

my Alvernia

Inspiring Healthy Living | Issue 53

Giving Strength

Empowering recovery through rehabilitation



Special Feature: Rehabilitation **8**

22 The Silent Threat of Sudden Cardiac Death

26 Irregular Periods? They Can Affect Your Fertility

32 Weaning Your Child From Milk To Solids

CONTENTS

03 CEO's Message

04 News & Events

- 04 A Joyful Mother's Day Arrival
- 06 Mount Alvernia Celebrates World Health Day 2024
- 07 Save Lives, Clean Your Hands

08 Special Feature: Rehabilitation

What is Rehabilitation?

Understanding Its Role in Recovery

- 08 All About Rehabilitation and How It Helps Recovery
- 12 Physiotherapy: All About the Recovery
- 14 Occupational Therapy: Practical Methods to Restore Independence
- 16 Speech Therapy: Unlocking Communication and Building Confidence
- 18 Mount Alvernia Rehabilitation Centre



22 Medical & Surgical

- 22 The Silent Threat of Sudden Cardiac Death
- 24 Should I Be Worried About Pancreatic Cysts?

26 Mother & Child

- 26 Irregular Periods? They Can Affect Your Fertility
- 28 Stuttering in Children

30 Your Questions

How Does an Integrated Shield Plan Help with Private Hospital Bills?

32 Nutrition Matters

Weaning Your Child From Milk To Solids



34 Outreach

34 Outreach Clinics

34 Ensuring Accessible Healthcare for the Visually Impaired

36 Hospital-Based Services for Transnationals

36 A Second Chance at Health

37 Restoring Health and Hope for a Transnational Grandmother

38 Offsite Programmes

38 Flu Vaccination Campaign for Persons with Disabilities

40 Supporting Vulnerable Transnational and Young Parents

41 Promoting Inclusion at SPD's "Eat, Play, Live" Event

42 People

42 Celebrating Dedication: Long Service Awards 2023

45 Congratulations to our Nurses' Merit Award 2024 Winners!

46 Doctors

Introducing Our New Specialist Doctors!

Advisor Han May Ching | **Editor** Felicia Tan | **Writer** Audrey Ng
| myAlvernia is a publication by Mount Alvernia Hospital,
820 Thomson Road, Singapore 574623 | **Contact Information**
Please email mah@mtalvernia.sg and address all
correspondence to: The Editor, myAlvernia.

No part of this publication may be reproduced in any form or by any means without the written permission of the publisher. The information contained in this publication should not be regarded as a substitute for detailed medical advice in individual cases. All clinics mentioned in this publication are located within the hospital campus. All rights reserved.

MCI (P) 056/03/2024



You can download a softcopy at
www.mtalvernia.sg/publication

Connect with Us



As we pass the midpoint of 2024, I am grateful for the opportunity to share some of the latest developments at Mount Alvernia Hospital.

A major milestone for us has been the opening of both our inpatient and outpatient rehabilitation centres in the first half of this year. To coincide with this achievement, this newsletter issue includes a special feature on rehabilitation. Many still mistakenly believe that rehabilitation is solely about physiotherapy. Our feature aims to firstly explore a fuller scope of rehabilitation, highlighting not only physiotherapy but also the critical roles of occupational and speech therapies; and introduce our new rehabilitation centres with our specially curated programmes for patients with multiple conditions.

In addition, I am proud to announce that two of our esteemed nurses have received the prestigious Ministry of Health (MOH) Nurses' Merit Award. Congratulations to Ms See Bee Fong, Senior Nurse Manager, and Ms Kartikawani Binti Asmawi, Nurse Manager for this well-deserved recognition which reflects their exceptional contributions to the nursing profession.

At Mount Alvernia, our achievements are built on the commitment of our long-serving staff members. In March this year, we celebrated the Long Service Awards, giving gratitude to colleagues who have been with us for periods ranging from five to 50 years. Notably, Mdm Tang Kuen Toh from housekeeping, and the late Mr Koh Nyuk Choon, our carpenter, have both devoted five decades to the hospital. We thank them for their unwavering dedication and loyalty. With regret, Mr Koh passed away in May this year. We extend our heartfelt condolences to his family. His diligence and helpfulness will always be remembered by those who had the privilege of working with him.

Our community outreach team remains steadfast in supporting vulnerable communities. Besides operating our two outreach clinics at Enabling Village and Agape Village, they have conducted a mass flu vaccination exercise for more than 400 persons with disabilities,

partnered with our Parentcraft team to offer antenatal workshops for low-income transnational couples, and coordinated pro bono medical support for vulnerable transnational spouses, all in the first half of this year. We are glad to have the opportunity to make a difference in the lives of these disadvantaged individuals.

2024 marks a significant year in our hospital's history. We are celebrating not only the 63rd anniversary of Mount Alvernia's opening, but also the 75th anniversary of our founding Sisters from the Franciscan Missionaries of the Divine Motherhood arriving in Singapore in 1949, where they first cared for marginalised patients with tuberculosis and leprosy.

Their commitment to providing quality medical and nursing care to the population led to the establishment of Mount Alvernia Hospital in 1961. From our humble beginnings as a 60-bed hospital, we are now a general acute care hospital with nearly 380 beds, a dedicated maternity and paediatric building, multi-disciplinary medical centres and a full suite of ancillary services.

We are deeply grateful to our patients and their families, dedicated doctors and staff, for being part of this journey. Your support has helped grow Mount Alvernia Hospital into what it is today. I look forward to continuing this road with you as we uphold our founders' mission to **Serve all with Love.**



God bless.

Dr James Lam Kian Ming
CEO, Mount Alvernia Hospital

A Joyful Mother's Day Arrival

In the early hours of Mother's Day, 12 May 2024, Mr and Mrs Wijaya welcomed their first child into the world at 12.02 a.m. Their newborn son, weighing a healthy 3.005 kg and measuring 52 cm in length, made his debut at Mount Alvernia Hospital's St Anne Mother & Child Centre (SAMCC).

Though the estimated due date was 7 May, the days leading up to the birth were quiet, with no signs of the baby's arrival. As the due date passed, Mrs Wijaya grew anxious and reluctantly scheduled an induced birth for 11 May.

However, on the morning of 9 May, she experienced high fever, chills, vomiting, and constant lower back pain, prompting immediate admission to SAMCC for observation.

Despite the alarming symptoms, tests confirmed the baby was in good health.

Fortunately, Mrs Wijaya remained in the hospital for further observation, as contractions began intensifying around midnight on Friday, ahead of the scheduled induction, ultimately leading to a natural birth.

Mr Wijaya, overwhelmed with the prospect of becoming a father, even developed shingles upon learning of his wife's pregnancy. Now, holding his son, he reflects, "Being a father is a huge responsibility," but his pride and joy are evident.



To commemorate the birth, the hospital presented the new parents with a special Dragon Baby Gift Box, along with other gifts from sponsors. This unique gift box is given to all babies born at SAMCC during the Year of the Dragon.

Mount Alvernia Hospital warmly wishes the new parents all the best on their newest addition, and a wonderful start to their beautiful journey together!

Congratulations!



theAsianparent
AWARDS
2024 SINGAPORE

PRESENTS

Voted by
63%
of readers



MATERNITY HOSPITAL

WINNER

MOUNT ALVERNIA HOSPITAL
ST ANNE MOTHER & CHILD CENTRE

Mount Alvernia Celebrates World Health Day 2024



Staff came together to celebrate World Health Day 2024.

World Health Day 2024 at Mount Alvernia Hospital was celebrated on 26 April with a vibrant event focused on fun and health. Held on the rooftop car park of Medical Centre D, staff across all departments came together to promote global health awareness.

The day kicked off energetically at 8am with an invigorating K-Kardio and Zumba dance workout session, energising participants and highlighting the importance of physical activity in maintaining overall health.



The celebrations kicked off with K-Kardio and Zumba workouts.

Following the workouts, staff were treated to a nutritious buffet breakfast. The spread included fresh fruits, delectable pastries, and Petits Parfait healthy bites from 2NutGuys, complemented by a free flow of cultured milk drink Vitagen. This breakfast demonstrated that healthy eating can be both tasty and satisfying.

The event continued with a series of informative presentations, aimed at promoting a holistic approach to health. Psychiatrist Dr Lim Wei Shyan discussed the significance of psychological well-being, and skincare advisor Ms Fara from Sebamed enlightened attendees

about proper skin and hair care, offering personalised hair and scalp analyses to some.

Adding an element of fun and friendly competition, various fitness challenges were organised, fostering camaraderie while also encouraging an active lifestyle.



Participants were treated to a sumptuous and nutritious buffet breakfast.

The World Health Day celebrations at MAH reinforced the hospital's commitment to promoting a healthy lifestyle among its employees, setting a positive example for the broader community.

Save Lives, Clean Your Hands

On 2 May, Mount Alvernia Hospital observed Hand Hygiene Day in conjunction with World Hand Hygiene Day 2024. This year's global theme aims to enhance the knowledge and capacity building of healthcare workers through innovative and impactful training and education on infection prevention and control, with a particular focus on hand hygiene.



This year's Hand Hygiene Day focuses on promoting knowledge sharing of hand hygiene practices.

The campaign slogan, "Why is knowledge sharing about hand hygiene important? Because it helps stop the spread of harmful germs in healthcare." underlined the critical role that informed practices play in maintaining a safe healthcare environment.

The fun-filled and educational event featured booths by vendors, engaging activities and games, a special talk by senior consultant infectious diseases physician Dr Leong Hoe Nam, and an awards presentation recognising the departments most compliant with hand hygiene practices. Staff were also invited to participate in a hand hygiene poster design contest.



Staff participated in educational games to enhance their knowledge on hand hygiene.

One of the day's highlights was the interactive activity stations. Participants visited four different stations, engaged in hand hygiene activities, and collected stamps on their activity cards. Those who completed all stations were rewarded with a delicious pizza.

"Hand hygiene is not just a personal responsibility, but a collective accountability," emphasised Dr James Lam, CEO at Mount Alvernia Hospital. "This means educating ourselves and others about the importance of hand hygiene and encouraging everyone to practise it diligently."

Director of nursing Ms Shirley Tay remarked, "We have had many Hand Hygiene Days, but it remains a significant event. Sharing knowledge about hand hygiene is still crucial today because it helps stop the spread of harmful germs in healthcare."



Organised by the infection control team, Hand Hygiene Day was a fun-filled and informational event.

Dr Djeni Huang, director of clinical services, added, "Antimicrobial resistance (AMR) is one of the world's most urgent public health problems. It threatens the progress we have made in healthcare and, ultimately, life expectancy. The simplest way to prevent AMR is to practise good hand hygiene and adhere to infection control measures."

By promoting hand hygiene education and compliance, the hospital hopes to demonstrate its ongoing efforts in prioritising the safety and well-being of both patients and staff.

Special Feature: Rehabilitation

All About Rehabilitation and How It Helps Recovery

Beyond just undergoing physical therapy for an injury, rehabilitation addresses a wide range of conditions including speech, cognition, and more.

Rehabilitation is most commonly understood as helping a person recover from an injury or illness, so that they can resume their daily activities.

The World Health Organization defines rehabilitation as “a set of interventions designed to optimise functioning and reduce disability in individuals with health conditions in interaction with their environment”.

Simply put, rehabilitation is a process that involves a range of medical, therapeutic, and supportive services aimed at restoring or improving one’s abilities that have been

impaired. It encompasses not only physical recovery, but also the emotional, social, and cognitive aspects of a person’s health.

The primary goal of rehabilitation is to help people regain any function they have lost, and improve their overall quality of life. Different techniques are tailored to different conditions. For example, rehabilitation for a stroke patient may focus on restoring speech and motor skills, while cardiac rehabilitation may aim to improve cardiovascular health and prevent future heart problems.



Why rehabilitation is important

Rehabilitation plays a crucial role in significantly enhancing the quality of life for individuals with various health conditions.

Whether it is regaining mobility after surgery, restoring independence following a stroke, or managing chronic conditions like arthritis or heart disease, rehabilitation provides the necessary support to help individuals get their lives back on track.

Patients recovering from surgery or injury may need to undergo rehabilitation to regain their strength and mobility. The aim is to help them return to their daily activities and work as quickly as possible.

For those with chronic illnesses, such as heart disease or arthritis, rehabilitation offers strategies to manage their conditions more effectively, reduce symptoms, and prevent their conditions from further deterioration. For instance, cardiac rehabilitation aims to improve one's cardiovascular health and prevent any heart problems from occurring in future.

Rehabilitation is also vital for individuals with disabilities, as it provides them with ways on how to manage their daily activities and achieve greater independence. This can include physical rehabilitation to improve mobility and strength, occupational therapy to enhance daily living skills, or speech and language therapy to address communication challenges.

Beyond addressing the health condition, rehabilitation can greatly help improve mental well-being. Engaging in therapy can reduce symptoms of depression and anxiety, as it provides patients with a sense of progress, and ultimately, hope in their recovery journey.

Types of rehabilitation

Rehabilitation is a multifaceted field that encompasses different specialties. These include:

- 1 Physical Rehabilitation or Physiotherapy:** Focuses on improving mobility, strength, and physical function through exercises, manual therapy, and other techniques.
- 2 Occupational Rehabilitation or Therapy:** Aims to help individuals return to work and daily activities by improving skills and adapting to their environment.
- 3 Speech and Language Rehabilitation or Speech Therapy:** Addresses communication and swallowing disorders through targeted therapies. It can be for adults and children.
- 4 Paediatric Rehabilitation:** Specialised therapy for children and babies to support orthopaedic, neurological, respiratory and other issues.
- 5 Cognitive Rehabilitation:** Aims to enhance memory, attention, and problem-solving skills, often for those with brain injuries or neurological conditions.
- 6 Cardiac Rehabilitation:** Supports recovery from heart-related conditions with a combination of exercise, education, and lifestyle changes.
- 7 Neurological Rehabilitation:** Provides specialised care for neurological disorders, injury, or diseases of the nervous system such as stroke, Parkinson's disease, and multiple sclerosis.

Rehabilitation process

The rehabilitation process is typically structured and methodical, consisting of several key steps:



1. Assessment:

The therapist conducts a thorough evaluation of the patient's condition, including physical, cognitive, and emotional aspects. This assessment helps identify the patient's specific needs and capabilities.



2. Goal Setting:

Based on the assessment, the therapist sets personalised short-term and long-term rehabilitation goals, tailored to the patient's individual needs.



4. Undergoing Therapy:

The rehabilitation process involves various techniques and therapies, such as physical exercises, manual therapy, cognitive-behavioural techniques, and speech therapy. These therapies aim to restore function, reduce pain, and improve overall health.



3. Personalised Plan:

The therapist develops a customised rehabilitation plan outlining specific therapies to be applied to the patient.



5. Monitoring Progress:

During the patient's regular therapy sessions, the therapist asks questions, monitors the patient's progress, and may modify the rehabilitation plan based on observation and feedback, to suit the patient's progress.



6. Education:

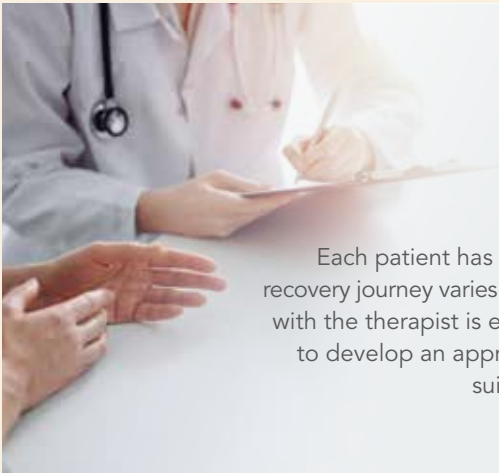
Educating patients and their families or caregivers is another important part of rehabilitation, as it helps them understand the patient's condition, the rehabilitation process, and how they can support recovery.



7. Discharge and Follow-up:

When the therapist determines that regular sessions are no longer necessary, the patient is discharged. Follow-up appointments may be scheduled to monitor long-term progress and address any ongoing needs.





Important to note

Each patient has their own individual goals, and the recovery journey varies for everyone. Open communication with the therapist is essential, as it enables the therapist to develop an appropriate recovery plan and timeline suited to the patient's specific needs.

Where to seek rehabilitation

Patients can seek rehabilitation through a referral from their doctor, or by making an appointment to go on their own.

Early rehabilitation is crucial to prevent secondary conditions, such as muscle atrophy or depression, and to regain one's regular life as soon as possible.

Rehabilitation Myths vs Truths

Myth Rehabilitation is only for older adults.

Truth Rehabilitation benefits people of all ages, including children.

Myth Rehabilitation is just about physical exercises.

Truth Besides physical exercises, rehabilitation also includes other therapies such as occupational and speech therapies, and cognitive behavioural techniques.

Myth You only need rehabilitation when you are in pain.

Truth Rehabilitation addresses more than just pain. It focuses on improving strength, flexibility, coordination and overall function. It can actually help prevent pain by enhancing physical health.

Myth Rehabilitation is painful.

Truth While some discomfort might be experienced as part of the recovery process, rehabilitation is designed to be safe and tolerable. Therapists are trained to adjust exercises to match each patient's pain threshold.

Myth Once rehabilitation starts, recovery is quick.

Truth Rehabilitation is a gradual process. Recovery time depends on the individual's condition. Consistency and patience are key, and progress can sometimes be slow but steady.

Special Feature: Rehabilitation

Physiotherapy: All About the Recovery

From the old to the young, physiotherapy benefits a variety of conditions and is aimed at restoring one's physical function back to tip-top state.

Ever broken an ankle or known an elderly person who had a bad fall? They would most likely require physiotherapy to get back on their feet.

Physiotherapy involves the assessment, treatment, rehabilitation and prevention of pain, injury, or any other physical dysfunction, through the use of education, exercise, manual therapy, electro-physical agents, technology or any other treatment for those purposes.

While physiotherapy is commonly used as a means of recovery after an injury, it is also a treatment for those experiencing pain in the joints or body, limited mobility, as well as a preventive or management method for conditions such as arthritis.

Conditions that benefit from physiotherapy

Physiotherapy can address a wide range of issues, with the primary goal of restoring mobility and function. It is used for conditions such as:

Musculoskeletal conditions: Include injuries such as sprains, strains, fractures, muscle tears, and tendonitis. Physiotherapy also improves balance and gait issues, particularly in older adults, like those recovering from falls.

Rehabilitation post-surgery: Common surgeries include knee replacements, knee arthroscopy, fractures, and hip replacements.

Chronic problems: Arthritis, osteoporosis, and chronic pain.

Neurological disorders: Stroke, Parkinson's disease, and multiple sclerosis.



Physiotherapist Joshua Chng (right) guides a patient in rehab exercises.

How physiotherapy works

Physiotherapy methods vary depending on the patient's condition.

These methods can include an exercise programme tailored to the patient's condition to encourage mobility and range of motion, such as strengthening exercises that may involve bodyweight movements or exercise machines.

The physiotherapist may sometimes employ a more hands-on approach called manual therapy to massage or manipulate the joints, muscles or soft tissue.

Mr Joshua Chng, senior physiotherapist at Mount Alvernia Hospital, notes that some patients fear that activity may worsen their condition.

"My job is to educate them throughout their rehabilitation process," he shares. "I will go through movements that they can do safely without further harming themselves, and explain to them that as their condition improves, I will guide them to progressively increase their movements in a safe manner." Other methods such as heat therapy, ultrasound, or electrical stimulation may also be used to promote healing.

The physiotherapist will typically advise the patient on how different techniques aid in their recovery and adjust the treatment as the patient progresses.

“The process of rehabilitation is a journey and will take time.”

– Mr Joshua Chng

The journey

Getting started with physiotherapy typically involves an initial assessment. During this session, the physiotherapist will:



Discuss the patient's medical history and current condition in detail.



Perform a physical examination to assess range of motion, strength, and any limitations one may have.



Discuss the patient's goals for physiotherapy and develop a personalised treatment plan.

Mr Chng says he begins by asking the patient about their condition, and how they sustained their injury. He then performs a physical assessment, before explaining to the patient their condition.

"When patients understand why they have a particular pain or injury, they recover better and quicker because they can more easily follow the treatments and exercises I recommend to them," he says.

Above all, he emphasises that "the process of rehabilitation is a journey and will take time."

Frequently Asked Questions

1 How do you know when to see a physiotherapist?

If you experience persistent pain that hinders your ability to move or disrupts daily activities, consult a doctor who may refer you to a physiotherapist, or visit a physiotherapist directly.

2 Can physiotherapists diagnose injuries?

Physiotherapists may be able to identify musculoskeletal injuries during an examination. However, a doctor or orthopaedic specialist will provide a more accurate diagnosis.

3 Does physiotherapy involve massage?

Physiotherapy is not massage. Depending on the patient's needs and condition, a therapist may incorporate some form of massage into the treatment plan.

4 What is the difference between physiotherapy and chiropractic?

Physiotherapy focuses on rehabilitation and improving a person's movement and function to help them return to their normal activities. Chiropractic also focuses on the musculoskeletal system, but more on the spine. A chiropractor usually uses hands-on manual manipulation to adjust misalignment of the spine and other joints to improve function.

Special Feature: Rehabilitation

Occupational Therapy: Practical Methods to Restore Independence

The process addresses all aspects of an individual's daily activities to ensure optimal physical and emotional well-being.

From getting dressed and feeding oneself, to using the toilet and moving about, these are the daily routines in life that are second nature for most people.

But what happens when a setback leaves someone physically or mentally unable to perform these tasks? That is where occupational therapy comes in.

Occupational therapy is a healthcare profession that focuses on helping individuals achieve independence and improve their quality of life through therapeutic interventions.

Occupational therapists work with people of all ages, from children with developmental disorders to adults recovering from injuries, and seniors facing age-related challenges.

Conditions that benefit from occupational therapy

Stroke: Helps stroke patients regain skills and adapt to new ways of performing daily activities such as bathing, toileting, dressing, feeding, and functional mobility.

Arthritis: Provides strategies to manage pain and maintain joint function.

Developmental disorders: Supports children with conditions like autism and attention deficit / hyperactivity disorder (ADHD) in developing necessary life skills.

Mental health: Helps individuals to manage symptoms and improve their functional abilities.

Injuries: Aids in the recovery process after accidents, surgeries, or other physical traumas.

Chronic conditions: Helps individuals with multiple sclerosis, Parkinson's disease, and chronic obstructive pulmonary disease maintain their independence and quality of life.

“ While it is important to do therapy and the prescribed exercises, it is also very important to allow the body time to heal and rest. ”

– Ms Pearlyn Ee

Occupational therapist Pearlyn Ee (right) guiding a patient on dressing himself among other daily living tasks.



Ms Pearlyn Ee, senior occupational therapist at Mount Alvernia Hospital, shares that occupational therapy is often confused with physiotherapy.

She explains that physiotherapy works on ambulation (the ability to walk), such as climbing stairs and using the right walking aid; while occupational therapy aims to help patients perform daily living activities by using various activities during the therapy process.

“Many people underestimate the importance of occupational therapy because we do not focus on ambulation. However, a decline in function leads to a decline in the ability to perform daily activities, thus significantly reducing the overall quality of life,” she says.

How occupational therapy works

Occupational therapy involves a series of structured interventions. These can be activities and exercises designed to improve strength, dexterity, and cognitive functions, such as:

Fine motor exercises:

Activities like buttoning clothes or writing to improve hand-eye coordination.

Therapeutic exercises:

Exercises to enhance overall body strength, mobility and balance.

Cognitive activities:

Puzzles, memory games, and problem-solving tasks to boost cognitive skills.

Adaptive equipment:

Use of walking aids, canes, specially designed clothing, or utensils to help the patient perform daily activities more easily.

Environmental modification:

Modifying the patient’s home environment to make it safer, such as installing bars around the home, placing a chair in the shower, improving lighting, and removing clutter.

The occupational therapist also works with other therapists involved in the patient’s care.

“For instance, with the physiotherapist, we discuss which aspects of caregiver training we will cover and what we are focusing on during therapy sessions. This is to avoid any overlap, and ensure everyone is on the same page regarding the patient’s rehabilitation journey,” Ms Ee elaborates.

The journey



Assessment: The therapist meets with the patient to understand their challenges and goals.



Evaluation: Detailed assessments help identify specific areas that need intervention.



Treatment plan: Based on the evaluation, the therapist develops a customised plan for the patient’s condition.

Ms Ee highlights that the rehabilitation process cannot be rushed.

She says, “While it is important to do therapy and the prescribed exercises, it is equally important to allow the body time to heal and rest.”

Frequently Asked Questions

- 1 What is the difference between occupational therapy and physiotherapy?**

Occupational therapy focuses on helping individuals perform daily activities independently, while physiotherapy primarily aims to improve movement, strength, and physical function.
- 2 How long does occupational therapy usually last?**

The duration can range from a few weeks to several months, depending on the individual's condition and goals.
- 3 How can family members support someone undergoing occupational therapy?**

Family members can encourage and assist with prescribed exercises, create a supportive home environment, and communicate regularly with the therapist to monitor progress and adjust goals.
- 4 Are there any tools used in occupational therapy?**

Yes, occupational therapists may use adaptive tools and devices such as grab bars, ergonomic utensils, and mobility aids to help patients perform daily activities more easily and safely.

Special Feature: Rehabilitation

Speech Therapy: Unlocking Communication and Building Confidence

By addressing various aspects of how one communicates, speech therapy provides essential interventions for individuals with communication difficulties.

Know someone who struggles with communication, whether speaking, understanding language, or even swallowing? They may benefit from speech therapy.

This rehabilitation focuses on overcoming speech, language, voice, and swallowing disorders in both adults and children.

For children, therapists assess and manage speech and language skills to help them reach age-appropriate communication milestones or a functional communication level. Adults who need speech therapy may include those affected by neurological conditions or injuries impacting their speech or voice.

“As I meet different clients, I focus on building rapport and understanding their main concerns so I can address their condition accordingly. For patients who are frail, ensuring their safety will be the priority,” said Ms Thow Mei Kuen, senior speech therapist at Mount Alvernia Hospital.

Conditions that benefit from speech therapy

Speech therapy treats a wide spectrum of conditions, including:

Learning difficulties: Assists those who have trouble understanding or forming words and sentences to learn how to communicate effectively.

Articulation and fluency: Helps individuals with difficulties

in articulating words correctly and fluently, such as stuttering, to improve speech clarity.

Neurological conditions: Examples include stroke, aphasia, autism spectrum disorder, dementia, and Parkinson’s disease.

Injuries: Provides strategies to manage vocal cord damage that resulted from injuries, aiding in vocal rehabilitation.

Feeding challenges: Supports children in transitioning to solid foods, improve chewing abilities, and managing fussy eating habits.

Swallowing disorders: Overcomes difficulties with eating or drinking, ensuring safe and effective swallowing techniques.

Speech therapist Thow Mei Kuen (right) guiding a patient with aphasia.



The journey



Assessment: The therapist meets with the patient to understand their challenges and goals.



Evaluation: A more detailed evaluation is conducted to diagnose the patient's condition.



Treatment plan: Based on the evaluation, the therapist develops a customised plan for the patient's condition. This may involve ongoing regular sessions for practice and to monitor progress.

Ms Thow explains that for both adult and paediatric cases, the process begins with gathering the patient's case history through referrals or interviews. She then clarifies if patients or a child's parents have any concerns, such as whether the symptoms observed during sessions match those noticed at home. Finally, she shares her findings and outlines the next steps of the therapy.

How speech therapy works

Speech therapy employs various methods tailored to each patient's specific condition, and provides strategies to help them manage it. These activities and exercises include articulation exercises, language activities, voice therapy, swallowing therapy, and cognitive-communication therapy.

For each condition, Ms Thow first explains her approach to the patient. For instance, for patients who need swallowing therapy for dysphagia (swallowing difficulties): "I teach them how to swallow safely, swallowing safety precautions, and the risks and consequences of food entering the airway if the recommended strategies are not followed."

When it comes to children, she notes that many parents are concerned about their child's delayed speech, how to eat safely, or picky eating habits. "With parents, I will gather information about their child first, then explain to them how the therapy will work progressively to overcome their challenges," she adds.



Frequently Asked Questions

1 Is speech therapy only for children?

No, speech therapy benefits individuals of all ages, from infants to the elderly. It addresses a wide range of conditions affecting communication and swallowing, which can occur at any age.

2 How do you know if you need speech therapy?

You might need speech therapy if you experience noticeable difficulties with speech, language, or swallowing. Common indicators include trouble pronouncing words, stuttering, difficulty understanding others or being understood, and issues with voice quality.

3 How long does speech therapy take to show results?

It varies based on the individual's condition, severity, and consistency of therapy. Some people may see improvements within a few weeks, while others might require months.

4 How can parents support their child undergoing speech therapy?

Parents can support their child by consistently practising the prescribed exercises at home and incorporating them into daily activities such as talking and reading. It is also important to be patient and create a positive and encouraging environment.

Special Feature: Rehabilitation

Mount Alvernia Rehabilitation Centre

With a multidisciplinary team, tailored programmes, and advanced equipment, Mount Alvernia Hospital's newly refurbished Rehabilitation Centre is fitted to facilitate recovery.



The Inpatient Rehabilitation Centre

Recently refurbished and upgraded, Mount Alvernia Hospital's (MAH) Rehabilitation Centre offers a host of features to enhance patient care and accessibility.

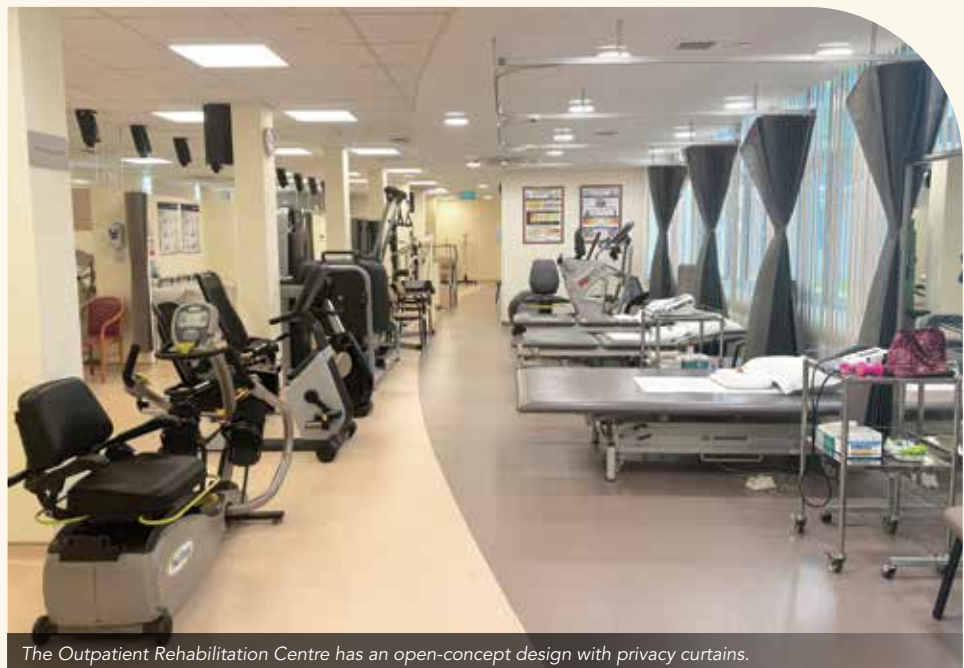


Separate Centres Dedicated for Inpatients and Outpatients

The **inpatient centre** is strategically positioned near the wards for inpatients' easier access, especially those with mobility challenges. The **outpatient centre** is situated on the ground level, close to the hospital's main entrances and various food, beverage and amenity options, providing greater convenience for both patients and their families.

Modern and Warm Interior

The outpatient centre has a contemporary, open-concept design with privacy curtains and private consultation rooms, creating a welcoming atmosphere.



The Outpatient Rehabilitation Centre has an open-concept design with privacy curtains.

Upgraded Facilities

Facilities include a handicapped toilet, shower rooms, and cubicles with code locks for convenience and security.

New Equipment

- **Ceiling Suspension Hoist:**

Available in the inpatient centre, the ceiling suspension hoist assists in moving patients with limited mobility, and is essential for muscle training exercises such as gait and balance training, aiding in patients' overall mobility and stability.

- **Treadmill Suspension Walker:**

Located in the outpatient centre, the treadmill suspension walker helps patients recovering from stroke, neurological conditions, or physical injuries, focusing on restoring muscle and bone strength.



The ceiling suspension hoist assists in moving patients with limited mobility.



The Centre combines the expertise of various therapists as well as dietitians to create special programmes for patients who have conditions caused by multiple issues.

Multidisciplinary Team-Based Approach

Combining the expertise of physiotherapists, speech therapists, occupational therapists, and dietitians under one roof.

Comprehensive approach to recovery

Ms Beverley Chok, assistant director of rehabilitation at MAH, highlights what makes Mount Alvernia's Rehabilitation Centre special, "As we're located in an acute care hospital, we can provide a holistic team-based approach by our physiotherapists, speech therapists, occupational therapists and dietitians under one roof. That enables us to create special programmes such as NEST and FEASt that address conditions caused by multiple issues."

Ms Chok also emphasises the environment and support provided at the centre, "We want patients, young or elderly, recently hospitalised or those with chronic illnesses, to feel encouraged and energised during their rehabilitation. Our centre, adjacent to a garden and bustling eateries, offers an upbeat atmosphere that spurs patients on to stay active. Many, especially the elderly, enjoy visiting eateries with their spouses or children after rehab sessions for bonding time."



Special programmes

Mount Alvernia's Rehabilitation Centre provides specialised programmes for patients requiring additional care. These programmes involve two or more allied health professionals working together in the same clinic setting to provide coordinated treatment tailored to each patient's unique needs.

Nutrition and Engagement for Seniors today (NESt)

NESt is a workshop that combines dietetics and occupational therapy to address common ageing issues such as poor nutrition and lack of social interaction.

During the two-hour session, seniors are first assessed by the dietitian for signs of malnutrition, and taught how to choose food to obtain the right nutrition. Following which, the occupational therapist takes over to understand their daily challenges, and teach them techniques to enhance their participation in daily tasks and social interactions.

Caregivers can also attend to gain the skills needed to support their wards.

Combined Decongestive Therapy (CDT)

This programme is designed for individuals with lymphoedema, a chronic condition that causes swelling in the lymph nodes, limbs and other body parts, causing blockage and hindering efficient transport of waste and immune cells into the bloodstream.

Participants will undergo CDT, a non-invasive treatment conducted by a Vodder-certified lymphoedema therapist. The therapy involves lymphatic drainage, compression bandage, special exercises, and adjunct therapy to improve lymph flow.

CDT benefits not only cancer patients with affected lymph nodes, but also healthy individuals.

Neurorehabilitation for Stroke Patients

A highly personalised programme, it integrates physical, speech and occupational therapies to improve stroke patients' movement control, tolerance of positions, cognition, swallowing ability, speech comprehensibility, functional communication, and participation in daily activities.

The aim is to help the patient reintegrate into normal life by relearning functional movements to overcome difficulties with mobility, speech, swallowing, and other daily tasks.

FEASt (Feed Easy Approaches and Strategies)

Combining dietetics and speech therapy, FEASt is an outpatient programme for children with feeding difficulties or those who are fussy eaters.

Symptoms that may indicate a need for this programme include poor weight gain, refusal to eat, choking or gagging during meals, difficulty transitioning to solid foods, emotional or aggressive reaction to touch, display of oral motor difficulties, or sensory difficulties related to food.

The child's doctor, a dietitian and a speech therapist will work together to promote positive feeding behaviours and teach safe feeding practices without compromising nutritional needs.



Contact the Rehabilitation Centre at 6347 6203 or 6347 6365 for more information.



The Silent Threat of Sudden Cardiac Death

A condition where the heart stops beating unexpectedly, sudden cardiac death can happen to anyone.



Dr Leslie Tay
Consultant Interventional Cardiologist and Physician
Straits Specialists Clinic
Medical Centre A #02-03
Mount Alvernia Hospital

We have all read about the heart-wrenching stories: a young footballer collapsing on the field during a football match, or a seemingly healthy colleague suddenly falling unconscious, leading to frantic efforts by medical professionals to save their lives.

Such abrupt and life-threatening incidents are due to a condition known as sudden cardiac death. What causes it, and how can we protect ourselves and our loved ones from the menace of sudden cardiac death?

Dr Leslie Tay, a consultant interventional cardiologist and physician at Mount Alvernia Hospital explains more.

What is sudden cardiac death?

Sudden cardiac death, or sudden cardiac arrest, happens when the heart unexpectedly stops beating, cutting off blood flow to the brain and vital organs. Without immediate intervention, death occurs within minutes.

What causes sudden cardiac death?

There are many conditions linked to sudden cardiac arrest. For those over 35, sudden cardiac death is often caused by heart attacks and coronary heart disease.

Coronary artery disease occurs when cholesterol plaque builds up in the heart arteries, causing them to narrow. This narrowing restricts blood flow to the heart muscle, potentially leading to chest discomfort, shortness of breath, and heart rhythm issues, often felt as palpitations.

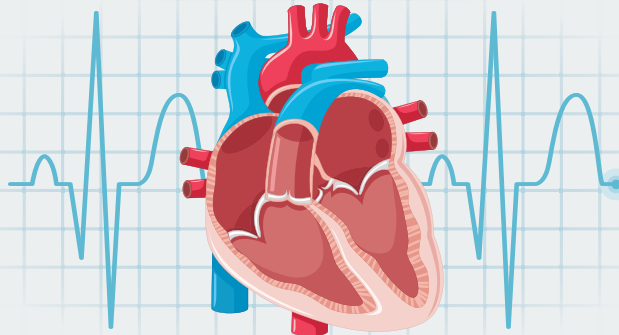
A **heart attack**, on the other hand, happens when these narrowed arteries rupture, creating blood clots that block blood flow, starving the heart of oxygen, ultimately leading to heart muscle death if not treated immediately.

Heart Attack vs. Cardiac Arrest

People often use these two terms interchangeably but they are not the same.

Heart attack

A **“circulation”** problem where blood flow to the heart is stopped.



Cardiac arrest

An **“electrical”** problem where the heart malfunctions and suddenly stops beating. A cardiac arrest can be caused by a heart attack.

In younger individuals, inherited cardiac abnormalities, particularly hypertrophic cardiomyopathy (HCM), are common causes of sudden cardiac death. HCM results in an abnormally thickened heart muscle, obstructing blood flow and increasing the risk of deadly heart rhythms due to disorganised heart muscle cells.

What are the warning signs before sudden cardiac death?

Symptoms like breathlessness, chest pain, palpitations, fainting spells, or sudden loss of consciousness, often precede sudden cardiac death. These warning signs provide an opportunity to seek medical help and take preventive actions.

Unfortunately, there are some victims who experience no prior symptoms, making sudden cardiac arrest their first indication of underlying issues. In such cases, a family history of unexplained sudden death may be the only clue or warning.

How can individuals reduce their risk of sudden cardiac death?

Before engaging in vigorous exercise or endurance events, pre-participation screening is crucial. Those with existing medical conditions such as heart disease, diabetes, high blood pressure, high cholesterol, or a family history of heart disease or stroke should consult a doctor. Individuals who smoke or are overweight may also be at higher risk and should be screened for any underlying concerns.

Screening typically includes a comprehensive medical history and physical examination, an electrocardiogram to

read the electrical activity of the heart, an echocardiogram to look for structural abnormality, and a treadmill test or CT coronary angiogram to detect coronary artery disease. Technological advancements can also help in monitoring cardiac conditions.

Depending on the specific condition being monitored, wearable devices such as smartwatches equipped with remote monitoring technology can track heart rhythms in real time. These devices can alert doctors to any irregularities, enabling swift intervention.

Can sudden cardiac death be reversed?

Sudden cardiac death requires immediate medical attention. There are automated external defibrillators (AEDs) often found in public spaces and can be used to restart a victim's heart when combined with cardiopulmonary resuscitation (CPR). Members of the public can help save lives by enrolling in a basic life support and AED course that only takes a few hours.

Quick Action Saves Lives!

AEDs and CPR can significantly improve survival rates in sudden cardiac arrest cases.

Sudden cardiac death is a formidable and unpredictable threat, but awareness, early detection, and prompt response can save lives. Understanding the risks, recognising the symptoms, and utilising modern technology are crucial steps in combating this silent killer.



Should I Be Worried About Pancreatic Cysts?

Not all pancreatic cysts are cancerous. Dr Calvin Koh, a gastroenterologist and physician at Mount Alvernia Hospital, explains how they are diagnosed, the different types and recommended follow-up steps.



Dr Calvin Koh Jianyi
Gastroenterologist and Physician
The Gastroenterology Group Pte. Ltd.
Medical Centre A #02-08



The pancreas, a little-known part of the body, is a digestive organ behind the stomach that produces hormones and enzymes that help to digest food.

Pancreatic cysts, sac-like fluid-filled pockets within the pancreas, often remain asymptomatic, and are discovered during routine imaging such as computed tomography (CT) or magnetic resonance imaging (MRI) scans.

In some cases, an endoscopic ultrasound, involving the insertion of a scope through the mouth while the patient is sedated, may be recommended for a more accurate evaluation.

The exact cause of pancreatic cysts is often unknown, but certain factors, such as age, sex, smoking, and family history, may increase the risk of developing them.

A study of healthy individuals in Europe found that 49% of those over 50 had some pancreatic cysts, although the majority of these were small, says Dr Calvin Koh, a gastroenterologist and physician at Mount Alvernia Hospital. He adds, "Most people with small pancreatic cysts never develop any problems from them. Many people can go through life without any long-term impact of the cyst."

Common types of pancreatic cysts

Pancreatic cysts are generally classified into two categories — benign (non-cancerous) or malignant (cancerous).



Did You Know?

Moderate alcohol intake is advised, as excessive alcohol consumption can lead to pancreatic inflammation and cyst formation.

The pancreas is a vital organ located behind the stomach. Its two main functions:

- ☞ Producing digestive enzymes to break down food in the small intestine
- ☞ Releasing hormones like insulin and glucagon to regulate blood sugar levels

Pseudocysts, the most common type, typically develop following acute pancreatitis—an inflammation of the pancreas. Serous cystadenomas, filled with watery fluid, mainly affect older adults, particularly women, though their exact cause remains unknown.

On the other hand, mucinous cystic neoplasms (MCNs) and intraductal papillary mucinous neoplasms (IPMNs) represent cystic tumours, with MCNs more common in women and IPMNs forming within pancreatic ducts. These two cysts can be benign but may increase the risk of pancreatic cancer.

However, Dr Koh stresses that not all MCNs and IPMNS progress to cancer.

How large cysts affect the body

Oftentimes, pancreatic cysts do not cause any symptoms, particularly when they are small.

However, once they grow larger, they may cause pain or discomfort. If the pancreatic cyst is very large, it can potentially compress on surrounding structures such as the bile duct causing jaundice, or the stomach, causing nausea.

If the cyst grows to around 2cm or above, in some cases, a tiny needle may be passed during the endoscopic ultrasound to draw out the cyst fluid for further analysis. Some blood tests may also help determine the risk profile of the cyst.

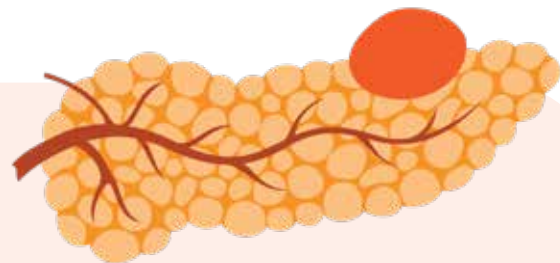
Possible complications

The size and location of the cyst also matters as there may be more complications and a higher likelihood of it being cancerous.

Cysts with thickened walls, or the presence of nodules are considered higher risk for developing cancer.

Should there be symptoms such as abdominal pain, jaundice, or digestive issues, these can indicate complications or malignancy and may need intervention.

Malignant transformation of cysts is the most worrisome possibility. The cyst may be infected, causing pancreatitis (inflammation of the pancreas) by affecting the pancreatic duct through which the digestive enzymes flow.



4 quick facts about pancreatic cysts

- 1 Not all pancreatic cysts are cancerous.
- 2 Pseudocysts are the most common type of cysts and often develop from acute pancreatitis.
- 3 Mucinous cystic neoplasms (MCNs) and intraductal papillary mucinous neoplasms (IPMNs) have the potential to be cancerous, but not all turn cancerous.
- 4 Seek medical attention if symptoms such as abdominal pain, jaundice, or digestive issues occur.



Regular menstrual cycles are crucial for a woman's fertility.

Irregular Periods? They Can Affect Your Fertility

Consultant obstetrician and gynaecologist Dr Michele Lee sheds light on common menstrual irregularities, their underlying causes, available treatments, and how age and lifestyle factors play a role in conception difficulties.



Dr Michele Lee Sook Ling
Consultant Obstetrician and Gynaecologist
Michele Lee Women and Fertility Clinic Pte Ltd
Medical Centre D #08-54
Mount Alvernia Hospital

Regular menstrual cycles are not only a sign of good reproductive health but also crucial for a woman's fertility.

A regular period usually comes in a 23- to 35-day cycle with a month-to-month variation of less than five days. Deviations from this pattern, such as infrequent periods with intervals exceeding 40 days, may indicate irregular or absent ovulation, which impedes conception.

Underlying causes

Infrequent or absent menstruation

Infrequent or absent menstrual cycles may be caused by hormonal conditions such as thyroid disorders or raised prolactin levels in the blood. Elevated serum prolactin can

arise from certain medications, excessive exercise or pituitary tumours. A detailed account of medical history or past obstetric delivery events may reveal triggering factors, for instance, symptoms of underactive thyroid disorder or severe bleeding during or after delivery.

Another condition, polycystic ovarian syndrome (PCOS), affects 5% to 15% of women of reproductive age. This condition is typically associated with increased insulin resistance, which may cause infrequent ovulation and menstrual cycles occurring only once every few months. Fertilisation is thus affected as the release of a mature egg does not occur regularly. In addition, the thickened, overgrown womb lining impedes embryo implantation, increases the risk of miscarriage, and may potentially lead to womb lining cancer.

Heavy or prolonged menstruation

Thyroid disorders, or structural issues like fibroids and polyps arising from the womb lining, can contribute to heavy and prolonged menstrual flow, resulting in anaemia. Anaemia affects the quality of eggs, which can lead to conception difficulties and an increased risk of miscarriage.

Another cause of heavy and painful periods is adenomyosis, which is characterised by a swollen and bulky womb. This condition occurs when the womb lining tissue grows into the muscle wall of the womb, creating inflammation and affecting embryo implantation.

Evaluation and treatment

Diagnostic Tests

Diagnostic tests include blood tests to check and correct anaemia, thyroid function, and hormone levels. A transvaginal ultrasound may also be performed to assess for structural abnormalities like polyps and fibroids.

Surgical Interventions

Treatment options vary depending on the underlying cause. Conservative management, including the use of hormonal medication, can address conditions such as adenomyosis, thyroid or prolactin disorders.

Minimally invasive surgery may be necessary for the removal of polyps and fibroids. Large fibroids or fibroids that indent the womb lining often require surgery to enhance conception success.

The management of women with PCOS who are trying to conceive would be individualised, as they may have coexisting health issues. Treatment may include weight management, ovulation induction with monitoring, and lifestyle modifications to optimise fertility.







Age affects conception chances

Women have about 500,000 eggs at puberty, and this reserve drops to about 25,000 at 37 years old. With increasing age, the number and quality of eggs naturally decline, leading to an increased likelihood of miscarriage. Furthermore, older women are more prone to encountering the medical and gynaecological conditions mentioned above. Therefore, it is essential for them to seek a gynaecological assessment and check-up if they have been trying to conceive unsuccessfully for six months.



Lifestyle tips

Dr Lee offers the following advice on steps women can take to increase chances of conception.

-  Keep track of menstrual cycles by recording the start and duration of each cycle, and note any vaginal bleeding occurring between cycles.
-  Engage in moderate exercise to maintain a Body Mass Index of below 27 to help increase ovulation and conception rates, while reducing the risk of miscarriage and pregnancy complications like gestational diabetes.
-  Reduce carbohydrate and sugar intake to decrease any inflammation and enhance fertility.
-  Ensure sufficient vitamin C supplementation to facilitate iron absorption from an iron-rich diet to minimise anaemia, as anaemia impacts negatively on conception.
-  Avoid smoking and limit alcohol intake.
-  Consult a gynaecologist early to assess for medical conditions discussed above and receive appropriate treatment.

“Lifestyle modifications and timely medical interventions can effectively help couples achieve their dream of parenthood.”

– Dr Michele Lee

Stuttering in Children

Stuttering can significantly impact a child's quality of life, causing social isolation and educational difficulties. Mount Alvernia Hospital's senior speech therapist Thow Mei Kuen shares how parents can spot the onset of stuttering and what they can do about it.

While people who stutter in movies or on TV are often portrayed as comedic characters, it is no laughing matter for a child struggling with this speech disorder.

Children who stutter may become targets of bullying or teasing from classmates, which can significantly affect their self-esteem and confidence.

"They may become withdrawn and avoid situations where they need to speak, resulting in them participating less in group activities, and hesitating to ask questions in class," explains senior speech therapist Thow Mei Kuen.

Ms Thow adds, "All these challenges can contribute to low self-confidence and negatively affect the child's academic performance. Therefore, it is crucial for parents to nip the problem in the bud."

How does a stutter develop?

Stuttering is a fluency disorder that disrupts the flow of speech. Put simply, the child knows what to say but struggles to get the words out. The onset of stuttering is sudden, uncontrollable and can occur unpredictably.

Did You Know?

Stuttering affects males more than females, with a ratio of approximately 4:1.



The earlier a child gets help for stuttering, the better the chances of recovery.

Adults may recognise moments in their own speech, when they start using filler words such as "erm" or "you know", repeating words or phrases, or hesitating with long pauses while thinking of what to say. All these are known as disfluencies, says Ms Thow.

Toddlers, between the ages of two and five, commonly experience disfluencies, some with stuttering. While most overcome this spontaneously, a small percentage may continue to stutter into adulthood if the issue is left unaddressed.

What are the warning signs to look out for?

Parents should look out for signs that the child may be developing a stutter and monitor the situation. While not possible to predict if a child can outgrow stuttering on their own, the earlier one intervenes, preferably before they start school, the better chances of recovery.

Here are some key warning signs that should prompt parents to seek professional help:

- Stuttering persists for more than six to 12 months.
- The child has a family history of stuttering.
- The stuttering worsens, and the child starts exhibiting signs of facial and body muscle tension when speaking.

Stuttering Myths vs Truths

Myth Stuttering is caused by nervousness.

Truth Stuttering is a speech disorder with no single cause. Nervousness can exacerbate it, but it is not the root cause.

Myth A child can outgrow stuttering without intervention.

Truth While some children may outgrow stuttering, early intervention significantly increases the chances of recovery.

Myth People who stutter are less intelligent.

Truth Stuttering has no relation to intelligence. It is a speech fluency issue, not a cognitive one.

"Once your child falls within the above red flags, a wait-and-see approach is not effective as the consequences of persistent stuttering will impact the child negatively," Ms Thow advises.

Signs of Stuttering

- Repetition of sounds ("I want c-c-c-c-car"), words ("I want want want car"), or parts of a word ("I want ca-ca-carry")
- Prolongation of sounds ("I want the ssssssame car")
- Adding sounds ("Mummy uh uh carry uh uh uh me")
- Blocks or pauses ("I want [pause] car"). The child may be trying to enunciate, but a blockage of airflow renders the child unable to produce the sound, although he knows what to say.
- Physical or struggling behaviors such as facial or body tension

How can parents provide support at home?

Parents can also support their stuttering child at home in several ways:

- **Model slower speech:** Speak slowly yourself rather than instructing the child to slow down. Focus on what they want to say, not how they say it.
- **Stay calm:** Be mindful not to show frustration, and refrain from interrupting or finishing their sentences.
- **Create a calm environment:** Stress and high activity levels can increase disfluency, so try to keep the home environment relaxed.
- **Incorporate singing:** Children are rarely disfluent when they sing. Engage them in nursery rhymes and singalong games to encourage fluency.

Ms Thow sums it up, "Parents play a central role in the successful treatment of stuttering in young children. How parents respond to the stuttering child can either mitigate or aggravate the disorder."



Our speech therapist at Mount Alvernia Hospital addresses a range of language and speech disorders in both adults and children. You can contact the Rehabilitation Centre at 6347 6203 or 6347 6365 to find out more!

How Does an Integrated Shield Plan Help with Private Hospital Bills?

Hospital bills can be hefty but the right insurance can help defray out-of-pocket costs should the need arise.



Integrated Shield Plans work alongside MediShield Life, offering a broader range of healthcare expenses coverage.



Chronic diseases, cancer, heart conditions, and stroke are some of the most common diseases in Singapore. More often than not, these health conditions tend to require extensive treatments and hospital stays.

As the cost of healthcare rises, it is important to be financially prepared for possible healthcare treatment costs. While MediShield Life offers valuable coverage, it may not fully address the expenses associated with a hospital stay, especially in private hospitals. This is where Integrated Shield Plans (IPs) come in.

What is an Integrated Shield Plan?

An IP is an additional insurance plan that comprises two components — MediShield Life and private insurance coverage.

Think of it as a complement to the existing MediShield Life coverage, which functions as a financial safety net that provides extra support for hospital bills. IPs work alongside MediShield Life, offering a broader range of coverage than the basic plan alone.

What does an IP cover?



IPs typically cover a wider range of expenses compared to MediShield Life. This may include:

- +** Higher coverage limits for hospital bills, especially in private hospitals
- +** Upgrades to higher-class wards in public hospitals (e.g. from Class C to B1)
- +** In some cases, coverage for pre- and post-hospitalisation costs

It is, however, important to note that different IP plans offer varying levels of coverage.

Why is an IP important?

Private hospitals tend to have shorter waiting times, and a higher standard of care and amenities, but they often come with significantly higher bills. Without an IP, these costs could place a significant financial strain on the patient and their family.

An IP acts as a buffer, significantly reducing out-of-pocket expenses for a private hospital stay. This allows the patient to focus on recovery without the added stress of managing hefty medical bills.

How does an IP reduce the cost of private hospital fees?

While MediShield Life can cover some expenses, it often has lower limits.

MediShield Life covers subsidised bills incurred in Class B2 or C wards, and subsidised outpatient treatments/day surgery at public hospitals. While it does cover costs in private hospitals, it can only cover a smaller portion of the bill.

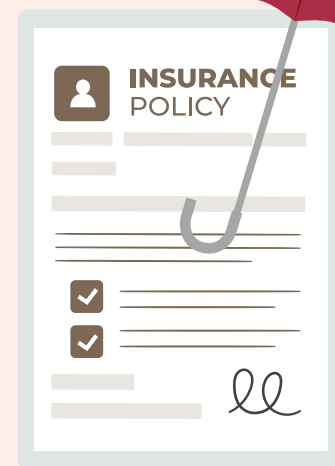
An IP steps in with significantly higher coverage limits specifically for private hospital stays. This means a larger portion of the bill gets covered by insurance.

Furthermore, some IPs allow adding riders, which are additional plans that can further reduce one's out-of-pocket costs. Riders can cover deductibles (a fixed amount to be paid upfront before insurance kicks in) and co-insurance (a percentage of the bill that is shared with the insurer).

With a rider, the insured person may only pay a small co-payment (usually capped at a specific amount) for private hospitals.

EXAMPLE

Imagine that a private hospital bill comes up to \$10,000. MediShield Life might cover \$4,000, leaving a remaining balance of \$6,000. However, with an IP and a rider for co-insurance, an IP could cover \$8,000, and the rider might cover the remaining \$2,000 co-insurance. This significantly reduces the out-of-pocket expense to a much more manageable amount.



It is important to remember that not all IP plans offer full coverage for private hospitals. Always check the specific details of the plan to understand its coverage scope.

Additionally, riders often come with additional premiums, so it is crucial to compare costs and coverage benefits before adding one.

Having an IP can provide peace of mind and significant financial protection during a hospital stay. By offering broader coverage and reducing out-of-pocket expenses, some of the financial burden will be relieved so patients can focus on their health and recovery.

Weaning Your Child From Milk To Solids

The transition from milk to solid foods, known as weaning, is a crucial milestone in a child's development. Mount Alvernia Hospital's senior dietitian Tan Shiling shares her advice and tips for a smooth weaning process.

Weaning a child from milk to solids is an exciting developmental stage for the little one.

According to leading paediatric authorities in the United States and Europe, the recommended age to consider weaning a child from milk to solid foods is around four to six months of age.

This age range ensures that the child receives the necessary nutrients from breast milk or formula, while allowing them time to develop the skills needed for successful solid food consumption.

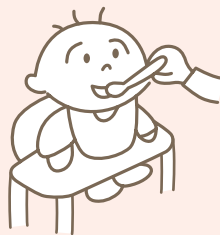


Ms Tan says that while every child develops at their own pace when it comes to starting solids, parents can start looking for signs of readiness around four months old.

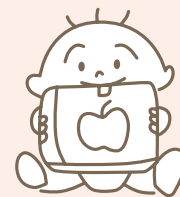
Common signs to look out for that a child is ready for transition to solids



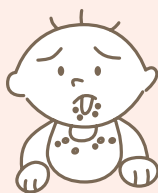
Head held in steady upright position



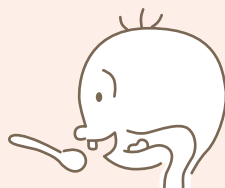
Able to sit upright in a highchair to swallow well



Chews on his finger, knuckle, feet - everything!



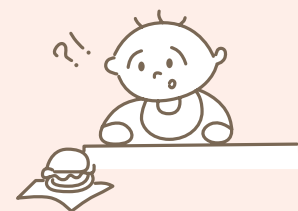
Stop pushing food out of mouth with the tongue



Less drooling, able to move food to the back of his mouth and swallow







Demand more feedings, unsatisfied with his usual milk



May begin eyeing your food as it travels from plate to mouth

Nutritional considerations during weaning

-  Ensure adequate iron and essential fatty acids, such as Omega-3, in your child's diet as the body does not produce them.
-  Introduce foods from all key food groups to create a well-rounded diet and prevent picky eating habits from developing later. These key food groups include:
 -  **Rice and alternatives:** Baby cereals, rice, noodles, potatoes
 -  **Meat and alternatives:** Bean curd, cooked pulses, lentils, peas, eggs, meat, fish, chicken
 -  **Fruits:** Bananas, apples, papaya, mangoes, watermelon
 -  **Vegetables:** Spinach, broccoli, peas, carrots, pumpkin
 -  **Dairy:** Yogurt, cheeses

Did You Know?

Early application of moisturisers from birth for infants with a family history of eczema can help prevent eczema and potential food allergies. Avoid moisturisers containing food ingredients such as oat, sesame, hydrolysed wheat and coconut.



Common challenges during weaning

Food refusal: In the early stages of weaning, the child may spit out food. This does not necessarily mean they are not ready. They may simply need more time to adjust to new textures and flavours. Studies indicate it can take up to 20 attempts for children to accept a new food, so wait a few days to a couple of weeks before trying again. For older infants (10-12 months), minimise potential distractions that might affect their interest in eating, and keep mealtimes to within 30 minutes.

Food allergies: Introduce new foods two to three days apart to help identify potential allergens. Hives and watery stools are common symptoms of a food allergy. Exclusive breastfeeding for at least four months, followed by continued breastfeeding, can help prevent eczema and wheezing. Early introduction of peanuts and eggs (properly cooked with no runny yolk or whites) may also help prevent allergies.

Unsure about portion sizes: For a start, focus on exposing the child to new textures and flavours rather than worrying about how much to give. Allow the child to eat according to their appetite. Once the child can manage around two tablespoons of baby cereals or pureed foods, it is generally safe to offer a solid meal. Eventually, after one to two weeks, you can transition towards achieving a complete meal following the "healthy plate guide" prescribed by the Health Promotion Board.



Foods to prioritise or avoid

It is important to include iron-rich foods, such as red meat, whole grains and dark green leafy vegetables, in an infant's diet to support physical and cognitive growth. Pair these with vitamin C-rich foods to enhance iron absorption.

There is no particular order for introducing different types of food to the child. However, do ensure that food, especially from the meat and alternatives food group, is well-cooked.

Additionally, avoid giving the following foods and beverages to a child under 12 months old:

- Fish with high mercury levels (e.g. swordfish, king mackerel, tuna)
- Full cream milk, and unpasteurised milk and milk products
- Honey, sugar, salt, soya sauce or other condiments with added sugar, salt or seasoning
- Sugared beverages (e.g. soft drinks, barley drink, fruit juices)
- Caffeinated drinks (e.g. coffee, tea, energy drinks)

Remember that every child progresses at their own pace. Should you have any concerns, it is best to consult a paediatrician.

– Ms Tan Shiling



Our dietitians at Mount Alvernia Hospital conduct weaning workshops and provide dietary consultations for growing children. Get in touch with the Nutrition & Dietetics Department at 6347 6702 or email dietetics@mtalvernia.sg for more information.

Ensuring Accessible Healthcare for the Visually Impaired

Mount Alvernia Hospital’s Outreach Team partners with the Singapore Association for the Visually Handicapped to bridge healthcare gaps, providing essential medical and dental services to the visually impaired community.



- **Annual flu vaccinations:** Free flu shots are provided annually for protection against seasonal influenza.
- **Transportation services:** The Outreach Team’s volunteer drivers offer free transport between the SAVH premises and the Mount Alvernia Outreach Dental Clinics, ensuring that mobility challenges do not hinder access to necessary dental care.

In an initiative launched in January 2024, the Outreach Team is offering TDAP and MMR vaccinations at highly subsidised rates to visually impaired staff working in the various social enterprises founded by SAVH. The TDAP and MMR vaccinations, which protect against tetanus and diphtheria, and measles, mumps and rubella respectively, are administered at the Mount Alvernia Outreach Medical Clinic at Enabling Village.

Mount Alvernia Hospital’s Outreach Team has established a valuable partnership with the Singapore Association for the Visually Handicapped (SAVH), extending essential healthcare services to its beneficiaries. SAVH, a social service agency, is dedicated to supporting the visually impaired community in Singapore.

One of the first recipients of this initiative is Mr Ong Hock Bee, a 59-year-old employee of SAVH’s Mobile Massage Team. “The vaccinations have given me a sense of security when interacting with customers,” he shared.

This partnership aims to eliminate healthcare disparities and ensure that visually impaired individuals have equitable access to medical and dental care. The initiatives designed to meet the needs of SAVH beneficiaries include:

- **Subsidised healthcare services:** Visually impaired individuals can access primary general practitioner consultations and medications, as well as dental treatments at the Mount Alvernia Outreach Medical and Dental Clinics at significantly reduced rates. The first dental visit is provided free of charge.
- **Regular complimentary health screenings:** These screenings help in the early detection of potential health issues, allowing for timely intervention and management.





SAVH beneficiaries were among the first recipients of the TDAP and MMR vaccinations offered by the Mount Alvernia Outreach Team.

Commenting on the partnership, Mr Galvin Choo, social enterprise manager at SAVH, remarked, "The collaboration has facilitated access to healthcare services such as health screenings and essential vaccinations for our visually impaired beneficiaries. We look forward to exploring more of such initiatives with the Outreach Team."

Ms Anthea Neo, assistant director of community outreach at Mount Alvernia Hospital, highlighted the importance of these partnerships, "We maintain ongoing communication with social service agencies like SAVH to identify and address healthcare needs among their beneficiaries. By fostering these meaningful long-term partnerships, we can optimise our resources and expand our reach to support more individuals with disabilities."



The Mount Alvernia Outreach Clinics, a community outreach initiative by Mount Alvernia Hospital, aim to provide accessible healthcare services to vulnerable and disadvantaged individuals, including Persons with Disabilities (PWDs).

The Outreach Medical Clinic provides GP consultations and medication for general acute and chronic conditions to PWDs at S\$15 per visit. The Outreach Dental Clinic provides routine scaling and polishing, filling and simple extraction to PWDs at S\$30 per visit. A wheelchair tilter is available for patients at the Enabling Village Clinic.

To be eligible for PWD rates, patients are required to show any of the following:

- Disabilities Concession Card;
- Development Disability Registry Identity Card; or
- Any disability membership card issued by the various disability service providers or special education schools.



Mon & Fri: 9am to 1pm | 2pm to 6pm
 Tue, Wed & Thu: 12pm to 4pm | 5pm to 8pm
 *Only available at Enabling Village



Mon to Fri: 9.30am to 1pm | 2pm to 5.30pm
 *Appointments are required

Enabling Village

20 Lengkok Bahru #02-03 Singapore 159053
 Tel: +65 6473 5100 (Medical Clinic)
 Tel: +65 6473 9100 (Dental Clinic)

Agape Village

7A Lorong 8 Toa Payoh #02-07 Singapore 319264
 Tel: +65 6262 4313 (Dental Clinic)

Mount Alvernia Outreach Team's hospital-based support scheme aids vulnerable transnational spouses, providing essential medical care for a hardworking father and a loving grandmother.

A Second Chance at Health

Mr Kalispran Mariapan, or Mr Kali in short, has lived and worked in Singapore since 2006. A 54-year-old Malaysian national, Mr Kali previously worked as a cook, a job he was passionate about. In 2007, tragedy struck when his Singaporean wife succumbed to renal failure, leaving him to care for their infant daughter alone. Devastated but determined, Mr Kali faced the daunting task of single parenthood.

In 2011, life took a positive turn when he met and married Mdm Navamalli, a Malaysian cleaner. Shortly after, he gave up his kitchen job to become a cleaner, as it offered more regular hours to spend time with his family. Together, they raised his daughter, who is now a 17-year-old nursing student. The family was happy despite their modest means.

However, in August 2023, Mr Kali suffered an acute pancreatitis episode, and was treated at Singapore General Hospital (SGH). Although he managed to pay the hospital bill in installments, he could not afford the follow-up MRCP (Magnetic Resonance Cholangiopancreatography) scan recommended by his doctor.

His financial situation worsened when complications with his Long Term Visit Pass approval left him unable to work for three months.

Timely intervention

The Mount Alvernia Outreach Team learned of Mr Kali's plight through the South Central Community Family Service Centre's "The Inclusive Fund", which supports transnational families facing difficulties.

The Outreach Team, which has in place a hospital-based support scheme to provide essential medical care to vulnerable transnational spouses, arranged for Mr Kali to see a hepatobiliary specialist at Mount Alvernia Hospital (MAH).

Although the MRCP scan was clear, the doctor discovered an umbilical hernia—a condition where a section of intestinal tissue pushes through an opening in the abdominal wall near the belly button. If left untreated, it could lead to severe pain and complications.

On 11 June 2024, the doctor performed a hernia repair procedure on Mr Kali, with both the doctor and the anaesthetist kindly waiving their charges. MAH also waived all hospitalisation fees.

Upon learning that his medical fees would be covered, Mr Kali was overcome by relief. "I am very grateful to the doctors and MAH for covering my medical fees," he said, tearfully. "Without their help, there were no other avenues available for me to afford treatment. The previous hospital bill from SGH was already a huge financial burden, and I was worried I would put my family in financial crisis."

The surgery went well, and Mr Kali is now recovering and relieved of the potential pain.



Mr Kali with his wife Mdm Navamalli (left) and Outreach Team senior manager Ms Clara Teo (right).

A Community of Support

Through the combined efforts of compassionate healthcare professionals and supportive community services, Mr Kali has been given a new lease on life.

Ms Clara Teo, senior manager of the Mount Alvernia Outreach Team, reflects, "Mr Kali's situation illustrates the challenges transnational spouses face when they fall ill in Singapore. Many assume they can return to their home country for treatment, but often they can't leave their families here, especially if they are the primary caregivers.

Delayed treatment due to lack of healthcare subsidies can severely impact their health and ability to work. This was why the Outreach Team established the hospital-based support programme – to ensure transnationals like Mr Kali receive the care they need."

Restoring Health and Hope for a Transnational Grandmother



A smiling Mdm Rosma (left) with Ms Yang Yuzi from the Outreach Team.

Mdm Rosmayanti Binti Yahya, a 67-year-old grandmother from Indonesia, faced a daunting situation as the sole caregiver for her three Singaporean grandchildren. The children's mother, also Indonesian, was deported and unable to care for them, and their Singaporean father remains estranged from the family. As a result, Mdm Rosma, as she is known, stepped in to provide for her grandchildren, all of whom are still in school.

Being a foreigner on a social visit pass, Mdm Rosma was not permitted to work in Singapore. To support her grandchildren's education and living expenses, she sought

financial aid from various sources, including the Social Service Office and the Ministry of Education Financial Assistance Scheme. The family resides in a one-room HDB rental flat, managing day-to-day life with limited resources.

Injury and uncertainty

The family's already precarious situation worsened when Mdm Rosma slipped and fell in her bathroom, injuring her head and hip. Despite months of recuperation, her back pain worsened, leaving her unable to walk, sit, or lie down for extended periods.

"My biggest fear was not being able to walk again. Then, who would care for my grandchildren?" she asked.

As a foreigner, Mdm Rosma was not eligible for Singapore government health subsidies, making it impossible for her to afford treatment for her back condition. However, assistance came through the South Central Community Family Service Centre, which referred her case to Mount Alvernia Hospital's (MAH) Outreach Team. The Outreach Team has a support programme to help financially struggling transnational families with health issues.

Overcoming adversity

Upon learning of Mdm Rosma's plight, the Outreach Team engaged an orthopaedic surgeon at MAH to evaluate her condition. She was diagnosed with a fractured T12 vertebra. To alleviate her pain and restore her mobility, the surgeon performed a vertebroplasty, a procedure involving the injection of a special cement into the fractured vertebra.

Both the surgeon and anaesthetist waived their procedure fees, while MAH covered the costs of hospitalisation and diagnostics. Ms Yang Yuzi, Mdm Rosma's case manager from the Outreach Team, accompanied her to all her appointments, ensuring she received the care she needed without obstacles.

Today, Mdm Rosma is free from back pain and has regained her ability to care for her grandchildren.

“ Mdm Rosma's dedication to her grandchildren, her positive outlook on life, and the smile she wears every day despite her family's difficult circumstances are truly humbling. The Outreach Team is happy to have been able to support her through this ordeal. ”

– Ms Yang Yuzi

Flu Vaccination Campaign for Persons with Disabilities

In collaboration with five social service partners, the Mount Alvernia Outreach Team provided hundreds of free flu vaccinations to individuals with disabilities.



Bizlink Singapore (Chai Chee).

Over the second quarter of this year, the Mount Alvernia Outreach Team worked alongside various social service partners to offer free annual flu vaccinations to their beneficiaries with disabilities, both physical and intellectual. Conducted at partners' premises or disability homes run by partners, a total of 470 flu shots were administered, with the support of 15 volunteers consisting of current and former staff of Mount Alvernia Hospital (MAH).

The social service partners involved in this exercise includes:

1. **Bizlink Centre Singapore**, a non-profit organisation serving persons with disabilities through training and employment;
2. **Mamre Oaks**, a member of Caritas Singapore dedicated to serving persons with intellectual and developmental disabilities;
3. **Red Cross Home for the Disabled**, an adult residential home catering to adults with severe multiple disabilities;
4. **SUN-DAC**, a non-profit organisation running three day activity centres for persons with moderate to severe disabilities; and
5. **THK Homes for Disabled Adults**, disability homes offering long-term residential care to individuals with intellectual disabilities.

Annual flu vaccinations are important for individuals with disabilities, especially the elderly, as they often have weakened immune systems, making them more susceptible to flu complications. However, mobility and cost concerns can make it difficult for them to travel to medical facilities for their flu shots. The Outreach Team addresses these challenges by providing the vaccinations at their premises, ensuring that they are protected.

The flu vaccination initiative is an ongoing effort throughout the year, and also extends to seniors in elderly homes.



SUN-DAC (Upper Thomson).

Ms Low Kar Yin, key coordinator of this exercise and a member of the Outreach Team, highlights the important role of volunteers in this initiative, "Vaccinating persons with intellectual disabilities can be challenging at times. We would like to say a big thank you to our volunteers for their patience and adaptability."

Hear from Our Volunteers!



Dennah Lamela Senior Staff Nurse, MAH

“ I'm so grateful to be part of MAH's outreach events. The smallest acts of kindness from the heart are worth more than the grandest intentions. These actions shape and mould the present into a future which we can all be proud of. ”



Chandrakala Krishna Senior Executive, Medical Affairs, MAH

“ *“All the darkness in the world cannot extinguish the light of a single candle.”*
- St Francis of Assisi. ”

Through my volunteering with persons with disabilities, I've witnessed the profound truth of this saying. Despite the challenges and obstacles, the resilience and joy of those I assisted shine brightly, illuminating our shared journey and inspiring me daily. ”



THK Home @ Chai Chee.

A Word from Our Partners

“ The committed Mount Alvernia Outreach Vaccination Team serves with passion. Their well-planned flow enabled our clients to have a seamless vaccination experience. They were attentive and gentle, especially towards those with a phobia of injections. Overall, a very pleasant and successful collaboration! ”

– Ms Ang Li May, Chief Executive Officer,
Bizlink Centre Singapore

“ We are very happy to partner the Mount Alvernia Outreach Team for our annual flu vaccination exercise for our beneficiaries. What started out as a collaboration with THK Sembawang Home has now expanded to all our homes, including THK Eunost and THK Chai Chee. Many thanks to the Outreach Team for the initiative and efforts in bringing healthcare to the community and those in need. ”

– Mr Edwin Fu, Deputy Superintendent,
THK Disability Home @ Eunost

Supporting Vulnerable Transnational and Young Parents

The Mount Alvernia Outreach Team partners Care Corner Singapore to offer antenatal education for transnational and young expectant parents.



Ms Rita Francis (far left) and Outreach Team assistant director Ms Anthea Neo (front row, 4th from left) with Care Corner social workers and workshop participants.

The Mount Alvernia Outreach Team and Alvernia Parentcraft Centre, in collaboration with Care Corner Singapore, held a childbirth education workshop on 25 May 2024, aimed at supporting transnational and young expectant parents. Care Corner Singapore, a social service agency, helps couples who potentially face challenges such as financial constraints and limited resources.

This partnership is part of an ongoing initiative to provide essential antenatal education to these vulnerable parents-to-be.

Hands-on learning for new parents

A total of four couples, consisting of both transnationals and young Singaporeans, participated in the latest workshop. Conducted by experienced counsellors from the Alvernia Parentcraft Centre, Ms Rita Francis and Ms Lim Sem Choo, the topics covered during the full-day session included what to expect during labour, the benefits of breastfeeding, and essential baby care know-how such as bathing and diaper changing.

The workshop not only provided crucial information but also included hands-on sessions that were particularly appreciated by the participants. This practical approach ensured that the attendees could practise the skills in a supportive environment, boosting their confidence as they prepare for parenthood.

First-time parents Hezron and Presha shared their experiences from the workshop.

“ As a first-time mom, I didn’t know what to expect, but this workshop taught me so much about newborn care and what to be wary of. It was very informative and interesting, especially the hands-on practice with the ‘dummy’ baby instead of just listening and taking notes. Both counsellors were friendly and approachable, answering all our questions. ”

– Presha



Hezron (left) and Presha enjoying the hands-on practice on cleaning the baby.

“ This workshop taught me not only how to care for my child, but also how to support my wife. By learning how to bathe and change the baby, I can give her more time to rest. We are very grateful for this workshop. ”

– Hezron

Continued partnership and impact

Ms Serene Tan, a social worker from Care Corner Singapore, highlighted the importance of this collaboration, saying, “Our partnership with Mount Alvernia’s Outreach and Parentcraft Teams for this workshop proved invaluable. It empowered couples, particularly those from low-income backgrounds who might otherwise lack access to such programmes. We look forward to continuing this successful collaboration.”



Ms Lim Sem Choo sharing baby care tips with participants.

The Mount Alvernia Outreach Team hopes that this ongoing partnership with Care Corner Singapore continues to make a significant difference in the lives of these families, helping them navigate the challenges of parenthood with greater confidence and preparedness.

Promoting Inclusion at SPD's "Eat, Play, Live" Event

The Mount Alvernia Outreach Team was invited to participate in the “Eat, Play, Live” event, held on 24 March 2024 at Tampines Enabling Services Hub. The event, aimed at promoting community inclusion, was organised by SPD Singapore, a local charity set up to help Persons with Disabilities (PWD) of all ages in Singapore.

During the event, members of the Outreach Team shared with PWD attendees on the subsidised basic medical and dental services they can benefit from at the Mount Alvernia Outreach Clinics.

PWDs and their caregivers at the event were also offered a one-time complimentary basic health check and dental scaling and polishing session at the Outreach Clinic @ Enabling Village. The initiative saw 10 registrations for the health check and 25 for the dental services.

The Outreach Team is grateful for the opportunity to reach out to more PWDs at the event, and support SPD in their mission to enhance care for their PWD beneficiaries.



Outreach Team members Mr Koo Hoong Mun (left) and Ms Low Kar Yin (right) with Guest of Honour, MP Mr Baey Yam Keng.

Celebrating Dedication: Long Service Awards 2023



Mount Alvernia Hospital presented Long Service Awards to 146 dedicated employees.

On 6 March 2024, Mount Alvernia Hospital (MAH) held its Long Service Awards 2023 Ceremony, celebrating the unwavering dedication of 146 employees who have served the hospital for periods ranging from five to 50 years.

This annual event recognises the loyalty and hard work that staff members bring to their roles, contributing to the hospital's mission of providing compassionate care.

The ceremony was graced by the presence of the founding sisters from the Franciscan Missionaries of the Divine Motherhood (FMDM), the executive management team, and colleagues from MAH.

Heartfelt congratulations to all award recipients for their commitment and service!

5 Years

Nan Aye Aye Than, 24-Hr Urgent Care Centre
Oh Jen Jen, 24-Hr Urgent Care Centre
Lopez Rachel Ann Alvarez, 24-Hr Urgent Care Centre
Wu Shubin Joshua, 24-Hr Urgent Care Centre
Cerezo Benjamin Abrazaldo, 24-Hr Urgent Care Centre
Samson Leizl Ballena, Cardio-Vascular Laboratory
Chacapna Gelly Anne Ambaked, Diagnostic Imaging
Pocken Vijayamma Catherine Adna, Diagnostic Imaging
Selva Mary D/O Atharlaly, Diagnostic Imaging
Zaw Myo Than, Central Sterile Services
Joyce Cheah Lean Eng, Clinical Pastoral Care
Tan Soh Bee, Corporate Development
Shao Yuanyuan, CQII
Ong Jin Mei, CQII
Javier Jannica Elaine Fauni, Day Ward
Phan Kuan Yee, Delivery Suite
Tan Xin Wei, Delivery Suite

Vicmudo Loiselle Marie Ilano, Endoscopy Centre
Bautista Czarina Mae Ramos, Endoscopy Centre
Liao Geraldine Stephanie Veloria, Endoscopy Centre
Peremne Richel Pastolero, Endoscopy Centre
Tan Bojun, Facilities Management
Chang Siew Meng, Food & Beverages
Huang Jin Song, Food & Beverages
Naha Kanni Manimaran, Front Office
Cheryl Ling, Health Screening Centre
Leow Li Peng, Health Screening Centre
Khine Myo Nwe Ni, Housekeeping
Abdul Hannan Bin Fauzi, Intensive Care Unit
Zhang Xinying, Intensive Care Unit
Lim Hui Ling, Intensive Care Unit
Padmanabhan Kalpana, Intensive Care Unit
Mooi Kwai Theng Charlene, Laboratory
Khu Young Far, Laboratory

Kimberley Kim Jia Ying, Laboratory
Ong Wendy, Laboratory
Camalia Tan Hui Ci, Laboratory
Tay Geok Li, Materials Management
Poh Chye Mui, Materials Management
Wong Kim Erl Veronica, Nursing Administration
Yeh Zi Ying, Nursing Administration
Kooh Seok Koon, Nursing Administration
Aribuabo Maria Suerte Saymo, Operating Theatre
Muhammad Farhan Bin Md Yusof, Operating Theatre
Beloso Raymond Dela Cruz, Operating Theatre
Teo Giap Seng, Operating Theatre
R Jeevarathana R Ramakrishnan, Operating Theatre
Apriliana Anak Sakman, Operating Theatre
Thulasaarani Paramasivan, Operating Theatre
Lam Sin Yin, Operating Theatre
William Leo Bin Larau, Operating Theatre
Joafian Jumi, Operating Theatre
Militante Klea Grageda, Operating Theatre
Seet Lay Tin, Parentcraft
Tang Sok Lin, Parentcraft
Arumugham Balamurugan, Rehabilitation Centre
Chu Swee Jer, Security
Yohan Iswanto, Technology & Strategy
Kalesh Priya Samudram, Wards - St Clare
Usha Paramasivam, Wards - St Clare
Darani K Ganesan, Wards - St Clare
Ng Shi Yin, Wards - St Dominic
Vitdhia Muniandy, Wards - St Dominic
Maddatu Marlyn Paningbatan, Wards - St Francis
Bartolome Susana Rabut, Wards - St Francis
Jalando-On Kenneth Caballero, Wards - St Francis
Nabeela Binte Mohammad Aslam, Wards - St Gabriel
Khin Su Su Lwin, Wards - St Gabriel
Tiong Nyuk Chuo, Wards - St Nicholas
Kong Elaine, Wards - St Nicholas
Clemente Jhoeanna Lyn Sanchez, Wards - St Nicholas
Nuruljannah Binte Jailani, Wards - St Raphael
Alvaro Lea Aiza Taturan, Wards - St Raphael
Vanita Jolandor, Wards - St Raphael
Rashida Bte A Manaf, Day Ward
Roy Masikip Solano, Operating Theatre
Cho Yoon Hai, Operating Theatre
Mendez Verna Liz Sta. Ana, Neo Natal Intensive Care Unit
Leong Teik Ping, Technology & Strategy

10 Years

Ooi Ai Ling, Business Office
Yeo Hwee Meng, Business Office
Teo Pek Hoon, Business Office
Nicole Esther Xie Baohui, Diagnostic Imaging
Htwe Nu Nu Aung, Diagnostic Imaging
Mendoza Haidi Lim, Central Sterile Services
Leong Lai Yin, Finance
Chong Hengkang, Finance
Yeh Wai Ling, Food & Beverages
Teng Tuan Cheng, Food & Beverages

Teng Yew Huay, Food & Beverages
Alcain Ma Carla Mabelle Ramos, Neo Natal Intensive Care Unit
Santos Marivic Bumanglag, Neo Natal Intensive Care Unit
Sinder Kaur, Operating Theatre
Gino Macario Isip Deang, Operating Theatre
Liu Po Ki, Operating Theatre
Noreah Binti Omar, Operating Theatre
Chng Wee Kim, Operations Administration
Rita Francis, Parentcraft
Tengku Ahmad Bin Tengku Abdullah, Security
Tay Yee Hong, Technology & Strategy
Tan Jazmine Alcazar, Wards - St Clare
Atienza Flarrybelle Espera, Wards - St Clare
Gursharan Kaur D/O Joginder Singh, Wards - St Dominic
Bumagat Kristine Joy Abitong, Wards - St Dominic
T Thiviya, Wards - St Francis
Alphonsus Bernadette Sudha, Wards - St Nicholas
Juliana Wee Kim Hoon, Wards - St Raphael
Gowry D/O Subramanian, Wards - St Raphael
Teston Maria Cecilia Reyes, Wards - St Raphael



The FMDM Sisters and executive team celebrate with award recipients.

15 Years

Ang Cheng Choo Clara Mrs Clara Choo, Business Office
Oracion Darwin Maayo, Diagnostic Imaging
Lee Pui Keng Judith, CEO Office
Smith Alan Kevin, Clinical Support Administration
Neo Li-Shan Anthea, Corporate Development
Treesa James, Delivery Suite
Tan Lee Hock, Facilities Management
Effaridah Binte Mohd Rasit, Front Office
Mahasvari D/O Arumugam, Housekeeping
Win Win Yee, Laboratory
Imran Bin Tahar, Laboratory
Mohamed Fadhil Bin Mohamed Ibrahim, Operating Theatre
Balamurugan Sujatha, Operating Theatre
Ng Keng Leng, Operating Theatre
Cabico Maribel Valencia, Operating Theatre
Krishnan Ponmalar, Operating Theatre
Alberlyn Ordinario Fabian, Operating Theatre
Chen Jihong, Wards - St Gabriel
Nang Shwe Myint, Wards - St Nicholas
Sanga War, Wards - St Raphael

PEOPLE

20 Years

Bang Kheng Li Lily, Endoscopy Centre
Segarra Mildred Nombila, Laboratory
Naw Hser Hku Paw, Neo Natal Intensive Care Unit
Nurfadhlin Binti Abdul Rasid, Pharmacy
Keng Chee Weng Eugene, Rehabilitation Centre
Myat Su Mon, Wards - St Michael
Leung Maricel De Lima, Wards - St Raphael

25 Years

Lek Lee Hong, Technology & Strategy

30 Years

Clara Stanislaws, Laboratory

Yeo Kim Chuan, Laboratory
Panimalar D/O A Thangaveloo, Wards - St Michael
Nirmala D/O Doraisamy, Wards - St Nicholas
Annie Lim, Fiscal Services

35 Years

Abdul Karim Bin Kesehron, Operating Theatre

40 Years

Vanita D/O Kanniah, Wards - St Francis

50 Years

Tang Kuen Toh, Housekeeping
Koh Nyuk Choon, Facilities Management

50 Years of Service

In recognition of their dedication, MAH would like to pay tribute to two exceptional staff members who served the hospital for a remarkable 50 Years.



Mdm Tang Kuen Toh began her journey with MAH in 1973 as a housekeeper. At the age of 27, she took on the crucial task of maintaining the cleanliness of the rooms and toilets in the old St Francis ward. Her exemplary attitude, coupled with a cool and positive demeanour, earned her constant praise and positive feedback from colleagues and patients alike.

Mr Koh Nyuk Choon joined MAH in 1975 as a carpenter. Known for his hardworking nature and fine craftsmanship, Mr Koh was always ready to lend a hand, often making repairs around the hospital that helped save on maintenance costs. Regretfully, Mr Koh passed away in May 2024, leaving behind a legacy of dedication and humility which continues to inspire all who had the privilege of knowing him.

Congratulations to our Nurses' Merit Award 2024 Winners!

Mount Alvernia Hospital (MAH) is proud to share that senior nurse manager **See Bee Fong (Sister or Sr Bee Fong)** from St Dominic Ward and nurse manager **Kartikawani Binti Asmawi (Sr Wani)** from the Delivery Suite have been honoured with the Nurses' Merit Award 2024.

Launched in 1976 by the Ministry of Health, this award recognises nurses for their exceptional performance, professional development, and contributions to promoting the nursing profession. The award ceremony took place on 12 July 2024 at the Pan Pacific Hotel.

Sr Bee Fong: An Inspiration for Continuous Growth

Sr Bee Fong, who joined MAH 22 years ago, has been instrumental in the hospital's growth. Her ability to train and motivate staff has significantly enhanced the hospital's medical-surgical and paediatric nursing services.



Sr Bee Fong and Sr Wani

Sr McEune Mee Lin, a nurse manager, appreciates the constant learning environment fostered by Sr Bee Fong, stating, "I work alongside Sr Bee Fong every day and I'm constantly learning." Staff nurse Kong Cheng Yi added, "Sr Bee Fong is very generous with her guidance, always making sure we are comfortable asking questions. She has helped me grow so much professionally."

Sr Bee Fong enjoys crocheting in her free time, finding it a relaxing and creative outlet.

On receiving the award, she said, "Winning the award is really a reflection of how hard we work as a team to care for our patients every day. I'm thankful for the opportunity to work with such amazing doctors, nurses and colleagues."

Sr Wani: A Pillar of Empathy and Compassion

Sr Wani joined MAH in 2014, and her current responsibilities include managing rostering and training of nurses in the Delivery Suite, and ensuring high patient care standards of her department's nurses.

Known for her empathy and team spirit, her team looks up to her for guidance in clinical knowledge and personal growth. Fellow nurse manager Sr Ang Gek said, "Sr Wani leads with compassion and it shows in her relationships with everyone here." A senior staff nurse at the Delivery Suite commented, "Sr Wani makes me feel supported while pushing me to grow. I'm lucky to work with such a great mentor."

Despite her busy schedule, Wani makes time every weekend to visit her family in Batam. She emphasises the importance of family and teamwork, stating, "Getting the Nurses' Merit Award really means so much to me. I would like to give thanks to the management, my bosses, and most importantly, my great team for the support."

MAH congratulates Srs Bee Fong and Wani on their well-deserved recognition, and thanks them for their commitment to excellence in the nursing profession.



Scan to watch video!

Introducing Our New Specialist Doctors!

Mount Alvernia Hospital is excited to announce the addition of 14 new specialist doctors to the Alvernia family. These dedicated, esteemed professionals have joined the hospital with a shared commitment to provide quality and compassionate care to patients. Let's give them a warm welcome as they embark on this journey to serve all with love.



Dr Beh Suan Tiong

SOG Health Clinic
(Alvernia) Pte. Ltd.

Dr Beh Suan Tiong is a renowned obstetrician and gynaecologist with over 20 years of experience, and was the past president of the Obstetrical and Gynaecological Society of Singapore. Besides providing excellent pregnancy care and delivery service, Dr Beh has a special interest in infertility surgery, and in treating endometriosis and fibroids. He is also one of Singapore's first doctors to successfully perform High Intensity Focused Ultrasound (HIFU), a non-invasive surgical procedure for the treatment of uterine fibroids.

Dr Beh is a visiting consultant to the department of obstetrics & gynaecology at the Singapore General Hospital and is actively involved in the mentorship, training and development of minimally invasive surgery in Singapore.



Dr Chong Chew Wei

Hand Surgery
Associates (Alvernia)

Dr Chong Chew Wei is a consultant hand surgeon, specialising in hand and reconstructive microsurgery. She was formerly a senior consultant at Singapore General Hospital (SGH).

After completing her advanced surgery training in hand surgery, Dr Chong did a one-year fellowship at the renowned department of plastic surgery, Chang Gung Memorial Hospital (Linkou). She obtained her Master of Medical Sciences in 2016 for her work in microsurgery. She was a member of the advanced microsurgery service in SGH's department of hand surgery, and the programme director of SingHealth Hand Surgery Residency Training.

Dr Chong was elected honorary secretary of the Chapter of Hand Surgery in 2017, and is actively involved in the development of hand surgery at the national level.



Dr Choo Wan Ling

SOG Health Clinic
(Alvernia) Pte. Ltd.

Dr Choo Wan Ling is an obstetrician and gynaecologist with over 15 years' experience, obtaining a Masters in Obstetrics and Gynaecology in 2000. Her outstanding achievements include winning the IV Asian Obstetrics and Gynaecology Congress Gold Medal.

Dr Choo's clinical expertise includes antenatal and gynaecological scans, antenatal care and risk assessment, prenatal screening, as well as vaginal-assisted and caesarean deliveries. Well-versed in the management of gynaecological issues such as infections, endometriosis, uterine fibroids, fertility challenges, and ovarian cysts, she is also qualified to treat pap smear abnormalities and perform colposcopies.

Dr Choo has a special interest in menopausal care and female sexual dysfunction, and is an advocate of natural birth.



Dr Natalie Chua

SOG Health Clinic
(Alvernia) Pte. Ltd.

Dr Natalie Chua graduated from the National University of Singapore with a Bachelor's degree in Medicine and Surgery, and received her specialist training at KK Women's and Children's Hospital. She is also a member of the Royal College of Obstetricians & Gynaecologists, London.

Dr Chua specialises in obstetric care, which includes preconception health screening, antenatal care and delivery, gynaecological cancer screening and prevention, and management of common gynaecological conditions.

Professionally, she was an elected council member of the Obstetrical and Gynaecological Society of Singapore from 2010 to 2015, served as the chairman of the 12th and 13th Regional MRCOG Preparatory Course for aspiring gynaecologists, and was the O&G representative for the Association for Breastfeeding Advocacy from 2011 to 2013.



Dr Heng Tung Lan

SOG Health Clinic
(Alvernia) Pte. Ltd.

Dr Heng Tung Lan graduated from the National University of Singapore before starting her traineeship in obstetrics and gynaecology at KK Women's and Children's Hospital. She went on to obtain her Master of Medicine in Obstetrics & Gynaecology, and was admitted to the Academy of Medicine, Singapore in 2004. She specialises in pregnancy care and delivery, female health screening, menopause, and female wellness enhancement.

Having established her private practice in September 1993, Dr Heng has built a solid reputation as a renowned obstetrician and gynaecologist — well-liked and respected by her peers and patients. With an illustrious career spanning more than 30 years, she was well-positioned to co-found Singapore O&G Ltd.

DOCTORS



Dr Ho Weng Yan

STO+G Women's Health Specialists

Dr Ho Weng Yan, an obstetrician, gynaecologist and gynaecologic surgeon, graduated from the National University of Singapore School of Medicine. She completed her postgraduate training under the Singhealth Obstetrics & Gynaecology Residency Programme, earning yearly Best Resident Awards for her outstanding performance. Dr Ho holds membership in the Royal College of Obstetricians and Gynaecologists (UK), and is a Fellow of the Academy of Medicine, Singapore.

Formerly a consultant in the department of gynaecologic oncology in KK Women's and Children's Hospital, Dr Ho specialises in minimally invasive/laparoscopic and open surgeries for both benign and cancer conditions. She is a certified colposcopist and a council member of the Society for Colposcopy & Cervical Pathology of Singapore.



Dr Low Mei-Yi

The Children's ENT Centre

Dr Low Mei-Yi is an experienced fellowship-trained paediatric otolaryngology (Ear Nose Throat) surgeon. She was a senior consultant and former head of department of paediatric otolaryngology at KK Women's and Children's Hospital where she had practised since 2014.

After receiving her medical degree from the National University of Singapore in 2003 and completing her otolaryngology specialist training in Singapore, Dr Low pursued a clinical fellowship in paediatric otolaryngology at the Royal Children's Hospital in Melbourne, Australia. Her specialty interests include children's ear and hearing conditions, nose, throat and upper airway breathing conditions, snoring and sleep disorders.

Dr Low was previously an executive committee member of the Society of Otolaryngology-Head and Neck Surgery, and a core faculty for the Singhealth Otolaryngology Residency Programme (paediatric module).



Dr Calvin Ong Jianming

Colorectal Clinic Associates

Dr Calvin Ong Jianming is a senior consultant with over 15 years of surgical experience, specialising in colorectal and general surgery. He excels in minimally invasive and advanced robotic procedures including colorectal cancer, pelvic floor disorders, inflammatory bowel disease and hernias.

Dr Ong graduated from the National University of Singapore in 2008 and completed his masters in 2016. He is a fellow of the Royal College of Surgeons of Edinburgh, and trained at the world-renowned St Mark's Hospital, England. An active member of the Singapore Colorectal Society, Dr Ong is committed to providing evidence-based and personalised care to his patients.



**Dr Prakash
Rameshchandra
Paliwal**

Paliwal Neurology
Clinic

Dr Prakash R Paliwal, a neurologist, graduated from the Maharaja Sayajirao University of Baroda, India, obtained his membership of the Royal Colleges of Physicians, UK, and did his advanced specialist training in neurology at the National University Hospital (NUH).

His clinical interests include headaches, stroke, movement disorders including Parkinson's disease, epilepsy, autoimmune neurological disorders, demyelinating disorders of the nervous system, and muscle disorders.

Dr Paliwal was formerly a senior consultant in the division of neurology at NUH and a visiting consultant at Ng Teng Fong General Hospital (NTFGH). While at NUH, he gained experience in treating neurological disorders, and has a special interest in treating stroke during the hyperacute phase and prevention of stroke. He was also involved in the Parkinson's clinic at NTFGH and treated patients with Parkinson's.



**Dr Sim Hsien
Lin**

SOG Health Clinic
(Alvernia) Pte. Ltd.

Dr Sim Hsien Lin, a general surgeon, subspecialises in colorectal surgery and management of all colorectal conditions for both men and women. Her special interests include laparoscopic colorectal surgery, transanal endoscopic microsurgery, surgical management of inflammatory bowel diseases and complex anal fistulas.

Upon completion of her specialisation in general surgery, she became a Fellow of the Royal College of Surgeons (Edinburgh) and won the Gold Medal award at the FRCS Exit Examination in 2011. She was also active in conducting clinical trials pertaining to the field of colorectal diseases and had previously published a book chapter on haemorrhoids.



Dr Allen Sim
Allen Sim Urology

Dr Allen Sim, a urologist with over 18 years of experience, served as director of endourology and fellowships at Singapore General Hospital's department of urology where he practised for 15 years. He established the urology services at Gleneagles Medini Johor, introducing the first da Vinci Xi robotic surgical system in Southern Malaysia. He performed over 160 robotic surgeries in the past year.

A pioneer in minimally invasive treatment of benign prostatic hyperplasia with Prolieve Microwave Thermodilatation, Dr Sim also introduced high-power Thulium Laser for stone treatments in Malaysia, performing over 1,000 stone surgeries in Johor.

He is a recognised robotic and laparoscopic proctor in renowned training academies such as IRCAD, and has proctored robotic surgeons in Malaysia and Philippines, performing live surgeries across Southeast Asia.

DOCTORS



Dr Tan Chuan Chien

SOG Health Clinic
(Alvernia) Pte. Ltd.

Dr Tan Chuan Chien, a consultant breast and endocrine surgeon, completed his advanced training in general surgery at Monash Health in Melbourne, earning fellowships from the Royal Australasian College of Surgeons and the Specialist Register (General Surgery) in Australia. He further honed his skills through a rigorous three-year training in Breast & Endocrine Surgery via the competitive BreastSurgANZ Fellowship Programme.

Dr Tan's specialisation extends to oncoplastic breast surgery, with emphasis on patient choice and breast conservation and reconstruction, alongside expertise in endocrine surgery, notably thyroid surgery.

Dr Tan was previously a senior consultant at the departments of general surgery at Ng Teng Fong General Hospital (NTFGH) and National University Hospital, Singapore, and served as the head of breast and endocrine surgery division at NTFGH.



Dr Alex Tham Chengyao

Asian Healthcare
Specialists (Alvernia)

Dr Alex Tham Chengyao is an ear, nose, throat (ENT) / head and neck surgeon trained in advanced rhinology (diseases of the nose and sinuses) and endoscopic skull base surgery. He previously served as a consultant in the department of otorhinolaryngology at Tan Tock Seng Hospital, and is a visiting consultant to KK Women's and Children's Hospital.

Dr Tham earned his medical degree and Master of Medicine (Otorhinolaryngology) from the National University of Singapore, and completed a one-year clinical fellowship in advanced rhinology and skull base surgery at the McGill University Health Centre, Montreal, Canada.

He is currently the treasurer of the ASEAN Rhinologic Society, and an executive committee member of the Society of Otolaryngology – Head and Neck Surgery Singapore.



Dr Thng Yongxian

Nexus Surgical

Dr Thng Yongxian, a hepatopancreatobiliary surgeon, previously served as a consultant surgeon at the National University Health System, Singapore, where he established the minimally invasive hepatopancreatobiliary surgical programme as the clinical lead of the hepatopancreatobiliary division.

After his training at the National University Hospital, he obtained fellowships from the Royal College of Surgeons Edinburgh (FRCS) and the Academy of Medicine, Singapore (FAMS). He pursued his subspecialty training in hepatopancreatobiliary surgery at the Singapore General Hospital, followed by a clinical fellowship in minimally invasive hepatopancreatobiliary surgery in Seoul National University Hospital.

Dr Thng performed over 6,000 surgical procedures, and was the lead surgeon in laparoscopic pancreaticoduodenectomy and extended liver resections in Ng Teng Fong General Hospital. Recognised for his surgeries, he was invited to present his surgical videos at international conferences.



Serve all with Love

Health Screening.

Your essential first step to good health.

Health screening is the first step to identifying potential health concerns early. Timely detection and intervention not only safeguards you against life-threatening conditions, but paves the way for a longer, healthier life.



Early detection saves lives. Act now!

To find out more, please contact us at Alvernia Health Screening Centre:

820 Thomson Road, Singapore 574623

Tel: +65 6347 6215 | Email: hsc@mtalvernia.sg

Operating hours: Mon to Fri: 8am-5pm | Sat: 8am-1pm | Sun & PH: Closed



Scan here
to find out more



Serve all with Love

Nutrition & Engagement for Seniors today (NESt)



What is NESt?

NESt is a unique workshop combining dietetics and occupational therapy to address common aging issues. Through this workshop, seniors are empowered to make healthy food choices and engage in hobbies and social interaction. This helps to improve self-esteem and quality of life.

WHAT YOU WILL LEARN:



Identify signs of malnutrition



Make proper food choices for nourishment and energy



Learn techniques to perform daily activities confidently



Engage with people better daily

Value:
\$109*
for 1 session (2 hours)
(*inclusive of GST)

Caregivers also gain skills to take better care of seniors while encouraging their independence.

Each workshop is limited to 4 participants.
Open to seniors and accompanying caregivers.



Scan to register today!

Embrace Living, Age Gracefully!

To find out more, please contact us:
820 Thomson Road, Singapore 574623

Nutrition & Dietetics
Tel: 6347 6702

Rehabilitation Centre
Tel: 6347 6203 / 6347 6365