

# **SERVICE REQUIREMENTS FOR INTERIM CAREGIVER SERVICE**



**MINISTRY OF HEALTH**  
SINGAPORE

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## 1 OVERVIEW

- 1.1 This document states the service requirements for Approved Providers<sup>1</sup> for the provision of the Interim Caregiver Service (“ICS”) in Singapore.
- 1.2 The document will be reviewed regularly in accordance with developments in the home care sector.
- 1.3 ICS aims to facilitate hospital discharge for Clients who are waiting for their long-term care plans to come into effect. The Service encompasses having an Interim Caregiver provide care for the Client at home for a time-limited period until permanent care arrangements are in place.
- 1.4 The standard duration subsidised by the Authority<sup>1</sup> for ICS is 12 shifts over two (2) weeks. Shifts may be from (i) 8am to 8pm; or (ii) 10pm to 8am. The Service is to be delivered six (6) days per week. The Agency for Integrated Care’s (“AIC’s”) approval has to be sought for any extension of the subsidised Service beyond the standard duration.
- 1.5 ICS is only open to Clients referred from Approved Referral Sources (“ARSs”). ARSs are restructured hospitals, community hospitals and AIC. Approved Providers shall not accept walk-in Clients.

## 2 ACCESS TO CARE

### 2.1 Admissions

- a. Eligibility Criteria: Clients who fulfil the following criteria are eligible for ICS:
  - i. The Client is an inpatient of either a restructured or community hospital;
  - ii. The Client is certified to be medically stable for discharge, but requires post-discharge support at home;
  - iii. The Client has documentary proof of having made, and is awaiting, permanent care arrangements to come into effect (e.g. arrival of foreign domestic worker, placement in centre-based services or nursing home);
  - iv. The Client’s referral is made no later than five (5) calendar days after his/her discharge from the hospital.
- b. For clarity, the following Clients are not eligible for ICS:
  - i. The Client is a walk-in client (i.e. not referred from an ARS);
  - ii. The Client is an outpatient of a restructured or community hospital;
  - iii. The Client was an inpatient of a restructured or community hospital, but has been discharged for more than five (5) days;

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

- iv. The Client has a competent and capable full-time caregiver at home (e.g. foreign domestic worker or family member);
  - v. The Client does not have documentary proof of having made permanent care arrangements.
- c. Clients shall not be discriminated based upon their race, religion, language or gender. Clients shall also not be denied admission to ICS based on the medical conditions listed in Table 1, unless deemed by a registered healthcare professional to not to be able to benefit from ICS.

Table 1: Admissions for Clients with Medical Conditions

Multi-drug Resistant Organisms (MDRO) (Colonised)	Accept
Psychiatric / Dementia	Accept medically stable* psychiatric / dementia Clients
Parkinson's Disease	Accept medically 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. Exclusions: Individuals with violent, disruptive or unmanageable behaviours which are uncontrolled (even under medication), may not be suitable for admission into ICS.

## 2.2 Outcomes of Referrals

- a. Referral Process: The ARS shall refer the Client to ICS via the Integrated Referral Management System (IRMS). The requested commencement date shall be within seven (7) calendar days of the initial referral.
- b. Acceptance/Rejection by Approved Provider: The Approved Provider must accept/reject (with reason) any referrals to ICS within one (1) working day. The Approved Provider shall maintain a documented process for the management of incoming client referrals.

- c. Start of Service: The Service must start within three (3) working days of the initial referral or at the requested commencement date, whichever is later. If the Approved Provider is unable to start the Service within the required time frame, the Approved Provider shall inform the referral source within one (1) working day of receipt of referral and discuss with the referral source on whether the Client can accept a later deployment date. If the Client cannot accept a later deployment date, the Approved Provider shall request that the referral source direct the Client to another Approved Provider. The referral source must inform the Approved Provider if there is any change in the requested commencement date and update IRMS accordingly.
- d. Withdrawals by Client/Client's Caregiver: If the Client/Client's caregiver rejects the referral or ICS before admission, the Approved Provider shall inform the referral source the reason for the rejection or withdrawal within one (1) working day 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. The Approved Provider shall also update IRMS on the status of the referral to close the case.
- e. Appeals: The referral source or Approved Provider shall escalate all referral appeals relating to ICS, to AIC. Typical appeals include:
  - i. Extension of ICS beyond the standard duration; and
  - ii. Deviation from the subsidy quantum the Client is entitled to.
- f. Waiver of Out-of-Pocket Payment (OOP): Clients on Public Assistance (PA), who hold the Medical Fee Exemption Card (MFEC) and/or are receiving 100% Medifund for their hospital inpatient stay will automatically qualify for the OOP waiver. Approval from AIC for the OOP waiver is not necessary.

### 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 ICS, a written service contract shall be entered into between the Approved Provider and the Client or Client's caregiver (when the Client is mentally incapable to provide consent). It is important that the Client/Client's caregiver understand and accept the terms and conditions of the Service. See section 8.5 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 authority to observe, or have a third party observe, the home visits made by the Approved Provider. Similarly, the Authority shall have 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 the said terms and conditions.

### **3 SCOPE OF INTERIM CAREGIVER SERVICE**

3.1 The scope of ICS shall include, but not be limited to, the following personal care tasks as part of ICS.

- a. Assistance with activities of daily living and other personal care tasks. Examples include:
  - i. Bathing and/or assisted bathing;
  - 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. Simple hair trimming by staff who are trained in doing so;
  - vi. Light housekeeping of the Client's immediate surroundings for the purposes of maintaining Client hygiene and safety; and
  - vii. Running of simple errands.
- b. Assistance with nutrition, including:
  - i. Assisting with feeding – only clients without swallowing disorders;
  - ii. Assisting with modified diet;
  - iii. Nasogastric Tube (“NGT”) feeding; and
  - iv. Percutaneous Endoscopic Gastric (“PEG”) feeding.
- c. Monitoring of Client's vital signs, including:
  - i. Axillary temperature;
  - ii. Blood Pressure;
  - iii. Oral Temperature;
  - iv. Pulse;
  - v. Respirations; and
  - vi. Weight.
- d. Other personal care tasks related to the Client's physical and cognitive well-being. Examples include:
  - i. Performing simple maintenance exercises as prescribed by a registered physiotherapist, occupational therapist or speech therapist registered under the Allied Health Professions Act (Cap. 6B);
  - ii. Escort (excluding transport) for medical appointments; and
  - iii. Lifting, transferring and positioning of the Client.
- e. Higher care tasks including:
  - i. Assistance with medication administration;
  - ii. Assistance with nebuliser with normal saline;
  - iii. Applying of cold compress as instructed by the Client or Client's Caregiver;

- iv. Care of PEG tube and dressing;
- v. Care of urinary catheter and drainage system;
- vi. Hypo-count monitoring and charting;
- vii. Simple wound dressing such as abrasions;
- viii. Stoma care; and
- ix. Tracheotomy suctioning.

#### **4 STAFFING AND QUALIFICATION REQUIREMENTS**

- 4.1 The Approved Provider shall ensure that the number and composition of care staff is sufficient to provide safe and adequate ICS to all Clients.
- 4.2 The registered nurse shall remain responsible for the safety and care quality of ICS provided.
- 4.3 Recommended job credentials for various types of ICS staff are as below for reference:
  - a. Interim Caregiver Manager/Supervisor
    - i. Interim Caregiver Manager/Supervisor must be a registered nurse with the Singapore Nursing Board (SNB).
  - b. Interim Caregiver
    - i. Depending on the care tasks assigned to, Interim Caregivers shall minimally have the qualifications as stated in Annex A-1.
    - ii. All foreign Interim Caregivers shall minimally have undergone 3 months of basic nursing aide course and received the corresponding certificate from their home country. They should also be provided orientation training on Singapore's culture prior to service.
- 4.4 The Approved Provider shall establish appropriate escalation and de-escalation protocols to registered medical practitioners, registered nurses, and/or registered therapists, either internal or external to the organisation, to ensure Client safety.
- 4.5 The Approved Provider shall clearly define and document the scope, duties and responsibilities for each job role.
- 4.6 The Approved Provider shall have processes for gathering, verifying, evaluating and documenting relevant staff credentials and personal information. 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.
- 4.7 The Approved Provider shall develop and use, within its own organisation, an ongoing and standardised process to evaluate the quality and safety of services provided by each Interim Caregiver.
- 4.8 The Approved Provider shall have processes to ascertain competency of new Interim Caregivers before allowing them to function independently.

- 4.9 Approved Providers shall ensure that all the Interim Caregivers are trained in first aid; and basic resuscitation techniques such as cardiopulmonary resuscitation (“CPR”) and the use of an automated external defibrillator (“AED”).

## **5 APPROACH TO CARE**

### **5.1 Care Assessment and Care Plan**

5.1.1 The Interim Caregiver Manager/Supervisor shall develop a care plan based on information provided by the referral source on the Client’s care needs. The care plan shall take into account, where relevant, the following areas pertaining to the Client:

- i. Medical, nursing and functional needs;
- ii. Psychosocial and emotional needs;
- iii. Skin condition and integrity, including presence of any wounds, injuries, lesions or implants that may require nursing or medical attention;
- iv. Nutritional status, including mode of feeding and dietary restrictions;
- v. Continence needs;
- vi. Areas where the Client is experiencing pain;
- vii. Existing allergies;
- viii. Existing medications and level of medication compliance;
- ix. Any follow-up medical appointments;
- x. Accessibility and safety of the Client’s home and living environment;
- xi. Fall risk;
- xii. Social and financial background and caregiver needs ;
- xiii. Risk of social isolation, abuse or neglect.

### **5.2 Care Delivery and Treatment Records**

5.2.1 The Approved Provider shall maintain a case file for each Client, containing information on caregiving and treatment records (if any). Please see section 8.1 on Care Documentation for more details

5.2.2 The Interim Caregiver Manager/Supervisor shall retain oversight of care provision by the Interim Caregivers, and shall be responsible for all services delivered by the Interim Caregivers.

5.2.3 In the course of care delivery, the Interim Caregiver should take note of the following, and activate the appropriate escalation protocols where necessary:

- i. Any observations that require follow-up action(s);
- ii. Unanticipated circumstances which may compromise the Client’s safety;
- iii. Any unexpected changes in the condition of the Client and/or



- Client's caregiver;
- iv. Client requests which are beyond what the Interim Caregiver is able to deliver.

5.2.4 The Approved Provider shall then take the appropriate follow-up actions and where necessary, coordinate with other service providers, to meet the needs of the Client.

5.2.5 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.

## **6 DISCHARGE AND TRANSFER**

6.1 The Client shall be discharged from ICS when one or more of the following conditions are met:

- a. The Approved Provider has completed the approved period of Service;
- b. The Client no longer requires ICS;
- c. The Client's long term care arrangement comes into effect;
- d. The Client is admitted to a hospital or institutional care, for more than the amount of time determined by the Approved Provider;
- e. The Client/Client's caregiver voluntarily withdraws from the Approved Provider's ICS;
- f. Changes in suitability for ICS due to changes in medical or social conditions of the Client; demands by the Client/Client's caregiver that are beyond the service scope of Approved Provider; or issues concerning staff safety; or
- g. Death of Client.

6.2 The Approved Provider should establish processes to ensure proper handover of relevant information relating to the Client's health and social conditions when the Client is discharged and transferred to another service for continuing care following ICS.

## **7 SAFE CARE**

7.1 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.

7.2 The Approved Provider shall ensure that Clients are not subject to physical, emotional, psychological or sexual abuse, or neglect by staff.

7.3 Key safety areas shall include falls, injury prevention, proper infection control and medication safety.

#### 7.4 Infection Control

7.4.1 The Approved Provider shall ensure infection control through standard precautions and good hand hygiene practices.

7.4.2 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; and
- iv. Hazardous waste materials are properly disposed of in a safe and appropriate manner.

#### 7.5 Nasogastric Tube Feeding

7.5.1 The Approved Provider shall ensure that Interim Caregivers involved in NGT care and feeding are competent, and have protocols and processes in place to evaluate staff competency.

7.5.2 Insertion of NGTs is not within the scope of ICS. If the Approved Provider would like to offer insertion of NGTs as a value-added service, it must ensure that the insertion of NGTs is done by enrolled nurses and above.

#### 7.6 Fall Prevention

7.6.1 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.

7.6.2 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.

7.6.3 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.

#### 7.7 Handling of Medication

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

7.7.2 The ultimate responsibility with medication assistance shall lie with the Interim Caregiver Manager/Supervisor who is a registered nurse.

7.7.3 The Approved Provider shall ensure that written procedures for handling medication are in place and the Interim Caregivers are aware of these. The Approved Provider shall monitor the safety of their medication assistance processes. The Approved Provider's procedure for medication management shall minimally include the following:

- i. 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-2) if assistance is required for medication administration.
- ii. Assistance<sup>2</sup> with Medication
  - a. The Approved Provider shall assist with a Client's medication if:
    - i. The Client is not self-directing;
    - ii. The Client's caregiver cannot be present to administer or assist with the medication;
    - iii. The Client requires reminder(s) to consume medication;
    - iv. The medication is prescribed by a registered medical practitioner (the Interim Caregiver Manager/Supervisor who supervises the Interim Caregivers shall confirm the prescription in client's medical records prior to starting the service);
    - v. The medications are pre-packaged<sup>3</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;
    - vi. The Interim Caregiver is appropriately trained in (i) assisting with the administration of the particular medication(s) and (ii) recognising and responding to medication-related incidents.

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<sup>2</sup> Assistance with medication includes reminding and/or prompting clients to take the medication and if necessary, helping to open medication containers and passing medication to clients, and observing clients while they administer their own medications.

<sup>3</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.

- b. The Interim Caregiver may assist with the administration of the following medications only if the above conditions (stated in 7.7.3iia) are met:
    - i. Adding vitamin supplements and stool softeners to foods;
    - ii. Oral medications;
    - iii. Topical medications for stable skin surface;
    - iv. Intra-aural, nasal and ocular medications;
    - v. Rectal suppositories e.g. Dulcolax;
    - vi. Medicated baths (including Sitz baths); and
    - vii. Metered dose inhalers.
  
  - c. The Interim Caregiver shall not assist with the administration of the following medications:
    - i. Vaginal medications (including insertion of vaginal suppository) except enrolled nurses;
    - ii. Injectable medications (including insulin injection);
    - iii. Topical medications on unstable skin surface;
    - iv. Medication nebulizer except placing normal saline solution in medication nebulizer (with no other medication involved in nebulisation); and
    - v. Controlled drugs (as defined under the Misuse of Drugs Act (Cap. 185)).
  
  - d. The Interim Caregiver shall, when assisting a Client with medication:
    - i. Refer to the accompanying written instructions from the Client/caregiver/healthcare provider or institution;
    - ii. Ensure that the right medication pack is served to the Client at the right time to prevent medication errors;
    - iii. Document the date and time of assistance in the Client's file as soon as the Client is assisted; and
    - iv. Document and notify the Client's caregiver, if for any reason, the Client fails/refuses to consume the medication that he/she is served.
  
  - e. The Interim Caregiver should not attempt to crush, pound or dissolve any medication, unless upon professional consultation or upon written instruction by caregiver or family member. The Interim Caregiver shall only assist to crush, pound or dissolve a Client's medication if the Interim Caregiver has clear knowledge of drugs that can or cannot be pounded.
- iii. Adverse Drug Reactions
- a. 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.

- b. All adverse drug reactions shall be documented appropriately in the Client's care record.
- iv. Escalation Protocols
  - a. 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.
- v. Medication Errors
  - a. 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. Provide proper follow-up care and monitoring to the Client, as appropriate;
    - ii. Document medication errors that occur under the care of the Approved Provider;
    - iii. Conduct a root cause analysis of the errors and implement appropriate follow-up actions to prevent further recurrence.

## **8 CARE DOCUMENTATION**

- 8.1 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 Client's service contract;
  - 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 Client's care plan including the reasons for the deviation, the actual care delivered, outcomes(s) and corrective measures, if any; and
  - d. Any interventions provided and follow up actions planned.
- 8.2 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).
- 8.3 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.
- 8.4 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.

8.5 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 ICS to be provided;
- b. Duration of subsidised ICS;
- c. Date of commencement;
- d. Indemnity clauses;
- e. Fees/charges, payment scheme, and amount of government subsidy;
- f. Explanation of discharge criteria so that Client/Client's caregiver understands that the Service should not continue indefinitely (i.e. Interim discharge planning); and
- g. Contact information of the Client and Client's caregiver.

## **9 REPORTING AND AUDITS**

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

9.1.1 The Approved Provider shall submit monthly and half yearly reports to the Authority. An indicative list of data items to be submitted and the respective frequency for submission is set out at Annex B.

9.1.2 The Approved Provider shall administer the Client Satisfaction Survey (See Annex C-1) and Caregiver Satisfaction Survey (See Annex C-2) before discharge. The Approved Provider may administer their own satisfaction survey provided that all items in both surveys are included and scored in the same way.

9.1.3 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.

### **9.2 Service Audits**

9.2.1 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 be unannounced and involve shadowing of 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.

9.2.2 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.

## JOB SCOPE OF DIFFERENT GRADES OF CARE STAFF

Care Tasks	Qualifications and Training
<p>a. Assistance with activities of daily living and other personal care tasks including:</p> <ul style="list-style-type: none"> <li>i. Bathing and/or assisted bathing</li> <li>ii. Changing of clothes, undergarments, continence aids and any soiled sheets</li> <li>iii. Brushing of teeth and cleaning of dentures</li> <li>iv. Toileting and other elimination needs</li> <li>v. Simple hair trimming by staff who are trained in doing so</li> <li>vi. Light housekeeping of the Client's immediate surroundings for the purposes of maintaining Client hygiene and safety</li> <li>vii. Running of simple errands</li> </ul> <p>b. Assistance with nutrition including:</p> <ul style="list-style-type: none"> <li>i. Assisting with feeding</li> <li>ii. Assisting with modified diet</li> <li>iii. Nasogastric tube feeding</li> <li>iv. Percutaneous Endoscopic Gastric (PEG) feeding</li> </ul> <p>c. Monitoring of Client's vital signs including:</p> <ul style="list-style-type: none"> <li>i. Axillary temperature</li> <li>ii. Blood Pressure</li> <li>iii. Oral Temperature</li> <li>iv. Pulse</li> <li>v. Respirations</li> <li>vi. Weight</li> <li>vii. Hypo-count monitoring and charting</li> </ul>	<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>
<p>a. Higher care tasks including:</p>	<p><u>Locals</u></p>



<ul style="list-style-type: none"> <li>i. Assistance with medication administration</li> <li>ii. Assistance with nebuliser with normal saline</li> <li>iii. Applying of cold compress as instructed by the Client or Client's caregiver</li> <li>iv. Care of PEG tube and dressing</li> <li>v. Care of urinary catheter and drainage system</li> <li>vi. Performing simple maintenance exercises as prescribed by a registered physio-, occupational or speech therapist registered under the Allied Health Professions Act.</li> <li>vii. Simple wound dressing such as abrasions</li> <li>viii. Stoma care</li> <li>ix. Tracheotomy suctioning</li> </ul>	<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 from home country; or</li> <li>• Basic Nursing Aide Certificate (3 – 6 months) from home country with additional training from service providers</li> </ul>
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**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: \_\_\_\_\_

**ANNEX B**

**DATA SUBMISSION FOR THE INTERIM CAREGIVER SERVICE**

The Approved Provider shall submit the list of indicators according to the frequency indicated in Table 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.

<b>S/N</b>	<b>Monthly Data Submissions</b>
1	Client's NRIC
2	Client's Name
3	Client's RH Ward Class/SC or PR Status (For Client's referred from RH)
4	Client's Subsidy Rate
5	Start Date of Service
6	End Date of Service
7	No. of Daily Shifts Completed
8	Additional Remarks, including - Additional services that the Client had used concurrently with ICS - Reasons for discharge from service
9	Client's Long Term Care Arrangements
<b>S/N</b>	<b>Half Yearly Data Submissions</b>
1	Consolidated Client Satisfaction Survey Results (No. Clients Survey was administered to, Mean Score, Percentage of Clients in each category) (See Annex C-1)
2	Consolidated Caregiver Satisfaction Survey results (No. Clients Survey was administered to, Mean Score, Percentage of Clients in each category) (See Annex C-2)

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## 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 ICS.
  - 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.
  - 4 This survey should be administered by an independent third party.
- 

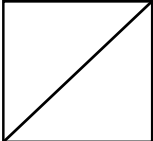
**Name of Client:** \_\_\_\_\_

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

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

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

---

Overall score =  $A/B =$    $= \underline{\underline{\hspace{2cm}}}$

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

**Total number of questions answered = B**

---

1. Services were provided in a timely manner.

<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Somewhat Disagree</b>	<b>4 Somewhat Agree</b>	<b>5 Agree</b>	<b>6 Strongly Agree</b>
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2. Services were rendered with professionalism and respected the Client's sense of dignity.

<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Somewhat Disagree</b>	<b>4 Somewhat Agree</b>	<b>5 Agree</b>	<b>6 Strongly Agree</b>
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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.

<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Somewhat Disagree</b>	<b>4 Somewhat Agree</b>	<b>5 Agree</b>	<b>6 Strongly Agree</b>
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4. I was able to communicate effectively with the staff.

<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Somewhat Disagree</b>	<b>4 Somewhat Agree</b>	<b>5 Agree</b>	<b>6 Strongly Agree</b>
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5. Overall I am satisfied with the quality of service provided.

<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Somewhat Disagree</b>	<b>4 Somewhat Agree</b>	<b>5 Agree</b>	<b>6 Strongly Agree</b>
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Total Score: \_\_\_\_\_

Average Score: \_\_\_\_\_

**SAMPLE CAREGIVER SATISFACTION SURVEY**

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This survey should be administered to the primary caregiver of the Client who is receiving ICS.

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.

This survey should be administered by an independent third party.

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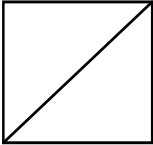
**Name of Client:** \_\_\_\_\_

**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.

<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Somewhat Disagree</b>	<b>4 Somewhat Agree</b>	<b>5 Agree</b>	<b>6 Strongly Agree</b>
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2. The services help to support my caregiving duties.

<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Somewhat Disagree</b>	<b>4 Somewhat Agree</b>	<b>5 Agree</b>	<b>6 Strongly Agree</b>
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3. With the services, I feel fewer burdens in providing care.

<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Somewhat Disagree</b>	<b>4 Somewhat Agree</b>	<b>5 Agree</b>	<b>6 Strongly Agree</b>
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4. I would recommend ICS to other caregivers.

<b>1 Strongly Disagree</b>	<b>2 Disagree</b>	<b>3 Somewhat Disagree</b>	<b>4 Somewhat Agree</b>	<b>5 Agree</b>	<b>6 Strongly Agree</b>
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Total Score: \_\_\_\_\_

Average Score: \_\_\_\_\_