

**SERVICE REQUIREMENTS  
FOR CENTRE-BASED CARE**



**MINISTRY OF HEALTH**  
SINGAPORE

29 JANUARY 2021

## General Service Requirements

### (1) INTRODUCTION

1. This document states the requirements for the Approved Provider<sup>1</sup> receiving Government subsidies or is authorized for MediSave use for the provision of centre-based care (CBC) services.
2. CBC is comprised of the following services:
  - (i) Maintenance Day Care (MDC) and Dementia Day Care (DDC) – refer to **Module 1** for MDC and DDC- specific requirements;
  - (ii) Community Rehabilitation (CR)- refer to **Module 2** for CR-specific requirements; and
  - (iii) Centre-Based Nursing (CBN) – refer to **Module 3** for CBN-specific requirements.
3. The Approved Provider is to note that the Ministry of Health (MOH) retains the right to review and update this document, by providing not less than fourteen (14) days' written notice of the revision to the Approved Provider.
4. The Approved Provider should ensure that all relevant and applicable laws, legislations, and regulations in relation to the operating of the centre and the provision of CBC services are adhered to (e.g. Personal Data Protection Act (Cap. 26), Misuse of Drugs Act (Cap. 185), fire safety, food safety guidelines).

### (2) ACCESS TO CARE

5. Referrals. The Agency for Integrated Care (AIC) is the central co-ordinating body for the placement of clients to Intermediate-Long Term Care (ILTC) services. All clients receiving Government subsidies or utilising MediSave for CBC services must be referred through AIC, including clients who are transferring from one centre to another. The AIC referral forms can be downloaded from the AIC website at: [www.aic.sg](http://www.aic.sg).
6. Clients shall not be discriminated based on their race, religion, language or gender. Clients shall not be denied admission to CBC services based on the medical conditions listed in Table 1-1, unless deemed by a Singapore Medical Council (SMC)-registered medical practitioner not to be able to benefit or who may cause disruption to the rehabilitation/care of other clients.

**Table 1-1: Admissions for clients with Medical Conditions**

<ul style="list-style-type: none"> <li>• Multi-drug Resistant Organisms (“MDRO”) (Colonised)</li> <li>• Psychiatric/ Dementia diagnosis</li> <li>• Parkinson’s Disease</li> <li>• Cancer (with a prognosis of more than one year)</li> <li>• Human immunodeficiency virus (“HIV”) positive</li> <li>• Hepatitis</li> <li>• Nasogastric / Gastrostomy Feeding</li> <li>• Urinary catheter / Supra-pubic catheter care</li> <li>• Colostomy care</li> </ul>	<p>Accept Clients with these conditions</p>
<p>Cardiac / Respiratory conditions</p>	<p>Accept Clients with stable cardiac / respiratory conditions</p>
<p>Pulmonary Tuberculosis (“PTB”)</p>	<p>Accept treated and existing PTB Clients who are not infectious</p>

7. Exclusion criteria: The Approved Provider may choose not to admit the client under the following circumstances if the client is unable to benefit from the centre-based services:

- (i) If the client is deemed by a Singapore Medical Council (SMC) registered professional to have:
  - a) Unstable medical conditions requiring close medical monitoring;
  - b) Untreated infectious diseases requiring isolation;
- (ii) Clients with unmanageable behavioural issues and/or uncontrolled mental illness despite treatment; and
- (iii) Clients whose care needs cannot be safely provided for in the centre (e.g. bed bound clients).

8. Acceptance/Rejection by the Approved Provider. Within two (2) working days upon notification by AIC, the Approved Provider shall inform AIC of whether the client is suitable for admission, based on information presented in the referral.

9. Acceptance or Rejection of Client for Admission. The Approved Provider shall inform the client and/or caregiver and AIC of the outcome of the further assessment (i.e. whether client has been accepted for admission or rejected from centre) as soon as possible after the further assessment, and provide client and/or caregiver and AIC with the expected admission<sup>1</sup> date if possible.

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<sup>1</sup> Admission date refers to the commencement of service at the centre/in the programme.

A good practice is to do this within ten (10) working days from the day the client is referred to the Approved Provider<sup>2</sup>. In cases where the client has been rejected, AIC will then coordinate with the referral source to arrange for alternative care arrangements for the client.

10. Withdrawals by client or client's caregivers. If the potential client and/or caregiver rejects the centre before admission, the Approved Provider shall inform AIC of the withdrawal and the reason for withdrawal (if known) within three (3) working days after receiving the withdrawal request from the client/client's caregiver. AIC will then coordinate with the referral source and client/client's caregiver for alternative care arrangements to be made for the client.

11. A written service contract shall be entered into between the Approved Provider and the client/client's caregiver, before the client commences the CBC services. The Approved Provider shall ensure that it has explained the terms and conditions of the service contract, including means-test status and financial counselling, to the client/client's caregiver before he/she signs the service contract accepting the said terms and conditions, which shall include (but shall not be limited to):

- (i) Service hours;
- (ii) Service type (e.g. Maintenance Day Care, Dementia Day Care etc);
- (iii) Expected frequency of services;
- (iv) Discharge criteria
- (v) Indemnity clauses (including medical, medication indemnity etc.);
- (vi) Transport arrangement (including cost of transport), if any;
- (vii) Fees/Charges and payment scheme (including the amount of Government subsidy);
- (viii) Emergency contact number of client's caregiver/next-of-kin;
- (ix) Consent for sharing of data provided to the Approved Provider (e.g. personal data and medical data) with MOH, AIC and other Approved Providers for services that may benefit the client/client's caregiver, service improvement, and continuity of care (e.g. if centre is taken over by the new Approved Provider); and
- (x) Feedback and complaint procedures

The service contract shall be deemed to have come into effect on the date that the contract is signed. The Approved Provider shall add an addendum to the service contract for any changes to the client's service type to document any revised terms, e.g. fees.

### **(3) APPROPRIATE CARE**

#### **Approach to Care**

12. Person-centred. The care team shall adopt person-centred and multidisciplinary approach, where necessary. The team shall comprise relevant care staff from each discipline who shall contribute input from their respective assessments. The care

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<sup>2</sup> MOH / AIC will monitor the time taken by the Approved Provider to accept or reject a client after the client is referred.

team shall also consult registered medical practitioners or other healthcare professionals, where appropriate.

13. Impartial. The Approved Provider shall provide care impartially to all clients who require their services, regardless of race, language or religion.

The Approved Provider shall be secular in its approach and be respectfully mindful of the religious background of each client in the provision of care.

The Approved Provider shall not proselytise (in areas including religion, belief and opinion) and shall take all reasonable precautions, measures and means to prevent proselytising by its care staff, volunteers and by clients in the centres.

### **Documentation of Care**

14. The aim and approach to care and the client's care plans and goals shall be promptly communicated to the client and caregiver.

15. To ensure continuity and coordination of care, the relevant care staff should document individual case notes in an accurate, timely, sufficiently detailed and clear manner that:

- (i) Records the date and time of the documentation
- (ii) Clearly identifies the author of the documents including any amendments/additions
- (iii) Ensures all components are completed when filling up forms (e.g. components not applicable to particular clients shall be indicated as "Not Applicable" instead of being left blank)

### **Initial assessment**

16. Within the first 3 attendances, the Approved Provider shall conduct a comprehensive initial assessment of the client, based on the information provided by the referral source(s). Refer to initial assessment requirements specific to the services that are provided at the centre.

The Approved Provider shall also re-assess all clients who plan to return to the centre after a period of absence (e.g. after hospitalisation) to address possible changes to the client's condition. This is to ensure that the clients are still eligible for the service they were admitted to, based on the respective service admission criteria. The Approved Provider shall also ensure that any changes in the client's conditions are updated in the Individualised Care Plan.

### **Individualised Care Planning**

17. Individualised Care Plans (ICPs). The Approved Provider shall develop an ICP in a timely manner. A good practice is to develop an ICP by the end of the following month (e.g. if the client was admitted on 15 Apr, the ICP should be completed by 31 May). An ICP shall minimally include the following components, and be reviewed by relevant care staff at least once every three (3) months for Active Rehabilitation, six (6) months for the other services or whenever there is a change in a client's

condition, whichever is earlier. This is to address possible changes in care needs, and realign goals and intervention plans accordingly:

- (i) Care needs and goals;
- (ii) Specific intervention plans, including the preferences and views of the client/caregiver and existing care plans where possible;
- (iii) Referrals to other services/ healthcare providers where necessary;
- (iv) Modified Barthel Index (MBI). For clients undergoing Speech Therapy only, whom the Approved Provider may use other assessment tools in lieu of MBI. The Approved Provider may also take reference from the One-Rehab Outcomes;
- (v) Functional Assessment Staging Tool (FAST), for dementia day care clients only; and
- (vi) (for CR) Discharge and transition plans.

## **Discharge**

18. The client shall be discharged from CBC under any one of the following conditions:

- (i) Client has achieved his/her care goals;
- (ii) Client meets the exclusion criteria for centre-based care services and their care needs cannot be safely provided for in the centre;
- (iii) Voluntary withdrawal by the client/ client's caregiver;
- (iv) Client has defaulted attendance or not been able to attend CBC for more than two (2) months;
- (v) Death of client.

Please refer to the CR Modules for additional discharge criteria for CR.

If the client wishes to return to CBC services after discharge, he/she shall be considered as a new admission and shall seek a new referral to be raised to CBC services via AIC.

19. For discharges due to the reasons in 18(i) and (ii), the Approved Provider shall inform the client and/or caregiver of the reasons for discharge at least two (2) weeks prior to discharge, or at the earliest opportunity if it is not possible to give earlier notice. As appropriate, the Approved Provider shall provide education and training to clients and/or caregivers to manage clients' care after discharge and/or refer the client to alternative programmes.

20. The Approved Provider shall ensure proper handover of relevant information relating to the Client's health and social conditions as well as care needs when the Client is discharged to another provider.

21. The Approved Provider shall inform MOH of all discharges of clients from CBC services within 1 month of discharge through the Intermediate and Long-Term Care

Portal (ILTC Portal)<sup>3</sup>, including any subsequent versions of the claims submission system. This includes any transfer of a client to the Approved Provider's other programmes or services

### **Staffing and Qualifications**

22. The Approved Provider shall ensure that all healthcare professionals (e.g. registered nurses and registered therapists) working in the centre hold valid practising certificates in accordance with the relevant professional licensing requirements.

23. The Approved Provider shall ensure that all staff providing care to the clients are trained in the skills necessary for performance of their respective role and duties. All staff shall be familiar with the emergency plans, and the standard operating procedures that are applicable to their job duties.

24. The Approved Provider shall ensure that there is at least one staff present at any point in time, who is trained and certified in basic life support skills (e.g. Basic Cardiac Life Support) within the care team.

### **Transport<sup>4</sup>**

25. The Approved Provider shall ensure that transportation services are made available to meet client's needs to travel to and from the centre, including clients who are wheelchair users. All transportation vehicles shall be properly equipped and meet all other applicable requirements to ensure the safety of clients.

26. Relevant client information such as the client's functional status, behaviours of concern, and medical conditions shall be communicated to the transportation personnel by the Approved Provider.

### **Meals and meals preparation (Note: Not applicable to CR and CBN)**

27. Relevant meal arrangements shall be made to clients based on their dietary requirements (e.g. medical conditions and religious restrictions) as necessary. The Approved Provider shall ensure that all food served to clients is handled, stored, prepared and delivered to clients in a safe and hygienic manner, to reduce the risk of food-borne illnesses.

## **(4) SAFE CARE**

28. The Approved Provider shall provide safe care to Clients and to protect them against adverse outcomes. The Approved Provider shall ensure that there are Standard Operating Procedures (SOPs) in place to ensure the safety of clients, caregivers, staff and volunteers, and to protect the clients against adverse

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<sup>3</sup> The current website address is <https://iltcportal.aic.sg/UI/Login.aspx>

<sup>4</sup> Transport is not necessary for CBN, however providers may provide it if needed by the client.

outcomes. The SOPs shall be communicated to staff for adherence, and the SOPs should take reference from prevailing guidelines and advisories. The SOP shall also include processes to guide the Approved Provider to monitor occurrences/lapses in safety and take appropriate remedial action, including communicating to the caregiver should any client be harmed or at risk of harm, or had any atypical behaviour (e.g. fall, fever, uncharacteristically unresponsive).

29. Medication Management. The Approved Provider's SOP for medication management shall minimally include the following domains covered in clauses 30 to 34 below. The Approved Provider shall only administer a client's medication if:

- (i) The client is not self-directing;
- (ii) The client's caregiver is unavailable/cannot be present to administer or assist with the medication;
- (iii) The medication is prescribed by an SMC-registered medical practitioner or is available off the counter;
- (iv) The medication is brought in by the client and/or caregiver, accompanied by clear written instructions from the client/caregiver/healthcare provider or institution;
- (v) It is carried out by care staff who are appropriately trained in the assistance/administration of medication and in recognising and responding to medication-related incidents; and
- (vi) The client and/or caregiver has completed and signed the medication indemnity form (refer to clause 2.3.2 on the service contract).

30. Administration of medication

- (i) The designated staff shall check the medication record and apply the 5 "Rights" when administering medication, i.e. right person, right medication, right dose, right time, and right route to prevent medication errors.
- (ii) A written medication record shall also be maintained for the administration of medication in relation to each client who requires help with medications. The medication record shall be signed off by the designated staff as soon as the medication is administered to the client. The record shall include:
  - a) The name of the client;
  - b) The name(s) of the medication prescribed;
  - c) The dosage of medication prescribed;
  - d) The name of the person who administered the medication;
  - e) The time and date of administration of medication;
  - f) The route of medication; and
  - g) Drug allergies and/or adverse drug reactions, if any.

31. Assistance with medication

- (i) The care staff shall only assist with medications that have been pre-packed<sup>5</sup> by the client and/or caregiver and/or appropriate healthcare

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<sup>5</sup> The care staff can also assist with medication that cannot be pre-packed, e.g. eye-drops, cough mixtures.



- professional;
- (ii) The care staff shall refer to the accompanying written instructions from the client/caregiver<sup>6</sup>/healthcare provider or institution;
- (iii) The care staff shall ensure that the right medication pack is served to the client at the indicated time; and
- (iv) The date and time of assistance shall be documented in the client's file as soon as the client is assisted.

32. If there are any adverse drug reactions, or if the client fails/refuses to consume the medication, the Approved Provider shall document this in the client's file, escalate where necessary, and notify the client/caregiver.

33. Medication Packing (Applicable to CBN and if Approved Provider provides medication packing under MDC and DDC)

The Approved Provider shall have policies to assist the client in packing medication. Medication packing shall be done by a registered medical practitioner, a registered nurse/enrolled nurse, a pharmacist, or a trained and competent care staff under the supervision of the above, in a manner that facilitates appropriate administration. This may be achieved by means of the following:

- (i) Referring to the client's most recent prescriptions or medication record when packing medication;
- (ii) Appropriately labelling the client's medication (e.g. name of medication being packed, day of week, time of day, time and frequency of dosage, etc.); and
- (iii) Instructing the client and/or caregiver of the correct time, frequency and dosage of medications for medication compliance where applicable.

34. Storage of medication

- (i) Medication shall be stored in accordance with the manufacturer's recommendations.
- (ii) All medication shall be stored safely and shall be locked up in a designated area not accessible to clients or members of the public.
- (iii) All medication shall be arranged in a systematic manner and shall be clearly labelled with identifiers to prevent mix-ups.

35. The Approved Provider shall also have and adhere to Standard Operating Procedures or policies on the following:

- (i) Falls and Injury Prevention. The Approved Provider shall identify and manage potential safety risks to prevent falls and injuries.
- (ii) Infection Prevention and Control. The Approved Provider shall have policies to prevent cross-contamination of medical and surgical supplies, and to maintain the required standards of cleanliness and disinfection during service delivery.
- (iii) Escalation Protocols to manage any unexpected circumstances during the course of administering care.
- (iv) Use of restraints. Use of restraints is discouraged and the Approved

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<sup>6</sup> If the instructions from the client/caregiver deviate from the medical practitioner's prescription or the Approved Providers' SOPs on medication management, the Approved Provider should refer to their escalation protocols on managing deviations in SOPs.

Provider shall inform clients and/or caregiver if restraints are used in the centre.

- (v) Prevention of Abuse and Neglect. The Approved Provider shall ensure that Clients are not subject to physical, emotional, psychological or sexual abuse, or neglect by staff, by establishing policies or procedures for the care and management teams to identify and investigate the signs and symptoms of abuse and neglect, and the follow up actions to be taken when they suspect a client is being abused or neglected.
- (vi) Emergency Preparedness, including but not limited to medical emergency, fire, pandemic (i.e. alternative care arrangement, staff surveillance, PPE supply/mask-fitting policies etc), haze preparedness. The Approved Provider shall follow all guidelines and advisories released by the Authority e.g. MOH Haze Advisory Guidelines for Community Care Service Providers, DORSCON framework.
- (vii) Incident Management. The Approved Provider shall have an SOP to detect, review adverse events and address the root cause to prevent further occurrences, and promptly inform the client's caregiver/next-of-kin.

36. The Approved Provider shall inform relevant authorities immediately of any significant incidents where clients or staff may be at harm or at risk of harm. The Approved Provider shall also inform AIC so that AIC may render the Approved Provider assistance as necessary. Examples of these incidents include (but are not limited to):

- Abuse/alleged abuse (including sexual abuse)
- Mass food poisoning
- Mass outbreak of contagious or infectious diseases
- Unnatural deaths
- Outbreak of fire leading to serious damage to property or injuries
- Illegal activities/crimes committed within premises
- Mass resignations in the organisation
- Mishandling/misappropriation of client funds
- Data breaches or malicious data-related activities
- Terrorist activity, bomb threat and other potentially life-threatening incidents

## **(5) PHYSICAL ENVIRONMENT**

37. The Approved Provider shall consult AIC prior to the start of operations or any major retrofitting work to ensure the physical environment of the centre is elderly friendly and conducive for the provision of centre-based care services. The Approved Provider shall include the following safety and security measures:

- Restricted access on entrances and exit doors
- Secured storage of tools, materials and equipment that present a risk (e.g. knives)
- Medications accessible by authorised staff only
- Fire safety provisions, including barrier free access

38. All equipment shall be used and regularly maintained as recommended by manufacturers.

39. The Approved Provider shall ensure that medical and rehabilitative devices that require licensing comply with the prevailing regulatory requirements.

## **(6) OPERATING HOURS**

40. The operation hours of the centre shall take into consideration the clients and their caregivers' needs. For example, working caregivers may require the clients to attend the day care programme from 7 am to 7 pm due to their working schedules. The centre shall be open at least from Mondays to Fridays (including eves of gazetted public holidays but excluding gazetted public holidays). However, where the eve of a gazetted public holiday falls on a weekday, the Approved Provider may provide half-day services for maximum of three out of five eves of the major public holidays (i.e. New Year, Chinese New Year, Hari Raya Puasa, Deepavali, Christmas).

## **(7) ADMINISTRATIVE POLICIES AND PROCEDURES**

### **Financial Policies and Procedures**

41. The Approved Provider shall comply with the relevant Terms and Conditions of subvention and MediSave and refer to the relevant MOH Finance circulars on Financial Audit requirements.

## **(8) REPORTING AND AUDITS**

### **Submission of data on Performance and Service Indicators**

42. The Approved Provider shall submit a quarterly return to MOH. The list of data items to be submitted and the respective frequency for submission is set out at Appendix A and includes both subsidised and non-subsidised clients.

43. The Approved Provider shall submit any other information as and when required by MOH in accordance with the stipulated format, manner of submission and timeline. The required information shall include both subsidised and non-subsidised clients. MOH shall provide not less than fourteen (14) days' written notice of the information required to the Approved Provider.

44. The Approved Provider shall report their vacancy and utilisation for all services to AIC regularly, as advised by AIC.

### **Service Audits**

45. MOH will conduct service audits at the centre to evaluate the care and services provided by the Approved Provider.

MOH also reserves the right to conduct ad-hoc spot checks.

46. Where lapses are identified by MOH, Approved Providers shall rectify the lapses in an appropriate and satisfactory manner and within a stipulated time frame as

determined by MOH (which is usually not beyond two weeks). MOH reserves the right to impose penalties based on the severity of the lapses and timeliness of the rectifications and shall provide the Approved Provider with at least fourteen days (14) written notice.

## **Module 1: Maintenance Day Care and Dementia Day Care**

### **(9) ACCESS TO CARE**

47. Admission criteria. The Approved Provider shall admit clients who require or can benefit from day care services. For dementia day care services, clients require a diagnosis of dementia by a Singapore Medical Council-registered medical practitioner.

For admission into DDC, clients shall have a Functional Assessment Staging (FAST) level of between '4' and '7'.

### **(10) APPROPRIATE CARE**

48. The initial assessment conducted for clients shall minimally cover:

- (i) Primary medical diagnoses and other secondary medical conditions, previous surgical and hospitalisation history
- (ii) Basic assessment of functional and cognitive impairments, mood and behavior
- (iii) Vital signs: temperature, blood pressure, pulse rate, respiratory rate (if necessary) and random blood glucose (if diagnosed or suspected to be diabetic);
- (iv) Nutritional status, dietary requirements and mode of feeding (where applicable);
- (v) Continence status – bladder and bowel;
- (vi) Areas where the Client is experiencing pain (where applicable);
- (vii) The client's identified care needs (e.g. personal care and hygiene needs)
- (viii) For persons with dementia, an understanding of the client's background, where it would be helpful for the centre to engage and manage a client effectively (e.g. personality, past and present roles, likes and dislikes).

The initial assessment shall be conducted by trained care staff who should escalate the client to the relevant healthcare professionals for further assessment, where necessary.

## **Programme and Services**

49. The Approved Provider shall ensure that the services and activities provided as part of the maintenance day care programme are holistic and minimally cover the following:

- Custodial care services
- Maintenance Activities (e.g. physical, cognitive, social-recreational activities)

Services shall include (but shall not be limited to):

- (i) Assistance with ADLs
- (ii) Personal hygiene activities (including showering);
- (iii) Dressing and personal grooming activities;
- (iv) Assistance with ambulation/ mobility/ transfers;
- (v) Assistance with oral and enteral/ tube feeding;
- (vi) Assistance/administration of medications;
- (vii) Basic nursing and health services (e.g. vital sign monitoring);
- (viii) Meals and meals preparation;
- (ix) Physical exercises and social-recreational activities;
- (x) Cognitive stimulation programmes;
- (xi) Where applicable, such as for persons with dementia, assess and manage behaviours of concern through non-pharmacological methods; and
- (xii) Where applicable, home visits to assess clients, and to work with caregivers to manage challenging behaviour.

50. The Approved Provider shall ensure that the maintenance activities are planned with oversight from therapists registered with the Allied Health Professionals Council (AHPC).

Examples include strengthening exercises, cardiovascular training, balance and coordination exercises, or as appropriate for the individual.

## **Staffing and Qualifications**

51. [For DDC] Trained Dementia Practitioner. As behaviours of concern tend to occur or fluctuate on a day-to-day basis, the Approved Provider shall employ a trained dementia practitioner at its centre's DDC programme to assess clients, formulate behavioural plans and manage clients with behaviours of concerns. (See Appendix B for the requirements and job description for this role)

## **Module 2: Community Rehabilitation**

52. Scope of Community Rehabilitation (CR) services. Services provided under CR include:

- (i) Active Rehabilitation (AR) – to improve the client's functional status; and
- (ii) Maintenance Exercise (ME) – to reduce the client's functional decline.

## **(11) APPROPRIATE CARE**

### **Programme and Services**

53. The services provided shall include (where deemed relevant by a AHPC-registered therapist), but shall not be limited to:

- (i) Community integration activities;
- (ii) Functional mobility training and gait training;
- (iii) Active and passive exercises to improve or restore range of motion, physical strength, flexibility, co-ordination, balance and endurance;
- (iv) Advice on the use of assistive ambulatory devices, orthosis, prosthesis or assistive / adaptive devices to maintain or improve ADL performances;
- (v) Co-ordination and dexterity activities;
- (vi) Pre-vocational and vocational training;
- (vii) Advice on occupational ergonomics;
- (viii) Home assessment and recommendations on home modification;
- (ix) Intervention addressing cognition, perception and psychosocial status;
- (x) Caregiver training and client education; and
- (xi) Wheelchair and seating assessment

Where possible, CR may also include speech therapy services. Speech therapy services to be provided by the Approved Provider shall include, but shall not be limited to:

- (i) Dysphagia management; and
- (ii) Rehabilitation of acquired communication difficulties

### **Staffing and Qualifications**

54. The initial assessment should be performed by an AHPC-registered therapist to assess clients' mobility status, functions, endurance, Activities of Daily Living (ADL), Instrumental ADL (IADL), cognition, perception and psychosocial status

The CR programme for each client shall be under the charge of an AHPC-registered therapists, who shall assess, design, oversee, evaluate and modify the programme as necessary. Therapy assistants and/or trained care staff may deliver the CR service. The AHPC-registered therapist shall remain responsible for all CR services delivered to the client.

### **Care Outcomes and Reviews**

55. Re-certification for continued CR services. Re-certification of the needs and suitability of a client for rehabilitation shall be required to determine the necessity for the client to continue receiving CR services. This re-certification shall be done by an AHPC full-registered therapist(s), SMC-registered medical practitioner, or SNB-registered APN. Re-certification should be done every six (6) months and should be recorded in the client's case file/progress notes.

In the event the client exhibits any at-risk signs or symptoms that may deem the client potentially unsuitable to continue undergoing the CR programme at the centre, or if the AHPC full-registered therapist is unsure of whether to re-certify, the Approved Provider shall refer the client to a SMC-registered medical practitioner for further review. This should happen even if the client is not yet due for his/her care review/re-certification.

56. To be re-certified for AR services, and hence be eligible for MediSave Claims, clients must have shown improvement over the last six (6) months on at least MBI and/or one other rehab outcome measure (where applicable). As the aim of AR is to help clients recover function and optimise functional improvement, clients who have not shown any improvement in the last six (6) months should not be re-certified for continued MediSave use for AR, unless supported by justification.

### **Discharge**

57. The client shall be discharged from the CR programme under any one of the following conditions:

- (i) The client has achieved his/her rehabilitation goals; or
- (ii) The client has been certified by a SMC-registered medical practitioner, or SNB-registered APN or AHPC full-registered therapist that continuous rehabilitation will not lead to further significant functional improvement for the client.

### **Module 3: Centre-based Nursing**

58. Scope of CBN services. The range of nursing care to be provided by the Approved Provider under this CBN programme shall include, but shall not be limited to:

- (i) Medication management and medication packing;
- (ii) Post-surgical wound management;
- (iii) Insertion of nasogastric tube;
- (iv) Care of Percutaneous Endoscopic Gastrostomy (PEG) tube and dressing;
- (v) Wound management (Stage I to Stage IV wounds<sup>711</sup>);
- (vi) Urinary catheter care and change of female urinary catheters;
- (vii) Tracheostomy care and dressing;
- (viii) Stoma care – colostomy and ileostomy care;
- (ix) Care of nephrostomy tube and dressing;
- (x) Assistance with bowel elimination (e.g. enema or insertion of suppositories, as ordered by a Singapore Medical Council- registered medical practitioner); and
- (xi) Post-procedural medication administration, as ordered by medical personnel (Only applicable for clients who are not already enrolled in the centre's day care programmes and are living alone or unable to take medication on their own.)

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<sup>7</sup> Wound management services for Stage III and IV wounds shall be provided on a case by case basis.

## **(12) ACCESS TO CARE**

59. Admission criteria. The Approved Provider may admit the client with the support of a written memo from a Singapore Medical Council-registered medical practitioner or SNB-Registered Nurse (RN), subject to the Approved Provider's assessment of the client's suitability for the centre-based nursing services.

## **(13) APPROPRIATE CARE**

### **Initial Assessment**

60. Initial Assessment: Upon admission to the centre-based nursing care programme at the centre, the RN shall conduct a comprehensive initial assessment to identify the client's nursing needs and goals.

### **Staffing and Qualifications**

61. The care team shall minimally comprise of a RN registered with SNB. Enrolled nurse (EN) and/or a nursing aide (NA) may be part of the care team to assist the RN with nursing activities set out in clause 1.2 of this module. This care team shall also complement the routine basic nursing care to clients already enrolled in the day care programme at the centre (i.e. maintenance day care programme or dementia day care programme).

See Appendix C which describes the procedures that nurses registered with the SNB can perform.

### **Care Outcomes and Reviews**

62. The nurse shall monitor client's outcomes (e.g. in person, by telephone) after the completion of each nursing procedure, and document the results and follow-ups, if any.



## Appendix A - QUARTERLY RETURNS AND REPORT ON INDICATORS FOR CENTRE-BASED CARE

The Approved Provider shall submit client attendances, clinical quality and manpower information related to the CBC services provided in such form and at such times as MOH may determine to MOH. The required information shall include both subsidised and non-subsidised clients.

The Approved Provider is responsible for the accuracy and integrity of the information collated.

The list of data elements to be submitted to the ILTC Information Desk Head via ILTC Portal are listed in Table 1 below. MOH has the right to revise and refine the requirements by providing not less than fourteen (14) days' written notice of the revision to the Approved Provider.

Table 1: List of Indicators for CBC

<b>Workload</b>		
1	Client attendances	Quarterly
<b>Clinical Indicators</b>		
2	Scores of MBI (Shah Modified Barthel Index) (Not for CBN or CR [Speech Therapy])	[For MDC, DDC and ME clients]: Every 6 months  [For AR clients]: Every 3 months
3	[for DDC clients only] Scores of Functional Assessment Staging Tool (FAST)	Every 6 months
<b>Staffing</b>		
4	Number of local and foreign staff (including healthcare professionals) in the centre by type of position (i.e. established, filled and vacant posts)	Quarterly
5	Number of local and foreign staff (including healthcare professionals) leaving the centre by type of occupation	Annual
6	Educational qualifications of staff (including healthcare professionals)	Annual

7	Residence status (i.e. Singaporean, Permanent Resident or Non-Resident) and nationality of staff (including healthcare professionals)	Annual
8	Employment type of staff (including healthcare professional) (i.e. employee, locum, purchased service, volunteer, others)	Annual

**Appendix B – REQUIREMENTS AND JOB DESCRIPTION FOR TRAINED DEMENTIA PRACTITIONER**

<p>(i) Qualifications/ Requirements</p>	<ul style="list-style-type: none"> <li>• Registered Nurse who is registered with the Singapore Nursing Board, Physiotherapist or Occupational Therapist registered with the Allied Health Professionals Council, Psychologist with a minimum qualification of a Master’s Degree in Applied Psychology, Counsellor with a minimum qualification of a post-graduate diploma in counselling, Social Worker registered with the Singapore Association of Social Workers or Medical Practitioner registered with the Singapore Medical Council;</li> <li>• With relevant training in the area of dementia care; and</li> <li>• With at least three (3) years of experience in the area of mental health, geriatric or dementia populations in any setting.</li> </ul>
<p>(ii) Job description</p>	<ul style="list-style-type: none"> <li>• Implement person-centred care in care planning, including understanding client’s life history and preference;</li> <li>• Conduct appropriate physical and cognitive assessment for clients who exhibit behaviours of concern;</li> <li>• Guide the care team and client’s caregiver to apply appropriate psychosocial support and management techniques;</li> <li>• Document proposed intervention approach, care plans and progress of the clients; and</li> <li>• Conduct home visits as part of the assessment process or implementation of interventions on the client (such as for home modifications).</li> </ul>

## Appendix C - LIST OF NURSING PROCEDURES IN CENTRE-BASED NURSING CARE

Nursing Procedures		Performed by Registered Nurse	Performed by Enrolled Nurse
1	Cardiopulmonary resuscitation (current certification/recertification)	Yes	Yes
2	Administration of injection <ul style="list-style-type: none"> <li>• Subcutaneous</li> <li>• Intramuscular</li> </ul>	Yes	Yes
		Yes	No
3	Nutrition <ul style="list-style-type: none"> <li>• Insertion &amp; removal of nasogastric tube</li> </ul>	Yes	Yes
4	Urinary /Faecal elimination <ul style="list-style-type: none"> <li>• Administration of enema/suppository</li> <li>• Urinary catheterization ✓ female adults</li> </ul>	Yes	Yes
		Yes	Yes
5	Wound care		
	• Management of wounds (Stage I to Stage III)	Yes	Yes
	• Management of wounds (Stage IV)	Yes	No
	• Removal of sutures/clips	Yes	No
	• Tracheostomy dressing	Yes	Yes
	• Tracheostomy suctioning	Yes	Yes
	• Stoma care: Colostomy & ileostomy	Yes	Yes
• Nephrostomy dressing	Yes	Yes	