



**MINISTRY OF HEALTH**  
SINGAPORE

MH 50:12/3-1

21 July 2017

Licensees of all Nursing Homes

**ADDENDUM TO LICENSING TERMS AND CONDITIONS ON NURSING HOMES IMPOSED UNDER SECTION 6(5) OF THE PRIVATE HOSPITALS AND MEDICAL CLINICS ACT [CAP 248]**

We refer to the Licensing Terms and Conditions on Nursing Homes, imposed under Section 6(5) of the Private Hospitals and Medical Clinics Act (Cap. 248), which came into effect on 20 April 2015.

2 While nursing homes have used the Licensing Terms and Conditions on Nursing Homes to strengthen their governance and care processes, some homes have also suggested areas of refinement to allow nursing homes more flexibility to achieve the intended care outcomes. The Ministry has taken in and reviewed the useful feedback and is adjusting the following provisions to assist nursing homes to better meet the licensing terms and conditions. The revisions to the LTCs will take effect from 1 August 2017.

**A) Changes to the Licensing Terms and Conditions**

*Paragraph 4.2 on the Conduct of Medical Review within 48 Hours*

3 Licensees are currently required to arrange a review for each patient by a registered medical practitioner within 48 hours of admission into the nursing home. The amended paragraph 4.2 clarifies that a patient must be reviewed within 48 hours of admission into the nursing home, but where this is not possible (e.g. if the 48 hour period encompasses two non-working days), the licensee is required to arrange for the medical review on the next following working day. For example, if the patient is admitted on a Friday, the licensee will have up to the end of the following Monday (if it is a working day) to arrange for a medical review of the patient. However, licensees are reminded that they remain responsible for monitoring patients closely to ensure that their condition remain stable.

Original Paragraph	Amended Paragraph
4.2 The licensee shall ensure that every patient in the nursing home is reviewed by a registered medical practitioner <u>within 48 hours of admission</u> thereto.	4.2 The licensee shall ensure that every patient in the nursing home is reviewed by a registered medical practitioner within 48 hours of admission thereto. <u>If the licensee of a nursing home is unable to comply with the requirement because the 48-hour period after the admission of a patient does not include a working day, the licensee must ensure that the patient admitted to the nursing home is reviewed by a registered medical practitioner no later than the next following working day.</u>





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*Paragraph 5.2.1 on Labelling of Medication during Storage*

4 Licensees are currently required to ensure that medicines stored for patients are clearly labelled with four identifiers, namely, the patient’s name, NRIC number, ward number and bed number. The number of identifiers required will be changed to **at least two** unique identifiers, one of which **must** be the name of the resident. Nursing homes will have the flexibility to decide on the other identifier, which may be the patient’s NRIC number, date of birth or photograph.

Original Paragraph	Amended Paragraph
5.2.1 The licensee shall ensure that:- c) medicines for patients are clearly labelled with each patient’s name, NRIC number, ward number and bed number;	5.2.1 The licensee shall ensure that:- c) medicines for patients are clearly labelled with at least two appropriate and unique identifiers, specifically, at least the patient’s name and any one (or more) of the following identifiers: (i) patient’s identification number; (ii) patient’s date of birth; (iii) patient’s photograph

*Paragraph 5.4.1 on Confirmation of Verbal Orders by a Medical Doctor*

5 Licensees are currently required to ensure that any verbal orders for medicines should be countersigned by the registered medical practitioner no later than the next working day. With the proposed amendment, licensees are required to ensure that registered medical practitioners confirm their verbal orders via email, messaging services or other means, by the end of the next working day. Licensees are also required to ensure that the registered medical practitioners countersign their verbal orders at their next visit to the nursing home. Licensees will be required to keep complete and proper documentation of all such confirmations.

Original Paragraph	Amended Paragraph
5.4.1 The licensee shall ensure that medicine is prescribed for a patient only by a registered medical practitioner. Any verbal order must be countersigned by the registered medical practitioner no later than the next working day.	5.4.1 The licensee shall ensure that medicine is prescribed for a patient only by a registered medical practitioner. Any verbal order must be confirmed remotely (e.g. email or other messaging services) by the end of the next working day; and countersigned by the registered medical practitioner at his or her next visit to the nursing home. The licensee shall ensure that complete and proper documentation is properly retained in respect of the remote confirmation of verbal orders.





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*Paragraph 5.5.3 Signing of Medication Record after Administering Medication*

6 At present, only Registered Nurses (RNs) are allowed to sign the patient’s medication record immediately after administration of medicines. Going forward, besides the RNs, we will be allowing any member of the nursing team (e.g. Enrolled Nurse (EN), nursing assistant or other care staff) trained and assessed to be competent to assist in the administration of medication, to sign a patient’s medication record. Licensees shall put in place a staff competency framework, which includes documentation of assessment results and regular performance reviews of the EN or other care staff who are deemed to be competent to assist the RN in the administration of medications. With regard to the preparation and pre-packing of medications, only the RNs are allowed to do so.

Original Paragraph	Amended Paragraph
5.5.3 The RN shall sign the patient’s MR immediately after medicines have been served to that patient. The date and time that the medicines are administered shall be documented.	5.5.3 The RN shall sign the patient’s MR immediately after medicines have been served to that patient. A member of the nursing staff (an enrolled nurse, a nursing assistant or a trained healthcare assistant) may also sign the patient’s MR, in place of the RN, if he or she has been trained and is assessed to be competent to assist the RN in the administration of medication. The date and time that the medicines are administered shall be documented.

*Paragraph 5.9.1 and 5.9.2 on Function and Time Interval for Visit by a Registered Pharmacist*

7 Six-monthly regular visits by registered pharmacists will no longer be required. Instead, a registered pharmacist shall only be required to assess the nursing home’s medication management within six months of the opening of new nursing homes. For nursing homes which are already in operation, a registered pharmacist shall assess its medication management at the next scheduled visit. The pharmacist will determine the frequency of the subsequent visits, based on his or her assessment of the medication management system. In the event that a pharmacist detects lapses in the nursing home’s medication management, he or she shall schedule a further review within six months from the current assessment date to ensure that the licensee has rectified all the highlighted lapses. If there are no lapses detected, the pharmacist could schedule the next review to be conducted in one year’s time or at the next license renewal date, which will help to reduce the administrative and regulatory burden for the nursing home.

8 In addition, we have allowed the flexibility for the provision of the education and training in medication management to the staff of the nursing home, to be either provided in-house, by the licensee or a trainer appointed by him, or be provided by a registered pharmacist. The licensee shall keep documentary proof of such training to its staff.





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Original Paragraph	Amended Paragraph
<p>5.9.1 The licensee shall engage a registered pharmacist to visit regularly, at least every 6 months, to:-</p> <ul style="list-style-type: none"> <li>a) provide periodic review of each patient’s MR and prescriptions to evaluate the patient’s progress toward achieving therapeutic outcomes from drug therapy and ensure that drug therapy for each patient is appropriately indicated, effective, safe and convenient;</li> <li>b) develop guidelines and provide oversight for the use and management of medicines in the facility, minimum standards and quality assurance standards; and</li> <li>c) provide in-service education to the nursing home staff on medication management.</li> </ul>	<p>5.9.1 The licensee shall ensure that a registered pharmacist conduct an audit check of the nursing home’s medication management within 6 months of the opening of the nursing home.</p> <p>5.9.2 The licensee shall engage a registered pharmacist to visit, on a stipulated period as determined by the pharmacist, to:-</p> <ul style="list-style-type: none"> <li>a) conduct audit checks on the nursing home’s medication management system</li> <li>b) provide periodic review of each patient’s MR and prescriptions to evaluate the patient’s progress toward achieving therapeutic outcomes from drug therapy and ensure that drug therapy for each patient is appropriately indicated, effective, safe and convenient; and</li> <li>c) develop guidelines and provide oversight for the use and management of medicines in the facility, minimum standards and quality assurance standards.</li> </ul>
<p>5.9.2 The licensee shall ensure that regular audit checks are conducted on the nursing home’s medication management at least every 6 months by a registered pharmacist. A report on the audit and recommendations for improvement shall be given to the manager of the nursing home.</p>	<p>5.9.3 A report on the audit and recommendations for improvement shall be given by the registered pharmacist to the manager of the nursing home after each visit. Within the audit report, the registered pharmacist will determine the frequency of follow-up visits and audit checks, as set out in para 5.9.2, based on his/her assessment. The licensee is required to comply with the frequency of visits or audit checks determined by the registered pharmacist. The follow-up visit shall not exceed that of the next licensing renewal date.</p>

*Feedback management*

9 The heading of paragraph 28 will be changed from “**Customer relations**” to “**Feedback management**” to better reflect the intent of this section. Collection of feedback on service delivery from patients and their families/representatives may be done through various mechanisms, depending on what nursing homes find most effective for their respective settings. This could include surveys, feedback boxes available within the premise or face-to-face meetings. Licensees should use the feedback collated to improve the quality of their service provision.





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**B) Clarification to the Licensing Terms and Conditions**

*Protocol for handing over between shifts*

10 Paragraph 24.6 (d) of the LTCs states that "The nursing staff organisation shall be such that: - there is prompt recognition and escalation of any untoward change in a patient's condition to facilitate appropriate interventions".

11 To fulfil this requirement, the nursing staff shall ensure that there is prompt recognition and escalation of any untoward change in a patient's condition to facilitate appropriate interventions. During a change in shifts of nursing staff, there should be proper handing over of adequate information on the condition of all the nursing home's patients. This could be in the form of a simple check-list or short summary in respect of each patient's condition.

12 A summary of the new provisions can be found in the **Annex** attached. For any further clarifications, please email us at [elis@moh.gov.sg](mailto:elis@moh.gov.sg).

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## SUMMARY OF NEW PROVISIONS IN THE NH LTCs

### Medical service

4.2 The licensee shall ensure that every patient in the nursing home is reviewed by a registered medical practitioner within 48 hours of admission thereto. If the licensee of a nursing home is unable to comply with the requirement because the 48-hour period after the admission of a patient does not include a working day, the licensee must ensure that the patient admitted to the nursing home is reviewed by a registered medical practitioner no later than the next following working day. [*\*Please refer to Regulation 25(7) and 25(7A) of the PHMC Regulations*]

### Medication management

#### 5.2 Storage of medicines

5.2.1 The licensee shall ensure that:-

- a) medicines are stored in accordance with the manufacturers' recommendations, in a cool, dry and clean place and away from direct sunlight;
- b) medicines requiring refrigeration are stored as recommended by the manufacturer;
- c) medicines for patients are clearly labelled with at least two appropriate and unique identifiers, specifically, at least the patient's name and any one (or more) of the following identifiers: (i) patient's identification number; (ii) patient's date of birth; (iii) patient's photograph;
- d) medicines are secured in a designated area that is not accessible to unauthorised staff, patients and members of the public and a RN shall hold the keys to the location;
- e) controlled drugs are kept in accordance with regulatory requirements for controlled drugs;
- f) antiseptics, drugs for external use and disinfectants are stored separately from internal and injectable medications; and
- g) a system is maintained for checking medicines both at the nursing home and individual level for stock level, expiry and quality.

### Prescription of medicines

5.4.1 The licensee shall ensure that medicine is prescribed for a patient only by a registered medical practitioner. Any verbal order must be confirmed remotely (e.g. email or other messaging services) by the end of the next working day; and countersigned by the registered medical practitioner at his or her next visit to the nursing home. The licensee shall ensure that complete and proper documentation is properly retained in respect of the remote confirmation of verbal orders.



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**Administration of medicines**

5.5.3 The RN shall sign the patient's MR immediately after medicines have been served to that patient. A member of the nursing staff (an enrolled nurse, a nursing assistant or a trained healthcare assistant) may also sign the patient's MR, in place of the RN, if he or she has been trained and is assessed to be competent to assist the RN in the administration of medication. The date and time that the medicines are administered shall be documented.

**Role of registered pharmacist**

5.9.1 The licensee shall ensure that a registered pharmacist conduct an audit check of the nursing home's medication management within 6 months of the opening of the nursing home.

5.9.2 The licensee shall engage a registered pharmacist to visit, on a stipulated period as determined by the pharmacist, to:-

- a) conduct audit checks on the nursing home's medication management system
- b) provide periodic review of each patient's MR and prescriptions to evaluate the patient's progress toward achieving therapeutic outcomes from drug therapy and ensure that drug therapy for each patient is appropriately indicated, effective, safe and convenient; and
- c) develop guidelines and provide oversight for the use and management of medicines in the facility, minimum standards and quality assurance standards.

5.9.3 A report on the audit and recommendations for improvement shall be given by the registered pharmacist to the manager of the nursing home after each visit. Within the audit report, the registered pharmacist will determine the frequency of follow-up visits and audit checks, as set out in para 5.9.2, based on his/her assessment. The licensee is required to comply with the frequency of visits or audit checks determined by the registered pharmacist. The follow-up visit shall not exceed that of the next licensing renewal date.

**Feedback management**

28.1 The licensee shall have a process for gathering feedback from patients and their families/representatives, and bringing feedback to the attention of senior management. This shall include the following:-

- a) active collection of feedback on service delivery from patients and their families/representatives, on a regular basis;
- b) collection of ad-hoc feedback; and
- c) protection of patients' confidentiality and anonymity, if requested, when feedback is given.

28.2 The licensee shall have a process for addressing feedback received. This shall include methods of responding to patients and their families/representatives regarding comments that have been expressed to the nursing home.

28.3 The licensee shall document all feedback received and utilise the feedback received to improve its processes and quality of service.

