SERVICE REQUIREMENTS

FOR INTERIM CAREGIVER SERVICE

MINISTRY OF HEALTH
SINGAPORE

29 JANUARY 2021

(1) OBJECTIVES

1. This document states the requirements for the Approved Provider[1] receiving Government subsidies for the provision of the Interim Caregiver Service ("ICS").

2. ICS aims to facilitate hospital discharge for medically fit Clients who are waiting for their long-term care plans to come into effect. The service encompasses having an Interim Caregiver provide care for the Client at home for a time-limited period until permanent care arrangements are in place.

3. The Approved Provider is to note that the Ministry of Health ("the Authority") 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.

4. The Approved Provider should ensure that all relevant and applicable laws, legislations and regulations in relation to the provision of ICS are adhered to (e.g. Personal Data Protection Act (Cap. 26), Limitation Act (Cap. 163)).

5. 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 (in areas including religion, belief and opinion) and shall take all reasonable precautions, measures and means to prevent proselytising by its care staff and/ or volunteers.

(2) ACCESS TO CARE

6. ICS is only open to Clients referred from Approved Referral Sources ("ARSs"). ARSs are public acute hospitals, community hospitals and AIC. Approved Providers shall not accept walk-in Clients.

7. The standard duration subsidised by the Authority for ICS is 12 shifts over two (2) weeks. Shifts may be from (i) 8am to 8pm; or (ii) 10pm to 8am. ICS is to be delivered six (6) days per week. The Agency for Integrated Care's ("AIC's") approval has to be sought for any extension of the subsidised service beyond the standard duration.

8. Eligibility Criteria: Clients who fulfil the following criteria are eligible for ICS:

(i) The Client is an inpatient of either a public acute or community hospital;
(ii) The Client is certified to be medically stable for discharge, but requires post-discharge support at home;
(iii) The Client has documentary proof of having made, and is awaiting, permanent care arrangements to come into effect (e.g. arrival of foreign domestic worker, placement in centre-based services or nursing home);
(iv) The Client's referral is made no later than five (5) calendar days after his/ her discharge from the hospital.[2]

[1] An entity or organisation approved by Ministry of Health to provide step-down care in the form of home care services/ ICS pursuant to the Medical and Elderly Care Endowment Schemes Act (Cap. 173A).

[2] For clarity, the date of discharge is will be considered as "Day 0".

9. For clarity, the following Clients are not eligible for ICS:

(i) The Client is a walk-in client (i.e. not referred from an ARS);
(ii) The Client is an outpatient of a public acute or community hospital;
(iii) The Client was an inpatient of a public acute or community hospital, but has been discharged for more than five (5) calendar days;
(iv) The Client has a competent and capable full-time caregiver at home (e.g. foreign domestic worker or family member);
(v) The Client does not have documentary proof of having made permanent care arrangements.

10. Clients shall not be discriminated based upon their race, religion, language or gender. Clients shall also not be denied admission to ICS based on the medical conditions listed in Table 1, unless deemed by a medical practitioner registered with Singapore Medical Council ("SMC") ("registered medical practitioner"), nurse registered with the Singapore Nursing Board ("SNB") ("registered nurse") or therapist registered with the Allied Health Professions Council ("AHPC") ("registered therapist") to not to be able to benefit from ICS.

Table 1: Admissions for Clients with Medical Conditions

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

11. Exclusion Criteria: Individuals with any violent, disruptive or fluctuating behaviours that cannot be reasonably managed may not be suitable for admission into ICS.

12. Acceptance/ Rejection by Approved Provider. The Approved Provider must accept/ reject (with reason) any referrals to ICS within one (1) working day. The Approved Provider shall maintain a documented process for the management of incoming client referrals. An illustration of the referral, acceptance, start of service timelines are at Annex A for reference.

13. Start of Service: The Approved Provider must start service within three (3) working days of the initial referral or at the requested commencement date, whichever is later. If the Approved Provider is unable to start the service within the required time frame, the Approved Provider shall inform the referral source within one (1) working day from receipt of the referral and discuss with the referral source whether the Client can accept a later deployment date. If the Client cannot accept a later deployment date, the Approved Provider shall request that the referral source direct the Client to another Approved Provider.

14. Withdrawals by Client/ Client's caregiver: If the Client/ Client's caregiver withdraws from the service before admission, the Approved Provider shall inform the referral source the reason for withdrawal (if known) within one (1) working day of receiving the withdrawal request from the Client/ Client's caregiver.

15. Appeals: The Approved Provider shall escalate all referral appeals relating to ICS, to AIC. Typical appeals include:

(i) Access to ICS despite not meeting admission criteria;
(ii) Deviation from the subsidy quantum the Client is entitled to; and
(iii) Extension of ICS beyond the standard duration[3].

16. Waiver of Out-of-Pocket Payment ("OOP"): Clients on Public Assistance ("PA"), who hold the Medical Fee Exemption Card ("MFEC") and/ or are receiving 100% Medifund for their hospital inpatient stay will automatically qualify for the OOP waiver. Approval from AIC for the OOP waiver is not necessary.

17. A written service contract shall be entered into between the Approved Provider and the client/ client's caregiver, before the client commences ICS. 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) Expected frequency of services;
(ii) Discharge criteria;
(iii) Indemnity clauses (e.g. medical, medication indemnity);
(iv) Fees/ Charges and payment scheme (including the amount of Government subsidy);
(v) Emergency contact number of client's caregiver/ next-of-kin;
(vi) 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 services that may benefit the Client/ Client's caregiver, service improvement, and continuity of care; and
(vii) Feedback and complaint procedures

The service contract shall be deemed to have come into effect on the date that the contract is signed. The Approved Provider shall add an addendum to the service contract for any changes to the client's service type to document any revised terms, e.g. fees.

[3] For clarity, extension should be raised no later than five (5) calendar days after the cessation of the last episode of ICS.

(3) DISCHARGE

18. The Approved Provider shall discharge the Client if one or more of the following conditions are met:

(i) The Approved Provider has completed the approved period of service;
(ii) The Client no longer requires ICS;
(iii) The Client's long-term care arrangement comes into effect;
(iv) Client no longer meets the admission criteria for ICS;
(v) Provision of services would put staff safety at risk;
(vi) Voluntary withdrawal by the Client/ Client's caregiver from the Approved Provider's ICS; or
(vii) Death of Client

19. The Approved Provider shall ensure proper handover of relevant information relating to the Client's health and social conditions and recommendations for continuing care when the Client is admitted to another provider after ICS.

(4) CARE DOCUMENTATION

20. To ensure continuity and coordination of care, the relevant care staff should document individual case notes in an accurate, timely, sufficiently detailed and clear manner that:

(i) Records the date and time of the documentation
(ii) Records date of visit
(iii) Clearly identifies the author of the documents including any amendments/ additions
(iv) Ensures all components are completed when filling up forms (e.g. components not applicable to particular clients shall be indicated as "Not Applicable/ NA" instead of being left blank)

(5) SAFE CARE

21. The Approved Provider shall provide safe care to Clients and to protect them against adverse outcomes.

The Approved Provider shall ensure that there are Standard Operating Procedures (SOPs) in place to ensure the safety of clients, caregivers, staff, and to protect the clients against adverse outcomes. The SOPs shall be communicated to staff for adherence, and the SOPs should take reference from prevailing guidelines and advisories. The SOPs shall also include processes to guide the Approved Provider to monitor occurrences/ lapses in safety and take appropriate remedial action, including communicating to the caregiver should any client be harmed or at risk of harm, or had any atypical behaviour (e.g. fall, fever, uncharacteristically unresponsive).

22. The Approved Provider shall also have and adhere to Standard Operating Procedures (SOPs) or policies on the following:

(i) Prevention of Abuse and Neglect. The Approved Provider shall ensure that Clients are not subject to physical, emotional, psychological or sexual abuse, or neglect by staff, by establishing policies or procedures for the care and

management teams to identify and investigate the signs and symptoms of abuse and neglect, and the follow up actions to be taken when they suspect a client is being abused or neglected.

(ii) Infection Prevention and Control. The Approved Provider shall have policies to prevent cross-contamination of medical and surgical supplies, and to maintain the required standards of cleanliness and disinfection during service delivery.

(iii) Falls and Injury Prevention. The Approved Provider shall identify and manage potential safety risks to prevent falls and injuries at the Client's home.

(iv) Escalation Protocols to manage any unexpected circumstances during the course of administering care.

(v) Incident Management. The Approved Provider shall have an SOP to detect, review adverse events and address the root cause to prevent further occurrences, and promptly inform the client's caregiver/ next-of-kin.

23. The Approved Provider shall inform relevant authorities immediately of any significant incidents where clients or staff may be at harm or at risk of harm. The Approved Provider shall also inform AIC so that AIC may render the Approved Provider assistance as necessary. Examples of these incidents include (but are not limited to):

- Abuse/ alleged abuse (including sexual abuse)
- Unnatural deaths
- Mass resignations in the organisation
- Mishandling/ misappropriation of client funds
- Data breaches or malicious data-related activities

To ensure appropriate medication management and to prevent medication errors, the Approved Provider's SOP for medication management shall minimally include the following domains covered in clauses 24 to 26.

24. Medication Management. The Approved Provider shall only assist with a client's medication if:

(i) The client is not self-directing;

(ii) The client's caregiver is unavailable/ cannot be present to administer or assist with the medication;

(iii) The medication is prescribed by an SMC-registered medical practitioner or is available off the counter;

(iv) The medication is provided 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 17 on the service contract).

25. Assistance[4] with medication.
    (i) The care staff shall only assist with medications that have been pre-packed[5] by the client and/ or caregiver and/ or appropriate healthcare professional;
    (ii) The care staff shall refer to the accompanying written instructions from the client/ caregiver[6]/ healthcare provider or institution.
    (iii) The care staff shall ensure that the right medication pack is served to the client at the indicated time; and
    (iv) The date and time of assistance shall be documented in the client's file as soon as the client is assisted.

26. If for any reason the client fails/ refuses to consume the medication, the Approved Provider shall document this in the client's file, escalate where necessary, and notify the client/ caregiver.

27. Nasogastric Tube Care and Feeding. Insertion of NGTs is not within the scope of the ICS service. If the Approved Provider would like to offer insertion of NGTs as a value-added service, it shall ensure that NGT insertions only be done by trained staff.

(6) STAFFING AND QUALIFICATIONS

28. The Approved Provider shall ensure that all staff providing care to the clients are trained in the skills necessary for performance of their respective role and duties. Recommended job credentials for various types of Interim Caregiver Service staff are stated in Annex B for provider's reference. However, the Approved Provider may choose to deviate from these recommendations, as required. All staff shall be familiar with the SOPs, where applicable to their job duties.

29. The Approved Provider shall ensure that:
    (i) Registered and enrolled nurses shall have valid practicing certificates and maintain their professional registration at all times;
    (ii) Interim Caregivers delivering direct care shall have valid Basic Cardiac Life Support ("BCLS") or cardiopulmonary resuscitation and automated external defibrillator ("CPR+AED") certification.

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

[5] The care staff can also assist with medication that cannot be pre-packed, e.g. eye-drops, cough mixtures.

[6] If the instructions from the client/ caregiver deviate from the medical practitioner's prescription or the Approved Provider's SOPs on medication management, the Approved Provider should refer to their escalation protocols on managing deviations in SOPs.

(7) SCOPE OF INTERIM CAREGIVER SERVICE

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

- Assistance with personal care tasks, and activities of daily living ("ADLs") including:
    - Assisting with oral, nasogastric tube ("NGT") or percutaneous endoscopic gastrostomy ("PEG") tube feeding;
    - Bathing and/ or assisted bathing for Clients who are too ill to bathe in the bathroom, or for bedridden/ disabled Clients;
    - Brushing of teeth and cleaning of dentures;
    - Changing of clothes, undergarments, continence aids and any soiled sheets;
    - Cleaning of skin around the urinary catheter and draining bags;
    - Lifting, transferring and positioning of Client;
    - Simple hair trimming by staff who are trained in doing so; and
    - Toileting and other elimination needs.

- Assistance with instrumental activities of daily living ("IADLs"), including:
    - Assisting in light housekeeping (e.g. sweeping floors) and laundry if the Client/ Client's caregiver is unable to do so due to physical or cognitive disability;
    - Assistance with medication;
    - Lifting, transferring and positioning of the Client; and
    - Simple errands such as grocery shopping.

- Monitoring of Client's vital signs, including:
    - Body temperature;
    - Blood pressure;
    - Pulse;
    - Respirations; and
    - Weight.

- Other personal care tasks related to the Client's physical and cognitive well-being. Examples include:
    - Performing simple maintenance exercises as prescribed by a registered physiotherapist, occupational therapist or speech therapist registered under the Allied Health Professions Act (Cap. 6B);
    - Escort (excluding transport) for medical appointments; and

- Higher care tasks including:
    - Assistance with nebuliser with normal saline;
    - Applying of cold compress as instructed by the Client or Client's Caregiver;
    - Care of PEG tube and dressing;
    - Care of urinary catheter and drainage system;
    - Hypo-count monitoring and charting;
    - Simple wound dressing such as abrasions;
    - Stoma care; and
    - Simple tracheotomy care (including suctioning if required).

(8) CARE PROCESS

31. The Interim Caregiver shall provide care according to a care plan provided by the referral source, based on the Client's needs. Where relevant, the Interim Caregiver Manager/ Supervisor shall also assess the following areas if they are not covered by the referral source to identify other interventions that are needed by the client:

(i) Primary medical diagnoses and other secondary medical conditions, previous surgical and hospitalisation history;
(ii) Basic assessment of functional and cognitive impairments, mood and behaviour;
(iii) Vital signs: temperature, blood pressure, pulse rate, respiratory rate (if necessary) and random blood glucose (if diagnosed or suspected to be diabetic);
(iv) Nutritional status, dietary requirements and mode of feeding (where applicable);
(v) Continence status – bladder and bowel;
(vi) Areas where the Client is experiencing pain (where applicable); and
(vii) The client's identified care needs.

32. The Interim Caregiver Manager/ Supervisor (who is a registered nurse) shall retain oversight of care provision by the Interim Caregivers and shall be responsible for all services delivered by the Interim Caregivers**.**

33. Where necessary and applicable, the Approved Provider shall refer client and/ or caregiver to relevant services or healthcare providers as needed.

(9) REPORTING AND AUDITS

34. Submission of Data on Performance and Service Indicators. The Approved Provider shall report indicators related to the availability of ICS, in a manner that is advised by AIC.

35. The Authority shall have the authority to conduct, or have an external organisation conduct, client and caregiver satisfaction surveys.

36. The Approved Provider shall submit any other information as and when required by the Authority in accordance with the stipulated format, manner of submission and timeline. The required information shall include both subsidised and non-subsidised

clients referred via IRMS. The Authority shall provide not less than fourteen (14) days' written notice of the information required to the Approved Provider.

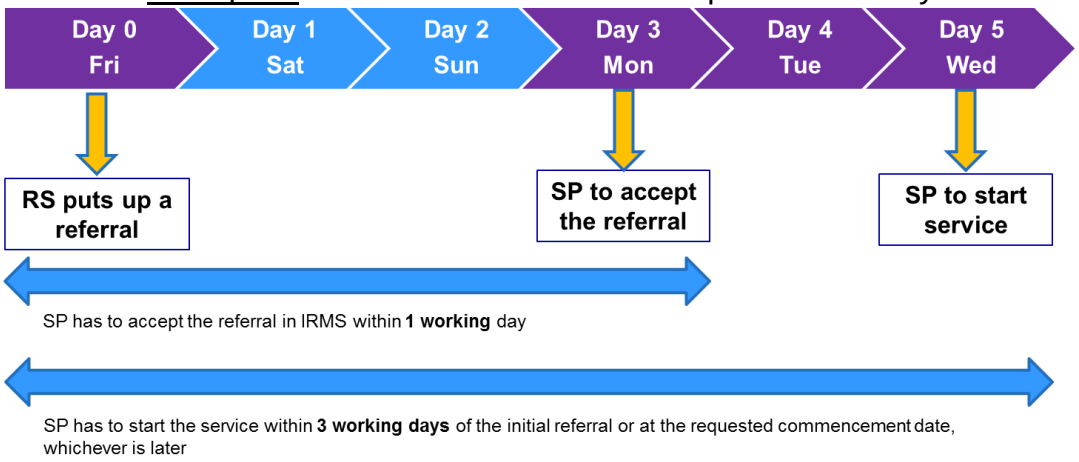
37. Service Audits. The Authority will conduct service audits to evaluate the care and services provided by the Approved Provider. MOH reserves the right to conduct ad-hoc spot checks.

38. Where lapses are identified by MOH, Approved Providers shall rectify the lapses in an appropriate and satisfactory manner and within a stipulated time frame as determined by MOH (which is usually not beyond two weeks). MOH reserves the right to impose penalties based on the severity of the lapses and timeliness of the rectifications and shall provide the Approved Provider with at least fourteen days (14) written notice.

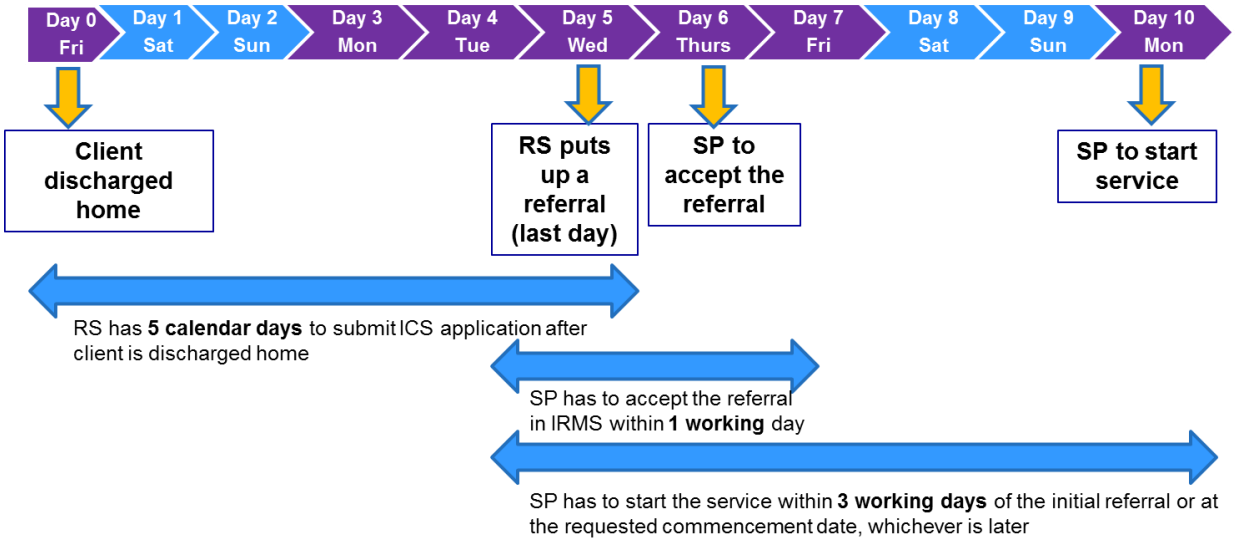
ANNEX A

REFFERAL TIMELINE EXAMPLES

Example 1. Patient is referred from Hospital on a Friday



Example 2. Patient is referred from hospital after being discharged on a Friday



ANNEX B

RECOMMENDED QUALIFICATIONS AND CREDENTIALS FOR CARE STAFF

Duties and Responsibilities	Qualifications and Training
Interim Caregiver Manager/ Supervisor	Registered nurses registered with SNB, in accordance to the Nurses and Midwives Act (Cap. 209)
a. Assistance with activities of daily living and other personal care tasks including: i. Assisting with oral, nasogastric tube ("NGT") or percutaneous endoscopic gastrostomy ("PEG") tube feeding; ii. Bathing and/ or assisted bathing for Clients who are too ill to take a bath in the bathroom, or for bedridden or handicapped Clients; iii. Brushing of teeth and cleaning of dentures; iv. Changing of clothes, undergarments, continence aids and any soiled sheets; v. Cleaning skin around the urinary catheter and draining bags; vi. Lifting, transferring and positioning of Client; vii. Simple hair trimming by staff who are trained in doing so; and viii. Toileting and other elimination needs b. Assistance with instrumental activities of daily living ("IADLs"), including: i. Assisting in light housekeeping and laundry if the Client/ Client's caregiver is unable to do so due to physical or cognitive disability; ii. Assistance with medication; iii. Lifting, transferring and positioning of the Client; and iv. Simple errands such as grocery shopping c. Monitoring of Client's vital signs including: i. Axillary temperature ii. Blood Pressure iii. Oral Temperature iv. Pulse v. Respirations vi. Weight	<u>Local</u> • Primary/ secondary school education <u>Foreign</u> • Basic Nursing Aide Certificate (3 – 6 months) from home country Service provider to provide additional training and orientation.

vii. Hypo-count monitoring and charting	
a. Higher care tasks including: i. Assistance with medication ii. Assistance with nebuliser with normal saline iii. Applying of cold compress as instructed by the Client or Client's caregiver iv. Care of PEG tube and dressing v. Care of urinary catheter and drainage system vi. Performing simple maintenance exercises as prescribed by a registered physio-, occupational or speech therapist registered under the Allied Health Professions Act. vii. Simple wound dressing such as abrasions viii. Stoma care; and ix. Simple tracheotomy care (including suctioning if required)	<u>Locals</u> • GCE N Level • Attained training in either one of the following courses: - WSQ Higher Certificate/ Advanced Certificate in Healthcare Support (Nursing Care) - ITE Approved Training Centre Healthcare (Home Care) programme <u>Foreign</u> • Diploma in nursing from home country; or • Basic Nursing Aide Certificate (3 – 6 months) from home country with additional training from service providers