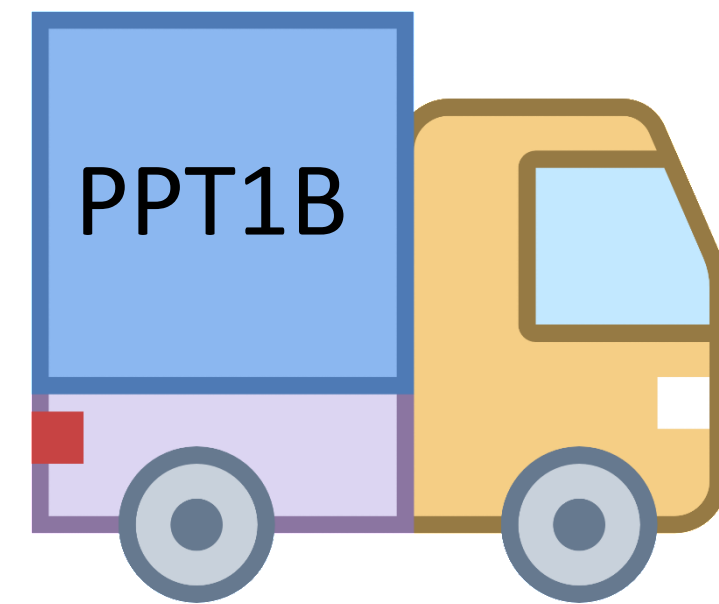
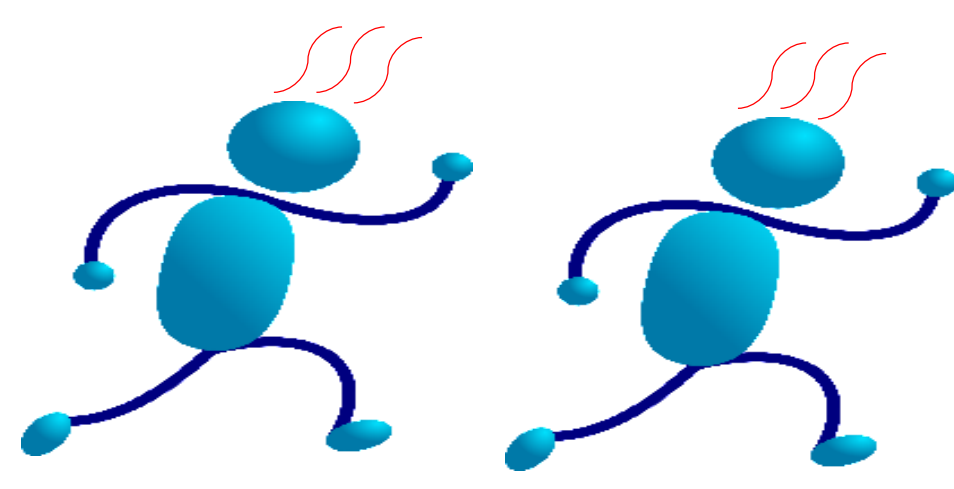
Singapore Healthcare Management 2022

Lee Mao Sheng, Sengkang General Hospital
A/Prof Ong Biau Chi, Singhealth
Doreen Tan Soek Chin, Sengkang General Hospital

Background

PPT1B
13,000 Dormitory workers (>60% Positive by end June)

↑ Risk of potentially all 13,000 C+ visiting ED. 66.8% C+ found amongst 2562 swabs conducted from 11 April – 21 April
↑ Risk of overwhelming SKH Resources



Methodology

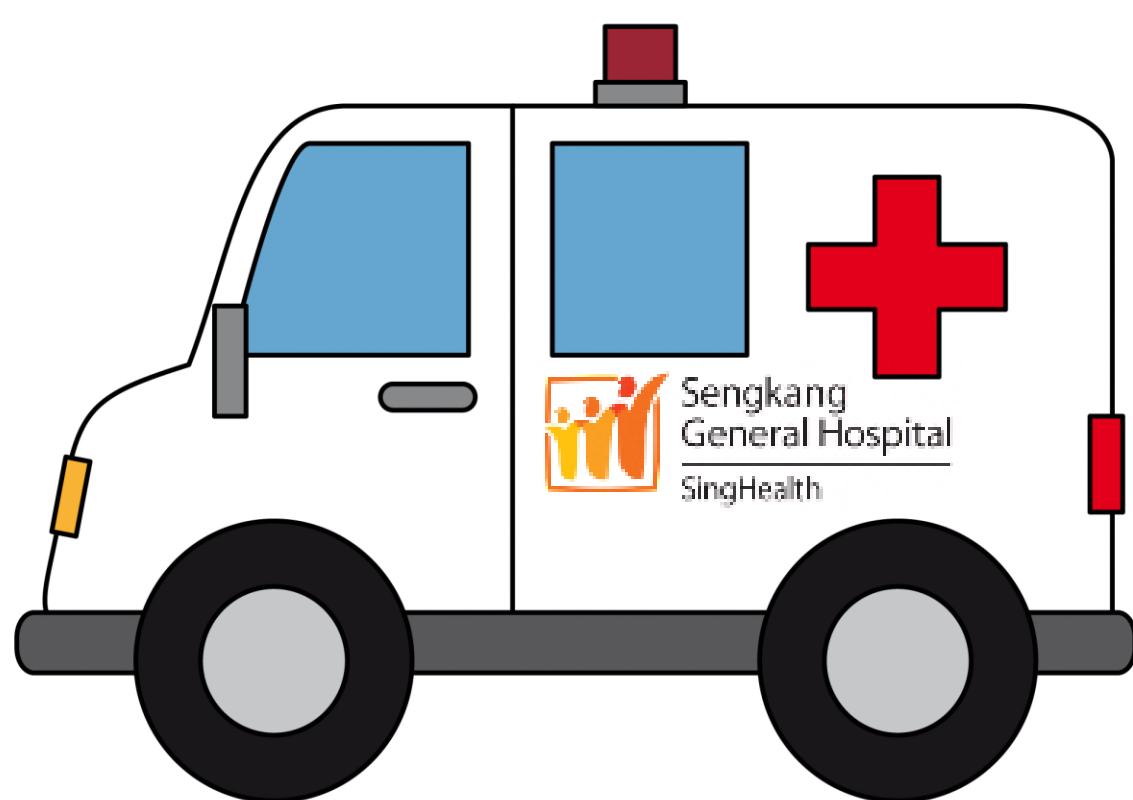
Onsite 1000 bedded hospital + Isolation Block

Medical care for all workers whether C+ or negative



Time	Onsite Deployment
Morning	<ul style="list-style-type: none"> Medical Review for newly identified Positive Covid-19 residents who had moved into Isolation Block 6 the previous night. Clinic for Positive Covid-19 residents reporting sick. Clinic for ALL other S11 Dorm residents. SAF Clinic (Open for all workers except Block 6 residents)
Afternoon	<ul style="list-style-type: none"> Clinic for Positive Covid-19 residents reporting sick. Clinic for ALL other S11 Dorm residents.
Night	<ul style="list-style-type: none"> Night Medical Post tending to residents requiring medical attention. Clinic operations began on 16 April. Runs from 8pm to 10pm. Tele-consultation service provided by SKH ED for all residents requiring medical attention. Service began on 17 April and runs from 10pm – 8am daily. Tele-consult is required as the night outflow was high

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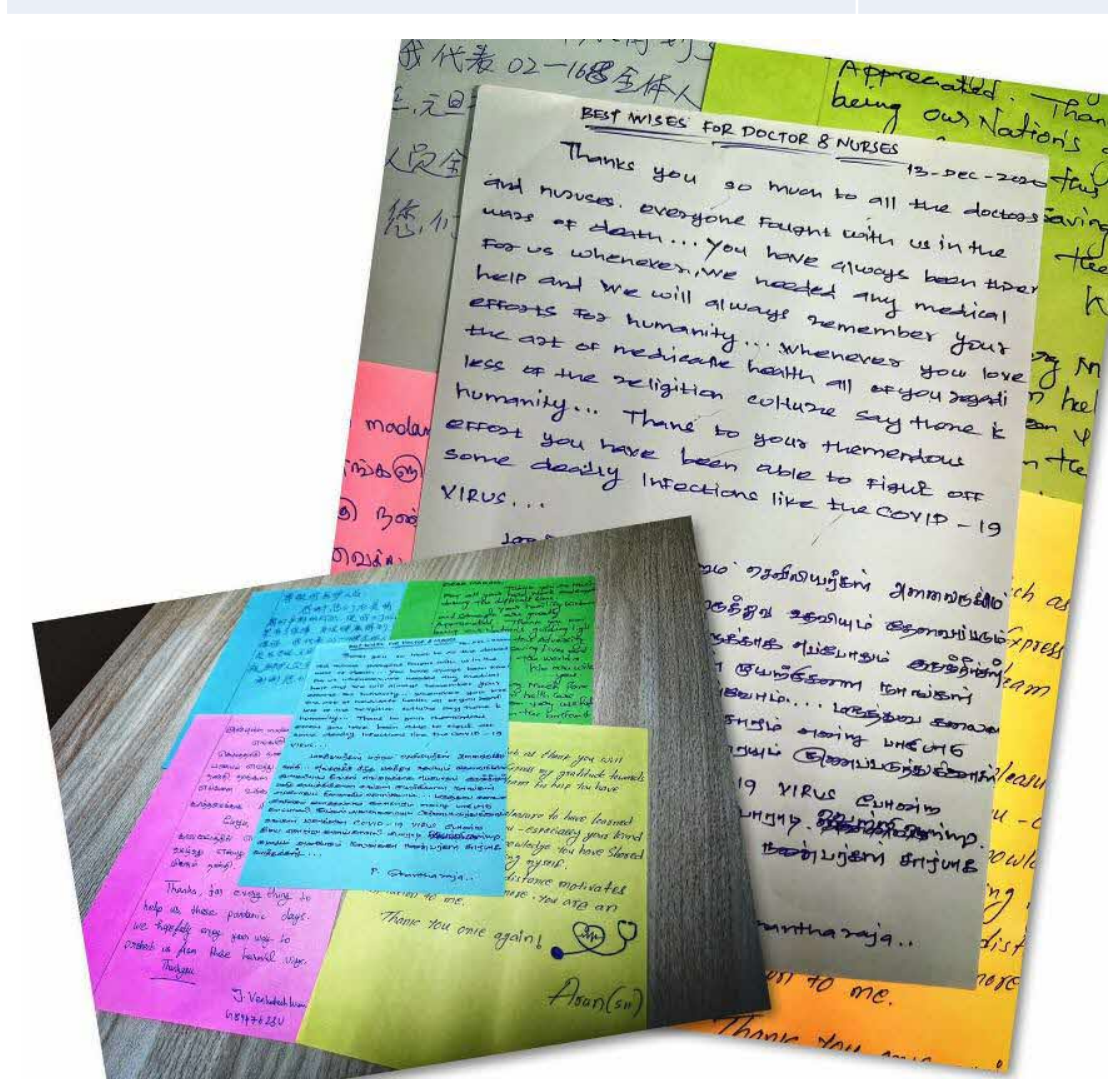
Risk Mitigation

Mass Swab & Serology Operations	↓Risk of unidentified carrier spreading
Health Screening & Admission to PPT 1B Isolation Block	↓Risk of full outbreak with 13,000 Covid positives
Daily Report Sick Clinic & Night Clinic and Tele Consult	↓Risk of delayed medical attention
Partnership with Dormitory Operators and providing clear medical advice and guidelines for management of C+ patients	↓Risk of transmission
Only Patients clinically assessed to be unfit for dormitory isolation (via clinics / Teleconsult) will be sent to SKH ED	↓Risk of overwhelming SKH ED & Isolation Facilities
Education and communication with dormitory workers	↓Risk of uncertainty



Result

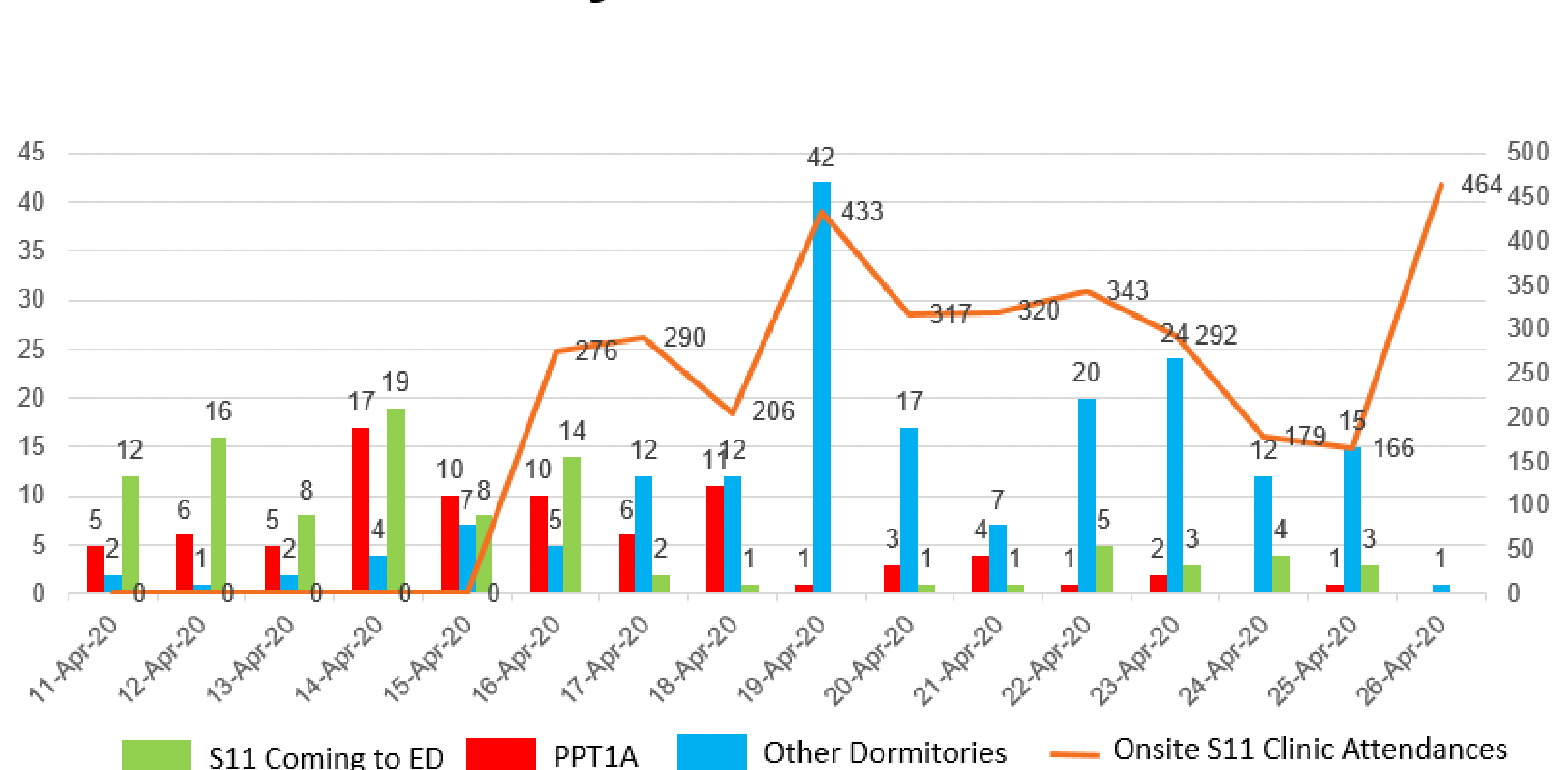
Total # of cases seen in PPT1B		
Medical Review Post	16 April – 27 April	805
SKH Clinic	16 April – 27 April & 01 July – 31 August	4225
Night Medical Post	16 April – 15 May	1669
Tele-consult	17 April – 15 May	88
Swabs (66.8% C+)	11 April – 21 April	2562
Serology (63% S+)	14 May – 30 June	8570



Everyone is happy

- Dormitory workers had direct access to medical attention whether they were C+ or not
- Community had reduced wait time at SKH ED due to lower PPT1B ED attendances
- SKH ED manpower & isolation facilities not overwhelmed

No. of Dormitory Residents Sent to SKH ED



- On-site S11 Clinics were introduced on 16 Apr to provide S11 dorm workers with doctor consultations and medication.
- ED attendances from S11 dorm workers observed a significant drop from 17 Apr onwards.
- Observed a significant increase in the number of workers from other dorms sent to SKH ED from 17 Apr onwards.

Reduced Overall Risk

- Identify risks and opportunity quickly and put in measures to mitigate these risks including a mindset change of providing care on site.
- Collaborative team effort between Dorm Operator, SKH, SAF, SPF, MOM and all dormitory workers increases efficiency in risk mitigation.
- Mitigates the overwhelming of hospital resources which will compromise patient safety, staff safety and community wellbeing.

Conclusion

Together we can create an environment where patients can receive the highest possible standard of care at the appropriate site. It conserves manpower and makes best use of infrastructure.