



**MINISTRY OF HEALTH**  
SINGAPORE

**34<sup>th</sup> ESPO Conference & Working Groups - Malta**  
**Regulatory Framework and the Legislative Reforms Underway for Residential**  
**Aged Care**  
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# Singapore and its Ageing Population

## Singapore's Ageing Population in 2030...

An estimated  
**1 in 4**  
Singapore citizens  
will be aged 65 and above.



For every senior above  
65 years old, there will be  
**2.7**  
working adults  
in our population.



An estimated  
**83,000**  
seniors  
will live alone.



About  
**100,000**  
seniors



will have at least  
**mild disability**  
(requiring assistance with  
at least 1 activity of daily living).<sup>1</sup>

## Transforming Singapore into a Nation for All Ages

Singapore aspires to be a home where our seniors can age confidently and gracefully in their homes or the communities they live in (i.e. Ageing-in-place)



### At the individual level, seniors benefit from a range of “Opportunities for All Ages”

- Health talks and exercise programmes, job redesign grants, learning new skills, access to privileges such as concessionary transport fares.

### At the community level, seniors thrive within a “Kampong for All Ages”

- Encouraging inter-generational bonding through participation of seniors and students in learning programmes.
- Establishment of 15 dementia-friendly communities in neighbourhood heartlands.
- Co-location of senior care centres with childcare centres in 13 locations to provide common spaces for interactions between seniors and children.

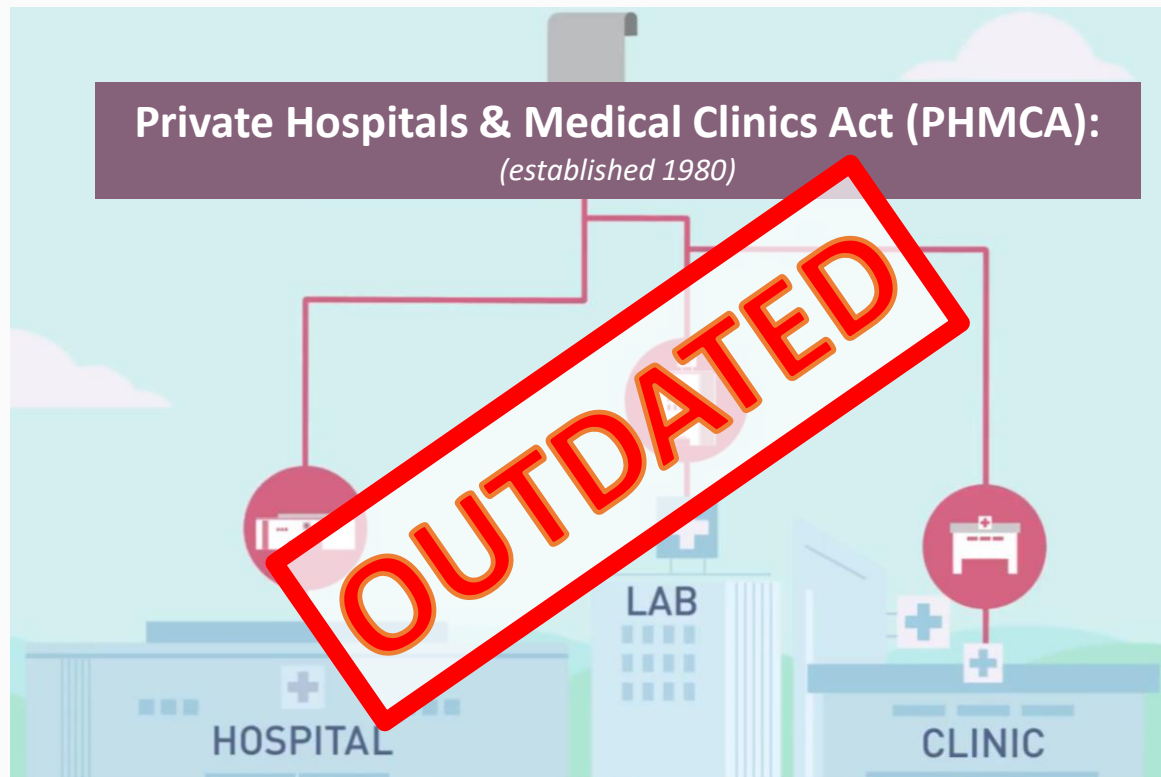


### At the national level, seniors live in a “City for All Ages”

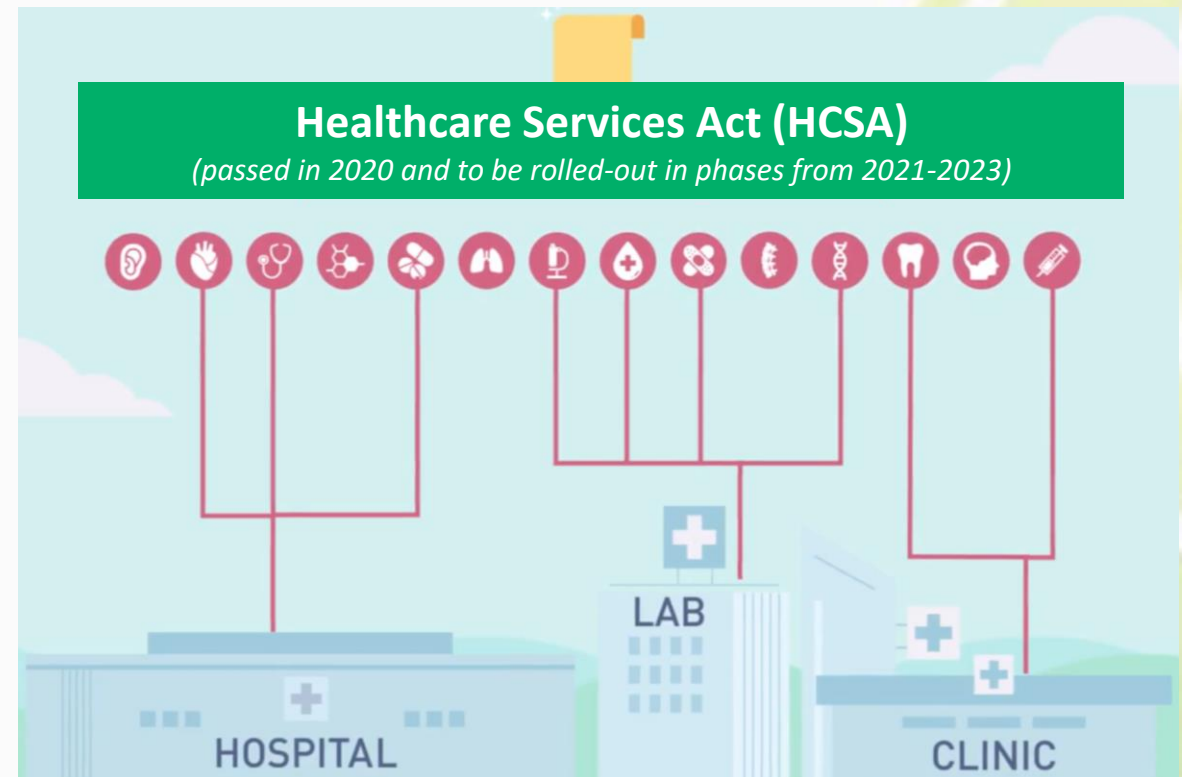
- 100% of public buses are wheelchair-accessible and 100% of our train and light rail stations are barrier-free, to help seniors move around more easily.
- 4,800 elderly daycare places, capacity for 4,800 home care clients and 4,900 nursing home beds added over the last 8 years to deliver care to more seniors.



**With emerging models of care, and the move to age-in-place, it is no longer relevant to regulate and license healthcare by the premises healthcare is provided in**

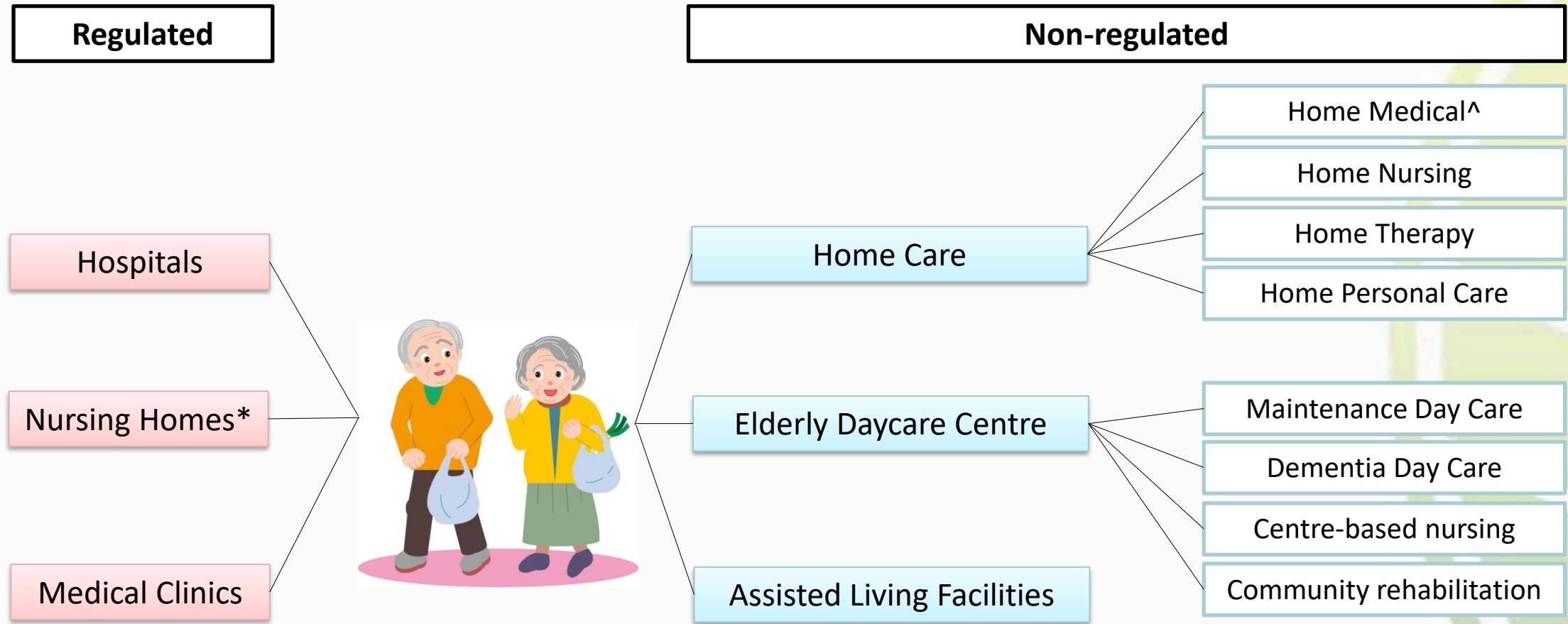


- Premises-based licensing framework
- Not 'digital ready'
- Not 'future-proofed' – *for advances in med-tech/services*



- Services-based licensing framework
- Allows more accessible healthcare in response to changing needs and demographics
- Enhanced governance – *to safeguard patient safety and welfare*

# Ageing-in-place – where do our seniors go to?



\* Includes inpatient hospices

^ Home Medical will be licensed in June 2023.

# Nursing Homes



## State of Nursing Homes in Singapore and profile of residents over the years

- Governance in nursing homes are generally weaker compared to other residential care settings i.e. hospitals.
- There are increasingly complex social and care needs of residents being admitted to nursing homes.
- Increasing need to manage next-of-kin's rising expectations.
- Hard to attract and retain nurses in the nursing home sector.
- Increasing frailty and vulnerability of residents, coupled with lean manpower, increases the risks of residents' abuse at nursing homes and impacts delivery of care standards.
- Increasing number of residents requiring end-of-life care in nursing homes.

## Nursing Home Requirements – Areas covered and gaps



### Clinical Aspects of Care

- Care Planning
- Medical services
- Medication management
- Advance Care Planning
- Pain Management
- Falls Prevention and Mobility
- Skin Care and Pressure Ulcers
- Oral Hygiene and Dental Care
- Contenance Management
- Allied Health Services
- Infection Control
- Food Services (and food safety)



### Social Aspects of Care

- Dignity of Care
- Psychosocial and mental health care
- Informed Care
- Use of Restraint
- Living Environment – Premises
- Living Environment – Equipment
- Living Environment – Facilities
- Ancillary Services (e.g. transport, linen)



### Governance and Organisation Excellence

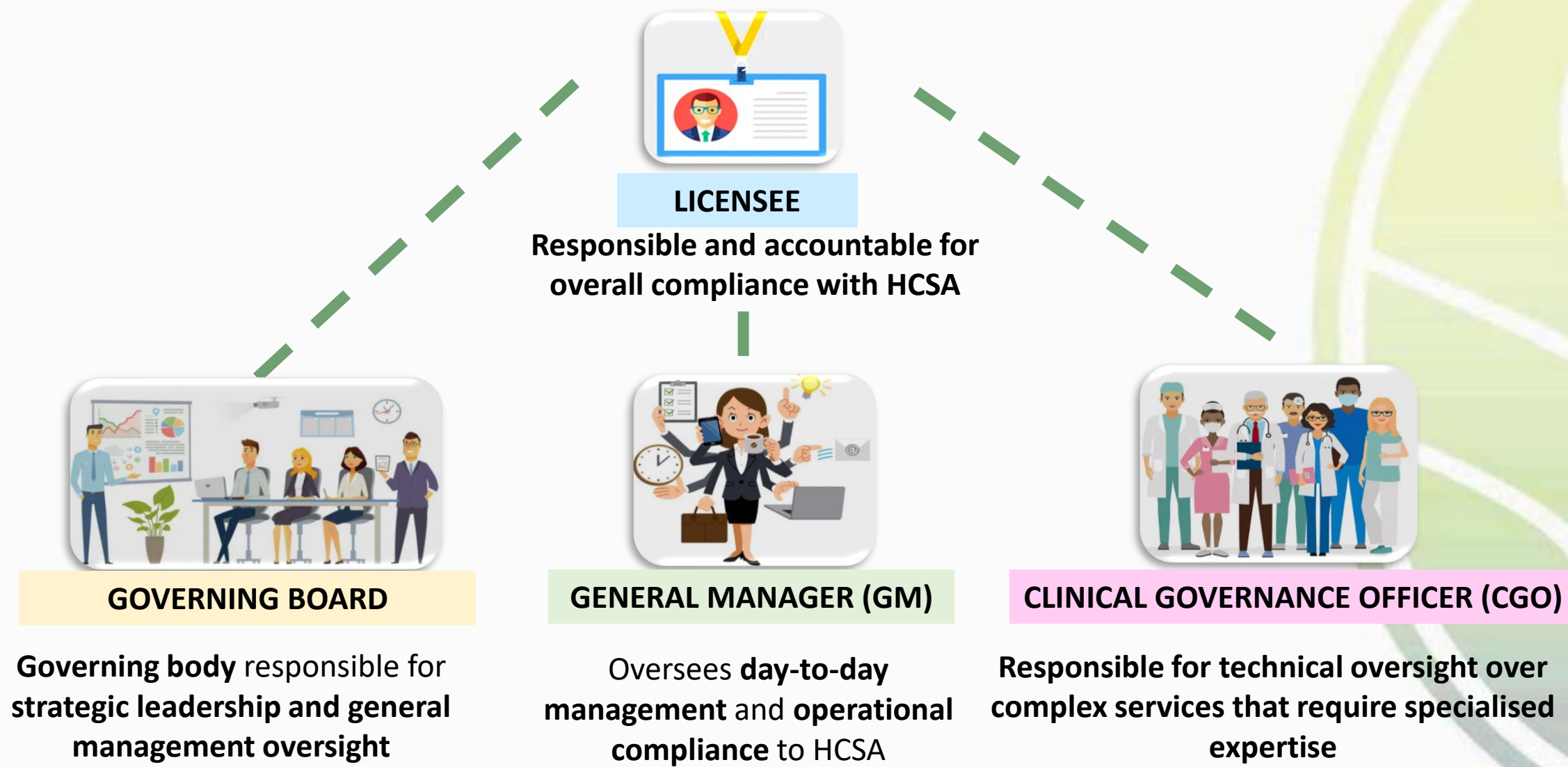
- General Management duties and responsibilities
- Duties and Responsibility of Head of Nursing
- Staff Organisation and Management
- Staff training, competency and Supervision
- Financial Management
- Feedback Management
- Continuous Improvement
- Emergency Preparedness (include fire precautions and safety)

### Gaps in the current requirement:-

- Basic licensing requirements on the appointed NH manager and Head of Nursing (i.e. a fully registered doctor or nurse with respective professional boards).
- Instances of abuse do still occur from time to time despite efforts to prevent it.
- Need for further guidance on the management of medications (e.g. controlled drugs, donated medications).

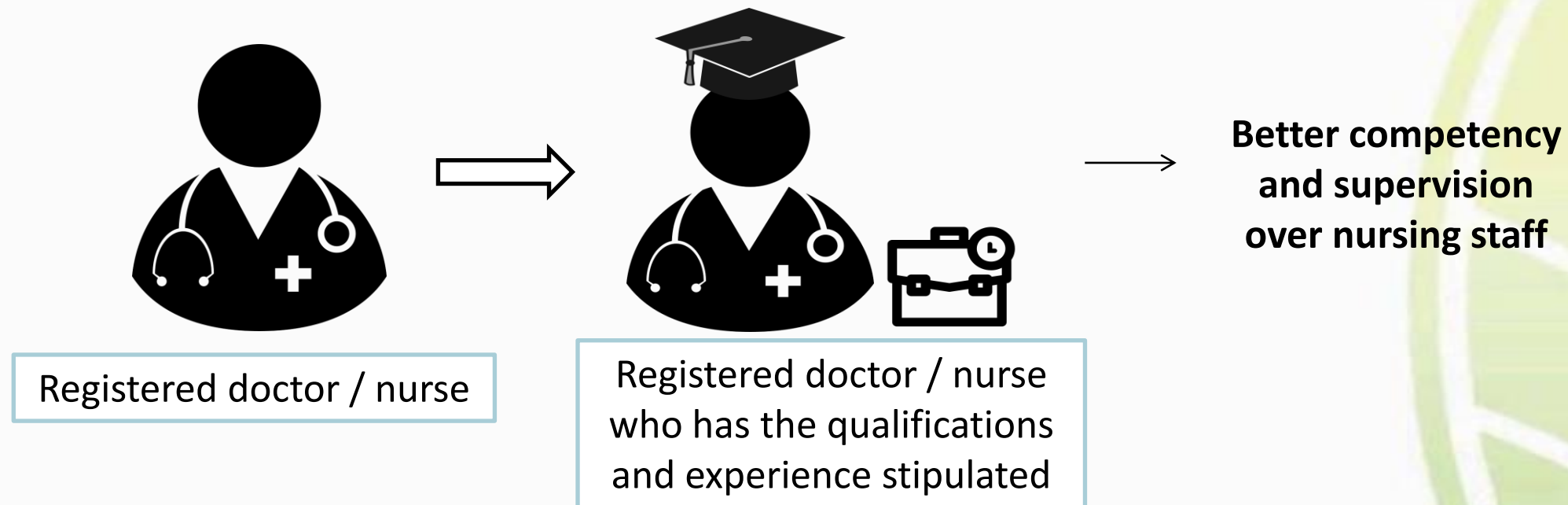


# Putting in place governance frameworks staffed with the right people who have distinct roles



# To address the need for competent and qualified staff to provide professional oversight especially with increasingly complex needs of residents

## Introduction of a Clinical Governance Officer (CGO)



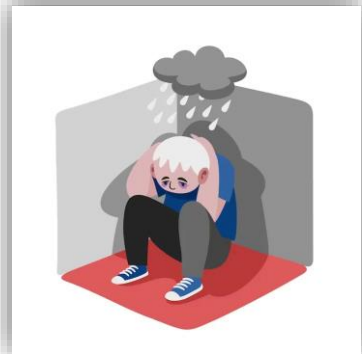
- The **CGO doctor** shall meet the following requirements:-
  - Be registered as a specialist in any branch of medicine, OR
  - Be registered as a family physician, OR
  - Have at least of 5 years of experience as a medical practitioner.
- The **CGO nurse** shall meet the following requirements:-
  - Have at least 10 years nursing experience as a registered nurse, of which 5 years shall be in a NH, Geriatric or Palliative care setting; and
  - Shall hold specified fields of Advanced Diploma in Nursing or other post-graduate qualifications in nursing (e.g. Masters in Nursing).

## Upskilling nursing home staff



### Inpatient Palliative Care

- The Palliative Nursing Competency Framework was rolled out in October 2022.
- Nursing Homes providing inpatient palliative care services would be required to meet additional regulatory requirements (work-in-progress).
- Our intent is to **use regulations to improve palliative care services and strengthen end-of-life care.**



### Management of elderly abuse in Nursing Homes

- MOH is working with relevant agencies and a healthcare foundation to develop a **course to build capability amongst senior staff and management from Nursing Homes on the management of abuse cases.**
- To ensure that staff are able to respond appropriately and promptly to complaints of alleged abuse.



### Supporting digitalization in Nursing Homes

- Use of teleconsultation to facilitate telecollaboration has become salient since the COVID-19 pandemic.
- Specialists are scarce in Singapore and telegeriatics/telepsychiatric reviews have **enabled hospitals to deliver geriatric/psychiatric medical care to nursing homes** via videoconferencing.
- Telegeriatics and telepsychiatric reviews allow for **early identification of clinical issues and access to specialist support**, thereby **reducing hospitalizations and alleviating the strain on hospital bed availability.**

# Ageing-in-place – Ageing in the Community

## Singapore's approach to encourage ageing-in-place within their community

- While we aim to continuously improve the quality of care at nursing homes, institutionalized care is not sustainable for Singapore's rapidly ageing population given our limited land availability and manpower constraints for skilled staff.
- Singapore's current policy direction aims to enable **ageing-in-place** within the community.
- This policy approach leverages on Asian's cultural value of filial piety and encourage seniors to age in their own homes or within the communities where they live.
- Examples of these models of aged care that are aligned with ageing-in-place include:
  - Home Care
  - Elderly Daycare Centres
  - Assisted Living Facilities



## Regulation of Home Medical service

- Singapore Medical Council (SMC) is a professional board that ensures registered doctors uphold ethical standards and professional conduct.
- However, there are aspects of the Home Medical service which are not governed by professional bodies and they pose a risk to patient safety if left unregulated. To address this, current **Home Medical providers who receive government grants have to adhere to a set of Service Requirements (SRs) and they would have to undergo service audits to ensure they have met the SRs.**

Aspects of Home Medical Service  
that are addressed under the  
Service Requirements



Infection Prevention and Control

Environmental considerations

Maintenance of equipment

Escalation protocols and  
incident management

Emergency life support skills



## Regulation of Home Medical service

- However, the current use of **funding levers alone** to govern Home Medical providers is **insufficient** as we have **no oversight to the providers who do not receive funding from the government.**
- Given the increasingly complex medical needs of an ageing population and evolving models of aged care, Home Medical Service will be licensed in June 2023 as licensing imposes requirements on all Home Medical providers to ensure that the services provided are safe.
- These aspects of Home Medical service that are not governed by professional bodies and the associated risks to patients' safety **relate similarly to Home Nursing service.**
- As such, our preliminary position is to likewise **exercise licensing levers on Home Nursing service** to ensure that Home Nursing service providers are **held accountable for the quality of care** they provide for.



## Elderly Daycare Centres

- Profile of clients: Elderly who attend daycare centres in Singapore are usually **mobile, mostly independent and are of lower-acuity with less complex medical/nursing needs**.
- Environment: Elderly daycare centres typically maintain a **clean and well-controlled** environment.
- Current levers used for elderly daycare centres: In addition to the professional levers used for the nursing services provided, MOH utilised funding levers to incentivise elderly daycare centres that receive government grants to comply to a set of Service Requirements (SRs) and to undergo service audits to ensure compliance to the SRs.

In view of the lower-acuity of elderly clients and controlled environment of elderly daycare centres, there is less safety concerns for the elderly that is associated with nursing service provided in such centres. Therefore, MOH's preliminary position is that current levers are sufficient, and there is **no need to license and to further regulate nursing services provided in elderly daycare centres**.



## Regulation of Assisted Living Facilities (ALFs)

*The envisioned Assisted Living encompasses **residential and/or services** which enable seniors to **reside at home for as long as possible**. This can include assistance with personal care and housekeeping, access to healthcare and rehabilitation services if required, social activities, senior-friendly home design, and assistive technology.*



Assisted Living Facility (ALF): Layout of an ALF and other amenities within the development

### Preliminary policy position for the regulation of ALFs

- The Healthcare Services Act (HCSA) allows us to license Home Medical and Home Nursing Services. However, assisted living facilities and services would fall outside of the HCSA's remit.
- Most of the remaining aspects of ALF is social in nature (e.g. safeguards against elder abuse) and **the review on the sufficiency of current safeguards against elder abuse is underway with the social care agencies.**



# Summary

- Singapore is shifting our regulatory framework from **premises-based licensing to service-based licensing** to cater to the emerging models of care in the rapidly evolving healthcare landscape.
- **Singapore's ageing population has led to a shift towards providing community healthcare services** and thus, this contributes to the **need to review current regulations that focus on the quality and safety of healthcare services**, rather than the physical healthcare facility.
- We have adopted a **risk-based regulatory approach** to license healthcare providers.
- We are currently reviewing if there is a need to license and regulate Home Nursing service to hold the Home Nursing service provider accountable for the quality of care rendered.
- Additionally, evaluations are underway to see if there is a need to further regulate the social aspects of assisted living to safeguard the elderly's safety and welfare.



**For Discussion**

