SERVICE REQUIREMENTS FOR CENTRE-BASED CARE
GENERAL SERVICE REQUIREMENTS

1 INTRODUCTION

1.1 This document states the requirements for the Approved Provider receiving Government subsidies or is authorized for Medisave use for the provision of centre-based care (CBC) services.

1.2 CBC is comprised of the following services:
   (i) Maintenance Day Care (MDC) – refer to Module 1 for MDC-specific requirements;
   (ii) Dementia Day Care (DDC) – refer to Module 2 for DDC-specific requirements;
   (iii) Community Rehabilitation (CR) - refer to Module 3 for CR-specific requirements; and
   (iv) Centre-Based Nursing (CBN) – refer to Module 4 for CBN-specific requirements.

1.3 The Approved Provider shall be familiar with and adhere by this set of General Service Requirements, as well as the requirements specific to the services that are provided at the centre.

1.4 The Approved Provider is to note that the Ministry of Health (MOH) retains the right to review and update this document, by providing not less than fourteen (14) days’ written notice of the revision to the Approved Provider.

2 ACCESS TO CARE

2.1 Referrals and Criteria for Admission

2.1.1 Agency for Integrated Care (AIC) is the central co-ordinating body for the placement of clients to Intermediate-Long Term Care (ILTC) services. All clients receiving Government subsidies for CBC must be referred through AIC. In addition, all clients who wish to utilise Medisave for CR services must also be referred through AIC. The AIC referral forms can be downloaded from the AIC website at: www.aic.sg.

2.1.2 Subsidies. For clients who wish to receive Government subsidies for CBC services, the Approved Provider shall assess the clients’ eligibility and suitability for the service based on the admission criteria of each service, which can be found in the respective service requirement modules.

---

1 An entity or organisation approved by Ministry of Health to provide step-down care in the form of centre-based care (CBC) services pursuant to the Medical and Elderly Care Endowment Schemes Act (Cap. 173A)
2.1.3 **Referral Process.** 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 in the centre 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 Approved Provider, and shall contain the following components as far as possible:

(i) Reason for referral (i.e. type of service required);
(ii) Client’s personal particulars;
(iii) Client’s social information / history;
(iv) Client’s medical information / history, including diagnosis, medical conditions, investigations, management to-date, medications and drug allergies;
(v) Results of any screening conducted for the client (i.e. for any infectious disease, special precautions);
(vi) Client’s current functional status (i.e. physical and cognitive abilities);
(vii) Client’s personal references (if any, for example in terms of diet and activities); and
(viii) Particulars of referral source(s).

2.1.4 The Approved Provider shall inform the client and/or caregiver on the necessary documents that will be required for initial assessment/screening and means-testing. The Approved Provider shall be responsible for administering means-testing and providing financial counselling to every potential client.

2.1.5 **Transfers.** For Subsidised clients in the centre who are transferring from the centre to another centre, the Approved Provider shall raise the AIC referral form and submit all the required supporting documents (including information obtained from the original referral source) through AIC.

2.1.6 **Admission criteria:** For all clients, admission to the centre shall be contingent upon the approval by the Approved Provider’s team of care staff and healthcare professionals (“care team”) according to the programme-specific admission criteria in the respective module listed in clause 1.2.

However, clients shall not be denied admission to CBC services based on the medical conditions listed in Table 1-1, unless deemed by a Singapore Medical Council (SMC)-registered medical practitioner not to be able to benefit or who may cause disruption to the rehabilitation/care of other clients.
Table 1-1: Admissions for clients with Medical Conditions

<table>
<thead>
<tr>
<th>Medical Conditions</th>
<th>Acceptance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-drug Resistant Organism (MDRO) (Colonised)</td>
<td>Accept</td>
</tr>
<tr>
<td>Psychiatric / Dementia</td>
<td>Accept stable psychiatric / dementia clients</td>
</tr>
<tr>
<td>Parkinson Disease</td>
<td>Accept stable clients with Parkinson's disease</td>
</tr>
<tr>
<td>Cardiac / Respiratory conditions</td>
<td>Accept clients with stable cardiac / respiratory conditions</td>
</tr>
<tr>
<td>Pulmonary Tuberculosis (PTB)</td>
<td>Accept treated clients and clients with PTB who are not infectious</td>
</tr>
<tr>
<td>Cancer (Prognosis of more than 1 year)</td>
<td>Accept</td>
</tr>
<tr>
<td>HIV positive</td>
<td>Accept</td>
</tr>
<tr>
<td>Hepatitis</td>
<td>Accept</td>
</tr>
<tr>
<td>Nasogastric / Gastrostomy feeding</td>
<td>Accept</td>
</tr>
<tr>
<td>Urinary catheter / supra-pubic catheter care</td>
<td>Accept</td>
</tr>
<tr>
<td>Colostomy care</td>
<td>Accept</td>
</tr>
</tbody>
</table>

2.1.7 **Exclusion criteria:** The Approved Provider shall apply the following criteria to exclude client admission into the centre:

(i) Clients with unstable medical conditions requiring close medical monitoring;
(ii) Clients with untreated infectious diseases requiring isolation;
(iii) Clients with unmanageable behavioural issues and/or uncontrolled mental illness despite treatment; and
(iv) Clients with severe to total activities of daily living (ADL) dependency (e.g. MBI scores of ≤ 49 points) and whose care needs cannot be adequately and safely provided for in the centre.

2.2 **Outcome of Referrals**

2.2.1 **Acknowledgement** of Referral by the Approved Provider

Within two (2) working days upon notification by AIC, the Approved Provider shall furnish an interim response to AIC on whether the Approved Provider is able to accept or is required to decline the referral based on the clinical and care needs and social data presented in the Client’s referral from AIC.

2.2.2 **Acceptance or Rejection of Client for Admission**.

The Approved Provider shall inform the client and/or caregiver and AIC of the outcome of the further assessment (i.e. whether client has been accepted for admission or rejected from centre) as soon as possible

---

2 Acknowledgement refers to preliminary acceptance by the Approved Provider upon receiving the referral prior to initiating the contact with client and/or caregiver. It corresponds to the option of ‘Pending by SP’ in the Integrated Referral Management System (IRMS) system.
after the further assessment, and provide client and/or caregiver and AIC with the expected admission\textsuperscript{3} date if possible.

A good practice is to do this within ten (10) working days from the day the client is referred to the Approved Provider\textsuperscript{4}. In cases where the client has been rejected, AIC will then coordinate with the referral source to arrange for alternative care arrangements for the client.

2.2.3 Withdrawals by client or client’s caregivers. If the potential client and/or caregiver rejects the centre before admission, the Approved Provider shall inform AIC the reason for withdrawal within three (3) working days after receiving the withdrawal request from the client/client’s caregiver, as well as the reason for withdrawal in the event that the Approved Provider is informed of the reason. AIC will then coordinate with the referral source and client/client’s caregiver for alternative care arrangements to be made for the client.

2.2.4 Temporary Exclusion (Applicable only after admission into the CBC service (i.e. client has commenced service(s) at the centre)).

If a client exhibits disruptive or unmanageable behaviour despite treatment, or there is a significant change in his medical condition, if the client is experiencing an acute medical illness and/or due to social reasons is unable to attend CBC service, he/she shall be temporarily excluded from the CBC service(s).

The Approved Provider shall re-assess all clients who are returning after temporary exclusion, to ensure that the clients are still eligible for admission and to ensure that any changes in the client’s conditions are known to the Approved Provider. The Approved Provider should take into account the length and reason for the temporary exclusion in deciding how extensive the re-assessment should be.

If centres assessed that the client is not suitable for re-admission to the centre after temporary exclusion, they may discharge the client according to requirements in clause 3.5.

Clients who have been temporarily excluded for more than two (2) months shall be deemed as ‘discharged’ and will require new referral to be raised via AIC again.

In situations where the client require an extension of temporary exclusion to up to three (3) months, centre shall document the reasons in the Individualised Care Plans.

Please refer to the CR and CBN Modules for temporary exclusion criteria for these services.

\textsuperscript{3} Admission date refers to the commencement of service at the centre/in the programme.

\textsuperscript{4} MOH / AIC will monitor the time taken by the Approved Provider to accept or reject a client after the client is referred.
2.3 Service Contract

2.3.1 Once a client has been accepted by the Approved Provider and the client/client’s caregiver has agreed to receive CBC services at the centre, a written service contract shall be entered into between the Approved Provider and the client/client’s caregiver, before the client commences the CBC services.

2.3.2 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, which shall include (but shall not be limited to):

(i) Service hours;
(ii) Scope of the services to be provided;
(iii) Expected frequency of services;
(iv) Date of commencement of CBC services;
(v) Discharge criteria (so that the client/client’s caregivers understand that CBC services may not continue indefinitely);
(vi) Rules and regulations of the centre;
(vii) Indemnity clauses (including medical, medication indemnity etc.);
(viii) Emergency procedures (falls, injury, changes in the client’s condition, medical emergencies, fire)
(ix) Transport arrangement (including cost of transport), if any;
(x) Fees/Charges and payment scheme (including the amount of Government subsidy);
(xi) Contact information of the client and the client’s caregiver, including emergency contact number;
(xii) Consent for sharing of data provided to the Approved Provider (e.g. personal data and medical data) with MOH, AIC and other Approved Providers for service offerings, service improvement, and continuity of care (e.g. if centre is taken over by the new Approved Provider); and
(xiii) Feedback and complaint procedures

3 APPROPRIATE CARE

3.1 Approach to Care

3.1.1 Multi-Disciplinary. The care approach shall be multidisciplinary to ensure holistic care of the client. Care staff from each discipline shall contribute input from their respective assessments and shall agree as a team on the client’s goals of care and management. The care team may also consult with registered medical practitioners or other healthcare professionals like therapists, nurses, dieticians, orthotics and prosthetic specialists, podiatrists etc., where necessary to ensure holistic care services for the client. Written documentation in the client’s individual case notes of all such discussions shall be made to ensure continuity and coordination of care.
The care team shall adopt a flexible approach that is person-centred and holistic by engaging the client’s caregiver and meeting the client’s daily issues and needs as they arise throughout the course of care.

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

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

The Approved Provider shall not proselytise and shall take all reasonable precautions, measures and means to prevent proselytising by its care staff, volunteers and by clients in the centres.

The Approved Provider shall have documented standard operating procedure (SOP) regarding the prohibition of proselytising by staff and volunteers of the Approved Provider at the centre.

3.1.3 Communication. The aim and approach to care, the client’s care plans and goals, and the client’s progress and status, shall be communicated to the client and caregiver.

3.1.4 Privacy and Confidentiality. The Approved Provider shall respect the privacy and confidentiality of all client-related information. The Approved Provider shall have a SOP to ensure that the processes for storage and access to client records are aligned with laws stipulated under the Personal Data Protection Act (PDPA).

3.1.5 Dignity. Throughout care delivery, the Approved Provider shall respect and promote the client’s autonomy, independence and dignity. Whenever possible, the preferences and views of the client and his/her caregiver shall be respected and incorporated into care planning by the Approved Provider. The Approved Provider shall ensure that the clients are not subjected to abuse (e.g. physical, emotional, psychological or sexual) or neglect at the centre. The Approved Provider shall have a SOP to ensure that incidents of abuse or neglect of the clients shall be reported to the management team of the centre, who shall thoroughly investigate such incidents, take corrective actions and put in place the necessary prevention measures.

3.1.6 Advance Care Planning. The Approved Provider shall provide client/caregiver with information on Advance Care Planning (ACP). Where appropriate, the Approved Provider shall make a referral to relevant organisations which are able to provide ACP.

3.2 Documentation of Care

3.2.1 The Approved Provider shall have individual case files for all clients enrolled in their centre. The case files may be in either hardcopy or
electronic form (or both) and shall contain, but not limited to, the following:
(i) Service contract;
(ii) Referral records;
(iii) Initial assessment;
(iv) Individualised Care Plan (ICP);
(v) Progress notes;
(vi) Care outcome and reviews; and
(vii) Communications notes with client/caregiver/other healthcare professionals or providers/agencies involved in the care of the client.

3.2.2 Documentation shall be done in an accurate, timely, sufficiently detailed and clear manner that:
(i) Records the date and time of the documentation
(ii) Allows the author of the document to be identified
(iii) Ensures all components are completed when filling up forms (e.g. components not applicable to particular clients shall be indicated as “Not Applicable” instead of being left blank)

3.2.3 Retention of client records. The Approved Provider shall conduct its own risk assessment with reference to the Limitation Act (Cap. 163) and other existing guidelines to determine how long it should retain key client records central to the defence of a legal claim.

3.3 Initial assessment

3.3.1 Upon admission to the centre, the Approved Provider shall conduct a comprehensive initial assessment of the client, based on the information provided by the referral source(s). Refer to initial assessment requirements specific to the services that are provided at the centre.
### 3.4 Individualised Care Planning (Note: Not applicable to CBN)

#### 3.4.1 Individualised Care Plans (ICPs)

The Approved Provider shall develop an ICP within 1 month of the initial assessment. An ICP shall include, but shall not be limited to the following:

(i) The client’s identified care needs;

(ii) [For CR only] SMART* goals related to meeting their care needs, with time frame for reviews and outcome measurements stated;

(iii) [For all day care services] Specific, measurable, (where possible), and attainable goals related to meeting these care needs, with time frame for reviews and outcome measurements stated;

(iv) Specific intervention plans with respect to the client’s needs and goals; taking into consideration where possible, the preferences and views of the client/caregiver; and

(v) Discharge and transition plans, i.e. plan(s) to facilitate continuation of care post-discharge/transfer, where necessary.

*SMART: Specific, measurable, attainable, realistic and with time frame

#### 3.4.2 Reviews of the client’s ICP

Reviews of the client’s ICP shall be undertaken by the care team* at least once every six (6) months or whenever there is a change in a client’s condition, whichever is earlier, to address possible changes in care needs and realign goals and intervention plans accordingly.

Any changes made to the ICP shall be documented clearly in the client’s case notes.

Please refer to CR Module for specific ICP reviews criteria for CR clients.

*This care team shall include the following members:

(i) Centre manager/in-charge;

(ii) Allied Health Professions Council (AHPC)- Registered therapist (Physiotherapist and/or occupational therapist and/or speech therapist– depending on which therapist was involved in the care of the client); and

(iii) Other relevant care staff (Healthcare aides, Therapy assistants, medical social worker, nurses etc.) as appropriate.
3.5 Discharge

3.5.1 The client shall be discharged from CBC under any one of the following conditions:
   (i) Client has achieved his/her care goals;
   (ii) Client has developed unstable medical conditions requiring close medical monitoring, end stage diseases, unmanageable behavioural issues and/or uncontrolled mental illness despite treatment;
   (iii) Client’s physical function has deteriorated such that his/her care needs cannot be adequately and safely provided for in the centre;
   (iv) Client has defaulted attendance or not been able to attend CBC for more than two (2) months. In situations where the client require an extension of discharge to up to three (3) months, centre shall document the reasons in the Individualised Care Plans.

Please refer to the CR and CBN Modules for discharge criteria for these services.

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

3.5.2 The Approved Provider shall inform the client and/or caregiver at least two (2) weeks prior to discharge, or at the earliest opportunity if it is not possible to give advance notice. The Approved Provider shall explain to the client and/or caregiver the reasons for the recommendation for the client to be discharged from CBC. As appropriate, the Approved Provider shall suggest alternative programmes for the client, whether at the centre or otherwise, and discuss them with the client and/or caregiver.

3.5.3 The Approved Provider shall conduct discharge planning for the client and, as necessary, follow up with the discharged client up to one (1) month post discharge.

3.5.4 Procedures for discharge shall include the development of a discharge or transition plan by the Approved Provider, including:

   (i) A discharge summary stating the reason(s) for discharge, place to be discharged to and recommendations for continuing care. A copy of the discharge summary shall be made available to the client and/or caregiver by the Approved Provider, for onward transmission to his/her primary care physician or referral source, where appropriate.

   (ii) Referral to an appropriate service or agency if the client is unsuitable for CBC at the centre. Arrangements shall be made by the Approved Provider to transfer the client’s records to the service or agency that is receiving the said client to ensure
continuity of care.

3.5.5 The Approved Provider shall inform MOH of all discharges of clients from CBC services through the Intermediate and Long-Term Care Portal (ILTC Portal)\(^5\), including any subsequent versions of the system. This includes any transfer of a client to the Approved Provider’s other programmes or services provided in the centre.

3.6 Staffing and Qualifications

3.6.1 The Approved Provider shall have sufficient healthcare professionals (e.g. nurses registered with Singapore Nursing Board, therapists registered with the AHPC as well as support care staff (e.g. therapy assistants, nursing aides, health care attendants) to provide the centre’s services to meet the care needs of all clients at all times. The Approved Provider shall design the roles and work of each care staff to only perform jobs which they are qualified and trained for, in the most resource efficient way. For example, nursing procedures which can be performed by enrolled nurses should not need to be performed by registered nurses.

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

3.6.3 The Approved Provider shall ensure that all employees and contracted staff providing care to the clients demonstrate the skills necessary for performance of their position.

3.6.4 The Approved Provider shall ensure that each staff member undergoes training to maintain and improve their skills and knowledge specific to the duties that the staff has to perform. The training shall result in staff’s continued ability to demonstrate the skills necessary for the performance of his/her position. All training provided to each staff member shall be properly documented.

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

3.6.6 The Approved Provider shall provide each employee and all contracted staff with an orientation. The orientation shall include at a minimum policies on clients’ rights, ethics, Standard Operating Procedures and emergency plans, objectives of the CBC services offered at the centre and any policies related to the job duties of the specific staff.

\(^5\) The current website address is https://iltcportal.aic.sg/UI/Login.aspx
3.7 Transport (Note: Not applicable to CBN)

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

3.7.2 The Approved Provider shall work with the client and/or caregiver on the timing and arrangements for two-way transport from the client's home to the centre.

3.7.3 Where possible, the Approved Provider shall ensure that all transportation personnel (employees and approved sub-contractors) are adequately trained in managing the special needs of clients e.g. knowing how to transfer a wheelchair bound client on and off the vehicle safely.

Where possible, the Approved Provider shall also develop an SOP on handling emergency situations during transportation (e.g. vehicle breakdown/accident, medical emergency) and educate transport personnel on it.

Relevant client information relating to areas such as the client’s functional status and medical conditions shall be communicated to the transportation personnel by the Approved Provider, to the best of the Approved Provider’s ability.

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

3.8.1 Relevant dietary options shall be provided to clients based on their medical conditions, religious restrictions and dietary preferences as necessary. If the Approved Provider is unable to provide meals that adhere to religious restrictions or meet the special dietary needs of a client, the Approved Provider shall explore or assist the client and/or caregiver in making alternative meal arrangements. The Approved Provider shall ensure that all food served to clients is handled, stored, prepared and delivered to clients in a safe and hygienic manner, to reduce the risk of food-borne illnesses.

3.9 Caregiver support, information and referral

3.9.1 Caregiver Support. The caregiver plays a crucial role in the overall care of the client outside of the centre. It is necessary to ensure their well-being as caregiver stress can affect the care of the client and their ability to remain in the community.

Through interaction and communication with the caregiver, the Approved Provider shall detect the extent of caregiver stress and the ability to cope with the client at home. The Approved Provider shall educate and help the caregiver in developing strategies to cope with
caregiver stress and also in managing the client at home. At times, the caregiver may express feelings of anger, frustration or guilt and the Approved Provider shall provide emotional support by listening empathetically and counselling the caregiver appropriately. In the event where the caregiver requires additional emotional support (e.g. professional counselling), the Approved Provider shall refer the caregiver to the relevant agencies/organisations where further assistance may be obtained.

3.9.2 Caring for an individual with care needs can be very stressful and most caregivers will experience some form of caregiver stress. As such, the Approved Provider shall monitor the client's caregiver stress level using the following measures once yearly, or sooner when appropriate:

- Zarit Burden Interview – 4 (ZBI-4)

3.9.3 Information and Referral. The Approved Provider shall serve as a link between the client and/or caregiver and other services (e.g. support groups, caregiver training workshops). Where necessary, the Approved Provider shall make referrals to relevant agencies/organisations for other services that are required by its clients but which are not provided within the centre. If the Approved Provider is unable to do so, the Approved Provider shall raise the need to AIC where help can be obtained.

4 SAFE CARE

4.1 Policies and Procedures for Key Safety Areas

4.1.1 The Approved Provider shall ensure that there are standard operating procedures (SOPs) in place to ensure the safety of clients, caregivers, staff and volunteers, and to protect the clients against adverse outcomes. The Approved Provider shall monitor occurrences/lapses in safety and take appropriate remedial action.

4.1.2 The Approved Provider shall have SOPs for key safety areas including but not limited to:
(i) Falls and injury prevention;
(ii) Infection control;
(iii) Medication management;
(iv) Use of restraints;
(v) Incident management;
(vi) Emergency preparedness; and
(vii) Feedback and complaint management
4.2 Falls and Injury Prevention

4.2.1 The Approved Provider shall provide clients with a safe environment to prevent falls and injuries by identifying and managing potential safety issues.

4.2.2 The Approved Provider’s SOP on falls and injury prevention shall include the following:
   (i) Basic screening for fall risk by an appropriately trained staff;
   (ii) Appropriate care and monitoring for clients with increased fall risk;
   (iii) Client and/or client’s caregiver education on falls and injury prevention;
   (iv) Training on proper use of assistive ambulatory devices (if applicable);
   (v) Referral of client to a healthcare professional for further assessment and intervention, if necessary;
   (vi) Documentation of all falls and injuries in the centre; and
   (vii) Post fall/injury evaluation and appropriate measures to prevent recurrences, if applicable.

4.3 Infection Control

4.3.1 The Approved Provider shall ensure a safe and sanitary environment by having a SOP for infection control (i.e. infection control plan) that shall include, but shall not be limited to the following:
   (i) Procedures to ensure that the facility is regularly cleaned and disinfected to prevent the transmission of infectious diseases;
   (ii) Standard precautions and good hand hygiene practices to prevent and control transmission of disease and infection;
   (iii) Procedures to identify, investigate, control, develop corrective actions and prevent infections;
   (iv) Procedures to record any incidents of infection and management of an infectious disease outbreak; and
   (v) Procedures for isolating clients who are suspected of suffering from an infectious disease and ensuring that these clients are promptly referred to a clinic/healthcare institution for further assessment and intervention.

4.4 Medication Management

4.4.1 The provision of medication to clients who require help with medications during his/her sessions at the centre shall be seen as providing care within the context of the whole client. As far as possible, the Approved Provider shall always encourage the client and/or caregiver to administer the client’s medication independently. Where necessary, the Approved Provider shall assist with or administer the client’s medication.
4.4.2 The Approved Provider shall only assist with, or administer 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 medication is prescribed by an SMC-registered medical practitioner;
(iv) The medication is brought in by the client and/or caregiver, accompanied by clear written instructions from the client/caregiver/healthcare provider or institution;
(v) It is carried out by care staff who are appropriately trained in the assistance/administration of medication and in recognising and responding to medication-related incidents; and
(vi) The client and/or caregiver has completed and signed the medication indemnity form (refer to clause 2.3.2 on the service contract).

4.4.3 The Approved Provider shall ensure that a written SOP for medication management is in place and relevant care staff are aware of it. The Approved Provider’s SOP for medication management shall minimally include the following domains covered in clauses 4.4.4 to 4.4.7 below.

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

4.4.5 Documentation of administration of medication
(i) There shall be a written record of medication received from or returned to the client/client’s caregiver.
(ii) All medication received from the client and/or caregiver shall be prescribed by a SMC-registered medical practitioner, and accompanied by the written instructions of the client and/or caregiver that state (a) the purpose; (b) the dosage; (c) the route of administration of medication, (d) expiry date and (e) frequency of use of the medication.
(iii) A written medication record shall also be maintained for the administration of medication in relation to each client who requires help with medications. The record shall include:
   a. The name of the client;
   b. The name(s) of the medication prescribed;
   c. The dosage of medication prescribed;
   d. The name of the person who administered the medication;
   e. The time and date of administration of medication;
   f. The route of medication;
   g. Drug allergy of the client, if any.
4.4.6 Assistance with medication

(i) Staff should be appropriately trained before assisting clients with medication.

(ii) The care staff shall only assist with medications that have been pre-packed by the client and/or caregiver and/or appropriate healthcare professional, and that are accompanied by sufficiently clear and comprehensive written instructions (e.g. name of client, required time and date of assistance, labelled medication pack), to be consumed.

(iii) When assisting with the medication, the care staff shall refer to the accompanying written instructions from the client/caregiver/healthcare provider or institution.

(iv) The care staff shall ensure that the right medication pack is served to the client at the indicated time.

(v) The date and time of assistance shall be documented in the client’s file as soon as the client is assisted.

(vi) If for any reason the client fails/refuses to consume the medication that he/she is served with, the Approved Provider must document this and notify the client’s caregiver.

4.4.7 Administration of medication

(i) Only the Approved Provider’s designated staff shall be responsible for the administration of medication to the client.

(ii) The designated staff shall check the 5 “Rights” when administering medication, i.e. right person, right medication, right dose, right time, and right route to prevent medication errors.

(iii) The designated staff shall refer to the medication record when preparing medication for administration and shall bring along the medication record when administering medication to ensure that the medication is administered to the right client.

(iv) The designated staff shall sign on the medication record as soon as the medication is administered to the client. The date and time that the medication is administered to the client shall also be documented.

(v) If for any reason, the client fails/ refuses to consume the medication that he/she is served with, the Approved Provider must document this and notify the client’s caregiver as soon as it is convenient.

4.4.8 Medication Packing (Applicable only if Approved Provider provides 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/enrolled nurse, a pharmacist, or a trained and competent care staff under the supervision of the

---

6 Assistance 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 them while clients administer their medications’

7 Pre packed: It is the process of assembling the prescribed medications from a manufacturer’s original commercial packaging/container to another container, as per individual dosages (e.g. for morning, afternoon, night etc.) and in advance of the actual immediate need for consumption of the medications.
above, in a manner that facilitates appropriate administration. This may be achieved by means of the following:

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

4.5 Use of Restraints

4.5.1 The use of restraints is discouraged as it is harmful to the client’s physical and emotional health. The Approved Provider shall provide restraint-free care as far as possible. The Approved Provider may consider the use of restraints only as a temporary solution if a client poses an immediate safety risk to self or others, and only as a last resort after non-restrictive methods have been unsuccessful.

4.5.2 If the Approved Provider does not use restraints in their centre, it shall have a clear written policy stating so, and this shall be made known to the client and/or caregiver.

4.5.3 If the Approved Provider uses restraints in the centre, this shall be made known to the client and/or caregiver. The Approved Provider shall have a written SOP on the use of restraints or other measures to manage clients who pose an immediate safety risk to self or other. The SOP shall include but not be limited to the following:
(i) Clear conditions for the use of restraints (e.g. client remains violent despite intervention by the centre’s care staff);
(ii) Type of restraint to be deployed (e.g. stating the frequency, the duration, etc.);
(iii) Informing the client’s caregiver that restraints was used;
(iv) Reviews of the client during and after the period of restrain;
(v) Involvement of the client, caregiver and the care team in the decision making process as far as possible;
(vi) Safety check on restraint devices prior to and during its use; and
(vii) Documentation of the purpose of restraint

4.6 Incident Management and Quality Assurance

4.6.1 Incident management. The Approved Provider shall have a SOP to detect and review significant adverse events and incidents in the centre. Findings and recommendations of reviews shall be documented and implemented by the Approved Provider in order to prevent future events and incidents from affecting care quality provided to clients in the centre. As part of the SOP, the Approved Provider shall provide prompt updates of the client’s status to the caregiver/family if the client was involved in an adverse event (e.g. falls and injuries) or
incident (e.g. deterioration of client’s status requiring medical attention) at the centre.

4.6.2 Quality assurance. In addition to evaluating its quality of care, the Approved Provider shall also regularly evaluate other aspects of its operations, including effectiveness of its programme, annual client/caregiver satisfaction survey, and the adequacy of financial, volunteer, and human resource management etc.

4.7 Emergency Preparedness

4.7.1 The Approved Provider shall put in place appropriate SOPs to prepare for events including but not limited to fire, medical emergencies and haze preparedness. SOPs shall include procedures for persons with disabilities, and those needing assistance such as clients who need assistance with mobility, and clients with dementia.

The Approved Provider shall follow all guidelines and advisories released by the Authority in the event of an emergency.

4.7.2 Fire safety SOP. The Approved Provider’s SOP on fire safety shall include the following:

(i) The Approved Provider shall establish a fire evacuation plan, communicate the plan to all staff and clients, and display the plan conspicuously in the centre.

(ii) The Approved Provider shall provide adequate means of escape in the event of fire and all fire escape passages and staircases shall be clear of obstruction at all times.

(iii) The Approved Provider shall make adequate arrangements for detecting, containing and extinguishing fire, to forewarn and evacuate all persons in the centre in the event of a fire.

(iv) The Approved Provider shall maintain and service fire equipment on a regular basis, as recommended by the service sector.

(v) The Approved Provider shall conduct regular fire drills to ensure that all clients and staff are familiar with the procedures to be followed in the event of a fire. A record of all fire drills conducted shall be maintained.

4.7.3 Medical emergency SOP. The Approved Provider’s SOP on medical emergency shall include the following:

(i) The Approved Provider shall ensure that care staff are competent in recognising clients who need medical attention (e.g. clients exhibiting unstable vital signs).

(ii) The Approved Provider shall refer clients experiencing acute symptoms (e.g., chest pain, shortness of breath) or those with significant changes in functional status (e.g. significant decrease in baseline activities of daily living) to the appropriate healthcare facility (e.g. polyclinic, hospital) for further assessment and intervention.
(iii) The Approved Provider shall have an escalation plan in place so that appropriate medical care can be delivered to the client in a timely manner.

4.7.4 Haze Preparedness SOP. The Approved Provider’s SOP on haze preparedness shall include the following:

(i) The Approved Provider shall establish a haze preparedness plan based on the MOH Haze Health Advisory Guidelines and take the necessary precautions, e.g. type of activities to be carried out with the clients, when the haze levels rise.

(ii) If the centre has an open concept environment, the Approved Provider shall make adequate arrangements to provide relief by maintaining the indoor air quality and reduce the infiltration of particulate matters (PM) into the facility. Measures can be taken to create barriers between indoor and outdoor air, treatment of outdoor air, and regular maintenance of ventilation systems prior to the haze season. To ensure thermal comfort and remove trapped PM, the use of portable air conditioners and air purifiers could be considered.

(iii) The Approved Provider shall refer clients, especially those with chronic heart and lung conditions, who develop symptoms or feel unwell to the appropriate healthcare facility (e.g. polyclinic, hospital) for further assessment and intervention.

4.8 Feedback/Complaint Management

4.8.1 The Approved Provider shall have an SOP to actively receive, handle and respond to feedback and complaints. The Approved Provider shall ensure that the feedback and complaints are fully investigated and handled in a fair and prompt manner with anonymity (if possible).

4.8.2 The Approved Provider shall document all feedback and complaints received, and take appropriate measures to prevent recurrences, improve the centre’s processes/services and notify its management and/or the relevant authorities when necessary.

5 PHYSICAL ENVIRONMENT AND AMENITIES

5.1 Physical Environment

5.1.1 The physical environment of the centre shall be elderly and dementia friendly to allow a supportive and conducive environment where clients can engage in activities safely. Where possible, the design elements at the centre shall take into account the following environmental features, but shall not be limited to:

**Elderly-Friendly features:**

A. Good lighting and visibility
   - Adequate lighting level
- Avoid reflective surfaces and flooring
- Maximise use of natural light
- Good colour contrast between furniture/equipment and walls/floor

B. Barrier-free access and prevention of falls
- Anti-slip flooring (especially in the toilets)
- Grab bars and handle bars (where appropriate)
- Wheelchair accessible (e.g. ramps, door threshold to exterior is level)
- Furniture/equipment that are sturdy and of appropriate height
- Avoid the use of carpets
- Toilet door can be open easily by the clients

C. Safety and Security Measures
- Access restricted on entrances and exit doors
- Tools, materials and equipment that present a risk (e.g. knives) are stored securely
- Medications are only accessible by authorised staff
- Easily accessible call bells in the toilets
- Measures to protect clients from climbing/falling out of windows (e.g. window grills or limited opening windows)
- Fire safety provisions are in place

D. Adequate space for manoeuvring
- Wide doorways and walkways to permit a wheelchair or two people assisting a client to pass through
- Handicapped toilets are large enough for 2 staffs to aid client on wheelchair in transferring to toilet/shower
- Uncluttered walkways
- Furniture and amenities accessible by clients on wheelchairs (e.g. sinks and tables)

Dementia friendly features:

A. Familiar, non-institutional environment
- Home-like, nostalgic furnishings and décor
- Use of traditional cutlery

B. Facilitate awareness of time and place (i.e. wayfinding)
- Cues for orientation to time (e.g. use of calenders and large face clock)
- Cues for orientation in space through clear signage and landmarks, indicating different parts of the centre
  (note: signs shall be positioned closer to the floor as clients with dementia often cast their eyes downwards)
- Cues for time and weather (e.g. adequate views of the outside)
C. Avoidance of unnecessary stimuli
- Avoid loud noises in the centre (e.g. intercoms, blaring alarms)
- Avoid distraction (e.g. visual barriers between activity areas)
- Presence of a quiet room

D. Opportunities for engagement in various meaningful activities
- Facilities that support participation in familiar activities (e.g. laundry facilities to participate in household chores)
- Option of quiet area (e.g. for reading newspapers)
- Safe wandering path, with opportunities for activities along the way

5.2 Equipment Maintenance and Records

5.2.1 The Approved Provider shall ensure that all equipment in the centre is in a good state of repair at all times.

5.2.2 The Approved Provider shall have a written SOP to ensure that all equipment used is maintained in accordance with the manufacturer's recommendations.

5.2.3 The Approved Provider shall perform the manufacturer's recommended maintenance on all equipment.

5.2.4 The Approved Provider shall ensure that equipment that is faulty shall be clearly marked out, removed from use and be scheduled for repair if appropriate.

5.2.5 The Approved Provider shall ensure that all therapeutic equipment/appliances that require licensing comply with current regulatory requirements for such medical and rehabilitative devices before it can be used in the centre.

6 OPERATING HOURS

6.1 The operation hours of the centre shall take into consideration the clients’ and their caregivers’ needs. For example, working caregivers may require the clients to attend the day care programme from 7 am to 7 pm due to their working schedules. The centre shall be open at least from Mondays to Fridays (excluding gazetted public holidays).
7 ADMINISTRATIVE POLICIES AND PROCEDURES

7.1 Attendance Roster

7.1.1 The Approved Provider shall maintain an attendance roster for clients attending the CBC services.

7.2 Financial Policies and Procedures

7.2.1 The Approved Provider shall provide CBC services at the facility in accordance with the Service and Financial Requirements for Eldercare Facility set out in the relevant Terms and Conditions of subvention.

8 REPORTING AND AUDITS

8.1 Submission of data on Performance and Service Indicators

8.1.1 The Approved Provider shall submit a quarterly return to MOH. The list of data items to be submitted and the respective frequency for submission is set out at Appendix A.

8.1.2 The Approved Provider shall submit any other information as and when required by MOH in accordance with the stipulated format, manner of submission and timeline. MOH shall provide not less than fourteen (14) days’ written notice of the information required to the Approved Provider.

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

8.2 Service Audits

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

8.2.2 Documents bearing the care team’s assessment of the client shall be required by the Authority as part of the service audits. The Approved Provider shall submit any information relating to the service audits as and when required by MOH in accordance with the stipulated format, manner of submission and timeline. MOH shall provide not less than fourteen (14) days’ written notice of the information required to the Approved Provider.

8.3 Financial Audits

8.3.1 The Approved Provider should refer to the relevant MOH Finance circulars for guidance on the Financial Audit requirements.

**
MODULE 1:
MAINTENANCE DAY CARE

1 OBJECTIVES OF MAINTENANCE DAY CARE PROGRAMME

1.1 Maintenance day care is a full day programme to be provided by the Approved Provider within the centre which aims to promote “ageing in place” for frail and/or physically disabled elderly in the community.

1.2 The primary objectives of maintenance day care services are as follows:
   (i) To provide a supportive centre-based environment for frail and/or physically disabled elderly to be cared for;
   (ii) To maintain and/or improve their general, physical and social well-being; and
   (iii) To provide support and respite to their family/caregivers.

2 ACCESS TO CARE

2.1 Referrals and Criteria for Admission

2.1.1 Admission criteria. The Approved Provider shall admit the following clients into its maintenance day care programme in the centre, subject to the Approved Provider’s assessment of the clients’ eligibility and suitability for the maintenance day care services, based on the admission criteria as follows:

   (i) Clients who require or may benefit from the following services including (but not limited to):
       a) Custodial care services (refer to clause 3.2);
       b) Maintenance Activities (refer to clause 3.2) to maintain current physical status or prevent deterioration and/or

   (ii) Clients with mild to moderate level of activities of daily living (ADL) dependency (i.e. Modified Barthel Index (MBI) scores of ≥ 50 points).8

3 APPROPRIATE CARE

3.1 Initial Assessment

3.1.1 Initial assessment conducted for clients shall include, but shall not be limited to the following:

   (i) Care needs assessment (conducted by a trained care staff) shall include, but shall not be limited to the following:

---

8 Clients with severe ADL dependency may be admitted into the maintenance day care programme if their care needs can be adequately and safely provided for by the Approved Provider in the centre.
a) Information on client’s primary medical diagnoses and other secondary medical conditions, previous surgical and hospitalisation history;
b) Drug history (i.e. including drug allergies, and medication needs);
c) Basic assessment of cognitive impairments, orientation, mood and behaviour;
d) Vital signs: temperature, blood pressure, pulse rate, respiratory rate and random blood glucose (if diagnosed or suspected to be diabetic);
e) Nutritional status, dietary requirements and mode of feeding (where applicable);
f) Continence status – bladder and bowel;
g) Ambulatory status;
h) Pain score assessment;
i) Functional assessment to determine dependency on ADL (using MBI); and
j) Personal care and hygiene care needs assessment – oral, shower and dressing.

(ii) Social assessment. A social assessment (conducted by a trained care staff) shall include, but shall not be limited to the following:
a) Pre-morbid status;
b) Family history assessment (including family dynamics);
c) Assessment of living arrangements and home environment;
d) Financial assessment; and
e) Caregiver assessment (i.e. availability, competency and care arrangements)

(iii) Therapy assessment (Conducted by the relevant therapists who must be registered with the Allied Health Professionals Council (AHPC). This assessment is optional but encouraged for clients who may have rehabilitation needs as observed by the Approved Provider, but were not referred for Community Rehabilitation (CR) service. Should the client be found to have rehabilitation needs, the Approved Provider shall refer the client to an appropriate CR programme.

The physiotherapy assessment may include the following:
a) Range of motion – passive and active;
b) Functional mobility;
c) Muscle strength;
d) Cardio-vascular endurance;
e) Balance assessment;
f) Gait assessment; and
g) Falls risk assessment.

The occupational therapy assessment may include the following:
a) Functional assessment, including:
   - ADL assessment;
   - Instrumental ADL (IADL) assessment; and
b) Cognitive assessment.
3.2 Programme and Services

3.2.1 The Approved Provider shall ensure that the services and activities provided as part of the maintenance day care programme are holistic and minimally cover the following:
(i) Custodial care services
(ii) Maintenance Activities (Physical and Recreational Activities)

3.2.2 Custodial care services shall include (but shall not be limited to):
(i) Assistance with ADLs
(ii) Elimination and personal hygiene activities (including showering as required);
(iii) Dressing and personal grooming activities;
(iv) Assistance with ambulation/ mobility/ transfers;
(v) Assistance with oral and enteral/ tube feeding;
(vi) Assistance/administration of medications;
(vii) Basic nursing and health services (e.g. vital sign monitoring);
(viii) Meals and meals preparation; and
(ix) Elder-sitting

3.2.3 Maintenance activities play a crucial role in improving the well-being of the client by providing opportunities for meaningful engagement and socialisation, remaining physically active, maintaining or learning new abilities, enjoyment and pleasure as well as expression of one’s identity. The objective of the programme is to create opportunities for the client to continue to be meaningfully engaged in life.

Maintenance activities shall include, but shall not be limited to:
(i) Physical Activities
(ii) Recreational and Other Activities

3.2.4 The Approved Provider shall aim to build activities to suit the needs of individual clients or group of clients. Activities shall be selected to cater to groups of clients with similar abilities, interests and preferences, and should be appropriate for each client/group of clients, in line with their respective Individualised Care Plans (ICPs).

3.2.5 The Approved Provider is encouraged to conduct group activities as this promotes more active participation and social cohesion amongst the clients.

(i) The care staff should be trained in planning and conducting group activities to ensure that clients are meaningfully engaged.
(ii) Where possible, the Approved Provider’s staff shall be trained to analyse potential challenges of the group activity, and adjust the activity to the individual client’s status so that the client will be able to participate in the group activities.

3.2.6 The Approved Provider shall ensure that the maintenance activities are planned with inputs and advice from therapists registered with the Allied
Health Professionals Council (AHPC). The activities shall be conducted on a daily basis by therapy assistants (TAs) or by trained care staff under the supervision of the AHPC-registered therapists. The client's caregiver may assist the therapy assistants or care staff in the activities.

3.2.7 All maintenance activities shall be regularly reviewed and where necessary, modified, by the AHPC-registered therapists, at least once every six (6) months.

3.2.8 The individualised maintenance activities programme developed, based on the ICP, shall be clearly documented so that the trained care staff may carry it out effectively with the clients. The trained care staff conducting the maintenance activities shall document clearly the participation of the clients in the maintenance activities, at least once a week.

The documentation shall clearly indicate the type of activity, duration, frequency and also any necessary precautions.

The staff conducting the maintenance activities shall report to the care team
(i) Any significant changes from the planned maintenance activities; and
(ii) Any significant changes in the client’s observed performance or condition during the maintenance activities.

3.2.9 Physical activities. The daily physical activities provided at the centre shall have the key objectives of optimising the client’s ADL and Instrumental ADL performance, preserving or optimising mobility, and reducing fall risk. The physical activities provided by the centre shall include (but shall not be limited to) the following, and trained care staff are to conduct them as and when appropriate, depending on the needs of the client:
(i) Range of motion exercises (passive and active);
(ii) Stretching exercises (static and dynamic);
(iii) Strengthening exercises (isometric, concentric and eccentric) using various forms of resistance (e.g. body weight, elastic bands, gym equipment);
(iv) Cardiovascular training;
(v) Balance and coordination exercises (static and dynamic); and
(vi) Functional re-training.

3.2.10 Recreational and Other Activities. The Approved Provider shall conduct structured and meaningful activities to engage the clients, optimise their quality of life and well-being, and preserve cognitive performance. As and when appropriate, centres may conduct activities that promote:
(i) Engagement in recreation and leisure (e.g. art, music);
(ii) Cognitive stimulation (e.g. reminiscence activities);
(iii) Social interaction (e.g. group outings)
(iv) Other activities ranging from self-care, expressive or spiritual activities designed to meet the holistic needs of the client, where possible.
3.3 Care Outcomes and Reviews

3.3.1 The Approved Provider shall monitor each client’s care outcomes using at least the Modified Barthel Index (MBI). Other outcome measurement tools may be used where appropriate. Care Outcomes should be reviewed at least once every six (6) months or whenever there is a significant change in the client’s status, whichever is sooner. The outcome measures shall be conducted by trained care staff, and the outcomes shall be documented in the client’s case notes as part of the regular update.
MODULE 2:
DEMENTIA DAY CARE

1 OBJECTIVES OF DEMENTIA DAY CARE PROGRAMME

1.1 The dementia day care programme comprises two components as follows:

(i) **General Dementia Day Care (GDDC).** This refers to the provision of Maintenance Day Care services (which comprises custodial care services and maintenance activities) by the Approved Provider for clients with dementia. For these services, the Approved Provider **shall refer to the relevant clauses in the Maintenance Day Care service requirement in Module 1,** in addition to the DDC-specific service requirements in this Module 2. The General Dementia Day Care programme shall also include cognitive stimulation programmes; and

(ii) **Enhanced Dementia Day Care (EDDC).** This is the same as the General Dementia Day Care programme, but for clients with severe dementia and/or challenging behaviours. The Enhanced Dementia Day Care programme shall, in addition to the General Dementia Day Care, include the use of non-pharmacological methods by a trained dementia practitioner (see clause 4.2 as set out in this Module 2) to conduct behavioural analyses on the client, and guiding/training the care staff or client’s caregiver to apply management techniques.

1.2 The objective of the dementia day care programme is to slow down the deterioration of the affected client’s physical and mental functions; and to support the affected clients in the community, thus delaying the need for institutionalisation. For this purpose, the dementia day care programme shall place additional emphasis on caregiver support. A small number of home visits and interventions may be undertaken by the Approved Provider under the dementia day care programme.

1.3 Dementia day care services are an integral part of a comprehensive management plan for clients with dementia. The Approved Provider shall train its staff to provide good dementia care for the clients so that the clients and their caregivers can enjoy a better quality of life. The centre shall act as a focal point for activity programmes and psychosocial interventions, as well as for meetings, discussion groups, consultation and support for the client’s caregivers. The centre shall serve as a resource centre that provides information, support, training and education for the client’s caregivers. In more complex cases, case management services shall also be provided by the Approved Provider to the clients.
2 PRINCIPLES OF DEMENTIA DAY CARE

2.1 The philosophy of care underpins the model of care and service delivery. The Approved Provider shall adopt a person-centered care (PCC)\(^9\) approach in providing quality dementia care to clients with dementia.

2.2 The following are core principles of the person-centred care:

(i) **Uniqueness.** All people are unique and this is especially so for people with dementia. Hence, this uniqueness is emphasised during the assessment of needs and care planning. Activities are then designed to take into account the individual's background, culture, life experiences, values and belief systems.

(ii) **Complexity.** People with dementia are complex beings like the rest of the human race. Hence, the way they perceive and respond to the environment are affected by a variety of factors. How people with dementia respond or behave need to be evaluated and understood with respect to the environment, the disease process, his/her personality and life experiences. PCC therefore looks at the whole person with dementia, what his/her feelings may be in specific situations and the possible reasons for certain behaviours.

(iii) **Enabling.** It is often easy to focus on the disruptive and negative impact of the disease and overlook the remaining abilities and strengths of the person with dementia. The PCC approach aims at providing opportunities to facilitate the utilisation of abilities and promote enjoyment and validation in the process. It defines the person's strengths (and remaining abilities) and looks at ways to empower, reassure and avoid specific situations that produce negative behaviours.

(iv) **Personhood.** Personhood is an intrinsic part of PCC and recognizes that an individual has a unique sense of self-recognition and how he/she interacts with the surrounding environment depends on that perception. The emphasis is on providing opportunities for positive interaction aimed at promoting well-being in the person with dementia. PCC aims to support the person with dementia to continue to live life the way he/she would like to in the manner he/she is still able to.

(v) **Value of Others.** The concept of personhood extends to the surrounding human environment. Care staff who are part of this environment need to be valued for their role in providing direct care and supported through the organization's policies and procedures that promote the PCC way of service delivery.

---

\(^9\) The foundation of PCC is based on the work of Professor Tom Kitwood who was in charge of the Bradford Dementia Group in UK from 1992 to 1998.
2.3 The Approved Provider shall apply the core principles of PCC set out above in every part of their planning and delivery of community dementia care services to the client and the client’s caregiver:
• Selection of assessment tools and procedures;
• Activity and programme design;
• Programme implementation to promote well-being of the clients;
• Care planning for the client’s individual needs;
• Programme review and evaluation;
• Decision-making in client care or operational issues; and
• Staff and caregiver support and training programmes.

3 ACCESS TO CARE

3.1 Referrals and criteria for admission

3.1.1 Admission criteria. The Approved Provider shall admit the following clients into its dementia day care programme in the centre, subject to the Approved Provider’s assessment of the clients’ eligibility and suitability for the services, based on the admission criteria as follows:

(i) Clients with a diagnosis of dementia by a Singapore Medical Council-registered medical practitioner.

(ii) For admission into GDDC, clients shall have a Functional Assessment Staging (FAST) level of between ‘4’ and ‘5’.

(iii) For admission into EDDC, clients shall have a FAST level of ‘6’ to ‘7’.

Clients FAST level shall be reviewed six (6) monthly or when the client’s status changes, to determine the suitability for the client to continue to receive the services.

3.1.2 Referral Processes. Referrals can be raised via the Integrated Referral Management System (IRMS) by a SMC-registered medical practitioner or care professionals with clinical training (e.g. care coordinators, medical social workers, nurses, occupational therapists, physiotherapists, centre managers and MOH/AIC care assessors). Referrals must be supported with evidence of the diagnosis of dementia by a SMC-registered medical practitioner and the clients’ relevant medical information.

4 APPROPRIATE CARE

4.1 Initial Assessment

4.1.1 As a basic requirement of Day Care services, SPs should refer to the initial assessment clause in the Maintenance Day Care Module (clause 3.1 as set out in Module 1). In addition, the initial assessment
by the Approved Provider for Dementia Day Care clients shall also include an understanding of the client’s life:
(i) Past and present skills, interests and activities, likes and dislikes;
(ii) Religious and cultural background;
(iii) Remaining abilities, including communication abilities;
(iv) Past and present role(s) in the family (e.g. mother, housewife, breadwinner), social interactions and relationships;
(v) Personality (e.g. sensitive, loving, outgoing, active); and
(vi) Any other details from the client’s life history (e.g. childhood, adolescence, adulthood, retirement).

4.2 Staffing and Qualifications

4.2.1 An important component in a successful dementia care programme is having a skilled workforce. All levels of the Approved Provider’s staff shall have appropriate knowledge and skills to recognise and understand the signs of dementia, be able to communicate and interact effectively with clients with dementia as well as promote independence and encourage activity in the centre. Most importantly, they shall have the right attitudes in order to work effectively with clients with dementia.

4.2.2 [For EDDC only] Trained Dementia Practitioner. As behavioural problems tend to occur or fluctuate on a day-to-day basis especially for clients with more severe dementia, the Approved Provider shall employ a trained dementia practitioner at its centre’s EDDC programme to supplement the pharmacological treatments. This practitioner can also support the care team under the GDDC programme.

4.2.3 [For EDDC only] The trained dementia practitioner shall either be a registered nurse or registered occupational therapist or qualified psychologist or registered medical social worker or certified medical practitioner. (See Appendix B which lists the qualifications required and job description for this role.) The trained dementia practitioner acts as a dementia expert resource who shall conduct a behavioural analysis on clients exhibiting challenging behaviours, and guide/train the Approved Provider’s care team as well as the client’s caregiver(s) to apply appropriate management techniques. (Note: Not all clients will need to be managed by the trained dementia practitioner on a daily basis.)

4.3 Multi-Disciplinary Approach

4.3.1 Where possible, a nurse, social worker(s) and occupational therapist(s) shall be involved in the initial assessment, development and review of the client’s ICP, as well as the design and review of the centre’s DDC programme.
4.4 Programme and Services

(I) General Dementia Day Care

4.4.1 As a basic requirement of the GDDC programme, the Approved Provider shall provide custodial care services, maintenance activities, and also include cognitive stimulation programmes, as an additional feature of dementia day care services, to engage the clients more holistically. SPs should refer to the relevant clauses in the Maintenance Day Care Module (clause 3.2 as set out in Module 1 for custodial care and maintenance activities) for the service requirements for these services.

4.4.2 Cognitive Stimulation Programme. The Approved Provider’s general dementia day care programme shall include structured programmes to provide cognitive stimulation to invigorate minds and sustain personhood in clients with mild to moderate cognitive impairment. Through the Approved Provider’s team of trained healthcare professionals, clients shall be taught techniques to enhance their residual cognitive skills and cope with deficits, cognitive stimulation through reality orientation, activities, games and discussions, prioritising information-processing rather than knowledge.

(II) Enhanced Dementia Day Care

4.4.3 The EDDC programme shall cover the same requirements as the GDDC programme as set out above in clauses 4.4.1 and 4.4.2, but shall be targeted at clients who have severe dementia and/or clients with challenging behaviours. Under this EDDC programme, the Approved Provider shall have a trained dementia practitioner who will manage and reduce the frequency, intensity and duration of challenging behaviours of dementia clients through non-pharmacological methods.

4.4.4 Structured Assessment and Interventions. The trained dementia practitioner shall assess the clients and classify the clients’ behavioural disturbances, if any, as follows:

(i) Primary behavioural disturbances. These disturbances are seen in individuals at some time during the course of their dementia and are mainly caused by the underlying neurochemical changes associated with dementing diseases. These can be further classified as follows:

a) Behavioural disturbances for which pharmacotherapy has not been found to be beneficial. These shall include, but shall not be limited to, wandering, pacing, hoarding-rummaging, apathy, and sexual dis-inhibition.

b) Behavioural disturbances for which pharmacotherapy has been found to be beneficial. These shall include, but shall
not be limited to, syndromes of psychoses, depression, and anxiety.

(ii) **Secondary behavioural disturbances.** These behavioural disturbances are caused by co-morbid medical illness, delirium, medications, pain, personal need, or environmental factors.

(iii) **Mixed behavioural disturbances.** In many people with dementia, primary behavioural disturbances may be exacerbated by secondary factors and vice versa. Physical aggression invariably is caused by both primary and secondary causes.

4.4.5 **Management of challenging behaviours.** The Approved Provider’s trained dementia practitioner shall ensure the following in his/her approach of managing behavioural disturbances in the clients:

(i) Ensure that the client is not in imminent danger to self or others. Chemical and/or physical restraints may be needed in severe cases;

(ii) Assess clients for delirium, co-morbid medical illness(es), environmental factors, or drugs causing the behavioural disturbances and then treat them;

(iii) Look for and treat, if possible, specific psychiatric syndromes in the clients such as depression, delusions, and hallucinations. All of these syndromes respond better to pharmacologic interventions compared with other behavioural disturbances. If necessary, the trained dementia practitioner shall refer the client to a specialist; and

(iv) Formulate and implement a behavioural plan to identify the antecedents of the client and modify the consequences of client’s behaviour to improve the client’s behavioural disturbances.

4.4.6 The Approved Provider’s trained dementia practitioner shall document clearly his/her analysis, proposed intervention approach, care plans and progress of the client’s post-intervention.

4.4.7 If necessary, the trained dementia practitioner may make home visits as part of the assessment or intervention of the client (e.g. for home environment structuring or modification), as well as work with the client’s caregivers to manage any challenging behaviour.

4.4.8 **Cognitive Stimulation Programme.** The Approved Provider’s EDDC programme shall include programmes to provide cognitive stimulation for clients, but it need not be as structured or as goal directed as those provided in the GDDC setting. The Approved Provider shall adapt the programme to allow the clients to engage with their environment and continue to receive sensory and cognitive stimulation according to their residual abilities while respecting their personhood.
4.5 Care Outcomes and Reviews

4.5.1 The Approved Provider shall monitor each client’s care outcomes using the following outcome measurement tools once every six (6) months or whenever there is a significant change in the client’s status, whichever is earlier.

(i) Functional Assessment Staging Test (FAST)
(ii) Modified Barthel Index (MBI)

The above mentioned outcome measurement tools shall be conducted by trained care staff and the outcomes shall be documented in the client’s case notes.

(The Approved Provider may choose to supplement the above assessment tools with other standardised outcome measurement tools as part of its own outcomes assessment if desired.)

**
MODULE 3: COMMUNITY REHABILITATION

1 OBJECTIVES OF COMMUNITY REHABILITATION (CR) PROGRAMME

1.1 Individuals affected by a variety of medical conditions may require rehabilitation in order to complement or complete their medical care. The aim of rehabilitation is to improve the individual’s functional status to the maximum level medically possible, and hence allow them to remain active in the community\(^\text{10}\).

1.2 Scope of Community Rehabilitation (CR) services. Services provided under CR include:
   (i) Active Rehabilitation (AR) – to improve the client’s functional status; and
   (ii) Maintenance Exercise (ME) – to reduce the client’s functional decline.

1.3 Medical conditions which may require rehabilitation include, but are not limited to, stroke, Parkinson’s disease, orthopaedic conditions such as fractures, post-amputations etc., as well as de-conditioning due to other medical conditions. The process of rehabilitation consists of assessment, target setting, therapy, and evaluation of outcomes.

1.4 Rehabilitation shall be provided by the Approved Provider within the context of “care for the whole person” to ensure that the CR services and overall care provision in the centre is holistic.

2 ACCESS TO CARE

2.1 Referrals and Criteria for Admission

2.1.1 Clients who wish to receive Government subsidies and/or utilise Medisave for CR services must be supported by a Singapore Medical Council (SMC)-registered medical practitioner, an Advanced Practice Nurses (APN) registered with the Singapore Nursing Board (SNB), or an Allied Health Professionals Council (AHPC) full-registered therapist, who shall certify that the client is suitable and can benefit from rehabilitation to improve his/her functional status. The Approved Provider shall assess the clients’ eligibility and suitability for the CR programme.

In the event the client exhibits any at-risk signs or symptoms that may deem the client potentially unsuitable to undergo the CR

\(^{10}\) This is distinct from maintenance activities provided in day care programmes to improve the well-being of the client, by providing opportunities for meaningful engagement and socialisation, remaining physically active, maintaining or learning new abilities, enjoyment and pleasure as well as expression of one’s identity (MDC clause 3.2.3).
programme at the centre, or if the AHPC full-registered therapist or SNB-registered APN is unsure of the eligibility and suitability of the client, the Approved Provider shall refer the client to a SMC-registered medical practitioner for further review.

2.2 Medisave use

2.2.1 Medisave may be used only for clients who require Active Rehabilitation (AR) service, which help clients recover and/or improve functional ability (e.g. Hip fracture, Stroke, Traumatic Brain Injury, De-conditioning). Medisave may not be utilised for day care or maintenance programmes at the centre, nor any rehabilitation carried out to address sports injuries, acute musculoskeletal injuries, congenital disabilities or chronic degenerative conditions without potential for significant functional recovery. All AR clients who wish to claim Medisave must be certified to require the service by a SMC-registered medical practitioner, SNB-registered APN or AHPC full-registered therapist.

2.3 Temporary exclusion

2.3.1 Notwithstanding Clause 2.2.4 in the General Requirements, the Approved Provider may extend temporary exclusion for CR clients for up to six (6) months, if there is a clinical reason (e.g. next appointment in four months), and these reasons shall be documented in the Individualised Care Plans.

3 APPROPRIATE CARE

3.1 Programme and Services

3.1.1 The Approved Provider providing CR services shall provide session-based rehabilitation that shall include physiotherapy, and occupational therapy. The type of therapy provided to each client shall be dependent on his/her needs. The list of services for each type of therapy shall include, but shall not be limited to:

**Physiotherapy**

Physiotherapy services shall be provided to restore, maximise, or maintain the client’s physical functions which have been limited by illnesses, disabilities or age-related degeneration.

(i) The physiotherapist shall assess the client’s mobility status, physical strength, joint motion, cardiopulmonary endurance, balance, fall risk and pain level.

(ii) Physiotherapy services to be provided by the Approved Provider shall include, but shall not be limited to:

a) Functional mobility training and gait training;
b) Active and passive exercises to improve or restore range of motion, physical strength, flexibility, co-ordination, balance and endurance;
c) Treatment to relieve pain (e.g. through electro-physical agents);
d) Advice on the use of assistive ambulatory devices such as walking aids and prosthetic devices;
e) Caregiver training and client education; and
f) Community integration activities.

**Occupational Therapy**

Occupational therapy services shall be provided to maximise or maintain the client’s abilities to live independently within the community.

(i) The occupational therapist shall assess the client’s Activities of Daily Living (ADL), Instrumental ADL (IADL), leisure abilities and functional status, cognition, perception and psychosocial status.

(ii) Occupational therapy services to be provided by the Approved Provider shall include, but shall not be limited to:

a) Re-training in ADL and IADL;
b) Exercises and graded activities to improve strength and range of motion, particularly in the upper extremities;
c) Co-ordination and dexterity activities;
d) Advice on the use of orthosis, prosthesis or assistive / adaptive devices to maintain or improve ADL performances;
e) Pre-vocational and vocational training;
f) Advice on occupational ergonomics;
g) Home assessment and recommendations on home modification;
h) Leisure and recreational therapy;
i) Intervention addressing cognition, perception and psychosocial status
j) Caregiver training and client education;
k) Wheelchair and seating assessment; and
l) Community integration activities.

**Speech Therapy**

Where possible, CR may also include speech therapy services.

(i) The speech therapist shall assess the client’s swallowing, language, articulation, voice, fluency, social communication (pragmatics), and any other component as deemed appropriate by the speech therapist.

(ii) Speech therapy services to be provided by the Approved Provider shall include, but shall not be limited to:
a) Dysphagia management; and
b) Rehabilitation of acquired communication difficulties.

3.2 Staffing and Qualifications

3.2.1 The AHPC-registered therapists are key to ensuring a successful CR programme. Therefore, the CR programme for each client shall be under the charge of the relevant AHPC-registered therapists, who shall design, oversee, evaluate and modify the programme as necessary.

3.2.2 During each rehabilitation session, the CR services shall be carried out by the relevant AHPC-registered therapist(s) with the assistance of therapy assistants (TAs) and/or trained care staff where appropriate. The AHPC-registered therapist(s) shall remain responsible for all CR services delivered to the client. The AHPC-registered therapist(s) shall provide adequate direct contact time with the client depending on his/her rehabilitation needs, (i.e. for assessment of the client and provision of CR services). The client’s caregiver may assist during the rehabilitation exercises or practice as part of caregiver training, but shall be supervised by the AHPC-registered therapist(s).

3.3 Care Outcomes and Reviews

3.3.1 Care Outcomes. The Approved Provider shall monitor each CR client’s care outcomes using the Modified Barthel Index (MBI). Where applicable, the Approved Provider shall also use other rehab outcome measurement tools.

Speech therapists may use other appropriate outcome indicators, in lieu of the MBI.

Care outcomes shall be reviewed once every three (3) months for AR service or six (6) months for ME service, or when there is a significant change in the client’s status, whichever is sooner, to determine if the client can continue to be suitable for and benefit from CR services.

The Approved Provider may extend the timeframe for outcome review for up to six (6) months, if there is a clinical reason (e.g. next appointment in four months), and these reasons shall be documented in the Individualised Care Plans.

The outcome measurement tool(s) shall be conducted by the AHPC-registered therapists or trained care staff and the outcomes shall be documented in the client’s case notes.
3.3.2 Re-certification for continued CR services. Re-certification of the needs and suitability of a client for rehabilitation shall be required to determine the necessity for the client to continue receiving CR services. This re-certification shall be done by the relevant AHPC full-registered therapist(s), SMC-registered medical practitioner, or SNB-registered APN. Re-certification should be done every six (6) months, and should be recorded in the client’s case file/progress notes.

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

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

3.4 Discharge

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

(i) The client has achieved his/her rehabilitation goals; or

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

4 REPORTING AND AUDITS

4.1 Medisave Audits

4.1.1 Medisave Audits are made up of two (2) parts: (i) Professional audits undertaken by the Authority; and (ii) Operational audits undertaken by the Central Provident Fund (CPF) Board.

4.1.2 Professional audits by the Authority: This shall ensure that Medisave claims meet the conditions for Medisave use. The documents which the Approved Provider shall submit to the Authority include:

(i) Payment records showing the itemised breakdown of the
bill submitted for the client’s Medisave claim;
(ii) Hardcopies of the Universal Claim Form (UCF);
(iii) Client’s ICP; and
(iv) Certification/recertification of the client’s rehabilitation needs from a Singapore Medical Council-registered medical practitioner, AHPC full-registered therapist, or SNB-registered APN.

4.1.3 Operational audits by the CPF Board: This shall ensure that Medisave claims meet the conditions of use. The processes which the Approved Provider shall comply with include:

(i) The Approved Provider’s external auditors shall submit an Audit Report of Medisave Claims to the CPF Board (see Appendix C) for each financial year within three (3) months after the closing of the Authority’s financial year (i.e. by 30 June of each year).

(ii) The CPF Board shall conduct regular audits or surprise inspections of the Approved Provider’s records. For the purposes of these audits and/or inspections, the Approved Provider shall submit the following documents to the CPF Board shall include:

a) Hardcopies of the Universal Claim Form (UCF);
b) Medisave Authorisation Form(s);
c) Client’s bills;
d) Photocopies of the client’s identification papers (where necessary); and
e) Such other documents as requested by the CPF Board.

**
MODULE 4:
CENTRE-BASED NURSING

1 OBJECTIVES OF CENTRE-BASED NURSING CARE

1.1 The objective of centre-based nursing (CBN) care is to enable seniors to receive basic nursing services within their community, instead of going to a primary or acute care institution.

1.2 Scope of CBN services. The range of nursing care to be provided by the Approved Provider under this CBN programme shall include, but shall not be limited to:
   (i) Post-surgical wound management;
   (ii) Insertion of nasogastric tube;
   (iii) Care of Percutaneous Endoscopic Gastrostomy (PEG) tube and dressing;
   (iv) Wound management (Stage I to Stage IV wounds);
   (v) Urinary catheter care and change of female urinary catheters;
   (vi) Tracheostomy care and dressing;
   (vii) Stoma care – colostomy and ileostomy care;
   (viii) Care of nephrostomy tube and dressing;
   (ix) Assistance with bowel elimination (e.g. enema or insertion of suppositories, as ordered by a Singapore Medical Council-registered medical practitioner); and
   (x) Post-procedural medication administration, as ordered by medical personnel (Only applicable for clients who are not already enrolled in the centre’s day care programmes, and are living alone or unable to take medication on their own.)

For clients who may not be attending the centre for day care services but have such nursing care needs and are living within walking distance from the centre (i.e. who do not require transport services to get to the centre and return home), the Approved Provider shall assess the client and determine whether there is a need to send a staff to fetch the client from his/her home to the centre and refer the client to medical escort services, if necessary.

1.3 In circumstances where the client does not have a primary nurse in-charge of his routine nursing care outside the centre as informed by the client and/or caregiver, the Singapore Nursing Board (SNB)-registered nurse (RN) at the centre shall take on this role and provide holistic nursing care and assessment, beyond the list of procedures listed above in clause 1.2 as set out in this Module 4, such as monitoring the client’s general health condition (e.g. vital signs, blood glucose when indicated).

---

11 Wound management services for Stage III and IV wounds shall be provided on a case by case basis.
2  ACCESS TO CARE

2.1  Criteria and Referrals for Admission

2.1.1  Admission criteria. The Approved Provider shall admit the following clients into its centre-based nursing programme, subject to the Approved Provider’s assessment of the clients’ eligibility and suitability for the centre-based nursing services, based on the admission criteria as follows:

(i)  Clients who require any one of the nursing care services stated in clause 1.2; and

(ii)  Client is supported by a written memo from a Singapore Medical Council-registered medical practitioner or SNB-Registered Nurse (RN).

2.2  Temporary Exclusion

2.2.1  Notwithstanding Clause 2.2.4 in the General Requirements, the Approved Provider may extend temporary exclusion for CBN clients for up to six (6) months, if there is a clinical reason (e.g. next appointment in four months), and these reasons shall be documented in the Individualised Care Plans.

3  APPROPRIATE CARE

3.1  Staffing and Qualifications

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

3.1.2  See Appendix D which describes the procedures under the centre-based nursing care which only nurses registered with the SNB can perform.

3.2  Initial Assessment

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

3.2.2  Initial assessment conducted for clients shall include, but shall not be limited to the following:

(i)  Primary medical diagnoses and other secondary medical conditions, previous surgical and hospitalisation history
(ii) Drug history including allergies and medication needs; and
(iii) Assessment relating to the procedure (including pain and skin
assessment where necessary)

3.3 Individualised Nursing Care Plans

3.3.1 Individualised Nursing Care Plans (INCPs): Once a client’s nursing
needs are identified from the initial assessment, an individualised,
person-centric nursing care plan must be developed. An INCP shall
include, but shall not be limited to the following:

(i) The client’s identified nursing needs
(ii) Specific goals with time frame for reviews
(iii) Specific intervention plans 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;
(iv) Discharge and transition plans, i.e. plan(s) to facilitate
continuation of care post-discharge/transfer, where necessary

3.3.2 Reviews of the client’s INCP shall be undertaken by the Approved
Provider at every visit so that the nursing needs, goals and
intervention plans can be modified as necessary.

Where the Approved Provider does not review the INCP at every
visit, the RN in-charge of the client would provide the justification,
and expected frequency of review.

3.3.3 Before starting the treatment, the Approved Provider shall explain to
the client and his/her caregiver the nursing care and procedures that
will be performed. The Approved Provider shall also implement
interventions identified in the INCPs in a safe, timely and appropriate
manner.

3.4 Care Outcomes and Reviews

3.4.1 The nurse shall monitor client’s outcomes (e.g. in person, by
telephone) after the completion of each nursing procedure, and
document the results and follow-ups, if any. Such monitoring shall
be included as part of the Approved Provider’s standard operating
procedures (SOPs) on care outcomes and reviews for clients in the
centre-based nursing programme at the centre.

4 SAFE CARE

4.1 Policies and Procedures for Key Safety Areas

4.1.1 The Approved Provider shall have SOPs for all (but shall not be
limited to) the procedures listed above in clause 1.2 as set out in this
Module 4.
4.1.2 The Approved Provider shall have clear escalation protocols, should unexpected circumstances occur during the course of administering the nursing procedure(s). (Appendix E sets out an example of the escalation protocols.)

**
The Approved Provider shall submit the manpower and clinical quality information related to the CBC services provided in such form and at such times as MOH may determine to the ILTC Information Desk Head of MOH’s Health Information Division.

While the Approved Provider is responsible for the accuracy and integrity of the information collated, MOH and AIC will if necessary assist the Approved Provider in terms of clarifying the requirements and standardising the assessments.

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

Table 1: List of Indicators for CBC

<table>
<thead>
<tr>
<th>Clinical Indicators</th>
<th>Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td><strong>3</strong></td>
</tr>
<tr>
<td>Scores of MBI (Shah Modified Barthel Index)</td>
<td>Number of local and foreign staff (including healthcare professionals) in the centre by type of occupation (i.e. established, filled and vacant posts)</td>
</tr>
<tr>
<td>(Not for CBN)</td>
<td>[For MDC, DDC and ME clients]: Every 6 months</td>
</tr>
<tr>
<td></td>
<td>(For AR clients): Every 3 months</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td><strong>4</strong></td>
</tr>
<tr>
<td>[for DDC clients only] Scores of Functional Assessment Staging Tool (FAST)</td>
<td>Number of local and foreign staff (including healthcare professionals) leaving the centre by type of occupation</td>
</tr>
<tr>
<td></td>
<td>Every 6 months</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td><strong>6</strong></td>
</tr>
<tr>
<td>Educational qualifications of staff (including healthcare professionals)</td>
<td>Residence status (i.e. Singaporean, Permanent Resident or Non-Resident) and nationality of staff (including healthcare professionals)</td>
</tr>
<tr>
<td></td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td><strong>8</strong></td>
</tr>
<tr>
<td>Employment type of staff (including healthcare professional) (i.e. employee, locum, purchased service, volunteer, others)</td>
<td>Working hours of staff (including healthcare professionals) (direct care and non-direct care)</td>
</tr>
<tr>
<td></td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>9</strong></td>
<td><strong>9</strong></td>
</tr>
<tr>
<td>Training programmes attended by staff (including healthcare professionals)</td>
<td></td>
</tr>
</tbody>
</table>
### QUALIFICATIONS AND JOB DESCRIPTIONS OF CLINICAL AND CARE STAFF IN DEMENTIA DAY CARE PROGRAMME

**Trained Dementia Practitioner:**

| (i) Qualifications/Requirements | • Registered Nurse who is registered with the Singapore Nursing Board, Occupational Therapist registered with the Allied Health Professionals Council, certified Psychologist, Medical Social Worker registered with the Singapore Association of Social Workers or Medical Practitioner registered with the Singapore Medical Council;  
• With relevant training in the area of dementia care; and  
• With at least three (3) years of experience in the area of mental health, geriatric or dementia populations in any setting. |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| (ii) Job description          | • Conduct behavioural analysis on clients who exhibit behavioural and psychological symptoms of dementia (BPSD);  
• Guide the care team and client’s caregiver to apply appropriate management techniques;  
• Document proposed intervention approach, care plans and progress of the clients; and  
• Conduct home visits as part of the assessment process or implementation of interventions on the client (such as for home modifications). |
Central Provident Fund Board  
79 Robinson Road  
CPF Building  
Singapore 068897  

Dear Sirs  

AUDITOR’S REPORT ON  
________________________ FOR THE FINANCIAL YEAR _________  

name of centre  

1 We have examined the claims made by the above hospital to the CPF Board during the year ending ___________ on the Medisave accounts of CPF members’/the CPF members’ dependants’ rehabilitation and care expenses. Our examination was carried out in accordance with Statements of Auditing Guideline and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered appropriate in the circumstances.  

2 In our opinion:  

a) The Centre has complied with the terms and conditions laid down in the Deed of Indemnity and the “Manual for Providers of Community Rehabilitation Services offering Medisave Scheme”.  

b) The claims were made in accordance with the Central Provident Fund (Medisave Account Withdrawals) Regulations and with the terms and conditions laid down by the CPF Board in its “Manual for Providers of Community Rehabilitation Services offering Medisave Scheme”.  

Authorised Signature  
Name of Company  
Singapore  
Date
# LIST OF NURSING PROCEDURES IN CENTRE-BASED NURSING CARE

<table>
<thead>
<tr>
<th>Nursing Procedures</th>
<th>Performed by Registered Nurse</th>
<th>Performed by Enrolled Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cardiopulmonary resuscitation (current certification/recertification)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
| 2 Administration of injection  
  • Subcutaneous  
  • Intramuscular | Yes | Yes |
| 3 Nutrition  
  • Insertion & removal of nasogastric tube | Yes | Yes |
| 4 Urinary /Faecal elimination  
  • Administration of enema/suppository  
  • Urinary catheterization  
    ✓ female adults | Yes | Yes |
| 5 Wound care  
  • Management of wounds (Stage I to Stage III)  
  • Management of wounds (Stage IV)  
  • Removal of sutures/clips  
  • Tracheostomy dressing  
  • Tracheostomy suctioning  
  • Stoma care: Colostomy & ileostomy  
  • Nephrostomy dressing | Yes | Yes |

Note: This list of nursing procedures that can be performed in the centre is not exhaustive. The registered nurses and enrolled nurses in the centre can also perform other procedures beyond this list of nursing procedures if they have advanced skills training approved by the Singapore Nursing Board (SNB).
WORKED EXAMPLE - ESCALATION PROTOCOLS

The Approved Provider shall note that the following escalation protocols are worked examples only and are not exhaustive.

### Change of Indwelling Catheter (IDC)

<table>
<thead>
<tr>
<th>Type of Procedure</th>
<th>Stratification</th>
<th>Procedures, Assessment and Review</th>
<th>Escalation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Maximum Frequency of Attempts</td>
<td>Level of Staff</td>
</tr>
<tr>
<td>Female Catheterization</td>
<td></td>
<td>2</td>
<td>EN</td>
</tr>
<tr>
<td></td>
<td>• Successful insertion</td>
<td>1</td>
<td>RN</td>
</tr>
<tr>
<td></td>
<td>• Failed insertion/blood stained urine</td>
<td>2</td>
<td>RN</td>
</tr>
<tr>
<td></td>
<td>• Clients with cervical cancer</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>• Gross hematuria, no urine</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
## Change of Clean Intermittent Catheter (CIC)

<table>
<thead>
<tr>
<th>Type of Procedure</th>
<th>Stratification</th>
<th>Procedures, Assessment and Review</th>
<th>Escalation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Maximum Frequency of Attempts</td>
<td>Level of Staff</td>
</tr>
<tr>
<td>Female Catheterization</td>
<td>▪ Successful insertion</td>
<td>2</td>
<td>EN</td>
</tr>
<tr>
<td></td>
<td>▪ Failed insertion/blood stained urine</td>
<td>1</td>
<td>RN</td>
</tr>
<tr>
<td></td>
<td>▪ Clients with cervical cancer</td>
<td>2</td>
<td>RN</td>
</tr>
<tr>
<td></td>
<td>▪ Gross hematuria, no urine</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
## Change of Suprapubic (SP) Catheter

<table>
<thead>
<tr>
<th>Type of Procedure</th>
<th>Stratification</th>
<th>Procedures, Assessment and Review</th>
<th>Escalation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Maximum Frequency of Attempts</td>
<td>Level of Staff</td>
</tr>
<tr>
<td>Female Catheterization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Successful insertion</td>
<td>2</td>
<td>RN</td>
</tr>
<tr>
<td></td>
<td>• Failed insertion/blood stained urine</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>• Clients with cervical cancer</td>
<td>2</td>
<td>RN</td>
</tr>
<tr>
<td></td>
<td>• Gross hematuria, no urine</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

## Change of Nasogastric (NG) Tube

<table>
<thead>
<tr>
<th>Type of Procedure</th>
<th>Stratification</th>
<th>Procedures, Assessment and Review</th>
<th>Escalation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Maximum Frequency of Attempts</td>
<td>Level of Staff</td>
</tr>
<tr>
<td>Change of Nasogastric (NG) tube</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Successful insertion</td>
<td>3</td>
<td>EN</td>
</tr>
<tr>
<td></td>
<td>• Failed insertion/no aspirate/blood stained aspirate</td>
<td>2</td>
<td>RN</td>
</tr>
<tr>
<td></td>
<td>• Frank blood/shortness of breath following insertion</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
### Wound Management

<table>
<thead>
<tr>
<th>Wound Stages</th>
<th>To be performed by</th>
<th>Frequency of Visit (at least)</th>
<th>To be reviewed by</th>
<th>Frequency of review (at least)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Stage 1</strong></td>
<td>Intact skin with redness of a localized area</td>
<td>Enrolled Nurse/Registered Nurse</td>
<td>Nil/1 time per week</td>
<td>Registered Nurse to update wound chart (<em>Enrolled Nurse shall update the progress of the wound to Registered Nurse after each dressing changed.</em>)</td>
</tr>
<tr>
<td><strong>Stage 2</strong></td>
<td>Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed without slough</td>
<td>Enrolled Nurse (case by case)/Registered Nurse</td>
<td>1 to 3 times per week</td>
<td></td>
</tr>
<tr>
<td><strong>Stage 3</strong></td>
<td>Full thickness tissue loss, subcutaneous fat may be visible with present of slough</td>
<td>Enrolled Nurse (case by case)/Registered Nurse</td>
<td>2 to 3 times per week or daily</td>
<td></td>
</tr>
<tr>
<td><strong>Stage 4</strong></td>
<td>Full thickness tissue loss with exposed bone/tendon/muscle. Slough or eschar may be present on some part of the wound.</td>
<td>Registered Nurse</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Wound Stages**

- **Stage 1 to 4**
  - Enrolled Nurse/Registered Nurse

**Perform by**

- Fever
- Active bleeding
- Deterioration compare to baseline such as (but not limited to):
  - Excessive exudates
  - Necrosis
  - Sloughs
  - Increasing in size

**Findings**

- Inform Registered Nurse/centre-nurse in-charge regarding findings.
- Send to hospital’s Emergency Department (*Nurses/centre’s nurse in-charge shall determine the needs for hospital’s Emergency Department and if client requires earlier treatment, to send hospital’s Emergency Department as soon as possible*)

**Escalated to**

*Only Registered Nurses may perform tracheostomy on a client.*

*All new wound case shall be assessed by Registered Nurse and he/she shall determine the need the frequency of change depending on the wound assessment and dressing material used.*

**