A GUIDEBOOK

ON

NURSING HOMES

May 2002

FOREWORD

Singapore's population is ageing rapidly, a demographic trend which has wide ranging implications for our health care system. The Ministry of Health's major emphasis is on health promotion and disease prevention to enable the elderly to remain healthy and functionally independent. At the same time, the government will ensure adequate provision of the different types of health care facilities and services for the elderly. It is estimated that less than 3% of the elderly will require step-down institutional care such as nursing homes. However, with the rising proportion of elderly in our population, the number of elderly with severe disabilities will correspondingly increase.

Even for elderly persons with disabilities, we should aim to restore them to functional independence, through rehabilitation, so that they can be managed at home and in the community as far as possible. Home care services and day rehabilitation centres are essential support services which would facilitate this. Nursing homes, on the other hand, provide residential nursing care to those with severe disabilities who cannot be cared for at home or in the community.

This Guidebook on Nursing Homes, recommended by the Inter-Ministerial Committee on Health Care for the Elderly, provides guidelines on the setting up of nursing homes and the standards of care and service. It serves as a reference source and guide which I hope existing and potential nursing home operators will find useful. I commend the workgroup and the Elderly and Continuing Care Division of the Ministry of Health for producing this Guidebook.

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1 OBJECTIVES OF GUIDEBOOK

This guidebook serves as a reference source and guide to organisations involved in the setting up and management of nursing homes.

2 DEFINITION OF A NURSING HOME

"Nursing home means any premise other than a maternity home used or intended to be used for the reception of, and the provision of nursing for persons suffering or convalescing from any sickness, injury or infirmity".
(Private Hospitals and Medical Clinics [PHMC] Act, chapter 248, revised edition, 1999)

3 FUNCTIONAL CATEGORISATION OF RESIDENTS

The residents in nursing homes are classified into 4 functional categories:

(a) Category I

Physically and mentally independent; may or may not use walking aids; do not need or need minimal assistance in activities of daily living (ADL).

(b) Category II

Semi-ambulant; require some physical assistance and supervision in activities of daily living; may have mild dementia, psychiatric/behavioural problems.

(c) Category III

Wheelchair/bed bound; may have dementia or psychiatric/behavioural problems; need help in activities of daily living and supervision most of the time.

(d) Category IV

Highly dependent; may have dementia, psychiatric and behavioural problems; require total assistance and supervision for every aspect of activities of daily living.

The Resident Assessment Form (RAF) is used to assess the physical, psychological, emotional and social needs of the residents in nursing homes. Its aim is to achieve consistency in rating residents according to their needs. The scores for the physical needs of the residents are time-rated and based on a time motion study done by the Nursing Division, Ministry of Health (MOH). The RAF (Annex 1) is currently being reviewed and a time motion study has been carried out to incorporate more accurate measures of the physical and mental disabilities

of the residents, to ensure a more comprehensive coverage of their disabilities. The review will also ensure that the RAF can be harmonised with the ADL-dependency classification for the severe disability insurance scheme.

4 ADMISSION CRITERIA

The Elderly and Continuing Care Division of the MOH revised the admission criteria for VWO nursing homes and drew up a standard set of criteria last year. The new admission criteria for MOH-funded VWO nursing homes are in Annex 2.

5 LOCATION/BUILDING

5.1 Location

The site selected for a nursing home should preferably be easily accessible by public transport.

5.2 Purpose-built nursing home

After identifying a suitable site for a purpose-built nursing home, the operator should study the licensing requirements stipulated in the Private Hospitals and Medical Clinics (PHMC) Act, its Regulations and Guidelines and plan the nursing home layout and facilities accordingly. The operator should also seek advice from the relevant authorities (Urban Redevelopment Authority [URA], Building and Construction Authority [BCA], Fire Safety and Shelter Bureau) controlling the physical development of lands/buildings.

5.3 Renovated building

To renovate a building into a nursing home, the operator should contact relevant authorities, such as URA, for advice.

In addition, in-principle approval has to be obtained in writing from the Deputy Director of Medical Services, Elderly and Continuing Care Division, MOH before planning the conversion of an old building into a nursing home. Applicants are required to submit a floor plan indicating the dimensions of the service areas, which should comply with MOH's licensing requirements.

6 LICENSING REQUIREMENTS

6.1 Nursing homes are regulated under the PHMC Act. A licence must be obtained from MOH before a nursing home can commence operation. Nursing homes must comply with the provisions stipulated under the PHMC Act. The key information on licensing of nursing homes is in Annex 3. Nursing home operators are expected to familiarise themselves with the detailed licensing requirements under the PHMC Act, Regulations and Guidelines.

7 FACILITIES AND SPACE NORMS

7.1 The capacity for nursing homes depends on the site area. A site area that can accommodate 200 beds is optimal.

7.2 The licensing requirements for facilities in nursing homes are in Annex 4A.

7.3 The facilities required in a nursing home can be categorised into basic and extended facilities. Basic facilities are essential facilities that all new nursing homes (both purpose-built and using renovated buildings after 1 January 2001) should provide for residential nursing care.

7.4 Extended facilities are not crucial for residential nursing care. The nursing home operators may vary or deviate from the recommended norms for these facilities or choose not to provide any of these facilities. The list of basic and extended facilities and the proposed space norms for these facilities for a 200-bedded nursing home are in Annex 4B.

8 FURNITURE AND EQUIPMENT

8.1 The furniture and equipment required in a nursing home include:

(a) Medical/Surgical equipment
(b) Kitchen equipment
(c) Maintenance equipment
(d) Furnishing
(e) Staff quarters
(f) Laundry
(g) Office equipment
(h) Others

8.2 A detailed list of furniture and equipment for nursing homes is in Annex 5.

9 REHABILITATIVE EQUIPMENT

9.1 Nursing homes should have rehabilitative equipment for residents who require rehabilitation. A list of these equipment and their uses are in Annex 6.

10 MANPOWER

10.1 Staff Norms

The nursing home must maintain an adequate level of staffing and the level of professional skills required. The ratio of staff to residents is based on assessment using the RAF in Annex 1.

10.2 Roles of personnel

10.2.1 Administrator/Executive Director

(a) Upholds the vision and mission of the organisation.
(b) Is responsible for strategic planning, resource development and management of the nursing home.
(c) Assists the Management Board in the formulation of policies and setting of short and long-term objectives.
(d) Plans, organises and implements policies and objectives set by the Management Board.
(e) Is responsible for general administrative matters, including management of personnel and finances and operations of the nursing home.
(f) Ensures that all statutory requirements relating to the management and operation of a nursing home are complied with.
(g) Monitors the annual plan and budget. Ensures optimum utilization and allocation of resources.
(h) Ensures proper maintenance of administrative records, office equipment and stationery.
(i) Ensures that the facilities and environment meet the needs of the residents and staff, including safety and security needs.
(j) Develops contingency plans for crisis management.
(k) Ensures that the service provided remains relevant to the needs of time, the residents, staff and the community at large.
(l) Ensures that the programmes are run efficiently and effectively to the satisfaction of the residents and staff.
(m) Ensures that residents are provided with high quality care.
(n) Acts as a liaison with statutory and other authorities and community agencies, donors and residents' families.
(o) Identifies and establishes partnerships in the care of the residents.
(p) Develops and evaluates quality assurance programmes, audit procedures and research programmes with other staff in the nursing home.
(q) Compiles operational data and statistics.
(r) Ensures that all staff adhere to the organisation's regulations and policies, and takes disciplinary actions as and when required.
(s) Is responsible for staff appraisal.
(t) Motivates and manages staff so as to maximise their potential and job satisfaction.
(u) Assists in the resolution of difficulties that may arise between staff members.
(v) Supports the nursing home through teaching, public relation endeavours and outreach programmes.
(w) Participates in educational conferences.

10.2.2 Physician

(a) Provides medical care.
(b) Performs comprehensive health assessments, makes accurate medical diagnosis, recognises rehabilitation potential and practises care management.

(c) Is a team player in a multi-disciplinary setting.
(d) Is involved in education and training of nurses and allied health personnel.
(e) Forms active liaisons with counterparts in the hospital and community services.

10.2.3 <u>Nursing Director</u>

(a) Provides leadership and effective management of the Nursing Department.
(b) Oversees the multi-disciplinary team consisting of registered nurses, occupational therapists, physiotherapists and medical social workers.
(c) Supervises and facilitates staff development.
(d) Guides new staff; conducts orientation programmes and arranges preceptor programmes.
(e) Plans and conducts in-house training, including the latest nursing techniques and implements new techniques or procedures where appropriate.
(f) Assists Administrator/Executive Director in identifying new programmes for the residents and special projects to meet any service gaps.
(g) Analyses trends and changing needs of the residents in institutional settings. Plans nursing care based on changing trends.
(h) Operationalises and monitors the smooth transition of the residents from acute to chronic care and back to the community, where possible.
(i) Ensures service quality standard and cost-effective service are maintained and enhanced, where necessary.
(j) Ensures quality audits are planned and conducted periodically.
(k) Is responsible for the compliance of all nursing standards as stipulated by Ministry of Health and Singapore Nursing Board.
(l) Draws up short and long-term plans (e.g. annual and 5-yearly plans) to accommodate trends in residential nursing care.
(m) Develops and maintains close working relations with other agencies and organisations.

10.2.4 <u>Care staff</u>

Registered Nurse

(a) Plays a central role in providing nursing care to residents in the nursing home.
(b) Develops a nursing care plan and implements nursing interventions as outlined in the care plan.
(c) Initiates appropriate preventive and rehabilitative nursing procedures.
(d) Provides nursing services requiring substantial and specialised nursing skills.
(e) Supervises and guides new staff.
(f) Educates and trains the other care staff.
(g) Prepares clinical documentation.
(h) Co-ordinates with other staff members and updates them on changes in the residents' conditions and needs.

(i) Evaluates the resident's response to care interventions on a regular basis and recommends revision of care plans as necessary.

Enrolled Nurse

(a) Assists the registered nurses in the delivery of nursing care to the residents in the Home.
(b) Provides basic nursing care to the residents.
(c) Carries out nursing rounds with the registered nurse.
(d) Assists the registered nurse in the supervision of nursing aides and health attendants.
(e) Ensures the comfort and good personal hygiene of the residents under her/his care, e.g. bed bath/shower bath, changing of clothes and bedsheets and tidiness of the room.
(f) Assists in the administration of oral and topical medicines.
(g) Checks, monitors and records residents' vital signs such as temperature, pulse, respiration, blood pressure and apex beat.
(h) Assists in the transfer and positioning of non-ambulant residents.
(i) Assists in serving the correct diets and feeding residents who are unable to feed themselves.
(j) Maintains accurate documentation of care given.
(k) Assists in the admission and orientation of new residents.
(l) Keeps incontinent residents clean and dry.
(m) Performs rehabilitation procedures such as motion exercises for the residents and walking them.
(n) Organises and sends residents for appropriate therapy as prescribed, e.g. occupational therapy, laundry, kitchen and ward work and garden cleaning.
(o) Helps to maintain a safe and clean environment in the nursing home.
(p) Carries out any other duties as assigned by the registered nurse.

Nursing Aide/Health Care Assistant

The nursing aide/health care assistant provides support and assistance to the registered and enrolled nurses in the delivery of nursing care to the residents and helps to maintain a clean, safe and comfortable environment for them.

(a) Carries out duties/procedures assigned by the registered nurse.
(b) Assists and supervises the personal hygiene care, oral toilet, bathing and grooming of residents.
(c) Ensures the safety, comfort and well-being of the residents and reports problems to the registered nurse. Attends to complaints of the residents.
(d) Assists in the conduct of daily exercise for the residents.
(e) Identifies and reports residents' needs to the registered nurse.
(f) Assists the registered nurse in the serving of medicine and ensures that the residents take their medicine.
(g) Assists in serving meals and drinks.
(h) Helps to maintain the fluid and nutritional needs of the residents.
(i) Maintains accurate documentation of care given.

(j) Assists the registered nurse in the nursing procedures and treatments for the residents, e.g. wound dressing.
(k) Assists in the admission and orientation of new residents.
(l) Performs routine cleaning of the ward and other areas and equipment.
(m) Accompanies residents to the hospital/polyclinic for follow-up appointments.
(n) Assists in organising visits for residents to go for their medical check-ups; arranges transport and accompanies residents to the hospital/polyclinic.
(o) Accompanies residents for their outing trips.
(p) Helps to maintain a clean, safe and neat environment for the residents in the nursing home.
(q) Helps in the cleaning of utensils and the dining hall.
(r) Performs any other duties as assigned by the registered nurse.

10.2.5 Social worker

(a) Co-ordinates social services through a case management approach.
(b) Addresses psychosocial needs through care and counselling.
(c) Assists staff members in understanding the significant social and emotional factors related to the resident's health problems.
(d) Participates in the development of the plan of care.
(e) Works with other health professionals and non-professionals significantly involved in the care of the resident.
(f) Discusses long-term care issues with the resident and family.
(g) Trains other staff members on communication skills, mediation skills, stress management etc.

10.2.6 Care manager

The role of care manager may be assigned to a nurse or a social worker who functions as the:

(a) assessor : gathers all relevant data and evaluates impact on desired outcomes
(b) planner : involves the resident and care-givers in drawing up a management plan
(c) facilitator : promotes communication between all persons involved in the care of the resident; maximises outcomes and minimises redundant or unnecessary efforts
(d) enforcer : liaises with the various service providers and ensures that services needed are appropriately delivered
(e) advocate : supports the resident's best interests

10.2.7 Other allied health personnel

Physiotherapist

(a) Assesses residents' mobility level, strength, range of motion, endurance, balance, gait, ability to transfer, cardiovascular fitness, risk of falling,

coordination, posture, pain level, impaired airway clearance and ability to cough.

(b) Plans and provides physical therapy that includes ambulation, gait training, active and passive exercises, orthotics training, massage, neuromuscular co-ordination training and re-education, endurance training and breathing strategies through manual, mechanical techniques and positioning.

(c) Assists residents to achieve and maintain maximum performance using physical means such as active or passive exercises, massage, manual therapy techniques, hydrotherapy, and electro-physical means such as heat, ultrasound, ice, etc.

(d) Actively prevents and limits the degree of disability among the residents.

(e) Provides and evaluates treatment to relieve pain and/or develop, restore or maintain functional status.

(f) Establishes a maintenance programme and provides written and verbal instructions to the staff in the nursing home so that they can assist in programme implementation for the residents.

(g) Works with other co-ordinators in the planning of the physiotherapy programme for the residents.

(h) Recommends adaptive or assistive devices for the residents; provides assistance in obtaining assistive ambulatory devices such as canes, walkers, crutches, wheelchairs, leg braces and prosthetic devices.

(i) Trains other staff to lift, move and assist the residents.

Occupational therapist

(a) Assesses residents' existing functional capabilities and future potential; determines range of upper limb movement, ability to transfer, balance, strength and co-ordination, endurance, ability to cope with activities of daily living, cognitive perceptual functions, behaviour and social skills.

(b) Provides occupational therapy procedures that include:
- training in improvement of ADL skills.
- exercises, hand/eye co-ordination and graded activities to improve strength and range of motion, and increase dexterity in upper limbs.
- training in work simplification techniques.
- prescription and fabrication of assisted/adaptive devices/splints to restore/increase function and train residents to use these devices.
- cognitive and perceptual re-training using sensory stimulation techniques.
- behaviour management/social skills training.
- reality orientation/reminiscence therapy.

(c) Evaluates the accessibility and environmental barriers within the nursing home and the residents' homes (for those who can be discharged) and recommends modifications needed for the patients' greater independence.

(d) Trains other staff in activities that will improve or maintain the residents' capabilities in self-care, upper limb movement, strength and co-ordination and level of independence.

10.3 Staff Qualifications

10.3.1 Administrator/Executive Director

(a) Preferably, a person who has administrative experience in healthcare management and/or policy formulation.

10.3.2 Physician

(a) A medical degree, some clinical experience in a setting dedicated to the care of the older person and preferably, post-basic qualifications in Internal or Geriatric Medicine, e.g. Diploma in Geriatric Medicine, Fellowship of the College of Family Physicians (Aged Care).

10.3.3 Nursing Director

(a) Registered Nurse and preferably with post-basic qualifications in geriatric nursing [e.g. Post-basic Nursing Certificate in Gerontology, Advanced Diploma in Nursing (Gerontology)]; multi ward-based experience with supervisory and managerial skills.

10.3.4 Nurse

Registered Nurse

(a) Registered nurse with some clinical experience in a setting dedicated to the care of the older person and preferably, post-basic qualifications in geriatric nursing.

Enrolled Nurse

(a) Enrolled nurse with some clinical experience in a setting dedicated to the care of the older person.

10.3.5 Social Worker

(a) Degree in social work with some clinical experience in a setting dedicated to the care of the older person or care management and preferably, post-basic qualifications in gerontology.

10.3.6 Other allied health professionals

(a) Other health professionals should preferably have some clinical experience in a setting dedicated to the care of the older person.

10.4 Training for nursing staff

10.4.1 The minimum training requirements for nursing staff (Enrolled Nurse and above) are:

(a) Infection control, Methicillin Resistant Staphylococcus Aureus (MRSA) guidelines
(b) Bedsore prevention
(c) Feeding techniques - use of nasogastric tube and gastrostomy tube
(d) Basic transfer skills
(e) Falls precaution and management
(f) Basic Cardiac Life Support (BCLS)
(g) Blood pressure monitoring
(h) Care of urinary catheters
(i) Basic hygiene
(j) Wound care
(k) Stoma care
(l) Care of incontinent patients
(m) Use of assistive devices
(n) Caring for and communicating with the elderly
(o) Care of mildly confused patients
(p) Detection and care of patients with depression
(q) Detection and care of patients with dementia

11 ADMINISTRATION AND ORGANISATION

11.1 Mission, Philosophy and Objectives

(a) The mission, philosophy and objectives of the nursing home must be clearly stated.
(b) A clear organisational chart must be drawn up.
(c) The duties, responsibilities and accountability of each staff should be clearly stated.
(d) The duties and responsibilities of the management committee or other governing or advisory bodies must be clearly defined.

11.2 Governing Body

(a) The governing body is the management board overseeing the operations of the service provider. It has full legal authority and responsibility for the operations of the service provider, adopting by-laws and rules that address:

(i) the purposes of the programmes.
(ii) the governing body's composition and size, and the term of office of its members and office-holders.
(iii) frequency of meetings.

(b) The responsibilities of the governing body may include:

(i) developing long term strategic plans for the service provider.
(ii) ensuring the quality of service provision.
(iii) ensuring regular reviews of the finances and programmes of the service provider.

(iv) developing plans to meet the long term financial needs of the service provider.
(v) developing an organisational structure which defines lines of authority.
(vi) appointing and evaluating the staff of the service provider.
(vii) arranging regular service and financial audits.
(viii) determining the programme and operating policies.
(ix) fees, service records, admission and discharge criteria.
(x) determining the scope and quality of services in response to defined needs.
(xi) approving collaborative relations with other service providers/agencies.
(xii) ensuring the service provider's compliance with all statutory laws and regulations governing its operations.
(xiii) approving and participating in plans for fund raising and public relations.

11.3 Organisational Relationships

(a) There should be a clear division of responsibilities between the governing body and advisory committee (if any), and the administrator.
(b) There should also be a clear division of responsibilities between the administrator (who manages administrative affairs) and the clinical director (who focuses on professional matters). In a small organisation, the person in charge of administrative matters and the person in charge of professional matters may be the same person.
(c) An organisational chart should be developed to illustrate the lines of authority and communication channels. It should be familiar to all staff.
(d) The organisation chart should include the roles and responsibilities of not only in-house staff but also volunteer staff.

11.4 Administrative Policies and Procedures

11.4.1 The nursing home should develop policies and procedures for the following:

(a) Operations
(b) Programme development
(c) Programme evaluation and quality assurance
(d) Funding/financial management
(e) Personnel
(f) Publicity and marketing
(g) Information and referrals
(h) Collaborations with other services

11.4.2 The nursing home should maintain an Admission Register.

11.4.3 The nursing home should keep the individual resident's case file.

11.5 Fire Safety Precautions

(a) Nursing homes should comply with all laws relating to fire safety.

(b) A list of emergency contact numbers such as the police department, ambulance services and the fire services should be written clearly and placed near the telephone for easy reference in the event of an emergency.
(c) Smoking should be discouraged in the nursing home.

12 STANDARDS OF CARE

12.1 Each nursing home is responsible for the standard of services that it provides. The organisation needs to define its objectives of care, set policies and procedures and formulate a set of standards and guidelines to achieve quality care. The following standards could be adopted:

(a) The roles and responsibilities of the management committee and/or the Board or other decision-making body and all the staff in the nursing home are clearly defined.
(b) Effective staff recruitment, development and training practices should be in place.
(c) The organisation complies with all relevant legal and professional codes of practice.
(d) Reasonable steps are taken to provide a safe working environment for the staff and service users.
(e) An infection control programme is implemented and maintained.
(f) A quality assurance programme is implemented and maintained.
(g) The organisation regularly reviews and evaluates its own performance.

12.2 Quality Assurance Activities

12.2.1 Quality assurance activities related to the various aspects of care must be carried out at least 6 monthly. The following should be monitored:

(a) Incidents
- falls
- deaths
- accidents
- injuries

(b) Prescribing, dispensing errors
(c) Transfers to hospitals
(d) Categorisation of residents
(e) Regular review of residents' functional status (3-6 monthly and whenever necessary)
(f) Regular doctor's review (minimum 3-6 monthly and whenever necessary)
(g) Finance/means testing

12.2.2 Clinical quality programmes should include the following:

(a) Bedsore management
(b) MRSA/Infection control
(c) Falls precaution
(d) Good nutritional status

(e) Maintenance and maximisation of functional status, including regular diversional therapy/physiotherapy/occupational therapy/speech therapy.
(f) Review of incidents (falls, accidents, deaths, injuries) and institution of appropriate measures to prevent recurrences.

13 APPROVED NURSING HOMES WITHIN FRAMEWORK FOR INTEGRATED HEALTH SERVICES FOR THE ELDERLY

13.1 The Framework for Integrated Health Services for the Elderly was implemented in April 2001 to streamline and improve the quality of care for the elderly in community hospitals, nursing homes, day rehabilitation centres and home care. Selected nursing homes are approved providers within the Framework and these nursing homes receive higher subventions from MOH to allow them to attain higher standards of care delivery. Each of these nursing homes is affiliated to a regional hospital and is required to provide day rehabilitation, home medical and home nursing services. The geriatricians in the regional hospitals in the Framework provide professional leadership and expertise to the approved providers within their zone.

13.2 Under the Framework,

(a) MOH will monitor the approved providers on the types of patients admitted based on the Ministry's admission guidelines.
(b) service providers will be audited for management and professional quality, and performance indicators.
(c) the approved provider is expected to provide quarterly statistics on the following and other indicators:
  (i) occupancy rate
  (ii) average length of stay
  (iii) bed utilisation in terms of turnover per bed
  (iv) number of visits per patient for day rehabilitation, home medical and home nursing care

13.3 Appointment of approved providers by MOH

(a) MOH sends out application forms to VWOs to invite them to apply to be approved providers.
(b) Interested VWOs submit their proposals to MOH for consideration.
(c) MOH makes decision on the applications.
(d) The approved providers are issued with an "approval letter" by MOH to deliver expanded services at a higher standard. This letter spells out all the terms and conditions for the receipt of government funding.
(e) If the approved providers fail to deliver what they had agreed with MOH, or fall short of the standards stipulated by MOH, the higher subvention may be withdrawn.

14 PLACEMENT OF PATIENTS IN VWO NURSING HOMES

14.1 Integrated Care Services

(a) The Integrated Care Services (ICS) was set up in May 2001 as a central co-ordinating body for the placement of patients in VWO nursing homes. ICS is jointly funded by the National Healthcare Group and Singapore Health Services. Its office is located in Tan Tock Seng Hospital.

(b) ICS works closely with the geriatric teams and medical social workers in the regional hospitals and community-based care managers.

(c) Queries on placement in VWO nursing homes can be made at ICS: telephone nos. 63577686 / 63577688 / 63577685 and fax no. 63577689.

15 SERVICES

15.1 Range of services

(a) The nursing home should provide a range of services to meet the needs of the residents. The services include medical care, nursing care, physiotherapy, dietary services and dental care. Some of the services are requirements for licensing and others are necessary to improve the quality of life in a nursing home.

(b) The nursing home should assess each resident's background, medical condition(s), interests and hobbies. It should work towards meeting individual needs and encouraging residents to maintain themselves at an optimal level of functioning as far as possible. Residents should be encouraged to participate in a wide range of either group or individual activities appropriate to their interests and capabilities.

15.1.1 <u>Medical Service</u>

(a) The nursing home must make arrangements for residents to receive medical services from a medical practitioner. A doctor must review all new admissions within 48 hours. All residents must have medical reviews periodically and whenever necessary.

15.1.2 <u>Dietary Service</u>

(a) All residents should be adequately nourished and hydrated. A nursing home must either have a qualified dietician or ensure that the dietary needs of its patients are met by making arrangements with a qualified dietician. A written menu for meals should be available and displayed in the kitchen.

15.2 Visiting Hours

(a) The visiting hours should be flexible to encourage family members to visit often. Private corners should be provided for residents to interact with their friends and family members.

15.3 Discharge of residents

(a) The nursing home should assist the families of residents who are fit for discharge by arranging for some training of the home carers to enable them to cope with the follow-up care of the person at home. Nursing homes should aim for residents to improve functionally and to be discharged wherever possible, rather than assume that nursing home stay is for life.

16 FUNDING

16.1 Capital Funding

(a) Voluntary Welfare Organisations (VWOs) which intend to set up nursing homes in either purpose-built or renovated premises can apply to the Government for financial support of their capital expenditure.

(b) The VWO should hold at least a 30-year land lease for new buildings or at least a 10-year lease for disused buildings. For VWOs holding a lease period of less than 10 years, Government grant can be given only in certain circumstances.

(c) If the application for capital grant is successful, funding will be pegged at MOH's capital funding formula as shown in Annex 7 or the VWO’s estimated construction/renovation cost, whichever is lower. But where the VWO has raised funds of more than 10% of the Government’s estimated cost, the Government will only top up the deficit.

(d) Upon acceptance of the capital grant, the VWO concerned is required to enter into an agreement with the Government to run the nursing home according to the conditions specified in the agreement. Disbursement of capital grant will be released only after the VWO has raised at least 5% of the approved project cost.

16.2 Recurrent Funding

(a) Voluntary Welfare Organisations (VWOs) are eligible for financial assistance from the government for their recurrent expenditure.

16.3 Terms and conditions for the receipt of government subsidy for nursing home care

The Ministry of Health reserves the right to approve, with or without conditions, the types of services to be provided, and specify the period for which the subvention is provided. The organisation must ensure that:

(a) The nursing home is open to all Singapore citizens or permanent residents who require nursing home care regardless of race, language, religion or disease conditions (including HIV positive patients).
(b) The nursing home will accept patients according to Ministry of Health's criteria in Annex 2 or in additional directives that the Ministry might impose from time to time.
(c) The nursing home will accept any patient in need of nursing home care referred by the Integrated Care Service, or any other of the Ministry of Health's designated agencies.
(d) At least 80% of the residents are Category III and IV patients, based on Ministry of Health's Resident Assessment Form.
(e) Not more than 10% of the beds are set aside for non-subsidised patients. Non-subsidised patients shall mean patients who pay more than the prevailing Government norm cost.
(f) Means testing is carried out for every patient requiring Government subsidy based on the Ministry of Health's means testing criteria to determine the subsidy rate.
(g) A schedule of fees and charges for the nursing home care, other charges, deposits and any other charges to be paid by the patients is submitted to MOH. The nursing home shall inform the Ministry of Health when changes are made to the schedule.
(h) Billing is provided to all patients receiving Government subsidy. The bill shall indicate the amount of Government subsidy.
(i) The number of medical and nursing staff and other related personnel are sufficient for the prevailing case-mix of residents.
(j) The nursing home will comply with all applicable provisions of the Private Hospitals and Medical Clinics Act and its regulations, and the amendments made thereafter.
(k) The nursing home shall submit quarterly statistics as required by the Ministry.
(l) After the close of each financial year, to submit to the Ministry of Health an audited financial statement and workload within three months.
(m) Keep written records to allow the claims for payments of subvention to be verified, and proper assessment to be made as to whether the Nursing Home has complied, or is complying, with the conditions set out in the provisions of the Medical and Elderly Care Endowment Schemes Act.
(n) Retain the written records referred to in paragraph (m) above for a period of 3 years after the close of the financial year in which the record was made.
(o) Any false information, claims and breach of conditions would render the VWO ineligible for further funds and funds paid on the basis of false information will be recovered. Any VWO who contravenes or makes a record that is false or misleading shall be guilty of an offence and shall be

liable for conviction under Section 41 of the Medical & Elderly Care Endowment Schemes Act.

16.4 Funding Formula

(a) Government recurrent funding for voluntary nursing homes are funded based on the functional category of resident. A list of funding quantums can be obtained from MOH.

(b) The level of subsidy rate (as shown below) for each patient is derived using the means testing instrument attached in Annex 8.

Per Capita Household Income	Subsidy rate
$300 or below	75%
$301 to $700	50%
$701 to $1000	25%
More than $1000	0%

16.5 Procedures for Application for MOH Financial Assistance for Recurrent Grant

(a) Submit application form (Annex 9) at least 1 month before intended date of operation.
(b) If the application is successful, the VWO nursing home will be requested to submit the recurrent claim form for the 1st month of operation (data should be given as at the end of the 1st month).
(c) The Ministry of Health will disburse the recurrent subsidy in advance on a quarterly basis with adjustments to be made in the next quarter when the actual statistics are known. During the first week of each quarter, the VWO nursing home will need to submit the claim forms for the preceding 3 months.
(d) The total annual subsidy disbursed is also subject to adjustment at the end of the government financial year (ending 31 March) once the audited statement of accounts and audited recurrent claim forms for the year are ready.

Annex 1

RESIDENT ASSESSMENT FORM

Name: ________________________________ IC No: ______________________

Rating	A	B	C	D
Q1 Mobility	Independent	Requires some assistance (physical / assistive device)	Requires frequent assistance / turning in bed	Requires total physical assistance
	0	3	10	16
Q2 Feeding	Independent	Requires some assistance	Requires total assistance	Tube -feeding
	0	3	10	10
Q3 Toileting	Independent	Requires some physical assistance	Requires commodes/ bedpans/urinals	Incontinent and totally dependent
	0	3	8	16
Q4 Personal Grooming & Hygiene	Requires no assistance	Requires assistance for some activities / supervision	Requires assistance for all activities	Bed / trolley bathing
	0	2	4	6
Q5 Treatment	Daily Medication Oral / topical- 1 pt#	Daily Medication Oral / topical - 1 pt Injection -2 pts	Daily Medication Oral / topical -1 pt Injection -2 pts Physiotherapy - 4 pts	Daily Medication Oral / topical - 1 pt Injection - 2 pts Physiotherapy - 4 pts Sp* procedures -----pts for ---- min@1pt/5mins
Q6 Social & Emotional Needs	Nil	Occasionally	Often	Always
	0	1	2	3
Q7 Confusion • loses way • loses things • disorientated	Nil	Occasionally (1-3 times a week)	Often (4-6 times a week)	Always (Daily)
	0	3	8	10
Q8 Psychiatric Problems • hallucination • delusions • anxiety • depression	Nil	Mild interference in life	Moderate interference in life	Severe interference in life
	0	2	4	6
Q9 Behavioural Problems • restless • disruptive • absconds • uncooperative	Nil	Occasionally (1-3 times a week)	Often (4-6 times a week)	Always (Daily)
	0	3	10	16

* Sp - Special # Pt - Point

Total Points_____________ Category : I II III IV

Category I < 6 [1 care staff: 30 residents]
Category II 7 –24 [1 care staff: 8 residents]
Category III 25 – 48 [1 care staff: 4 residents]
Category IV > 48 [1 care staff: 2 residents]

Name of officer completing RAF:

____Date:___________________

Annex 2

ADMISSION CRITERIA FOR NURSING HOMES

The patient must be assessed for suitability for nursing home care based on the following criteria:

A General criteria

1	Age	Any sick persons, especially the elderly sick with medical conditions, e.g. stroke, diabetes mellitus with complications, head or spinal injury etc, requiring nursing care.
2	Period of Stay	Short or long-term stay.
3	Fees & charges	Patient/family member must be informed of all miscellaneous charges and an estimated monthly bill size. Financial counselling should be done prior to the admission of the patient.

B Physical & mental conditions

Physical & Medical conditions	Patient must have physical or mental disability as a result of medical condition(s), e.g. stroke, diabetes mellitus, head or spinal injury or any other types of chronic diseases, dementia etc, that require: • Long term daily nursing care (e.g. tube feeding, pain relief, wound dressing) and/or • Assistance in activities of daily living (ADL) as categorised by the MOH's Resident Assessment Form (RAF). Patients must be semi-ambulant, wheel-chair or bed bound.

C Family Support

Care giver/Family Support	Patient must not have any care giver or he/she may have care giver but the latter is unable to provide the nursing care required.

D Other conditions

In addition to the above conditions, patients with the following conditions or needs should be accepted for admission into nursing homes:

i) Medical conditions:

• MRSA (Colonised)	Accept
• Psychiatric/Dementia	Accept stable psychiatric/dementia patients
• Pulmonary Tuberculosis (PTB)	Accept treated and old PTB patients who are not infectious
• Cancer	Accept patients with cancer
• Bedsores	Accept patients with non infected bedsores
• HIV positive status	Accept
• Hepatitis	Accept

ii) Special nursing needs:

• Nasogastric/Gastrostomy feeding	Accept
• Urinary catheter/Supra-pubic catheter care	Accept
• Colostomy care	Accept
• Needs insulin injection	Accept

THE PRIVATE HOSPITALS & MEDICAL CLINICS ACT & ITS REGULATIONS

The detailed licensing requirements of nursing homes are stipulated in the Private Hospitals & Medical Clinics (PHMC) Act and its Regulations which are available at the website: http://agcvldb.agc.gov.sg/html/homepage.html or can be purchased from Myepb Bookstore (Legal Publication) located at 3 Temasek Boulevard, #B1-025, Suntec City Mall, Singapore 038983; Telephone no. 63339703; Fax no. 63339236.

GUIDELINES ISSUED UNDER THE PRIVATE HOSPITALS & MEDICAL CLINICS ACT

The MOH Guidelines issued under the PHMC Act are available at S$10/- per copy at the Ministry of Health, Reception Counter, Level 2, College of Medicine Building, 16 College Rd.

KEY INFORMATION ON LICENSING OF NURSING HOMES

1 ENVIRONMENT

1.1 Every part of the premises shall be maintained at all times in a clean, tidy and sanitary condition.

1.2 Every part of the premises shall be in a good state of repair.

1.3 Internal finishes shall permit easy washing and cleaning.

2 LIGHTING & VENTILATION

2.1 Adequate lighting and ventilation shall be provided.

3 BED SPACE

3.1 Distance between the sides of any two beds shall not be less than 1.2 metre and the overall bed space shall be sufficient.
3.1.1 To ensure the comfort and safety of patients.
3.1.2 To prevent disease transmission.
3.1.3 To allow proper treatment of the patients.

3.2 Residents of different sex shall not be allowed to occupy the same room.

4 FACILITIES TO BE PROVIDED

4.1 Basic patient amenities - suitable bed, mattress, pillow, chair and locker facility for each resident

4.2 Resident to nurse communication system

4.3 Bed screening facilities

4.4 Dining hall

4.5 Recreational facilities

4.6 Nurses' station - 1 unit per dormitory floor

4.7 Medical consultation room cum treatment room if in-house medical services are provided

4.8 Isolation room with hand-washing facilities

4.9 Laundry and linen storage area

4.10 Sluice room – 1 unit per dormitory floor

4.11 Body holding room

5 DESIGN

5.1 Passage ways shall be wide enough to facilitate movement of staff, residents and equipment such as trolleys and wheel chairs.

5.2 Aids to facilitate movement of users of the premises such as ramps, handrails and grab bars shall be available where appropriate.

5.3 Swing doors are not recommended.

6 SERVICES

6.1 Dietetic service

6.1.1 A qualified dietician shall be available or adequate arrangements shall be made with a qualified dietician to meet the dietary needs of patients.

6.1.2 Persons involved in the preparation and provision of food shall comply with the same requirements under any written law as for foodhandlers engaged in the sale of food.

6.1.3 All foodhandlers shall observe proper personal hygiene.

6.1.4 All foodhandlers shall have regular and appropriate health screening including:

6.1.4.1 inoculation against typhoid 3 yearly.

6.1.4.2 screening for tuberculosis 3 yearly for persons above 45 years old.

6.1.4.3 passing the Food Hygiene Course.

6.1.5 Premises and facilities for preparation and serving of food shall meet with all requirements under any written law.

6.1.6 The food provided shall be properly stored and handled.

6.2 Physiotherapy and Occupational Therapy.

6.2.1 Rooms used for exercise and therapy shall be equipped with suitable rehabilitative equipment.

7 SANITARY FACILITIES

7.1 For the numbers of toilets, bathrooms and assisted bath & toilet, see Annex 4A.

7.2 Adequate and properly maintained sanitary facilities.

7.3 Slip-resistant tiles for floors of bathrooms, toilets and wash areas.

7.4 Toilets and bathrooms shall have doors and partitions made of suitable materials to ensure adequate privacy.

8 NURSING SERVICES

8.1 Nursing Administration

8.1.1 The nursing home shall have a nursing service under the supervision and direction of an administrator who is a registered nurse with the appropriate qualifications and experience of a registered nurse.

8.1.2 In the nursing director's absence, a registered nurse who is suitably qualified should be authorised to act in her place.

8.2 Nursing Organisation

The following shall be available:

8.2.1 Written organisational plan.

8.2.2 Written policies and procedures to guide the provision of nursing care.

8.2.3 Written job descriptions for all categories of nursing staff.

8.3 Nursing Staff

8.3.1 All nurses and midwives employed in the nursing service shall be registered or enrolled under the Nurses and Midwives Act (Cap 209).

8.3.2 A registered nurse shall be on site to supervise the nursing care provided.

8.3.3 The number and composition of nursing staff shall be sufficient at all times to provide adequate care to the residents and in accordance to standards set out by the Director of Medical Services (see Resident Assessment Form at Annex 1 for the nursing staff to resident ratio).

8.3.4 The nursing home shall ensure that there are orientation and training programmes for new staff.

8.4 Nursing Duties

8.4.1 A registered nurse shall assess each resident's needs and problems within the period established by the nursing management following admission.

8.4.2 A registered nurse shall be responsible for the safe custody, recording, administration, handling and disposal of controlled drugs.

8.4.3 The registered nurse shall be responsible for each resident's nursing care plan.

8.4.4 The resident care assignment shall be commensurate with the qualifications of each nursing staff, the identified nursing needs of the resident and the prescribed medical regime.

8.5 Nursing Documentation

8.5.1 The nursing care plans shall be documented in accordance with the approved standard of nursing practice.

8.5.2 The nursing actions shall be carried out according to the care plan and the resident's response shall be recorded.

8.5.3 Continuous evaluation of the patient shall be performed to determine the resident's current health status.

9 MEDICAL SERVICES

9.1 The nursing home shall have a doctor available at the premises within half an hour of call or shall make alternative arrangement to ensure that residents receive prompt and appropriate medical care.

9.2 The home shall ensure that every resident is reviewed by a doctor within 48 hours of admission.

10 INFECTION CONTROL

The Home shall:

10.1 have written policies, procedures or guidelines for infection control practices including aseptic and isolation techniques, sanitation procedures.

10.2 have isolation facilities for persons found or suspected to be suffering from any infectious disease.

10.3 ensure that any room or equipment which has been used for a resident suffering or suspected to be suffering from any infectious disease, is not used by any other resident until it is adequately disinfected.

11 QUALITY ASSURANCE PROGRAMMES

11.1 The Quality Assurance programmes shall include the following activities:
(a) infection control review; and
(b) review of deaths, accidents, injuries and resident safety.

11.2 The Director of Medical Services shall be informed monthly as to the number and individual nature of serious mishaps and accidents occurring among residents.

12 STORAGE OF MEDICINE

12.1 All antiseptics, drugs for external use and disinfectants shall be stored separately from internal and injectable medication.

13 MEDICAL RECORDS

13.1 The licensee shall keep and maintain proper medical records. Medical records shall be maintained with specified data items according to guidelines issued by the Director of Medical Services.

13.2 All medical records shall be accurate, legible, sufficiently detailed, current, secure, complete and confidential.

13.3 All original medical records to be retained for an appropriate length of time, and for such periods as may be required by the Director of Medical Services.

14 LINEN

14.1 Shall be appropriate and adequately laundered and supplied.

14.2 Shall be clean and changed when necessary and at appropriate intervals.

15 TRANSPORT

15.1 Arrangements shall be made for residents to be transported to other health care establishments for medical treatment as necessary.

15.2 Where circumstances beyond the control of the nursing home prevent the arrival of a medical practitioner within half an hour of call, arrangements shall be made in a timely manner to transport the ill residents to the relevant health care establishment for treatment.

15.3 Where a nursing home intends to provide a service whereby ill persons can be transported, it shall have ambulances which shall be appropriately identified, properly equipped and meet all other relevant existing requirements.

16 FIRE PRECAUTIONS

16.1 The Home shall obtain Fire Safety Clearance from the Fire Safety Bureau.

16.2 The Home shall take adequate precautions against the risk of fire in accordance with any law relating to fire safety.

17 ADVERTISING

17.1 The Home shall comply with the advertising guidelines under the PHMC Act, and any guidelines issued by the Director of Medical Services from time to time.

Annex 4A

LICENSING REQUIREMENTS FOR FACILITIES IN NURSING HOMES

S/N	Facilities	Licensing Requirements
1	Dormitory	Distance between sides of beds must be at least 1.2 m.
2	Toilet and Bathrooms	1WC* to 16 beds, 1 shower* to 16 beds, 1 wash-basin* to 8 beds and 1 combined WC and shower (minimum size of 2.7m by 1.8m) to 16 beds.
3	Assisted Bath and Toilet	1 unit per 100 beds (minimum size 2.2 m by 3.2m). Minimum 1 unit per nursing home with less than 100 beds.
4	Dining Hall cum Multi-purpose area	Minimum 1 unit per nursing home.
5	Physiotherapy/OT Room (include area for PT/OT Office)	Minimum 1 unit of at least 50 sq. m per nursing home.
6	Nurse Station	1 unit per dormitory floor.
7	Medical Consultation cum Treatment Room	Minimum 1 unit per nursing home if in-house medical services are provided.
8	Sluice Room	1 unit per dormitory floor.
9	Holding Room	Minimum 1 unit per nursing home.
10	Isolation Room	Minimum 1 unit per nursing home.

* The sizes of these are to comply with the "Code on Barrier-Free Accessibility in Buildings 1995" and subsequent updates.

Annex 4B

NURSING HOME FACILITIES AND SPACE NORMS

I) BASIC FACILITIES

S/N	Facilities	Proposed Space Norm for 200-bedded NH (sq. m)	Guidelines on Facilities/ Space Norms
1	Dormitory	1,200.00	6 sq. m per bed
2	Toilet and Bathrooms	200.00	1WC* to 16 beds 1 shower* to 16 beds 1 wash-basin* to 8 beds 1 combined WC and shower (minimum size of 2.7m by 1.8m) to 16 beds
3	Assisted Bath and Toilet	14.00	1 unit per 100 beds (minimum size 2.2 m by 3.2m)
4	Dining Hall cum Multi-purpose area	220.00	1.1 sq. m per resident This allows for maximum capacity of 50% of nursing home residents at any one time
5	Physiotherapy/OT Room (include area for PT/OT Office)	100.00	1 unit per nursing home Minimum size of 50 sq. m Maximum size of 100 sq. m
6	Nurse Station	24.00	1 unit per dormitory floor
7	Medical Consultation cum Treatment Room	16.00	Minimum 1 unit per nursing home if in-house medical services are provided
8	Sluice Room	15.00	1 unit per dormitory floor
9	Holding Room	10.00	1 unit per nursing home
10	Isolation Room	11.00	1 unit per nursing home
NET FLOOR AREA FOR BASIC FACILITIES FOR 200-BEDDED NURSING HOME = 1,810 SQ.M			

* The sizes of these are to comply with the "Code on Barrier-Free Accessibility in Buildings 1995" and subsequent updates.

NURSING HOME FACILITIES AND SPACE NORMS

II) EXTENDED FACILITIES

S/N	Facilities	Proposed Space Norm for 200-bedded NH (sq. m)	Guidelines on Facilities/ Space Norms
1	Day Room	60.00	1 unit per dormitory floor
2	Nurses' office	24.00	1 unit per nursing home Increase of 3 sq. m for every increase of 50 beds**
3	MSW office cum Interview/Counselling Room	10.00	1 unit per nursing home
4	Administration Office	40.00	1 unit per nursing home Increase of 5 sq. m for every increase of 100 beds
5	Meeting cum Training Room	40.00	1 unit per nursing home No change in capacity beyond 200 beds
6	Staff Room	15.00	1 unit per nursing home
7	Staff Toilet	10.00	1 unit on each floor 2.5 sq. m for each washroom with WC closet and wash basin
8	Staff Bathroom	2.00	1 unit per nursing home
9	Visitors' Lounge	15.00	1 unit per nursing home
10	Wheelchair Bay	9.00	1 unit per dormitory floor This can be a recess area along the dormitory area
11	Trolley Park	3.00	1 unit per nursing home Area allows for the placement of 2 trolleys
12	Store (Medical Supplies & Equipment)	45.00	1 unit per nursing home Increase of 5 sq. m for every increase of 50 beds
13	Clean Linen Area	25.00	1 unit per nursing home Increase of 5 sq. m for every increase of 50 beds
14	Dirty Laundry Area	35.00	1 unit per nursing home Increase of 5 sq. m for every increase of 50 beds
15	Cleaners' Room	9.00	1 unit on alternate floor (3 sq. m per unit)

S/N	Facilities	Proposed Space Norm for 200-bedded NH (sq. m)	Guidelines on Facilities/ Space Norms
16	Kitchen (with wet ration store)	120.00	1 unit per nursing home Increase of 10 sq. m for every increase of 100 beds
15	Ration store	20.00	1 unit per nursing home Increase of 5 sq. m for every increase of 50 beds**
16	Volunteers' Room	10.00	1 unit per nursing home
17	Foreign Staff Quarters		
i	Staff Dormitory	172.80	2.7 sq. m per resident staff to accommodate a total of 64 resident staff, which is the sum of 90% of total care staff and 5% of support staff for the nursing home
ii	Staff Lounge Area/Pantry	15.00	1 unit per nursing home No change in area with increase in capacity
iii	Laundry and Linen Room	15.00	1 unit per nursing home No change in area with increase in capacity
iv	Female Staff WC/Shower	20.00	Increase of 5 sq. m for every increase of 100 beds
v	Male Staff WC/Shower	15.00	Increase of 5 sq. m for every increase of 100 beds
NET FLOOR AREA FOR EXTENDED FACILITIES FOR 200-BEDDED NURSING HOME = 729.80 SQ.M			

** Because of economies of scale, the increase in area for a facility need not increase exponentially with increase in size of home.

Annex 5

FURNITURE AND EQUIPMENT FOR NURSING HOMES

A Medical/Surgical equipment

1 Sphygmomanometer
2 Stethoscope
3 X-ray viewer
4 ENT diagnostic set
5 Eye chart
6 Tendon tapper
7 Examination couch
8 Oxygen concentrator with humidifier
9 Nebulizer with oxygen delivery system
10 Oxygen cylinder with trolley
11 Mucous suction pump
12 Portable resuscitator/manual resuscitator
13 Emergency trolley
14 Holding room trolley
15 Patient lifter/hoist
16 Medication trolley
17 Dressing trolley
18 Shower trolley
19 Transfer trolley
20 Platform trolley
21 Transfer sheet/transfer board
22 Wheelchair
23 Shower/Commode chair
24 Height/weight scale
25 Waste bin
26 Biohazard garbage bin
27 Sharps container
28 Tourniquet
29 Autoclave/sterilizer
30 Digital thermometer
31 Glucometer
32 Medication box (for individual patients)
33 Desktop refrigerator unit for medication
34 First aid box
35 Bedpan sterilizer
36 Bedpan and urinal
37 Safety vest/restraint
38 Forceps, kidney dish, gallipot, jug, tray
39 Pestle & mortar
40 Emergency torchlight
41 Small torchlight
42 Drip stand (portable)
43 Pressure relieving devices, e.g. decubitus mattress

44 Trapeze (optional)
45 ECG machine (optional)

B Kitchen equipment

1 Cooking utensils
2 Combi steamer
3 Rice steamer (industrial size)
4 Stove
5 Oven
6 Microwave oven
7 Freezer
8 Fridge
9 Crockery and cutlery
10 Trolley
11 Food tray
12 Container for storing food
13 Food warmer
14 Stainless steel storage rack
15 Cold and hot water dispenser
16 Coffee/Tea percolator
17 Automatic food processor
18 Automatic dish washer
19 Garbage bin with foot pedal
20 Walk-in chiller (optional)

C Maintenance equipment

1 High-pressure water jet
2 Garbage trolley
3 Vacuum cleaner
4 Scrubber
5 Polisher
6 Ladder
7 Janitor trolley
8 Mop bucket
9 Mop/broom/dustpan/dustbin/pail/squeezy/duster
10 Basic maintenance tool box
11 Caution sign (Wet Floor)
12 Blower (to dry floor)

D Furnishings

1 Office table/chair
2 Step stool
3 Bed with side rails
4 Bedside locker
5 Over-bed table
6 Mattress/pillow/bed linen
7 Office cabinet

8 Low back chair
9 Dining table/chairs
10 Bed screen
11 Mobile ward screen
12 Geriatric chair

E Staff quarters

1 Bed
2 Wardrobe
3 Sofa set
4 Table/chairs
5 Hot and cold water dispenser
6 Refrigerator
7 TV (optional)

F Laundry

1 Clothes line
2 Heavy duty washing machine
3 Heavy duty tumbler
4 Ironer (Presser)
5 Work table
6 Stainless steel double basin sink (pre-wash dirty linen)
7 Laundry basket
8 Supply cart
9 Linen trolley
10 Laundry cabinet

G Office equipment

1 Whiteboard
2 Pin board
3 Fax machine cum copier
4 Computer with printer
5 Shredder
6 Safe
7 Filing cabinet
8 Heavy duty puncher
9 Heavy duty stapler
10 Key press
11 Telephone

H Others

1 Security equipment - Closed Circuit Television (CCTV) monitoring system
2 PABX telephone system
3 Fire panel system
4 Audio-visual equipment
5 Nurse call system

REHABILITATIVE EQUIPMENT FOR NURSING HOMES

Rehabilitative equipment	Uses
A Exercise items	
1 Exercise plinth/hydraulic exercise plinth	Bed mobility and exercises in supine, prone or sitting positions; active and passive mobilisation exercises
2 Mobile posture mirror	For residents to have visual information on their postures and positions of their bodies in relation to space (proprioception and kinesthesia)
3 Portable exerciser with foot plate and strap	Active lower limb exercises and dynamic sitting balance; especially for residents with acute or chronic stroke to keep foot in place
4 Portable pedal exerciser	Active lower limb exercises
5 Set of plastic cones, base and rings	Upper limb reaching activity and truncal activity; to reduce spasticity
6 Re-education board	Increase the muscle power of residents; prevent atrophy; re-educate the muscles
7 Therapeutic putty	Actively mobilise the joints in the fingers, wrist and the whole hand; colour identification and tactile stimulation
8 Cuff weights	Strengthen upper and lower limbs
9 Theraband	Strengthen upper and lower limbs
10 Motorised bicycles	Active lower limb exercises; dynamic sitting balance
11 Wrist rotatory	Flexion/extension, pronation/supination and grasp
12 Pegboards (graded sizes)	Finger dexterity/grasp
13 Shoulder elevation board	Reach/grasp
14 FEMS (Functional Electrical Muscular Stimulation)	Muscle stimulation exercises
15 TENS (Transcutaneous Electrical Neurological Stimulation)	Muscle stimulation/pain relief
16 Inter-Ferrential (IFT) Current Therapy	Pain relief
17 Ultrasound	Pain relief; facilitate tissue healing
18 Wax bath therapy	Pain relief; facilitate tissue healing
19 Arm ergo bicycle	Bilateral upper limb strengthening exercises
20 Wooden poles	Bilateral strengthening and conditioning exercises
21 Splint/ Supports a) Splint for foot drop or contractures of the elbows/knees b) Elbow and knee gaiter	 a) Prevent contractures and maintain range of motion b) Prevent flexor contractures of the elbow and knee
22 Other therapy equipment a) Bean bags b) Transfer belts c) Hot packs (Hydrocollators)	 a) Sensory training; truncal activity b) Safety of residents during transfers c) Heat therapy and pain relief

Rehabilitative equipment	Uses
23 Exercise mat (optional)	Increase the functional mobility of residents; not suitable for residents with osteoporosis and bad joints
24 Timer (optional)	Record residents' speed in doing activities; time duration for an assessment
25 Arm sling (optional)	Prevent shoulder subluxation in residents with stroke
26 Theraball (optional)	Sitting and standing balance activities; for younger residents
27 Therapy pressure splint (optional)	Prevent pressure sores during therapy
28 Splinting materials (optional)	Passive stretching of limbs
29 Short-wave diathermy (optional)	Pain relief; facilitate tissue healing
30 Treadmill (optional)	Gait and endurance training
B Suspension sling items	
1 Tension spring – 5 to 7 pounds	Exercises to strengthen upper limbs
2 Limb sling	Active assisted and endurance exercises
3 Elbow sling	Active assisted and endurance exercises
4 S-Hook (large and small)	Hook on the pulleys and slings
5 Pulley	Bilateral upper limb exercises
6 Shoulder wheel	Improve range of motion of the shoulder, especially frozen shoulder and peri-arthritis of the shoulder
7 Ankle sling	Provide form of anchorage and support for the ankle when performing active assisted exercises for the lower limb
8 Straps	Keep flaccid upper or lower limbs in place when performing pulley or cycling exercises
9 Exercise pulley (wall mounted)	Upper limb exercises. Being immobile, it is stable and safer for residents who do not know how much strength to exert
10 Stirrup type handles (optional)	Facilitate upper limb mobilisation
C Mobility aids	
1 Wheelchair	)
2 Hemi-wheelchair	)
3 Crutches	) Assist residents in their functional mobility
4 Walking frame/stick	)
5 Quad stick	)
6 Rollator walker	)
D Assessment equipment and assistive devices	
1 Assessment equipment a) Goniometer b) Tendon tapper c) Stethoscope	 a) Assess range of motion of joints b) Test reflexes c) Lung sounds/athelectesis
2 ADL assistive devices	Assist residents in feeding, writing, etc.
E Fixtures/Furniture	
1 Overhead wire mesh	Hang slings and pulleys
2 Geriatric chair with high back	For residents to rest; to do activities (for

Rehabilitative equipment	Uses
	those with poor sitting balance); prevent pressure sores from prolonged sitting because chair is well-padded
3 Standard chair (stackable)	For residents to do exercises in sitting position or to rest
4 Low stools	Truncal and upper limb exercises
5 Therapy swirling stools	For PT or OT to attend to and treat patients
6 Wheelchair with detachable arm-rests and leg-rests	For residents to do exercises in sitting position (wheelchair can be put on brake)
7 Low couch	Bed mobility activities
8 Wheelchair lapboards	For residents with poor sitting balance to engage in table-top activities
9 Wooden wall bars double section	Improve the range of motion of shoulder and knee; standing balance
10 Wooden staircase with rails	Improve exercise tolerance; stair climbing exercises
11 Parallel bars	Non-weight bearing exercises; encourage heel strike; train to walk
F Games	
1 Bingo	Simple mathematical skills and to recognise numbers; facilitate alertness, attention and social skills (Useful to reduce the numbers on the cards and increase font size of numbers on the cards)
2 Cards	Social inter-personal skills; fine motor activities; figure-ground information understanding
3 Chess (Chinese/English)	Strategic planning of the mind
4 Large sized Chinese checkers	Mental alertness; fine motor activities
5 Basket ball	Gross motor activity and bilateral upper limb activities
6 Mahjong set, including table	Social inter-personal skills; figure-ground information; attention
7 Others, e.g. bowling set, memory play, jigsaw puzzles	Facilitate alertness, attention and social skills; gross motor activity and bilateral upper limb activities
G Musical instruments	
1 Guitar	)
2 Simple keyboard	)
3 Tape recorder/Combo hi-fi set	)
4 Tambourines	) Auditory stimulation and group therapy
5 Maraccas	)
6 Castanets	)
7 Drumsticks	)
8 Cymbals	)
9 Triangles	)

Rehabilitative equipment		Uses
H	**Art and Craft**	
1	Art equipment, e.g. water colour sets, colour pencil sets, pencils, cartridge paper (for drawing), blunt nose scissors, rulers, erasers and sharpeners	) Improve social and inter-personal skills;) eye-hand and colour co-ordination;) tactile stimulation
2	Other Art & Craft, e.g. pottery making, Origami, lantern making, flower arrangement	

Annex 7

MOH'S CAPITAL FUNDING FORMULA FOR BUILDING PROJECTS UNDERTAKEN BY CHARITABLE ORGANISATIONS

The capital funding formula is the lower of (a) or (b):

(a) $40,000 per nursing home bed

or

(b) Actual cost based on the funding formula below

90% of [{(UBC x GFA + Lift Installation + Site preparation works) + Essential Services}+ Professional fees* + 10% F&E] + 3% GST

where:

UBC = unit building cost assessed to be reasonable

GFA = gross floor area

F&E = Furniture & Equipment

* Professional fees are at 6% to 9% of building cost, depending on the size and complexity of the project.

Annex 8

MEANS TESTING FRAMEWORK FOR NURSING HOMES

(a) **Monthly per capita income cut-off**	**(b)** **Subsidy** *(before moderation)*	**(c)** **Patient's and spouse's properties**	**(d)** **First moderation**	**(e)** **Patient's share of savings**	**(f)** **Second moderation (Not implemented)**
$0 - $300 (including PA patients)	75%	***HDB 3-room*** ***HDB 4- or 5-room*** ***Multi-generation HDB flat***	No change	<= $20,000 $20,001 - $50,000 $50,001 - $80,000 > $80,000	No change less 25% less 50% less 75%
		Private property/Executive Condominium	No subsidy		
$301 - $700	50%	***HDB 3-room*** ***HDB 4- or 5-room*** ***Multi-generation HDB flat***	No change	<= $20,000 $20,001 - $50,000 > $50,000	No change less 25% less 50%
		Private property/Executive Condominium	No subsidy		
$701 - $1000	25%	***HDB 3-room*** ***HDB 4- or 5-room*** ***Multi-generation HDB flat***	No change	<= $30,000 > $30,000	No change less 25%
		Private property/Executive Condominium	No subsidy		
Above $1000	0%	N.A.	No change	N.A.	No change

A STEPS FOR CONDUCTING A MEANS TEST

1 Conducting a means test for nursing home patients involves the following steps:

i) Computation of monthly per capita income of patient's immediate family members to determine the provisional subsidy rate;

ii) Moderation for ownership of property of the patient and/or spouse, if applicable, to determine new subsidy rate;

iii) Moderation for patient's share of savings, if applicable, to determine the final subsidy rate.

(Please see Flow Chart for Means Test on page 44)

2 All applicants are required to complete an application form for government subsidy for nursing home care (pages 45 and 46). In instances when an applicant is unable to complete an application form personally, another person, e.g. the applicant's son/daughter, relative, medical social worker etc, may complete the application on his behalf. For these cases, the name and relationship/designation of the person making the application must be clearly stated in the form.

Step 1: Computation of monthly per capita income and subsidy [columns (a) & (b), page 40]

3 Monthly per capita family income is derived by dividing total immediate family income by the number of immediate family members and eligible dependants.

$$\frac{\textit{Total immediate family income}}{\textit{Total number of immediate family members and eligible dependants}}$$

Total immediate family income – The Numerator

4 Total immediate family income includes the sum of the following gross income of all immediate family members:

i) **For patient and spouse**, to include all streams of income, including wage, rental, interest etc before deduction for CPF and tax.

ii) **For parents, all children, and siblings staying with the patient**, to include all streams of income, including wage, rental, interest etc, before deduction for CPF and tax.

Total number of immediate family members and eligible dependants – The denominator

5 This computes the number of immediate family members and their dependants.

i) Immediate family members include the following:

Table 1: List of Immediate Family Members

Immediate family members include:
Patient, patient's spouse, patient's parents
Patient's children who share the same residence as patient. E.g. A young daughter of the patient who stays with the patient and who has no income can be counted, the rationale being that she would need to draw on the immediate family income.
Patient's children who stay away from the patient *and* who has an income. E.g. Patient's married daughter who is a housewife and who does not stay with the patient cannot be counted, the rationale being that she would be supported by her husband.
Patient's siblings who share the same residence as patient. E.g. A young brother of the patient who stays with the patient and who has no income can be counted, the rationale being that he would need to draw on the immediate family income.

ii) Eligible dependants of the persons in column 1 are listed in column 2:

Table 2: List of Eligible Dependants

Immediate family members include:	**Eligible dependants include:** The persons below are counted in recognition of the additional financial burden they have on those persons in the left column.
Patient, patient's spouse, patient's parents	
Patient's children who share the same residence as patient. E.g. A young daughter of the patient who stays with the patient and who has no income can be counted, the rationale being that she would need to draw on the immediate family income.	Children and spouses of persons on the left, who do not have income. E.g. The working wife of a patient's son who stays with the patient cannot be counted as a dependant, the rationale being that she need not draw on the immediate family income.
Patient's children who stay away from the patient *and* who has an income. E.g. Patient's married daughter who is a housewife and who does not stay with the patient cannot be counted, the rationale being that she would be supported by her husband.	Children and spouses of persons on the left, who do not have income. E.g. The non-working child of a patient's daughter who is a housewife and who stays away from the patient cannot be counted as a dependant, the rationale being that the child would be supported by her husband.

Immediate family members include:	Eligible dependants include:
Patient's siblings who share the same residence as patient. E.g. A young brother of the patient who stays with the patient and who has no income can be counted, the rationale being that he would need to draw on the immediate family income.	Children and spouses of persons on the left, who do not have income. E.g. The working wife of a patient's brother who stays with the patient cannot be counted as a dependant, the rationale being that she need not draw on the immediate family income.

6 When computing the number of dependants, please note the following:

i) Persons aged 16 years and above are counted as "1" person each;

ii) Persons below 16 years are counted as "0.75" person each;

iii) Persons not listed in Table 1, for e.g. patient's in-laws, grandparents, and other relatives, should not be counted even though they may stay with the patient.

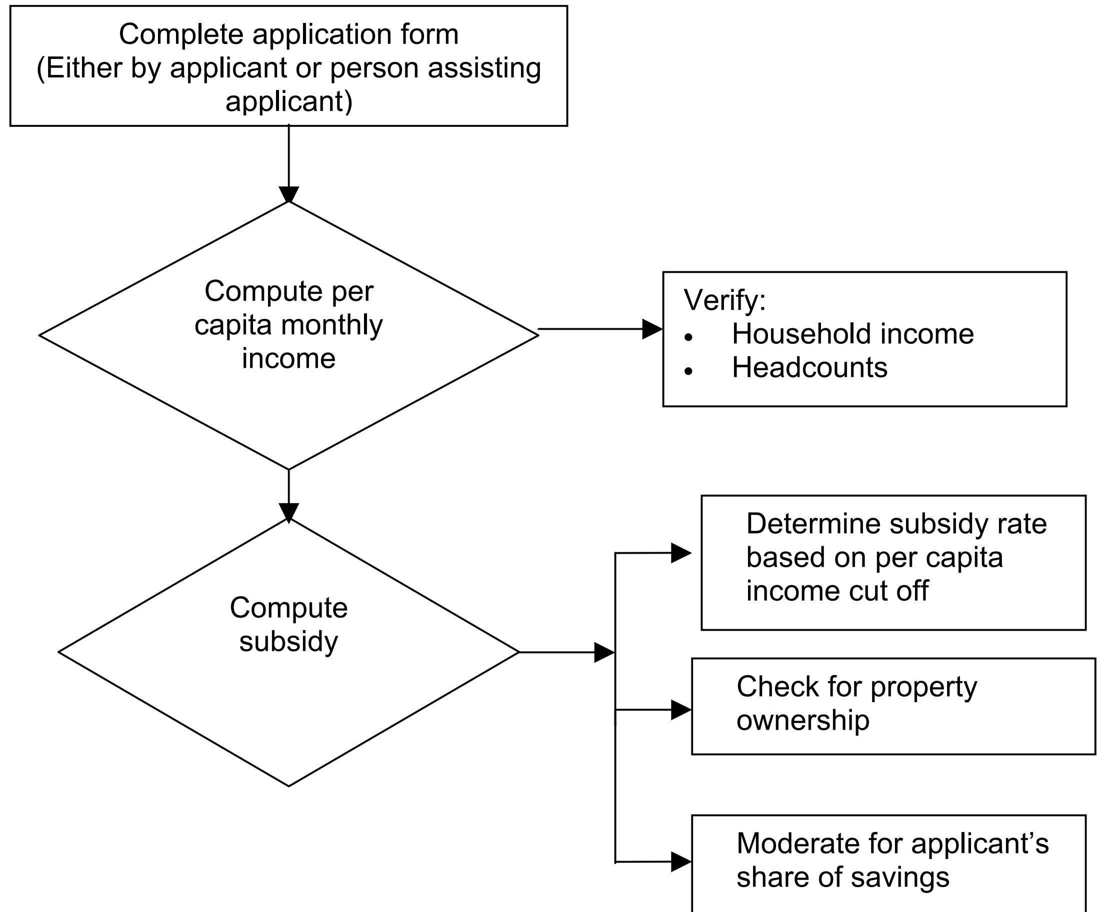
Step 2: Moderation of subsidy by properties owned [columns (c) & (d), page 40]

7 For applicants who are property owners or co-owners of public housing, e.g. HDB flat, there is no moderation for property. There is no subsidy for those who own private property, including executive condominium.

Step 3: Moderation of subsidy by savings [columns (e) & (f), page 40]

8 Savings can be in the form of cash, savings in banks, stocks and shares, bonds, etc. The amount of subsidy to be reduced is in column (f) based on the amount of savings in column (e). This is not implemented for the time being.

FLOW CHART FOR MEANS TESTING



APPLICATION FORM FOR GOVERNMENT SUBSIDY FOR NURSING HOME CARE

Name of Nursing Home: ______________________________

Name : ______________________________

NRIC : ______________ Age : ______________

Sex : ______________ Race : ______________

Citizenship : ______________ Marital status : ______________

Address : ______________________________

____

Please tick as appropriate:

a) ☐ I am on public assistance (Ref: PA ________________)

b) Ownership of property by me and/or my spouse
- ☐ No
- ☐ Yes, HDB 3 rooms
- ☐ Yes, HDB 4-5 rooms
- ☐ Yes, HDB multi-generation
- ☐ Yes, Private property (Incl Executive Condominium)

c) ☐ I have savings, shares and others as listed below.

Type	Applicant's	Applicant's spouse
Savings		
Unit trusts		
Shares		
Others		

d) ☐ I have a family and the particulars of my family members are attached.

I confirm that the information given above is correct. I understand that if any of the above information is false or misleading, action may be taken against me and I will be liable for full payment of all relevant expenses for nursing home care.

____
Signature of applicant or
Person making application on behalf of applicant

____
Name

____
Relationship/Designation

____
Date

APPLICATION FORM FOR GOVERNMENT SUBSIDY FOR NURSING HOME CARE

PARTICULARS OF FAMILY MEMBERS

Name of immediate family member[1]	Stay with applicant (Yes/No)	Relationship To Applicant	NRIC No.	Age	No of dependents[2]		Monthly Income[3]
					Adult	Children[4]	
For official use only **Total:** **(Including Applicant)**						X 0.75	

[1]Includes applicant, applicant's spouse, applicant's parents, applicant's children and siblings who share the same residence, applicant's children who stay away and have income.

[2] Eligible dependents include spouse and children of those listed in column 1, and who do not have incomes.

[3] Refers to gross monthly income, including rental and interest income, of applicant and spouse, before deduction for CPF etc. For applicant's parents, children and siblings staying with applicant, gross income includes all sources of income. Documents for verification – income tax statement, pay slip or statutory declaration for those without pay slip or income tax statement, and other supporting documents where applicable.

[4] Children refer to persons less than 16 years of age.

Annex 9

APPLICATION FOR GOVERNMENT SUBSIDY
FOR STEP-DOWN CARE FACILITIES

Please submit your completed application form to:

ELDERLY & CONTINUING CARE DIVISION
MINISTRY OF HEALTH
16 COLLEGE ROAD
SINGAPORE 169854

Part I	**PARTICULARS OF ORGANISATION**

Name of Organisation : ______________________

Address : ______________________

____

Telephone No. : ______________________

Fax No. : ______________________

Email Address : ______________________

Registration with Registry of Societies : Yes / No* If Yes, state Date: __________ Registration No: __________

Registration with Commissioner of Charities : Yes / No* If Yes, state Date: __________ Registration No: __________

Institution of Public Character Status : Yes / No* If Yes, state Registration No: __________

Affiliated to NCSS : Yes / No*

Funding applied for (Type of facility/services) : ______________________

Capacity (No of beds/users) : ______________________

** Please delete as appropriate*

Part II	MANAGEMENT COMMITTEE MEMBERS

Name/NRIC No.	Designation in Management Committee	Occupation/ Name of Employer

Part III	KEY PERSONNEL OPERATING THE HOME

Name/NRIC No.	Designation	Qualification

Part IV TYPE OF FUNDING REQUIRED

Please tick as appropriate:

1. ☐ Operating Subvention
2. ☐ Rental Subsidy

Part V ADDITIONAL INFORMATION TO BE SUBMITTED

Please complete the application form together with a write-up covering the following areas:

1. Schedule of fees & charges for inpatient bed, miscellaneous charges, and deposits (refundable and non-refundable) to be paid to a patient.
2. Criteria for admission to facility.

Part VI DECLARATION

I hereby certify that the information given above is true and complete.

I understand that the Ministry of Health reserves the right to reject my application, and that the reason(s) for which the application is rejected need not necessarily be disclosed.

I also agree that I will accept the conditions in Appendix for the receipt of financial support on behalf of the organisation, in the event that the application is successful. If the organisation fails to abide by and discharge any of the conditions set out in Appendix, the subsidy shall be terminated forthwith.

Name of Applicant	Signature
Designation in the Organisation	Contact No(s)
NRIC No	Address

APPENDIX — TERMS & CONDITIONS FOR THE RECEIPT OF GOVERNMENT SUBSIDY FOR STEP-DOWN CARE (NURSING HOME)

1 The Ministry of Health reserves the right to approve, with or without conditions, the types of services to be provided, and specify the period to which the subvention is provided.

2 The organisation must ensure that:

a) The Nursing Home is open to all Singapore citizens or permanent residents who require nursing home care regardless of race, language, religion or disease conditions (including HIV positive patients).

b) The Nursing Home will accept patients according to Ministry of Health's criteria in Annex 2 and any additional directives that the Ministry might impose from time to time.

c) The Nursing Home will accept any patient in need of nursing home care referred by the Integrated Care Service, or any other of the Ministry of Health's designated agencies.

d) At least 80% of the residents are Category III and IV patients based on Ministry of Health's Resident Assessment Form.

e) Not more than 10% of the beds are set aside for non-subsidised patients. Non-subsidised patients shall mean patients who pay more than the prevailing Government norm cost.

f) Means testing is carried out for every patient requiring Government subsidy based on the Ministry of Health's means testing criteria to determine the subsidy rate.

g) A schedule of fees and charges for nursing home care, other charges, deposits and any other charges to be paid by the patients is submitted to MOH. The Nursing Home shall inform the Ministry of Health when changes are made to the schedule.

h) Billing is provided for all patients receiving Government subsidy. The bill shall indicate the amount of Government subsidy.

i) The number of medical and nursing staff and other related personnel are sufficient for the prevailing case-mix of residents.

j) The Nursing Home will comply with all applicable provisions of the Private Hospitals and Medical Clinics Act and its regulations, and the amendments made thereafter.

k) The Nursing Home shall submit quarterly statistics as required by the Ministry.

l) After the close of each financial year, to submit to the Ministry of Health an audited financial statement and workload within three months.

m) Keep written records to allow the claims for payments of subvention to be verified, and proper assessment to be made as to whether the Nursing Home has complied, or is complying, with the conditions set out in the provisions of the Medical and Elderly Care Endowment Schemes Act.

n) Retain the written records referred to in paragraph (m) above for a period of 3 years after the close of the financial year in which the record was made.

o) Any false information, claims and breach of conditions would render the VWO ineligible for further funds, and funds paid on the basis of false information will be recovered. Any VWO who contravenes or makes a record that is false or misleading shall be guilty of an offence and shall be liable for conviction under Section 41 of the Medical & Elderly Care Endowment Schemes Act.

Annex 10

MEMBERS OF THE WORKGROUP

Chairperson

Ms Teo Her Tee	Higher Nursing Officer Eldercare Services Branch Elderly and Continuing Care Division Ministry of Health (till November 2001)

Advisor

Dr Wee Moi Kim	Assistant Director 1 Licensing and Accreditation Branch Health Regulation Division Ministry of Health

Members

Mdm Sim Lee Leng	Senior Accreditation Officer (Nursing) Licensing and Accreditation Branch Health Regulation Division Ministry of Health
Ms Leong Sok Fong	Nursing Officer Eldercare Services Branch Elderly & Continuing Care Division Ministry of Health
Ms Lim Ai Tee	Accreditation Officer (Nursing) Licensing and Accreditation Branch Health Regulation Division Ministry of Health
Ms Yeo Sai Kheam	Accreditation Officer (Nursing) Licensing and Accreditation Branch Health Regulation Division Ministry of Health