

More patients to be offered choice to receive hospital care at home

Expansion of such ‘virtual bed’ service aims to help ease hospital congestion

Joyce Teo
Senior Health Correspondent

In a bid to balance the number of beds that hospitals can manage with the growing need for health-care, more patients will be given the option to be cared for at home in virtual wards, rather than in a hospital.

The Mobile Inpatient Care @ Home – or MIC@Home – programme allows teams of doctors, nurses and allied health professionals to care for suitable patients in the comfort of their own homes through a combination of teleconsultations and home visits.

They are an alternative for patients who would otherwise be admitted to an acute hospital, said the Ministry of Health (MOH).

A spokesperson for MOH said the service will be offered to patients who are assessed by the hospital clinical teams to require acute care that can be safely provided at home, and that they will be encouraged to consider it as their first option of care.

Suitable patients are those with conditions such as dengue, cellulitis, gastroenteritis and urinary tract infections, which have established treatment plans that consist of medication, antibiotics or fluids delivered intravenously, for instance. They can be monitored remotely, and they will communicate with the care team using their mobile phones or video-conferencing platforms.

Despite the name “virtual bed”, these patients sleep in their own beds at home. They must be able to care for themselves, or have a caregiver at home.

As at March 2025, there are about 200 MIC@Home beds across all public acute hospitals, almost double the 104 beds in January 2024.

As the service expands, public acute hospitals will progressively increase the number of MIC@Home beds, depending on the demand, MOH said.

One of them, Woodlands Health hospital, started out with 15 beds in May 2024 when its emergency department and acute wards started operations, increasing this to 20



Senior staff nurse Sharon Mak doing teleconsultation at SGH@Home Command Centre in 2022. Under the Mobile Inpatient Care @ Home programme, patients receive care at home via a combination of teleconsultations and home visits by teams of doctors, nurses and allied health professionals. ST PHOTO: LIM YAOHUI

virtual ward beds by January 2025. It plans to have 30 in a year.

At Singapore General Hospital (SGH), which was involved in a two-year MIC@Home sandbox before it became a mainstream service in April 2024, there are also plans to increase the capacity, from 30 virtual beds now to 40 to 60 beds in a year.

Dr Michelle Tan, the hospital's head and senior consultant of family medicine continuing care, and SGH@Home lead, said the majority of patients are in the virtual ward for three to four days, and the service has helped reduce hospital congestion.

There are also plans for the upcoming Eastern General Hospital in Bedok to offer virtual wards in 2026, before its physical facility is ready in 2029, said Professor Lee Chien Earn, SingHealth's deputy group CEO (regional health system).

The Institute of Mental Health, the only public acute hospital that does not have MIC@Home, is in the process of planning a

MINDSET CHANGE NEEDED

One of the main challenges we face when introducing NUHS@Home to patients, caregivers and healthcare staff is changing their mindset about how acute inpatient care can be delivered... However, there are many benefits of receiving treatment at home – patients tend to eat better, sleep better, move around more, and are less exposed to hospital-acquired infections...



DR STEPHANIE KO, a consultant at the advanced internal medicine division at the National University Hospital and the lead for NUHS@Home.

MIC@Home pilot in one to two years' time.

A spokesman there said that the pilot will help evaluate suitable patients, identify potential challenges and develop a model for psychiatric patients to be managed at home.

Prof Lee said: “We hope that by 2030, MIC@Home will be a preferred care option that suitable pa-

tients – not just from our hospitals and clinics, but also those in the community – will readily opt for.”

He said SingHealth, which currently has 90 virtual ward beds across four hospitals, is prepared to increase this in response to demand.

Patients' suitability also depends on their caregiving arrangements and the conditions for a virtual bed

to be set up in their homes.

Elsewhere, the National University Health System (NUHS) health cluster has expanded its virtual ward programme to acutely ill patients in two nursing homes, and targets to increase its virtual bed capacity for its hospitals from the current 75 to 100 this year, and to 400 by 2030.

Dr Stephanie Ko, a consultant at the advanced internal medicine division at the National University Hospital and the lead for NUHS@Home, said the NUHS@Home team is working on artificial intelligence tools to help identify patients for the service, and patients and caregivers continue to be educated about it.

“One of the main challenges we face when introducing NUHS@Home to patients, caregivers and healthcare staff is changing their mindset about how acute inpatient care can be delivered,” she said.

“However, there are many benefits of receiving treatment at home – patients tend to eat better, sleep better, move around more, and are

less exposed to hospital-acquired infections and less likely to decline in their function after hospitalisation.”

Public hospitals offering virtual wards said they also plan to extend the programme to a bigger group of patients. In 2024, NUHS patients recovering from hematopoietic stem cell transplants and total knee replacements were able to opt for virtual wards.

At SingHealth, where the virtual ward programme is offered not just at SGH but also at Changi General Hospital, Sengkang General Hospital, and KK Women's and Children's Hospital, the programme may be expanded to cover post-surgical care and rehabilitation.

Patients who opt for MIC@Home are supported by subsidies, MediShield Life, MediSave and Integrated Shield Plan coverage.

Since April 2024, more than 2,500 patients have used the service, according to MOH data.

Editorial consultant Sheralyn Tay, 43, moved to a virtual ward after four days of inpatient care at SGH, where she was being treated with intravenous (IV) antibiotics for an infection, in March. She liked that she was surrounded by her creature comforts at home.

“A nurse would come twice a day, once in the morning and once in the evening, to give me the IV drip and take my blood pressure,” she said.

“You feel reassured that you're still taken care of. There was an office-hours number to call and an after-hours number to call.”

Having been a kidney transplant patient for nearly 20 years, she has had her fair share of inpatient hospital experiences, with previous admissions for infections.

Nurses would come to her bed early in the morning to take her vital signs or carry out tests, which was disruptive to her sleep. In the virtual ward at home, she would upload her health status and oxygen saturation level to an online platform in the morning.

The former journalist, who has experienced first-hand a hospital bed crunch, said that once she starts to feel better, staying in hospital to complete the IV antibiotics treatment is “not an appropriate level of care”.

Another patient, senior desktop engineer Mohammad Soffian Mohd Afdzanawar, 35, opted for a virtual ward when he was admitted to Woodlands Health for cellulitis, a bacterial skin infection.

He wanted to recover in the comfort of his home, and was able to take care of himself.

A slight inconvenience was that he had to set multiple alarms to remind himself to submit his vital readings at specific times of the day, he said.

Today, Singapore has more than 12,000 public hospital beds. To meet growing demand, about 2,800 beds will be added from now to 2030.