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ISSUE 2 2023



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Changi General Hospital



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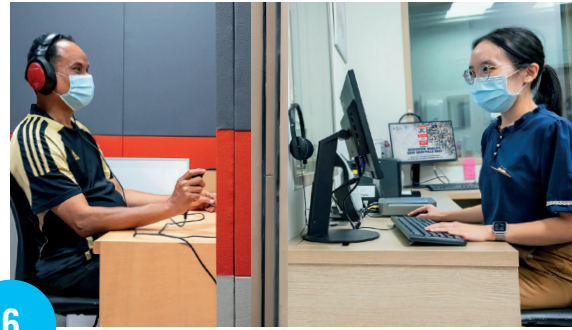
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MAKING SENSE OF THE FundamENTals

Hear, hear. Find out more about our ears and nose, and the important roles they play in our health.

Our ears, nose and throat are complex organs. Did you know that humans are capable of detecting over 10,000 scents through the olfactory nerve cells in our nose? And the tiniest bones in our bodies are in our ears, measuring just 3mm!

With hearing and smell making up two of our five senses, it is essential to ensure that they are in the best condition for our overall health. We explore two common conditions seen by the Department of Otorhinolaryngology – Head & Neck Surgery (ENT) at Changi General Hospital (CGH).

ALLERGIC RHINITIS

By Dr Maria Judith Pang, Associate Consultant, Department of Otorhinolaryngology – Head & Neck Surgery, CGH

Many people would be familiar with the terms “sinus” or “sensitive nose”. Also known as allergic rhinitis (AR), this symptomatic disorder of the nose and nasal lining is caused by a particular type of inflammation, which results from a prior exposure to an allergen.

An allergen is a substance or chemical that causes allergies. These allergies occur when a person's immune system reacts to a substance (allergen) from the environment that is harmless to most people. Common allergens include house dust mites, cockroaches, pet allergens, pollen, insects, mould, and certain foods and medicine. Allergic rhinitis affects about 520,000 people in Singapore, with a higher occurrence in younger age groups. According to local population-based studies, more than four out of ten schoolchildren have AR.



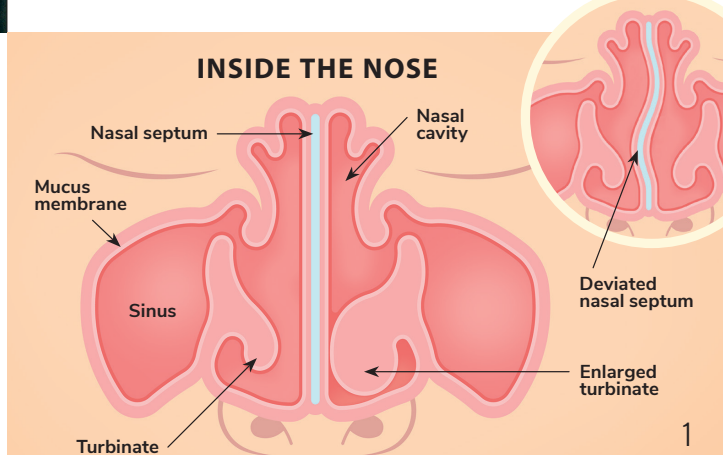
How does allergic rhinitis occur?

When a person breathes in an allergen, it triggers the body to produce certain chemicals, including a special immunoglobulin (antibodies) called IgE. When the person is exposed to the allergen again, these IgEs attach to existing inflammation cells in the body and signal to them to release inflammation chemicals — in a bid for the body to remove the offending substance. These result in the symptoms that a patient with AR experiences, such as sneezing, congestion, itching and runny nose.

Identifying allergic rhinitis

Besides these common symptoms, CGH clinicians also look out for dark rings under the eyes, puffy eyes, and congested and enlarged turbinates, which are bony structures in the nose. Factors such as a patient's sleep and daily activities — whether at school, work or leisure — also play a part in helping the clinicians make a more accurate assessment.

A nasoendoscopy can be performed to check for any anatomical obstructions such as enlarged inferior turbinates (which can cause nasal congestion), a deviated nasal septum (when the cartilage and bone that separate the nasal cavity is off-centre, making one nasal passage smaller), and allows ENT doctors to check for other nasal conditions that can mimic allergic rhinitis. This procedure is carried out under a local or topical anaesthetic and does not require fasting. A scope with a small camera is put through both the patient's nostrils to assess the nose and throat.



Another common test is a skin prick test. This helps determine what allergen is causing the AR symptoms, and allows the care team to develop plans to manage the condition. This test is carried out by nurses in the ENT clinic and involves making a small scratch or puncture in the skin, inserting a small amount of the allergen, and waiting for a response, if any. Multiple allergens can be tested in one setting.

A blood test can also be performed to look for IgEs in the body. This test looks for a very specific antigen and involves drawing blood to determine the presence of IgEs.

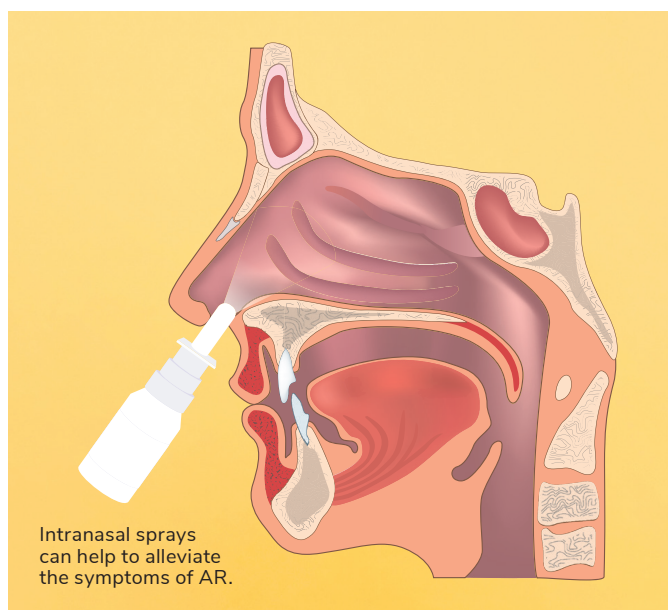
Treatment options

As AR is triggered by a substance that is inhaled, one way to reduce these symptoms is to modify our environment and avoid the allergen. For example, if a person is allergic to house dust mites, keeping the home or work environment as dust-free as possible will help. This includes cleaning the areas in our home or workplace where dust tends to collect, for example, bedding and pillow sheets, carpets, curtains, bookshelves, etc. Removing or minimising exposure to the triggering substance will reduce the body's production of the inflammation chemicals.

Medications can also help to minimise and control the symptoms of AR. These come in the form of tablets, nasal sprays and nasal washes. The ENT doctors will advise patients on the most suitable medicine, and some of these medicines may need to be used long-term.

Is allergic rhinitis the same as sinusitis?

AR is often confused with sinusitis. AR is the inflammation of the nose and nasal lining due to a prior exposure to an allergen, while sinusitis is the inflammation of the nose and paranasal sinuses, and can be caused by a myriad of factors such as viruses, bacteria, fungi infections, dental conditions or even genetic-related conditions.



Immunotherapy is another approach used for the treatment of AR. This involves the repeated administration of an allergen to patients in order to change their immune response. It is an option for patients who have had poor response to the usual medications or have experienced undesirable side effects.

Surgical options are also available to help with the overall management of AR. Surgery can help to change the nasal airway to relieve nasal obstructions or reduce the nerve stimulation of the nasal lining. This improves breathing, optimises medication delivery and reduces symptoms such as nasal blockage or runny nose. Surgery can also reduce the size of the turbinates, correct any curvature of the nasal septum or selectively destroy the nerves that are overstimulated and make the nose lining produce excessive mucus.



HEARING LOSS

By Adjunct Assistant Professor David Low, Consultant, Department of Otorhinolaryngology – Head & Neck Surgery, CGH

Hearing loss mostly results from the inability of sound to reach the inner ear or damage to the cells of the inner ear. It can be experienced in one or both ears, and can occur rapidly or gradually.

Hearing loss has far-reaching effects on physical, mental and social well-being. Patients face difficulty communicating with those around them, leading to social isolation and depression. They are less aware of environmental sounds such as car horns and alarms, putting their safety at risk. These patients are also not able to derive joy from pleasurable sounds such as music or birds chirping.

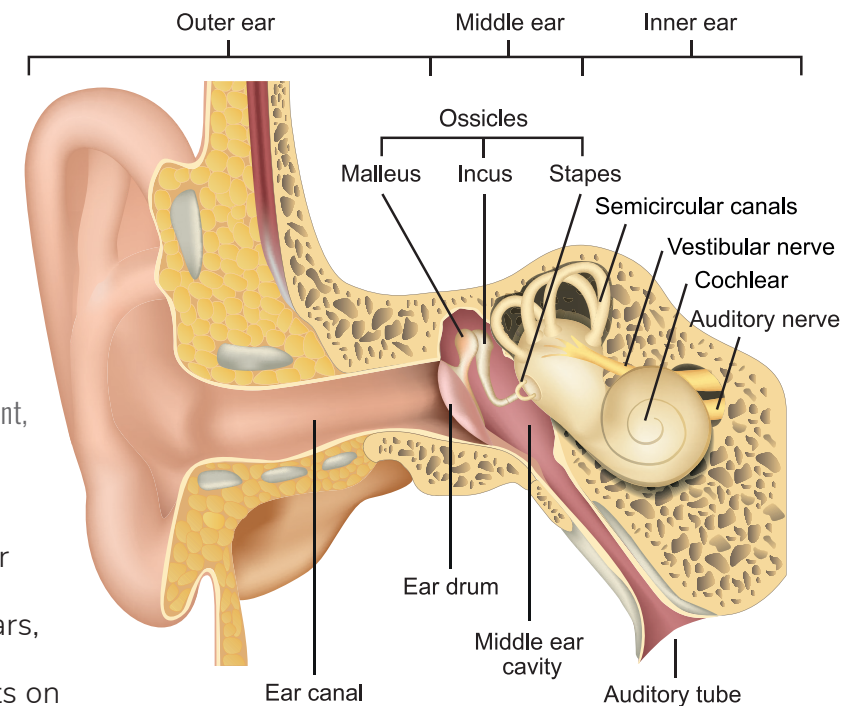
In Singapore, some 27% of adults under the age of 70 suffer from hearing loss. The prevalence increases with age, with 95% of 80-year-old adults experiencing hearing loss. In recent years, hearing loss has been recognised as the single most important risk factor of dementia, contributing to 10% of the overall risk. As such, management of hearing loss is viewed with increasing importance, as timely intervention lowers the likelihood of a costly and devastating event in the future.

The signs of silence

Hearing loss can be rather subtle and some early symptoms are:

- Difficulty hearing speech in noisy environments
- Frequently needing others to repeat what they say
- Increasing the volume of sound-emitting devices
- Feedback from those close to you that you are less responsive and may have hearing loss

ANATOMY OF THE EAR



What causes hearing loss?

Hearing impairment can arise from damage in the outer ear, middle ear or inner ear. **Sensorineural hearing loss**, which occurs due to damage to the inner ear, is the most common form of hearing loss.

“Hearing loss may occur gradually as one ages. Presbycusis is the result of an accumulation of physical injuries to the inner ear over time,” adds Adj Asst Prof Low. These injuries include exposure to loud noise and certain medications, such as aminoglycoside antibiotics (as a side effect). There is also an element of genetic predisposition, with some individuals experiencing more severe hearing loss, despite a similar degree of exposure to these external factors. Less frequently seen is hearing loss that is due to infections and tumours.

When sound is unable to efficiently reach the inner ear or cochlear because of abnormalities or obstructions, it is known as **conductive hearing loss**.

Mixed hearing loss is a combination of both conductive and sensorineural hearing loss.

Sounding out the condition

A pioneer in bringing hearing care to the community, CGH set up Community Hearing Clinics (CHCs) in Bedok and Tampines in 2018 and 2020 respectively. These allow seniors to

easily access services such as diagnostic hearing tests and the fitting of hearing aids. They are also able to attend health talks on hearing and balance conducted by the CGH care team.

Singaporeans aged 60 and above can also enrol in the Ministry of Health's Project Silver Screen, an affordable screening programme. Where necessary, participants may be referred to CGH's CHCs for more detailed testing and possible hearing aid fitting.

Upon referral to CGH, patients will undergo a full clinical evaluation by an ENT surgeon and audiologist. In addition, some might require specialised investigations like a nasoscopy (a scope that looks at the inside of the ears, nose and throat), or imaging diagnoses such as computed tomography (CT) and magnetic resonance imaging (MRI) scans of the ear and surrounding regions. Some of the tests used to diagnose hearing loss are performed by CGH's allied health professionals. Read more about them on page 6.

All ears

There are multiple treatment options for hearing loss, depending on the cause and underlying problem. If the hearing loss is caused by blockage from earwax or a foreign body in the ear canal, it can be removed superficially. For hearing loss caused by external ear infections, medications may help. For some forms of conductive hearing loss caused by earwax or foreign bodies, cleaning the ear out helps reverse the hearing loss completely. Conductive hearing loss due to ossicular (tiny bones in your middle ear that transmit and amplify sounds) problems may also be correctable by surgery.

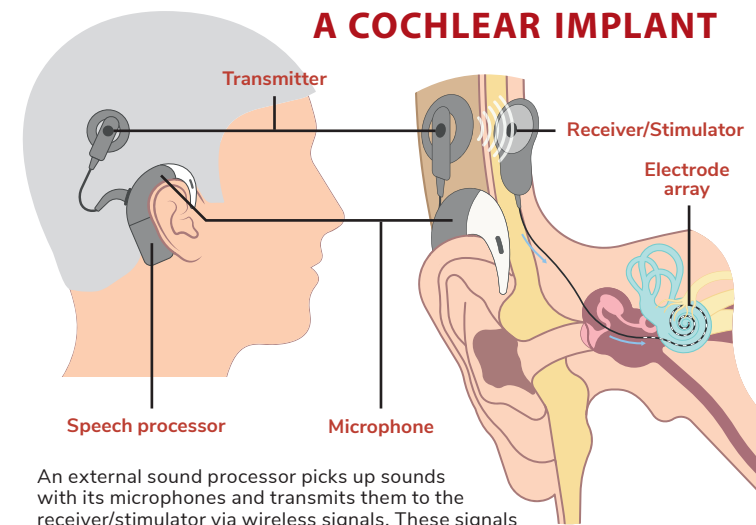
Where hearing loss is not reversible, options for management include hearing aids and implants. Hearing aids amplify sounds, and are the best option for patients with mild to

moderate hearing loss. A hearing aid picks up sounds through a microphone, converts them into electrical signals, processes these signals, and sends them to the receiver, which delivers sound waves into the ear canals.

For individuals with more severe hearing loss or for those who are unable to tolerate hearing aids, hearing implants may be optimal.

Cochlear implants

Globally, there has been an increase in the number of adult patients with more severe sensorineural hearing loss, and this mirrors the rising incidence of hearing loss as a whole. Many of these patients can no longer benefit from hearing aids, as the clarity of their hearing is poor. Hearing aids can amplify sounds, but are unable to make them clearer



An external sound processor picks up sounds with its microphones and transmits them to the receiver/stimulator via wireless signals. These signals are then converted to digital information and picked up by the coils on the electrode array. The electrode array bypasses the damaged sensory cells to directly stimulate the hearing nerve, restoring the hearing sensation.

for this group of patients. These patients often complain that their hearing aids are too noisy, and do not allow them to make out the words in speech. For them, cochlear implantation (CI) may be the optimal management option for their hearing loss.

CGH's Department of Otorhinolaryngology — Head and Neck Surgery (ENT) has been running a dedicated adult CI programme since 2010, and has since carried out CIs for about 100 patients. The CGH CI programme adopts a tailored approach for these patients, and reviews their general health and expectations.

Patients with severe hearing loss who attend CGH's ENT clinics are jointly evaluated by CGH's multi-disciplinary care team, and may require further specialised hearing tests and imaging. If deemed suitable, they are offered the option of CI. The surgeries are performed by otologists (ENT surgeons who specialise in ear surgery), who work together with CGH's audiologists, speech therapists and medical social workers to provide holistic care for patients.

After the surgery, audiologists and speech therapists oversee their rehabilitation ("training the brain to listen"), which may take several months to a year. This is necessary as the brain needs to adapt to signals from the implants, before sounds are processed more naturally. Research has shown that CIs are safe and effective for all ages, and help to restore a user's hearing ability.



Adj Asst Prof Low (right) performing an ear microsurgery for cochlear implantation using an operative microscope.

HOW HEARING LOSS AFFECTS SPEECH AND LANGUAGE

By CGH Senior Speech Therapist Rachel Ou

A person's speech and language abilities can be affected by hearing loss differently, depending on whether the hearing loss occurred before or after the person learned how to speak.

For someone who has had hearing loss in their early years of life (pre-lingual hearing loss), he or she would miss out on hearing sounds and words being spoken around them. As the sounds they hear are limited, the speech that they try to imitate would sound distorted. When they miss out on hearing words and sounds in sentences, they will also not develop some grammatical aspects of language like the plural 's' and complex sentences such as "When I finish studying, I will do the dishes."

In a person who developed hearing loss after learning to speak (post-lingual hearing loss), they might not be able to monitor the volume of their speech, and therefore speak too loudly. As they mishear or hear less of what others are saying — or even withdraw from social activities due to their inability to hear well — they face a risk of developing cognitive decline.

AN ALL-ROUND APPROACH

Changi General Hospital's (CGH) allied health professionals play a vital role in the rehabilitation of patients with hearing loss.



Learning to listen

Speech therapists (ST) work alongside audiologists to help patients relearn the way they listen to sounds.

“STs do more than provide therapy for speech! As hearing through a cochlear implant is different from normal hearing or even through a hearing aid, speech therapists guide patients in becoming familiar with their new hearing ability.” says CGH Senior Speech Therapist Rachel Ou.

Prior to the implantation procedure, STs provide information counselling on what the patient can generally expect during their rehabilitation journey. This helps to prepare the patient and their family for the time and work that they will need to put in for the best therapy outcomes.

Depending on the patient's stage in their hearing journey, STs conduct a range of rehabilitation exercises. These vary from identifying environmental sounds like

Senior Speech Therapist Rachel Ou helps patients with rehabilitation exercises to enhance their communication skills.

the sound of a running tap and a traffic light beeping, to identifying commonly heard phrases like ‘Hi, how are you?’.

STs also help the patients practise listening to a conversation or short story, starting with a quiet environment before introducing background noise. Multimedia material such as apps, YouTube videos and audiobooks are also recommended by STs so that patients can do listening practice in their own time, for better exposure. In addition, STs also teach and encourage patients to recognise and employ useful strategies such as establishing conversation topics or requesting clarification from their communication partner.

“We set collaborative goals with patients. We also encourage involvement from family members and equip them with the skills to provide

outside-therapy practice, as that is where they spend most of their time,” says Ms Ou.

Hearing you out

“As audiologists, we help patients communicate better with others despite their hearing loss. We provide counselling to help patients understand their hearing loss and the sounds they tend to struggle with, how hearing devices can help, and also communication strategies,” shares CGH Audiologist Hazel Yeo.

Two common hearing tests administered by CGH's audiologists for patients with hearing loss are pure tone audiometry and speech discrimination testing. Pure tone audiometry is a hearing test which helps to determine a patient's hearing levels or the softest sounds that a patient can hear. This is commonly done at least once every two years to monitor a patient's



CGH Audiologist Hazel Yeo carrying out a pure tone audiometry test to determine a patient's hearing levels.

hearing. Tones at different frequencies and volumes are played to a patient in a hearing booth. The patient then responds if he or she is able to hear the sound.

In a speech discrimination test, audiologists say a set of words to patients, who will have to repeat them. This is an assessment of their hearing ability and is usually done to assess a patient's performance with hearing aids.

For users of hearing aids, audiologists help to tune patients' hearing devices if necessary to make speech sounds clearer, and also teach them how to use their devices well. For patients with hearing loss who are using CIs, audiologists see them more frequently as part of their rehabilitation journey. Mapping of the implants is carried out during the appointments, and the audiologists also counsel the patients on how to train their ears to hear with the CI.

“We partner our patients on their aural rehabilitation journey to help them learn to hear better,” says Ms Yeo.



Mdm Lim Yean Pin has experienced significant positive improvements in her hearing with the help of the CGH care team.

Lending an ear

A patient shares her journey with hearing loss and how the CGH care team has guided and helped her on her recovery.

57-year-old Mdm Lim Yean Pin started to suspect that she was losing her hearing when she found herself having difficulty making out what her friends were saying in group settings and conversations. At work, Mdm Lim found it challenging to communicate with her colleagues and bosses. Sometimes, her conversation partners would put their hands over their ears to try to convey to Mdm Lim that she was speaking very loudly. These were all results of her progressive hearing loss in both ears.

One day, Mdm Lim came across a hearing clinic in a shopping mall and decided to give it a try. She was given a set of hearing aids, which seemed to help at first, but Mdm Lim found that their effects deteriorated quickly after a short period of time. Eventually, Mdm Lim visited a polyclinic and was referred to Changi General Hospital (CGH) for treatment.

“When Mdm Lim saw us, her hearing loss was in the profound range, and she was struggling even with hearing aids,” says Adjunct Assistant Professor David Low, Consultant, Department of Otorhinolaryngology – Head & Neck Surgery, CGH. “We did more testing, and found out that she could not make out speech at all in her poorer left ear. In her better right ear, she could only make out 15% of speech material presented to her.”

After further diagnostic imaging and counselling, Mdm Lim's hearing loss was assessed to be severe and she took up the option of a left cochlear implant. Mdm Lim underwent a successful surgery and has been in rehabilitation since then. While it is still early days in her rehabilitation journey, Mdm Lim can already make out 45% of speech material presented to her left ear with the implant activated.

After this positive development, Mdm Lim is now able to live better. “Now I can speak to others without being too loud, and I can hear others better when speaking with them,” she says in Mandarin. “Dr Low and Hazel (CGH audiologist) were very helpful, sincere and professional. They explained the procedures well and gave me good advice. I used to struggle even with activities like watching videos. I am now able to live my life and communicate with others better,” she adds.

STOPPING THE OBSESSION

Find out why it is so difficult for people with obsessive compulsive disorder (OCD) to break out of the vicious cycle of obsessions and compulsions.

Evangeline's* parents first started noticing that she had been spending longer amounts of time in the shower over the past few months, resulting in a steady increase in the water bill. They also observed that she spent an unusually long time washing her hands, and seemed frustrated at times while performing a very specific ritual during handwashing. Things got to the point where Evangeline's prolonged showering caused her to start showing up late at work, and she was eventually let go from her job.

After much persuasion by her parents, the 23-year-old agreed to seek help and sought medical attention at Changi General Hospital (CGH). During the assessment by a psychiatrist, Evangeline shared that she experienced persistent thoughts of being infected with germs, which she found hard to ignore. Whenever these thoughts came to mind, she felt dirty and anxious. Even though she knew that her handwashing was excessive, she felt compelled to repeat the washing until her hands felt "clean".

After taking a thorough clinical history, the psychiatrist diagnosed Evangeline with OCD. This marked the beginning of her recovery



journey. With treatment, she managed to return to work — and significantly reduce the length of her showers.

Characteristics of OCD

OCD is characterised by obsessive thoughts and compulsive behaviours that can take over a person's life. These obsessive thoughts could be about germs, numbers, or a fear of something bad happening, and they can make a person feel anxious and scared. To cope with these thoughts, a person might start performing certain rituals or

"It is common for people to experience obsessive thoughts or compulsive behaviours at some point in their lives. However, this does not necessarily constitute OCD. The extent of obsessions and compulsions must be severe enough to consume a significant amount of time (more than an hour every day), cause intense distress, or interfere with important activities."

*Evangeline's story is based on generalisations from commonly experienced accounts of patients with OCD.



By Dr Sanjiv Nair Sasidharan, Associate Consultant, Department of Psychological Medicine, Changi General Hospital

compulsions, like repeatedly washing their hands or checking the locks on a door. While these compulsions offer temporary relief, they also take up a lot of time and interfere with daily life.

There is no single cause for OCD. Research indicates that individuals with a family history of OCD are more likely to develop the condition themselves. Certain personality traits — such as perfectionism or a need for control — also increase one's susceptibility to developing OCD. Additionally, people with OCD often struggle with feelings of shame, which may be linked to earlier life experiences.

Over the years, awareness of OCD has grown, and more people in Singapore are seeking treatment for the condition. However, many people wait a long time — often years — before seeking help.

Curbing the obsession

At CGH, a person diagnosed with OCD may be referred to a psychologist for talk therapy, which has been shown to be highly effective in treating this condition. Talk therapy helps individuals with OCD identify and challenge their obsessive thoughts and compulsive behaviours. Persons with OCD could also work with a psychologist to gradually expose themselves to situations that trigger their anxiety. Patients would learn how to manage the resulting anxiety instead of performing their usual compulsions. This process is known as Exposure and Response Prevention (ERP). Although this form of therapy can be

DID YOU KNOW?

According to the 2016 Singapore Mental Health Study, individuals with OCD wait an **AVERAGE OF 11 YEARS** before seeking help — the longest delay among all the surveyed mental health conditions.



challenging, the resulting benefits can be significant and life-changing.

In more severe cases of OCD, a psychiatrist may prescribe medication, which can be helpful in reducing the obsessive thoughts. For comprehensive care, medication is often used in combination with psychotherapy. An emerging area of global research involves using virtual reality (VR) therapy for OCD patients to help them learn coping strategies and reduce their anxiety.

Stepping forward

If you or someone you know is struggling with OCD, it is best to seek professional help. Individuals with this disorder often feel ashamed and try to conceal their compulsions from others, which can prevent them from getting the help they need.

The rituals performed by individuals with OCD can be frustrating for their family members. It does not help the individual's condition if their family members explicitly express annoyance, or excessively accommodate these elaborate rituals. It is important to have a joint discussion with a healthcare provider to determine a suitable approach for the specific situation.

SOME EXAMPLES OF OCD



Excessive washing and cleaning



Excessive checking on things or matters



Excessive ordering and arranging objects

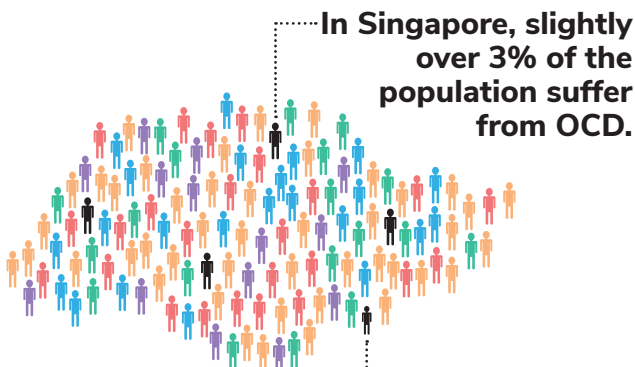


Continuous intrusive thoughts and repetitive thinking



Compulsive hoarding

Some of these features may not be specific to OCD as they may also be present in people with other mental health conditions.



OCD can occur in people of all ages, but often begins in adolescence.

THE STRAITS TIMES

Singapore's
Best Employers

Changi General Hospital

2023

Changi General Hospital voted one of Singapore's **BEST EMPLOYERS**

Consistently ranked among the world's best, smart and specialised hospitals, Changi General Hospital is recognised as one of Singapore's Best Employers, based on an independent survey conducted by *The Straits Times* and *Statista*. The hospital was ranked 32nd amongst 250 top employers in Singapore across 27 industries, out of 2,000 companies evaluated.



Ms Lim Hui Yin
Senior Physiotherapist, 11 years with CGH

"CGH has a strong focus on research, innovation and education, and an open, collaborative and supportive culture which helps us grow and improve as clinicians for better patient care. This facilitates not just multi-disciplinary clinical discussions, but also fosters solidarity across the hospital. There is also an emphasis on staff welfare and growth within the organisation, allowing staff to feel supported in each of their job roles.

Pioneering the use of new technologies, and implementing quality improvement projects and initiatives across departments are some of the ways we bring quality care to patients at CGH. Ultimately, the results show when patients recover and achieve their goals effectively, bringing pride and joy to us as clinicians as well."



Clinical Assistant Professor Wee Tze Chao
Senior Consultant, Department of Rehabilitation Medicine, 13 years with CGH

"The breadth of medical services at CGH has widened over the years along with standards of care. I am proud to be part of this transformative journey to see CGH grow from strength to strength.

There is also a sense of progress in the hospital, with opportunities to work in different areas and efforts to help staff improve through learning and education. The CGH leadership listens to voices on the ground and effect changes to bring about Joy at Work."

Ms Hillyah Binte Mohd Zulkifli
Medical Laboratory Scientist, Clinical Laboratory, 9 years with CGH

"We do not see patients often, but the work that we do is essential to patient management. I am proud to work alongside my dedicated colleagues who are equally motivated to provide the best care we can for our patients, and make a positive experience for them.

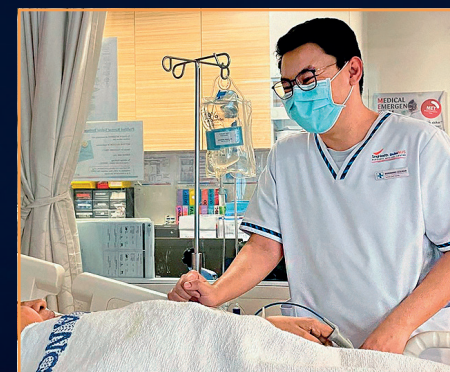
I am also thankful for the trust and belief that CGH has in us. I am supported in the pursuit of my interests in Haematology (blood disorders) and education, and am happy to be taking on a bigger role in training our student interns and new colleagues."



Senior Nurse Manager Margie Wu
Operating Theatre, 23 years with CGH

"As an Operating Theatre (OT) nurse for many years, I have witnessed how the CGH surgical service evolved from traditional open methods to laparoscopic (keyhole surgery) and robotic surgery. As a smart hospital, we continually utilise cutting-edge equipment in the fast-paced and dynamic OT environment, and work together as a multi-disciplinary team to care for patients.

The One CGH camaraderie is unique — colleagues never hesitate to help one another when needed. During the pandemic, OT nurses stepped out of their comfort zones as we were redeployed to various departments to help care for patients."



Senior Staff Nurse Muhammad Izzulwan Bin Ahmad Salleh
Ward 44 (Acute Stroke Unit and Medical High Dependency), 11 years with CGH

"I like that CGH has a healthy workplace environment, with growth and flexibility. I find that CGH promotes a positive work culture which

prioritises the well-being of staff, offering support at all levels and encouraging respect, trust, empathy and support.

My wonderful colleagues and supportive supervisors have been my source of motivation and happiness. One highly memorable experience was meeting my life partner here in CGH! She is a kind and approachable nurse who is always there to render help and assistance to anyone who needs it."

Ms Li Xiu Juan
Junior Cook, Food Services, 10 years with CGH



"I feel that I can do my part to contribute back to society through my work at CGH. I am happy to hear from people around me that CGH has been performing above their expectations. The number of compliments that we are receiving as a hospital is also increasing.

We are like a big family and we support and take care of each other."



In the labyrinth beneath the hospital, a dedicated team of operations, ancillary and laboratory staff work tirelessly behind the scenes to keep hospital processes running and provide quality care to patients.



Moving to the beat: A multi-disciplinary care team — comprising doctors, nurses, allied health professionals and patient service associates — partners social robot Pepper to conduct therapy for patients for cognitive stimulation at the geriatric ward.

Celebrating LIFE at the Caring General Hospital

Discover never-seen-before aspects of life at Changi General Hospital (CGH) in this fun and energising showcase of its care team at work and play.

To commemorate its 88 years of trusted care delivery since 1935, CGH set out to capture the dynamism, spontaneity and dedication that defines life at the hospital in a light-hearted video.

With groovy dance moves that were choreographed in-house, the video showcases various care locations that the CGH care team — from doctors, nurses and allied health professionals to administrative and ancillary staff — work at to deliver positive patient experiences and outcomes.

“The CGH Life video gives a glimpse of how we work hard for our community as one CGH, and play hard as a family too!”

Ms Mindy Chiang, Head, Rehabilitative Services, CGH, and Chair, CGH Life Committee



Making a splash: Physiotherapists provide an immersive experience using water-based therapy at the hydrotherapy pool at CGH, to help patients regain mobility and function.



DIVE INTO THE CGH LIFE VIDEO AND CATCH FUN OUTTAKES AS WE GO BEHIND THE SCENES.



Joy at Work: CGH senior leaders and colleagues came together for the making of the CGH Life video to celebrate work, play and life as One CGH.

YOUR ALLY in better health

Former Director of Allied Health at Changi General Hospital (CGH), Mrs Joanna Wong, who is now retired, shares her memories and experiences across three hospitals in CGH’s history, from the old Changi Hospital and Toa Payoh Hospital (TPH) to CGH.

One of the few staff who has had the opportunity to witness the legacy of trusted care that had its roots in Changi Hospital and TPH, Mrs Joanna Wong had accumulated a wealth of experience as a pharmacist before stepping down as the Director of Allied Health at CGH upon her retirement in September 2022. “All along, I knew I wanted to be in healthcare,” she shares.

Mrs Wong’s journey into healthcare came quite naturally, having grown up in a family where her mother and aunts were nurses. “As children, we fell sick pretty often with fevers, and had many scratches, cuts and boils,” she recalls. “My mum would nurse us, do the dressings and give us medicine. Taking care of someone, being there for them and helping them to recover was something that I found to be very meaningful.”

While Mrs Wong was not comfortable with handling blood and open wounds, it did not stop her from joining healthcare. She found her lifelong passion in pharmacy.

Memories from Changi

After graduating from school, Mrs Wong joined Alexandra Hospital (AH) as a pharmacist. A hospital arrangement saw her providing



coverage at Changi Hospital for its pharmacist on leave in the last two weeks of December each year, and this continued for ten years.

At first, the difference in culture came as a shock to Mrs Wong, having moved from the fast pace of life at AH to the more rustic and idyllic environment at Changi Hospital. Serving a smaller population in the east of Singapore at that time, there were fewer patients.

“The old pharmacy at Changi Hospital was the size of half a classroom and had no windows. It had one door which had a little hatch for the pharmacists to dispense medicine to the ward staff. The walls in the pharmacy were fully lined with medications and it was difficult to locate them at times. It felt confining,” Mrs Wong recounts. “It was also not easy to reduce the smell of the medication and disinfectants at that time as they linger and stay on the clothes. I made a trip to a hairdresser after work one evening and she told me to my face that I was a little smelly. I was quite hurt then.”



Scenic views from Changi Hospital.



The dispensing of medication in those days was also very different from the processes in practice today. Medicines then were transported from the pharmacy to the wards using rattan baskets. Tablets came in tins of 1,000, unlike the pre-packed blister packs today. When dispensing medicine to patients, pharmacists had to manually count the pills and put them into a paper envelope. Patient information was physically recorded on sheets of paper.

The manually-intensive work was not easy. "As a young pharmacist, I once dispensed some medicine to a patient and poured out the pills onto a little counting tray to check on the quantity," she says. "But instead of landing on the tray, the tablets spilled out and rolled all over the table. I had to try my best to keep a straight face, and picked up the tablets one by one. I felt so embarrassed that I promised myself to never let this happen again."

Over time, Mrs Wong started to enjoy going to Changi Hospital. "I looked forward to the days there! Besides the clean air and beautiful scenery, the people were very friendly and made me feel at home. One of the healthcare attendants who lived in Pulau Tekong brought a gunny sack full of rambutans from the farm and distributed them to the hospital staff one day. They were so sweet, fresh and juicy! That will always be etched in my memory of my days at the hospital."



Patients collect their prescribed medicine from pharmacists at the TPH pharmacy.



Developing pharmacy capabilities

In 1990, Mrs Wong accepted an offer to join TPH as a Pharmacy Manager and went on to play a key role in planning and setting up the hospital's pharmacy services. The 400-bed TPH had started with two pharmacists and 10 assistant staff members to run the entire inpatient and outpatient pharmacy services.

One of the things she first worked on was to increase the efficiency of medicine dispensing, through ways such as a modified medication cart comprising individual patient compartments. This enabled each patient's medicine to be placed in their respective drawers instead of one big storage, making it easier for the nurses to distribute the medicine to patients when they made their rounds at the wards.

Mrs Wong also set up TPH's retail pharmacy, which entailed the establishment of an inventory system that in turn required extensive digital capabilities — something that was limited then. "We had to build an inventory system from scratch," she remembers. "There was a lot to learn and do, from little nuances like having the right lighting on the shelves and setting up the correct mix of merchandise and shelf arrangements, to recruiting more pharmacists to run the retail pharmacy."

Coming full circle

In 1997, Mrs Wong joined CGH and soon became its Director of Allied Health. At that time, there were only a few Allied Health departments, such as laboratory services, radiography, medical social services, physiotherapy and pharmacy. Today, CGH's Allied Health Division has 17 diversified professions and services. These include the Acupuncture Service, Addiction Counselling, Audiology, Podiatry, Psychology, Renal Counselling, Respiratory Therapy and Sleep Technology.

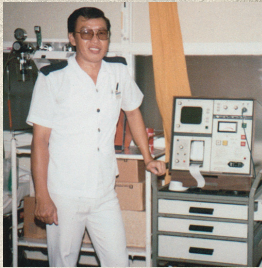
Mrs Wong was also instrumental in establishing and developing pharmacist-led clinics and services such as the Smoking Cessation Clinic, Anticoagulation Clinic, Lipid Clinic and Rheumatology and Pain Clinic, as well as the Continuous Positive Airway Pressure Clinic and Sleep Laboratory.

It was a steep learning curve for Mrs Wong. "I had to speak to each head of department, build rapport with them, get to know their staff and resources, and learn about what they do." Amidst the busy work at the larger CGH with 1,000 beds, Mrs Wong continued to emphasise the importance of care. "When patients feel that they are cared for, and their caregivers see that their loved ones are cared for, we have already made a difference. This stems from having a caring culture in the hospital, where staff look out for one another," she explains. To encourage staff to enjoy themselves at work, Mrs Wong introduced Allied Health Professionals (AHP) Day activities at CGH. This helped to provide a fun bonding opportunity among the AHPs and has become a signature event till today.

Looking back on her fulfilling journey in healthcare, Mrs Wong says, "Despite all the ups and downs, I am extremely grateful for the learning lessons and opportunities along the way. I have learnt so much and am so happy to have worked together with so many great staff at CGH."

To her fellow AHPs, Mrs Wong shares some words of advice: "If something goes wrong, look at it positively. Think of what we can learn from it and what we can change. Make good out of it. Make it even better."

Mrs Wong and her team performed a lively dance at the CGH AHP Day 2019 celebrations.



MEMORIES of CGH – Legacy of Care

Share your memories and care experience at the former Changi Hospital, former Toa Payoh Hospital or Changi General Hospital! What makes the hospital unique? How did the healthcare services at these hospitals compare to the care of today?



Stroll down memory lane and share your recollections with us!

SCAN THIS QR CODE TO SUBMIT YOUR PHOTO(S) OR VIDEO(S) OF THE HOSPITAL ALONG WITH A DESCRIPTION OF YOUR MEMORY.



STOP the tumble

Reduce the risk of injury with these fall prevention measures.

A fall may be a warning sign of declining health. One in every three community-dwelling seniors aged 65 years and above will experience at least one fall within a year. In Singapore, falls account for 85% of senior patients with serious bodily injuries seen at the emergency department. However, the majority of falls are preventable, and the risk of injurious falls can be reduced if risk factors are identified early and there is timely introduction of appropriate interventions.

According to a study by Changi General Hospital (CGH) on approaches to falls among seniors in the community, falls are most associated, somewhat ironically, with a fear of falling and this can have a detrimental impact on overall health. "Some seniors who have experienced falls and near-falls can have a fear of falling, which can be debilitating. The psychological effect of this may cause anxiety, self-imposed activity restriction, social isolation and depression," says **Dr Alexis Ang, Senior Consultant, Department of Geriatric Medicine, CGH.**

"The post-fall anxiety syndrome is more common in older persons who live alone and have cognitive and mobility impairments, poor balance and/or a history of falls. If not properly addressed, the cycle of falls may set in, leading to recurrent falls and poor quality of life."

Falls can lead to scrapes, bruises, sprains, fractures, head injuries, reduced mobility, premature long-term care admissions and even death. Preventing falls is thus vital to remaining healthy and independent. In caring for the community, CGH has a community falls screening programme called the STEady feet Programme – Silver (STEPS), which aims to actively screen and identify seniors at risk or have stability or balance issues, so that they can be referred to appropriate interventions for falls prevention. A referral to a falls clinic at a hospital would allow for multi-disciplinary assessment and personalised interventions to be performed. CGH's Community Nurses also carry out educational health talks for seniors in the community.



By Assistant Nurse Clinician Imma Harliny, and Senior Staff Nurse Chau Man Kam, Community Nursing, CGH

SIX TIPS TO PREVENT FALLS

THROUGH CGH'S NO FALLS PROGRAMME, SENIORS CAN LEARN THESE TIPS TO PREVENT FALLS.

1 Check your vision Some conditions cause the deterioration of eyesight in seniors, which can in turn increase the risk of falls. These include presbyopia (difficulty focusing on near objects), cataracts, age-related macular degeneration (blurring of central vision) and glaucoma diabetic retinopathy (blockage of the eye's natural drainage system, leading to vision loss and blindness). It is advisable to consult an optometrist or doctor to address these issues.

To help reduce the risk of falls, wear a hat or sunglasses when outside, especially in bright and high-glare situations. Avoid dimly-lit areas if possible, and turn the light on before walking in and around the house at night.

2 Use proper footwear Select suitable footwear to minimise the risk of falls:

Fastening mechanisms such as Velcro or buckles will anchor your foot firmly.

The front should be deep and wide enough to accommodate your toes, but not be too loose.



A firm heel adds stability, while a low and broad heel maximises contact with the ground.

Slip-resistant soles with textured undersides provide better grip and help prevent slipping.

3 Ensure safety at home Keep your home safe and neat and ensure that all rooms are well-lit, but not too bright to cause glare or eye strain. In the kitchen, clean up spills as soon as possible and avoid standing on stools or chairs to reach high shelves. In the toilet, install grab bars if you have difficulty getting on and off the toilet seat. Use non-slip mats or install slip-resistant flooring. In the living room and bedroom, maintain a walkway by organising your furniture and keeping the floor clear.



Scan here to learn how to make your home safe to reduce the risk of falls under CGH's No Falls Programme.

4 Exercise regularly Staying active helps to strengthen your muscles, improve coordination and maintain balance, reducing the risk of falls. Consult your doctor before embarking on an exercise programme. Begin slowly and gradually build up the amount of exercise. Choose an activity that you enjoy and feel comfortable with. Even walking at an easy pace for 20 minutes, thrice a week, is beneficial.

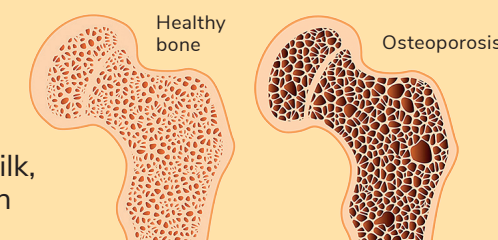


Scan here to watch videos on exercises to strengthen your body.

5 Seek treatment for postural hypotension A feeling of light-headedness when getting up from a sitting to a standing position can be a common symptom of postural hypotension, which occurs when there is a significant reduction in blood pressure with a change of position or after eating a meal. Other symptoms include headaches, blurring of vision, nausea, weakness and fatigue when standing.

A risk factor for falls, postural hypotension can be managed through adequate hydration, changing positions gradually, sleeping with your head raised and being seated when doing activities such as showering and dressing.

6 Keep your bones healthy Many older adults suffer from osteoporosis — a condition where the bones become weak and brittle, increasing the risk of sustaining fractures caused by falls. Having a balanced diet with adequate calcium and vitamin D can help to strengthen your bones. Calcium-rich foods include milk, yoghurt, cheese, tofu, lentils, *ikan bilis* and sardine, and foods rich in vitamin D include salmon and eggs.





CGH's Volunteers' Appreciation Day was held in gratitude of our Friends of CGH, who have selflessly devoted their time and effort to support patients in their recovery journeys and brighten their days.



Mr Edmond Hoeden (right) partners the CGH care team at the Geriatric Day Hospital to carry out occupational therapy activities such as folding paper flowers.

GOING THE EXTRA MILE

Changi General Hospital (CGH) has a pool of volunteers who lend a hand in supporting patients and the care team at the hospital — and caring for seniors in the community as well.

Fondly known as Friends of CGH, 150 volunteers provide valuable support and assistance to patients and caregivers, and are passionate about helping others and making a positive impact on the lives of patients in the hospital. These volunteers come from diverse backgrounds, ranging from retirees and working adults to even students.



Adele works together with CGH's service ambassadors in assisting patients at CGH's registration kiosks.

Age is no barrier to doing good

17-year-old student Adele Tng once spent an hour and a half scouring the CGH campus to help a patient search for his misplaced Identity Card. This was one of the many experiences that she has had since she started volunteering with CGH in June 2022.

Adele's interest in volunteering stemmed from her interest in healthcare and in helping others. As Adele was too young to join CGH as a basic care assistant, volunteering became a possibility. On some days, you might find Adele helping patients register at the automated kiosks at CGH's Medical Centre, and on others, she may be packing blankets at the Emergency Department, or walking patients from one location to another. To Adele, volunteering is therapeutic and calming, and she enjoys helping others.

"Every patient I help is different. I get to learn how to interact with different patients and I believe this helps prepare me for school in ways I otherwise would not have experienced."

Ms Adele Tng

A humbling experience

Experienced volunteer Edmond Hoeden, 57, has been brightening patients' visits to CGH for the past 14 years. His grandmother had been warded at CGH, and during his visits, Mr Hoeden would frequently see groups of people going around the wards chatting with patients. This piqued Mr Hoeden's interest and led him to sign up as a volunteer.

Mr Hoeden started out helping out at CGH's public forums, and is now a befriender at the CGH Geriatric Day Hospital. While there are times when some of the elderly patients are not keen to participate in the rehabilitation activities that are meant to help them in their recovery, Mr Hoeden does his best to break this barrier by being personable and warm to them.

"I am motivated knowing that the time I put through volunteering helps someone in many ways. Being able to go home feeling happy and that I have done something meaningful is a humbling experience, and I feel appreciated by the patients and CGH."

Mr Edmond Hoeden

More than neighbours

As an early champion of the population health approach with a strong foundation in healthcare delivery in the community, CGH recognises the importance of preventive health, and has been steadfastly providing holistic, person-centred care for residents in the community while partnering volunteers in these efforts.

Celebrating 10 years of care for the community, the **Neighbours for Active Living** programme — which encompasses an innovative integrated health and social care model — was pioneered and adopted by CGH and the South East Community Development Council. It has been key to ensuring that seniors are kept well at home after their discharge, and reducing frequent readmissions to hospital.

The volunteers are trained in befriending and communication skills, providing social support and assisting with simple but important tasks, such as reminding the beneficiaries to take their medications and attend medical appointments. The volunteers often live in the same neighbourhoods as the seniors, and this promotes the forging of long-term relationships that enrich their lives, as well as bridging the last mile gap in care.

Mr Danny Goh, 86, and Mrs Lois Goh, 76, joined the Friend-A-Senior @ South East programme to help others in the community and were eventually matched with Mdm Annie Tan, who has chronic conditions and lives alone.

With a common love for singing, Mr and Mrs Goh generously invited Mdm Tan to join the vocal lessons conducted by their daughter, a singing coach. The companionship has brought much joy and laughter, while the vocal lessons have boosted Mdm Tan's confidence and increased opportunities for engagement.

"Danny and Lois are very caring," shares Mdm Tan. "When I feel unwell, I can go to them and I feel better knowing that someone is there for me. I have also learnt to love myself better and look at life positively, which also helps in improving my health."

To Mrs Goh, this story is an inspirational one. "We work hand-in-hand with the CGH Neighbours Community Care Team, and by sharing our story, we hope to encourage more volunteers to make a difference," she adds.



Mr Danny Goh (left) and Mrs Lois Goh (right) serve as volunteer befrienders to Mdm Annie Tan (seated).

Neighbours has touched the lives of over **13,000** residents, through more than **100,000** care calls and home visits, in partnership with more than **70 community partners** and **900 trained volunteers**.

Interested in volunteering at CGH? Email us at Friends_of_CGH@cgh.com.sg

A big-hearted GIFT

Impressed and inspired by the care from the care team at Changi General Hospital (CGH), a family makes a generous contribution to the hospital.



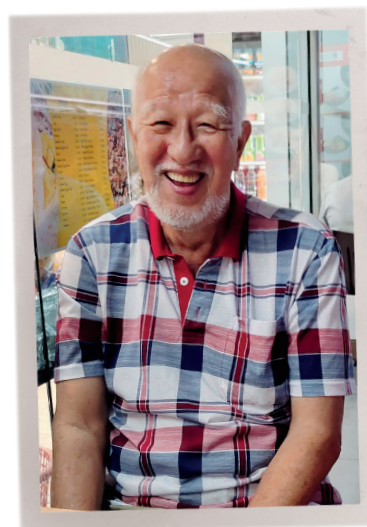
“MY FATHER was an ordinary Singaporean who, like many others, worked hard for his family. He was with an airline company for over 40 years, and the opportunities to travel opened his mind. He had a positive take on life, and embraced exercise and travelling to maintain his mental and emotional well-being,” recalls Mr Hansen Yeong, son of the late Mr Yeong Yow Wong.

Before his passing, his father had suggested to his family to consider supporting the philanthropic efforts of CGH. This intent stemmed from his stays at CGH as a patient, during which he was comforted and impressed by the CGH care team. He had expressed to his family that he wanted to remain in the hospital for as long as needed, as he felt comfortable and had complete trust in the medical staff at CGH. “For someone who used to object to any notion of hospitalisation, that was nothing short of a marvel,” says Mr H. Yeong. “We were reassured during my father’s stay as we felt

and appreciated the kindness of the staff. The doctors personally called us multiple times to provide updates, and the nurses showed incredible empathy and sensitivity to us, especially during the last two days before he passed away.”

Supporting the mental health of youths

Mr Yeong’s family generously contributed \$200,000 in support of CGH’s mental health activities for youths after the passing of Mr Yeong. The family chose to contribute to this area as the late Mr Yeong strongly believed in the importance of mental and emotional well-being to a person’s general health.



A firm believer in caring for one’s mental well-being, Mr Yeong Yow Wong continued to help others by leaving a legacy gift through his family.

During his retirement days — in addition to travelling and keeping physically active — Mr Yeong would observe and often reach out to neighbours who were feeling down and needed a listening ear. He would invite them to accompany him on his daily afternoon walks at the park, making him a recognisable figure in the neighbourhood.

Mr H. Yeong and his sister, who both work in educational institutions, are also acutely aware of the mental health issues affecting the youths of today. “We believe that the hospital’s efforts in raising awareness of mental health issues affecting youth will achieve a resonance in the community,” says Mr H. Yeong.

Empowering the community

Mr H. Yeong was also inspired by a conversation he had with Clinical Assistant Professor Cheryl Loh, Chief and Senior Consultant of the Department of Psychological Medicine, CGH. Clin Asst Prof Loh shared that CGH does not only see itself as an institution

caring for the sick, but an active participant that encourages well-being in the community. This empowers the population to prevent illness and lead healthier lives meaningfully, while CGH continues to be there to provide high-quality care to those who are unwell.

The gift will go towards the CGH Youth Outreach Programme (YoOP!). Developed by a team of CGH adolescent mental health experts, YoOP! is designed to further support students, educators and counsellors in schools to improve mental health literacy, dispel myths on mental illness and equip them with skillsets to identify and support their peers who are at risk. YoOP! has engaged 11 schools in Pasir Ris, Tampines, Simei and Bedok so far, and plans to increase its outreach efforts across Singapore.

At CGH, a multi-disciplinary team comprising psychiatrists, psychologists, mental health occupational therapists and medical social workers work with young people to understand their symptoms, diagnose their condition and provide personalised treatment plans. These conditions could include anxiety and depression. “We hope that our gift can contribute towards CGH’s efforts in fulfilling this inspiring and meaningful goal,” adds Mr H. Yeong.

To date, CGH has raised over S\$1 million in its fundraising efforts as it celebrates 88 years of trusted care for the community, transforming care delivery and innovating healthcare for tomorrow.



Scan the QR code to find out how you can play a part in giving.

MAKING A DIFFERENCE

A patient shares some kind words for Changi General Hospital (CGH)’s care team members who left a positive and lasting impression.

“ I would like to express my sincere gratitude to your staff who took care of me. I was then 30-weeks pregnant, and have been on blood thinner since week 12 of my pregnancy. Around noon on 21 November 2022, I was sent to CGH’s Emergency Department due to epistaxis (nosebleed). I was terrified seeing so much blood from my nose. I could feel blood flowing down my throat and my hearing became muffled.

The Emergency Department doctors and nurses checked and helped to calm me down. Dr Cedric Chua, Medical Officer, General Medicine, did an ultrasound scan for me when he noted that I was worried about my baby. Dr Aloysius Lim, Medical Officer, Department of Otorhinolaryngology — Head & Neck Surgery, assisted to stop the bleeding.

Just want to say ‘thank you’ for the care I received from you. Thank you for what you do each and every day! Thank you for being the soldiers on the front line taking care of people who need medical assistance. Thank you from the very bottom of my heart! ”

Best regards
P.L.



Dr Aloysius Lim, Medical Officer, Department of Otorhinolaryngology – Head & Neck Surgery.



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