

FACTSHEET

IMPLEMENTATION GUIDES TO THE GUIDELINES FOR CENTRE-BASED CARE AND HOME CARE

Background

In April 2015, the Ministry of Health (MOH) finalised two sets of developmental guidelines as a reference for centre-based and home care providers to work towards delivering holistic and quality care for our seniors.

The guidelines were developed in consultation with service providers, policymakers and healthcare professionals, and they represent the common aspirations of the various stakeholders in defining the desired outcomes for centre-based and home care in four areas:

- Holistic care services
- Safe and quality services
- Informed care and dignity of care
- Organisational excellence

For the full guidelines, visit MOH's [website](#). For an overview of centre-based and home care services, refer to **Annex A**.

About the Implementation Guides

To assist providers in operationalising the guidelines, the Agency for Integrated Care (AIC) has developed two complementary Implementation Guides – one for the Guidelines for Centre-based Care and another for the Guidelines for Home Care. The Implementation Guides explain the intent of the guidelines, define the key terms, detail operational processes to implement the guidelines and provide resources such as sample templates and tools.

Both Implementation Guides were developed in collaboration with industry workgroups comprising service providers, clinicians and subject content experts. Inputs from providers outside the workgroups were also sought.

Key Features

Each Implementation Guide is divided into two sections. The first section focuses on explaining the intent of each guideline and how it may be implemented. The

implementation details are covered under “Explanatory Notes”, where definitions of key terms, suggested processes and practices can be found. References to good local and overseas literature are also provided at the end of each chapter.

The second section of the Guide provides practical resources such as sample templates, clinical tools and checklists for providers to adapt and customise for their own use.

Distribution

AIC will share the Implementation Guides with providers by November 2015. Soft copies will be available through AIC’s Learning Management System (LMS) and will be regularly updated.

Beyond the Implementation Guides

To support the providers to achieve the desired outcomes in the guidelines, AIC will also be working closely with MOH and key partners on the following areas:

1. Training and development

Over the next two years, AIC will be using the guidelines as a framework to enhance the capabilities of centre-based care and home care providers. Existing training courses will be reviewed and new ones will be developed where needed. AIC will be sharing a training directory with providers that will highlight some of the recommended training courses that correspond to various areas of the guidelines.

2. Capability-building

AIC will continue to facilitate capability-building relevant to the respective guidelines to foster a culture of continuous quality improvement in both centre-based and home care settings. For instance, AIC has already started working with providers to support them in delivering safe client care.

3. Voluntary baseline assessment

To assist providers in identifying gaps in their capabilities and embark on appropriate improvement strategies, AIC will be launching Voluntary Baseline Assessments for interested providers. Further details will be provided at a later date.

OVERVIEW OF CENTRE-BASED AND HOME CARE SERVICES

Centre-based care services

These are offered within a care facility and may be classified as:

1. **Community Rehabilitation** targets clients who require rehabilitation to improve their functional ability. The service is delivered at the centre and comprises physiotherapy and occupational therapy services.
2. **Social and Maintenance Day Care** provides care for seniors during the day through personal services, such as assistance with meals, bathing and dressing. The seniors also perform maintenance exercises to maintain their physical functions, allowing them to stay active in the community for as long as possible. The programmes provide opportunities for the seniors to socialise and take part in recreational activities. These services enable working caregivers to leave their loved ones in the centre's care with peace of mind while they are at work.
3. **Dementia Day Care** refers to specialised day care services for seniors with dementia. Structured programmes are offered to train the seniors with dementia to care for themselves as much as possible, and to maintain their cognitive and physical abilities. Caregivers are also supported and trained to care for their loved ones with dementia.
4. **Centre-based Nursing** is a new service. It refers to the provision of procedural nursing services that complement the routine basic health monitoring and nursing care offered as part of the centres' day care programmes. These procedural nursing services are delivered by registered and enrolled nurses and include post-surgical wound management, insertion of nasogastric tube, stoma care and tracheostomy care.

Home care services

These cater to the health and social needs of home-bound elderly and may be classified into the following categories:

1. **Home Medical** refers to home visits by doctors where they provide consultations, assess and manage the client's condition.
2. **Home Nursing** is provided by nurses who provide services such as wound-dressing, stoma care, changing of feeding tubes and medication packing. They also train caregivers in basic client care.
3. **Home Therapy** is conducted by physiotherapists, occupational therapists, and speech therapists to help clients improve or restore their functional status. The therapists also provide caregiver training and conduct home environment reviews where needed.

4. **Home Personal Care** provides the elderly with personal hygiene care, medication reminder service, mind-stimulating activities, light housekeeping and escort service for medical visits. It is provided by trained care staff.