

## **Project Title**

Early Implementation of a New Community-Based Frailty Programme in Singapore: A Qualitative Study On Perspectives of Implementers

## **Project Lead and Members**

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## **Healthcare Family Group(s) Involved in this Project**

Allied Health, Medical, Healthcare Administration

## **Applicable Specialty or Discipline**

Geriatric Medicine

## **Project Period**

Start date: 01-Apr-2019

Completed date: 31-Mar-2023

## **Aims**

This qualitative study describes implementation experiences of GSH core teams and community partners, and complements an earlier study that explored perspectives of programme leads on GSH's conceptualisation and implementation.

## Background

See poster attached/ below

## Methods

See poster attached/ below

## Results

See poster attached/ below

## Lessons Learnt

Below are some suggestions on the GSH programmes for MOH and implementers to consider:

- **Conceptualisation and Planning:** Provide case management of complex patients to improve care continuity in the community.
- **External Partnerships:** Adopt a cluster wide approach for partnership building through Regional Health Systems.
- **Care Operationalisation:** Develop a shared digital platform to facilitate care coordination and outcomes monitoring.
- **Patient Factors:** Include patient education as a core function to raise awareness of frailty and early intervention

## Conclusion

See poster attached

## Additional Information

Singapore Health & Biomedical Congress (SHBC) 2022: Best Poster Award (Health Services Research) (Posters category) – (Silver Award)

## Project Category

Care Continuum, Primary Care, Preventive Care, Community Health

Applied/ Translational Research, Qualitative Research

**Keywords**

Frailty Care, Comprehensive Geriatric Assessment, Care Coordination,  
Multidisciplinary Team Care, Implementation Science

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# Early implementation of a new community-based frailty programme in Singapore: A qualitative study on perspectives of implementers

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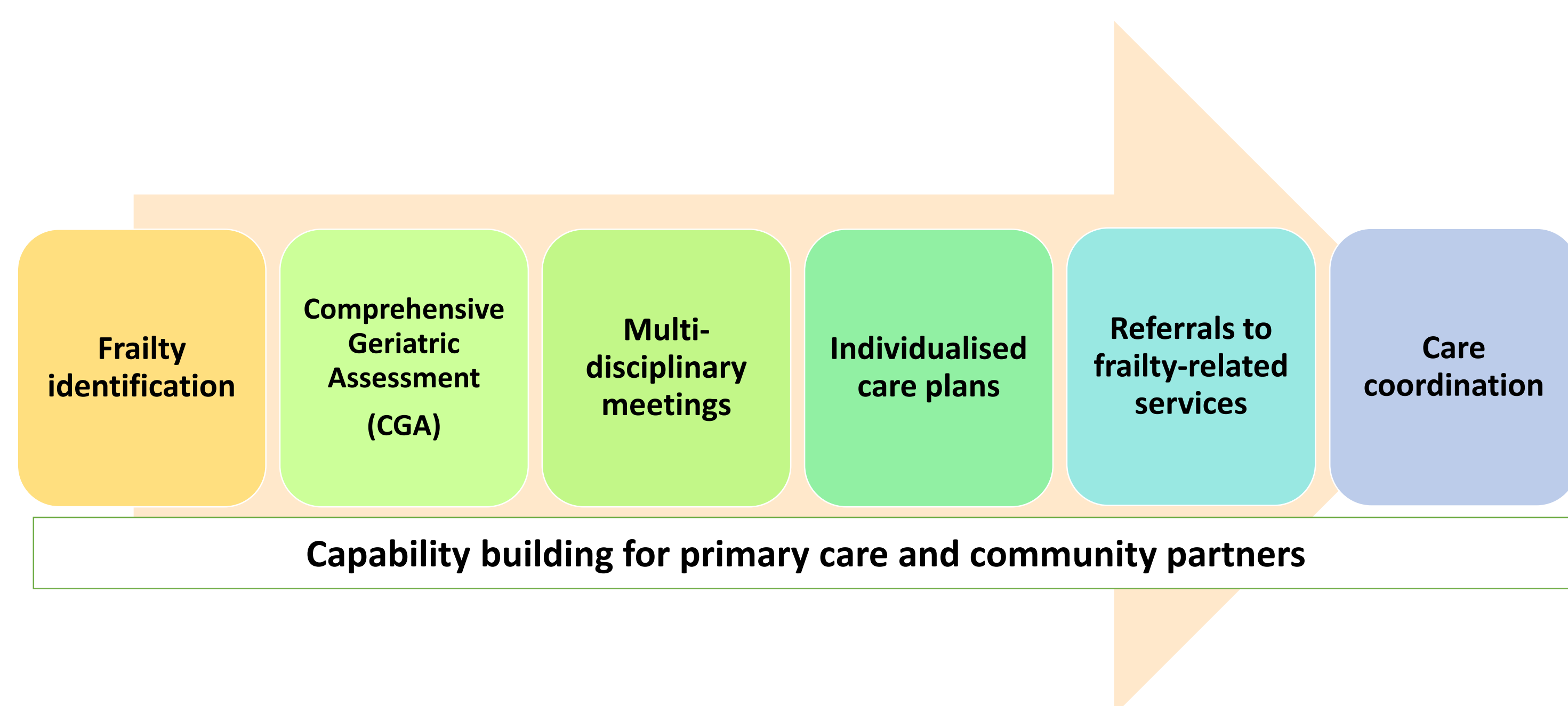
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## INTRODUCTION & AIM

- The **Geriatric Services Hub (GSH)** is a novel programme initiated by the Ministry of Health Singapore (MOH) and piloted by five hospitals.
- The programmes partner primary-care and community/social-service providers to identify, assess and manage frailty among older adults in the community.
- This qualitative study aims to describe **implementation experiences of GSH core teams and community partners**.
- It complements an earlier study that explored programme leads' perspectives on GSH's conceptualisation and implementation.

## GERIATRIC SERVICES HUB: KEY ACTIVITIES



## METHODS

- Using **purposive sampling**, we identified 54 implementers and conducted 11 focus-group discussions across five programmes.
- Hybrid approach of **inductive and deductive coding** was used. Codes and themes from the previous study were applied to the analysis.
- **Framework analysis** was used to guide the qualitative inquiry.

## FINDINGS: FIVE MAJOR THEMES

<b>Healthcare System Settings</b>	• Care philosophy, practices and policies in the wider context
<b>Conceptualisation and Planning</b>	• Decisions made during the conceptualisation and planning stages
<b>External Partnerships</b>	• Building relationships with partners with shared values, culture and vision, and standardising work processes
<b>Care Operationalisation</b>	• Cultural, structural, and procedural elements that have influenced implementation
<b>Patient Factors (New)</b>	• Characteristics, needs, perceptions and preferences of patients that influence GSH implementation and service utilisation

## THEME 1: HEALTHCARE SYSTEM SETTINGS

- **Systemic constraints of primary care partners** affect their ability to undertake frailty assessment and management in the community.
- **Fragmentation of services** in the community makes care continuity a challenge.

## THEME 2: CONCEPTUALISATION AND PLANNING

- GSH is recognised as **filling a gap in case finding, assessment and care for frailty outside of hospitals**.
- **Conducting comprehensive assessments in the community settings** was considered a signature of the GSH.

"I think the wonderful and the beautiful thing about this programme is actually there are some things that we're still able to pick up (...) it was through the questions [during the Comprehensive Geriatric Assessment (CGA)] that they were being probed to probably reveal a little bit more what happened at home or what was sort of bothering them, and then that was how it was kind of like escalated so that we can identify the correct services and support that they required." (FGD1 33: Hospital C, Eldercare Centre Manager)

## THEME 3: EXTERNAL PARTNERSHIPS

- Substantial time was needed to find partners **aligned in values, goals and strategies** and establish pathways with them.
- **Additional resources and expertise provided by GSH** were perceived as a key incentive for partners.
- **Capability building for primary care providers and community partners** was seen as necessary by partners and improved their practice.

"I feel that yeah, it really benefitted me a lot in my work. So now right I understand more about geriatric patients, because besides our CGA patients we do have other geriatric patients as well. So yeah, then I know the right question to ask them.... So what to look out and what are the assessment that I can do further for my patients." (FGD1 37: Hospital C, Polyclinic Nurse)

## THEME 4: CARE OPERATIONALISATION

- The GSH programmes differed in **direct access that patients may have for certain medical and community services**. It largely depends on partnerships that they built with other service providers.
- There is a **lack of feedback loop in managing patients**, partly due to lack of data-sharing platform among partners.
- **Adequacy of resources**, especially manpower, needs to be assessed for long-term sustainability.

"I guess the issues or foreseeable problems would be more of sustainability, when the numbers ramp up. Because not all the GP (clinics) there are case managers or social workers at the sites. So as much as we want to also upskill them to do case management for [GSH], it may be a bit difficult for this to happen because you just don't have the manpower or this role, or this person suitable to do this." (FGD1 42, Hospital E, Medical Social Worker)

## THEME 5: PATIENT FACTORS

- **Patients' understanding of frailty and need for intervention** may be lacking across all programmes.
- This affects enrollment rate and also patients' motivation to **utilise the recommended services**.
- Patients may face **complex medical, social and financial issues** that hinder their ability to utilise the services.

"The elderly wise, depends. 50/50 so 50 of them will be like 'Okay I will listen to what my children say, I will go for the assessment.' The other 50 will be 'Why do I need the assessment? I'm actually well, I don't have any acute illness now so I don't need to see a doctor or a nurse.'" (FGD1 08: Hospital B, Senior Care Centre Manager)

## DISCUSSION & CONCLUSION

- Implementers saw the value of GSH in providing **frailty identification and management in the community**, but face some **constraints in implementation**.
- All GSH programmes are expanding programme reach by working with more partners, but **partnership-building is time-consuming and effortful**.
- **Uptake of recommended services** after the CGA is essential for patients to fully benefit from GSH.
- Preliminary suggestions to be considered with stakeholders and MOH include:

- **Conceptualisation and Planning:** Provide case management of complex patients to improve care continuity in the community.
- **External Partnerships:** Adopt a cluster-wide approach for partnership-building through Regional Health Systems.
- **Care Operationalisation:** Develop a shared digital platform to facilitate care coordination and outcomes monitoring.
- **Patient Factors:** Include patient education as a core function to raise awareness of frailty and early intervention.

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