

CHAPTER 6

The Caring Frontier

I was afraid that I would spread the virus to my housemates. I stayed home for 14 days and isolated myself in my room, checking my temperature every two to three hours as I was very worried. I also received many calls from the management asking about my condition. I was so happy and relieved to be well and free from COVID-19.

ZHENG ZHENZHEN

Senior Staff Nurse,
Ward 68 (Isolation)

In January 2020, she was exposed to SGH's second COVID-19 patient.

Care for the troops

SARS veterans understood that an epidemic would affect mental wellness. Psychologist Evelyn Boon¹ reflected on the impact. “Memories and challenges of those months during SARS came flooding back. It never struck me that I had been so traumatised.”

Evelyn remembered SARS as a chaotic period especially because the Department of Behavioural Medicine had just been formed. To help frontline staff cope, debriefing groups were initiated. In so doing, she learned how staff experienced varying levels of distress, and realised the importance of supporting them not only in their work but also in their personal lives. Therefore, when the COVID-19 pandemic began, Evelyn was ready for the challenges ahead. “Experience was indeed the best teacher. SARS and all the crises the hospital weathered gave me a mental playbook to work off from.”



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Supporting the Healthcare Worker in your Life

Whether you are a family member or a close friend, supporting the healthcare worker in your life is not easy. Your loved one will often be working long shifts at odd hours and may be quite tired on returning home. This is even more so during this period of time when the hospital is dealing with the respiratory virus that originated in Wuhan, China, called 2019 Novel Coronavirus (2019-nCoV). Here's what you need to know and what you can do to help support your loved one during this time.

1) What is the hospital doing to protect my loved one?

- a. As part of infection control measures, the hospital supplies Personal Protective Equipment (PPE) for all staff to use. Full PPE for staff in isolation areas includes an N95 mask, face shield, protective gown and gloves. Your loved one has undergone training and testing to ensure that they are confident in using PPE to protect themselves when coming into contact with patients.
- b. All staff are required to wear a surgical mask whilst on shift in the clinical areas, even if not working in the isolation areas.
- c. The hospital also provides a set of clean scrubs for all staff in the isolation areas to wear on shift. This set of scrubs is cleaned by the hospital and your loved one is encouraged to shower and change into a clean set of clothes before going home.



The hospital prepared letters for family members of staff, giving them tips on how to support those in the frontlines.

¹ Dr Evelyn Boon, Head, Department of Psychology. She joined SGH in 1999. In 2003, when SARS struck, SGH had just set up the Department of Behavioural Medicine, which later became the Department of Psychiatry.

RESOURCES FROM SGH DEPARTMENT OF PSYCHOLOGY & SGH SAFE



The slides from the Department of Psychology and the Peer Support Network were uploaded to the intranet for easy access by staff. This is the landing page of the repository.

She had a repository of slides already prepared for crisis use that only required some updating. The slides were made accessible through the daily Routine Instructions² and were uploaded on the intranet. Early in the outbreak, occupational health physician Gan Wee Hoe³ also pushed for employees' mental well-being to be taken seriously. Knowing that places like the Isolation Ward (IW) and the Emergency Department (ED) would be the most stressful places, Evelyn made efforts to speak to the relevant nursing managers to disseminate her team's resources.

² Every day, the SGH Command Centre sends out Routine Instructions to all staff. These contain all the latest information and protocols on all matters relating to COVID-19, such as the latest COVID-19 wards, and the protocol to follow when a suspect case requires an operation.

³ Dr Gan Wee Hoe, Head and Senior Consultant, Department of Occupational and Environmental Medicine. He went on to lead SingHealth's Vaccination Operations Group when vaccines became available in January 2021.

CEO as wellness champion

In March 2020, two members of our staff, both from the same department, were diagnosed with COVID-19⁴. At the Command Centre, there was much consternation. Was this patient-to-staff transmission? Had there been infection control breaches? The team from Infection Prevention and Epidemiology literally went into overdrive.

CEO Kenneth Kwek⁵ recalled the harrowing moment.

I received a call at 10:00pm. We had a second staff in the same department who tested positive.

My heart fell. “How many others are there?” We started testing everyone – staff, patients ...

At that time, we had not established that they were infected in their social circles. I felt that I had let the hospital down. We knew from the start that we had to do all we could to prevent transmission within the hospital. I kept asking myself, “Have I dropped the ball in protecting my staff?”

⁴ At that time, there were no reports of patient-to-staff transmission in any hospital in Singapore. In the subsequent months, there were a few more cases of infected staff but in all cases, contact tracing showed that they caught the infection in the course of their social or recreational pursuits. The infection did not spread beyond them – none of the staff contacts who were isolated and tested came down with the disease.

⁵ Dr Kenneth Kwek, Chief Executive Officer.

Kenneth put aside his disappointment in his leadership, and took on the task of personally contacting the affected staff and their supervisors. He emphasised that it was not about how they had been infected, but how they were doing and if they needed support. He also sent an email to all staff in the affected department, assuring them of the hospital's help. In the CEO-CMB Daily Note⁶, staff were encouraged to lend their support to the affected team members.

Connecting with the hospitalised migrant workers

I remember how during SARS,
Prof Ng Han Seong⁷ had to come
to the hospital one night because
a patient who was nursed alone
threatened to jump off the building.
It dawned on me that isolation was
good for other people but perilous for
the individual⁸. When this epidemic
began, I was worried about the
impact of isolation on patients but I
did not know what I could do about
it. I am glad my colleagues actually
knew what to do. Their efforts for the
migrant workers who became our
patients were quite touching.

Physician, Division of Medicine

⁶ This is a memo from the CEO and the Chairman of Medical Board. It shares their perspective of the evolving situation with all staff. For more details, see Chapter 4.

⁷ Prof Ng Han Seong, Emeritus Consultant, Department of Gastroenterology and Hepatology, was Chairman, Division of Medicine, during SARS.

⁸ Some of the features of SGH's isolation ward – ward 68 – arose from this incident. Every room has a window and a television set, see chapter 2.

In 2020, 54,505 out of Singapore's 58,320 COVID-19 cases were migrant workers living in dormitories⁹. The virus likely spread efficiently because of the communal living arrangements. At the peak of the outbreak in April 2020, more than 1,000 new cases a day were being detected in these dormitories.

Gastroenterologist Chow Wan Cheng¹⁰ was concerned about the well-being of this special group of patients. She knew that for them, being in isolation in a hospital was an alien experience. She searched for ways to support hospitalised migrant workers. In response, Evelyn was swift to propose online support groups via the Zoom platform.

When migrant workers were admitted to the isolation wards¹¹, they were given care packs that included information on weekly online support groups that were held in Bengali, Tamil, Burmese and Chinese. At the first support group session, Evelyn waited for the patients, but none came, even though many had indicated interest. It turned out that the explanations were not clear enough. After the information sheet was rectified, the virtual support group sessions took off. The response was tremendous, and Evelyn learnt a deep lesson. "Personally, this is the piece of work I am most proud of. The inpatient support group was also a humbling experience – it showed how privileged we all were. I had assumed that the app for the online meeting would be easy enough to navigate."

⁹ Source: Ministry of Manpower press release dated 14 December 2020.

¹⁰ Dr Chow Wan Cheng, Senior Consultant, Department of Gastroenterology and Hepatology.

¹¹ By this time, isolation ward 68 was full. More and more wards were converted to house COVID-19 cases.

iPad against isolation

In early February 2020, an IW patient gave feedback describing her difficulty obtaining information from the treatment team about her care, since healthcare workers were trying to minimise direct patient interactions to reduce infection risk. When Wan Cheng learned about this, she recalled how a colleague had described her SARS hospitalisation in 2003 as the sensation of being disconnected from the world, and more like being in a zoo with “curious spectators staring through the glass”. She embarked on a project to mitigate the adverse impact of isolation on patients, a project that became the “iPad project”.



Soft copies of books by local writers were uploaded into the iPad for patients in isolation. They were selected for their uplifting content and colourful designs.

Wan Cheng brought together a team comprising nurse Ang Shin Yuh¹², internist Natalie Woong¹³, research administrator Xin Xiaohui¹⁴, medical social worker (MSW) Crystal Chai-Lim¹⁵, medical administrator Lynn Tan¹⁶, Gastroenterologist Victoria Ekstrom¹⁷, communications specialist Tricia Ang¹⁸ and Evelyn. They held their first meeting on 12 February 2020. Several months before, SGH had piloted a programme to study the pros and cons of a custom-designed app¹⁹ on an iPad to improve communication between inpatients and staff. The team decided to re-purpose these iPads by uploading content that would be sources of support and information. Much of the supportive content was sourced from the recently established Medical Humanities Programme.

THE MEDICAL HUMANITIES PROGRAMME

In August 2018, the Medical Humanities Programme was set up by the SingHealth Duke-NUS Medicine Academic Clinical Programme. There is increasing recognition of the value of the humanities (the “human sciences”) to clinical care. Art, prose and verse change the doctor’s perspective of their patient’s suffering. The arts also mitigate the depersonalisation arising from technological advancement and strict infection control. Using pantomime gestures to communicate while wearing personal protective equipment (PPE), or just letting patients know that someone was willing to listen – these were practical contributions of the humanities to patient care. Staff who share their experiences or their talents bond by seeing one another as people. Your colleague is more than the person who gets the job done.

¹² Ang Shin Yuh, Deputy Director Nursing. In 2019, she led a project to develop and use a mobile app for inpatients.

¹³ Dr Natalie Woong, Consultant, Department of Internal Medicine.

¹⁴ Xin Xiaohui, Senior Research Manager, Health Services Research Unit.

¹⁵ Dr Crystal Chai-Lim, Master Medical Social Worker (Clinical), Department of Medical Social Services.

¹⁶ Lynn Tan, Assistant Director, Division of Medicine.

¹⁷ Dr Victoria Ekstrom, Consultant, Department of Gastroenterology and Hepatology. She is a member of the Medical Humanities programme.

¹⁸ Tricia Ang, Senior Manager, Communications Department.

¹⁹ "MyCare" app aimed to empower patients with better access to information about their care during their hospital stay. Patients could relay specific requests to nurses or queries to the doctors, view personal clinical information such as test results and access patient education and orientation materials.

The material uploaded to the bedside tablets included expert knowledge on COVID-19, updated government measures on the pandemic, interview videos with SARS survivors and medical humanities content. Wan Cheng felt that hearing the experiences of SARS survivors could offer patients hope, and give them a sense of solidarity from shared experience. Vascular surgeon Chng Siew Ping²⁰ and liver specialist Lee Kang Hoe²¹ shared their SARS isolation and recovery experiences. Infectious Diseases (ID) physician Jenny Low²² addressed COVID-19 facts and fallacies. There were also poems and stories, generously contributed by local authors, selected for their uplifting messages. The team decided to share their work on an academic platform and were pleasantly surprised when a leading international journal accepted their manuscript for publication²³.

As more and more migrant workers were admitted to SGH, the iPad team saw that even more was needed to help this special patient cohort. The team needed to expand. Luckily, volunteers came forward to translate the materials into the native languages of the migrant workers. They even developed new material for this heterogeneous but burgeoning demographic, addressing concerns such as, “Who is paying for my hospital bill?”; “I need to continue sending money to my family – will I still get my salary?”; “How do I send money home?”, and “I have used up all the value in my pre-paid phone card — how can I call home?”

²⁰Dr Chng Siew Ping, Senior Consultant, Department of Vascular Surgery.

²¹Dr Lee Kang Hoe is an intensivist in private practice, but he readily agreed to be filmed for the project.

²²Dr Jenny Low, Senior Consultant, Department of Infectious Diseases. She is also active in COVID-19 research. For more details on research, see Chapter 7.

²³Woong NL et al. Empower to connect and connect to empower: experience in using a humanistic approach to improve patients' access to, and experience of, care in isolation wards during the COVID-19 outbreak in Singapore. BMJ Open Quality 2021;10:e000996.



COVID-19 SYMPTOMS PICTURE BOARD



ସତକ୍ଷଣ ଆପନି ଏଥାନେ ଆଛେନ୍
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1

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আগামী মাসের জন্য
পরিকল্পনা করুন।

等待筛检结果
应对方式 =

6种应对方式

分散注意力

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每村几十

Big hearts for the little things

When Community Care Facilities (CCFs)²⁴ were set up, infected migrant workers found out that they were not going back to their dormitories when they were ready for discharge from hospital. This meant they did not even have a change of clothes nor any other personal items, since many had been whisked promptly to hospital when initially diagnosed.

Many nurses collected clothes from families and friends, and bought toiletries for these patients. As the number of patients rose exponentially, it became evident that a concerted effort was needed. Nurse Suriana²⁵ and MSW Vivian Chan²⁶ roped in Mumtaj Ibrahim²⁷ to tap on her network as SGH's manager for community relations. Despite having spent 20 years galvanising support for needy patients, Mumtaj was still amazed by the tremendous response that she received when she reached out for donations.



Assistant Director Nursing Ong Soon Lan (left) and nurse Suriana sorting out donated items for foreign workers. These packets of daily essentials were given to the patients before they were transferred to the Community Care Facilities.

²⁴ SGH also ran such isolation facilities in the community at the Government's behest. These were located within workers' dormitories, in hotels and in repurposed convention halls. For more details, see Chapters 8 and 9.

²⁵ Suriana binte Sanwasi, Senior Nurse Manager, Ward 58.

²⁶ Vivian Chan, Senior Medical Social Worker, Department of Medical Social Services.

²⁷ Mumtaj Ibrahim, Senior Manager, Community Relations, Communications Department.

THE GOOD IN EVERYONE

Suriana first approached me for help to get prayer mats for Muslim migrant workers who were praying on the bare floor in the wards. I contacted a religious teacher and within three days, 100 mats were delivered, free of charge.

Then, I heard that these patients needed charging cables for their mobile phones. I put out a call on a chat group that had been started by the iPad project team. Very quickly, a random stranger called me, informing me that he had managed to collect a few cartons of assorted cables.

A pivotal point was when the Hindu Endowments Board contacted SGH, wanting to send food for our staff. Knowing that they had the resources, and a history of serving migrant workers, I seized the opportunity to tell them of the plight of these patients. The Board tapped on their network, which included merchants in Little India, familiar with the needs and habits of these workers. They put together care packs that included suitable new clothing, toiletries and other daily necessities. Taking the idea to the next level, the Board extended their generosity to all the public hospitals and eventually delivered about 5,000 gift packs islandwide.

I was able to link up with many donors and corporations and everyone was kind – they didn't hold back when I mentioned the migrant workers whom we were caring for at the Expo too. We gave out second-hand mobile phones, games, and even new sarongs and traditional treats like muruku for special occasions. Nobody placed restrictions on gifts based on either nationality or religion.

I was on the phone non-stop, fielding calls from strangers, corporations and high-level executives asking, "How can we help?" It is still very overwhelming for me, how everyone looked to me, taking on my suggestions. I really saw the good in everyone.

MUMTAJ IBRAHIM

Senior Manager,
Community Relations,
Communications Department

GOODWILL HAS RIPPLE EFFECTS

With work in the operating theatres grinding to a halt, I felt a pang of guilt and helplessness as we didn't have much clinical work while our colleagues in the ED, ID and various medical departments were stretched.

We soon got to know about the harsh conditions that our frontline colleagues were working in, such as having to wear their PPE in hot and stifling conditions. Stories of sweat pouring out of gloves, drenched scrubs, and facial abrasions from N95 masks were all too common. I imagined how uncomfortable, hungry and thirsty they must be, and the impact on their morale. Although I was not on the frontlines, I could surely support them from the sidelines, trying to be the wind in their sails.

My initial intention was to buy simple treats for ED staff to boost their morale as they toiled. Having worked in SGH's ED as a junior doctor during my training, I was aware that food was already routinely catered for the staff. My treats were intended to show them they were not alone and that we were all supporting and cheering them on. Morale can be the single greatest factor in success during war.

I made my first delivery of fried chicken on 31 January 2020 to the ED. I only realised the impact of my gesture when I received messages of gratitude from colleagues. News of this endeavour and others reached the ears of the senior members of my department and they donated a total of \$4,000 to continue to support these efforts. We spent it on food and drinks for colleagues in the fever area, IWs and Acute Respiratory Infection (ARI) wards, especially where some of our orthopaedic nurses were deployed²⁸. The surgical, medical and anaesthesia teams that went on-call also enjoyed meals from our donors.

²⁸The orthopaedic wards were among the first to be converted into ARI wards.
For more details, see Chapter 3.



Mizan (left) collecting and showing off freshly-baked cookies.

We initially thought that COVID-19 was going to last several weeks. As the epidemic snowballed, there was an outpouring of gratitude from more Singaporeans to frontline workers. I asked some close friends if they wanted to donate money or food to the frontline teams. It was during this time that restrictions were placed on social gatherings and dining in.

A friend of mine (a Singaporean food writer²⁹) offered to help extend these charitable endeavours to the Singapore community at large. We set up OurTreat, a non-profit initiative through a website³⁰. Despite social distancing, we could still come together in spirit and share a meal to raise the morale of our frontline workers and support the battered F&B industry.

²⁹The Edge Singapore. Food for thought. 15 June 2020. See <https://www.pressreader.com/singapore/the-edge-singapore/20200615/281981789849375>.

³⁰Fatfuku. From MyTreat to OurTreat. 7 April 2020. See <https://fatfuku.com/ourtreat>.

We were happy to accommodate friends and family who donated by ordering directly at restaurants of their choice and worked with those restaurants to deliver the ordered food to the various departments in SGH. Through word of mouth and social media³¹, we collaborated with local celebrities³² to increase our visibility to raise even more money for our frontline teams.

My friends and colleagues deployed to the dormitories across the island were working long hours in stifling conditions. Much of our time and effort was spent collating the number of meals and drinks, keying in orders on food delivery apps, then ensuring that the food and treats were delivered on time to various locations. We received a heavily discounted price for ice cream and sent cartons of them to the dormitories. We also sent them to the external operations base at Bowyer Block³³ in SGH, where the ice cream was dispensed to returning troops after a long day at the dorms. The happy faces and messages of thanks I received said it all. Yet I knew my work was not done.

While we started the initiative for frontline workers, we quickly realised that many units of our SGH family were knee-deep fighting this pandemic. We began channelling the donations towards the security teams, cleaning staff and perimeter screening³⁴ volunteers as well. We also sent a significant number of biryani bento boxes to colleagues in three polyclinics. Those fasting for Ramadan were able to take the meals home to enjoy in the evening after breaking their fasts.

As the donations continued to stream in, this outpouring of support was shared with other hospitals in Singapore. Through friends, we sent food and drink donations to Tan Tock Seng Hospital, the National Centre for Infectious Diseases, the National University Hospital, Ng Teng Fong General Hospital and Khoo Teck Puat Hospital.

MOHD MIZAN MARICAN

Consultant,
Department of Orthopaedic Surgery

³¹ Prestige Online. OurTreat, a new initiative, aims to support healthcare workers and F&B outlets. 8 April 2020. See <https://www.prestigeonline.com/sg/wine-dine/dining/ourtreat-support-healthcare-workers-and-fb-outlets>.

³² 8 DAYS. Billionaire heiress Kim Lim is delivering food to frontline medical workers weekly to thank them for their hard work. 14 April 2020. See <https://www.8days.sg/sceneandheard/celebrities/billionaire-heiress-kim-lim-is-delivering-food-to-frontline-12641662>.

³³ For more details on the external operations and its logistics base in SGH, see chapters 8 and 9.

³⁴ For more details on perimeter screening, see Chapter 4.



Paying it forward

Mizan was not the only one who felt a strong urge to help others. Haematologist Cheong May Anne³⁵ also wanted to do something for the community. "All of us felt blessed to be able to still have stable jobs, and receive so many gifts and letters of appreciation from members of the public. Being on the ground and interacting with many patients who were hit financially during this difficult time, a group of us had a simple idea – to rally colleagues to donate their Solidarity payments³⁶ or any other amount they could spare towards helping the less fortunate and the vulnerable in the community."

The SGH Solidarity Pledge was set up to allocate 50% of the proceeds to the SGH Needy Patients Fund. The fund helps needy patients with financial needs not supported by existing schemes until alternative longer-term funding is available. The other 50% was allocated to the Healthy Communities Fund, for the elderly and disadvantaged members of the community. In total, the fund raised \$59,833.14.

³⁵Dr Cheong May Anne, Senior Resident and a member of a junior doctors' welfare committee.

³⁶In April 2020, the government gave a cash handout of \$600 to every Singaporean. This was part of the government's Solidarity Package, aimed at helping families and companies through the period of a partial lockdown called the Circuit Breaker.

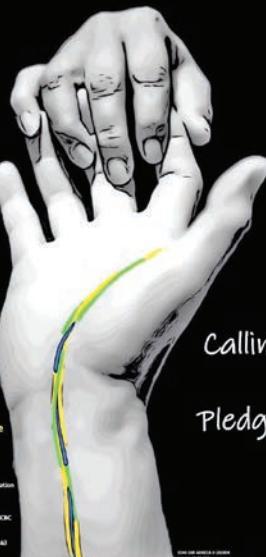
SGH SOLIDARITY PLEDGE

Supporting our patients during COVID-19



Indicate SSP<space>NRIC/FIN/UEN* under the UEN/Bill Reference Number.

To make a donation via PayNow, launch your mobile banking application. Scan the QR code or key in the Singapore Tax Reference Number (UEN) 112200000001. Please note that 30% of your donation will go towards the SGH Solidarity Fund & the other 70% will go towards Healthy Communities Fund. Please be informed that without the inclusion of "SSP", 30% of your donation will go towards Healthy Patients Fund.



Calling all SingHealth staff
Pledge to support a patient
in need TODAY!

The artwork depicts a helping hand offered to someone in difficult times.
The larger hand (with veins) represents SingHealth staff reaching out to patients who are finding such times financially challenging.

Artwork by

ARIFIN TRINA

Senior Resident,
Department of Geriatric Medicine