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>> [Back to the article](#)

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Better patient care with new SGH system

By Salma Khalik

TAXI driver Mark Law, 37, has suffered from diabetes for the past seven years. He has a blood sugar level more than 50 per cent higher than the ideal rate, but was not taking his medicine.

Then, in November last year, he had a stroke while on a job. He drove himself to Singapore General Hospital (SGH), where he stayed for the next five weeks.

He recovered and is now walking with the help of a stick.

But then, Mr Law almost missed a follow-up appointment at the specialist clinic two weeks after his release.

He said he 'forgot'.

But a reminder from SGH fixed that.

The hospital piloted a patient care management system with 200 hospitalised patients suffering from chronic ailments last year. One feature is an automated alert when a patient misses an appointment. A nurse will then call him up to arrange another and will remind him nearer the date.

The hospital is now ready to roll out the system on a larger scale.

Staff nurse Steven Yip, who presented the results of the pilot project to the media yesterday morning, said that patients who missed appointments in the pilot group all turned up following the reminder.

Patients like Mr Law are not that rare. They tend to end up in hospital again, but much sicker.

Previously, these patients would likely turn up at the emergency department when their illness gets out of control.

Professor Ng Han Seong, chairman of SGH's medical board, estimates that about one in four re-admissions among chronically ill patients is due to non-compliance - such as not taking their medicine, not following doctor's orders or skipping medical appointments - or miscommunication.

They might not need frequent hospitalisation if they had better follow-up care.

The project, which involves telecommunications giant SingTel and software firm HSA Global, uses computers and personal digital assistants (PDAs) to track patients following their discharge.

Aside from ensuring patients get follow-up treatment, the Web-based project allows doctors and nurses to access and update patients' health records.

They can put an entire treatment plan online, together with the results of tests, so it is available to others taking over the patient's care, such as a doctor at a participating polyclinic.

If the patient needs to be cared for at home - such as having a wound dressing changed - an attending nurse can call up the medical records on the PDA. She can also input what she has done so it is there for doctors the next time they see the patient.

Diabetes patients can also input their own blood sugar levels which they need to take regularly, so they are there for the doctor or nurse to check that all is well.

Associate Professor Lim Swee Hia, SGH's director of nursing, said: 'Continuing care is very important in keeping patients out of hospital.'

The project provides what Prof Ng called 'transition' care.

Hailing the pilot as a success, Prof Lim said it will be expanded this year to include all nine SingHealth polyclinics - up from just two.

It will also have more patients.

Mr Bill Chang, executive vice-president of SingTel's business group, said it would cost more than \$1 million for a hospital to set up such a system.

But by using SingTel's infrastructure, the hospital merely pays \$100 a month per licence. Licences are needed only by caregivers like doctors and nurses. Patients get free access.

'More hospitals and clinics joining in would lower costs,' Mr Chang said.

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08	09	10	11	12	13	14
15	16	17	18	19	20	21

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