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PLEXUS

A quarterly e-newsletter by the Primary Care Academy

Editorial Foreword

Did you know that the NHG Population Health consists of three important pillars which are NHG Polyclinics, Community Care and Population Health? Nurses and other healthcare professionals embrace NHG's philosophy of the River of Life in the way healthcare and services are delivered. The River of Life embodies the concept of persons planning their life course so as to "live" and "leave" well .

This issue of Plexus coincides with Nurses Day (1 Aug) and World Alzheimer's Day (21 Sept). The first article entitled, "Shaping Population Health: The Future Impact of Nursing" expounds on the newer and wider roles of nurses managing the health of the population.

The 2nd article reminds us that planning is required for us to "leave" well as we age irrespective of whether we have Alzheimer's or any other debilitating health conditions. This article by a Family Physician and a Medical Social worker aims to illustrate a common dilemma faced by patients. It is aptly titled, "ACP, LPA and AMD – Which One to Sign and Why?" It provides timely and concise information for healthcare professionals who need to advice patients on preparing for the future.

"Let us never consider ourselves finished, nurses. We must be learning all of our lives."

—Florence Nightingale, Mother of Nursing

"The trained nurse has become one of the great blessings of humanity, taking a place beside the physician and the priest."

—Dr. William Osler, Father of Medicine

A publication by Primary Care Academy

NHG Polyclinics
NHG Health

Shaping Population Health: The Future Impact of Nursing

by Lim Voon Hooi, Chief Nurse, NHG Population Health and NHG Polyclinics & Ng Woei Kian, Assistant Director of Nursing, Community Care, NHG Population Health

Nurses have long been the backbone of healthcare delivery, with their influence extending far beyond traditional bedside care. As Singapore shifts towards population health management, nurses are leading transformative changes through systematic, evidence-based approaches that shape community health outcomes.

At NHG Population Health, nurses in community and primary care settings have evolved to embrace broader responsibilities. Their work encompasses health promotion, disease prevention, vaccination programmes, and the promotion of healthy ageing. Through population health management and inter-professional collaboration, they drive positive outcomes at both individual and community levels. Crucially, nurses play a vital role in identifying and supporting vulnerable groups, particularly individuals with multiple health conditions and unmet psychosocial needs, through health-social integration.

The digital health transformation has expanded nursing impact through telehealth consultations and remote patient monitoring in polyclinics. Nurses now manage chronic conditions and wounds more effectively, extending healthcare access beyond traditional settings.

Shaping Population Health: The Future Impact of Nursing

by Lim Voon Hooi, Chief Nurse, NHG Population Health and NHG Polyclinics & Ng Woei Kian, Assistant Director of Nursing, Community Care, NHG Population Health

Community nurses, whose roles continue to expand in response to Singapore's ageing population, bring care directly to neighbourhoods through Community Health Posts in Active Ageing Centres and public areas such as community centres. They conduct health assessments, coordinate care for residents with complex needs, and implement preventive health initiatives—identifying early signs of frailty, fall risks and poorly controlled chronic diseases for timely intervention.

These nurses facilitate smooth transitions from hospital to home, working closely with various agencies to coordinate long-term care plans. Their partnership with nursing homes enhances end-of-life care and staff training, improving quality of life for residents with palliative needs. Through health education sessions and skills-based workshops, they empower both residents and caregivers to manage chronic conditions effectively and engage in advance care planning.

By bridging the gap between clinical care and community support, nurses enable individuals to live well, age well and, when the time comes, leave well. This strategic upstream approach to healthcare not only improves health outcomes but also reduces the burden on healthcare systems, demonstrating the transformative impact of nursing in population health management.

References 3

ACP, LPA and AMD - Which One to Sign and Why?

by Dr Tan Lye Yoong, Family Physician, Deputy Head, Toa Payoh Polyclinic; Ms Gina Tan Ju Ling, Senior Medical Social Worker, NHG Polyclinics, NHG Population Health Campus

Mr Halim, is a 70-year-old gentleman with diabetes mellitus and hypertension on follow-up at the polyclinic. Both his health conditions are reasonably well controlled for his age. Recently, he was referred to the Memory Clinic in the polyclinic and found to have cognitive impairment, though formal dementia diagnosis were still pending further investigations.

Following his wife's passing, Mr Halim has been living independently in a 3-room HDB flat. He is able to sustain himself financially through CPF savings and the rental income obtained from renting out a room of his flat. During his recent review at the polyclinic where he was accompanied by his two children, Mr Halim surfaced a recent complex family situation.

"Doc, my children worry I might die alone," he remarked with a cynical laugh. "They're pressuring me to sell my flat and either move in with them or enter a nursing home. I want to keep my flat, but they insist I should sell it and save the money. My daughter, whom I live with, has been making good decisions for me, but I don't want to burden her. Now they're saying it is better for me to sign ACP, LPA, and AMD - I'm confused about all this! Am I signing my freedom away?"

As healthcare providers encountering patients like Mr Halim, what are the considerations?

1) What is Mr Halim's mental capacity for decision making?

- The first step is to assess if Mr Halim can make sound decisions for himself in view of his cognitive impairment. A person must be assumed to have capacity unless it is established that the person lacks capacity" [section 3(2) Mental Capacity Act 2008]

In the absence of any impairment or disturbance in the functioning of the mind and brain which may cause a person to be unable to make a decision(whether temporary or permanent), mental capacity is deemed present, if Mr Halim is able to do the following:

- Understand the relevant information for him to make a decision (on health and treatment options)
- Retain the information long enough to make the decision
- Weigh the information to reach a decision (Reasoning)
- Communicate his choice

It is important to bear in mind that the assessment is of, mental capacity to make a particular decision about a specific matter, not the person's ability to make decisions, in general.

2) What is Mr Halim's past experiences with his family or friends who became seriously ill? What does "living" well mean to him?

- Explore Mr Halim's lived experiences, beliefs, preferences and meaning of living well.

"Well, Doc, my wife had a stroke and then had a serious lung infection which made her breathless. She was in ICU, had a tube to help her breath. She suffered a lot. In the end, she passed away in ICU. She used to tell me when it's time, God will call her home. I feel that if I become very ill, then let me go to her. I don't want to suffer and stay in hospital. I have lived long and without regrets. My children are all grown-up, all have their own family and career. It's enough for me.

I enjoy doing my gardening at my HDB corridor and going to the coffee -shop downstairs. I prefer to stay at my own house although my daughter has a room for me at her place. If I cannot take care of myself, then maybe I will go to a nursing home"

What are the different end-of-life planning tools to "live" and "leave" well ?

End-of-Life Planning Tool	 **Advance Care Planning**	 **Advance Medical Directive**	 **Lasting Power of Attorney**	 **Wills**
Who is it for?	Anyone, regardless of age, especially those with medical conditions	Persons aged ≥21 years	Persons aged ≥21 years	Persons aged ≥21 years and of sound mind
What is it?	A plan to communicate a person's values and preferences to guide end-of-life care decisions in the event of loss of mental capacity (e.g. extent of treatment – Full treatment vs comfort care).	A document stating a person's personal decision to make an instruction beforehand to refuse life-sustaining treatment if the person became terminally ill, incapable of expressing decisions and/or when death is imminent.	A legal document that allows a person (donor) to appoint one or more competent adults (donees) to make decisions on his/her behalf should the person lose the mental capacity to do so.	A legal document that expresses the wishes of a person (testator) as to how his/her assets and property (estate) is to be disposed when he/ she is deceased, and which person (executor) will manage the property and the process of its disposal.
What does it cover?	Health and Personal Care	Healthcare in terms of life-sustaining treatment	Personal welfare, property and affairs matters (e.g. continue or refuse treatments, where to stay, hiring domestic helper, manage property- buy/sell/rent/ mortgage)	Assets and property

What are the different end-of-life planning tools to "live" and "leave" well ?

End-of-Life Planning Tool	 **Advance Care Planning**	 **Advance Medical Directive**	 **Lasting Power of Attorney**	 **Wills**
Process	May appoint up to 2 nominated healthcare Spokeperson(s).	Signed by a doctor in the presence of a witness.	Appoint a legal donee (up to 2) through LPA Certificate Issuer.	A written document signed by the testator in the presence of 2 witnesses, who are not beneficiaries to the will.
When does it take effect?	When one loses mental capacity and critical healthcare decisions need to be made.	When the person is terminally ill, only accessible by healthcare providers if they are informed about it.	When one loses mental capacity in the area of personal welfare, property and affairs.	After a person's death.
Is it legally binding?	No	Yes	Yes	Yes
Can it be changed?	Yes, by contacting an ACP Facilitator.	Can be revoked or terminate at any time by signing a revocation form in the presence of at least one witness.	Can be revoked or terminated at any time by signing a revocation form and notifying the Office of the Public Guardian (OPG) and donee.	Can be revoked with a written declaration, signed in the presence of 2 witnesses or when a new will is written with a clause stating previous will is void or when one gets married.

What are the different end-of-life planning tools to "live" and "leave" well ?

End-of-Life Planning Tool	 **Advance Care Planning**	 **Advance Medical Directive**	 **Lasting Power of Attorney**	 **Wills**
Where can this be done	ACP service provider as listed on My Legacy website: Find an Advance Care Planning service provider - MyLegacy@LifeSG This includes Acute hospital, Polyclinics and selected GPs. Online submission of ACP is possible for those who do not have serious illnesses through myACP. https://mylegacy.life.gov.sg/find-a-service/acp/	GPs, Polyclinics and hospitals.	LPA Certificate Issuer as listed on the Office of Public Guardian website.	Consulting a lawyer is recommended.

What are the different end-of-life planning tools to "live" and "leave" well ?

End-of-Life Planning Tool	 **Advance Care Planning**	 **Advance Medical Directive**	 **Lasting Power of Attorney**	 **Wills**
For Mr Halim	Mr Halim could choose a trusted persons (one or both of his children) to speak on his behalf should he no longer be able to. The General ACP discussion would also discuss about Mr Halim's goals of medical care for serious injury or illness and his preference for comfort care.	Mr Halim clearly expresses that he does not want any extraordinary life-sustaining treatment to prolong his life, if he becomes terminally ill and unconscious.	When choosing a Donee, Mr Halim needs to consider: • how well his children manage their own affairs (for example, their finances) • how well they know his healthcare and financial wishes • whether he can trust them to make decisions in his best interests • whether they can handle the responsibility to make decisions for him He can choose his daughter, or both his children is as his donees. If Mr Halim does not have an LPA and subsequently loses his mental capacity, his children will need to apply to the Court for Court-Appointed Deputyship.	Mr Halim could write a will for clear distribution of his assets- including his HDB flat, savings, and other possessions after his death. For example, Mr Halim can do a Will to distribute his inheritance to include distribution to his children, grandchildren, siblings and charitable organisation.

In summary,

It is important to respect the autonomy of Mr Halim, and to help him make his own decision as much as possible. The instruments (ACP, AMD, LPA and Will) are complementary and not mutually exclusive. Regular updates are recommended, especially after major life changes.

If Mr Halim is assessed to have adequate mental capacity to decide on his preferred place of care, his autonomy should be respected.

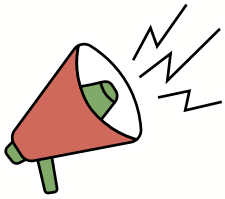
3)What happens if Mr Halim develops gradual cognitive decline, what are some considerations for his care?

While progressive cognitive impairment may raise valid safety concerns, these can often be mitigated through appropriate support. Options include community services such as Dementia Day Care centres, Community Rehabilitation Centres, Community Case Management Services (CCMS), environmental modifications under EASE (Enhancement for Active Seniors) programme, or the engagement of a live-in domestic helper if agreeable to Mr Halim. These measures help ensure safety while aligning with his wish to age in place, supporting a person-centred approach to care.

By planning early for end-of-life care, Mr Halim will provide clarity, protect his interests, prevent potential family disagreements on his care and management of his assets. It will also reduce the burden of making difficult healthcare decisions and reduce the administrative complexities for his children.

PRIMARY CARE ACADEMY

Primary Care Academy (PCA) is a one-stop, regional training centre catering to the training needs and skills upgrading of primary care doctors, nurses, allied health professionals and ancillary staff in primary care. Besides, PCA also provides informative and interactive health talks and workshops for community/public and corporate audiences alike.



UPCOMING EVENTS

Clinic Assistant Course

Basic Level

Module 1: 4 Oct or 8 Nov 2025
Module 2: 18 Oct or 15 Nov 2025
Module 3: 25 Oct or 22 Nov 2025
Module 4: 1 Nov or 29 Nov 2025

1.30pm - 6.00pm
Ang Mo Kio Polyclinic

For more information, visit
https://for.sg/6v6u72

Course fees apply. National Silver Academy (NSA) subsidies available & SkillsFuture credit claimable.

Clinical Preceptorship Course

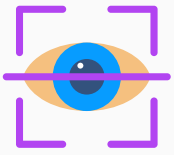
7 Oct 2025
8.30am - 5.30pm
Ang Mo Kio Polyclinic

Ang Mo Kio Polyclinic

For more information, visit
https://for.sg/zlbf2c

Course fees apply. National Silver Academy (NSA) subsidies available & SkillsFuture credit claimable.

DIABETIC RETINAL PHOTOGRAPHY



4, 7 Nov 2025
8.30am to 5.30pm
Ang Mo Kio Polyclinic

For more information, visit
https://for.sg/u7rknw

FOOT SURVEILLANCE

31 Oct 2025
2.00pm - 5.30pm
Ang Mo Kio Polyclinic

For more information, visit
https://for.sg/7c76lw

Contact us

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6047 8853 / 6047 8854

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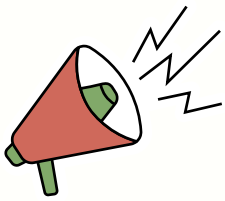

UPCOMING EVENTS

Health Coaching for the Community Practitioner

Day 1: 16 Oct 2025, 2.00pm - 5.30pm (F2F)
Venue: Yishun Polyclinic
Day 2: 30 Oct 2025, 8.30am - 5.30pm (F2F)
Venue: Yishun Polyclinic
Day 3: 12 Nov 2025, 2.00pm - 4.00pm (Zoom)

For more information, visit
https://for.sg/hccp

Course fees apply. National Silver Academy (NSA) subsidies available & SkillsFuture credit claimable.

Introduction to Qualitative Research

17 Oct 2025
2.00pm - 5.00pm

Ang Mo Kio Polyclinic

For more information, visit
https://for.sg/iqr

Course fees apply. National Silver Academy (NSA) subsidies available & SkillsFuture credit claimable.

Essentials of Clinical Audit in General Practice

25 Oct 2025
2.00pm - 4.30pm

Yishun Polyclinic

For more information, visit
https://for.sg/ecagp

Course fees apply. National Silver Academy (NSA) subsidies available & SkillsFuture credit claimable.

Contact us

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