

BACKGROUND



During the pandemic, ground outreach efforts were intensified through **THK** centers as frail seniors are vulnerable and at higher risk of falling dangerously ill. However, access to healthcare was limited for them.

OBJECTIVES

- Identify the needs of seniors and curate programmes for their well-being.
- Create awareness of healthcare resources available within the community.
- Optimise **THK** resources to mitigate infection control in the primary care facilities.
- Introduce access to community healthcare through **THK** centres.

PROBLEM ANALYSIS

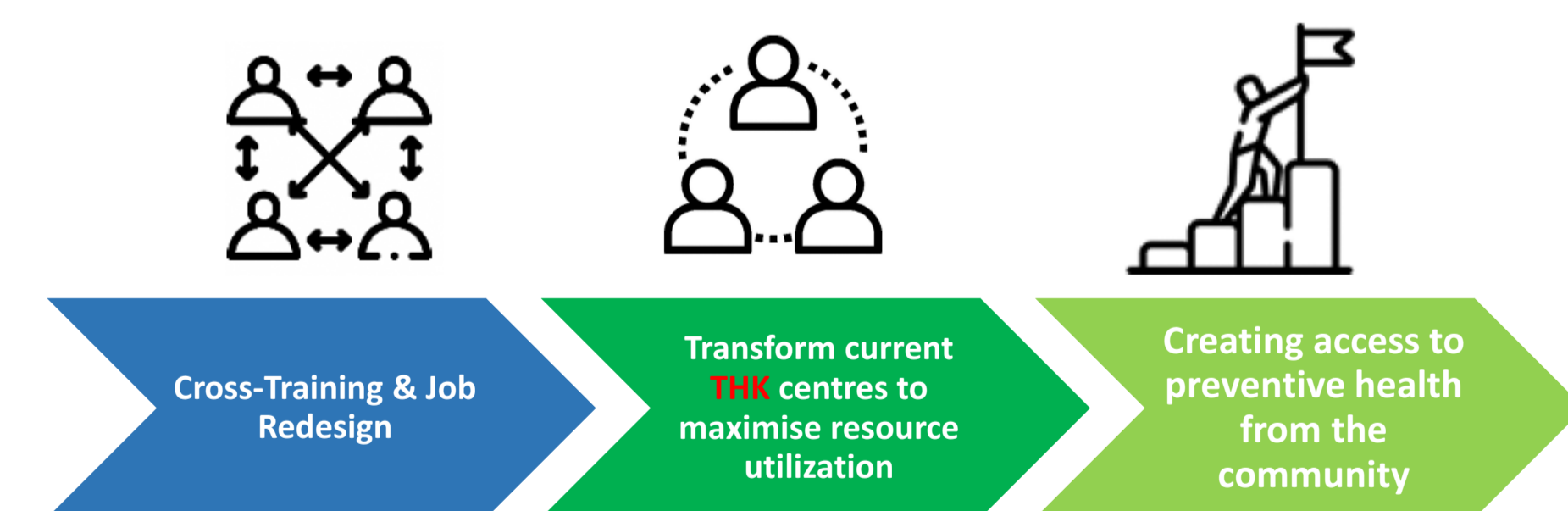
Underlying **factors** affecting their access to healthcare:

- Social:** Lack of understanding and rapport within the community
- Physical:** Difficulty in commuting due to mobility/ fall risk
- Publicity:** General lack of awareness
- Infection Prevention & Control:** Outdoor travels and activity pose a health risk to the seniors

After conducting root cause analysis, we had to review our care model in the centres.

IMPLEMENTATION PLAN

CHANGE MANAGEMENT



PRIMARY INTERVENTION

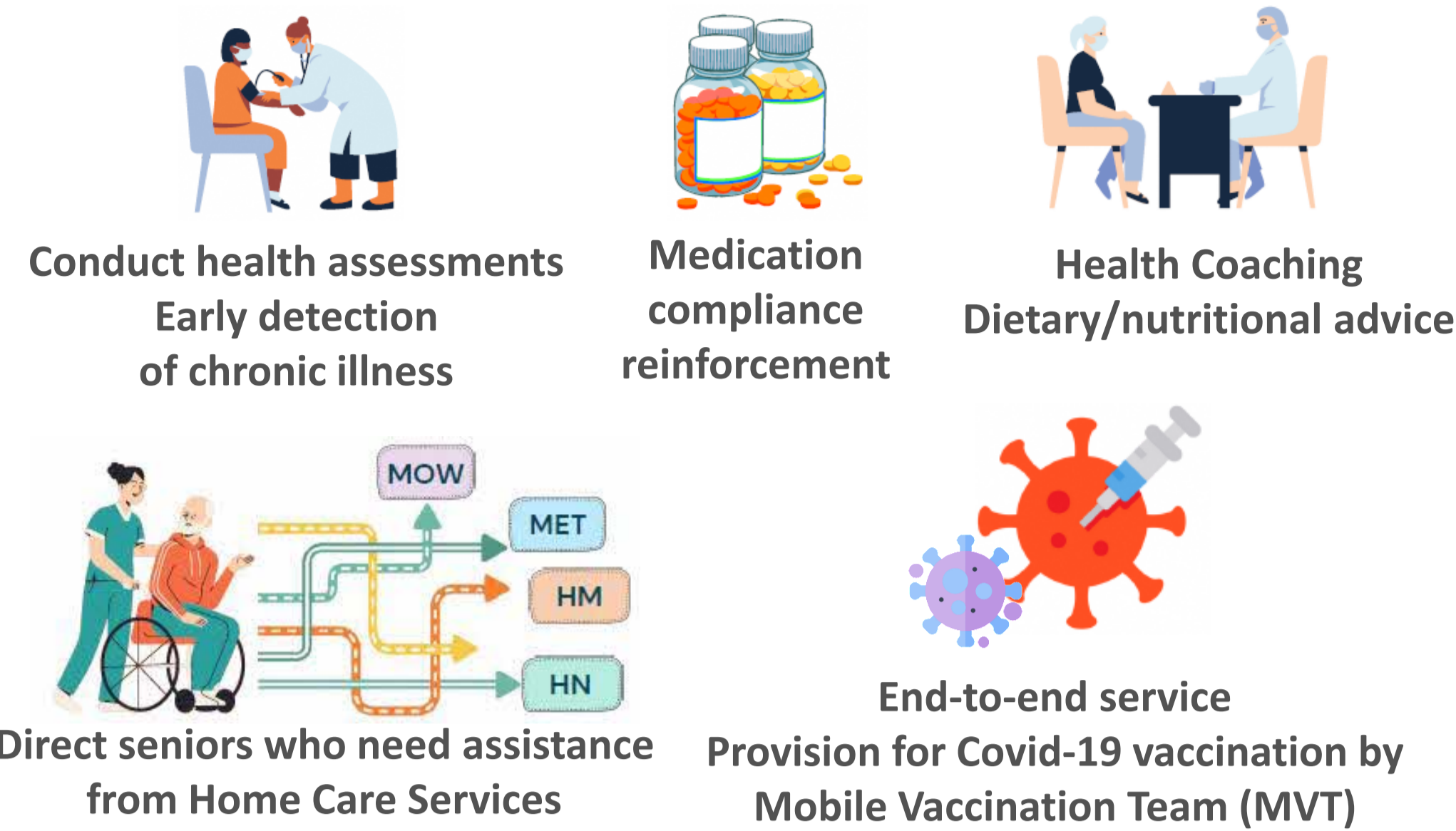
Introduce a **3-men team** approach to fulfil nursing care, social and administrative support.



Upskill the expertise of staff



SECONDARY INTERVENTION



INTERVENTION STRATEGIES

- Identify Demand**
Monitor via appointments turn-up rates and walk-ins responses.
- Community Outreach**
Creating an outreach network for seniors to access care.
- Seniors Profiling**
To understand seniors' demographics and categorise seniors based on health needs, and refer them to the necessary services.

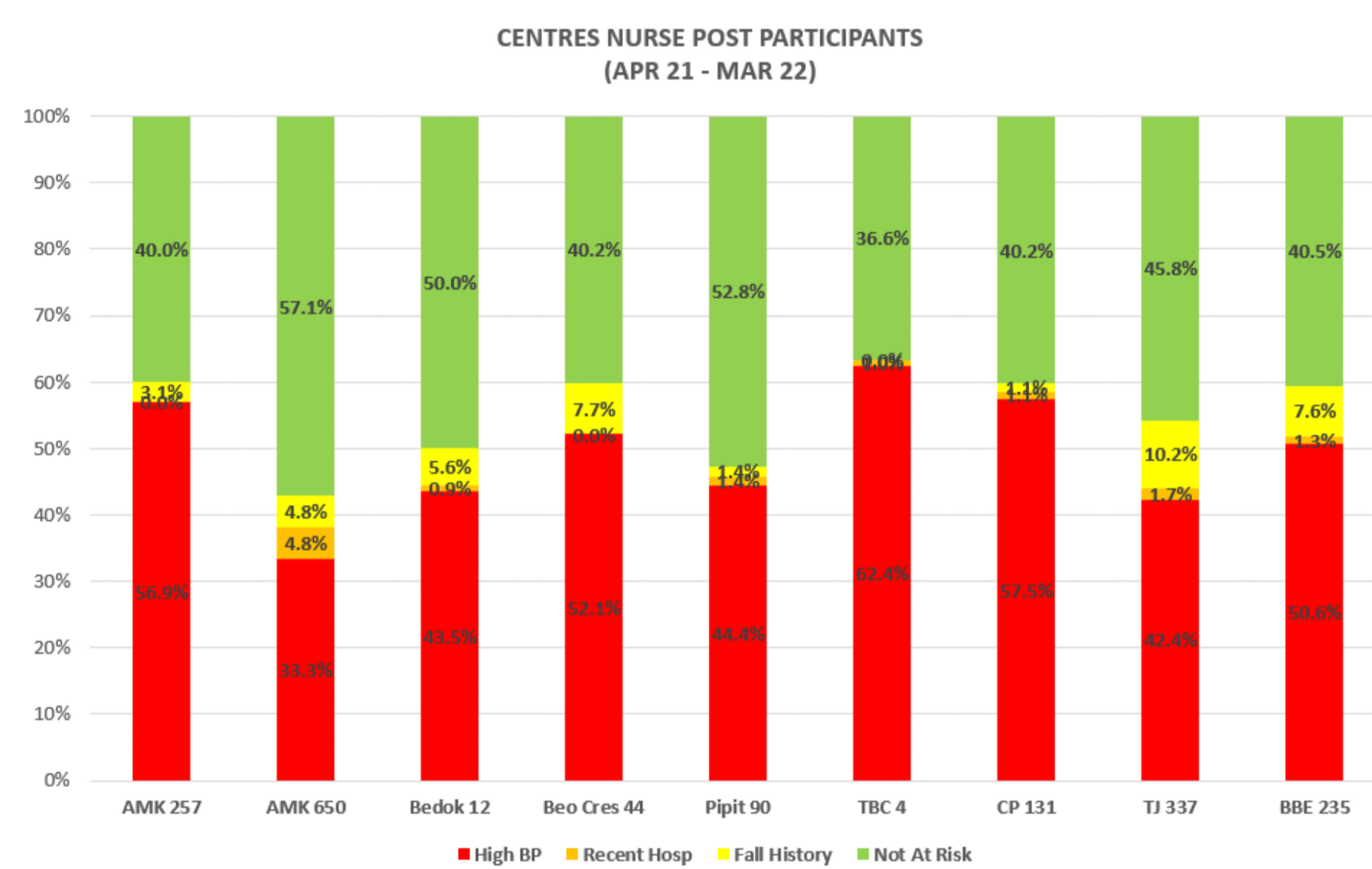
RESULTS

Identify the needs of seniors

There were **two** focal points:

Prescriptive measures were taken by assessing client's risk levels for suitable community care intervention such as health and social services.

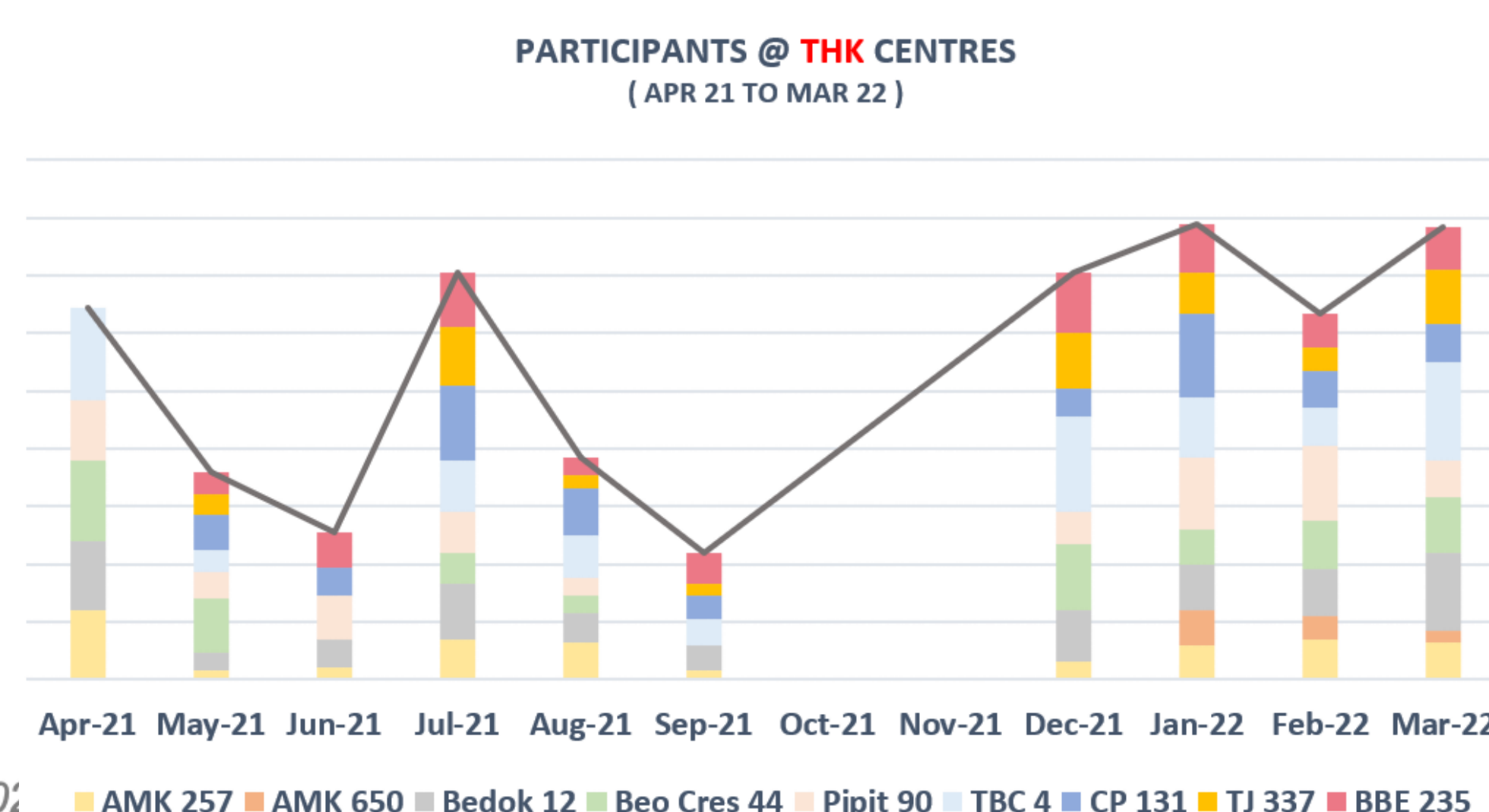
Preventive measures for chronic illness management, providing vaccination for pneumococcal conditions, influenza & lifestyle coaching.



Create Awareness

Increase in seniors' participation rate across all **THK** centres for nursing care services for FY2021.

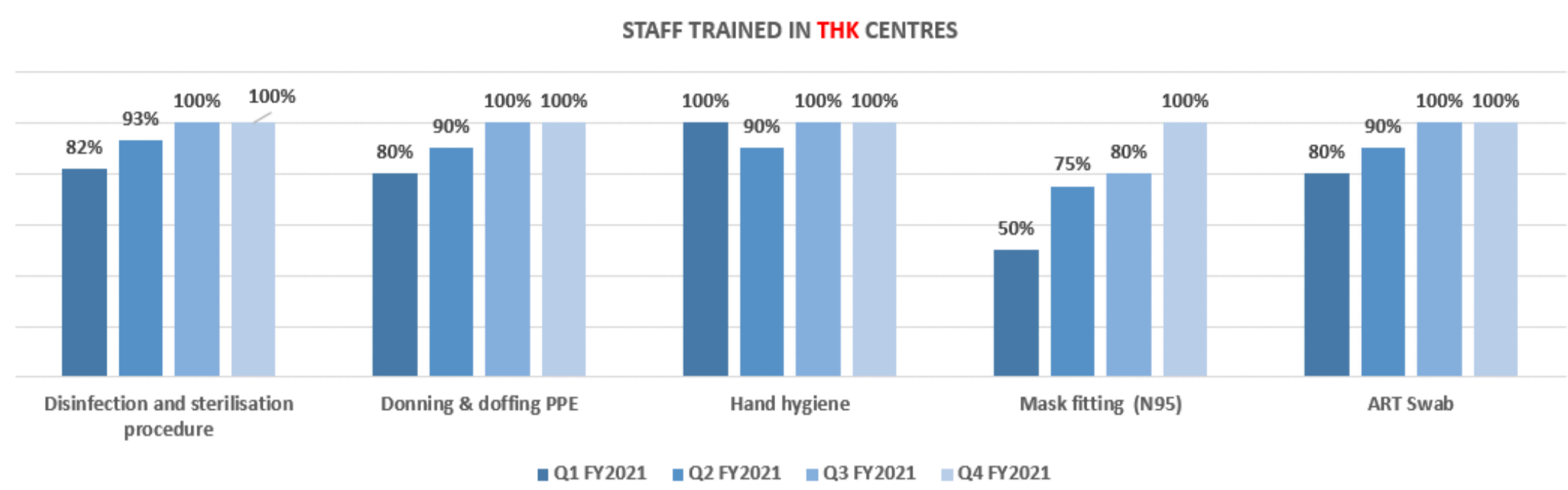
*Heightened alert for mid-May to mid-June, mid-July to mid-Aug and closure in Oct & Nov resulted in lower participation rates than usual.



Optimising Resources

The chart below shows an **increase** in employee capabilities through cross-training and deployment. This has enabled staff to embrace the new norm amidst the pandemic.

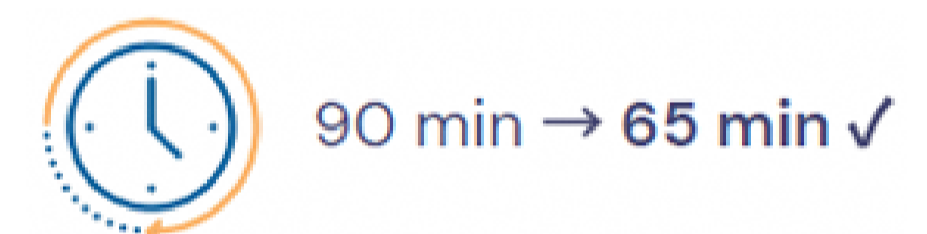
As of Q4 FY2021, our staff are fully capable of executing safe infection controls.



Introduce access to community healthcare

Time and **cost-savings** were apparent when seniors attended COVID-19 vaccinations at **THK** centres. Inconvenience was **reduced** due to an increase in accessibility for seniors to get vaccinated at **THK** centres than at the vaccination centres.

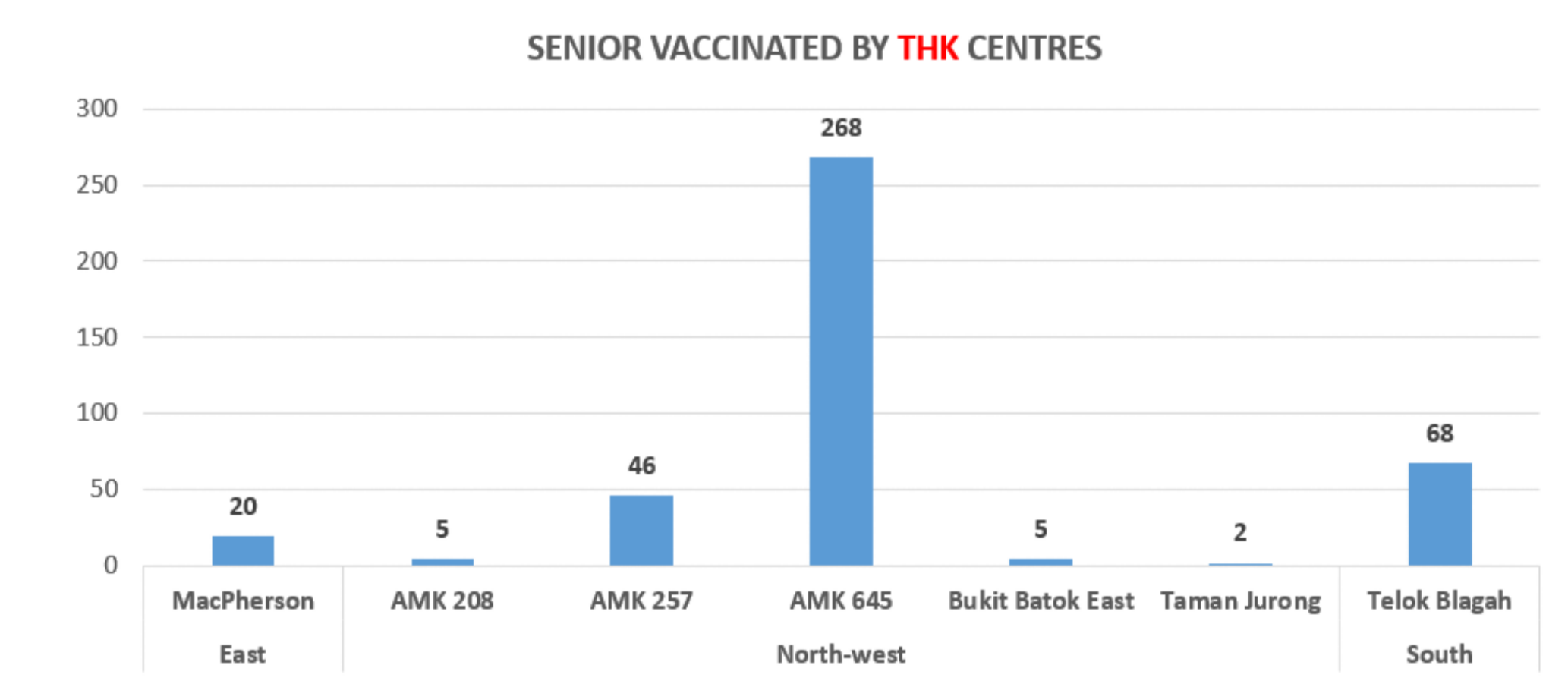
Vaccination Centres		
Travel	Register	Vaccine Administration
20 Mins	10 Mins	10 Mins
Observation	Travel	Total Time: 90 Mins (Average)
30 Mins	20 Mins	



Vaccination @ THK Centres				
Travel	Register	Vaccine Administration	Observation	Travel
10 Mins	10 Mins	5 Mins	30 Mins	10 Mins
Total Time: 65 Mins (Average)				

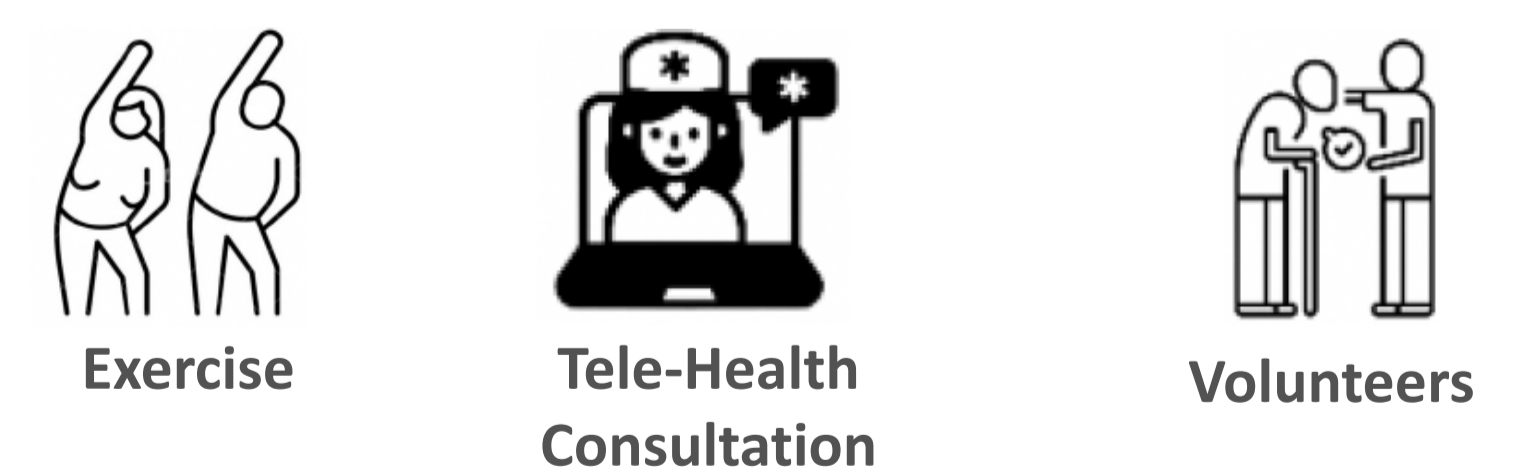
In order to support the national target of >80% population vaccinated, we launched outreach efforts, identified demands and performed seniors' profiling throughout our centres.

We were able to help a total of **414** seniors get vaccinated against Covid-19.



SUSTAINABILITY & REFLECTIONS

Curated programmes for centres in providing care and services to seniors in the community.



One Touch Point

Our new service care model has empowered our centres to serve as the main service distribution point. It provides the accessibility for the seniors to both primary and community care.

Value Creation in THK Centres

We have facilitated vaccinations and learnt that there are different uses for our centres. There is a need to transition our centres from social care to socio-health care in order for our seniors to access all services easily.

