

# Joy, Comfort and Dignity

## Interview with Mr Samuel Tan

Photos by All Saints Home

All Saints Home (ASH) is a social service agency that provides professional elder care services, with four nursing home centres and three senior care centres spread across Singapore. Mr Samuel Tan, a pioneer of *Xinyao* (Mandarin ballads composed by young Singaporeans) and 2018 recipient of the COMPASS (Composers and Authors Society of Singapore) Meritorious Award, has been the CEO of ASH since 2019.

During the suspension of visitations and volunteer activities at nursing homes, Mr Tan mooted the idea of bringing entertainment to the wards with his piano performances in full personal protective equipment to cheer up residents. When the “lockdown” was lifted, this continued as quarterly performances with a repertoire including English, Mandarin, Cantonese, Hokkien and Malay favourites.

In this interview, *SMA News* hears from Mr Tan about ASH’s vision and care for the local silver generation and elder care needs.



### Tell us about the role doctors play at ASH.

The responsibilities of the doctors at ASH consist of:

- Leading multidisciplinary care with our nursing, allied health, and medical social services teams to ensure individualised care for our residents;
- Managing the acute conditions that may arise with our residents;
- Optimising residents’ chronic medical conditions, including ensuring up-to-date vaccinations;
- Engaging residents and their families in end-of-life/advanced care planning conversations;
- Providing palliative care for our end-of-life residents and co-managing them with home hospices as necessary; and
- Managing our residents, wherever possible, to help reduce the number of hospitalisations of our residents.

### Could you provide us with examples or scenarios of the work that doctors do at ASH?

Some of the duties the doctors perform include the overseeing and managing of residents’ acute conditions. This covers conditions such as fevers and skin issues. For residents with chronic conditions, doctors also monitor and optimise their dietary and medical regimens. For example, cases of diabetes, lipid management or blood pressure control are monitored via regular lab investigations and titration of medications.

Doctors also play a key role in identifying residents that are approaching their end-of-life (eg, bedridden dementia residents on nasogastric tube feeding with recurrent pneumonia) to discuss advanced care planning or preferred plan of care with them (if applicable) and their family members. We will offer palliative care for them and co-manage their condition with a home hospice team.

As medical authorities, doctors also have multiple discussions with residents and their family members in order to allay their concerns (eg, worries about the side effects from the COVID-19 vaccines) in an effort to improve on the vaccination exercises.

### What is ASH’s mission/vision regarding caring for our Silver Generation?

Our vision is to be a shining testimony of God’s great love and compassion in elder care. We care for the silver generation by providing quality care, bringing joy and comfort, and honouring the dignity of residents in a caring Christian environment.

### Facilities and services

#### What are the differences among residential care, respite care, and day care services?

Residential care refers to long-term nursing home care provided to our



residents. Respite care refers to short-term care for elderly living in the community in order to allow their main carers some respite while having the peace of mind that their loved ones are being cared for safely and professionally.

As for day care, we provide that service through the All Saints Silver Lifestyle Clubs. These are senior care centres that provide services such as maintenance day care, dementia day care, community rehabilitation, centre-based nursing, and home care for clients.

**How does ASH cater to and manage common geriatric concerns (eg, dementia, immobility, impaired vision/hearing) among residents? What are some of the key considerations when planning each centre's programmes and facilities, to better meet these needs?**

ASH adopts a person-centric care approach where each resident receives individualised care according to their needs. Our multidisciplinary team works closely with residents to tailor a holistic plan for each of them. We strive to ensure that each resident receives quality care for their physical health, psychological health, social health and spiritual health. One of the examples is that a bedridden resident

will receive physiotherapy at their bedside while a more ambulant one will receive physiotherapy at our gym with specialised equipment.

Some key considerations when planning each centre's programme and facilities include:

- **Funding**

ASH relies heavily on government subvention. A key budgeting concern is that we will have to ensure that there is available funding for any programmes not funded by the government.

- **Manpower**

It is crucial to ensure that there are enough staff on deck to assist in planned programmes, especially in this volatile time when staff turnover is high, particularly in the nursing department. As we also rely on volunteers to bring joy and entertainment to our residents, we need to ensure that we have sufficient volunteers to carry out these activities.

- **Education**

It is important to ensure that all our stakeholders are aligned with all programmes' objectives.

**The newest nursing home in Jurong East carries a dedicated dementia care ward. Could you share more about ASH's decision to focus on dementia care and how the centre supports residents with dementia?**

Due to the increasing ageing population, the government has foreseen an increasing need for facilities such as dedicated dementia care wards, as these will be helpful in managing the needs of this specific pool of residents.

A geriatrician from Ng Teng Fong General Hospital conducts regular reviews on our residents to check for any behavioural and psychological symptoms of dementia. The geriatrician is also able to assess any form of mental capacity issues. Our nurses are also specially trained in dementia care so that they are adequate in providing the dedicated care for our residents. Our rehabilitative services team, as well as our volunteers, are dedicated in engaging our residents with dementia. For example, our "Pasar Petang" ("Afternoon Market" in Malay) is a project that simulates the shopping experience in the comfort of our homes. The residents are given "money" to purchase items during "Pasar Petang". Our residents can take their pick and shop for household



items, food, and accessories such as bags or clothe items. This “shopping” activity encourages our dementia patients to remember the daily habits they used to have and stimulates their memory.

We also have in-house speech therapy conducted by locum speech therapists, and regular in-house dietician reviews to ensure safe feeding and also to optimise our residents’ nutritional needs and prevent or manage sarcopenia.

To ensure that our residents’ loved ones are also equipped with the knowledge of how to handle their relatives with dementia, we provide advanced care planning discussions and also discuss palliative care options for our end-of-life residents with dementia.

Our dementia ward at the Jurong East centre is also purpose-built with a nostalgic walkway, which has an old bus stop and letterbox, helping our residents recall their old memories and experiences.

## COVID-19 impact

### **How did the COVID-19 circuit breaker measures affect ASH and its residents, and what did ASH do to mitigate these challenges?**

The pandemic has impacted ASH tremendously. Due to the policy of nil visitations by family members, many of our residents experienced social isolation and loneliness. Our staff provided comfort to them by offering listening ears and continued to care for them amid the fear and stress. Our residents’ day-to-day activities were also restricted as they were unable to leave their cubicles. In order to help allay anxiety and to minimise social isolation, our volunteers had to pivot to virtual activities in order to keep our residents engaged. For the management of COVID-19 cases and infection control, our residents were subjected to frequent ART and PCR tests. We also had to reduce the frequency of their rehabilitative therapy sessions and they suffered much

uncertainty in their regular routines. Their outpatient appointments were also minimised to reduce the risk of infection from external sources. Additionally, to ensure continuity of care, medical appointments were also conducted virtually, where possible.

The pandemic likewise took a huge mental and physical toll on our healthcare staff. During the early stages of the pandemic, our staff had to face stigmatisation as the fear of COVID-19 was greater then and the public was less educated on the specifics of its transmission. We also faced severe manpower issues as we had to abide by strict Safe Management Measures (SMM) as prescribed by the Ministry of Health (MOH), which included zone segregations. We used to be able to deploy staff to different wards depending on the needs on the ground, but the pandemic put a halt to that. Our staff were also unable to leave their accommodation during the lockdown period, which further increased their mental stress. As such, the management ensured that our staff were well taken care of by providing care packs and also engaging with them intensively.

We learnt to adjust our infection control protocols at short notice to better protect our residents and staff as the pandemic evolved. We learnt from our experiences and other organisations’ best practices (eg, using disposable plates and cutleries during the “lockdown”); conducting frequent walkabouts to ensure that staff adhered to infection control practices; and isolating our COVID-19-positive (C+) residents to reduce infection spread.

As the pandemic progressed, many of our C+ residents were managed onsite (instead of being transferred out to a facility) under the Care@NH programme. This allowed them to be cared for in a familiar environment, improving their comfort and quality of life.

ASH strove to provide continuity of care as much as we could during those tough times. We still managed to continue with acute and chronic care of our residents, as well as end-of-life care. We have successfully maintained up-to-date vaccinations of our residents and staff, including COVID-19 vaccinations, that will protect them against severe diseases. Our staff also ensured frequent



updates to the families of our residents regarding the situations in our centres to allay their concerns and anxiety. Additionally, we worked closely with MOH and the Agency for Integrated Care with regard to the latest guidelines and ensured that we sought advice and clarifications directly from them, if we had any doubts.

**Now that the COVID-19 restrictions have eased up, what are some of the adjustments made and how have these brought back a sense of normality or comfort for residents?**

We have begun to allow more volunteer activities and encourage befriending exercises, which we had stopped during the pandemic in view of the SMMs. We have also eased up on our visitation policy in accordance with the MOH's advisory, allowing next-of-kin and our residents to meet under better conditions. The social interaction has helped provide joy and comfort to our residents emotionally.

## Going forward

**As the ageing population grows, how do you think elder care in Singapore will change? Does ASH have any plans for more centres or homes in the coming years?**

It has been predicted that 25% of Singapore's population in 2030 will be aged 65 years and older, and this demographic shift will have significant implications on the country's health and care needs. There will be greater focus on enhancing the accessibility, quality and affordability of the intermediate and long-term care sector to meet the care needs of the ageing population. Social connections and support are a need that the nation can include as a priority alongside medical care and care service provision.

For now, we will be focusing our efforts on our four Nursing Home centres and three All Saints Silver Lifestyle Clubs (senior day care centres).

**What sort of advice would you give adults in their 40s and 50s to help them age gracefully?**

Active ageing and preventive healthcare will help adults in their 40s and 50s to age gracefully. On top of their physical health, adults should prioritise cognitive health care as well. They should take part in activities that will stimulate their minds, such as reading or the arts. They should also take a holistic approach as they prepare for the elder years. ♦

### Legend

1. CEO playing piano for residents of Jurong East centre
2. Two Rehabilitative Services staff assisting a client to walk
3. Care staff in full personal protective equipment sorting out residents' meals
4. A nurse and a resident interacting at ASH (Yishun)'s Dementia-Friendly Therapeutic Garden

