

Home Hospice Services during COVID-19: Ensuring Comfort in Unsettling Times in Singapore

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Dear Editor:

Home hospice services are an integral part of palliative care. Providing quality home hospice services amid the global pandemic of COVID-19 poses its unique challenges.¹ We describe the measures implemented by one of the home hospice organizations in Singapore that allowed continued patient care without jeopardizing the health of staff.

Previsit Triage to Assess the Need for a Home Visit

1. Home visits are restricted to patients with significant symptom burden. All visits are triaged by senior doctors/nurse managers to explore alternative management options like video consults.
2. Mandatory previsit screening is performed for patients and their family members on the day of the home



MWS Home Care and Home Hospice 2019 Novel Coronavirus Outbreak Response Plan

(Updated 16 Mar 2020: Updates will be made based on recommendations from MOH)

Suspect case definition (As of 10 March 2020):

- a) Person with clinical signs and symptoms suggestive of pneumonia or severe respiratory infection with breathlessness AND within 14 days before onset of illness had travelled abroad (ie. To any country outside of Singapore)
- b) A person with an acute respiratory illness of any degree of severity who, within 14 days before onset of illness had:
 - i. Been to any of the areas requiring heightened vigilance as listed on the Healthcare Professionals Portal: <https://www.moh.gov.sg/hpp/all-healthcare-professionals>; OR
 - ii. Been to a hospital in aboard; OR
 - iii. Had close contact with a case of COVID-19 infection

Close contact is defined as:

- Anyone who provided care for the patient, including a health care worker or family member, or who had other similarly close physical contact;
- Anyone who stayed (e.g. household members) at the same place as a case.
- Anyone who had close (ie. Less than 2m) and prolonged contact (30min or more) with a case (eg. Shared a meal)

Pre-visit screening questions (As of 16 March 2020):

1. Do you or anyone in the household have symptoms such as fever, sore throat, runny nose, coughing or breathlessness in the last 1 week?
2. Did you or anyone in the household travel to other countries in the past 14 days? If yes, what are the countries and travel dates?
3. Is anyone in your household on MOH Quarantine order, Stay Home Notice or known to have contact with suspected/confirmed COVID-19 cases?

FIG. 1. MWS home care and home hospice 2019 novel coronavirus outbreak response plan. MWS, Methodist Welfare Services.

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visit. The screening questions are regularly updated as per guidance by the Ministry of Health (Fig. 1).

3. A senior physician, per a predefined nationwide management algorithm, handles any positive responses.

Ensuring Staff Safety

1. Work from home policy is implemented for all home hospice staff. Institutional devices enabled with remote access are provided to them for continued patient care.
2. Adequate personal protective equipment (PPE) supplies have been obtained.
3. Only one caregiver is allowed with the patient during the home consultation.
4. Protocols for proper disinfection of equipment used for home visits have been implemented.
5. Our staff has been advised to minimize the use of public transport. Taxi fares are provided to them. Some hospice services in Singapore use dedicated vehicles for home visit purposes.

Manpower Management

1. Segregation to four smaller teams is implemented.
2. We have involved part-time physicians in our team. These physicians have prior experience in palliative care.

Staff Training and Communication

1. Administrative staff members have been trained to conduct the previsit screening. They are advised to contact the clinical staff if any issues arise during the screening process. Protocols for escalation have been established for them as sometimes the family members may not be very receptive to the questions.
2. Training of all clinical staff has been done on the proper use of PPE.
3. Regular updates to staff are provided in weekly clinical meetings. Additional communication platforms include videoconferencing, secure messaging, and institutional e-mails.

Special Scenarios Requiring Guidance from Regulatory Authorities

1. As per current practice in Singapore, all patients with pneumonia are isolated and tested for COVID-19. Consensus guidelines on home-based testing have been developed upon discussion among the stakeholders (i.e., Singapore Hospice Council, Agency for Integrated Care, and Ministry of Health). These guidelines allow us to defer testing as long as the patients express elicited preference for home-based care and are at low risk of acquiring COVID-19 infection. Home hospice team then visits the patient's home in full PPE.
2. We are working on guidelines to allow special privileges for home hospice team to visit long-term facilities in nursing homes even in a state of lockdown.

With the mentioned measures, there have been no infections in our team. Home-based palliative care during COVID-19 is feasible with rigorous planning and workflows in place to protect patients, caregivers, and the health care workers.

Reference

1. Hospice NAFHCA: Mobilize home care and hospice to fight COVID-19. www.nahc.org/wpcontent/uploads/2020/03/FactSheet_COVID19v2.pdf (Last accessed April 2, 2020).

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