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LICENCE CONDITIONS FOR NURSING HOME SERVICE LICENSEES

IMPOSED UNDER SECTION 13(1) OF THE HEALTHCARE SERVICES ACT 2020

1 Introduction

1.1 These licence conditions ("**LCs**") apply to all persons that have been licensed under the Healthcare Services Act 2020 (the "**HCSA**") to provide a Nursing Home Service ("**NHS**") (such persons referred to as "**Licensees**").

1.2 A breach of these LCs may result in regulatory action being taken against Licensees under section 20 of the HCSA, including but not limited to:

(a) Suspension or revocation of the Licensee's NHS licence;

(b) Shortening the term of the Licensee's NHS licence;

(c) A direction requiring the Licensee to rectify the contravention, or prevent a recurrence of the contravention; and/or

(d) A direction requiring the Licensee to pay a financial penalty.

1.3 For the avoidance of doubt:

(a) the defined terms as used in these LCs shall have the meaning ascribed to them in the HCSA and any Regulations made thereunder, unless otherwise stated;

(b) these LCs do not override the healthcare professionals' duty to make clinical decisions that are in the best interests of each patient; and

(c) the requirements in these LCs are without prejudice, and in addition to the requirements imposed under the HCSA as well as any Regulations and other applicable licensing conditions, directions, codes of practice made thereunder.

1.4 These LCs shall supersede and replace the LCs entitled 'Licence Conditions for Nursing Home Service Licensees' issued on 18 December 2023.

2 Definitions

2.1 The following definitions shall apply to these LCs:

(a) "**Abuse**" refers to any of the following:

(1) physical abuse;

(2) psychological abuse; or

(3) sexual abuse.

(b) "**Approved Permanent Premises**" means the permanent premises that have been approved by the Director-General of Health to be used to provide the Licensee's NHS;

(c) "**HS Licensee**" means a Licensee who is approved under section 11D of the HCSA to provide hospice service as a specified service;

(d) "**IDDSI Framework**" means the prevailing global standardised framework developed by the International Dysphagia Diet Standardisation Initiative to describe texture modified foods and thickened fluids used for people with swallowing problems;

(e) "**Medication Error**" means any error relating to – (1) the identity of the patient to whom a drug is to be administered or provided to; (2) the type of drug that is to be administered or provided to a patient; (3) the time that a drug is to be administered or provided to a patient; (4) the dosage of a drug that is to be administered or provided to a patient; or (5) the route by which a drug is to be administered or provided to a patient, that may result in or lead to inappropriate drug use or patient harm, including but not limited to, any discrepancies (whether realized and/or documented) in the transcription, prescription, preparation, administration or provision of a drug to a patient.

(f) "**NHS Regulations**" means the Healthcare Services (Nursing Home Service) Regulations 2023;

(g) "**Speech Therapist"** means an allied health professional who is registered under the Allied Health Professions Act 2011 in and holds a valid practising certificate under that Act for the prescribed allied health profession of Speech-Language Pathology (or Speech Language Pathology);

(h) "**Transcription**" means the act of reproducing a valid medication order(s) in respect of a patient by a nurse from another document (e.g., hospital discharge summary or prescription) into the medication record of the same patient; and

(i) "**Working Day**" means any weekday that is not a public holiday.

3. Requirements Relating to Personnel

3.1 The Licensee shall ensure that all personnel who are deployed in the provision of direct patient care:

(a) have the relevant awareness and knowledge necessary for the provision of direct patient care; and

(b) subject to paragraph 3.2 and before they are deployed to perform any task relating to the provision of direct patient care, are adequately trained and assessed to be competent in the performance of that task by a personnel who is experienced in the performance of the said task or a registered nurse**.**

3.2 Notwithstanding paragraph 3.1(b), if a personnel's performance of a task has not been assessed by an experienced personnel or a registered nurse to be competent, the Licensee shall only deploy that personnel to perform that assigned task if his/her performance of that assigned task is adequately supervised by at least one experienced personnel or a registered nurse.

4. Requirements Relating to Approved Permanent Premises, Equipment, etc.

4.1 The Licensee shall maintain an inventory (the "**Inventory**") of all equipment, materials and supplies stored in the Approved Permanent Premises. The Licensee shall ensure that the Inventory is reviewed regularly and accurately reflects all equipment, materials and supplies stored in the Approved Permanent Premises.

4.2 The Licensee shall establish and implement processes to ensure that:

(a) there is an adequate supply of equipment, materials and supplies stored in the Approved Permanent Premises to cater to the needs of its patients for a suitable period of time to allow for the equipment, materials and supplies to be replenished or replaced as needed; and

(b) that such equipment, materials and supplies are properly maintained for the projected needs of its NHS,

taking into consideration, the frequency of use and shelf-life of the equipment, materials and supplies stored in each Approved Permanent Premises.

4.3 The Licensee shall ensure that all equipment, materials and supplies are:

(a) used only by adequately trained personnel; and

(b) checked regularly to ensure that they are adequate, functional, effective, and fit for use before it is used to provide any care or treatment to a patient.

4.4 The Licensee shall ensure that all equipment, materials and supplies stored at the Approved Permanent Premises are stored:

(a) in such a way that it is protected from the likelihood of contamination;

(b) in such a way that the environmental conditions under which it is stored will not adversely affect its efficacy, quality, and safety; and

(c) in accordance with the manufacturer's specifications.

4.5 The Licensee shall put in place reasonable measures to protect the personal possessions that have been handed over by its patients for safekeeping.

4.6 The Licensee shall ensure that:

(a) each patient is provided an adequate supply of linen for his/her own personal use during his/her accommodation at the approved permanent premises;

(b) the linens used by patients are changed on a regular basis and when they are soiled; and

(c) the linens provided to patients have been effectively laundered with reasonable precautions taken to prevent subsequent contamination.

PATIENT CARE

5. Patient Admission and Care Planning

5.1 The Licensee shall ensure that a preliminary assessment of each patient's condition and care needs is performed by a nurse within 24 hours from the patient's admission to the Approved Permanent Premises.

5.2 The Licensee shall ensure that each patient admitted to the Approved Permanent Premises is reviewed by a medical practitioner within 48 hours from the patient's admission. Where the 48-hour period from the admission of a patient does not include a working day, the Licensee shall ensure that the review is performed no later than the next working day after the end of the 48-hour period.

5.3 Subject to paragraph 5.4, the Licensee shall ensure that a registered nurse performs a comprehensive assessment of each patient within 72 hours from the time of that patient's admission to the Approved Permanent Premises (the "**72-Hour Period**"), which shall minimally include – the (1) the establishment of the patient's baseline condition; (2) the making of any necessary referrals; and (3) the formulation of a care plan for that patient (the "**Care Plan**"). If the 72-Hour Period does not include a Working Day, the Licensee shall ensure that the comprehensive assessment is performed no later than the next working day after the end of the 72-Hour Period.

5.4 The Licensee shall ensure that the comprehensive assessment referred to in paragraph 5.3 minimally covers the following components:

Essential Components	Fields
Clinical Assessment and Diagnosis	1. Patient's existing medical conditions and identified needs 2. Previous treatments and procedures 3. Existing medications and medical Appointments 4. Existing allergies (drug, food and chemical) 5. Any other health conditions (including pain symptoms) 6. Any other skin conditions (including foot problems)
Risk Screening and Assessment	1. Risk assessment for pressure injuries 2. Falls risk screening
Functional, Cognitive, Behavioural and Psychosocial needs	1. Functional status a. Ability to perform activities of daily living; and b. Mobility 2. Cognition 3. Communication and vision 4. Psychosocial and mental well-being 5. Mood and behaviour 6. Nutritional status (including mode of feeding, type of diet/nutrition prescribed) 7. Hydration and fluid restrictions 8. Oral hygiene and dental care needs 9. Continence status
Goals and Preferences, Social Support and Discharge potential	1. Patient's expressed goals of care 2. Responsibility and directives 3. Social support and needs (including that from next-of-kin or carer of the patient) 4. Discharge potential

5.5 The Licensee shall ensure that each patient's Care Plan minimally takes into consideration the following:

(a) that patient's existing medical or dental condition, as diagnosed by a medical practitioner or dentist;

(b) all the identified health risks of that patient;

(c) that patient's needs and types of care (e.g., medical, nursing, and psychosocial) and interventions required;

(d) whether there is any change in that patient's condition and intended commensurate interventions;

(e) that patient's indicated preference regarding their care or treatment; and

(f) any multidisciplinary inputs (e.g., from an allied health professional or dentist) available at the point of drafting the Care Plan.

5.6 The Licensee shall ensure that each patient's Care Plan sets out the following:

(a) the intended care goal(s) for that patient, which has been discussed and agreed upon with that patient or that patient's next-of-kin or carer;

(b) the follow-up action plan by the Licensee's personnel to achieve the intended care goal(s) referred to in paragraph 5.6(a); and

(c) the intended measures to continuously monitor and evaluate that patient's state of health and the quality of care provided.

5.7 The Licensee shall ensure that:

(a) care and treatment, including assistance with activities of daily living, are provided to each patient in accordance with that patient's Care Plan;

(b) each patient's Care Plan is regularly reviewed at least once every 6 months (and updated if necessary) to ensure that it remains appropriate for that patient;

(c) an assessment of the health condition of each patient is regularly carried out at least once every 6 months to determine the suitability and effectiveness of that patient's Care Plan; and

(d) where an allied health professional, a medical practitioner and/or a registered nurse takes the view that a patient's Care Plan is no longer appropriate for that patient and recommends that a change(s) be made to the said Care Plan for that patient's benefit, the change(s) shall be properly documented within that patient's Care Plan.

5.8 The Licensee shall ensure that if the care provided to a patient has deviated from that patient's Care Plan (e.g., a care service, medication or treatment that has not been delivered in accordance with that patient's Care Plan), the following must be promptly identified, documented and made known to a registered nurse, the personnel who formulated the relevant instructions in that patient's Care Plan, or to another personnel of the same profession and who is also involved in the care of that patient:

(a) the reason(s) for the deviation;

(b) the nature of the care provided to that patient; and

(c) the outcome(s) of the care provided to that patient.

5.9 The Licensee shall ensure that if the care provided to a patient has deviated from that patient's Care Plan, that patient is appropriately monitored and assessed for the need for any corrective measures to be taken (including the

escalation of care), and for any corrective measures taken to be documented by the personnel who performed them.

5.10 The Licensee shall ensure that there are arrangements in place to deal with potential incidents or emergencies which may arise and disrupt the continued provision of care to all patients in the Approved Permanent Premises.

6. Advance Care Planning

6.1 The Licensee shall have a process in place to regularly identify patients who may be approaching their end-of-life stage (each an "**EOL Patient**").

6.2 The Licensee shall:

(a) provide an opportunity and encourage each EOL Patient to have at least one Advance Care Planning ("**ACP**") discussion with that EOL's Patient's next-of-kin or carer during that EOL's Patient's pre-admission process or stay in the Approved Permanent Premises;

(b) assess the suitability of each EOL Patient for a Preferred Plan of Care ("**PPC**") and the frequency at which the PPC discussion needs to be performed to cater for change in the EOL Patient's preferences; and

(c) document each EOL Patient's care preferences, ACP and PPC (if any), and when there is transfer of care between care settings, communicate that EOL Patient's ACP or PPC (if any) to the relevant healthcare professional or healthcare institution receiving the EOL Patient.

6.3 The Licensee shall honour the care preferences of a EOL Patient as indicated in the patient's ACP or PPC as far as reasonably possible.

6.4 Where the Licensee has assessed that a deviation from the ACP or PPC is necessary in the best interest of an EOL Patient, the Licensee shall:

(a) inform that EOL Patient or that EOL Patient's next-of-kin or carer about the Licensee's proposal to provide care, treatment and/or referral which deviates from that EOL Patient's ACP or PPC;

(b) provide the care, treatment, and/or referral which deviate from that EOL Patient's ACP or PPC and as informed to that EOL Patient or that EOL Patient's next-of-kin or carer in consultation with that EOL Patient's care team; and

(c) accurately document – (1) the communication referred to in paragraph 6.4(a); and (2) the care, treatment and/or referral provided to that EOL Patient referred to in paragraph 6.4(b).

7. Pain Management

7.1 The Licensee shall implement policies and processes to identify and manage patients who are experiencing physical pain.

7.2 In addition to the pain assessment conducted during the patient's admission, the Licensee shall ensure that, at the minimum, a pain assessment is performed as soon as practicable on a patient in the following scenarios:

(a) following any significant change in a patient's condition (e.g. fall, fever); and

(b) after a patient's discharge from an acute hospital service or a community hospital service.

7.3 The Licensee shall assess and document the intensity, location, onset, and progression of the pain experienced by the patient as part of a pain management programme. The Licensee shall review the pain management programme at appropriate intervals to ensure its effectiveness.

7.4 The Licensee shall ensure that the pain assessment conducted on the patient is done in a consistent, standardised, and systematic manner, to permit monitoring of the patient's condition and response to treatment.

7.5 The Licensee shall ensure that appropriate monitoring tools are used in the pain assessment and should take into account the patient's ability to convey the various pain levels (e.g., if the patient is cognitively impaired).

7.6 The Licensee shall ensure that pain relief medication is provided and administered based on the patient's pain type (e.g., chronic versus acute) and severity.

7.7 The Licensee shall ensure that, as part of its pain management programme, the patient is monitored for pain relief, side effects and any complications arising from the administration of pain medication.

8. Falls Prevention and Mobility

8.1 The Licensee shall ensure that all fall risk screenings and fall risk assessments performed on patients are performed:

(a) by a nursing personnel or an allied health professional; and

(b) using an appropriate and validated tool.

8.2 The Licensee shall ensure that each patient's fall risk screening or fall risk assessment minimally takes into consideration that patient's:

(a) history of falls;

(b) medical status (e.g., diagnoses that may lead to increased falls risks);

(c) medications (e.g., medications that may cause drowsiness); and

(d) functional, behavioural, and cognitive status.

8.3 The Licensee shall ensure that a fall care plan is established, implemented and properly documented for each patient, which shall minimally cover the following:

(a) frequency of fall risk assessment to be conducted for that patient;

(b) frequency and components (e.g., assessment and management) of the fall risk assessment to be conducted for that patient; and

(c) intervention(s) or safeguard(s) to be implemented by the Licensee (e.g., environmental safety, patient education) to address the broad fall risk categories identified for that patient.

8.4 The Licensee shall ensure that each patient's fall risk is re-assessed at the following scenarios:

(a) at least once every 6 months;

(b) as soon as practicable following that patient's fall (i.e., post-fall);

(c) as soon as practicable following that patient's discharge from an acute hospital service or a community hospital service; and

(d) as soon as practicable following any significant change in that patient's medical status which may result in a change in that patient's fall risk.

8.5 The Licensee shall, in the event of a fall sustained by any patient:

(a) provide prompt and appropriate follow-up care and monitoring to that patient;

(b) appropriately manage any injury(ies) sustained by that patient, including referral to a medical practitioner or acute hospital service licensee if necessary;

(c) conduct post-fall analysis to determine appropriate measures to be taken to prevent recurrences of a fall by that patient; and

(d) implement any measures identified as part of the post-fall analysis referred to in paragraph 8.5(c) above.

9. Skin Care and Pressure Injuries

9.1 The Licensee shall establish, implement and properly document a pressure injury care plan for each patient, which shall minimally cover the following:

(a) the frequency and components (e.g., assessment and management) of the pressure injury risk assessment to be conducted for that patient; and

(b) the intervention(s) or safeguard(s) adopted by the Licensee to address any pressure injury risks identified for that patient.

9.2 In addition to assessing each patient's pressure injury during the patient's admission, the Licensee shall ensure that each patient's pressure injury risk is re-assessed in any of the following scenarios:

(a) at least once every 6 months;

(b) as soon as practicable following any new pressure injury suffered by that patient; and

(c) as soon as practicable following any significant change in that patient's medical status which may result in a change in that patient's pressure injury risk.

9.3 The Licensee shall ensure that each patient found to have a pressure injury, is assessed, and monitored for the following:

(a) the location, size, stage, condition, odour of the pressure injury;

(b) the amount and type of exudates excreted from the pressure injury;

(c) the presence, location and extent of sinus tracts;

(d) pain experienced by that patient;

(e) signs of infection; and

(f) condition of surrounding skin.

9.4 The Licensee shall ensure that each patient's skin is checked daily including for wound abnormalities and complications arising from medical therapy, as part of the process of providing care and assistance (e.g. during baths).

9.5 The Licensee shall ensure that any patient identified to have a pressure injury or other skin conditions is given appropriate and prompt treatment and care.

9.6 The Licensee shall establish and implement an escalation protocol for the management of a patients' pressure injuries including a review by a wound nurse or medical practitioner or admission to an acute hospital service licensee, as appropriate.

10. Continence Management

10.1 The Licensee shall ensure that each patient's continence aids are checked regularly and changed when necessary.

10.2 The Licensee shall establish and implement a process for promoting continence and bowel management, including weaning patients off continence aids where appropriate.

11. Dental care, treatment and procedure

11.1 The Licensee shall ensure that equipment and supplies used for the management of patients' oral hygiene care needs, such as toothbrushes, foam swabs, mouthwashes, tablets, gels and toothpaste, are appropriate and sanitary.

11.2 The Licensee shall ensure that removable dental appliances (e.g., dentures) used by patients are cleaned and maintained regularly.

12. Dietetic Service

12.1 For the purpose of ascertaining if a patient requires the provision of a dietetic service, the Licensee shall perform a nutritional screening for each patient at least once every 6 months, or as clinically indicated based on professional assessment, whichever is earlier.

12.2 Where a patient requires the provision of a dietetic service and whose care goals include weight loss prevention, the Licensee shall ensure that the following are performed for that patient:

(a) weighing of that patient at least once every 30 days to track any weight changes for early identification of weight loss;

(b) maintenance of an intake chart for that patient to observe for any reduced or inconsistent intake of food; and

(c) identification and implementation of any preventive measure(s) necessary to address any weight loss or change in intake of food identified.

13. Nutrition Service

13.1 The Licensee shall ensure that all food and food ingredients that (1) have passed their expiry or best before dates, or (2) were not stored in accordance with the manufacturer's instructions, are discarded promptly and not used or served to the patients.

13.2 The Licensee shall appoint a person of supervisory level as a Food Hygiene Officer ("**FHO**") to ensure the standard of food hygiene and sanitation in every Approved Permanent Premises is properly maintained. The Licensee shall ensure that the FHO undergoes a Food Safety Course ("**FSC**") and obtains a Workforce Skills Qualification FSC Level 3, or any other qualifications recognized by the Singapore Food Agency to qualify as a FHO.

13.3 Where a patient is screened or assessed by a medical practitioner, registered nurse, or Speech Therapist to require~~s~~ a dysphagia diet ~~or thickened fluids~~, the Licensee shall take appropriate measures to ensure that all foods ~~and drinks~~ provided to that patient are prepared and served in a safe manner, which shall include ensuring that the food ~~or drink~~:

(a) is prepared and served to that patient in accordance with the level in the IDDSI Framework that the patient is screened or assessed to require~~s~~; or

(b) subject to paragraph 13.4, is prepared and served to that patient in accordance with the alternative level(s) as specified in Column 2 of Table 1 corresponding to the level in the IDDSI Framework that the patient is screened or assessed to require as specified in Column 1 of Table 1.

Table 1 – Alternative dysphagia diet

Column 1	Column 2
Level in the IDDSI Framework that the patient requires	**Alternative level(s) in the IDDSI Framework which the Licensee may prepare and serve to that patient**
Level 7: Regular	Level 7: Easy to Chew
Level 7: Easy to Chew	Level 6: Soft and Bite Sized; or Level 5: Minced and Moist
Level 6: Soft and Bite Sized	Level 5: Minced and Moist
Level 5: Minced and Moist	Level 4: Pureed; or Level 3: Liquidised
Level 4: Pureed	Level 3: Liquidised
Level 3: Liquidised	Level 4: Pureed

13.4 Paragraph 13.3(b) does not apply in respect of a patient who has been assessed by a Speech Therapist to strictly require a dysphagia diet at "Level 4: Pureed" or "Level 3: Liquidised" of the IDDSI Framework.

13.5 Where a patient is screened or assessed by a medical practitioner, registered nurse, or Speech Therapist to require a diet comprising of thickened fluids, the Licensee shall take appropriate measures to ensure that all drinks provided to that patient are prepared and served in a safe manner, which shall include ensuring that the drink is prepared and served to that patient in accordance with the level in the IDDSI Framework that the patient is screened or assessed to require.

14. **Medication Management**

Medications brought-in by patients/next-of-kin or carer for patient's own use

14.1 The Licensee shall establish and implement a policy for the handling of medications brought in by a patient or a patient's next-of-kin or carer for the patient's own use.

14.2 The Licensee shall ensure that all medications that are brought in by a patient or a patient's next-of-kin or carer and for the patient's own use are:

(a) reviewed by a nurse or pharmacist for integrity, which shall minimally include a visual check of the expiry date (or the absence of), label, colour, smell, and general appearance of medication; and

(b) accepted for the patient's use only if the medications are assessed by a nurse or pharmacist to be safe for use.

Donated Medications

14.3 If the Licensee accepts or intends to accept any medication(s) donated to the Licensee ("**Donated Medication(s)**") by a patient, a patient's next-of-kin or carer, or members of public ("**Donor(s)**"), the Licensee shall establish and implement a policy on the handling of Donated Medications. For avoidance of doubt, the Licensee is not required to establish and implement a policy on the handling of Donated Medications if the Licensee does not accept or does not intend to accept any Donated Medications from Donors.

14.4 The Licensee shall ensure that all Donated Medications previously kept in a location outside the Approved Permanent Premises (e.g., a Donor's home) are reviewed by a pharmacist for integrity and accepted only if assessed to be safe for use. The Licensee shall ensure that such review shall minimally include a visual check of the expiry date, label, colour, smell, and general appearance of medication.

14.5 The Licensee shall not accept Donated Medications with any of the following properties:

(a) absence of expiry date;

(b) medications requiring refrigeration.

(c) loose tablets, liquid or semi-solid items contained within an unsealed container;

(d) change in physical appearance; and

(e) cytotoxic drugs.

Medication Inventory Management

14.6 The Licensee shall ensure that all medications in connection with the provision of its NHS are:

(a) secured in a designated area at the Approved Permanent Premises; and

(b) accessible only to authorised personnel.

14.7 The Licensee shall ensure that all antiseptics, medications for external use and disinfectants used for the provision of its NHS are stored:

(a) separately from internal and injectable medications; and

(b) with visible labels and clear indications.

14.8 Where the Licensee does not provide a pharmaceutical service as part of its NHS, the Licensee shall establish and implement processes to ensure that:

(a) there is sufficient quantity of medications stocked at the approved permanent premises for each patient; and

(b) the medications are of appropriate integrity and not expired.

14.9 Where the Licensee does not provide a pharmaceutical service as part of its NHS, the Licensee shall make arrangements to ensure that the medicinal products and health products in each patient's prescriptions are provided to the patient in a timely manner.

Prescription of Medication

14.10 The Licensee shall ensure that any medical practitioner or collaborative prescribing practitioner who prescribes any anaesthetic to a patient:

(a) has sufficient knowledge and experience in the following:

(1) the use and pharmacology of that anaesthetic;

(2) that anaesthetic's indications and contraindications; and

(b) has, prior to the prescription of any anaesthetic to the patient, demonstrated competence in:

(1) the use of that anaesthetic; and

(2) the recognition and management of complications arising from the administration of that anaesthetic to that patient.

14.11 The Licensee shall ensure that where any prescription of medication is given verbally ("**Verbal Order**"):

(a) the Verbal Order is confirmed in writing (e.g., email or other messaging services) by the end of the next working day;

(b) the written confirmation of the Verbal Order referred to in paragraph 14.11(a) is countersigned by the medical practitioner, collaborative prescribing practitioner or dentist who gave the Verbal Order, at his/her next visit to the Approved Permanent Premises; and

(c) accurate and proper documentation of the Verbal Order and written confirmation of the Verbal Order are made and retained.

14.12 If the Licensee allows or intends to allow for the administration or provision of medication(s) to patients that are not specified in their medical record as being prescribed to them ("**General Medication(s)**"), the Licensee shall establish and implement a policy (the "**Standing Order**") in respect of the administration and provision of such General Medication(s) to patients. For avoidance of doubt, the Licensee is not required to establish and implement the Standing Order if it does not allow or intend to allow the administration of General Medication(s).

14.13 The Licensee shall ensure that:

(a) only therapeutic products that are registered under the classification of "general sale list medicine" in the Register of Health Products of the Health Products Act 2007 can be administered or provided as General Medications;

(b) General Medications are only administered or provided to patients for the symptomatic relief of minor ailments (e.g., diarrhea, headache, sore throat, runny nose);

(c) the administration or provision of General Medications to patients is only carried out by a nurse;

(d) the administration or provision of any General Medication to a patient is only carried out for a maximum of period of 24 hours, unless that patient has been reviewed by a medical practitioner, collaborative prescribing practitioner, or dentist as being suitable to continue being administered or provided that General Medication beyond 24 hours; and

(e) the following are properly documented in the patient's medical record immediately after they occur:

(1) the administration or provision of any General Medication to that patient; and

(2) the conduct and outcome of any review by a medical practitioner, collaborative prescribing practitioner, or dentist as referred to in paragraph 14.13(d).

14.14 The Licensee shall ensure that the Standing Order minimally specifies the following details in respect of each General Medication:

(a) the ailment(s) that may be treated by that General Medication;

(b) the indication(s) for use for that General Medication;

(c) the type(s) and dosage(s) of that General Medication that may be administered or provided; and

(d) the contraindication(s) and associated allergy/ies that indicate that such General Medication should not be administered or provided.

Preparation of Medication

14.15 The Licensee shall ensure that all patient-specific medications are clearly labelled with the name of the patient who is prescribed that medication and at least one of the following patient identifiers:

(a) that patient's identification number;

(b) that patient's date of birth; and

(c) that patient's recent photograph.

14.16 The Licensee shall ensure that all medications intended for administration or provision to a patient are prepared by a nurse, subject to the following conditions:

(a) an enrolled nurse may prepare all types of medications (except for injectables and controlled drugs) under the supervision of a registered nurse; and

(b) a registered nurse may prepare all types of medication.

14.17 The Licensee shall ensure that the identity of the nurse(s) who prepares the patient's medication for administration or provision is properly documented.

14.18 The Licensee shall ensure that the preparation of medications for administration or provision to patients is done in a safe and appropriate manner that mitigates the risk of Medication Error(s) and the risk of contamination of the medications, including ensuring that:

(a) the nurse refers to the patient's medication records when preparing medication for administration or provision to that patient;

(b) the nurse only prepares the medication for a single patient at any given time;

(c) the medication(s) for a patient are not prepared together with the medication(s) of another patient in the same preparation area;

(d) the medication(s) for a patient are not prepared for the use in another patient;

(e) the space used for the preparation of medication(s) is appropriate, clean and sanitary;

(f) all equipment (e.g., mortar and pestle, syringes, cups) used for the preparation of medication(s) are appropriate, clean and sanitary;

(g) if the Licensee repackages any medication(s) in preparation for administration or provision to a patient, the repackaging is done in a way that does not result in:

(1) the integrity of the medication(s) being compromised; or

(2) contamination of the medication(s); and

(h) if pre-packed medications are purchased for patients, the Licensee shall ensure that there are policies and processes in place for a registered nurse to regularly review the pre-packed medications and ensure that:

(1) the medication(s) administered or provided to a patient are updated according to and consistent with the latest change(s) to that patient's prescriptions; and

(2) each patient is only administered or provided medications that are prescribed to him/her.

Administration or provision of medication

14.19 The Licensee shall ensure that all medications to be administered or provided to patients are not expired, contaminated or have their integrity compromised.

14.20 The Licensee shall ensure that:

(a) all intravenous injections are administered to a patient by a medical practitioner or a registered nurse;

(b) all intra-muscular and subcutaneous injections (including continuous subcutaneous injections) are administered to a patient by a medical practitioner or nurse; and

(c) all other medications are administered or provided to a patient (as the case may be) by a medical practitioner or a nursing personnel.

14.21 On and from 31 December 2028, the Licensee shall ensure that there is at least one nurse who is trained to administer intra-muscular and subcutaneous

injections to patients, that is deployed and present at its Approved Permanent Premises at all times.

14.22 The Licensee shall ensure that each medical practitioner or nursing personnel who administers or provides medication to a patient, refers to and considers the information set out in that patient's medication record, so as to minimise the risk of Medication Error(s).

14.23 The Licensee shall ensure that immediately after any medication has been administered or provided to a patient, a medical practitioner or nursing personnel documents the details of such administration or provision (including the date and time of such administration or provision) on that patient's medical record.

14.24 The Licensee shall ensure that any administration or provision of medication that resulted in a deviation from a patient's medication record is documented, including:

(a) the reason(s) for such deviation;

(b) the medication(s) or dose(s) administered or provided that resulted in such deviation; and

(c) if any medication(s) was omitted due to such deviation.

14.25 The Licensee shall ensure that the patient has access to the patient's prescription so that the patient or the patient's next-of-kin or carer may procure the appropriate medication(s) for the patient's use, if necessary.

14.26 If a patient refuses to take the medication(s) prescribed to him/her, the Licensee shall properly document and keep record of the patient's refusal.

<u>Disposal of Medications</u>

14.27 The Licensee shall promptly and properly dispose of medication(s) if:

(a) the expiry date is not known;

(b) subject to paragraph 14.28 below,

(1) the treatment for which the medication(s) has been prescribed for is discontinued and the medication(s) are no longer required by the patient undergoing that treatment; or

(2) the patient for whom the medication(s) have been prescribed for is no longer under the charge of the Licensee.

14.28 Notwithstanding paragraph 14.27(b), the Licensee is not required to dispose of the medication(s) referred to in that paragraph if the Licensee:

(a) chooses to accept the medication(s) as Donated Medication(s); and

(b) has reviewed and is satisfied of the integrity of the medication(s).

Medication Records

14.29 The Licensee shall ensure that each patient's medication record is transcribed upon admission. The Licensee shall ensure that the transcribed copy of the patient's medical records ("**Transcription**") only contains that patient's existing medication(s) at the time of admission, that were previously prescribed by a medical practitioner, dentist, and/or collaborative prescribing practitioner.

14.30 The Licensee shall ensure that each Transcription is prepared by a nurse and verified to be accurate by a registered nurse (who is not the nurse that prepared that Transcription).

14.31 The Licensee shall not administer or provide any medication to a patient until a Transcription of that patient's medication record has been prepared and verified in accordance with paragraph 14.30.

14.32 The Licensee shall ensure that all medication(s) specified in a Transcription are further endorsed by a medical practitioner, dentist or collaborative prescribing practitioner within 48 hours (or the next working day) after that Transcription has been prepared and verified in accordance with paragraph 14.30. The Licensee shall ensure that the endorsement of the medication(s) is properly documented. For avoidance of doubt, the endorsement may be carried out remotely.

14.33 The Licensee shall ensure that each patients' medication record contains appropriate and sufficient information in respect of the patient's medication regime, including the date that the patient's medication(s) were last reviewed by a pharmacist or medical practitioner. The Licensee shall ensure that each pharmacist or medical practitioner who reviewed the patient's medication(s) signs off on the patient's medication record in a manner which can allow for the identification of the pharmacist's or medical practitioner's (as the case may be) name and professional registration numbers.

14.34 The Licensee shall ensure that each patient's medication record is accurately updated whenever there is a change in the patient's prescription.

14.35 The Licensee shall ensure that each patient's medication record is reviewed by the following individuals, under the following circumstances:

(a) by a medical practitioner:

(1) within 48 hours from the patient's admission (or the next working day after the 48 hour period, if applicable), and at least once every 6 months thereafter;

(2) as soon as practicable, if the patient has been discharged to the Licensee by a person who is licensed under the HCSA to provide (i) an acute hospital service or (ii) a community hospital service;

(3) as soon as practicable, if there has been a change to the patient's medication list; and

(b) by a pharmacist, at least once every 6 months ("**Pharmacist Review**");

14.36 The Licensee shall ensure that medication reconciliation is conducted for each patient by a medical practitioner, pharmacist, or Advanced Practice Nurse (as defined under the Nurses and Midwives Act 1999) at reasonable intervals to ensure medication safety.

Controlled Drugs

14.37 The Licensee shall ensure that there is at least one designated area within the Approved Permanent Premises that is suitable for storing all controlled drugs according to the requirements under the Misuse of Drugs Act 1973 and the regulations made thereunder.

14.38 The Licensee shall establish, implement and document a system and process in relation to the handling and storage of all controlled drugs in its possession, in accordance with the Misuse of Drugs Act 1973 and the regulations made thereunder.

14.39 The Licensee shall ensure that a registered nurse is responsible for the safe custody, recording, administration, handling, and disposal of all controlled drugs in its possession.

Other Medication Management Requirements

14.40 The Licensee shall ensure that a pharmacist audits the Licensee's medication management system ("**Pharmacist Audit**") at least once every 6 months.

14.41 The Licensee shall document the findings of each Pharmacist Review and Pharmacist Audit, and the recommendation(s) of the pharmacist (if any) who conducted the Pharmacist Audit or Pharmacist Review.

Medication Errors

14.42 In the event of a Medication Error, the Licensee shall promptly conduct investigations and take appropriate action(s) to rectify the Medication Error and prevent the recurrence of such Medication Error.

14.43 The Licensee shall ensure that all Medication Errors that occur in its Approved Permanent Premises are documented along with all other relevant details, including the actions taken as set out in paragraph 14.42.

14.44 The Licensee shall review, at least once every 3 months, all Medication Errors that had occurred in its Approved Permanent Premises since the last review and take appropriate actions (if necessary) to rectify and prevent the recurrence of such Medication Errors.

15. Psychosocial Support

15.1 The Licensee shall ensure that an assessment of each patient's psychosocial and/or mental health status ("**Mental Health Review**") is performed upon admission and thereafter, at regular intervals, in accordance with paragraph 15.2.

15.2 The Licensee shall ensure, at the minimum, that the following are assessed as part of each patient's Mental Health Review:

To be assessed during Mental Health Review upon admission	To be assessed during Mental Health Review upon admission and thereafter, at regular intervals
a) Evaluation of patient's social and family history.	b) Assessment of patient's cognitive status; c) Behaviour evaluation; and d) Screening for mood disorders and suicide risk.

15.3 The Licensee shall establish and implement policies and procedures for the:

(a) management of issues identified as part of the Mental Health Review; and

(b) identification and management of behaviour that requires escalation.

15.4 The Licensee shall provide meaningful activities which are appropriate to each patients' psychosocial needs to support their mental well-being.

15.5 Subject to paragraph 15.6, the Licensee shall ensure that its personnel are adequately trained in psychosocial care and the identification of any of the following areas of concerns:

(a) any signs and/or symptoms of psychosocial or mental health condition(s);

(b) any change(s) to a patient's psychosocial or mental health status; and

(c) any sign(s) of Abuse.

15.6 The Licensee shall ensure that its personnel have minimally received training in the following areas:

For nurses	For other nursing personnel

Identification of and the provision of care to patients who suffer from: a) mood disorders; b) Behavioural and Psychological symptoms in Dementia (BPSD); and c) elder Abuse	Identification of and the provision of care to patients who suffer from elder Abuse

15.7 The Licensee shall establish and implement processes, and ensure that its personnel are adequately trained, to follow-up with any of the areas of concerns referred to in paragraph 15.5, including referring the relevant patient to external services where appropriate.

16. **Speech Therapy Service**

16.1 The Licensee shall ensure that the patient is referred to a Speech Therapist when:

(a) the patient presents with a new swallowing problem;

(b) existing swallowing issue(s) persists post-intervention; and/or

(c) the referring institution recommends the continuation of care by a ~~registered~~ Speech Therapist.

17. **Transport Service Requirements**

17.1 The Licensee shall have processes in place for the transportation of patients to other healthcare institutions for medical care or treatment, as and when necessary.

17.2 If the Licensee is unable to provide prompt and appropriate medical care or treatment to a patient at its Approved Permanent Premises, the Licensee shall ensure that contingency transport arrangements are made in a timely manner to mitigate any potential adverse outcomes for the patient.

17.3 If a patient or the patient's next-of-kin or carer has engaged or intends to engage a provider of an emergency ambulance service or a medical transport service for the transport of the patient, the Licensee shall ensure that such provider holds a valid license under the HCSA to provide an emergency ambulance service or a medical transport service, as the case may be.

17.4 The Licensee shall ensure that any transport vehicle used to convey patient(s) without providing any form of clinical care or monitoring (i.e., not an emergency ambulance or a medical transport under the HCSA and its regulations) complies with all relevant laws and requirements under the Road Traffic Act 1961 and the regulations made thereunder.

17.5 The Licensee shall ensure for each conveyance of a patient, there must be at least one other person in the vehicle used to convey that patient other than the

driver of that vehicle and the patient (e.g., another Licensee's personnel, the patient's next-of-kin or carer, medical escort).

18. Dignity of Care

18.1 The Licensee shall implement measures to protect the patient's privacy and dignity, which shall include but are not limited to the following:

(a) erecting adequate bedside screens when personal care is being provided to patients, in particular, for which the patient may be in a state of undress (e.g., bathing, toileting, dressing of wounds and changing of continence aids);

(b) fitting bathrooms and toilets with doors or screens; and

(c) ensuring unrelated patients of different sex do not occupy the same room, outside of exceptional situations where there shall be sufficient safeguards to ensure privacy and dignity of patients (e.g., disease outbreaks requiring the cohorting of patients).

19. Use of Restraints

19.1 The Licensee shall ensure that restraints are used on a patient only when it is assessed that:

(a) there is imminent risk to that patient and/or to other persons (e.g., other patients, visitors, the Licensee's personnel) in the Approved Permanent Premises if that patient is not restrained;

(b) it is in the best interest of that patient and/or other persons in the Approved Permanent Premises; and

(c) it is safe to use the restraint on that patient.

19.2 The Licensee shall ensure that less restrictive strategies are considered for a restrained patient as soon as practicable (e.g., patient is reasonably calm), and that the restraints which have been initiated are continued only as a last resort.

19.3 The Licensee shall ensure that physical restraints are initiated only by registered nurses or medical practitioners, while chemical restraints shall be initiated only by medical practitioners.

19.4 The Licensee shall ensure that all patients on restraints are regularly monitored for restraint-related complications.

19.5 The Licensee shall ensure that restraint-related complications are escalated to and/or managed by a medical practitioner.

19.6 The Licensee shall ensure that all restraints are reviewed by a medical practitioner within 2 weeks of initiation, and at least once every 6 months thereafter.

19.7 The Licensee shall ensure that all restraints are discontinued when assessed by a medical practitioner to no longer be necessary.

19.8 The Licensee shall ensure that the use of any restraint, as well as the relevant details in relation to the use of restraint and the review(s) thereafter (if any), are properly and regularly documented in the patient's care plan, which shall minimally include the following details:

(a) the date and time the restraint was initiated;

(b) the date and time the restraint was discontinued (if applicable); and

(c) the type of restraint used on the patient.

19.9 The Licensee shall inform the patient's next-of-kin or carer as soon as possible when initiating restraints on that patient.

19.10 The Licensee shall ensure that any communications with a patient's next-of-kin or carer on the use of restraint on the patient are properly documented.

20. Infection Control

20.1 The Licensee shall ensure that its personnel adhere to good hygiene practices and up-to-date guidelines, such as reference materials from MOH on infection control. The Licensee shall ensure that all good hygiene practices and up-to-date guidelines are communicated and made accessible and available to all its personnel.

20.2 The Licensee shall ensure that its personnel receive adequate training in infection control and in the use of personal protection equipment (PPE), that is commensurate with their work activities and responsibilities.

20.3 The Licensee shall ensure that all personnel are mask-fit tested by a certified mask-fit trainer.

<u>Environment</u>

20.4 The Licensee shall ensure that any room and/or equipment in its Approved Permanent Premises which has been used by a patient suffering or suspected to be suffering from any infectious disease is not used by any other patient until the room and/or equipment has been adequately disinfected.

20.5 The Licensee shall ensure that proper equipment and/or facilities for hand washing, disinfection and waste disposal are available wherever care may be provided.

20.6 The Licensee shall ensure that there is appropriate spacing between each patient's bed at all times. In the event of any infectious outbreak, the Licensee shall ensure that the bed spacing follows the prevailing requirements as may be prescribed by the authorities.

20.7 The Licensee shall ensure that single-use items are discarded after use and shall not be reused.

20.8 The Licensee shall ensure that disinfection and disposal of infectious waste materials are performed by licensed biohazard waste disposal operators and in accordance with all relevant laws and requirements.

21. Organisational Processes, Governance and Excellence

Personnel Recruitment Processes

21.1 The Licensee shall ensure that its recruitment and selection process(es) to employ or engage any personnel are designed in such a manner to ensure that all personnel who are employed or engaged are qualified and competent to perform the duties of the particular role(s) that they are employed or engaged for.

21.2 The Licensee shall ensure that written job descriptions are documented for all categories of personnel, specifying the functions, responsibilities, and specific qualifications, including the educational qualifications, skills and experience required, for each position.

21.3 The Licensee shall conduct pre-employment background checks on all prospective employees. The pre-employment background checks shall, at the minimum, include requiring the applicant to furnish proof of the following:

(a) the applicant's identity,

(b) the applicant's relevant qualifications, and

(c) a self-declaration by the applicant which includes necessary details about:

(1) the applicant's previous employment history;

(2) any previous conviction(s) or misconduct of the applicant; and

(3) the applicant's physical and mental health conditions (if any).

21.4 The Licensee shall ensure that there is a written organizational chart that delineates lines of authority and accountability in its NHS.

21.5 The Licensee shall ensure that its personnel's duties are covered when they are on leave or course, such that the personnel-to-patient ratio is maintained at all times.

21.6 The Licensee shall ensure that the number and composition of its nursing personnel is sufficient to provide safe and appropriate care to the patients and in accordance with any applicable standards as may be specified by the Director-General.

Nursing Staff Organization and Management

21.7 The Licensee must establish, implement, and regularly review written policies and procedures for the provision of nursing service in any of its approved permanent premises.

21.8 The Licensee shall ensure that there is an accurate and documented roster of nursing personnel on duty for every shift.

21.9 The Licensee shall ensure that there are processes implemented to activate the registered nurse referred to in Regulation 17(2)(d) of the NHS Regulations as needed when the aforementioned registered nurse is not on-site.

Personnel Training and Competencies

21.10 The Licensee shall establish and implement a programme for regular training and development of all personnel in its service to ensure that their knowledge and skillsets are up to date, which shall minimally cover the following aspects:

(a) an orientation programme;

(b) the knowledge and skills required for each personnel in relation to their job scope;

(c) the frequency of competency assessment to be carried out for each personnel;

(d) the programme(s) on continuing education that each personnel is required to undergo;

(e) the corrective actions to be taken against each personnel of its service who fails to attain a satisfactory work performance, such as retraining and competency assessment(s); and

(f) appropriate documentation for all the above activities carried out.

Financial Management

21.11 The Licensee shall ensure that its NHS maintains sufficient financial resources to provide safe and quality care to its patients.

21.12 The Licensee shall submit financial statements as required by the Director-General, and in the form, manner and frequency as the Director-General may determine.

Continuous Improvement

21.13 The Licensee shall have systems and processes in place to monitor the quality of the NHS provided and identify gaps in compliance, which shall minimally include:

(a) the feedback process requirements referred to in paragraphs 21.15 to 21.17;

(b) the conduct of regular internal quality assessments referred to in paragraph 21.18; and

(c) the conduct of an after-death review for any patient who passes on in its Approved Permanent Premises.

21.14 The Licensee shall ensure that where risks have been identified and assessed to be severe, changes shall be made to the treatment, care or other service provided where necessary and without undue delay.

Feedback Process

21.15 The Licensee shall have a process for:

(a) gathering feedback from its patients, the patient's next-of-kin or carer, and/or its personnel;

(b) bringing the feedback to the attention of its management; and

(c) responding to the feedback in a timely and appropriate manner.

21.16 The Licensee shall have a process of documenting, managing and utilizing the feedback it has received, and response(s) it has provided.

21.17 The Licensee shall ensure that all adverse feedback are properly and adequately investigated. Where such investigations reveal any weaknesses or lapses, the Licensee shall address these weaknesses or lapses in a timely and appropriate manner.

Internal Quality Assessments

21.18 The Licensee shall conduct regular internal quality assessments and identify areas for development and improvement. These internal quality assessments shall minimally cover the following:

(a) aspects of clinical care (e.g., risk factors due to existing care and treatment protocols); and

(b) organisational and management procedures and processes.

Communications and Documentation

21.19 The Licensee shall ensure that where physical documents are used, all documentations must be clearly and legibly written in ink, and correction fluid or tape shall not be used.

21.20 The Licensee shall ensure that all communications to the patient or the patient's next-of-kin or carer, in relation to the patient's medical condition or the provision of care or treatment to the patient, are properly documented and retained.

21.21 The Licensee shall ensure that all relevant patient health records is relayed to all other healthcare professional(s) and/or healthcare institution(s) that are involved in the management of the patient.

21.22 Where a patient is referred to another licensee under the HCSA or healthcare professional for care, the Licensee shall establish and implement a policy on the necessary documents and information to be made available to the other licensee or healthcare professional.

21.23 The Licensee must take reasonable measures to inform a patient or the patient's next-of-kin or carer of the following matters, as soon as practicable:

(a) the findings of any review of the patient's health conducted by a medical practitioner;

(b) the care, treatment or procedure that is proposed to be provided to the patient;

(c) the patient's response to any care, treatment or procedure that is provided to the patient; and

(d) any significant improvement or deterioration in the patient's medical condition(s).

Abuse Management

21.24 The Licensee shall establish and implement systems, policies and procedures to safeguard patients against Abuse, financial exploitation, and /or neglect ("**Mistreatment**").

21.25 The Licensee shall ensure that all nursing personnel receive training on the following topics of patient Mistreatment:

(a) protection and safeguards against Mistreatment;

(b) indicators of Mistreatment;

(c) responding to suspected, alleged, or actual incidents of Mistreatment; and

(d) reporting suspected, alleged, or actual incidents of Mistreatment.

21.26 The Licensee shall establish and implement system(s) to identify the risk factors of Mistreatment and monitor the possibility of Mistreatment occurring, before taking steps to mitigate and prevent such occurrence.

21.27 The Licensee shall establish and implement a process to investigate and respond to any allegation of Mistreatment of patients.

21.28 The Licensee shall ensure that appropriate measures are taken to manage any patient(s) and personnel(s) involved in the alleged Mistreatment.

21.29 The Licensee shall establish and implement to manage communications with the affected patient's next-of-kin or carer and the media in a timely manner, while safeguarding the sensitivity and confidentiality of the information being communicated.

21.30 The Licensee shall ensure that the relevant persons and agencies are notified of the occurrence of any Mistreatment of patients and the outcome of any investigations undertaken.

Notification and Reporting of Abuse to MOH

21.31 The Licensee shall notify MOH ("**Preliminary Notification**") of any incidents of Abuse, alleged or confirmed, that occurred to its patients at its Approved Permanent Premises.

21.32 The Licensee shall ensure that the Preliminary Notification is made by a personnel who is appointed as the Head of Nursing, Clinical Governance Officer, Principal Officer or a Key Appointment Holder, within 72 hours of any of the Licensee's personnel being first being notified or made aware of the incident of Abuse.

21.33 The Licensee shall ensure that the Preliminary Notification shall minimally include the following details:

(a) Name, designation and contact information of the personnel making the Preliminary Notification;

(b) date that the Licensee's personnel was first being notified or made aware of the incident of Abuse;

(c) the person who discovered or made the incident of Abuse known to the Licensee's personnel;

(d) Name and profile (e.g. Licensee's personnel, visitor of person(s)) of the victim(s) and perpetrator(s) involved in the incident of Abuse (e.g. patients affected, perpetrators);

(e) nature of the alleged or confirmed Abuse;

(f) injuries sustained by the patient(s), if any;

(g) assessment of whether the affected patient(s) requires a review by a medical practitioner;

(h) actions taken by the Licensee to manage or care for the patient(s) involved;

(i) actions taken, including notification of the incident of Abuse, by the Licensee to manage other persons involved or affected (e.g. perpetrator, patient's caregivers); and

(j) whether a report to the Singapore Police Force was made.

21.34 The Licensee shall ensure that an incident report is submitted to MOH after investigations into the incident of Abuse has concluded. Subject to paragraph 21.36, the Licensee shall ensure that the incident report shall be submitted to MOH no later than 30 calendar days from the date of the Preliminary Notification.

21.35 The Licensee shall ensure that the incident report minimally includes the following details (where applicable):

(a) chronology of events leading to the incident of Abuse and actions taken by the Licensee;

(b) status of the victim(s) and perpetrator(s) as of the incident report;

(c) outcome of the investigation into the incident of Abuse, including whether the allegation was assessed to be true or unfounded;

(d) involvement or actions taken by the Singapore Police Force, if any;

(e) factors assessed to have contributed to the occurrence of the incident of Abuse; and

(f) measures put in place by the Licensee to prevent future recurrences of Abuse;

21.36 Notwithstanding paragraph 21.34, if the Licensee is not able to provide the incident report to MOH within 30 calendar days from the date of the Preliminary Notification, the Licensee may request for an extension of time from MOH to provide the said incident report. The Licensee shall ensure that such request for an extension of time includes a date, which shall be no later than 100

calendar days from the date of the Preliminary Notification, which the incident report will be submitted to MOH and the reasons for the delay.

22. **Hospice Service Requirements**

Hospice Patient Management

22.1 The HS Licensee shall ensure that every hospice patient at the Approved Permanent Premises is reviewed by a palliative medicine specialist upon admission to the approved permanent premises;

22.2 The HS Licensee shall establish, implement and regularly review processes and procedures to assess:

(a) whether a hospice patient requires any psychosocial support; and

(b) if a hospice patient requires psychosocial support, the hospice patient's suitability to receive the psychosocial support from an appropriately trained source.

Medication Management

22.3 The HS Licensee shall ensure that there is an adequate supply of controlled drugs and medications (i.e., on-site ward stock), including opioid-based medications, to be administered to hospice patients in accordance with their prescriptions.

22.4 The HS Licensee shall ensure that each medical practitioner or collaborative prescribing practitioner who prescribes any anaesthetic to a hospice patient does so under the supervision of a palliative medicine specialist.

Hospice Staff Organisation and Management

22.5 The HS Licensee shall appoint a registered nurse ("**Clinical Nurse Lead**") to perform the following functions:

(a) lead and guide the nurses in the provision of palliative nursing care.

(b) report to and assist the Clinical Governance Officer and the Head of Nursing in:

(1) the day-to-day management of the clinical nursing care provided to a hospice patient; and

(2) the formulation and implementation of clinical standard operating procedures and escalation protocols as part of the hospice service.

22.6 The HS Licensee shall ensure that the Clinical Nurse Lead has minimally the following work experience:

(a) at least 3 years of full-time work experience in providing nursing care as part of a hospice service; and

(b) at least 3 years of full-time work experience as a registered nurse in carrying out a nursing supervisory function in the provision of care to a hospice patient under the supervision of a palliative medicine specialist.

22.7 The HS Licensee shall ensure that the Clinical Nurse Lead has minimally a qualification that is conferred by an institute of higher learning approved by the Director-General in any of the following areas:

(a) oncology;

(b) palliative care; and

(c) gerontology.

22.8 The HS Licensee shall ensure that:

(a) a medical practitioner is present at the Approved Permanent Premises during working hours, and is available and contactable at all times to consult in a timely manner on the medical care of a hospice patient;

(b) provision of medical care to a hospice patient by a medical practitioner who is not a palliative medicine specialist, is supported and supervised by a palliative medicine specialist at all times;

(c) a palliative medicine specialist is available and contactable at all times (whether in person, by telephone or any other communication device) to consult in a timely manner on any changes in the medical condition of a hospice patient;

(d) an appropriate number of nursing personnel who have the qualifications, experience, competency, and skills in providing nursing care to hospice patients is present at the Approved Permanent Premises at all times;

(e) the provision of nursing care to hospice patients is under the supervision of the Clinical Nurse Lead at all times;

(f) a nursing personnel who is attending to a hospice patient may consult a medical practitioner (whether in person, by telephone or any other communication device) in a timely manner on the medical condition of a hospice patient; and

(g) it establishes, implements, and regularly reviews its processes to ensure that it is able to satisfy the requirements in paragraphs 22.8(a) to 22.8(f).