MINISTRY OF HEALTH
SINGAPORE

Nursing Home Regulatory Forum – Introduction to Healthcare Services Act (HCSA)

Presented by the Health Regulation Group
Ministry of Health
02 Nov 2023

Agenda

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What is the Healthcare Services Act (HCSA)?

- The Healthcare Services Act (HCSA) replaces the Private Hospitals and Medical Clinics Act (PHMCA), and sets out a services-based approach to the licensing and regulation of health services.

Private Hospitals and Medical Clinics Act (PHMCA)
Premises-based
Licensable Premises

Hospitals

Nursing Homes

Medical Clinics

Clinical Laboratories

Healthcare Services Act (HCSA)
Services-based
Licensable Healthcare Services

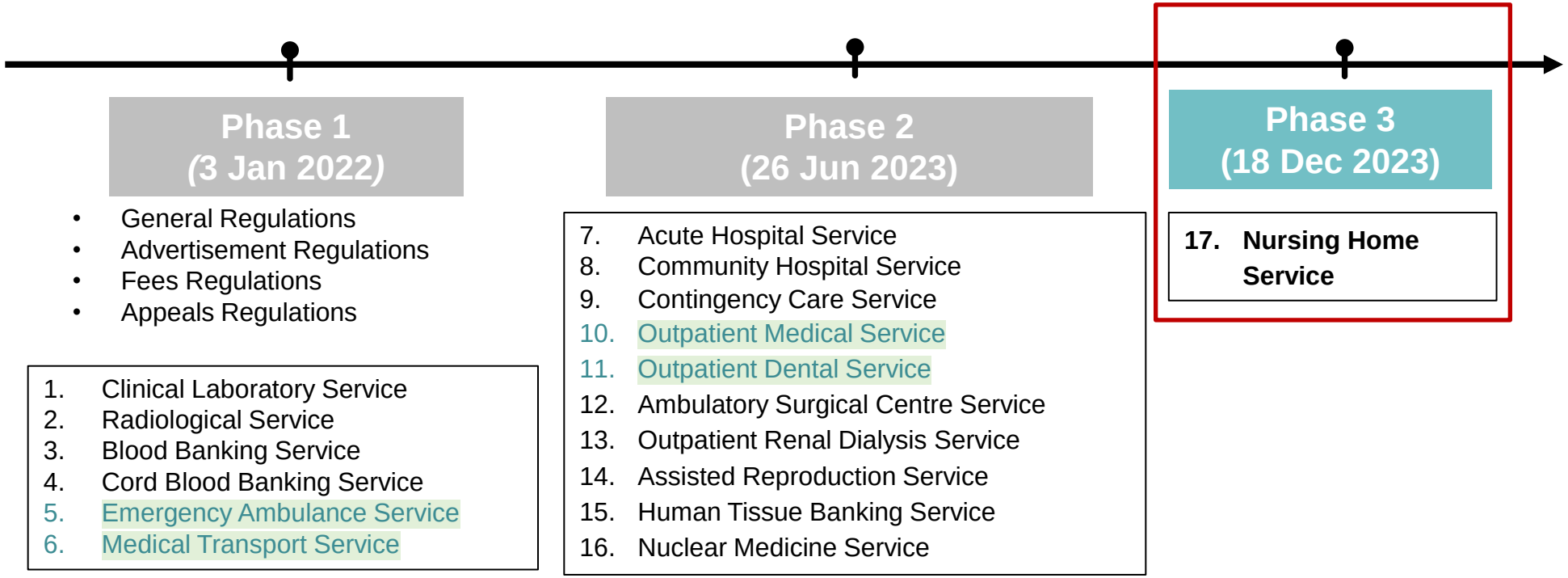
- **Nursing Home Service**
- **Acute Hospital Service**
- **Radiological Service**
- **Clinical Laboratory Service**

Implementation of 17 Licensable Healthcare Services in 3 Phases

- Existing NHs and Hospices will have their PHMCA licence transited seamlessly over to a HCSA Nursing Home (NH) Service licence during Phase 3 i.e, **on 18 Dec 2023.**

- Phase 1 and 2 licensable healthcare services (LHSes) were implemented on 3 Jan 2022 and 26 Jun 2023 respectively:

  a) A NH service licensee may need to apply for other licences under HCSA if the NH service licensee also provides these other licensable services e.g., outpatient medical service (OMS) licence, outpatient dental service (ODS) licence, medical transport service (MTS) and emergency ambulance service licence.

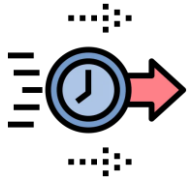


There are Four Modes of Service Delivery (MOSDs) under the HCSA

4 Modes of Service Delivery

Permanent premises
e.g. brick-and-mortar premises such as nursing homes.

Conveyances
The LHS is delivered from a vehicle e.g. medical transport



Temporary premises
no permanent premises
e.g. treating patients at home (home medical)

Remote
through virtual platforms or applications
e.g. virtual GP consultation

- MOH's approval is required for applicable MOSDs. **It is an offence to provide a LHS via MOSDs that are not approved by MOH.**
- Not all MOSDs are applicable for every LHS.

How do MOSDs apply to NHs and related services under the HCSA?

- For **Nursing Home Service**, the only MOSD applicable is **permanent premises**.
- For **Medical Transport Service and Emergency Ambulance Service**, the only MOSD applicable is **conveyances**.
- For **Outpatient Medical Service and Outpatient Dental Service**, **all MOSDs** are allowed.

Specified Services (SSes) are unique to each Licensable Healthcare Service

- Specified Services (SSes) generally involve complex or higher risk procedures provided in a LHS and have **distinct requirements for patient safety.**
- **MOH's approval is required before the provision** of the SSes allowable under their LHS. **It is an offence to offer any SSes without seeking MOH's approval.**

How do the SSes apply to NHs under the HCSA?

Table 1: List of Specified Services offered under the NH service licence

Nursing Home Service	
Specified Services	Hospice Care ("HC")
	Blood Transfusion Service ("BTS")[#]
	Collaborative Prescribing Service ("CPS")

[#]*BTS will only be allowed in NHs with approval for HC.* If the NH wants to offer BTS, it must first apply for the HC SS.

License & Approvals required in the following instances:

Hospice
Nursing Home Service Licence, with approval for Permanent Premises MOSD.
Approval for **Hospice Care Service** as a **Specified Service.**

Nursing Home providing CPS
Nursing Home Service Licence, with approval for Permanent Premises MOSD.
Approval to offer **Collaborative Prescribing Service** as a **Specified Service.**

Other HCSA Licences that the NH Service Licensee Might Need to Hold

- NH service licensees who **provide** other LHSes will have to take on additional HCSA service licences as appropriate.

a) A NH service licensee will also need to hold:-

i. **The Outpatient Medical Service (OMS) licence,** if the licensee also provides home medical or home palliative service to residents in other licensees' nursing homes.

ii. **The Medical Transport Service (MTS) and/or Emergency Ambulance Service (EAS) licence,** if the licensee also provides medical transport service and/or emergency ambulance service;

iii. **The Outpatient Dental Service (ODS) licence,** if the licensee also provides dental services.

- NH service licensees who **arrange** for LHSes from other providers to be provided to their residents will need to ensure that the services are procured from licensed providers or registered healthcare professionals.

Medical Services in Nursing Homes

- NH service licensees must ensure that there is a doctor assigned to every resident in the NH who takes overall responsibility for the resident's condition.

  a) The NH service licensee must ensure that a doctor assesses all newly admitted residents within 48 hours of admission (or no later than the next working day if the 48-hour period includes a non-working day) and prescribes a medical care plan for the resident.

  b) The NH service licensee is also expected to escalate the care of the resident to the doctor as and when required and in a timely manner.

- To provide these services to its residents, the NH service licensee may either:-

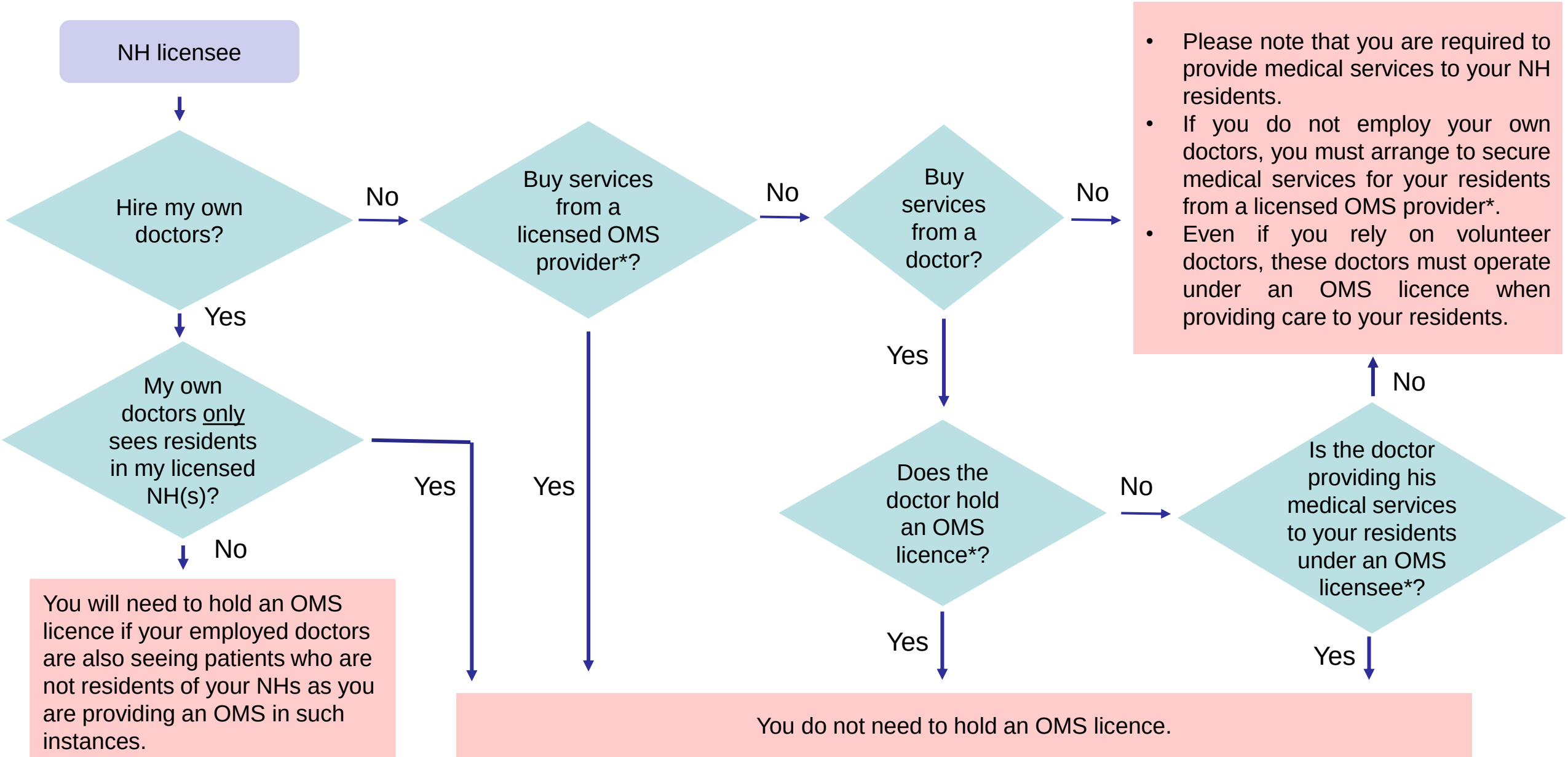
  a) Employ its own doctors, or

  b) Engage the services of a licensed outpatient medical service provider.

- Where the NH engages doctors who are not the NH's employees to provide medical services to its residents, the NH service licensee should ensure that **the doctor is providing the medical services under an OMS licence**, regardless of whether the doctor/service providers (e.g., medical clinics) are paid.

I am a NH Licensee – when must I hold an OMS licence?

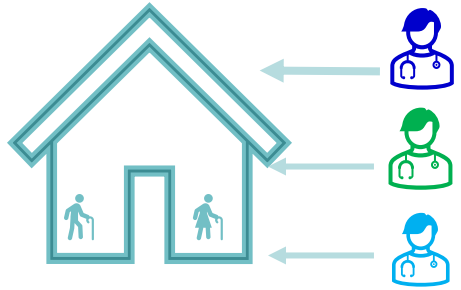
*A hospital, medical clinic or doctor may also be a licensed OMS provider. Please check with your medical service provider on their HCSA license status.



I am a NH service licensee. When do I need to hold an OMS licence?

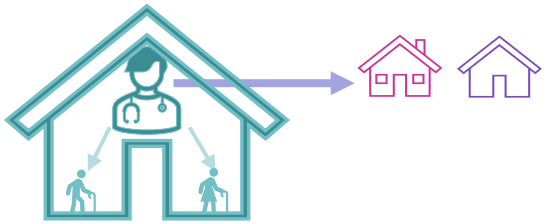
The NH service licensee <u>does not need to hold an OMS licence if</u>:

The NH service licensee employs its own doctor(s), <u>and</u> the doctors provide medical care to the residents staying in the NH service licensee's approved premises **<u>only</u>**.

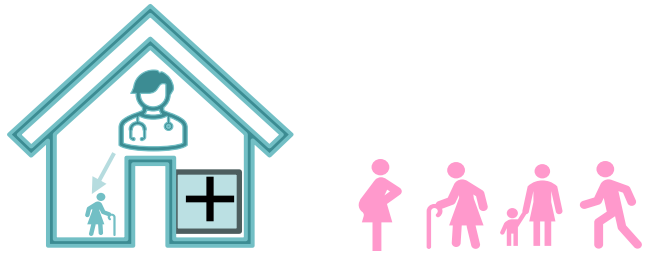


The NH service licensee engages the services of a <u>licensed OMS provider or a doctor who holds an OMS licence</u> to provide medical care to its residents.

The NH service licensee <u>needs to hold an OMS licence* only if the licensee also provides OMS</u>:



The NH service licensee's employed doctors also provide mobile home medical services, or medical services to NHs under other licensees <u>in addition</u> to serving the NH service licensees' residents.



The NH service licensee provides OMS to the community apart from its NHS.

*Note: Approval should be sought for (a) 'temporary' MOSD if providing services similar to house-calls, (b) 'remote' MOSD if providing teleconsultation services, (c) 'permanent premises' MOSD, if the NH service licensee is running an outpatient clinic at the NH premises.

Dental Services in Nursing Homes

- NH service licensees must ensure oral hygiene for its residents (e.g. simple flossing and brushing of teeth for its residents). <u>These activities do not require an ODS licence.</u>

- When the nurse or doctor assesses that a referral to a dentist is needed (e.g. if swollen gums, oral thrush, loose teeth or obvious decays are present), the NH service licensee is required to support the resident's access to appropriate and licensed ODS in a timely manner.

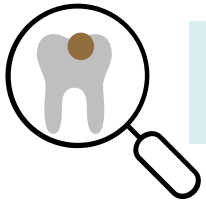
- To support resident's access to dental services, the NH service licensee may:
  a) Engage dentists operating under an ODS licence to come to the NH premises to provide care for their residents; or
  b) Arrange the appointment and transport for the resident to go to a licensed ODS clinic for the care required.

- The NH service licensee must ensure that the **dental services are provided under an ODS licence**, regardless of whether the dentists/service providers (e.g., dental clinics) are paid.

I am a NH service licensee. When do I need to hold an ODS licence?

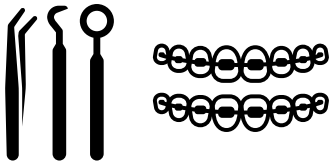
An ODS licence is not required for:

Simple brushing and flossing of residents' teeth



Observing the oral cavity while performing oral hygiene

The NH service licensee is not required to hold an ODS licence.



Where residents require require more complex oral health and dental services such as tooth extractions and denture work, the NH service licensee should arrange for the resident to access a licensed ODS.

The NH service licensee is required to hold an ODS licence* only if the NH service licensee also wants to provide ODS to its residents in addition to its NHS.

*Note:
Approval should be sought for:
'Permanent Premises' MOSD – if the dentist is providing the service at the clinic with the dental chair;
'Temporary' MOSD - if the dentist is providing the service at the wards (similar to house-calls).

When a Medical Transport Service/Emergency Ambulance Service Licence is Required in the NH context

- From time to time, the NH service licensee may need to transfer a resident from one place to another. If the resident is medically stable and does not require clinical care or monitoring during the transfer, the NH service licensee may transfer him or her via usual means (e.g., a car, van or bus). A Medical Transport Service (MTS) licence/an Emergency Ambulance Service (EAS) licence is not required in such instances.

- However, if the resident **requires some form of clinical care or monitoring during the transfer, the resident shall only be transported via a HCSA-licensed MTS or EAS provider.** The decision to convey the resident via MTS or EAS would depend on the acuity and clinical condition of the resident assessed by the clinical team.

- A NH service licensee must hold an MTS or an EAS licence only if the licensee also provides MTS/EAS in addition to its NHS.

- If the NH service licensee does not hold an MTS or an EAS licence, they must secure the services from a licensed provider.

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Nursing Home Regulatory Forum – Nursing Home Requirements under HCSA

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What Requirements Must I Comply With Under The HCSA?

You must comply with **ALL of the following requirements***

- **The Act** → Sets out **broad requirements** and obligations
- **Regulations** → Sets out **requirements** to be met when providing licensable healthcare services
  - General Regulations
  - Advertisement Regulations
  - Fees Regulations
  - Appeals Regulations

  → **General requirements** applicable to **all licensees**
  - Service Specific Regulations

  → Requirements **unique to each licensable healthcare service (LHS)**
- **Licence Conditions** → Sets out **specific technical requirements for each LHS**
- **Code of Practice (COP)** → Sets out **COP for Key Office Holders**

***FAQs/Guidance** carry illustrations of good practices to help licensees interpret and meet the requirements in the Regulations and LCs and are not enforceable.*

Key Requirements under the Healthcare Services Act

Introduction to the Healthcare Services Act

1. Licensing of healthcare services

- Provision of licensable healthcare service to be licensed
- Unlicensed premises and unlicensed conveyances
- Application for licence
- Grant or renewal of licence
- Form and validity of licence
- Licence conditions
- Modifying conditions of licence
- Amendment of licence
- Restriction on transfer of licence
- Voluntary cessation of licensable healthcare service or surrender of licence
- Lapse of licence
- Security deposit
- Regulatory action against licensees, etc.
- Procedure for regulatory action against licensees, etc.
- Register of licensees

2. Special duties of Licensees

- Key appointment holders
- Appointment of Principal Officer and Clinical Governance Officer by licensee
- Appointment of specified committees
- Ethics review of certain medical treatment
- Record-keeping on healthcare service
- Approval of employment of individuals by certain licensees
- Use of term or name
- Use of licensed premises or licensed conveyance for other purposes
- Advertisement of licensable healthcare services

3. Step-in arrangements for designated licensees

- Step-in order
- Duration of step-in order or expedited step-in order
- Rules and savings for step-in arrangements

4. Enforcement and monitoring compliance

- Power to obtain information
- Publication of information
- Codes of practice
- Directions concerning health, safety or welfare of individuals
- Directions relating to quality assurance committees
- Powers of entry, inspection and search
- Offence of obstructing Director or authorised officer in exercise of powers
- False or misleading statements, information or documents
- Disposal of articles, documents, substances etc.
- Offences by corporations
- Offences by unincorporated associations or partnerships
- Composition of offences

5. Appeals

- Appeals to Minister
- Appeal Advisory Board
- Minister may designate others to hear appeals

6. Miscellaneous

Please refer to the Healthcare Services Act in Annex A for further details.

[Updated] Employment Restrictions

- Under Section 28 of the Act, **Nursing Home (NH) service licensees cannot employ/engage any individuals who have committed certain serious offences, unless MOH gives approval.**
  a) The offences include those relating to physical violence, sexual abuse and those that threaten the safety of individuals.

- The requirement only applies to individuals employed or engaged (after the effective date) who have access to residents (includes unsupervised vendors).
  a) Volunteers are exempted from this requirement.

- Foreign hires on work passes are subject to screening by MOM and do not need to be screened again by MOH.

- The expected roll-out for background screening will be implemented in **Jul 2024**.

Overview of Screening and Application Process

Screening Process

Licensee submits personal particulars and self-declaration forms[1] of the individual to be employed/engaged, to MOH at least 14 calendar days before the scheduled employment/deployment in the NH.

Positive[2]

Licensee will be notified that the individual did not pass MOH's screening and licensee must seek approval from MOH if they wish to proceed with hiring/engaging the individual[3].

If licensee decides to proceed with hiring/engaging the individual

Application Process

Licensee submits an application within 21 calendar days from MOH's notification.

Name and NRIC; job scope and duties; whether job requires patient contact; hiring reasons; supporting documents (testimonials, mitigating measures)

MOH notifies licensee of the application outcome and the decision is final.

Negative

Licensee may proceed with hiring the individual.

Note:

[1]False declaration would contravene HCSA S43 and may be liable on a conviction to be fined or imprisoned.

[2]MOH will not disclose this individual's prior offences to the licensee.

[3]MOH will provide an application form with instructions on how to proceed with the application.

Key Requirements under Healthcare Services (General) Regulations

Overview of Requirements under General Regulations

1. **Licensing Matters**

2. **Governance of Licensees**
   - **[Updated]** Roles and responsibilities of licensee, Key Appointment Holders, Principal Officer, Clinical Governance Officer

3. **Personnel**
   - **[NEW]** Requirements for personnel engaged or employed by the licensee

4. **Committees Appointed by Licensees**
   - **[NEW]** Quality Assurance Committee

5. **Premises, Conveyances and Equipment**
   - Requirements for premises, conveyances and equipment.
   - **[NEW]** Use of premises and conveyances for other purposes

6. **Medical Products and Health Products**
   - Purchase, prescription, preparation, storage, disposal, delivery and transportation of medicinal products and health products.

7. **Specimens**
   - Safe and proper handling of specimens
   - **[NEW]** Specimen collection for testing purposes

8. **Service standards**
   - Requirements to protect patient safety and welfare
   - Communication with patients
   - **[Updated]** Management of patient health records
   - Continuity and transfer of care

9. **Infection Control, Incident Management and Emergency Preparedness**
   - **[NEW]** Infection Control, including immunity against measles and diphtheria
   - Incident escalation, emergency preparedness and business continuity

10. **Miscellaneous**
    - **[Updated]** Restrictions on use of names
    - Penalties

Please refer to the General Regulations and FAQs in Annex B for further details.

Governance of Licensees

Enhanced Governance in NHs to Better Safeguard NH Residents

One of the key changes under HCSA is the enhanced governance framework, to ensure greater oversight of the NH service, so as to better safeguard patient safety and welfare.

The enhanced governance framework requires:-

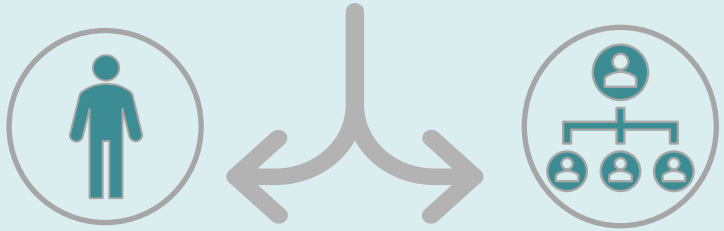
- **Suitable individuals to be appointed in key governing roles**
- **Appropriate clinical and corporate risk management**
- **Transparency and accountability to key stakeholder groups**
- **Business continuity assurance**

Overview of Key Office Holders

Licensee

Responsible and accountable for overall compliance with HCSA

May be an individual or a corporate entity



If the licensee is an individual, s/he is also the Key Appointment Holder (KAH), i.e., the governing body responsible for strategic leadership and general management oversight.

If the licensee is a corporate entity, depending on how the business structure is registered with the Accounting and Corporate Regulatory Authority (ACRA) **the KAH(s) are:**

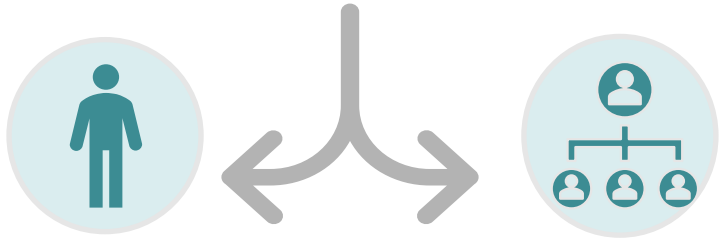
a) **all members* of the board, or**
b) **all partners in a partnership, or**
c) **the owner in a sole proprietorship.**

*For licensees who are corporate entities or charities, all the board members are the KAHs even though the Board oversees various different services, and the NH service is but a small part of the charity or business.

Overview of Key Office Holders (continued)

Licensee

May be an individual or a corporate entity



If the licensee is an individual, s/he is also the Key Appointment Holder (KAH).

The same individual can also be the Clinical Governance Officer and Principal Officer as long as s/he meets the requisite requirements and has the bandwidth to juggle multiple roles effectively.

If the licensee is a corporate entity, the KAH(s) are:

a) **all members of the board, or**
b) **all partners in a partnership, or**
c) **the owner in a sole proprietorship.**

Clinical Governance Officer (CGO)

The CGO is similar to the **HCI manager** under PHMCA and **oversees the clinical aspects of the NH service to ensure safe and quality care.**

Principal Officer (PO)

The PO is similar to the **Chief Executive Officer or the operations manager,** under PHMCA and **oversees the day-to-day management and operational compliance to HCSA.**

Roles and Responsibilities of the Key Office Holders

Roles and Responsibilities of the Licensee

The licensee is responsible for:-

- **Overall compliance with HCSA** including the Regulations, the licence conditions and all directions and codes of practice given or issued under the Act.

- **Compliance with any other written law regulating or relating to the provision of the NH service** in a safe and proper manner, that is applicable to the licensee.

- **Appointing a competent PO and CGO and adequately empowering them** to carry out their duties. The licensee must not obstruct the PO and CGO from carrying out their duties in compliance with the Act.

  a) **The licensee needs MOH's approval for the CGO appointment (unlike the appointment of the PO)** as the CGO needs to have met specific requirements for competencies and qualifications.

Roles and Responsibilities of the Licensee (continued)

The licensee is responsible for ensuring the following:-

- **There is always a PO and CGO** overseeing the operational and clinical aspects of the nursing home service:-
  a) Licensees must appoint a **new PO within 10 calendar days** after the previously appointed PO stops acting, or is unable to act, as the PO.

  b) Licensees must not operate their services without a suitable CGO.
     i. Succession & business continuity plans should be in place such that if the CGO has resigned and is serving notice, the licensee is able to appoint the next CGO almost immediately **(i.e., within 1 calendar day)** to prevent disruption to the NH service.
     ii. In the event of an unexpected demise or sudden departure of a CGO, licensees must appoint a new CGO **within 20 calendar days** after the previous CGO has left.

- **There are adequate numbers and suitability of personnel in the NH service** to ensure the patient safety and quality of care; and

- There are proper systems to ensure **adequate division of duties and clear reporting lines for its personnel**.

Roles and Responsibilities of the KAH

- KAHs are the governing body **responsible for strategic leadership and general management oversight**.

- **All KAHs have a duty to safeguard patient safety and welfare**, regardless of whether the KAH
  a) Is a volunteer or is remunerated;
  b) Oversees various other services in addition to the NH service; and
  c) Is clinically trained.

- If there is non-compliance and the facts of the case suggest that KAH may also be culpable, action against the KAH along with the licensee and other Key Office Holders may also be considered.

Roles and Responsibilities of the PO

- The PO is **responsible for providing oversight over the day-to-day management of NH service** and ensuring **operational compliance with HCSA** (e.g., ensuring the structure, facility, equipment or devices used are safe, the premises as a whole is safe, the NH is operating smoothly).

- The PO **must reside in Singapore, at all times be contactable and available** to tend to all matters which require his/her attention. If the PO cannot be available, the PO must appoint a suitably qualified and competent employee to handle the matter on the PO's behalf.

- **Before making any decision on a clinical matter, the PO must consult the CGO** who is appointed to oversee the clinical aspects of the NH service.

Roles and Responsibilities of the CGO

- The CGO is expected to oversee the delivery, co-ordination and evaluation of **clinical aspects of the NH service** to ensure safe and quality care.

- The CGO **must reside in Singapore, at all times be contactable and available** to tend to all matters which require his/her attention. If the CGO cannot be available, the CGO must appoint a suitably qualified and competent employee to handle the matter on the CGO's behalf.

- **The NH may appoint more than 1 CGOs, but the responsibilities of each CGO must be clearly delineated and all the CGOs must know their respective responsibilities.** (e.g., For Hospice Care SS approval, the NH service licensee must appoint a CGO who is a palliative medicine specialist. Additionally, a CGO nurse may also be appointed to oversee the nursing care and administration.)

- **While the same individual can be appointed as the CGO for several licensees or licensable services simultaneously,** subject to them meeting the specific requirements on skills and competencies of the CGO stipulated in the specific service regulations, **licensees should take into consideration their bandwidth and capacity as part of assessing their suitability and ability for the role. The CGO should also consider the same before taking on the role.**

Roles and responsibilities of licensee, KAH, PO and CGO

- While the **licensee is responsible and accountable for overall compliance** with HCSA, if there is non-compliance and the facts of the case suggest that KAH, PO, and/or CGO may also be culpable, action against these key officeholders along with the licensee may also be considered.

- In assessing the above, MOH consider:-
  a) The nature of the breach;
  b) The roles, responsibilities, and competencies of the KAH, PO and CGO vis-à-vis the nature of the breach; and
  c) Whether there is a willful negligence of duty by staff despite established processes and compliance checks by the KAH, PO and/or CGO.

- **The degree of culpability for each party will be considered <u>based on the facts of the case</u>**, having regard to the following:
  a) Whether the KAH is suitable to act in its capacity
  b) Whether the PO had failed to perform its and qualified/competent function
     i. Key consideration: **is the breach something that the PO ought to have reasonably detected or flagged up**, taking into consideration whether he or she has clinical expertise
  c) Whether the CGO had failed to perform its function
     i. Key consideration: **is the breach something that the CGO ought to have reasonably detected or flagged up**, taking into consideration his or her technical expertise

Suitability and Requirements for Key Office Holders

Who is suitable to be a licensee, PO, CGO, KAH

- A person is **not** considered suitable to be a licensee, PO, CGO or KAH if he/she:-

a) Has been **charged with or convicted** of:
   i. An offence involving **fraud or dishonesty**
   ii. An offence under the **HCSA, the PHMCA or any other applicable Act** (see **Annex A)**
   iii. An offence specified in the **Third Schedule to the Registration of Criminals Act (Cap. 268)**
   iv. Any other offence involving **abuse, ill treatment, assault or physical violence**

b) Is an **undischarged bankrupt**

c) Has his/her **professional registration under MOH's professional acts cancelled, removed or suspended**

d) Has been a **director or manager** of an entity carrying on the business of providing healthcare services which has its **registration or licence suspended, cancelled or revoked**

e) Has his/her **accreditation/approval to participate in MOH-administered public schemes revoked or suspended**

f) **Lacks capacity** within the meaning of the Mental Capacity Act 2008 (Cap.177A)

KAH Requirements

- The corporate governance requirements imposed under HCSA on KAHs **complement** the other governance standards and relevant legislation that they may already be subjected to (e.g., the Code of Governance for Charities/Societies or Co-operative societies).

Tier Category	Basic Tier	Enhanced Tier
Requirements	No additional corporate governance requirements are imposed under HCSA on the KAHs.	At least 1 KAH should have **5 years of prior experience in managing a business in general or a NH service or a relevant licensed healthcare service** of **comparable or greater staff strength than that of the NH service** for which they are now deemed KAHs. This requirement cannot be fulfilled by a CGO or PO.
Examples	• Company limited by guarantee • Charity (including an Exempt Charity that is an Institution of Public Character (IPC)) • Society • Co-operative society	All other companies that do not fall under the Basic Tier

NH CGO Requirements

NHs are to appoint a **CGO** to strengthen the overall clinical governance, where the CGO oversees the delivery, co-ordination and evaluation of clinical aspects of the NH service to ensure safe and quality care.

The CGO may be

A fully registered medical practitioner with SMC

or

A fully registered nurse with SNB

The CGO doctor must fulfil **either** of the following requirements:

- Is registered as a specialist in any branch of medicine OR is registered as a family physician.
- Had previously been deployed as a medical practitioner for a continuous period of 5 years, or an aggregate period of 5 years during a continuous period of 10 years.

The CGO nurse must fulfil **all** of the following requirements:

- Shall hold a degree in nursing; AND a post-registration qualification in clinical nursing (e.g., advanced diploma, post-graduate, post-basic nursing qualification).
- Served an aggregate period of 5 years in a leadership role, in the last 10 years as a RN in nursing homes, inpatient hospice, and inpatient wards in both acute and community hospitals.
  (Leadership role means directing, managing and supervising the provision of nursing care and services.)

CGO Nurse Requirements

18 Dec 2023 ← **5-year sunrise period** → Dec 2028

Incumbent Nurse Leaders who are appointed as CGO **before 18 Dec 2023** AND do not meet the experience and/or qualification requirements will be grandfathered as long as they remain employed at the same NH (i.e., same permanent premises).

a) **Incumbents who leave the NH they were grandfathered to,** cannot be appointed as the CGO in another NH (even if under the same licensee) if they do not meet the CGO requirements by the end of the 5-year sunrise period.

b) If the **incumbent leaves and rejoins the same NH**, the grandfathering will not apply.

CGO nurses appointed **on and after 18 Dec 2023** will be required to meet the qualifications and experience requirements by the end of the 5-year sunrise period i.e., Dec 2028:-

This means that all CGO nurses who are **appointed between 18 Dec 2023 to Dec 2028 AND did not meet the experience and/or qualification requirements** must have these gaps closed by the end of the sunrise period, otherwise, they cannot continue to be appointed as CGOs.

To ensure that the new CGO nurses appointed during this 5-year sunrise period can meet the experience and qualification requirements by Dec 2028, they must meet certain criteria at the point of application to be a CGO (see next slide).

CGO nurses appointed after **Dec 2028** must already meet the qualifications and experience requirements, otherwise they cannot be appointed as CGOs.

[Updated] CGO Nurse Requirements

18 Dec 2023 ← **5-year sunrise period** → Dec 2028

To ensure that CGO nurses appointed **on and after 18 Dec 2023** can meet the qualifications and experience requirements by the end of the 5-year sunrise period i.e., Dec 2028,

At the point of application, the proposed CGO nurse must:

- ✓ Be a fully-registered nurse with SNB
- ✓ Possess either a degree in nursing OR a post-registration qualification in clinical nursing (e.g., advanced diploma, post-graduate, post-basic nursing qualification)
- ✓ Have started working as a RN in a residential care setting on or before Dec 2018.
- ✓ Have already accumulated at least 5 years of work experience in leading the provision of nursing care and services in a residential care setting.

\+ Provide documentary proof of arrangements made (e.g., course enrolment) to ensure both qualification criteria will be met by Dec 2028

→ So that s/he accumulates 10 years' experience as a RN in a residential care setting by Dec 2028.

CGO Requirements for NHs providing Hospice Care as a Specified Service

CGO criteria for Hospice Care SS providers

- For clarity, the duties and responsibilities of the CGO in a hospice care service is the same as those of NHs. However, the domain expertise required is different for a hospice care service. Therefore, specific CGO requirements are proposed for hospice care SS.

- For the hospice care SS, the licensee shall appoint as CGO - a medical practitioner who is:-
  a) A **palliative medicine specialist**;
  b) With at least 5 years of experience as a medical practitioner within the last 10 years; and
  c) Out of the 5 years of experience as a medical practitioner, there shall be at least 3 years of experience as a palliative medicine specialist.

Committees Appointed By Licensee

Quality Assurance Committee

- NHs are to **appoint a SRE QAC**, as part of the plan for NHs to start stepping up on improving their service quality, though we will not require NHs to report the SREs to MOH.

- **With effect from 18 Dec 2023, NHs must set up a QAC and appoint a QAC supervisor** to monitor, evaluate and review resident safety and clinical quality issues in the NH.

- The QAC shall consisting of **three or more persons**, including:
  a) **A QAC supervisor; and**
  b) **At least one medical or nursing or pharmacist or allied health professional.**

- **The QAC supervisor shall be directly employed by the licensee.** Other members of the QAC may comprise of persons who are not the NH employees.

- **The QAC supervisor has a 5-year sunrise period to attain relevant training and experience** in risk assessment, quality improvement and quality assessment in the healthcare setting.

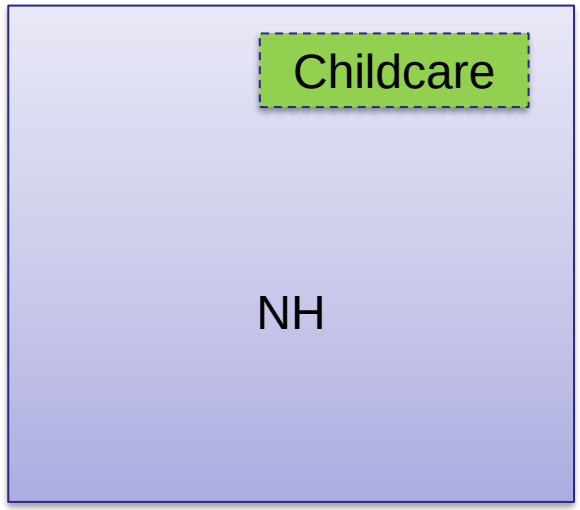
Quality Assurance Committee

- **The functions and duties of a QAC shall be as follows**:
  a) To devise and maintain a quality assurance programme for the purposes of evaluating and monitoring-
     i. the quality and clinical appropriateness of the nursing home service provided to residents; and
     ii. the procedures and practices of the licensee in relation to the provision of the nursing home service;
  b) To identify and evaluate any safety incidents to assess if the quality of the service provided is acceptable;
  c) To identify, develop and monitor the implementation of solutions to rectify and prevent safety incidents from recurring;
  d) To make recommendations to the licensee to improve the quality of the nursing home service; and
  e) To ensure that any directives issued by DGH in relation to quality assurance activities are complied with.

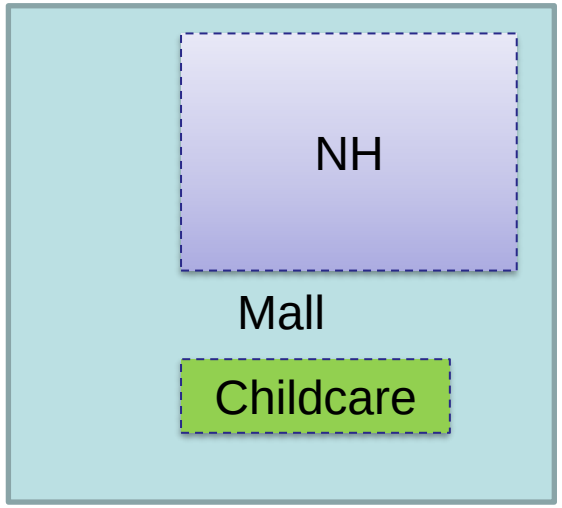
Use of Licensed Premises for Other Purposes (Co-location)

Use of Licensed Premises for Other Purposes (Co-location)

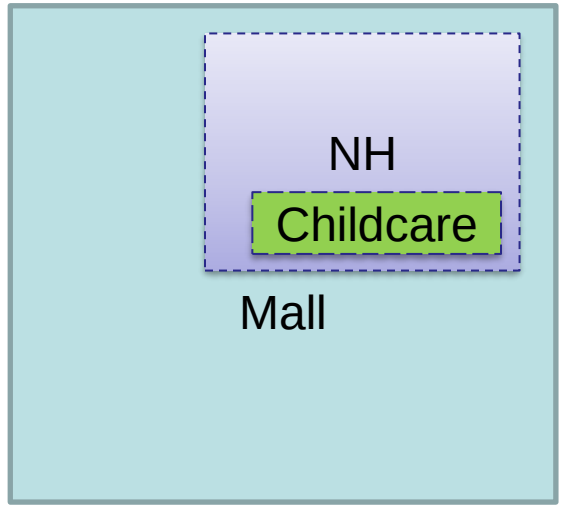
What is considered co-location?



Co-location – NH owns the premises and childcare occupies part of the premises



NOT co-location – Nursing home is a tenant of the mall



Co-location – Childcare is located within the nursing home, even though nursing home is a tenant of the mall

Use of Licensed Premises for Other Purposes (Co-location)

- The NH service licensee may only allow the following non-licensable healthcare services (listed in the Fourth Schedule of HCS General Regulations) to co-locate within the NH-licensed premises without seeking prior approval from MOH.

Healthcare services provided by healthcare professionals registered under the following Acts: • **Nurses and Midwives Act** • **Pharmacists Registration Act** • **Optometrists and Opticians Act** • **Traditional Chinese Medicine Practitioners Act** (limited to the provision of acupuncture service)
Healthcare services provided by the Allied Health Professionals listed in the Second Schedule of the Allied Health Professions Act: • **Occupational Therapist / Ergotherapist** • **Physiotherapist / Physical Therapist** • **Speech Therapist / Speech Pathologist** • **Radiation Therapist / Therapeutic Radiographer** • **Radiographer / Diagnostic Radiographer / Radiologic Technologist**
Retail sale of medical devices, therapeutic products, oral dental gums and cosmetic products, as defined in the First Schedule of the Health Products Act

Use of Licensed Premises for Other Purposes (Co-location)

- The NH service licensee must not allow any person to use the whole or part of the NH-licensed premises to provide any other non-licensable healthcare service or non-healthcare services, **unless**
  - **a) Approval from MOH is obtained; and**
  - **b) The following conditions for co-location are satisfied:-**
    - i. Patients make an independent decision to use the co-located service (i.e., patients are not incentivised to patronise the LHS in order to use the co-located service and vice versa);
    - ii. Advertisements do not create a perception that the co-located service is licensed by MOH;
    - iii. There is no adverse impact on the LHS or patients;
    - iv. The privacy and safety of the licensee's patients is not compromised; and
    - v. There is clear delineation of accountability for services provided to individuals who are not the licensees' patients (e.g., physical demarcation, signages).

- **This is to prevent misperception that non-licensable services are regulated by MOH.**

Provision of Restricted Services

Examples of Restricted Services

Restricted Services shall not be provided by the NH licensee unless they are provided as part of:

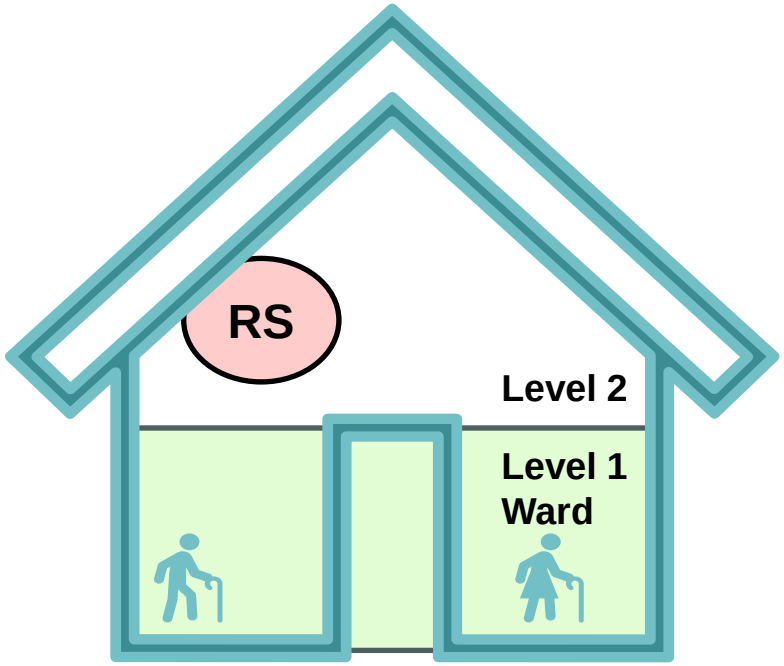
a) Human biomedical research; or
b) A clinical trial.

Examples of restricted services:

- Chiropractic and Osteopathic Services
- Traditional Medicine
  (Chinese, Malay, Indian Therapeutic Methods)
- Alternative Medicine

Use of NH-Licensed Premises for Co-location with Restricted Services

Condition(s) to meet if NH service licensee wants to co-locate with restricted services*

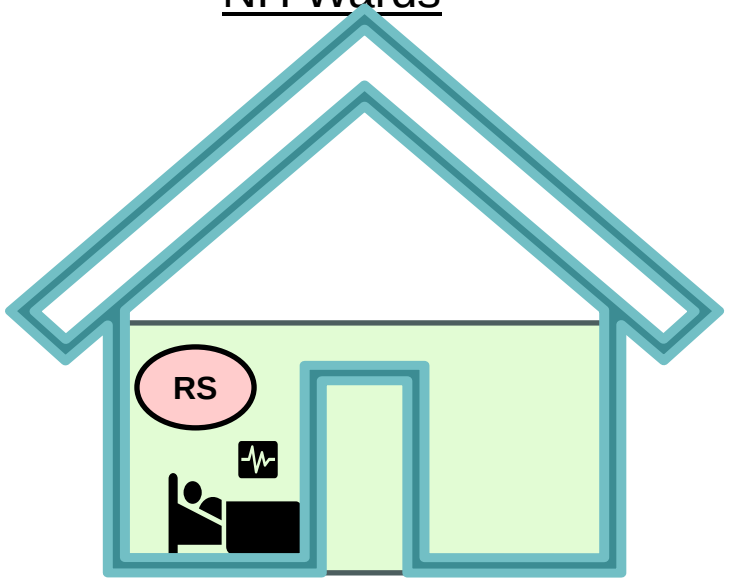


1. **Approval from MOH must be obtained; and**
2. **Conditions for co-location must be satisfied:-**
   a) Patients make an independent decision to use the co-located service (i.e., patients are not incentivised to patronise the LHS in order to use the co-located service and vice versa);
   b) Advertisements do not create a perception that the co-located service is licensed by MOH;
   c) There is no adverse impact on the LHS or patients;
   d) The privacy and safety of the licensee's patients is not compromised; and
   e) There is clear delineation of accountability for services provided to individuals who are not the licensees' patients (e.g., physical demarcation, signages).

This is similar to conditions for co-location with non-LHSes, not specified in the Fourth Schedule of HCSA General Regulations.

[NEW] Provision of Restricted Services Within NH Wards

Condition(s) to meet if NH service licensee* wishes to allow restricted services within NH Wards



*Notwithstanding the patient's or NOK's request, the NH CGO may still disallow the said restricted services to be provided to residents if the NH CGO assesses that the provision of such services would interfere with the care provided by the NH or is harmful to the resident.

1. The NH service licensee may only allow the following restricted services, to be provided in NH wards, **upon request** by the residents and/or their appointed representatives:-

   a) Chiropractic and Osteopathic services; and
   b) Traditional Chinese Medicine (the practitioners must be registered TCMPs)

2. When so doing, the NH service licensee must make clear to the resident/NOKs that the services are **NOT** provided by the NH, and who is the service provider.

3. The NH service licensee and its personnel **must not in any way influence the resident** (and/or NOKs) to request for such services. Similarly they must ensure that such providers coming in cannot be marketing its services to the other residents.

4. NHs must **document and retain records** of:-
   a) The resident's (and/or NOK's) **request for the restricted service and acknowledgement that the NH is not liable** for any harm arising as the services are not provided by the NH.
   b) Details such as the date/time/specific types of services rendered at each visit/name of attending restricted service provider and company of service provider.

Management of Patient Health Records

Management of Patient Health Records

- The NH service licensee shall ensure that:-
  - **a) Patient health records are accurate, complete and up-to-date**
  - **b) Confidentiality, integrity and security of all health records is maintained**
    - i. Protocols and processes are in place to prevent any unauthorised modification, copying or use of a patient health record, including cybersecurity measures.
    - ii. Protocols and processes are periodically reviewed to ensure that they are effective and being complied with by the staff involved in handling the patient health records.
    - iii. Reasonable care is taken in the disposal or destruction of the patient health records to prevent unauthorized access.
  - **c) Continuity of care is maintained when service ceases or during patient transfer**
    - i. Informing patients in advance before the intended date of cessation.
    - ii. Consulting patients on the transfer or disposal of their health records.

- For all other records in relation to the provision of NH service, **that do not contain patient info** and may be organised/compiled at the provider-level, **the NH service licensee must ensure and maintain accuracy, integrity and completeness of such service records.** (e.g., staff training and competency records, equipment maintenance records, PPE inventory, pest control reports).

Business Continuity

Business Continuity

- **There shall be business continuity plans to ensure continuity of service**

- **Examples of circumstances where BCP is necessary:**
  a) Power shortage
  b) Supply of critical material, e.g., PPE runs out
  c) Mass resignation of nurses
  d) Resignation of Key Office Holders [including the Principal Officer (PO) and the Clinical Governance Officer (CGO)]

- **What is required?**
  a) Think of a plan that can be operationalised
  b) Either record down the plan and SOPs, or be able to articulate the plan during inspection
  c) Ensure relevant staff are familiar with the plan
  d) Licensee to execute the plans should the above circumstances arise

Infection Control, Incident Management and Emergency Preparedness

Immunity against measles and diphtheria

- These are prevailing requirements and will be imposed under HCSA.

- **Individuals employed or engaged** (whether by the Licensee or otherwise) to perform regular work (1) for Licensees or (2) in Licensees' premises or conveyances, must meet the following immunity requirements:
  a) Measles: Completion of two doses of measles vaccination (Singapore citizens and permanent residents born in Singapore before 1975 may be exempted); serological evidence of immunity against measles; laboratory confirmation of past infection.
  b) Diphtheria: Completion of one dose of tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap), followed by a booster dose of tetanus and diphtheria toxoids (Td) or Tdap every 10 years**.**

- **Exemptions -** Licensees would need to self-assess the exemption, and any exemptions will have to be justified by the licensees, for example:
  a) Individuals whose work does not involve direct interaction with patients AND who do not work within any premises of a healthcare institution which provides services that involve direct interaction with patients;
  b) Individuals who are permanently unfit for vaccination (will require a medical exemption letter);
  c) Individuals who are employed or engaged (by Licensees or otherwise) for carrying out of work that is performed, or who volunteer, on a one-off basis; and
  d) General volunteers who are <u>not</u> registered healthcare professionals (HCPs).

Naming Restrictions

Restriction on Use of Name

- NH service licensees cannot use names that mislead or cause confusion.
- Approval is required for terms such as “Singapore” or “National” and its abbreviations.
- NH service licensees cannot use any specialty names in their business name if there is no specialist actively practising under or engaged with licensee *E.g., a home palliative provider cannot use the name “hospice” if he/she does not employ or engage a specialist who practises actively in palliative care.*
- Existing licensees may continue to use their present names until there is a change in their licence or substantial change in the governing body. *E.g. Singapore Christian Home.*

Protected terms and names that non-licensees are not allowed to use

Protected terms and names

1. Accident and emergency
2. Accident and Emergency Department
3. Acute hospital
4. Ambulatory surgical centre
5. Assisted reproduction
6. Blood bank
7. Blood transfusion
8. Cell, tissue and gene therapy
9. Clinical genetic and genomic service
10. Clinical laboratory
11. Community hospital
12. Dental clinic
13. Diagnostic imaging laboratory
14. Egg bank
15. Embryo bank
16. Emergency ambulance
17. Emergency department
18. Family Physician
19. General hospital
20. General practitioner clinic
21. Health screening
22. Hospice
23. Inpatient hospice
24. Inpatient palliative care
25. In-vitro fertilisation
26. Maternity home
27. Medical and surgery
28. Medical centre
29. Medical clinic
30. Medical clinic and surgery
31. Medical laboratory
32. Medical transport
33. Mobile medicine
34. National Centre
35. National Specialty Centre
36. Nuclear medicine assay
37. Nuclear medicine imaging
38. Nuclear medicine therapy
39. Nursing home
40. Oocyte bank
41. Organ transplant
42. Outpatient renal dialysis
43. Polyclinic
44. Proton beam therapy
45. Radiation oncology
46. Radiology laboratory
47. Renal dialysis centre
48. Specialties and sub-specialties recognised by SAB*
49. Specialist centre
50. Specialist clinic
51. Specialised interventional procedure
52. Sperm banking
53. Surgical centre
54. Telemedicine
55. Tissue banking
56. Urgent Care Centre
57. Urgent Care Clinic
58. X-ray laboratory

For some terms, they will be protected but, in the course of enforcement, we will consider the context of how the terms are used

**Specialties and subspecialties recognised by Specialists Accreditation Board are available at: List of Recognised Specialties*

Key Requirements under Nursing Home Service Regulations and Licence Conditions

Current Regulatory Standards for Nursing Homes

The current requirements set out under the NH Licensing Terms and Conditions (LTCs) will be retained except for the highlighted aspects.

Requirements set out in the NH LTCs

Domain 1: Clinical Aspect of Care

1. Care Planning
2. Medical services
3. Medication management
4. Advance Care Planning
5. Pains Management
6. Falls Prevention and Mobility
7. Skin Care and Pressure Ulcers
8. Oral Hygiene and Dental Care
9. Continence Management
10. Allied Health Services
11. Infection Control
12. Food Services

Domain 2: Social Aspects of Care

1. Dignity of Care
2. Psychosocial and mental health care
3. Informed Care
4. Use of Restraint
5. Living Environment
6. Ancillary Services

Domain 3: Governance and Organisational Excellence

1. General Management duties and responsibilities
2. Duties and Responsibility of Head of Nursing
3. Staff Organisation and Management
4. Staff Training, competency and Supervision
5. Financial Management
6. Feedback Management
7. Continuous Improvement
8. Emergency Preparedness

Head of Nursing

- **The requirement to appoint a HON for the NH remains**.

  a) If the CGO is a nurse, (s)he can also concurrently be the HoN in the NH.

  b) If the CGO is a medical doctor, a registered nurse, with relevant experience, (s)he will need to be appointed as the HoN in the NH.

- **The HoN must be a registered nurse.**

- **All HONs <u>appointed on and after 18 Dec 2023</u> are required to meet the following prescribed qualification and experience requirements**:-

  a) 5 years experience as a RN serving in a supervisory and/or leadership role (i.e. as a nurse manager/ nurse educator/ nurse clinician); and

  b) <u>Either</u> a degree in nursing, or a post-registration qualification in <u>clinical</u> nursing (e.g., advanced diploma, post-graduate, post-basic nursing qualification)

- **Incumbent HONs who do not meet the prescribed qualification and experience requirements by 18 Dec 2023 will be grandfathered for a time-limited period of 5 years** (i.e. they must meet the prescribed qualification and experience requirements by Dec 2028).

Infection Control Committee Lead

- **The NH service licensee must appoint an Infection Control Committee Lead[1], who has relevant training in infection control, to oversee the infection control committee.**

- **The Infection Control Committee Lead shall be directly employed by the licensee.**
  a) Other members of the Infection Control Committee may comprise of persons who are not the NH employees[2].

- **The functions and duties of an Infection Control Committee Lead shall be as follows:**
  a) To ensure that the NH has an Infection control Programme, documented infection control activities and written policies and guidelines to deal with any infection acquired or brought into the NH;
  b) To coordinate and monitor compliance with internal infection control procedures;
  c) To ensure that the NH's infection control policies and procedures are current, relevant, acceptable and evaluated yearly;
  d) To ensure proper disinfection and disposal of infectious waste materials by licensed biohazard waste disposal operators, in accordance with all relevant laws and requirements.

- **With effect from 18 Dec 2023, NHs must appoint an Infection Control Committee lead,** but this Infection Control Committee Lead has a **5-year sunrise period to complete relevant formal training in infection control.**

[1] The infection control committee lead is intended to mean the same as the infection prevention and control lead.
[2] NHs may seek out external experts to be appointed to the Infection Control Committee.

[NEW] Mandatory Reporting of Alleged or Actual Abuse Incidents

Alleged or actual abuse of resident
a) Sexual
b) Physical
c) Psychological*

→ Investigate & Implement a safety plan immediately (if needed)

→ Notify MOH within 72 hours

→ Complete investigation & monitor safety plan as needed

→ Submit final incident report to MOH within 30 days from initial notification.

*Psychological abuse (includes harassment and verbal abuses (e.g. repeated derogatory remarks) causing psychological distress to resident)

If more time is required, NH to inform MOH in writing.

Additional Points

- The reporting pathway is a separate workflow and not part of the SRE QAC reporting.
  a) NHs do not need to report SREs to MOH; and are strongly encouraged to surface any serious events during QAC meetings for service improvement purposes.

- This will be implemented with the rollout of HCSA Phase 3 (i.e., mid-Dec 2023).

Medication Management

- **The NH service licensee must have appropriate facilities to store controlled drugs (CDs).**
  a) For clarity, NHs are not required to hold CDs as ward stock.
  b) However, NHs must have the facilities and capabilities to store and manage CDs.
  c) The intent was for NHs to be able to readily take in residents requiring CDs as NH residents may increasingly require the use of CDs as part of their care management. Notwithstanding, neither HCSA nor MDA prohibits NHs from stocking CDs.

- **The NH service licensee must have a policy in place for the management of donated medications.**
  a) For clarity, the NHs may have a policy not to accept any donation of medications.

- **By Dec 2028 (i.e., by the end of a 5-year sunrise period), the NH service licensee must have at least one registered nurse or enrolled nurse competent in the administration of S/C and I/M injections onsite at the NH at all times.**

Emergency Life-Saving Measures

- **NH service licensees shall ensure that all registered healthcare professionals (HCPs)** (e.g., doctors, nurses, pharmacists, allied health professionals) **maintain valid certification in Basic Cardiac Life Support (BCLS) and in the use of Automated External Defibrillator (AED) when in clinical areas (e.g. NH wards).**

- Registered HCPs, **who are not medically-fit to perform essential life-saving measures, must still maintain valid BCLS and AED certification, but only for the theory component.**

- If there are no registered HCPs with valid BCLS and AED certification present, **there must be 1 personnel on-site at the clinical area at all times with valid CPR and AED certification.**
  a) This requirement will only be enforced from **1st Jan 2027.**

Emergency Life-saving Measures

- **NH service licensees are expected to continue to keep and maintain a list of resuscitation drugs and equipment within the NH for use when a doctor is on site.**

  a) There is an adequate supply of resuscitation drugs available at all times, including but not limited to the following:

     i. Injection adrenaline;

     ii. Injection antihistamine;

     iii. Injection steroid e.g. hydrocortisone; and

  b) The resuscitation equipment that must be available at all times includes, but is not limited to:

     i. Manual resuscitator;

     ii. Airways of at least two sizes;

     iii. Infusion set;

     iv. IV infusion fluid.

- **Additionally**, NH service licensees are required **to keep inhaled or nebulised bronchodilators and appropriate delivery devices** for the bronchodilator (e.g. spacer, nebulizer).

Price Transparency, Display of Charges and Financial Counseling

Price Transparency

- The NH service licensee must, upon request, inform a resident or any person who intends to receive a NH service from the licensee, of the applicable charges (including any administrative fee).

Display of Charges

- The NH service licensee must display or make available the charges applicable for the NH service upon admission. The charges must include:
  a) Monthly NH charges
  b) Any administrative fee or any other charge that is to be imposed in respect of the NH Service on the resident (e.g., medical consumables, transport, medications, medical charges and other incidental charges).

Financial Counseling

- The NH service licensee, must:-
  a) Before providing a NH service to the resident, conduct financial counselling to the resident or the resident's next-of-kin, as soon as reasonably practicable.
  b) Inform the resident or the next-of-kin regarding the change in fees and changes to charging policy before the implementation of said changes.
  c) Record all financial counselling conducted and obtain the resident's or the next-of-kin's written acknowledgement upon the completion of the financial counselling.

Regulatory Actions Against Non-Compliances

There are a wider range of penalties under HCSA against non-compliances:

Range of regulatory actions and penalties

- Criminal sanctions
- Modification of any licence condition
- Requirement to furnish additional performance bond, guarantee or other form of security etc.
- Forfeiture of whole or part of any performance bond, guarantee or other form of security etc.
- Direct the licensee to do or refrain from doing things to rectify a contravention or non-compliance or prevent a recurrence of the contravention or non-compliance
- Licence suspension
- Financial penalty up to a maximum of $10,000

Note: Higher penalties under HCSA compared to PHMCR

Annexes

Annex A	Healthcare Services Act (HCSA)
Annex B1	Healthcare Services (General) Regulations 2021
Annex B2	FAQs on the General Regulations
Annex C	Code of Practice for Key Office Holders under HCSA

MINISTRY OF HEALTH
SINGAPORE

Transitioning from PHMCA to HCSA

Presented by the Health Regulation Group (HRG)
Ministry of Health
02 Nov 2023

Agenda

S/N	Items	Slide No.
1	**Introduction**	Slide 74
2	**Mapping of Nursing Homes under PHMCA to HCSA Key Personnel**	
	A) Renewal of licences	Slide 75
	B) Mapping of Specified Services (SSes)	Slide 76
	C) Mapping of Key Office Personnel	Slide 77
	D) Case Scenarios	Slide 78
3	**Transition plan for licensees from PHMCA to HCSA**	Slide 80
4	**Licensing Fees under HCSA**	Slides 81-83
5	**Key Takeaways**	Slide 84

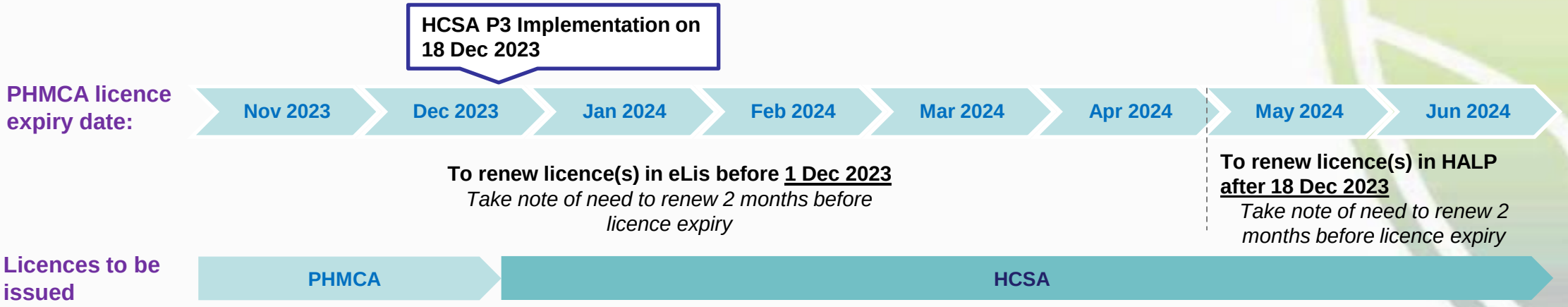
Introduction

- HCSA Phase 3 will be implemented on 18 Dec 2023 and will involve PHMCA licensees currently holding Nursing Home licences.
- At HCSA Phase 3 implementation on 18 Dec 2023, PHMCA Nursing Home licences will be mapped to HCSA Nursing Home Service Licences
- The next few slides will explain how we will be mapping your current PHMCA licences to HCSA licences and what action would be required from existing PHMCA licensees.

Transition Plan for Licensees from PHMCA to HCSA

2A) Renewal of Licences

- The HCSA Nursing Home Service Licence issued will have the same licence expiry date as your PHMCA Licence.
- If your **current PHMCA licence is expiring <u>before</u> 1 May 2024,** please **submit your renewal applications in eLIS <u>before 1 Dec 2023</u>.**
- If your current PHMCA licence **is expiring <u>on or after</u> 1 May 2024**, **please submit your renewal application only after 18 Dec 2023** and in **HALP**, the new e-licensing portal for HCSA licences.



Transition Plan for Licensees from PHMCA to HCSA

2B) Specified Services (SSes)

- There are three specified services available to Nursing Home licences
  - **[NEW]** Collaborative Prescribing
  - **[NEW]** Hospice Care
  - **[NEW]** Blood Transfusion Service

- If your nursing home offer these Specified Services in your licensed premises today, or if you intend to offer them in your nursing home from 18 December 2023, you are required to notify MOH at the link below.

- MOH will then contact you to follow up if necessary. Upon verification of the information provided, MOH will then automatically map these services to your HCSA licences come 18 December 2023.

Action required from Nursing Home licensees:

Please submit the FormSG form to MOH on the request for additional information at https://go.gov.sg/nh-info-collect by 17 Nov 2023

Transition Plan for Licensees from PHMCA to HCSA

2C) Mapping of Key Personnel

MOH will be mapping the following key office holders from existing individuals indicated in eLis.

PHMCA		HCSA
Licensee	→	Licensee
CEO	→	Principal Officer (PO)

Important Note:

- MOH-approved CGO-designates submitted via FormSG will be mapped to the CGO in HALP.
- All other licensing information (e.g. personnel information) will be migrated from eLis to HALP

Action required from Nursing Home licensees:

Please submit the FormSG form to MOH on the request for additional information at https://go.gov.sg/nh-info-collect by 17 Nov 2023

Transition Plan for Licensees from PHMCA to HCSA

2D) Case Scenarios

	Type of PHMCA home	What MOH will do for you	What you should follow-up on
1	I am an existing NH licensed under PHMCA	Your licence will be <u>automatically migrated</u> over to the NH service licence with approval for permanent premises MOSD	To facilitate the seamless transition, **please complete the FormSG mapping exercise by 17 Nov 2023.** You may access HALP, the new e-portal for licensing transactions under HCSA, to check your HCSA e-licences from 18 Dec 2023.
2	I am an existing Hospice licensed under PHMCA	Your licence will be <u>automatically migrated</u> over to the NH service licence with approval for permanent premises MOSD, <u>Your licence will come with approval for inpatient hospice care specified service</u> Should your Hospice have approval for blood transfusion or collaborative prescribing under PHMCA, these will be mapped over to their corresponding specified services under your HCSA NH service licence.	

Transition Plan for Licensees from PHMCA to HCSA

2D) Case Scenarios

	Type of PHMCA home	What MOH will do for you	What you should follow-up on	
3	I am an existing NH licensee under PHMCA and I **intend** to offer Hospice Care at the specialist inpatient palliative care level	Your licence will be automatically migrated over to the NH service licence with approval for permanent premises MOSD	Kindly inform MOH of your intention via the FormSG form. MOH will assess your application and engage your home accordingly.	To facilitate the seamless transition, **please complete the FormSG mapping exercise by 17 Nov 2023.**  You may access HALP, the new e-portal for licensing transactions under HCSA, to check your HCSA e-licences from 18 Dec 2023.
4	I am an existing NH licensee **who provides other services which are now licensable under HCSA** (e.g. OMS, ODS, MTS)		**You should apply for the other relevant HCSA licences in HALP** if you have yet to do so (indicating the LHS, MOSD and applicable SSes if any) **or ensure that the services are procured from providers who have already taken on the relevant HCSA licenses*.**	

*You may check with the service provider on their HCSA license status or visit the "HealthHub Directory" to check if the individual or the organisation is a licensed provider.

Transition Plan for Licensees from PHMCA to HCSA

The transition plan is detailed below. Please take note of the actions required

Prior to implementation of Phase 3

Renewal of Existing PHMCA Licences by 5 Dec 2023

- MOH will be engaging Phase 3 licensees with PHMCA licences expiring before 1 May 2024 to submit renewal in eLIS
- Only PHMCA licences with valid licence tenure will be transitioned to HCSA

Licensing Matters for transition to HCSA

- Beyond submitting their renewal applications early, do submit your responses to our data collection form if you have not done so at https://go.gov.sg/nh-info-collect

Early Dec 2023 (5 – 18 December) Blackout Period

- An administrative blackout period in the licensing systems, eLis, will be from 5 – 18 Dec.
- During this period, licensees will not be able to log in to eLis.
- This blackout period is to facilitate the data migration of existing information from eLis into HALP

After implementation

18 Dec 2023 Implementation of HCSA Phase 3

- Once HCSA Phase 3 is implemented, Licensees can logon to the new system, Healthcare Applications and Licensing Portal (HALP), to view and manage their HCSA licence(s)

Assistance from MOH

- Please reach out to HALP_helpdesk@moh.gov.sg or call us at 6789796 (Mon-Friday, 8am to 8pm, excluding Public Holidays) for technical-related queries.

Mid Jan 2024 Training sessions

- MOH will also be engaging the licensees to sign up for training sessions to help licensees familiarise themselves with the HALP system

Licensing Fees under HCSA (1/3)

Licence Fees for Nursing Home Service

- Through process reviews and streamlining, MOH is able to retain or reduce the HCSA licensing fees for most existing PHMCA licensees

- The licence fees for Nursing Home Service is $1100, the same cost as a Nursing Home licence under PHMCA.

- **However, some licensees will see a fee increase due to the provision of:**
  - **Specified services** that are newly regulated under HCSA *(e.g. hospice care)*
  - These services have **additional regulatory standards,** hence MOH needs to ensure licensees' compliance to these standards

Licensing Fees under HCSA (2/3)

Licence Fees for Nursing Home Service

- Some Nursing Homes may also hold other licences under HCSA such as the Outpatient Medical Service, Outpatient Dental Service and Medical Transport Service licences.

- The licence fees for applying for these additional licences are shown in the table below:

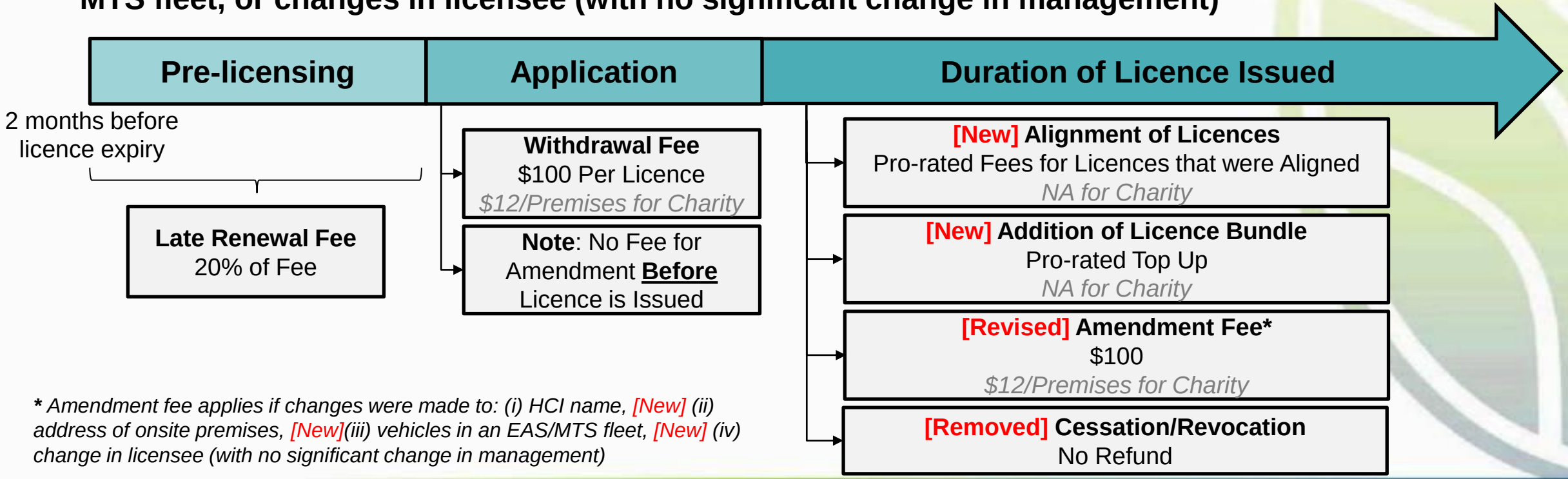
Licence	Fee
Outpatient Medical Service	• $360
Outpatient Dental Service	• $360
Medical Transport Service	• $900 (for more than 10 vehicles) • $800 (for 10 or fewer vehicles)

Licensing Fees under HCSA (3/3)

Administrative Fees under HCSA remains largely similar

Admin fees under HCSA remain largely similar, **except**:

- **No refund will be made for revocation or cessation, once the licence has been issued.**
- **Fees may be pro-rated,** if the licensee has chosen to **align the licence tenures** within the same premises or add on new LHSes, SSes and MOSDs to form a licence bundle.
- **$100 amendment fee for changes to the address of permanent premises, changes to vehicles in an MTS fleet, or changes in licensee (with no significant change in management)**



** Amendment fee applies if changes were made to: (i) HCI name, [New] (ii) address of onsite premises, [New](iii) vehicles in an EAS/MTS fleet, [New] (iv) change in licensee (with no significant change in management)*

Key Takeaways

- **Please submit the FormSG by 17 Nov 2023.** https://go.gov.sg/nh-info-collect

- **There will be an administrative blackout period of eLis from 5 to 18 Dec 2023 (~ 2 weeks) prior to implementation of HCSA Phase 3.** This is to facilitate the data migration of existing information from eLis into HALP

- MOH will be providing the following assistance on using HALP:

  - **Training** [mid Jan 2024 after HCSA P3 implementation]
    - This will help licensees (and users) familiarise themselves with the new licensing application system (HALP)
    - Training sessions will be provided in early Jan 2024 for NH licensees to sign up

  - **FAQs, E-guides and instructional videos**
    - FAQs, E-guides and instructional videos have been uploaded on the website as self-help tools for licensees

  - **Helpdesk Support**
    - Helpdesk will be available to the licensees during the transition
    - Helpdesk can be contacted via phone @ 67689796 from Monday to Friday 8am to 8pm, excluding weekends and Public Holidays or email @halp_helpdesk@moh.gov.sg
    - For any other enquiries, licensees can approach MOH at HCSA_Enquiries@moh.gov.sg

- **Once HCSA Phase 3 is implemented on 18 Dec 2023**, licensees can view and manage their HCSA licences in HALP

Stay connected with us

MOH will provide more information along the way

Visit
moh.gov.sg/HCSA
for more information

Write to us at
HCSA_Enquiries@moh.gov.sg

The End

Thank you

MINISTRY OF HEALTH
SINGAPORE