

# **SERVICE REQUIREMENTS FOR HOME CARE SERVICES**



**MINISTRY OF HEALTH**  
SINGAPORE

# SERVICE REQUIREMENTS FOR HOME CARE SERVICES

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## 1 OBJECTIVES

- 1.1 This document states the service requirements for Approved Providers<sup>1</sup> for the provision of home care services in Singapore.
- 1.2 Home care services include the following:
  - a. Home health, comprising home medical and home nursing;
  - b. Home personal care; and
  - c. Home therapy, comprising home rehabilitation, home-based exercise training, and home environment review.
- 1.3 This document will be reviewed regularly in accordance with developments in home care sector.

### **Common Service Requirements (common across all home care service types)**

## 2 ACCESS TO CARE

### 2.1 Admissions

- a. Admission Criteria: The Approved Provider shall have defined admission criteria that are in accordance with the Authority's eligibility criteria and service scope for home care services. However the Approved Provider can limit its admission criteria based upon the parameters mentioned below:
  - i. Types and levels of disabilities served (to consider both physical disabilities and cognitive disabilities);
  - ii. Geographic scope of service delivery.
- b. These criteria shall be applied uniformly across all Clients referred to the Approved Provider. Any change in the admission criteria shall be conveyed to the Agency of Integrated Care ("AIC") with at least three (3) working days' notice. If the Approved Provider wishes to have additional admission criteria in place, prior approval from Authority is to be sought.
- c. The Approved Provider shall process any Clients referred to the Approved Provider by AIC for home care services. Clients shall not be discriminated based upon their race, religion, language or gender. Clients shall also not be denied admission to home care services based on the medical conditions listed in Table 1, unless deemed by a medical practitioner registered with Singapore Medical Council ("SMC") ("registered medical practitioner"), nurse registered with the Singapore Nursing Board ("SNB") ("registered nurse") or therapist registered with the Allied Health Professions Council ("AHPC") ("registered therapist") not to be able to benefit from home care services.

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<sup>1</sup> As defined under the Medical and Elderly Care Endowment Schemes Act (Cap. 173A)

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Table 1: Admissions for Clients with Medical Conditions

Multi-drug Resistant Organisms (MDRO) (Colonised)	Accept
Psychiatric / Dementia	Accept stable* psychiatric / dementia Clients
Parkinson's Disease	Accept stable Parkinson's Disease Clients
Cardiac / Respiratory conditions	Accept Clients with stable cardiac / respiratory conditions
Pulmonary Tuberculosis	Accept treated and existing PTB Clients who are not infectious
Cancer (with a prognosis of more than one year)	Accept
HIV positive	Accept
Hepatitis	Accept
Nasogastric / Gastrostomy Feeding	Accept
Urinary catheter / Supra-pubic catheter care	Accept
Colostomy care	Accept

*\*Stable refers to clients without any violent, disruptive or unmanageable behavioural issues or with minimal behavioural issues*

- d. Eligibility Criteria: The subvention eligibility criteria for the home care services is at Table 2 below:

Table 2: Eligibility Criteria for Home Care Services

<b>Service</b>	<b>Eligibility Criteria</b>
Home Health - Home Medical	Homebound seniors with chronic conditions or disabilities who require continuing or long term medical care.
Home Health - Home Nursing	Homebound seniors with chronic conditions or disabilities who require specific nursing care/procedure(s) that can only be provided for by a trained nurse.
Home Personal Care	Frail and/or home-bound seniors who are assessed to require assistance in their Activities of Daily Living ("ADLs") and/or Instrumental Activities of Daily Living ("IADL"), subject to the Approved Provider's assessment of the Client using the Shah Modified Barthel Index ("MBI") assessment tool (See <u>Annex A-1</u> ).
Home Therapy - Home Rehabilitation	The Client must not receive home rehabilitation services and home-based exercise training service concurrently.  The Client must be assessed by either a (i) registered medical practitioner; (ii) advanced practice nurse registered with the SNB ("advanced practice nurse"); or (iii) registered therapist, to be safe

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	<p>for rehabilitation. This assessment will be valid for six (6) months from the date it is made. If the Client needs the service beyond six (6) months, the Client must be re-assessed by a registered medical practitioner, advanced practice nurse or registered therapist.</p> <p>The Client must be assessed by a registered medical practitioner, advanced practice nurse or registered therapist to benefit from home-based rehabilitation services.</p> <p>The Client must be assessed by AIC, a registered medical practitioner, advanced practice nurse or registered therapist to be unsuitable or unable to receive rehabilitation services at Community Hospitals (“CHs”) or other centre-based rehabilitation facilities for any of the following reasons:</p> <ul style="list-style-type: none"> <li>• Clinical condition(s) that would be appropriate for rehabilitation services but render the Client homebound and inhibit them from attending centre-based rehabilitation. Such conditions include, but are not limited to, low sitting tolerance following a stroke or severe chronic obstructive lung disease. A Client needs to have approximately four hours of sitting tolerance to travel to and from rehabilitation facilities to attend his/her therapy session;</li> <li>• Lack of barrier-free access from the Client’s house to CHs or centre-based rehabilitation facilities or no available caregiver/escort service to bring the Client to and from centre-based rehabilitation safely; or</li> <li>• Any other reasons that may result in the Client being unable to be admitted to a CH and/or centre-based rehabilitation facility in a timely manner.</li> </ul> <p>The Authority’s approval must be sought for funding extension beyond the number of visits stipulated in the subvention contract between the Approved Provider and the Authority. The Approved Provider needs to submit the appeal for extension of service to the Authority at least two (2) weeks in advance.</p>
<p>Home Therapy - Home-based Exercise Training</p>	<p>The Client must not receive home rehabilitation services and home-based exercise training services concurrently.</p> <p>The Client must be assessed by a registered medical practitioner, advanced practice nurse or registered therapist to benefit from a maintenance exercise regime to prevent further functional decline.</p> <p>The Client must be assessed by a registered medical practitioner, advanced practice nurse or registered therapist to benefit from home-based exercise training.</p>

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	<p>The Client must be assessed by AIC, a registered medical practitioner, advanced practice nurse or registered therapist to be unsuitable or unable to receive rehabilitation services at CHs or other centre-based rehabilitation facilities for any of the following reasons:</p> <ul style="list-style-type: none"> <li>• Clinical condition(s) that would be appropriate for rehabilitation services but that render the Client homebound and inhibit them from attending centre-based rehabilitation. Such conditions include, but not limited to, low sitting tolerance following a stroke or severe chronic obstructive lung disease. A Client needs to have approximately four hours of sitting tolerance to travel to and from rehabilitation facilities to attend his/her therapy session;</li> <li>• Lack of barrier-free access from the Client's house to CHs or centre-based rehabilitation facilities or no available caregiver/escort service to bring the Client to and from centre-based rehabilitation safely; or</li> <li>• Any other reasons that may result in the Client being unable to be admitted to a CH and/or centre-based rehabilitation facility in a timely manner.</li> </ul> <p>The Authority's approval must be sought for funding extension beyond the number of visits stipulated in the subvention contract between the Approved Provider and the Authority. The Approved Provider needs to submit the appeal for extension of service to the Authority at least two (2) weeks in advance.</p>
<p>Home Therapy - Home Environment Review</p>	<p>The Client must not currently be receiving home rehabilitation services.</p> <p>The Client must be receiving home medical, home nursing, home-based exercise training or home personal care services.</p>

- e. Exclusion Criteria: Individuals with violent, disruptive or unmanageable behaviours which are uncontrolled (despite intervention) may not be suitable for admission into home care services.

## 2.2 Outcomes of Referrals

- a. Referral Processes: AIC is the central co-ordinating body for the placement of Clients to intermediate and long-term care services. The Approved Provider shall maintain a documented process for the management of incoming client referrals, which shall include specifying the referral source(s) for Non-Subsidised clients who are not referred through AIC. The Approved Provider shall request the referral source(s) to complete a written referral form to be submitted to the Approve Provider. The written referral form shall contain the following components as far as possible:
- i. Reason for referral (i.e. type of service required);
  - ii. Suitability for home care services (i.e. functional limitations, accessibility issues, concerns regarding home environment);
  - iii. Client's personal particulars;
  - iv. Social information/history;
  - v. Medical information/history, including diagnosis, medical conditions, investigations, management to-date, medications and drug allergies;
  - vi. Screening results (i.e. any infectious disease, special precautions);
  - vii. Current functional status;
  - viii. Additional preferences (if any);
  - ix. Details of referring person/agency; and
  - x. Other key details, as necessary.
- b. All Clients entitled to Government subsidies for home care services must be referred through AIC's Integrated Referral Management System ("IRMS"). The Approved Provider may take in walk-in Subsidised Clients not referred through AIC i.e. walk-in cases, but shall put up a self-referral through the IRMS.
- c. Acceptance<sup>2</sup> by Approved Provider: If a Client is found suitable and is accepted by the Approved Provider for home care services based on the referral received, the Approved Provider shall inform the Client/Client's caregiver and AIC of the outcome and expected admission date. The Approved Provider shall provide this information to the Client/Client's caregiver within ten (10) working days for home medical services, and three (3) working days for all other services, from the day the Client is referred to the Approved Provider.

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<sup>2</sup> Acceptance refers to preliminary acceptance by the Approved Provider upon receiving the referral prior to initiating an actual home visit. It corresponds to the option of 'Accept without Admission' in the IRMS form.



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- d. Refusal/Rejection by Approved Provider: If the potential Client is not accepted by the Approved Provider for home care services, the Approved Provider shall inform AIC of the outcome and the reason for rejection within ten (10) working days for home medical services, and three (3) working days for all other services, from the day the Client is referred to the Approved Provider for home care. AIC will then coordinate with the referral source and the Client/Client's caregiver for alternative care arrangements to be made for the Client.
- e. Withdrawals by Client or Family: If the Client/Client's caregiver rejects the referral for home care services before admission, the Approved Provider shall inform AIC of the reason for the withdrawal within three (3) working days of receiving the rejection or withdrawal request from the Client/Client's caregiver, in the event that the Approved Provider is informed of the reason. AIC will then coordinate with the Client/Client's caregiver for alternative care arrangements to be made for the Client.
- f. Delays: If the Approved Provider is unable to meet the stipulated timeframes to inform AIC of the decision to accept or reject the Client, due to ongoing clarifications with the referral source, the IRMS team and/or the Client/Client's caregiver, the Approved Provider shall document the reason for such delay and shall provide this to AIC as soon as possible.
- g. Transfers: For Subsidised Clients who are transferring from one Approved Provider to another, the transferring Approved Provider must submit the AIC referral form through the IRMS.

### 2.3 Service Contract

- a. Once a Client has been accepted by the Approved Provider and the Client/Client's caregiver has agreed to receive home care services, a written service contract shall be entered into between the Approved Provider and the Client (or Client's caregiver, when Client is deemed unfit for consent), before the Client receives home care services. See section 7.5 in Care Documentation for details of the service contract.
- b. The Approved Provider shall obtain the Client's informed consent in the written service contract that regular audit visits or Client satisfaction surveys may be conducted by the Authority with a prior notice of three (3) days, in the presence of the Client, from time to time. The Authority shall have the authority to observe, or have a third party observe, the home visits made by the Approved Provider. Similarly, the Authority shall have the authority to conduct, or have an external organisation conduct, Client and caregiver satisfaction surveys.
- c. The Approved Provider shall ensure that it has explained the terms and conditions of the service contract to the Client/Client's caregiver before he/she signs the service contract accepting said terms and conditions.

### 3 APPROACH TO CARE

- 3.1 The Approved Provider is recommended to plan, coordinate and deliver multi-disciplinary<sup>3</sup> home care services through co-operation with other service providers, where necessary, to meet the health and social care needs of the Client/Client's caregiver holistically. This may include case discussions with medical practitioners, speech therapists, dieticians, orthotics and prosthetic specialists, podiatrists etc. to provide holistic rehabilitative services to the Client. The objective is to maintain and promote the Client's independence at home and minimise avoidable hospitalisation or premature institutionalisation, so that the Client can remain well in the community for as long as possible.
- 3.2 The Approved Provider shall adopt a Client-centric approach to the assessment, planning and delivery of home care services. The Approved Provider shall assign the Client to a care team, led by a care team supervisor who is either a registered medical practitioner, a registered nurse or a registered therapist, depending on the services needed by the Client. The care team shall:
- a. Assess, monitor and review on a regular basis the care needs of the Client/Client's caregiver;
  - b. Actively obtain information on the Client's usage of health and social services, either from the Client and/or available resources, upon admission and during the course of service provision;
  - c. Develop an individualised care plan, with desired outcomes, for the Client and identify the types and frequency of home care services required to achieve these outcomes;
  - d. Monitor the Client's response to the services delivered on an ongoing basis and evaluate the progress towards the goals identified in the individualised care plan;
  - e. Assist the Client/Client's caregiver in liaison, coordination and referrals to other social service agencies, the Client's primary/specialist care physician or other healthcare/community service providers when the need arises;
  - f. Provide timely updates to relevant stakeholders (e.g. Client, caregiver, other service providers, the Client's family physician etc.) regarding changes in the Client's condition; and
  - g. Coordinate or provide health and social education and training to the Client/Client's caregiver in order to manage the Client's care at home.
- 3.3 When a Client is receiving care from multiple community providers, the Approved Provider should coordinate and liaise with other service providers to enable the provision of holistic services for the Client/Client's caregiver.

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<sup>3</sup> Multidisciplinary refers to more than one type of healthcare professional collaborating (same or different organisations) in the care of clients, as per client's needs.

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- 3.4 In the course of care delivery, the care staff shall provide prompt feedback and report to the care team supervisor:
  - a. Any observations that require follow-up action(s);
  - b. If there is any unexpected change in the condition of the Client/Client's caregiver; or
  - c. If the Client's request is beyond what the care staff is able to deliver.
- 3.5 The care team supervisor shall then take the appropriate follow-up actions and where necessary, coordinate with other service providers, to meet the needs of the Client.
- 3.6 The Approved Provider shall establish written escalation and de-escalation protocols within the organisation; as well as referral protocols for referring to external organisations.
- 3.7 Where the Client/Client's caregiver require additional services in areas not provided by the Approved Provider, the Approved Provider shall initiate referrals to appropriate service providers.
- 3.8 The Approved Provider shall put in place processes for the Client/Client's caregiver to contact, enquire, request for services, request for coordination and report acute exacerbation to the care team.
- 3.9 Where necessary and applicable, the Approved Provider shall refer and/or assist the Client/Client's caregiver in the application for any relevant support schemes offered by the Government or other organisations that can enhance the delivery of care and quality of life for the Client.

## **4 PSYCHOSOCIAL AND DEMENTIA SUPPORT**

- 4.1 The Approved Provider shall screen the Client for dementia, depression and other mental health conditions (if not already diagnosed) upon admission to home care services.
- 4.2 The Approved Provider shall establish organisational policies for managing Clients with stable dementia, depression or other mental health conditions.
- 4.3 The Approved Provider shall pay particular attention to caregivers of Clients with dementia or mental health conditions, and check in more regularly with them on their ability to cope.

## **5 CAREGIVER TRAINING AND SUPPORT**

- 5.1 The Approved Provider shall involve the Client's caregiver in care assessment, planning and delivery, where possible and appropriate.
- 5.2 The Approved Provider shall look out for and monitor caregivers' (both family caregivers as well as paid helpers who are regularly involved in Client's care) emotional needs, ability to cope with caregiving tasks and financial situation, as needed. The intent is to ensure that caregivers are able to appropriately carry out their caregiving tasks for the Client. Where necessary, the Approved Provider shall discuss with caregivers and help them develop strategies to cope with their issues.

## **6 DISCHARGE AND TRANSFER**

- 6.1 The Approved Provider shall discharge the Client if one or more of the following conditions are met:
- a. Admission of the Client to a hospital or institutional care, for more than the amount of time determined by the Approved Provider;
  - b. Voluntary withdrawal by the Client/Client's caregiver from the Approved Provider's home care service;
  - c. Change in suitability for home care services due to changes in medical or social conditions of the Client; or due to unreasonable demands by Client/Client's caregiver that are beyond the service scope of Approved Provider; or issues concerning staff safety;
  - d. Achievement of goals stated in the individualised care plan;
  - e. Client moves out of geographical coverage zone; or cannot be contacted despite repeated attempts;
  - f. Death of Client.
- 6.2 The Approved Provider shall inform the Client/Client's caregiver at least two (2) weeks prior to discharge/transfer, or at the earliest opportunity if it is not possible to give advance notice of discharge or transfer, of the reason(s) for discharge and the place/service the Client will be discharged to.
- 6.3 The Approved Provider shall establish processes to ensure proper handover of relevant information relating to the Client's health and social conditions and recommendations for continuing care when the Client is transferred to another provider.

## **7 CARE DOCUMENTATION**

- 7.1 The Approved Provider shall create and maintain individual case files for all Clients who are enrolled into their service. These case files may be either in hard copy or electronic form (or both) and shall contain the following:
- a. The initial assessment and subsequent reviews;
  - b. The care plan for the Client, including all services provided to the Client by the Approved Provider and the outcomes of these services;
  - c. Any deviations from the individualised care plan, including the reasons for the deviation, the actual care delivered, outcomes(s) and corrective measures, if any;
  - d. All discussions with the Client/Client's caregiver; and
  - e. Details of all home visits, including interventions provided and follow up actions planned.
- 7.2 The Approved Provider shall ensure that the processes for storage and access to case files are aligned with laws stipulated under the Personal Data Protection Act (Act 26 of 2012).
- 7.3 The Approved Provider shall conduct its own risk assessment with reference to the Limitation Act (Cap. 163) to determine how long it should retain key Client records central to the defence of a legal claim.
- 7.4 Documentation shall be done in an accurate and timely and clear manner that:
- a. Records the date and time of the documentation;
  - b. Records the date, time, and duration of the visit;
  - c. Allows the author of the document to be identified; and
  - d. Facilitates continuity of care.
- 7.5 The Approved Provider shall establish an official service contract with the Client at the start of the service which shall include, but is not limited to, the following:
- a. Scope of home care services to be provided;
  - b. Expected frequency of home care services;
  - c. Location of delivery of services;
  - d. Date of commencement of home care services;
  - e. Indemnity clauses;
  - f. Fees/charges, payment scheme and amount of Government subsidy;
  - g. Discharge criteria;
  - h. Consent for data sharing with other healthcare Approved Providers when deemed necessary depending on Client's condition;
  - i. Consent for audit by the Authority;
  - j. Contact information of the Client and the Client's caregiver;
  - k. Rights and responsibilities of Client, his/her caregiver and the family members;
  - l. Rights and responsibilities of staff; and
  - m. Feedback and complaint procedures.

7.6 A copy of the service contract shall be filed in the Client’s case files.

**8 EQUIPMENT**

8.1 All equipment used by the Approved Provider should be regularly maintained and shall be in a good state of repair at all times. A documented schedule of maintenance and/or regular checks for medical/therapeutic equipment and appliances should be available. For therapeutic equipment/appliances that require licensing, the Approved Provider must ensure that the licensing requirements are fulfilled.

**9 STAFFING AND QUALIFICATION REQUIREMENTS**

9.1 The Approved Provider shall ensure that the number and composition of staff is sufficient to provide safe and adequate home care services to all Clients.

9.2 The Approved Provider shall have a written organisational chart that clearly delineates lines of authority and accountability.

9.3 The Approved Provider shall ensure that all staff are qualified and competent to perform the duties of the particular roles that the staff are hired for.

9.4 Job credentials for various type of home care staff are as at Table 3 for the Approved Provider’s reference.

Table 3: Job Credentials according to Service Type

<b>General Staff</b>	
Care Coordinators	Care coordinators shall be trained in community care management.
Social worker	Social workers should have training or experience in medical social work.
Dementia care staff	Care staff involved in the provision of care to Clients with dementia shall be adequately trained in dementia care according to organisation’s scope
<b>Home Health (Home Medical &amp; Home Nursing)</b>	
Medical practitioners	Medical practitioners shall be registered with the SMC, in accordance with the Medical Registration Act (Cap. 174).
Nursing staff	Nurses shall be registered with SNB, in accordance to the Nurses and Midwives Act (Cap. 209).
<b>Home Personal Care</b>	
Nurse manager/supervisor	Nurses shall be registered with SNB, in accordance to the Nurses and Midwives Act (Cap. 209).  The registered nurse shall remain responsible for the safety and care quality of Home Personal Care Services provided.
Direct care staff	Depending on the care tasks assigned to, direct care staff shall minimally have the qualifications as stated in <u>Annex D-1</u> .

	All foreign direct care staff shall minimally have undergone three (3) months of basic nursing aide course and receive the corresponding certificate from their home country. They should also be provided orientation training on Singapore's culture prior to service.
<b>Home Therapy</b>	
Home Therapy Care Staff	Home Therapy services shall be led by registered therapists (registered with AHPC), and shall be delivered by a therapists or therapy aides in accordance with professional care standards.  Therapists shall be registered with the Singapore AHPC, in accordance with the Allied Health Professions Act (Cap. 6B).

- 9.5 The Approved Provider shall have processes for gathering, verifying, evaluating and documenting relevant staff credentials and personal information. In addition, The Approved Provider shall have in place a system to ensure that professional registration of their clinical staff (where applicable) is renewed in a timely manner.
- 9.6 The Approved Provider shall develop and use, within its own organisation, an ongoing and standardised process to evaluate the quality and safety of Client services provided by each care staff, including those who provide care under supervision.
- 9.7 Direct on-site supervision shall be ensured for care staff who are undergoing training in a new area (applies to both new care staff and existing care staff learning new skills), and the care staff shall be assessed for skill competency in the area before being permitted to perform that job independently.
- 9.8 The Approved Provider shall ensure that all staff delivering direct care are competent in first aid and resuscitative techniques:
- a. Registered medical practitioners, registered nurses, enrolled nurses, and registered therapists shall have a valid Basic Cardiac Life Support (BCLS) certification.
  - b. Support staff such as direct care staff (i.e. senior care associates, nursing aides and equivalent), therapy aides etc. shall have valid First Aid and Basic CPR certification.
  - c. Training shall be repeated at regular intervals depending on staff's needs and as required under the respective training programmes, but minimally once in two (2) years.

- 9.9 Evidence of care staff passing the training shall be collected and documented in care staff's records.
- 9.10 The Approved Provider shall conduct an orientation course/programme for all new care staff at the appropriate premises. Evidence of this shall be documented in the staff's training records.
- 9.11 The Approved Provider shall have processes to ascertain competency of new care staff before allowing them to deliver care independently.

## **10 REPORTING AND AUDITS**

### **10.1 Submission of Data on Performance and Service Indicators**

- a. The Approved Provider shall submit quarterly returns to the Authority. An indicative list of data items to be submitted and the respective frequency for submission is set out at Annex C. A report with the same content shall also be submitted on an annual basis to the Authority within three (3) months after the close of the Authority's financial year (i.e. by 30th June of each year).
- b. The Approved Provider shall administer the Client Satisfaction Survey, Caregiver Satisfaction Survey and Zarit Burden Interview-4 Survey to the same Client at six (6) month intervals (with the option of quarterly updates), or just before discharge, whichever event occurs first. The sample forms can be found in Annex B-1, Annex B-2 and Annex B-3. Survey results shall be documented in Client's casefiles.
- c. The Approved Provider shall submit any other information as and when required by the Authority in accordance with the stipulated format, manner of submission and timeline. The Authority shall provide not less than fourteen (14) days' written notice of the information required to the Approved Provider.

### **10.2 Service Audits**

- a. The Authority may conduct service audits from time to time to evaluate the care and services provided by the Approved Provider. Service audits may involve inspections of the Approved Provider's documents or audit visits. Audit visits conducted by the Authority may involve shadowing of care staff during home visits made by the Approved Provider. The Approved Provider should maintain a consistently good standard in the care of their Clients by their care staff at all times.
- b. Documents bearing the care team's assessment of the Client shall be required by the Authority as part of the service audits. In addition, the Approved Provider shall submit any other information relating to the service audits as and when required by the Authority in accordance with the stipulated format, manner of submission and timeline. The Authority shall provide not less than fourteen (14) days' written notice of the information required to the Approved Provider.



## **Service-Specific Service Requirements**

### **Home Health (Home Medical and Home Nursing) Specific Requirements**

#### **11 SCOPE OF HOME HEALTH SERVICES**

- 11.1 The Approved Provider shall deliver holistic home medical and nursing services to Clients that are appropriate to their needs to maintain their wellbeing at home and in the community, thus delaying the need for institutionalisation.
- 11.2 The scope of home medical services could include (depending on clinical capability of care staff), but shall not be limited to:
- a. Comprehensive care assessment;
  - b. Management of chronic medical conditions;
  - c. Management of uncomplicated acute or sub-acute medical conditions;
  - d. Referrals to specialists or Approved Providers in other disciplines, where appropriate;
  - e. Arranging for safe transfer for hospitalisation, where necessary;
  - f. Prescription of appropriate acute and chronic medicines;
  - g. Educating the Client and caregiver on the Client's medical conditions and the management plan;
  - h. Performing minor medical procedures such as simple wound debridement, intra-articular injections etc.; and
  - i. Ordering and interpreting appropriate investigations.
- 11.3 Home medical services shall be led by registered medical practitioners in accordance with professional care standards.
- 11.4 The scope of home nursing services could include (depending on capability of care staff), but shall not be limited to:
- a. Post-surgical management, e.g. administration of injections, care of central venous line, tracheostomy or drainage tubes;
  - b. Wound management;
  - c. Maintenance/changing of urinary catheters and drainage tubes, as applicable;
  - d. Stoma care, e.g. colostomy and ileostomy care;
  - e. Monitoring of pain control;
  - f. Insertion of nasogastric tube ("NGT") and tube feeding;
  - g. Assistance with bowel elimination, e.g. enema or manual evacuation;
  - h. Monitoring of the Client's medical condition, e.g. blood pressure and blood sugar checks;
  - i. Providing caregiver education and training with regard to various aspects of care, e.g. prevention of falls, pressure sores, proper feeding techniques, etc.;
  - j. Advice on activities of daily living, e.g. nutrition counselling and education;
  - k. Monitoring of medication compliance and proper taking of medication; and
  - l. Administering, supervision and packing of medication.

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- 11.5 Home nursing services shall be led by a registered nurse and assessed, reviewed and delivered by a registered nurse, enrolled nurse or a trained care staff under the supervision of registered nurses, depending on the type/nature of the care needs and level of professional input required.
- 11.6 The Approved Provider shall regularly monitor the Client's medical conditions to identify changes in health status so that appropriate interventions can be instituted, where necessary. The goal is to maintain the Client's optimum physical functioning and detect any acute deterioration early so that prompt intervention can be instituted to reduce the rate of deterioration and prevent unnecessary admission to hospitals or nursing homes.
- 11.7 The Approved Provider shall brief the Client/Client's caregiver on the actions that should be taken should the Client's condition worsen.
- 11.8 The Approved Provider shall have policies and protocols to certify death in the event that a Client passes away at home.

## **12 CARE ASSESSMENT, PLANNING AND REVIEW**

- 12.1 The Approved Provider shall conduct a comprehensive initial care assessment of the Client, within one (1) month of accepting the referral, to determine the Client's care needs and formulate an appropriate care plan. The Approved Provider shall also take into account additional information provided by AIC, or the referral source in formulating the care plan for the Client.
- 12.2 The initial care assessment shall identify the following areas pertaining to the Client:
- a. Medical, nursing and functional needs;
  - b. Psychosocial and emotional needs;
  - c. Skin condition and integrity, including the presence of any wounds, injuries, lesions or implants that may require nursing or medical attention;
  - d. Nutritional status, including mode of feeding and dietary restrictions;
  - e. Continence needs;
  - f. Areas where the Client is experiencing pain;
  - g. Existing allergies;
  - h. Existing medications and level of medication compliance;
  - i. Any follow-up medical appointments;
  - j. Accessibility and safety of the Client's home and living environment;
  - k. Fall risk;
  - l. Social and financial background and caregiver needs; and
  - m. Risk of social isolation, abuse or neglect.
- 12.3 The Client shall be re-assessed regularly to determine their response to services and to plan for continued services or discharge. Re-assessment must be conducted at all episodes of significant changes in Client's condition, at discharge, or least once in six (6) months until discharge.

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- 12.4 The Approved Provider shall develop an individualised care plan within one (1) month of accepting the referral, based on the Client's assessed care needs. The care plan shall:
- a. State specific, measurable (where possible), attainable goals to enhance the Client's health and functional status;
  - b. State specific intervention plans (i.e. appropriate type, duration and frequency of home care services) and any co-ordination with other care providers to deliver the services with respect to the client's needs and goals; taking into consideration where possible, the preferences and views of the Client and his/her caregiver;
  - c. Establish an appropriate timeframe to review the care plan;
  - d. Specify the roles of the Client, caregiver and care team delivering the services with respect to the Client's care plan;
  - e. Include a discharge plan where appropriate; and
  - f. Provide the Client with referrals to other services where necessary.
- 12.5 The Approved Provider shall ensure that care assessment and planning of the Client is conducted by credentialed member(s) of the Client's care team. Examples of standardised assessment tools that may be used in the design of care plans for the Client are listed in Annex A-2. Staff conducting the assessment shall be trained in the use of the tools listed.
- 12.6 The individualised care plan must be developed in consultation with and shall be agreed upon by the Client/Client's caregiver.

### **13 SAFE CARE**

- 13.1 The Approved Provider shall ensure that there are written policies or procedures in place to provide safe care to Clients and to protect them against adverse outcomes. The Approved Provider shall monitor occurrences/lapses in safety and take appropriate remedial action.
- 13.2 The Approved Provider shall ensure that Clients are not subject to physical, emotional, psychological or sexual abuse, or neglect by staff.
- 13.3 Key safety areas shall include falls, injury prevention, proper infection control and medication safety.
- 13.4 Infection Control
- a. The Approved Provider shall ensure infection control through standard precautions and good hand hygiene practices.

- b. The Approved Provider shall ensure that:
  - i. Medical and surgical supplies are used appropriately to prevent cross-infection;
  - ii. All equipment are appropriately maintained and in accordance with required standards of cleanliness and disinfection;
  - iii. Any equipment which has been used by a Client found/suspected to be suffering from an infectious disease shall not be used by any other Client until it is adequately disinfected; and
  - iv. Hazardous waste materials are properly disposed of in a safe and appropriate manner.

### 13.5 Nasogastric Tube Feeding In Adult Clients

- a. The Approved Provider shall ensure that care staff involved in NGT care and feeding are competent, and have protocols and processes in place to evaluate staff competency.
- b. Insertions of NGTs shall be done by a registered medical practitioner, registered nurse, enrolled nurse, or registered speech therapist.
- c. The Approved Provider shall ensure that:
  - i. NGT is appropriate for Client's needs, is properly inserted and monitored; and
  - ii. Appropriate infection control measures are taken.
- d. The Approved Provider shall conduct a regular review of the feeding regimen and ensure that it meets the nutritional requirements of the Client and is being well tolerated by the Client. Where the Client is identified to be at high risk of malnutrition, a referral to an appropriate professional staff shall be initiated for a comprehensive nutritional assessment.
- e. The Approved Provider shall ensure that medications prescribed are compatible for administration by NGT. In case of intolerance to NGT feeds or in any pharmaceutical incompatibilities, the Approved Provider shall consult a medical practitioner, and/or pharmacist, as appropriate.
- f. The Approved Provider shall support caregivers appropriately by providing:
  - i. Training or supervision on NGT care, feeding, monitoring, infection control, likely risks and methods for troubleshooting common problems with NGT feeding; and
  - ii. Training or supervision on administration of medications through NGT.

### 13.6 Fall Prevention

- a. The Approved Provider shall implement policies, procedures or programmes to identify and manage potential safety risks, and to prevent falls and injuries at the Client's home.
- b. The Approved Provider shall ensure that the Client and caregiver receive:
  - i. Education on fall and injury prevention; and
  - ii. Training on proper use of equipment/assistive devices.
- c. If families choose to restrain the Client for their or the Client's own safety, providers should educate the families on the alternate options available. Should families still choose to restrain the Clients and if the Approved Provider deems it clinically justifiable, the Approved Provider shall provide advice regarding the proper use of restraints.

## 14 HANDLING OF MEDICATION

- 14.1 As far as possible, the Approved Provider shall always encourage the Client/Client's caregiver to administer the Client's medication independently.
- 14.2 If the Client is unable to self-administer medication, or the Client's caregiver is not present to feed medication to the Client, a registered nurse may administer medication to the Client as directed and prescribed by a registered medical practitioner.
- 14.3 The Approved Provider shall ensure that written protocols for medication management are in place. The Contractor's protocol for medication management shall minimally include the following:
  - a. Medication Indemnity Form: It is recommended that the Approved Provider request for the Client/Client's caregiver (when Client is mentally incapable to provide consent) to complete the Medication Indemnity Form (See Annex A-4) if assistance is required for medication administration.
  - b. Administration of Medication: The registered nurse, when administering medication to a Client, shall:
    - i. Check the expiry date of medication prior to administering, if applicable. If the medication is expired or if there are any oddities in the smell or general appearance of the medication, the medication shall not be served and the Client/Client's caregiver shall be informed and advised on appropriate actions to take. The Approved Provider shall also document the reasons for not serving the medication;
    - ii. If needed, verify with the Client/caregiver/healthcare provider or institution on the required doses, routes, expiry date and frequency of administration;

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- iii. Ensure the 5 “Rights” when administering medication, i.e. right person, right medication, right dose, right time, right route to prevent medication errors;
  - iv. Document the date and time of administration and initial in the Client’s care records as soon as the medications are served to the Client;
  - v. Document and notify the Client’s caregiver if for any reason, the Client fails/refuses to consume the medication that he/she is served.
- c. Medication Packing: 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 or a pharmacist, and in a manner that facilitates appropriate administration. This may be achieved by means of the following:
- i. Staff shall refer to the Client’s most recent prescriptions or medication record when packing medication;
  - ii. Packing for each Client’s medication must be appropriately labelled, e.g. name of the medication being packed, day of week, time of day, time and frequency of dosage etc.
- d. Adverse Drug Reactions
- i. The Approved Provider shall have protocols to monitor medication effects on Clients, especially for newly prescribed medications, to identify potential adverse reactions.
  - ii. Appropriate Client and caregiver education shall be initiated to manage any adverse reactions.
  - iii. The Approved Provider shall report all adverse drug reactions to the relevant agencies such as the Health Services Authority or the prescribing medical practitioner/pharmacist.
  - iv. All adverse drug reactions shall be documented appropriately in the Client’s care record.
- e. Escalation Protocols: The Approved Provider shall have a written process to escalate care to the relevant professional staff (registered medical practitioner, registered nurse or pharmacist) within the organisation or to an external organisation, for any medication related matters.
- f. Medication Errors: The Approved Provider shall have policies and protocols to avoid medication errors, as much as possible. In the case a medication error occurs, the Approved Provider shall carry out the following actions listed below:
- i. Deliver proper follow-up care and monitoring to the Client, as appropriate;
  - ii. Document medication errors that occur under the care of the Approved Provider; and
  - iii. Conduct a root cause analysis of the errors and implement appropriate follow-up actions to prevent further recurrence.

g. Medication Management

- i. If the Approved Provider carries emergency medicines/or a medicine bag, the Approved Provider shall have policies and protocols on handling, storage and dispensing of these medications for its Clients.
- ii. Any Approved Provider managing Controlled Drugs (as defined under Misuse of Drugs Act (Cap. 185)) shall:
  - a. Observe the legal requirements for controlled drugs provided under the Misuse of Drugs Act (Cap. 185);
  - b. Put in place proper operating procedures for the handling and storage of controlled drugs, in accordance with the Misuse of Drugs Act (Cap. 185) and its schedules.
- iii. The Approved Provider shall have a policy for educating Clients and caregivers on:
  - a. Proper administration, storage and labelling of medication;
  - b. Common side effects of medication and their management.

**Home Personal Care Specific Requirements**

**15 SCOPE OF HOME PERSONAL CARE SERVICES**

15.1 The Approved Provider shall deliver comprehensive home personal care services to enable Clients to live at home and in the community and to relieve the burden of caring for Clients at home for their caregivers.

15.2 The scope of home personal care services shall include, but shall not be limited to:

- a. Personal care tasks, including:
  - i. Bathing and/or assisted bathing for Clients who are too ill to take a bath in the bathroom, or for bedridden or handicapped Clients;
  - ii. Changing of clothes, undergarments, continence aids and any soiled sheets;
  - iii. Brushing of teeth and cleaning of dentures;
  - iv. Toileting and other elimination needs;
  - v. Cleaning skin around the urinary catheter and draining bags;
  - vi. Simple hair trimming by staff who are trained in doing so.
- b. Assistance with activities of daily living (“ADLs”) and instrumental activities of daily living (“IADLs”), including:
  - i. Lifting, transferring and positioning of Client;
  - ii. Assisting with oral and/or nasogastric tube (“NGT”) feeding;
  - iii. Assisting in light housekeeping and laundry if the Client/Client’s caregiver is unable to do so due to physical or cognitive disability;
  - iv. Simple errands such as grocery shopping etc.
- c. Mind stimulating activities, including:
  - i. Memory, logic card games, spatial orientation block games, mental processing games, Sudoku for Clients with no to mild cognitive impairment;
  - ii. Card matching games, spatial orientation block games, mental processing games for Clients with mild dementia; and
  - iii. Visual recognition card games, card matching games for Clients with moderate dementia.
- d. Elder-sitting and respite, including companionship, and any other recreational and leisure activities within the home setting which are part of the Client’s interests;
- e. Assistance with medication; and
- f. Performing simple maintenance exercises as prescribed by a registered physiotherapist, occupational therapist or speech therapist.



15.3 Home personal care services delivered by the Approved Provider shall be assessed and reviewed by a registered nurse. Services shall be delivered by a registered nurse, enrolled nurse, or care staff, under the oversight of a registered nurse, with the relevant and necessary training or with relevant certification/experience to carry out their tasks. Care staff that do not have formal training in the care of the Clients shall undergo appropriate in-service or on-the-job training before they may be permitted by the Approved Provider to deliver care independently. The registered nurse shall remain responsible for all home personal care services delivered to the Client.

## **16 CARE ASSESSMENT, PLANNING AND REVIEW**

16.1 The Approved Provider shall conduct a comprehensive initial care assessment of the Client within one (1) month of accepting the referral to determine the Client's care needs and formulate an appropriate care plan. The Approved Provider shall also take into account additional information provided by AIC, or the referral source in formulating the care plan for the Client.

16.2 The initial care assessment shall identify the following areas pertaining to the Client:

- a. Medical, nursing and functional needs;
- b. Psychosocial and emotional needs;
- c. Skin condition and integrity, including presence of any wounds, injuries, lesions or implants that may require nursing or medical attention;
- d. Nutritional status, including mode of feeding and dietary restrictions;
- e. Continence needs;
- f. Areas where the Client is experiencing pain;
- g. Existing allergies;
- h. Existing medications and level of medication compliance;
- i. Any follow-up medical appointments;
- j. Accessibility and safety of the Client's home and living environment;
- k. Fall risk;
- l. Social and financial background and caregiver needs; and
- m. Risk of social isolation, abuse or neglect.

16.3 Clients shall be re-assessed regularly to determine their response to services and to plan for continued services or discharge. Re-assessment must be conducted at all episodes of significant changes in Clients' conditions, at discharge, or least once in six (6) months until discharge.

16.4 The Modified Barthel Index ("MBI") form (Annex A-1) shall be administered for all home personal care Clients at the initial assessment, at all episodes of reassessments and at the time of discharge from service by the registered nurse.

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- 16.5 The Approved Provider shall develop an individualised care plan within one (1) month of accepting the referral, based on the Client's assessed care needs. The care plan shall:
- a. State specific, measurable (where possible), attainable goals to enhance the Client's health and functional status;
  - b. State specific intervention plans (i.e. appropriate type, duration and frequency of home care services) and any co-ordination with other care providers to deliver the services with respect to the client's needs and goals; taking into consideration where possible, the preferences and views of the Client and his/her caregiver;
  - c. Establish an appropriate timeframe to review the care plan;
  - d. Specify the roles of the Client, caregiver and care team delivering the services with respect to the Client's care plan;
  - e. Include a discharge plan where appropriate; and
  - f. Provide the Client with referrals to other services where necessary.
- 16.6 The Approved Provider shall ensure that care assessment and planning of the Client is conducted by a registered nurse of the Client's care team. Examples of standardised assessment tools that may be used in the design of care plans for the Client are listed in Annex A-2. Staff conducting the assessment shall be trained in the use of the tools listed.
- 16.7 The individualised care plan must be developed in consultation with and shall be agreed upon by the Client/Client's caregiver.

## 17 SAFE CARE

- 17.1 The Approved Provider shall ensure that there are written policies or procedures in place to provide safe care to Clients and to protect them against adverse outcomes. The Approved Provider shall monitor occurrences/lapses in safety and take appropriate remedial action.
- 17.2 The Approved Provider shall ensure that Clients are not subject to physical, emotional, psychological or sexual abuse, or neglect by staff.
- 17.3 Key safety areas shall include falls, injury prevention, proper infection control and medication safety.
- 17.4 Infection Control
- a. The Approved Provider shall ensure infection control through standard precautions and good hand hygiene practices.

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b. The Approved Provider shall ensure that:

- i. Medical and surgical supplies are used appropriately to prevent cross-infection;
- ii. All equipment are appropriately maintained and in accordance to required standards of cleanliness and disinfection;
- iii. Any equipment which has been used by a Client found/suspected to be suffering from an infectious disease shall not be used by any other Client until it is adequately disinfected;
- iv. Hazardous waste materials are properly disposed of in a safe and appropriate manner, as much as possible.

17.5 Personal Hygiene: The Approved Provider should ensure that the Client maintains cleanliness, comfort and dignity; thus promoting health and well-being.

### 17.6 Assistance with Activities of Daily Living

- a. The Approved Provider must enable the Client to maintain his/her overall well-being and to enable him/her to lead an independent and active life, as much as possible.
- b. A safe transfer to and from a chair or a bed should be ensured. The Client should be positioned appropriately prior to the service delivery.

### 17.7 Mind Stimulating Activities

- a. The care staff must observe and monitor the Client closely for any discomfort or adverse reactions.
- b. The care staff must report any abnormalities (such as change in Client's behaviour, mood etc. as observed) to the supervisor.

### 17.8 Performing Simple Maintenance Exercises

- a. Care staff shall perform simple physical exercises for Client, under direction, prescription and training of a registered therapist.
- b. Care staff must observe and monitor the Clients closely for any discomfort or adverse reactions.
- c. Care staff must report any abnormalities to the supervisor.

### 17.9 Nasogastric Tube Feeding In Adult Clients

- a. The Approved Provider shall ensure that care staff involved in NGT care and feeding are competent, and have protocols and processes in place to evaluate staff competency.
- b. Insertions of NGTs may only be done by a registered nurse, an enrolled nurse, or a registered speech therapist.
- c. The Approved Provider shall support caregivers appropriately by providing training or supervision on NGT care, feeding, monitoring, infection control, likely risks and methods for troubleshooting common problems with NGT feeding.

### 17.10 Fall Prevention

- a. The Approved Provider shall implement policies, procedures or programmes to identify and manage potential safety risks, and to prevent falls and injuries at the Client's home.
- b. The Approved Provider shall ensure that the Client and caregiver receive:
  - i. Education on fall and injury prevention;
  - ii. Training on proper use of equipment/assistive devices.
- c. If families choose to restrain the Client for their or the Client's own safety, providers should educate the families on the alternate options available. Should families still choose to restrain the Clients and if the Approved Provider deems it clinically justifiable, the Approved Provider shall provide advice regarding the proper use of restraints.

## **18 HANDLING OF MEDICATION**

18.1 As far as possible, the Approved Provider shall always encourage the Client/Client's caregiver to administer the Client's medication independently.

18.2 The ultimate responsibility with medication assistance shall lie with the Approved Provider's registered nurse(s).

18.3 The Approved Provider shall ensure that written procedures for handling medication are in place and that relevant care staff are aware of these. The Approved Provider shall monitor the safety of its medication assistance processes. The Approved Provider's procedures for medication management shall minimally include the following:

- a. Medication Indemnity Form: It is recommended that the Approved Provider request for the Client/Client's caregiver (when Client is mentally incapable to provide consent) to complete the Medication Indemnity Form (See Annex A-4) if assistance is required for medication administration.

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b. Assistance<sup>4</sup> with Medication

- i. The Approved Provider shall assist with a Client's medication if:
  - a. The Client is not self-directing;
  - b. The Client's caregiver cannot be present to administer or assist with the medication;
  - c. The Client requires reminder(s) to consume medication
  - d. The medication is prescribed by a registered medical practitioner (the registered nurse who supervises the care staff shall confirm the prescription in client's medical records prior to starting the service);
  - e. The medications are pre-packaged<sup>5</sup> by the caregiver/appropriate healthcare professional, and accompanied by clear written instructions that state the medication frequency and dosage timing, special instructions (such as if medication needs to be taken with meals, or not to be given if BP is lower than a certain level etc.) and contact details of the person/ institution that pre-packed the medication;
  - f. The care staff is appropriately trained in (i) assisting with the administration of the particular medication(s) and (ii) recognising and responding to medication-related incidents.
- ii. Care staff may assist with the administration of the following medications only if the above conditions (stated in 19.3bi) are met:
  - a. Adding vitamin supplements and stool softeners to foods;
  - b. Oral medications;
  - c. Topical medications for stable skin surface;
  - d. Intra-aural, nasal and ocular medications;
  - e. Rectal suppositories e.g. Dulcolax;
  - f. Medicated baths (including Sitz baths); and
  - g. Metered dose inhalers.
- iii. Care staff shall not assist with the administration of the following medications:
  - a. Vaginal medications (including insertion of vaginal suppository) except enrolled nurses;
  - b. Injectable medications (including insulin injection);
  - c. Topical medications on unstable skin surface;

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<sup>4</sup> Assistance includes 'Remind and/or prompt clients to take the medication and if necessary, helping to open medication containers and passing medication to clients, and observing them while clients administer their medications'

<sup>5</sup> Pre-packaging is the process of assembling the prescribed medications from a manufacturer's original commercial container to another container, as per individual dosages (e.g. for morning, afternoon, night etc.) and in advance of actual, immediate need for feeding of the medication.

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- d. Medication nebulizer except placing normal saline solution in medication nebulizer (with no other medication involved in nebulisation); and
  - e. Controlled drugs (as defined under the Misuse of Drugs Act (Cap. 185)).
- iv. The care staff shall, when assisting a Client with medication:
- a. Refer to the accompanying written instructions from the Client/Client's caregiver/healthcare provider or institution;
  - b. Ensure that the right medication pack is served to the Client at the right time to prevent medication errors;
  - c. Document the date and time of assistance in the Client's file as soon as the Client is assisted; and
  - d. Document and notify the Client's caregiver, if for any reason, the Client fails/refuses to consume the medication that he/she is served.
- v. The care staff should not attempt to crush, pound or dissolve any medication, unless upon professional consultation or upon written instruction by caregiver or family member. The care staff shall only assist to crush, pound or dissolve a Client's medication if the care staff has clear knowledge of drugs that can or cannot be pounded.
- c. Adverse Drug Reactions
- i. The Approved Provider shall report all adverse drug reactions, if identified, to the prescribing medical practitioner or institution or pharmacist or Health Sciences Authority, as relevant.
  - ii. All adverse drug reactions shall be documented appropriately in the Client's care record.
- d. Escalation Protocols
- i. The Approved Provider shall have a written process to escalate care to the relevant professional staff (registered medical practitioner, registered nurse or pharmacist) within the organisation or to an external organisation, for any medication related matters.
- e. Medication Errors
- i. The Approved Provider shall have policies and protocols to avoid medication errors, as much as possible. In the case a medication error occurs, the Approved Provider shall carry out the following actions listed below:
    - a. Proper follow-up care and monitoring to the Client, as appropriate;

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- b. Document medication errors that occur under the care of the Approved Provider;
- c. Conduct a root cause analysis of the errors and implement appropriate follow-up actions to prevent further recurrence.

**Home Therapy Specific Requirements**

**19 SCOPE OF HOME THERAPY SERVICES**

19.1 The Approved Provider shall deliver home therapy services to Clients who are not suitable for, or unable to access community-based rehabilitation services due to medical conditions, functional status or accessibility issues.

19.2 Home therapy services include:

- a. Home Rehabilitation: A registered therapist and/or a therapy aide shall visit the Client at home to provide rehabilitation services such as strength, balance and mobility training, activities of daily living (“ADLs”) and instrumental ADL (“IADLs”) training, re-training of swallowing functions, etc. The Approved Provider must be able to provide physio- and occupational therapy services as described at section 20.3 in Scope of Services. Optional therapy services such as speech therapy may also be provided.
- b. Home-based Exercise Training: A registered physiotherapist, occupational therapist, or speech therapist shall visit the client at home to design and review maintenance exercises for the Client and train the Client's caregiver (or paid helper who regularly looks after the Client at home) to perform these exercises on the Client on a regular basis.
- c. Home Environment Review: A registered physiotherapist or occupational therapist shall conduct an assessment of the Client's home to identify preventable hazards that could cause falls or injuries and recommend modifications to maximise the Client's ability for independent living. The Approved Provider shall also assist the Client to apply for Government assistance schemes, such as HDB's Enhancement for Active Seniors (EASE) funding, for the home modifications. The review should be documented in the form at Annex A-3.

19.3 Scope of Services: The Approved Provider must be able to provide physio- and occupational therapy services as described below. Optional therapy services such as speech therapy are also outlined below:

- a. Physiotherapy services: Physiotherapy services shall be provided to maintain, restore or maximise the Client's physical functions which have been limited by illnesses or disabilities. The physiotherapist shall assess the Client's mobility status, physical strength, joint motion, cardiopulmonary endurance, balance, fall risk and pain level. Examples of physiotherapy services include:



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- i. Functional mobility training and gait training;
  - ii. Active and passive exercises to improve or restore range of motion, physical strength, flexibility, co-ordination, balance and endurance;
  - iii. Treatment to relieve pain, such as through electro-physical agents;
  - iv. Advice on the use of assistive ambulatory devices such as walking aids and prosthetic devices, including assistance on application for relevant financial assistance;
  - v. Caregiver training and Client education; and
  - vi. Community integration activities.
- b. Occupational therapy services: Occupational therapy services shall be provided to maintain, restore or maximise the Client's (i) ability to perform ADLs/IADLs; (ii) leisure abilities; (iii) functional status; (iv) cognition; (v) perception; and (vi) psychosocial status. Examples of occupational therapy services include:
- i. Re-training in ADLs and IADLs;
  - ii. Exercises and graded activities to improve strength and range of motion, particularly in the upper extremities;
  - iii. Co-ordination and dexterity activities;
  - iv. Advice on the use of orthosis, prosthesis or assistive/adaptive devices to maintain or improve ADL performances;
  - v. Advice on occupational ergonomics;
  - vi. Caregiver training and Client education;
  - vii. Wheelchair and seating assessment;
  - viii. Community integration activities; and
  - ix. Home assessment and recommendations on home modification, including assistance on application for relevant financial assistance.
- c. Speech therapy services: Therapy to assess and treat speech, swallowing, language or communication problems in people to enable them to communicate to the best of their ability. Therapists may also work with people who have eating and swallowing problems. Speech therapy services may include:
- i. Dysphagia (swallowing difficulties) management;
  - ii. Voice rehabilitation; and
  - iii. Rehabilitation of acquired communication difficulties (e.g. post stroke or post-surgical intervention in head and neck cancers).

19.4 Home therapy services shall be led by a registered therapist and assessed, reviewed and delivered by a registered therapist or a trained direct care staff, depending on the type/nature of the care needs and level of professional input required. The registered therapist shall retain the oversight of care provision by trained care staff, and shall be responsible for all services delivered by the care staff.

19.5 The Approved Provider shall brief the Client/Client's caregiver on the actions that should be taken should the Client's condition worsen. This may include:

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- a. The warning signs and symptoms that should be regularly monitored depending on Client's condition;
- b. Actions to be taken by Clients and/or caregivers if the warning signs are recognised/or Client's condition worsens;
- c. Emergency contact information (from within the organisation);
- d. Emergency contact information for external support services in cases when the Approved Provider is un-contactable (such as ambulance, private nursing agencies, private home medical practitioners etc.).

### **20 CARE ASSESSMENT, PLANNING AND REVIEW**

20.1 The Approved Provider shall conduct a comprehensive initial care assessment of the Client within two (2) weeks of accepting the referral to determine the Client's care needs and formulate an appropriate care plan. The Approved Provider shall also take into account additional information provided by AIC, or the referral source in formulating the care plan for the Client.

20.2 The initial care assessment shall identify the following areas pertaining to the Client:

- a. Medical, nursing and functional needs;
- b. Psychosocial and emotional needs;
- c. Skin condition and integrity, including presence of any wounds, injuries, lesions or implants that may require nursing or medical attention;
- d. Nutritional status, including mode of feeding and dietary restrictions;
- e. Continence needs;
- f. Areas where the Client is experiencing pain;
- g. Any follow-up medical appointments;
- h. Accessibility and safety of the Client's home and living environment;
- i. Fall risk;
- j. Social and financial background and caregiver needs;
- k. Risk of social isolation, abuse or neglect.

20.3 The Client shall be re-assessed regularly to determine their response to services and to plan for continued services or discharge. Re-assessment must be conducted at all episodes of significant changes in Client's condition, at discharge and at least once in six (6) months.

20.4 The Modified Barthel Index (MBI) form (Annex A-1) shall be administered for all home therapy clients at the initial assessment, at all episodes of reassessments and at the time of discharge from service by the registered nurse or registered therapist.

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- 20.5 The Approved Provider shall develop an individualised care plan within two (2) weeks of accepting the referral, based on the Client's assessed care needs. The care plan shall:
- a. State specific, measurable (where possible), attainable goals to enhance the Client's health and functional status;
  - b. State specific intervention plans (i.e. appropriate type, duration and frequency of home care services) and any co-ordination with other care providers to deliver the services with respect to the client's needs and goals; taking into consideration where possible, the preferences and views of the client and his/her caregiver;
  - c. Establish an appropriate timeframe to review the care plan;
  - d. Specify the roles of the Client, caregiver and care team delivering the services with respect to the Client's care plan;
  - e. Include a discharge plan where appropriate; and
  - f. Provide the Client with referrals to other services where necessary.
- 20.6 The Approved Provider shall ensure that care assessment and planning of the Client is conducted by the registered therapist of the Client's care team. Examples of standardised assessment tools that may be used in the design of care plans for the Client are listed in Annex A-2. Staff conducting the assessment shall be trained in the use of the tools listed.
- 20.7 The individualised care plan must be developed in consultation with and shall be agreed upon by the Client/Client's caregiver.

## 21 SAFE CARE

- 21.1 The Approved Provider shall ensure that there are written policies or procedures in place to provide safe care to Clients and to protect them against adverse outcomes. The Approved Provider shall monitor occurrences/lapses in safety and take appropriate remedial action.
- 21.2 Key safety areas shall include falls, injury prevention, proper infection control and medication safety.
- 21.3 The Approved Provider shall ensure that Clients are not subject to physical, emotional, psychological or sexual abuse, or neglect by staff.
- 21.4 Infection Control
- a. The Approved Provider shall ensure infection control through standard precautions and good hand hygiene practices.
  - b. The Approved Provider shall ensure that:
    - i. Medical and surgical supplies are used appropriately to prevent cross-infection;

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- ii. All equipment are appropriately maintained and in accordance to required standards of cleanliness and disinfection;
- iii. Any equipment which has been used by a Client found/suspected to be suffering from an infectious disease shall not be used by any other Client until it is adequately disinfected;
- iv. Hazardous waste materials are properly disposed of in a safe and appropriate manner.

### 21.5 Fall Prevention

- a. The Approved Provider shall implement policies, procedures or programmes to identify and manage potential safety risks, and to prevent falls and injuries at the Client's home. These include, but are not limited to:
  - i. Conduct basic screening for risk of falls and injuries by an appropriately trained staff;
  - ii. Provide appropriate intervention and monitoring for those at higher fall risk;
  - iii. Refer the Client to a healthcare professional for further assessment and interventions, including prescription of assistive devices, home environmental assessment by therapists, where necessary;
  - iv. Ensure that the Client is re-assessed for fall risk at least once a year or when there is a change in the Client's status or environment.
- b. The Approved Provider shall ensure that the Client and Client's caregiver receive:
  - i. Education on fall and injury prevention;
  - ii. Training on proper use of equipment/assistive devices.
- c. If families choose to restrain the Client for their or the Client's own safety, providers should educate the families on the alternate options available. Should families still choose to restrain the Clients and if the Approved Provider deems it clinically justifiable, the Approved Provider shall provide advice regarding the proper use of restraints.

**MODIFIED BARTHEL INDEX (MBI)**  
(SHAH, VANCLAY & COOPER, 1989)

FUNCTIONAL ITEM DESCRIPTION				REMARKS
<b>FEEDING</b>				
Dependent in all aspects and needs to be fed	0	0	0	
Can manipulate an eating device, usually a spoon, but someone must provide active assistance during the meal	2	2	2	
Able to feed self with supervision. Assistance is required with associated tasks such as putting milk/sugar to drink, salt, pepper, spreading butter, turning a plate or other "set up" activities	5	5	5	
Independence in feeding with prepared tray except with cutting meat, opening drink carton, jar lid etc. Presence of another person is not required	8	8	8	
The person can feed self from a tray or table when food is within reach. The person must put on an assistance device if needed, cut the food, and use salt and pepper, spread butter etc. if desired	10	10	10	
<b>PERSONAL HYGIENE (GROOMING)</b>				
Unable to attend to personal hygiene and is dependent in all aspects	0	0	0	
Asst. is required in all aspects of personal hygiene, but able to make some contributions.	1	1	1	
Some assistance is required in one or more steps of personal hygiene	3	3	3	
The person is able to conduct personal hygiene but requires min. asst. before and/or after the operation.	4	4	4	
The person can wash own hands and face, comb hair, clean teeth & shave. Males must be able to use any kind of razor but must insert the blade, or plug in the razor without asst. as well as retrieve it from the drawer/cabinet. Females must apply own makeup, but need not braid or style her hair.	5	5	5	
<b>DRESSING</b>				
The person is dependent in all aspects if dressing and is unable to participate in the activity	0	0	0	
The person is able to participate to some degree, but is dependent in all aspects of dressing	2	2	2	
Assistance is needed in putting on, and/or removing any clothing	5	5	5	
Min. asst. is required with fastening clothing eg buttons, zips, bra, shoes, etc	8	8	8	

RESTRICTED

The person is able to put on, remove and fasten clothing, tie shoelaces or put on, fasten, remove corset/braces, as prescribed.	10	10	10	
<b>BATHING</b>				
Total dependence in bathing self	0	0	0	
Asst. is required on all aspects of bathing, but the person is able to make some contribution.	1	1	1	
Asst. is required with either transfer to shower/bath or with washing or drying: including inability to complete a task because of condition or disease etc.	3	3	3	
Supervision is required for safety in adjusting water temperature, or in the transfer.	4	4	4	
The person may use a bathtub, a shower, or take a complete sponge bath as well as to do all steps of whichever method is employed without another person present	5	5	5	
<b>BOWEL CONTROL</b>				
The person is bowel incontinent	0	0	0	
The person needs help to assume appropriate position and with bowel movement facilitatory techniques.	2	2	2	
The person can assume appropriate position, but cannot use facilitatory techniques or clean self without asst. and has frequent accidents.	5	5	5	
The person may require supervision with the use of suppository or enema and has occasional accidents.	8	8	8	
The person can control bowels and has no problem. Can use suppository or take an enema when necessary.	10	10	10	
<b>BLADDER CONTROL</b>				
Dependent in bladder management, is incontinent, or has indwelling catheter.	0	0	0	
The person is incontinent but is able to assist with the application of an internal or external device.	2	2	2	
The person is generally dry by day, but not by night, and needs asst. with the devices.	5	5	5	
The person is generally dry by day and night but may have an occasional accident, or needs minimal assistance with internal or external devices.	8	8	8	
The person is able to control bladder by day and night and or is independent with internal or external devices.	10	10	10	
<b>TOILET TRANSFER</b>				

RESTRICTED

Fully dependent in toileting	0	0	0	
Assistance is require in all aspects of toileting	2	2	2	
Asst. is required in management of clothing, transferring or washing hands.	5	5	5	
Supervision may be required for safety with normal toilet. A commode may be used at night but assistance is required for emptying and cleaning.	8	8	8	
Able to get on and off toilet independently.	10	10	10	
<b>CHAIR / BED TRANSFER</b>				
Unable to participate in transfer, 2 attendants required to transfer the person with/without a mechanical device	0	0	0	
Able to participate but max assistance of an attendant is required in all aspects of the transfer	3	3	3	
Requires another person. The assistance may be in any aspects of the transfer.	8	8	8	
An attendant is required, either as a confidence measure or to provide supervision of safety.	12	12	12	
Independent	15	15	15	
<b>AMBULATION</b>				
Dependent in ambulation	0	0	0	
Constant presence of one or more assist is required during ambulation.	3	3	3	
Assistance is required with reaching aids and / or their manipulation. One person is required to offer assistance.	8	8	8	
Person is independent in ambulation but unable to walk 50m without help, or supervision is needed for confidence or safety in hazardous situations.	12	12	12	
The person must be able to wear braces/prosthesis, lock and unlock it, assume standing, sit down, and place the necessary aids into position for use. The person must be able to use walking aids and walk 50m without asst.	15	15	15	
<b>AMBULATION – WHEELCHAIR</b> If unable to walk, use this item only if person is rated “0” for AMBULATION & then only if person has been trained in wheelchair management				
Dependent in wheelchair ambulation.	0	0	0	
Able to propel self over short distances on flat surface but asst. is required for all other areas of wheelchair manoeuvring.	1	1	1	

RESTRICTED

Presence of one person is necessary and constant asst. is required to position the wheelchair to table, bed, etc.	3	3	3	
The person can propel self for a reasonable duration over regularly encountered terrain, minimal asst. may still be required in "tight corners"	4	4	4	
The person is independent if able to propel self at least 50 m, go around corners, turn around and manoeuvre the wheelchair to a table, bed, toilet, etc.	5	5	5	
<b>STAIR CLIMBING</b>				
The person is unable to climb stairs	0	0	0	
Assistance is required in all aspects of stair climbing	2	2	2	
The person is unable to ascend / descend but is unable to carry walking aids and needs supervision and assistance	5	5	5	
Generally no assistance is required. At times supervision is required for safety due to morning stiffness, shortness of breath, etc.	8	8	8	
The person is able to use handrails, cane or crutches when needed and is able to carry these devices while ascending or descending.	10	10	10	
<b>Total SCORE</b>				
<u>Assessment Schedule:</u> 1 <sup>st</sup> assessment: within 3 working days of admission Reassessment:: 4 monthly & as & when required if condition deteriorates				
Total Dependency = 0-24    Severe Dependency =25-49    Moderate Dependency = 50-74 Mild Dependency =75-90    Minimal Dependency = 91-99    Independent = 100				

Name & Signature of Therapist : \_\_\_\_\_

Date of Review : \_\_\_\_\_

Name of the Approved Provider : \_\_\_\_\_



**SUGGESTED LIST OF ADDITIONAL STANDARDISED OUTCOME  
MEASUREMENT INSTRUMENTS**

**Balance Instrument**

1. Berg's Balance Test
2. Functional Reach
3. Timed up and go

**Activity of Daily Living Instrument**

1. Lawton IADL Scale

**Functional Instrument**

1. Motor Assessment Scale
2. Physical Performance Test
3. Rivermead Mobility Index
4. Short Physical Performance Battery

**Cognitive Screening Instrument**

1. Mini-mental State Test
2. Abbreviated Mental Test

**Others**

1. Geriatric Depression Scale

*Note: This list is not exhaustive. The instruments should be used as and when appropriate, according to the attending therapist's clinical judgement.*

**HOME ENVIRONMENT REVIEW FORM**

Client Name : \_\_\_\_\_  
Relationship of carer : \_\_\_\_\_  
Address : \_\_\_\_\_  
Date of Visit : \_\_\_\_\_  
Diagnosis : \_\_\_\_\_

**Type of Accommodation:**

HDB \_\_ room flat  Private apartment  Others: \_\_\_\_\_

**Reason for Home Visit:**

**Social History:**

**Client's current mobility status:**

**Functional performance:**

**Name and signature of therapist:** \_\_\_\_\_

**Home environmental photo assessment (pls attach photos and justification for modification)**

**EXAMPLE:**

Master bedroom toilet

Fig 1	
Issue	No handholds for Client to assist her in standing
Recommendations:	Foldable grab bar next to wc cistern and grab bar at wall (angled, approximately 90 cm high from floor).
Fig 2 Kitchen toilet	
Issue	No handholds for Client to assist her in standing and getting into toilet
Recommendation	Foldable grab bar next to wc cistern and vertical mounted single grab bar near door at left wall.

**MEDICATION INDEMNITY FORM**

Name of Approved Provider: \_\_\_\_\_

In consideration of the members of staff of: \_\_\_\_\_  
(Name of Approved Provider) at my request of assisting with/administering medication  
in accordance to my instructions to \_\_\_\_\_ (Name of  
Client), \_\_\_\_\_ (NRIC Number), who is my \_\_\_\_\_ (State  
Relation to Client).

I hereby agree to indemnify \_\_\_\_\_ (Name of  
Approved Provider) and its employees against all actions, claims, demands,  
complaints and the costs thereof in respect of or arising directly or indirectly of such  
administration of medication.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

**SAMPLE CLIENT SATISFACTION SURVEY**

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**Instructions to Approved Provider:**

- 1 This survey should be administered to Clients who are the direct recipients of the home care services.
  - 2 For each of the questions, please ask the Client to circle the rating that best expresses his or her opinion.
  - 3 Should the Client be unable to fill this survey, the primary caregiver can participate on his or her behalf.
- 

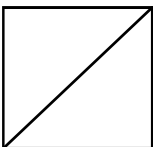
**Name of Client:** \_\_\_\_\_

**Duration of Service Usage:** \_\_\_\_\_

**Name of Interviewer:** \_\_\_\_\_

**Date of Interview:** \_\_\_\_\_

---

Overall score =  $A/B =$    $=$  \_\_\_\_\_

**Total score scored for all the questions answered = A**  
**Total number of questions answered = B**

---

1. Services were provided in a timely manner.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
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2. Services were rendered with professionalism and respected the Client's sense of dignity.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
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3. Staff providing the service were warm and took the effort to engage me and ask me about what I needed.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
---------------------------	---------------	--------------	------------	------------------------

4. I was able to communicate effectively with the staff.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
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5. Overall I am satisfied with the quality of service provided:

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
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Total Score: \_\_\_\_\_

Average Score: \_\_\_\_\_ (Total Score divide by no. of questions)

**SAMPLE CAREGIVER SATISFACTION SURVEY**

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This survey should be administered to the primary caregiver of the Client who is receiving the home care services.

There are 4 questions in this survey. For each of the question, please ask the caregiver to circle the rating that best expresses his or her opinion.

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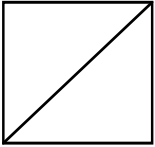
**Name of Client:** \_\_\_\_\_

**Duration of Service Usage:** \_\_\_\_\_

**Name of Interviewer:** \_\_\_\_\_

**Date of Interviewer:** \_\_\_\_\_

---

Overall score =  $A/B =$    $=$  \_\_\_\_\_

**Total score scored for all the questions answered = A**

**Total number of questions answered = B**

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1. Generally, I am satisfied with the services provided.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
---------------------------	---------------	--------------	------------	------------------------

2. The services help to support my caregiving duties.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
---------------------------	---------------	--------------	------------	------------------------

3. With the services, I feel fewer burdens in providing care.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
---------------------------	---------------	--------------	------------	------------------------

4. I would recommend home care services to other caregivers.

1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
---------------------------	---------------	--------------	------------	------------------------

Total Score: \_\_\_\_\_

Average Score: \_\_\_\_\_ (Total Score divide by no. of questions)



**ZARIT BURDEN INTERVIEW-4 (CAREGIVER BURDEN SURVEY)**

*Gerontologic health scientific literature identifies a number of scales to measure caregiver burden. The Zarit Scale of caregiver Burden or the Zarit Burden Interview is the most widely used instrument. Originally designed and tested in 1980 containing 29 items, it was reduced to 22 questions. Subsequent adaptation of the scale made it particularly attractive. The research reported in The Gerontologist (2001, Vol 41, No. 5, 652-657) that a short 12-item version and 4-item screening version were found to correlate well with the full 22-item version. The short and simpler 4-item screen, proven to be valid and reliable for its designated use, is self-administered by the caregiver. A score of 8 indicates high burden, and intervention may be indicated. The screen has proven to be a helpful resource tool for caregivers and their families.*

**To be completed by caregiver**

Indicate how often you experience the feelings listed by circling the number that best corresponds to the frequency of these feelings.

**1. Do you feel that because of your relative that you don't have enough time for yourself?**

Never	Rarely	Sometimes	Quite Frequently	Nearly Always
0	1	2	3	4

**2. Do you feel stressed between caring for your relative and trying to meet other responsibilities (work, home)?**

Never	Rarely	Sometimes	Quite Frequently	Nearly Always
0	1	2	3	4

**3. Do you feel strained when you are around your relative?**

Never	Rarely	Sometimes	Quite Frequently	Nearly Always
0	1	2	3	4

**4. Do you feel uncertain about what to do about your relative?**

Never	Rarely	Sometimes	Quite Frequently	Nearly Always
0	1	2	3	4

A score of 8 indicates high burden, and assistance may be indicated.  
 Courtesy of L'Orech Yomim/Center for Healthy Living, Inc. 2011

## QUARTERLY RETURNS AND REPORT ON INDICATORS FOR HOME CARE SERVICES

The Approved Provider shall submit the manpower, clinical, financial and utilisation information related to the home care services provided and such other relevant Client, institution and staff data, in such form and at such times as the Authority<sup>6</sup> may determine to;

The ILTC Desk Head  
Health Information Operations Branch, Health Information Division  
Healthcare Performance Group  
Fax : 6325 9137 or E-mail : MOH\_SDCS@moh.gov.sg

The current list of indicators to be collected for the home care services is listed in Table 4 below. Notwithstanding anything in the Contract, the list of indicators may be amended by the Authority from time to time with prior written notice of not less than fourteen (14) days informing the Approved Provider of any changes.

Table 4: List of Indicators for home care Services

S/N	Home Care Client Details
1	Name
2	Identification No.
3	Modified Barthel Index (MBI) Assessment (on admission and on discharge)
4	Modified Barthel Index (MBI) Assessment (on admission and on discharge) (See <u>Annex A-1</u> ) *For HPC and HT Only
5	Type of Home modifications made and whether Home modifications are funded through EASE (See <u>Annex A-3</u> ) *For HT Only
6	Client Satisfaction Survey results (Date of assessment, Mean Score, Percentage of Clients who rate their satisfaction as “pretty satisfied” or better) (See <u>Annex B-1</u> )
7	Caregiver Satisfaction Survey results (Date of assessment, Mean Score, Percentage of Clients who rate their satisfaction as “pretty satisfied” or better) (See <u>Annex B-2</u> )
8	Zarit Burden Interview-4 (Caregiver Burden Survey) results (Date of assessment, Mean Score, Percentage of Clients who rate their Caregiver burden as “rarely” or better) (See <u>Annex B-3</u> )

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<sup>6</sup> This list of indicators and the method of data submission to the Authority is subject to revisions and updates from time to time. Prevailing guidelines and instructions for the submission of data will be communicated by the ILTC Desk Head, Health Information Division, Healthcare Performance Group.

**JOB SCOPE OF DIFFERENT GRADES OF CARE STAFF**

<b>Duties and Responsibilities</b>	<b>Qualifications</b>
<p><u>Senior Nursing Aide / Nursing Aide</u></p> <ol style="list-style-type: none"> <li>a. Complies with approved standards of nursing practices</li> <li>b. Participates in activities to improve quality of care</li> <li>c. Attends to needs of clients. Ensures safety, comfort and well-being of clients and reports client's needs to the nurse</li> <li>d. Checks, monitors and records clients' vital signs such as temperature, pulse, respirations and blood pressure</li> <li>e. Ensures the comfort and good personal hygiene of the client, e.g. bed bath / shower bath, changing of clothes and bed sheets, keeping them clean and dry</li> <li>f. Assists in the transfer and positioning of non-ambulant clients</li> <li>g. Assists in conduct of exercise for clients</li> <li>h. Assist in medication administration</li> <li>i. Assist in feeding clients</li> <li>j. Maintains documentation of care given</li> <li>k. Assist in nursing care, e.g. caring for patients with urinary catheter</li> <li>l. Accompanies clients to hospital / polyclinic for follow-up appointments</li> <li>m. Alerts nurses to emergency situations. Where necessary, take first responder actions to mitigate emergency.</li> <li>n. Maintains a safe and clean home environment for client if client and/or client's caregiver are unable to do so</li> </ol>	<p><u>Locals</u></p> <ul style="list-style-type: none"> <li>• GCE N Level</li> <li>• Attained training in either one of the following courses: <ul style="list-style-type: none"> <li>- WSQ Higher Certificate / Advanced Certificate in Healthcare Support (Nursing Care)</li> <li>- ITE Approved Training Centre Healthcare (Home Care) programme</li> </ul> </li> </ul> <p><u>Foreign</u></p> <ul style="list-style-type: none"> <li>• Diploma in nursing</li> </ul>
<p><u>Senior Healthcare Assistant / Healthcare Assistant (HCA)</u></p> <ol style="list-style-type: none"> <li>a. Complies with approved standards of nursing practices</li> <li>b. Participates in activities to improve quality of care</li> <li>c. Attends to needs of clients. Ensures safety, comfort and well-being of clients and reports client's needs to the nurse</li> <li>d. Checks, monitors and records clients' vital signs such as temperature, pulse, respirations and blood pressure</li> <li>e. Ensures the comfort and good personal hygiene of the client, e.g. bed bath / shower bath, changing of</li> </ol>	<p><u>Locals</u></p> <ul style="list-style-type: none"> <li>• GCE N Level</li> <li>• Attained training in either one of the following courses: <ul style="list-style-type: none"> <li>- WSQ Higher Certificate / Advanced Certificate in Healthcare Support (Nursing Care)</li> <li>- ITE Approved Training Centre</li> </ul> </li> </ul>

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<p>clothes and bed sheets, keeping them clean and dry</p> <p>f. Assists in the transfer and positioning of non-ambulant clients</p> <p>g. Assists in conduct of exercise for clients</p> <p>h. Assist in medication administration</p> <p>i. Assist in feeding clients</p> <p>j. Maintains documentation of care given</p> <p>k. Assist in nursing care, e.g. caring for patients with urinary catheter</p> <p>l. Accompanies clients to hospital / polyclinic for follow-up appointments</p> <p>m. Alerts nurses to emergency situations.</p> <p>n. Maintains a safe and clean home environment for client if client and/or client's caregiver are unable to do so</p>	<p>Healthcare (Home Care) programme</p> <p><u>Foreign</u></p> <ul style="list-style-type: none"> <li>• Basic Nursing Aide Certificate (3 – 6 months) from home country</li> </ul> <p>Service provider to provide additional training and orientation.</p>
<p><u>Senior Healthcare Assistant / Healthcare Assistant (HCA)</u></p> <p>a. Assist in oral feeding, e.g. full or soft diets, to clients with swallowing disorders</p> <p>b. Assist in activities of daily living (ADL) of clients</p> <p>c. Assist to keep clients clean and dry</p> <p>d. Performs general housekeeping to maintain cleanliness of clients' homes if client and/or client's caregiver are unable to do so</p> <p>e. Maintains cleanliness and tidiness of client's environment if client and/or client's caregiver are unable to do so</p>	<p><u>Local</u></p> <ul style="list-style-type: none"> <li>• Primary / secondary school education</li> </ul> <p><u>Foreign</u></p> <ul style="list-style-type: none"> <li>• Basic Nursing Aide Certificate (3 – 6 months) from home country</li> </ul> <p>Service provider to provide additional training and orientation.</p>