LICENCE CONDITIONS FOR

MORTALITY AND MORBIDITY REVIEW

IMPOSED UNDER
SECTION 13(1) OF THE HEALTHCARE SERVICES ACT 2020

1. Application

1.1. These licence conditions ("**LCs**") apply to all persons licensed under the Healthcare Services Act 2020 ("**HCSA**") that are required to appoint one or more Mortality and Morbidity Quality Assurance Committee(s) ("**MMR-QAC(s)**") under the HCSA and the Healthcare Services (General) Regulations 2021 (such persons referred to as "**Licensees**").

1.2. The defined terms used in these LCs shall have the meanings ascribed to them in the HCSA and any Regulations made thereunder, unless otherwise stated.

1.3. A breach of these LCs may result in regulatory action being taken against Licensees under section 20 of the HCSA, including but not limited to: -

(a) suspension or revocation of the Licensee's licence(s);
(b) shortening the term of the Licensee's licence(s);
(c) a direction requiring the Licensee to rectify the contravention, or prevent a recurrence of the contravention; and/or
(d) a direction requiring the Licensee to pay a financial penalty.

1.4. For avoidance of doubt, the requirements in these LCs are without prejudice, and in addition to the requirements imposed under the HCSA as well as any Regulations and other applicable licensing conditions, directions, codes of practice made thereunder.

2. Definitions of key terms

2.1. In these LCs, unless otherwise specified:

(a) "**clinical incident**" means an event or circumstance that has resulted, or is likely to result, in harm to a patient;

In the definition of "clinical incident", the reference to:

(i) "event or circumstance" includes the occurrence of unexpected outcomes which may or may not have been due to errors in the Licensee's provision of licensable healthcare services; and

(ii) "harm to a patient" includes physical and mental harm.

(b) "**error**" means the failure to carry out a planned action as intended or the application of an incorrect plan;

(c) "**mortality and morbidity review**" or "**MMR**" means a review of the circumstances surrounding either of the following:
   (i) the death of a patient, except where the event that caused the patient's death is a serious reportable event;
   (ii) any clinical incident with other adverse consequences, but is not death or a serious reportable event;

(d) "**Mortality and Morbidity Quality Assurance Committee**" or "**MMR-QAC**" means a Quality Assurance Committee established by a licensee to identity and evaluate any case for mortality and morbidity review, and take any steps that are necessary or appropriate, in accordance with the HCSA and its Regulations.

(e) "**systems**" means the Licensee's operational processes, procedures, methods, and/or infrastructure, in relation to its provision of licensable healthcare service(s);

(f) "**systems failure**" means a fault, breakdown, or dysfunction in the Licensee's systems.

3. Establishment of MMR-QACs and relevant systems

3.1. The Licensee shall appoint one or more MMR-QAC(s) as required under the HCSA and the Healthcare Services (General) Regulations 2021, and shall ensure that the MMR-QAC(s) are established at the local department or institutional level(s) as appropriate for its/their functions and duties.

3.2. The Licensee shall establish and implement systems to identify cases for MMR that have occurred or may occur in the course of providing, or in relation to the provision of, the Licensee's licensable healthcare service(s) ("**MMR cases**", for review by MMR-QACs). Such systems shall include identifying MMR cases through complaints (e.g., from patients) relating to clinical incidents.

4. Composition of MMR-QACs

4.1. The Licensee shall ensure that each of its MMR-QAC(s) comprises at least three (3) or more clinical staff (e.g., medical specialists, doctors, dentists,

nurses, allied health professionals), and that the MMR-QAC shall include (where applicable):

(a) any individual(s) as may be appointed by the Director-General of Health; and

(b) any individual(s) as required by the HCSA, any Regulations and other applicable licensing conditions, directions, codes of practice made thereunder[1];

the MMR-QAC may also include[2], as appropriate and necessary:

(c) other non-clinical and/or non-departmental personnel[3];

(d) external experts appointed by the Licensee, where such expertise is needed in the MMR;

(e) one or more representative(s) from another HCSA licensee that is also required to appoint one or more MMR-QAC(s); and

(f) students attached to the Licensee.

4.2. Based on relevant factors such as the strength of the Licensee's staff and volume of cases to be reviewed, the same individual may sit on more than one MMR-QAC, Serious Reportable Event QAC and/or Peer Review Learning QAC concurrently. Each review by different QACs must still be carried out in accordance with all relevant requirements, including those under the HCSA and its Regulations, and applicable licence conditions, directions, codes of practice made thereunder.

4.3. The Licensee shall appoint, for each of its MMR-QAC(s), a suitably qualified and competent individual, who may or may not be a member of the MMR-QAC, to oversee and supervise the activities of the MMR-QAC, as required under Regulation 22 of the Healthcare Services (General) Regulations 2021.

[1] For example, Licensees that are licensed to provide ambulatory surgical centre services are still required to adhere to the requirements on the composition of QACs set out in Regulation 9 of the Healthcare Services (Ambulatory Surgical Centre Service) Regulations 2023.

[2] Such other personnel may provide different perspectives in the MMR, including for systems review.

[3] E.g., staff from the medical records office, and medical affairs department.

5. Conduct of MMRs

5.1. The Licensee shall ensure that MMRs carried out by its MMR-QAC(s) shall include:

(a) identifying systems failures, process deficiencies, and contributory factors[4]; and

(b) recommending specific interventions at the local department and/or institutional level to improve patient care and prevent the occurrence or recurrence of similar circumstances surrounding the death of the patient, or clinical incident (as the case may be).[5]

6. Prompt review, and implementation of recommendations

6.1. The Licensee shall ensure that the recommendations of its MMR-QAC(s) are implemented, as appropriate.

6.2. The Licensee shall ensure that MMRs are carried out in a timely manner to allow appropriate action (including implementation of recommendations by its MMR-QAC(s)) to be taken promptly.

6.3. The Licensee shall ensure that all MMR cases are reviewed by its MMR-QAC(s) no later than three (3) months from their date of occurrence.

7. Policy and procedures for MMR-QACs

7.1. The Licensee shall ensure that written documentation setting out the policy and procedures on the conduct of MMRs are maintained. Such policy and procedures shall include the following:

(a) objectives of MMRs;
(b) relevant statutory provisions under which MMRs are performed;
(c) composition of MMR-QAC(s);
(d) terms of reference of MMR-QAC(s);
(e) timeframe for MMRs;
(f) frequency of MMR-QAC meetings; and
(g) processes and activities of MMR-QAC(s).

[4] It is strongly encouraged that systematic frameworks/tools such as the Human Factors Analysis and Classification System (or equivalent) should be used.

[5] It is also strongly encouraged that the recommendations should include those on procedures to ensure thorough review of the Licensee's systems related to the MMR case.

7.2. The Licensee shall ensure that the policies and procedures (mentioned in paragraph 7.1 above) are reviewed annually and regularly updated to ensure effectiveness of MMRs.

7.3. The Licensee shall furnish the Director-General of Health with the document(s) mentioned in paragraph 7.1 above as and when required by the Director-General of Health.

8. Disciplinary inquiry

8.1. The Licensee shall convene a separate disciplinary inquiry[6] if an MMR case involves:

(a) a criminal act or deliberate patient harm;
(b) the use of alcohol or illicit drugs;
(c) a deliberate unsafe act; or
(d) professionally unethical practice[7]

on the part of the registered healthcare professional(s) who had attended to the patient in the MMR case, regardless of whether these actions were identified prior to the commencement or during the course of the MMR.

8.2. The Licensee shall ensure that policies are in place for the relevant healthcare professional(s)' suspension, limitation, reduction of clinical privileges, or termination at the point when cases are being referred for disciplinary inquiry, to prevent imminent harm or danger to any individual, and that such policies are complied with.

9. Documentation

9.1. The Licensee shall ensure that it maintains written documentation of the following:

(a) the activities of its MMR-QAC(s), including its/their MMR activities, findings, and recommendations;

(b) the total number of MMR cases involving death reviewed by its MMR-QAC(s) categorised[8] as follows:

[6] For the registered healthcare professional(s) who had attended to the patient in the MMR case.
[7] Based on the prevailing professional standards in Singapore.
[8] Adapted from Western Australia Review of Mortality

(i) **Category 1:** Expected death, including death:
   (1) due to terminal illness (anticipated by clinicians and family);
   (2) following cardiac or respiratory arrest before arriving at the hospital; or
   (3) which occurred despite medical interventions.

(ii) **Category 2**: Unexpected death which was not reasonably preventable.

(iii) **Category 3**: Unexpected death which was possibly preventable and was:
   (1) due to lack of treatment or delay in treatment; or
   (2) caused by medical intervention.

(c) details of the implementation status of specific recommendations made by its MMR QAC(s); and

(d) such records relating to any other quality assurance activity undertaken by its MMR QAC(S).

9.2 The Licensee shall furnish the Director-General of Health with the document(s) mentioned in paragraph 9.1 above as and when required by the Director-General of Health.

10. Checks by MOH officers

10.1 To ensure that the requirements of these LCs are complied with, the Director-General of Health may, at his discretion, authorise relevant MOH officers to attend and be present at MMR-QAC discussions or conduct other periodic checks.