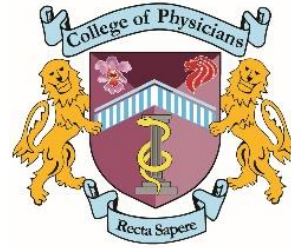




**ACADEMY OF MEDICINE
SINGAPORE**



**CHAPTER OF GERIATRICIANS
COLLEGE OF PHYSICIANS, SINGAPORE**

SPECIALTY SPECIFIC GUIDANCE

TELEMEDICINE

GERIATRIC MEDICINE

1 DECEMBER 2021

Developed by

**CHAPTER OF GERIATRICIANS
COLLEGE OF PHYSICIANS, SINGAPORE**

BACKGROUND

Home Medical and Home Nursing are part of Home-based services in the Intermediate Long Term Care Sector (ILTC). These services are essential for seniors who have higher care needs as they can be bed-bound, non-ambulant or highly dependent on their caregivers, and would typically reside in their homes.

Home Medical services cater to home bound seniors with chronic conditions or disabilities requiring continuing or long-term medical care. The scope of services includes comprehensive care assessments, development of management plans, management of acute/chronic medical problems, and referral for specialist treatment (where appropriate) and minor medical procedures that are provided by doctors within the homes of clients. Home Medical doctors are medical practitioners who are registered with the SMC, and may not necessarily be geriatricians. Clients are usually seen once every 3 months, with a service cap of 2 visits per month.

Home Nursing services cater to home bound seniors with chronic conditions or disabilities who required specific nursing care/procedures(s) that can only be provided for by a trained nurse. Nurses provide nursing care/ procedures such as wound dressing and change of feeding tubes in their homes. They also provide caregivers with training to help them manage the care of their loved ones at home. Clients are usually seen twice a month, with a service cap of 8 visits per month.

Once a client is referred to a service, the provider would conduct initial care assessment to determine the client's care needs and formulate a care plan. Clients are to be re-assessed regularly to determine their response to services and to plan for continued services or discharge. Re-assessment should be conducted at all episodes of significant changes in client's condition.

VC Use in Home Medical and Home Nursing

Providers determine client's suitability for Video Consultation (VC) based on each organisation's inclusion / exclusion criteria and enrol the client for VC if the client accepts. The proposed models of care for VC by providers are hybrid, with both VC and physical visits used as part of care delivery for clients. VC is generally used for clinical consultations, medication reconciliation and caregiver support. Please refer to the attached excel file for more detailed summary of inclusion / exclusion / use of VC criteria by individual home medical and home nursing service providers. We aim to seek AMS's input for a standardised set of guidelines that can be applicable for the

home medical and home nursing client population.

 HM_HN inclu exclu
criteria summary_up

1. Whether first consultations must be conducted in-person for all conditions, OR if there are conditions which can be managed solely over VC.

First visits are conducted in-person for all conditions. The nature of Geriatric assessment necessitates cognitive and physical performance assessments that are not feasibly conducted via telemedicine.

2. Whether there are any additional patient inclusion/exclusion criteria for doctors' use of VC (for first, or follow-up consults).

- Patient must be deemed clinically stable and conditions being monitored are not imminently life-threatening that warrant urgent intervention.
 - Caution must be exercised when enrolling medically complex patient for VC. Physician must ensure that appropriate care can be rendered via VC before enrolling such patient.
 - Some providers feedback that clients in home medical and home nursing could be medically complex due to multiple conditions. However, a disease could be complex but well managed and thus suitable for VC.
- **Specific inclusion criteria:**
- Follow up stable medical or geriatric conditions requiring medication optimization, care advice, or preventive management
 - Repeat visit for stable dementia or mild cognitive impairment.
 - Dementia counselling
 - Review of behavioural and psychological symptoms of dementia (BPSD) for medication titration, non-pharmacological advice and/or caregiver support
 - Stable falls, incontinence and osteoporosis patients, for which there is no change in physical condition and physical examination has been done previously
 - Review of response to medication and management of mood and psychiatric disorders
 - Follow up reviews to ensure that recovery is progressing on track
- **Exclusion criteria:**
- Unstable patients with new symptoms and issues.
 - Physical complaints or symptoms not assessable by telemedicine

- Patients requiring a physical examination in person or procedures that cannot be conducted outside of a physical clinic or hospital
- Severe behavioural and psychological symptoms of dementia
- Severe caregiver stress requiring in-person consultation
- Emergency conditions which require immediate or urgent attention or admission
- Patient/Family members who do not consent to Telemedicine
- Patients/Family who are not able to navigate through the process of teleconsult

3. Whether there are any speciality specific clinical red flags where if observed, doctors should escalate patients for an in-person consultation or A&E where appropriate;

- As in exclusion criteria

4. Whether there are any specific visual cues or other indications (e.g., tests or use of devices) that should be done/used when doctors manage patients over VC.

The use of monitoring equipment for monitoring Blood Pressure, Heart Rate, Pulse Oximetry, Temperature, Intake and output charting, weight chart, blood glucose monitoring, etc, can be used where deemed appropriate and practical.

5. Whether there are broad principles to determine maximum duration that clients can receive care through Video Consultations only without a physical consultation?

It is recommended that patient should be scheduled for in-person consult at least once a year.

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