(continued from Cover Page: A GP volunteering pro bono at the Factory Converted Dormitories)

Majority of the dormitories had good living conditions with a few examples at both ends of the spectrum. There was one which was impressive with communal area more akin to a business lounge and the gym better than the one at my condo. Living conditions may have been a culture shock for those of us who have not visited the rural villages in Indochina, Indonesia, or South Asia. Nevertheless, most residents did not perceive any deficiencies in their quarters. Most workers had catered meals with breakfast and lunch delivered at dawn and dinners delivered around 5pm. Monthly catering ranged from $120 to $150 on average.

Townhall meetings with dormitory residents where we allayed their fears and fielded their medical questions was productive and also helped us to establish trust with the residents. During such a dormitory townhall meeting, a resident complained of body pains for 5 days duration and was very insistent he had COVID-19. On systemic review he had no Acute Respiratory Infection symptoms, no constitutional changes nor any other issues. Clinically afebrile. Despite reassuring him, he was adamant he was unwell. I arranged for him to be sent to hospital for swab that afternoon. Results turned out positive that night, a lesson learnt that a high-risk patient may well be right despite all objective assessments.

Communication lines to resident representatives were my eyes and ears on the ground. Giving me a feel of the onsite situation and real time info to augment what was given by dormitory managements. The working relationships were further strengthened when residents extricated to quarantine facilities are supported via WhatsApp messaging. Support for the dormitory staff and management was provided also in the form of PPE supplies, psychosocial help, and a listening ear. They are our unseen front-liners.

The volunteers' diversity of backgrounds was heartwarming. Their willingness and rapid availability when needed, impressive. Donors were as varied as Temasek Foundation to religious organisations of different faiths to individual retirees and those who donated their Job Support Scheme payouts. With the donated funds, Crisis Relief Alliance was able to provide the dorms with weekly fruits, snacks and care packs, pulse oximeters, face shields and PPE. We brought joy to the workers during Hari Raya Puasa by distributing new clothes and goodie bags together with our Muslim colleagues.

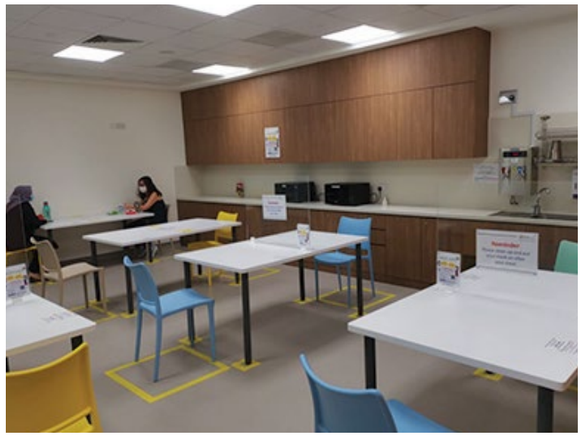
I am most grateful to have been invited to join this COVID-19 initiative of Crisis Relief Alliance. It helped show me the silver lining of our current situation.

CM

Coping with COVID-19 DORSCON Orange at a Community Hospital

by Dr Ng Liling, Family Physician, Editorial Team Member (Team B)

Everything started when COVID-19 hit the shores of sunny Singapore. Things did not look that sunny and everyone in healthcare started preparing for war to start when the first case of COVID-19 reached Singapore. Increasing restrictions were placed on visitor numbers as the Disease Outbreak Response System Condition (DORSCON) level changed from yellow to orange.



Staff pantry at a Community Hospital after social distancing measures in place

Being unable to visit their loved ones, many family members grew more worried about the condition of their loved ones who were hospitalised in the community hospital I was working in. More phone calls had to be made to communicate to relatives on the condition of their loved ones in the community hospital. Special caregiver visitation privileges were given to patients who had dementia and palliative conditions to reduce the distress that family members had. With increasingly stricter social distancing measures, volunteers and group activities had to be stopped. Many of the group activities e.g. mahjong, reminiscence therapy sessions which were beneficial to our patients had to be stopped.

(continued from Page 5: Coping with COVID-19 DORSCON Orange at a Community Hospital)

When circuit breaker came, community services like daycare and day rehabilitation centres stopped their services. Caregiver training could only be done at certain hours. This disrupted the discharge of patients who required these services at home. One service that was affected greatly was the employment of helpers. As many of our patients required supervision at home, a helper was usually required prior to discharge. It made me realise how dependant our society is on foreign help. This was further exacerbated when the outbreak of COVID-19 in the dormitories worsened, and contractors involved in the Enhancement for Active Seniors (EASE) programme had to halt all construction activity, resulting in more delay in the discharge of patients back home.

While awaiting the circuit breaker to be over, alternative solutions were formed to expedite the patient's transfer back to the community. Transfer helpers became an alternative source of help. Our social workers also worked closely with interim caregiver services to help tide over the transition period when the patient is back home. Daycare rehabilitation centres provided the option of home therapy services as an interim during the COVID-19 period.

Many new workflow and processes were put in place due to COVID-19 e.g. doing COVID swabs for patients before transferring to the nursing home. The freedom of gathering together in groups for teachings or mass events was gone. Meetings and teachings had to be done via online platforms. There were some memorable moments that occurred during this period of strict infection control measures. A dying patient's favourite grandchild asked to visit her grandfather during the last journey of his life. This request was granted as a special exception during the period of strict visitation hours. This exception gave the family closure when the patient passed on eventually.

Another request that was made to my community hospital team was a family member who returned from overseas and requested to see her dying parent. After discussion with the relevant stakeholders (comprising of medical, nursing, operations team from both our community hospital and acute hospital counterpart, and the Stay Home Notice (SHN) team), the request was granted based on compassionate grounds. Logistical preparations and coordination between the different stakeholders had to be made within a short period of time as the family was returning in 2 days´ time. A separate route of entry and exit, to minimise contact with the public and local family members, was planned out by our community hospital operations team. The SGH operations team was in charge of being the liaison point with the returning family. As much as we had wanted to allow more time for the returning family to be with the their loved one, infection control and minimising cross transmission of the COVID-19 virus to the rest of the healthcare staff and local family had to be considered. After much deliberation, the final decision was to allow the returning family to visit their loved one for 15 minutes. Pre COVID-19, situations mentioned above would not have been an issue.

The arrival of COVID-19 has indeed brought a lot of inconvenience and disruption in how we work, live and play. As we go through this challenging period, may we continue to adapt through the challenges with a renewed mind, and stay hopeful that this storm will soon come to pass.

CM

Interview with Dr Gregory Ko – *General Practice during COVID-19 Pandemic*

Interviewed by Dr Lim Khong Jin Michael, Family Physician, Editor (Team B)

College Mirror (CM): How has the COVID-19 pandemic affected General Practice in Singapore?

Dr Gregory Ko (GK): Number of patients seen have dropped. Longer consultation time needed to fill up data for submission. Going back later as more time is spent cleaning up the clinic after each session. Cost of running the clinic has gone up.

In terms of clinical cases, less viral gastroenteritis, and URTIs (especially pediatric cases). Slightly more cases of anxiety and depression.

CM: How has the COVID-19 pandemic and the accompanying measures affected your clinic?

GK: The administrative requirement has taken up a significant portion of my time. I am staying back longer in the clinic to key in data required for a Public Health Preparedness Clinic (PHPC) and also to disinfect and mop my clinic in full PPE. I cannot put my staff who are older at risk.

Physically it is also draining. I am losing weight, guess that is a benefit. It is difficult with the N95 on, and hot with the

(continued on Page 7)