

SAFE BUT SOULLESS

NURSING HOMES NEED A NEW NARRATIVE

A resident is the most important person in our home,

He is not dependent on us,

We are dependent on him.

He is not an interruption to our work,

He is the purpose of it.

We are not doing him a favour by serving him,

He is doing us a favour by giving us the opportunity to do so.

- A poster at a Singapore nursing home

SAFE BUT SOULLESS

NURSING HOMES NEED A NEW NARRATIVE

RADHA BASU

LIEN FOUNDATION AND KHOO CHWEE NEO FOUNDATION

Safe but soulless: Nursing homes need a new narrative

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FOREWORD

This report takes a long, hard look at how Singapore cares for some of its oldest, frailest and most vulnerable residents - the 12,000 or so men and women living out their last years in nursing homes, rather than in the comfort of their own homes. It has been pieced together through visits to the homes, a review of relevant research and in-depth interviews with thought leaders of the long-term care sector, including geriatricians, academics, policymakers and, above all, the operators who run around 40 of Singapore's 70-odd nursing homes.

At a time when more nursing homes are being built than ever before, we go behind the doors of these homes to provide a glimpse of the everyday realities faced by those who live and work there. In one of the most extensive ground-up studies on the subject so far, we describe how nursing homes evolved; discuss recent improvements; define the perils, pitfalls and policy choices ahead; and also derive recommendations and possible future solutions, as Singapore prepares for rapid ageing, the most inevitable milestone in its demographic destiny. The resulting breadth and depth of this report are due to the tireless efforts of our writer Ms Radha Basu, an award-winning journalist who was with The Straits Times for nearly 15 years.

The findings throw up some surprises. For instance, despite a massive increase in capacity in recent years, Singapore still has fewer nursing home

beds per 1,000 elderly than it did 15 years ago. Some foreign nursing home attendants are still paid less than many domestic workers, and work harder than some of them. And many residents live for years in these institutions not because of heavy nursing needs, but because there is no one to care for them at home.

We hope what follows in these pages can deepen the debate on ways to overcome some of the most complex challenges facing residential aged care today – a severe shortage of workers, a continuing emphasis on outdated medical models of care and a startling lack of choice in affordable living options for those who are not well enough to stay at home and yet not so sick that they require intensive nursing care. With the recent ramp-up in capacity and initiatives underway to redefine the future of aged care, the perspectives and insights offered here are timely for deeper thought and discussion on how nursing homes can be the best that they can be.

As we enjoy the fruits of their labour, we need candid conversations on how to better care for the generation that helped write one of the most stunning economic success stories of their time, but are too sick and old to be able to help themselves anymore.

Lien Foundation and Khoo Chwee Neo Foundation

EXECUTIVE SUMMARY

BECOMING A "SUPER-AGED SOCIETY"

In 2010, one in 10 Singaporeans was aged 65 or older. That figure has since grown to one in eight. By 2020, one in six would have joined the growing ranks of grey.¹ And by 2030, Singapore would have long become a "super-aged society" like Japan, with one in four considered a senior citizen. The elderly here are set to nearly triple in number in under 20 years – a change that took nearly a century in Europe.

Longevity is a gift, but it is fraught with uncertainty. Local studies have shown that while more Singaporeans will live longer than ever, they may not live so well. Disability rates among the elderly are expected to rise, even as the numbers of family caregivers fall. This report discusses options for the small group of older folk who need nursing home care either because they are too sick or because no one can look after them at home.

What many do not realise is that there are still homes where 25 to 30 residents live in one long room, with 15 people sharing one toilet... around 15 per cent live on for more than a decade, with little more than a bed, cabinet and toothbrush to call their own.

In recent months, there has been much discussion on whether Singapore should begin providing single and twin rooms in subsidised nursing homes, rather than dormitory-style accommodation that has long been the norm. While newer homes have six-to-eight bed dorms, what many do not realise is that there are still homes where 25 to 30 residents live in one long room, with 15 people sharing one toilet.

Data is hard to come by, but operators estimate that residents in subsidised charity-run homes stay on average for three to six years, with little more than a bed, cabinet and toothbrush to call their own. According to one study of six homes, around 15 per cent live on for more than a decade.

Never enough care staff

Up to 85 per cent of nursing home staff are foreign workers. The vast majority are on work permits from countries such as the Philippines, Myanmar, India, Sri Lanka and China. In the absence of minimum-wage laws and even publicly available salary surveys of foreign workers, it is impossible to get a clear gauge of staff pay. But the basic starting salaries for healthcare assistants or attendants (the lowest grade of worker) can be as low as \$350 to \$400 per month, less than what most domestic workers get these days. Food and accommodation are usually free for staff in worker dorms on-site. Those who live out get another \$370 or more in allowance. Small wonder then that a shortage of qualified, committed staff is one of the biggest challenges today.

With other advanced countries such as Australia, Canada, the United States, United Kingdom and northern European countries also ageing rapidly, the shortage of care staff is global. Unlike in Singapore, most foreign care workers in those countries can get permanent residency or citizenship and take their

families along. Protected by minimum wage laws, they also earn more than they would in Singapore. For instance, the median annual pay of aged care workers in Australia is about AUD\$41,000, well above the minimum wage there and more than four times what some nursing home healthcare attendants make here.

While worker wages here remain low, employers' costs have been on the rise. Nursing homes must pay up to \$450 in levies for unskilled foreign workers. The levy, together with food, accommodation and salary, adds up to around \$1,200 per month, around the take-home pay of the lowest-wage Singaporean workers. With a whole host of new hospitals, community hospitals and nursing homes opening up in recent years, operators say it is hard to attract and retain workers. With numerous vacancies in the new homes, many are jumping ship, sometimes for just a few dollars more. In one older home, the majority of nearly 70 care staff had worked there less than one year. Workloads are high. In some homes, a single night-shift worker must care for 20 to 30 residents.

Despite recent government efforts to raise the pay and perks of nursing home staff, hospitals and community hospitals are still seen to offer better pay, prestige and prospects, so locals prefer working there. At least 15 per cent of staff in nursing homes must be Singaporeans or permanent residents.

Recent years have seen many improvements by the Ministry of Health (MOH) since the setting up of the Ageing Planning Office, which aims to help prepare Singapore for this big demographic change, and the Agency for Integrated Care (AIC) which oversees the community care sector.

First, the sector has received a big infusion of cash. Government funding to nursing homes has more than tripled to \$360 million in the four years since

2011, though it still accounts for less than 4 per cent of the overall health budget. Additional funds are available from Medifund, the medical safety net for the poor, and the Community Silver Trust, which gives dollar-for-dollar matching to improve the services of voluntary welfare organisations (VWOs) in the intermediate and long-term care (ILTC) sector. Nine in 10 residents in VWO homes receive government subsidies.

Nursing home capacity is also being increased aggressively. There will be 17,000 beds by 2020, an 85 per cent jump from a decade earlier. Care standards are being shored up with “enhanced nursing home standards”, which emphasise not just health and safety, but also, for the first time, patients’ well-being.

All nursing homes are licensed by the MOH, which conducts regular audits on quality. Currently, only 4 per cent of homes have a licence of six months or less, arising from serious or recurrent observations of deficiencies noted during inspections. However, unlike in most advanced nations, these audit reports are not made public. Details of complaints are also kept confidential, though overall, the Ministry says it received only 33 complaints in 2015, a drop in the ocean given the thousands in nursing homes islandwide. Basic demographic data – on who the residents are, or how long it takes to get a bed – are also not released.

The biggest gap: Affordable assisted living

By many indications, residents are largely clean, safe, fed and cared for. Patient surveys by AIC show that nine in 10 families are satisfied with the level of physical care. But the biggest need now is to give residents more dignity, meaning and control over their lives.

As Singapore prepares for the silver surge, entrepreneurs, companies, non-profit groups and policymakers must innovate and find fresh care and funding

models so that nursing home residents can lead lives of purpose, especially those who are physically frail but have cognitive abilities undimmed by age. Right now, many residents seem to be languishing for years in clinical, regimented, dormitory settings not because they need more skilled nursing care, but because they lack social support at home.

This needs to change soon, given that the number of elderly who live alone is expected to rise from 41,000 currently to 92,000 by 2030. One of the biggest gaps in today's long-term care system, say experts, is the lack of affordable assisted living facilities, where professionals provide personal care to older folk living alone – such as help with feeding, dressing or medication.

*Nine in 10 families are satisfied with the level of physical care.
But the biggest need now is to give residents more dignity,
meaning and control over their lives.*

Foreign domestic helpers have long filled this gap, but given the low pay, long hours and limited protection under Singapore's labour laws, fewer appear to be keen on the job. Source countries are also exerting pressure, for instance, with the Indonesian Government warning recently that no more Indonesian domestic helpers will arrive from 2017 unless work and living conditions improve.

Unlike in the past, when even degree-holders were willing to become domestic helpers here, many who come these days from countries such as Indonesia and Myanmar are ill-equipped, untrained and unfamiliar with English. Cases of

abuse – even murder – by frustrated domestic workers are getting more common. Besides, in a care industry short on staff, providing one-on-one care by domestic workers is seen as wasteful. These same workers can be retrained to look after six to 10 elderly residents in assisted living or in nursing homes.

As more government funds are being channelled into nursing homes, many new ones are being built and care standards are being improved. Yet, there is growing unease that following the old rules, routines and rhythms of nursing home care – and indeed, eldercare – might no longer suffice, given the super-fast rate of ageing unprecedented not just in this Little Red Dot, but almost everywhere else across the globe.

This report offers an overview of nursing homes as they are today, throws up some new ideas on possible ways forward, and hopes to generate fresh debate – and ideas for a new narrative – on how to care even better for the most fragile threads that stitch together the greying tapestry making up modern Singapore.

NOTES

- 1 Population.sg Team, National Population and Talent Division, Prime Minister's Office. (2016, August 22). Older Singaporeans to Double by 2030. Retrieved from <https://www.population.sg/articles/older-singaporeans-to-double-by-2030>



PROLOGUE

MOVING FROM MEDICINE TO MEANING

In a small room bursting with multi-coloured fabric flowers, an 88-year-old woman is hard at work, deftly cutting cloth to craft into yet more blooms. Sunlight streams through a large window. Stacked neatly against it are a dictionary, Bible and crossword puzzle books. Charcoal sketches line the walls. Outside, a long, grey road winds its way through the lush foliage of the Mandai countryside. Sensing company, the grey-haired woman looks up. "Hello! Welcome," she smiles warmly. If you did not look hard enough, you could have missed the fact that she sits on a wheelchair.

The tiny room is no art studio, but just a small corner of St Joseph's Home, a charity-run nursing home. Knowing that Madam A is happiest when she is immersed in handicrafts, the home's executive director, Sister Geraldine Tan, has carved out a small space for this long-time resident to pursue her passion.

Madam A, once a veteran volunteer at the home, who became a resident four years ago, is by no means the only one who gets special treatment. Elsewhere, in a spacious common room overlooking flowering bushes, small groups of older folk are engrossed in a wide range of activities. Some work on puzzles, others stack colourful cups, yet others play Chinese chess. A woman dozes in her wheelchair, clutching a large rag doll. Yet another smiles widely and taps her feet, listening to music on headphones. She is blind and has severe dementia. Music always makes her smile.

Outside, a couple of older men sit by a birdcage, lost in birdsong. "They report to the birds before they report to us," laughs Sister Geraldine, a Canossian nun who has worked at the home since 1985. The residents do not wear uniforms but their own clothes. They stay on average for five years, although, with increasing lifespans and good care, some stay much longer. The longest-staying resident, who is 92, has been at St Joseph's for 27 years.

Given that, unlike in hospitals, nursing home residents stay for years, even decades, St Joseph's, like a handful of others, is striving to shed the trappings of clinical care institutions and become more like a home. Indeed, its "person-centred care" sets the home apart from many others here. It looks after some of Singapore's poorest people who stay for free or receive subsidies of up to 75 per cent, yet its services are arguably superior to those of some homes charging thousands of dollars from wealthy residents.

"If you're only focused on safety and efficiency, you can actually compromise a person's quality of life, well-being and sense of self-worth..."

- Dr Philip Yap, geriatrician

In Singapore, a mix of private providers and charities run nursing homes. Standards differ sharply.

At one charity-run home, it is time for afternoon tea, when dozens of uniform-clad residents are lined up in wheelchairs along long corridors skirting the wards where they sleep. As some residents doze upright strapped to their chairs and others stare vacantly into space, harried-looking staff walk around briskly, slapping food down into pink, orange and green plastic bowls. There is no time for a smile, touch or brief hello.

Elsewhere across town, in a long, darkened ward filled with close to 25 beds, a fight breaks out between two residents, leading one to call the police. As the cops try to make sense of what happened, cleaners mop floors unconcerned by the fracas. A strong smell of disinfectant hangs in the air. In another home, converted from an old community club, one room crammed with residents has no windows, just a large door. In yet another home, in an old colonial building, 30 residents share a single shower and toilet, situated nearly 70m from the furthest bed. To access it, residents must walk or be wheeled down a slope, which they find impossible to do by themselves.

More changes than ever before are afoot in the nursing home landscape. Several new homes - some filled with natural light and greenery views - have opened up in the past two years. Many more are being built. Care is being shored up with the help of new improved standards. More than 5,000 staff have been trained in recent years.

Geriatrician Philip Yap, a clinician-researcher studying long-term care in Singapore, says that, so far, nursing home care has prioritised safety and risk management. Most homes ensure residents are safe, clean and fed and kept free from falls, medication errors, bed sores and infections. In recent years, there has also been an emphasis on efficiency and productivity. "This is all very good but if you're only focused on safety and efficiency, you can actually compromise a person's quality of life, well-being and sense of self-worth, and paradoxically end up harming a person," said Dr Yap, also a dementia specialist. "We need to strike the right balance, and strike it soon."

In other words, the focus needs to shift from medicine to meaning. In more than 50 interviews conducted for this report, nursing home operators, doctors

and other care sector experts agreed that Singapore's nursing homes are largely clean and safe. But many continue to be regimented, cold and clinical.

The time has come, the experts suggest, to add more soul.



*The focus needs to shift from medicine to meaning.
... The time has come, the experts suggest, to add more soul.*

THE STATE OF DEMAND AND SUPPLY

CHAPTER 1

In sickness as in health, the family has long been the first line of support as older folk live out their last years in Singapore. Like anywhere else in the world, most people here have long wanted to age – and die – surrounded by loved ones at home. This was easier to do when couples had more children and the vast majority of the population were working-age adults.

But as singlehood becomes more common, birth rates plummet and families get fractured by death, divorce or dispute, more people are turning to nursing homes for long-term professional care for their frail, old loved ones. Yet others need the care because their heavy nursing needs are hard to meet at home. While more Singaporeans are living longer than ever before – well

beyond 80 – some are not necessarily living well. In a society that places filial piety on a pedestal, where warding a loved one in a nursing home can bring guilt and shame, growing numbers of families have had no other choice.

The nursing home population here has climbed from 4,500 at the turn of the century to 7,700 in 2009 and more than 10,000 in 2015.

Singapore is one of the world's fastest-ageing countries. The number of residents aged 65 and above has nearly doubled from around 235,000 at the turn of the century to 460,000 in 2015. (See “Nursing Home Beds for Fast-Ageing Singapore” chart on page 23.) As many as 100,000 people have turned 65 between 2011 and 2015.¹ The

rate of ageing is likely to accelerate even further in the coming decade, with Government projections estimating that, at current fertility and immigration rates, the number of elderly residents will nearly triple in 20 years to 960,000 by 2030.

In under a generation, Singapore would have jumped from a relatively young nation with only 7 per cent of people considered senior citizens to what demographers call a “super-aged” one, with one in four having passed the 65-year mark, an ageing rate faster than in the US, Germany or even Japan.

The Government has been working hard in recent years to quickly shore up supply. In December 2010, it announced the injection of \$120 million into the long-term care

sector to build bigger, better and more nursing homes. By Financial Year 2015, the Government was spending \$360 million on nursing homes alone, more than three times what it spent in FY2011.² The bulk of it went towards patient subsidies, building new homes and manpower costs.

With fewer beds than many advanced countries and relatively stronger family networks, it is no surprise that Singapore has very few older folk in nursing homes - at around 2 per cent of people in the 65-plus category, the proportion is way lower than the 6 to 8 per cent in northern Europe and Australia. But as families shrink in size, Singapore will need more long-term care options.

A dozen new homes have been completed in recent years, including

at least five in 2015. Eight more are being built.³ Four homes have been expanded. More than 1,200 beds - a tenth of total capacity - were added in 2015. Singapore currently has around 12,000 nursing home beds, up from around 9,200 in 2010. Another 5,000 will be added by 2020, an increase of 85 per cent over 10 years. About a third of current capacity is provided by private homes. About 40 per cent of the more than 45 home operators are private players. Home and community care options too are being strengthened. (See "Growing Healthcare Capacity" chart on page 24.)

However, even as the Government has been working hard in recent years to ramp up capacity, it may not have been fast enough to keep pace with the rapid ageing. Singapore had around 26.1 nursing home beds per 1,000 people aged 65 and above in 2015, - the lowest proportion in 15 years - down from around 28 beds in 2000 (see chart on facing page) and well below the Organisation for Economic Cooperation and Development (OECD) average

of 45.2 beds.⁴ The OECD, an international body that promotes economic and social wellbeing, is made up of developed countries such as the US, UK, European Union member states, Canada, Australia, South Korea and Japan.

With fewer beds than many advanced countries and relatively stronger family networks, it is no surprise that Singapore has very few older folk in nursing homes - at around 2 per cent of people in the 65-plus category, the proportion is way lower than the 6 to 8 per cent in northern Europe and Australia. But as families shrink in size, Singapore will need more long-term care options, especially if caregivers have difficulty caring for the elderly at home.

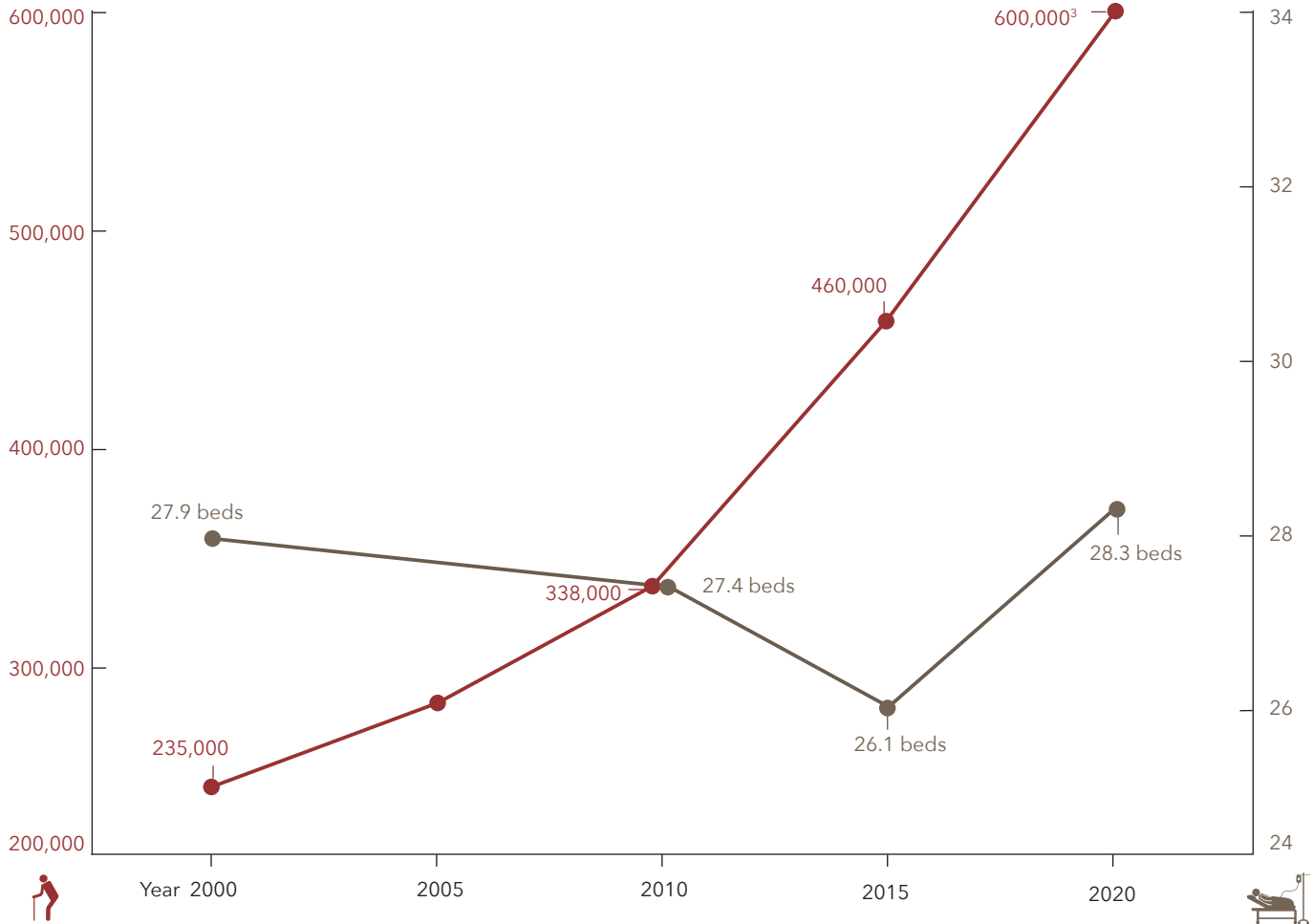
Nursing homes as a "refuge of last resort"

In a bid to keep healthcare costs low, the Government has long held the position that these homes should be a place of need, not of choice, a position echoed by many sector experts. Meanwhile, for the average

NURSING HOME BEDS FOR FAST-AGEING SINGAPORE

Resident elderly population 65 years old & above¹

Nursing home beds per 1,000 resident elderly 65 years old & above²

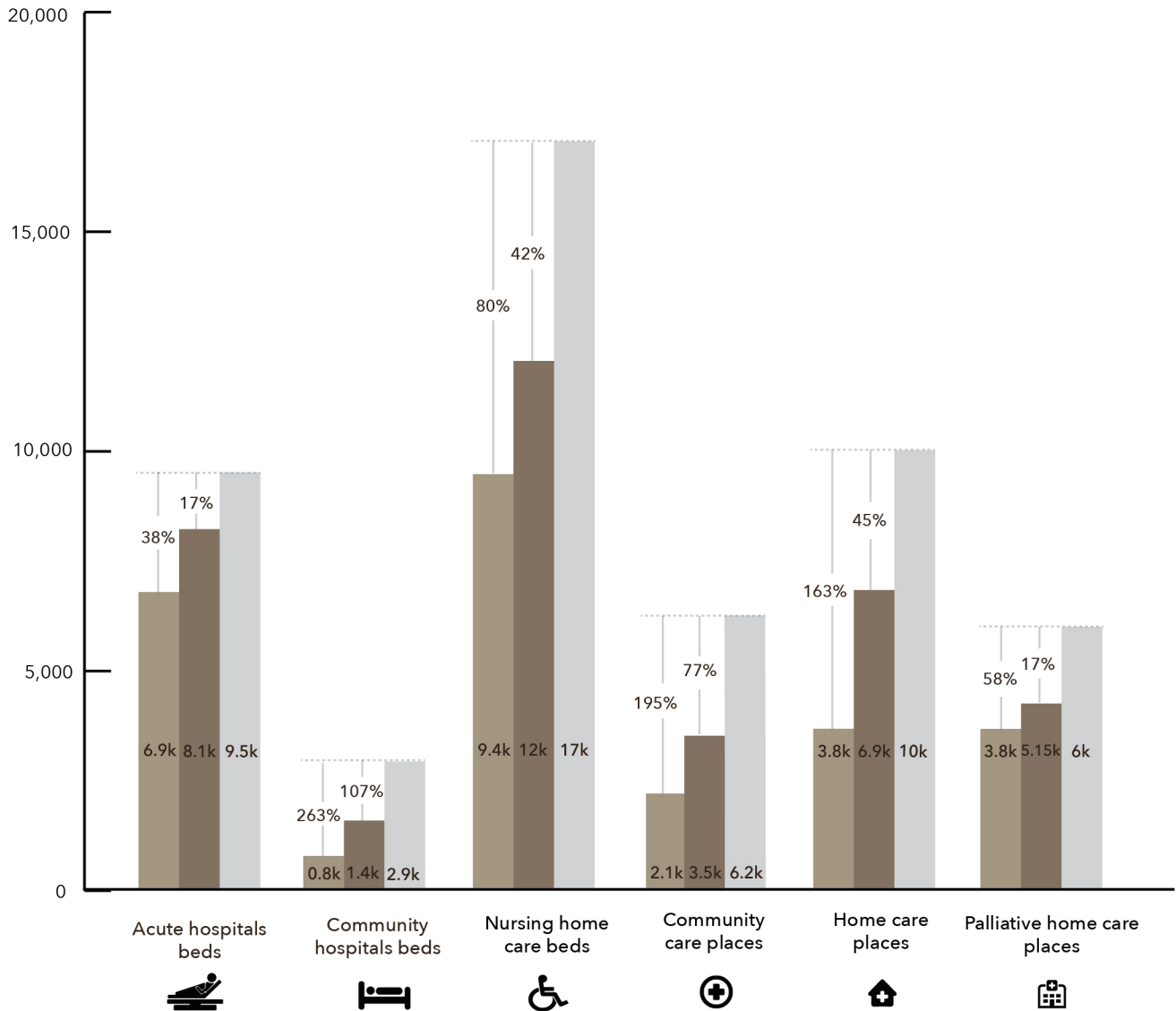


Source

1. Population Trends 2015, Department of Statistics Singapore
2. Computed based on nursing home beds data from Ministry of Health, Singapore
3. Scenarios of Future Population Growth and Change in Singapore, Demography and Family Cluster, Institute of Policy Studies, National University of Singapore

GROWING HEALTHCARE CAPACITY

2011 Capacity
 2015 Capacity
 Projected 2020 capacity



Source
 Better Health, Better Care, Better Life-Building Capacity, Increasing Accessibility, Ministry of Health, Singapore, Media Factsheet 2016

Singaporean, nursing homes remain a largely forgotten frontier. Most rarely know or care about what happens within the walls of these institutions - until a loved one is in need of a bed.

As a paper⁵ in the Singapore Medical Journal put it, one reason for this apathy could be that generations of Singaporeans - residents, families and professionals alike - have viewed nursing homes unfavourably, as a "refuge of last resort". While this philosophy was also put forth by the Government, partly to promote filial responsibility and a consequent reduction in healthcare costs and burden to the state, it also helped increase the stigma, which remains strong today.

In fact, this stigma might be prompting family members to keep loved ones away from nursing homes even when they genuinely need residential care. Geriatrician Christopher Lien recently saw a 61-year-old father of two who has been bedridden at home ever since he had a stroke a decade ago. When

he landed at the Changi General Hospital a few months ago, his movements were severely impaired and he was covered in bed sores. With his children still in their teens, his ex-wife has been the primary decision-maker on his care needs. She stopped his rehab shortly after his discharge from hospital, as she felt it was not useful. Instead, she left him helpless in bed at home in the care of a succession of untrained domestic helpers.

For the average Singaporean, nursing homes remain mainly a forgotten frontier. Most rarely know or care about what happens within the walls of these institutions - until a loved one is in need of a bed.

Ongoing rehabilitation that is consistent and progressive would have helped him to resume some daily activities and also reduced his care needs, believes Dr Lien, who is

Director of Community Geriatrics at CGH. But benign neglect and a lack of medical follow-ups caused his condition to worsen over the years. "His wife kept insisting that he would not be as well cared-for in the nursing home as he was at home," said Dr Lien. "But that, clearly, was not the case for him."

As in many other countries, modern nursing homes in Singapore originated from the alms houses and old folks' homes of the past, catering largely to destitute elderly immigrants truly with no family to call their own. Many were started by religious or ethnic groups. One of the earliest homes offering medical and nursing facilities was Kwong Wai Shiu Nursing Home, set up in 1910⁶ by Cantonese merchants who wanted free medical services for immigrants from the same dialect group. The home, which till recently had a bed capacity of 350, is being expanded. By 2018, it will have more than 600 beds in a 12-storey building, making it one of the largest. St Theresa's Home⁷ is another of Singapore's oldest homes catering to the frail

and sick elderly that still exist. It was set up by Catholic nuns in 1935 to provide food, shelter, clothes and medical services to older folk.

Today, around two-thirds of Singapore's 12,000 nursing home beds are managed by charities or VWOs. Many residents are poor, the vast majority – nine in 10 – are subsidised by the Government. Singapore also has private nursing homes – run by for-profit companies – managing a third of the beds, and a single bed can cost anything between \$2,000 and \$6,000 or more a month, depending on the number of beds in a room and the patient's condition. Earlier in 2016, through a subsidiary, Vanguard Healthcare, the Ministry of Health (MOH) began running its own nursing home, the 128-bed Pearl's Hill Care Home in Chinatown.⁸ Vanguard plans to operate five homes by 2020.

While much prejudice against nursing homes is a legacy of history, some is rooted in reality. Doctors and staff who have seen nursing homes evolve remember a time

when nurses did not even bother covering residents with sheets or giving them underwear, since they frequently soiled themselves. A geriatrician remembers visiting a nursing home as a volunteer doctor in the early 1990s, when he saw a resident with a crude urine bag made out of a supermarket shopping bag tied to him with raffia string.



The overwhelming perception was that nursing homes were dark, depressing places, filled with moaning, sick, demented people, most of whom had no family or, sadder still, were abandoned by loved ones. The fact that homes were often built in remote locations away from the Housing and Development Board (HDB) heartlands reinforced these views. "Homes were dark, crowded, dirty and smelly, usually housed in old single-storey facilities," recalled Ong Chu Poh, founder and executive chairman of ECON Healthcare, who volunteered in old

folks' homes in the 1970s and 80s. "They were very different from what we have today," he adds, sitting in a cosy lounge area for residents and their families next to a glass wall at the ECON Upper East Coast Road branch, where sunlight streams in and a small garden outside has flowering shrubs, barbeque pits and a tranquil koi pond.

The entrepreneur left a well-paying job in a multinational corporation to start his own chain of nursing homes in 1987. "I just had a passion to serve our seniors. I felt very strongly that they deserved better." Nearly 30 years on, ECON is among the largest providers of nursing home care in Singapore and runs homes in Malaysia and a retirement village in China as well.

Nursing home legislation in Singapore pre-dates independence, when the City Council passed the Nursing Homes and Maternity Homes Registration Ordinance of 1959.⁹ However, these homes had minimum legal oversight and were largely managed by charities till the

Homes for the Aged Act was passed by Parliament in 1989, to deal with the issue of licences, which could be terminated or suspended for “reasons of situation, construction, state of repair, accommodation, staffing or equipment”. However, the Act did not set specific care quality standards.

Today, these homes are governed by the Private Hospitals and Medical Clinics Act¹⁰ and regulations which lay down the legal framework for keeping medical records, running and maintaining the facilities and infection control, among other things. The MOH is the supervising authority and grants the homes licences with tenures ranging from three months to two years. Homes will be given a shorter licensing period if there are repeated significant observations about gaps in care during audit inspections. If faults are found, a nursing home could be subject to additional inspections, be fined and have its licence suspended, revoked or shortened. The nursing home sector has seen significant improvements

in recent years in capacity, funding and quality of care, said Mr Chua Song Khim, CEO, NTUC Health, which runs Jurong West Nursing Home, the market’s newest player. The changes were preceded by the setting up of two key agencies: a dedicated Ageing Planning Office (APO) at MOH and the Agency for Integrated Care (AIC), which coordinates long-term care services.

“The focus and investment by MOH into the nursing home sector especially through the work by APO & AIC over the past few years have generally improved the quality of care and service,” added Mr Chua, whose organisation plans to open two more homes next year. “We have customer satisfaction surveys, purpose-built facilities and better funding for manpower and staff training as well as new nursing home standards, all of which are welcome moves.” To improve patient care and safety further, the authorities came up with the Enhanced Nursing Home Standards (ENHS).¹¹ Introduced in April 2015, the standards are tied to nursing

home licensing. Since they are far more comprehensive – and some would say, more stringent – than before, nursing homes were given a one-year grace period to comply.

A lack of aged care options

Interestingly, Singapore is beginning to build more nursing homes at a time when many other countries are moving away from what is referred to as the “medicalised” model for residential aged care: with uniform-clad residents and dismal, dreary dormitory-style beds that have the clinical, colourless look and feel of hospitals.

Many feel that committing medically stable folk into nursing homes is to rob their lives of meaning and purpose, especially since, unlike in short-stay hospitals, nursing home residents can stay for years, even decades. Significantly, rather than building more nursing homes, Europe, Australia and the US have moved into developing assisted living or continuing-care communities, where older folk can receive care, but retain

some semblance of independence in home-like environments.

In the US, for instance, nursing home residents have fallen in number from 2 million in the early 1990s to around 1.4 million in 2013. In 2014, there were only 15,000 nursing homes compared to more than 30,000 assisted living or senior living communities.¹² These are typically meant for folk who have little or no medical needs, but require help with physical needs such as feeding, showering or going to the restroom.


In Singapore too, the time has come to press the pause button on building medicalised, largely cookie-cutter mega-nursing homes with multiple-bed dormitories and focus on bringing more choice and diversity into residential aged care. The Republic has hardly any assisted living facilities yet, possibly because of the vast and relatively inexpensive army of 230,000 foreign domestic workers who can be hired to look after frail old folk at the place the vast majority want to be - their own homes. In

recent years, the Government has also increased aid for community and homecare options to enable seniors to “age in place” even if they do not have family caregivers and cannot afford, or choose not to employ, a domestic worker. These are widely regarded as a better option, particularly in densely packed, space-starved Singapore. Yet, a growing chorus of voices is clamouring for more options in senior care. They must be heard.

Even as efforts are on to build more, improve care standards and the quality of life of residents and remove the public stigma around nursing homes, most experts agree that these homes should remain “institutions of last resort”.

Nursing home demand is high because of a shortage of good home care options, said Associate Professor Gerald Koh from the Saw Swee Hock School of Public Health, National University of Singapore. Indeed, in countries like Japan, nearly three in four elderly people who receive formal long-term care

do so in their homes, rather than in nursing homes, and this is the path Singapore should also take.

“The world is beginning to understand that one of the major drivers of the demand for nursing homes is the lack of a good home care support system,” said Prof Koh. “So until you settle the home care support system, you need to continue building nursing homes. And that’s the wrong direction and also possibly more expensive.” 

“Until you settle the home care support system, you need to continue building nursing homes. And that’s the wrong direction and also possibly more expensive.”

- Assoc Prof Gerald Koh, Saw Swee Hock School of Public Health, National University of Singapore

NOTES

- 1 Based on data compiled by Department of Statistics Singapore
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A GROWING NEED FOR HELP WITH DAILY LIVING

CHAPTER 2

When Madam Chew Eng Huay was wheeled into the Ren Ci Nursing Home in Moulmein in 2008, she was bed-bound and being fed through a tube. A stroke in 2000, when she was 55, left her unable to walk, talk or feed herself. Since then, she has spent her days in hospitals and nursing homes – 16 years so far.

Doctors and nursing home operators interviewed believe that, in recent years, the group needing custodial care has risen sharply.

Thanks to intensive rehabilitation and good care, Mdm Chew, 70, has recovered enough to talk again, eat

on her own and wheel herself around the home. The retired coffee and ice-kacang seller, who is single, sold her three-room HDB flat and is now a “permanent resident” at the Ren Ci Nursing Home. Although the 30-bed ward is cavernous, the nursing home is like home to her, she said, and its residents and staff are like family.

Mdm Chew keeps herself busy by doing a series of chores to help the staff. She feeds other residents who need help, delivers eggs, bread and bed linen to residents in other wards and, once a week, cooks a big pot of bean and barley soup for all. “Helping others gives me something to do. It also keeps me happy,” she said. To show their appreciation, nurses sometimes buy shoes and

clothes for her. Her cheery resolve to help the staff and those around her is rare among residents. What is not rare, however, is that, although she is well enough to live in the community, she continues to stay in a nursing home because she has no caregiver, nor a flat, to call her own.

Historically, people end up in nursing homes for two broad reasons: they need skilled nursing care or “custodial care” (that is, they need someone to help with what the medical community calls “activities of daily living”, such as eating, dressing and going to the toilet). Many need both.

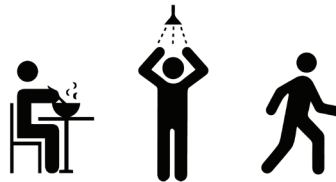
Data is unavailable, but doctors and nursing home operators interviewed

believe that, in recent years, the group needing custodial care – like Mdm Chew – has risen sharply. Geriatrician Neo Han Yee warns that the numbers needing such care will increase even faster in the coming decade, as families shrink and more elderly persons live alone. “At some point, they are going to find it hard to look after themselves,” said Dr Neo. “Many already are.”

In many Asian countries, including Singapore, the elderly either share a home with, or live near, their children. But thanks in part to shrinking families, rising rates of singlehood and a desire for independence, increasing numbers of older folk live on their own. The number of Singapore citizens aged 65 and above who live alone – a powerful proxy indicator of people who could need institutional care at some point – is expected to grow from 41,000 in 2015 to 58,000 in 2020 and 92,000 by 2030.¹ (See “Elderly Citizens Living Alone” chart on page 34.)

Recent studies by a research team led by Prof David Matchar and

Assoc Prof Angelique Chan from the Duke-NUS Graduate Medical School warn that older folk will not necessarily be independent as they age. The researchers found that after accounting for educational composition, functional disability rates in people aged 80 and above will increase from 40.8 per cent in 2000 to 64.4 per cent by 2040.² Another paper, also by Prof Matchar and Prof Chan, predicted that the number of elderly Singaporeans who cannot perform one or more “activities of daily living” (ADLs) on their own will increase from around 32,000 in 2010 to 83,000 by 2030.³



Significantly, a 2003 Singapore Medical Journal⁴ paper by geriatrician Ee Chye Hua and others showed that more than half (53

per cent) of around 100 residents interviewed in a charity-run nursing home cited the need for assistance with ADLs as the most common reason for admission. Forty-nine per cent said they needed medical or nursing care, 34 per cent needed accommodation, while 32 per cent had caregivers who were willing but unable to cope with the physical or behavioural burden of care. They had stayed at the home for five years on average. Many residents were aged 75 or more (73 per cent), female (71 per cent), widowed (41 per cent) or single (36 per cent). Around half had mental health problems and urinary incontinence, and could not see very well.

More than 17,000 referrals over five years

National demographic data on who nursing home residents are today is still not available, but a 2013 research study on depression in nursing homes sheds some light.⁵ Around 45 per cent of 375 residents interviewed in six homes were aged

80 or more, 46 per cent were men and nearly 87 per cent were Chinese. Around 40 per cent were single, 30 per cent were widowed and 10 per cent were divorced. Nearly half had lived at the home between three and nine years, and 15 per cent for 10 years or more.

The number of Singapore citizens aged 65 and above who live alone - a powerful proxy indicator of people who could need institutional care at some point - is expected to grow from 41,000 in 2015 to 58,000 in 2020 and 92,000 by 2030.

It is not just the old who go to nursing homes these days, say operators. A large operator that runs several homes said it had seen increasing numbers of younger, disabled residents, who a generation ago would have been cared for at home. With family sizes shrinking and parents or siblings needing

to be at work or who need care themselves, these younger patients may have no caregiver. "If you look at the profiles of some of the families of these residents, it's not that they don't want to care for their sick, it's just that they're unable to give the appropriate care," said the head of the home. Many operators agree that there will be more such cases as society ages and families shrink further.

Small wonder then that referrals to nursing homes have been growing at around 5 per cent a year and more than 17,000 people have been referred over the past five years, from figures from the Agency for Integrated Care (AIC), which coordinates referrals for subsidised residents. Yet, even as changing demographic patterns push up nursing home demand, there has been some soul-searching on what needs to change to cater better to the soaring numbers and rising expectations.


"There are many things that need to be changed in nursing homes," said Dr Neo. The numbers and quality of manpower are a big worry, for

instance, as is the rigid, regimented routine in most homes. "But the main question is how to resolve the tension between what's sustainable in the long-term and what is desirable." He said he understands policymakers' concern that the nursing home cannot be "too ideal" or a "place of choice" for Singapore's growing ranks of grey. But, at the same time, humanity demands that Singapore's frailest citizens, many of whom worked hard to help shape this country into the prosperous haven it is today, be given due comfort and dignity in the twilight of their lives.

"A nursing home has to be a place of need. It cannot be so ideal that everyone would want to put their loved ones in these homes and cripple the healthcare system."

- Dr Neo Han Yee, geriatrician

"A nursing home has to be a place of need. It cannot be so ideal that

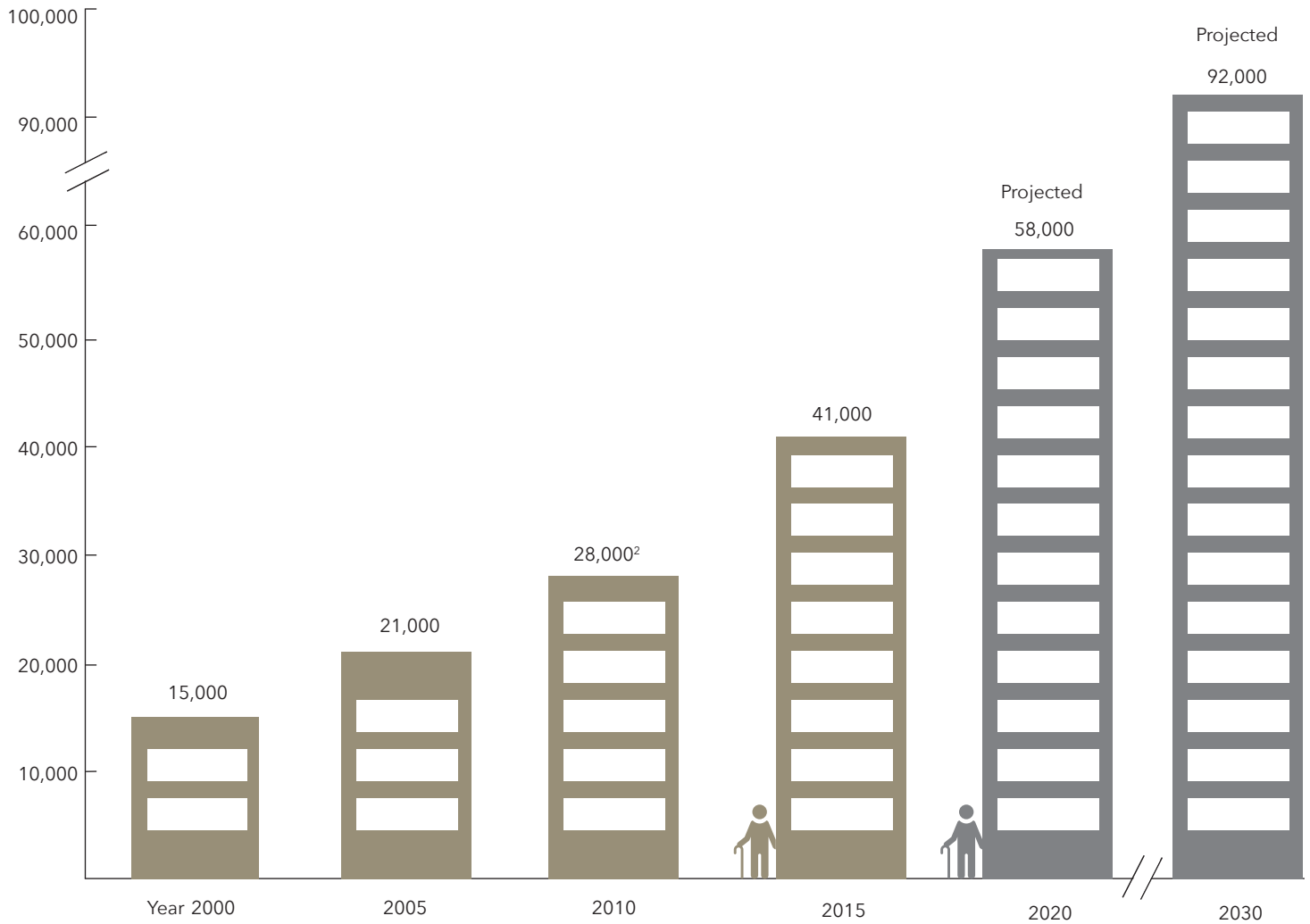
everyone would want to put their loved ones in these homes and cripple the healthcare system,” added Dr Neo. “But at what point should we say this is the standard that we can accept for our parents or elderly grandparents to go to when we are unable to cope? That’s the difficult call.” 

NOTES

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ELDERLY CITIZENS LIVING ALONE

Elderly citizens
65 years old & above
living alone¹



Source

1. Projection of Foreign Manpower Demand for Healthcare Sector, Construction Workers and Foreign Domestic Workers, National Population and Talent Division, Prime Minister's Office, November 2012
2. This is the approximate number of elderly residents (includes citizens and permanent residents) living alone in 2010 based on the General Household Survey 2015, Department of Statistics Singapore. In 2011, the number of elderly citizens living alone is 29,000

THE CHALLENGES AROUND QUALITY OF CARE

CHAPTER 3

Unable to walk, talk, shower or feed herself, Madam L¹, 90, has been confined to a nursing home bed for the past 13 years. The small private home in the eastern part of Singapore boasts “24-hour professional nursing care” on its website, but do not believe the hype, said one of Mdm L’s children, who wanted to be known only as Ms Tan.

The quality of care, she claims, has deteriorated with her mother’s advancing age. The past year has been the worst. Late in 2015, the home called to say that Mdm L had fractured her thigh bone. She ended up in hospital for nearly a month.

Since her mother is bed-bound and tube-fed, there is no way she could

have fallen while walking, said the 56-year-old administrative assistant. Nor was there any evidence that she fell off her bed. The family suspects that the injury occurred while the older woman was being changed, turned or transferred. “We think the staff dropped her, causing her brittle bones to crack.” Indeed, when asked what happened, all the nursing home would apparently say was that nurses heard a “cracking sound”.

The nursing home does not have the expertise to give her intravenous antibiotics, so a trip to the hospital is needed once or twice a year.

“We asked how it happened, the hospital also queried the incident, but we got no further explanation,” said Ms Tan, the second youngest of eight children. Then in April 2016, Mdm L was back in hospital because of an infection caused by a long-festering bed sore. A few weeks before, Ms Tan heard a nursing home doctor tick off a nurse for using the wrong kind of dressing.

The wound has grown to “a gaping hole” and pus has collected in it, said Ms Tan. The nursing home does not have the expertise to give her intravenous antibiotics, so a trip to the hospital is needed once or twice a year. “During those times, we have to pay for both the nursing home and the hospital,” said Ms Tan.

Together with her siblings, she quietly scouted around for another home, but the only one they found charges more than the \$2,300 a month that they pay at present. They had already spent close to \$250,000 on nursing home bills. Mdm L has outlived one of her children and all but two of the others are retired, so money is tight. "We are all ageing ourselves, we worry about our healthcare costs and it's just very depressing," said Ms Tan.

The family has not complained to the home authorities. Ms Tan said she once saw a staff member hit a patient on the head because she was groaning constantly. "I was shocked, but dared not open my mouth. If we complain, they may abuse my defenceless mother too."

It is unclear how many families have experiences like the Tans', since many - like them - might not complain. However, one big indication that Singapore's nursing homes are largely safe comes from the fact that the Ministry of Health's regulatory compliance and enforcement

division handled only 33 complaints in 2015. The details of these complaints are kept confidential, as are the results of Ministry audits on nursing homes, unlike in countries like the UK or Australia.

This makes it difficult for the public to gauge the exact quality of care or track improvements in recent years. Surveys done by AIC, however, indicate that 90 per cent of residents and their families are satisfied with the care, but details of these too are not publicly available. The Nursing Home Resident Satisfaction Survey is conducted every two years and all nursing homes are invited to participate, says AIC. Participation is voluntary. The sample size is approximately 2,000 per survey.

However, unlike in the UK or the US, where the media have exposed neglect, abuse and appalling levels of care, nursing homes here have remained largely scandal-free. The only major incident to hit the headlines in recent years occurred in 2011, when a delivery van driver secretly filmed nursing

home staff mistreating his mother at the privately-run Nightingale Nursing Home. Mdm P, an elderly resident at the home, was made to sit bare-bodied in front of a fan and was later flung onto her bed by two staff members. When she groaned in pain, one of them hit her on her mouth. The home was barred from admitting new residents and fined \$15,000.

The Ministry of Health handled only 33 complaints in 2015... Nursing homes here have remained largely scandal-free.

While instances like what Mdm L or Mdm P suffered might well be rare, doctors and nursing home operators say that nursing home care can be improved. In recent years, some homes have been working at shoring up basic levels of care.

Christina Loh, director of nursing at the 232-bed Man Fut Tong Nursing Home, remembers that one of

her first projects when she took charge four years ago was to try to rid the home of odour from dirty diapers and urine which had seeped into the lining of old mattresses. She had decided to live in the nursing home for the first year of employment to better identify areas of improvement. "I noticed that there were not enough staff, especially during the night. To change one diaper is not a problem, but to change 100 is a big problem," said Ms Loh. So she hired additional staff to help change diapers. Also, the nursing home had mattresses with seams that allowed urine to be trapped inside. "So no matter how you cleaned them, the smell would never go away."

By 2014, she had finished changing all the mattresses to new, good quality ones. The smells have disappeared, as have skin infections. "Also, that brought down the incidence of scabies from 72 cases to zero," she added. The project won her a quality improvement award from the AIC. The charity-run nursing

home is currently full and residents stay on average for six to 10 years.

Cases of wrong doses or wrong medications

Other care issues which have hit the headlines include the relatively high rate of residents being given inappropriate medication. Polypharmacy - where an older patient is given four or more drugs - and medication errors appear common.



A 2015 study by the National Healthcare Group of 480 residents in three nursing homes published in the Singapore Medical Journal² found that 60 per cent were taking medicines in the wrong doses or taking wrong medicines altogether. A decade earlier, another similar-sized study of nursing home residents showed the incidence of inappropriate medication use to be even higher,

around 70 per cent. By comparison, an Australian study showed inappropriate medication in care homes there to be 43 per cent.³ Geriatrician Neo Han Yee pointed out that an elderly person in a nursing home can be prescribed 10 to 20 different medicines by specialist doctors working in silos. "Complex drug interactions may lead to adverse effects that are poorly tolerated in an increasingly frail older person," he said.

Other care issues which have hit the headlines include the relatively high rate of residents being given inappropriate medication.

Physiological changes in old age, such as a declining kidney function, make regular medication reviews a must, he added. Some residents may not even need many of the drugs anymore. "Many nursing home residents, for instance, eat less and less as they become old. The same old dose of diabetes medication

could lead to a dangerous drop in blood sugar levels if medications are not adjusted in a timely manner.”

However, this problem has been on the authorities’ radar in recent years, and all nursing homes are now required to get a pharmacist to review the medication of all residents at least once every six months under the new Enhanced Nursing Home Standards (ENHS).

Enhanced home standards come into play

The standards, finalised in 2014 by a government-appointed committee comprising geriatricians and nurses, are meant to ensure that frail seniors in nursing homes receive safe and good care. The ENHS document clearly articulates standards in 28 categories across three broad groups: clinical care, social care and organisational aspects of running a nursing home. The clinical care categories, for instance, include benchmarks on pain and continence management, fall prevention and skin care.

Social care, on the other hand, underscores the importance of preserving the dignity of residents, while the organisational aspects delve into financial management, staff competence and so on. The ENHS was introduced as part of licensing requirements in early 2015. Nursing homes were given a one-year grace period to ensure compliance by April 2016.

Standards have been phrased in terms of care outcomes as far as possible, and are not overly specific about requirements that homes must meet.

In a joint reply for this report, MOH and AIC stated that, as nursing homes differ in size and circumstance, the standards have been phrased in terms of care outcomes as far as possible, and are not overly specific about requirements that homes must meet. “This gives homes

some flexibility to determine how to achieve these outcomes in the way they deliver care”.

MOH and AIC have put in place several initiatives over the past two years to help nursing homes better understand and implement the ENHS. These include giving homes the chance to be subject to voluntary “baseline” assessments to identify areas of improvement, a written guide and information sessions on standards and subsidised training courses for staff.

Most nursing home operators acknowledge that the ENHS and training are helping shore up care. Homes now are far more aware and have implemented best practices because of the sharing of industry knowledge over the past two years, said Ms Winnie Chan, Executive Director, St Andrew’s Nursing Home. Her home, she said, wanted to improve the way they cared for residents who were incontinent. They brought in doctors and nurses from Tan Tock Seng Hospital to conduct training

sessions and have been able to wean some residents off diapers. “We improved their toilet routines by getting them out of their beds more regularly and getting them to walk and exercise.”

Man Fut Tong Nursing Home, on its part, has learnt how to better manage wounds and bed sores of residents, thanks to detailed guidebooks and training as part of the ENHS exercise. “Earlier my team could take the whole day to dress wounds,” said the home’s director of nursing Christina Loh. “Now, the wounds dry faster and they can do it in two hours.”

Not enough focus on patient wellbeing

However, many operators say the standards focus too much on risk management and processes and not enough on patient well-being.

“The ENHS will definitely provide safer care for the nursing homes who were not already following

the standards, because there may be some homes that are not so safe,” said Ren Ci CEO Loh Shu Ching. “But it is going to make things a bit more difficult for those of us who are trying to turn the nursing home into a home and not into a hospital.”

“The Enhanced Nursing Home Standards will definitely provide safer care for nursing homes... but it is going to make things a bit more difficult for those of us who are trying to turn the nursing home into a home and not into a hospital.”

*- Ms Loh Shu Ching, CEO,
Ren Ci Nursing Home*

Perhaps the biggest problem with the ENHS is how resource-intensive it is, said several home operators. General Manager Kelvin Ng of Pacific Healthcare Nursing

Home estimated that the staff workload has increased by at least 15 to 20 per cent just to ensure compliance. “The ENHS requires a lot of time and paperwork. It’s of course very good for overall care. But it’s a huge strain on our already limited manpower resources.”

Mr R Ambalavanan, head of nursing at Sree Narayana Mission Home for the Aged Sick, agrees. The paperwork, he said, has to do with documenting pain management, falls management, use of restraints and so forth. “We need to keep lots of charts, forms and records. So the work has gone up, but the staff-to-resident ratio for the sector remains the same.”

However he acknowledges that, despite teething troubles, the ENHS will undoubtedly be good for nursing homes in the long run. “It’s a bitter pill to swallow right now, but it is really a blessing in disguise.”

Indeed, the standards, available online,⁴ require a lot of paperwork.

Registered nurses must sign medical records immediately after medicines are served, and dates and times must be documented. Homes are required to assess the “intensity, location, onset and progression of residents on a pain management programme” at least once every day. The assessment has to be done with the help of “proper monitoring tools” such as numerical pain rating scales, verbal descriptor scales, location charts and symptom checklists.

While MOH has been providing VWO homes additional funding to hire 33 per cent more staff, this is not always enough, the homes say, because it is meant to meet manpower needs when staff are away on training or on leave.

Language barrier between residents and care workers

Not all care issues can be fixed by the ENHS exercise. An intractable problem that deeply affects care but is extremely difficult to fix is the language barrier between

residents and care workers, the vast majority of whom are foreigners from countries such as the Philippines, Myanmar, India and Sri Lanka. Many residents, on the other hand, cannot speak English.

“Care will thus definitely be compromised,” said Jamiyah Nursing Home head Lai Foong Lian. “Let’s say the patient keeps saying, ‘I want warm water’, but you don’t understand and so you just walk past. If straightaway you’d heard and understood, you’d immediately attend to it.”

An intractable problem that deeply affects care but is extremely difficult to fix is the language barrier between residents and care workers.

All 67 care staff at Jamiyah are foreigners. While they can enrol for language courses, high attrition

rates mean that residents are often cared for by newcomers.

Foreign workers unfamiliar with English might also misunderstand important instructions from doctors, said Dr Ian Leong, who heads the continuing and community care department at TTSH. “They will always agree with you but you are not very sure whether this is because they understand you or they are just being culturally polite.”



Care staff in nursing homes might also miss non-verbal cues as they lack training on such matters, said Dr Neo. “Nurses in hospitals are taught to spot signs of distress even in residents who can’t speak. For instance, are they very breathless, are they moaning and groaning a lot? But staff could miss such signs.”

NURSING HOME CARE GOES DIGITAL

With kind, crinkly eyes and a wan smile, Madam T, 85, waves weakly as she is wheeled into a consultation room at the nursing home she has called home since December 2014. She is being examined by a doctor from the Department of Geriatric Medicine at Khoo Teck Puat Hospital (KTPH).

But this is a consultation with a difference. She peers into a web camera as she waves, acknowledging the cheerful "Hello Aunty" greeting of Dr Claire Calaguas, who is at the hospital, a 20-minute drive away.

Once or twice a month - and more often, if needed - nurses at the home cluster around a web camera for videoconference sessions with specialist doctors and nurses from the hospital, in what may well be one of the most innovative and economical programmes to shore up care and training in Singapore's nursing homes.

Called GeriCare@North, the programme was initiated by MOH in 2010 at the old Alexandra Hospital. Specialist teams from the hospital - and now KTPH - work with nursing homes to review complex cases and guide them through patient emergencies. Eight nursing homes, mainly in the northern part of Singapore, are on board, said programme director James Low, a senior-care physician at KTPH.

"Tele-geriatrics", where KTPH doctors routinely review nursing home residents via video-conferencing, is a key part of the programme. "The video-conference sessions save the patient the inconvenience of having to be ferried to hospital to see a doctor and save time-starved geriatricians from travelling down to the nursing home - so it's a win-win situation for both," said Dr Low. Doctors, nurses, medical social workers and therapists also meet virtually for "multi-disciplinary meetings" to discuss complex cases.



The KTPH specialist team has trained nurses to conduct clinical examinations under their guidance via video-link. "Our ultimate vision is to improve the quality of care in the nursing homes and thereby improve the quality of life for residents," said Dr Low.

Madam T is one of many residents who have gained from the arrangement. As is common among residents, she has what doctors refer to as "multiple co-morbidities", a series of serious health conditions that are making her sicker by the day. She has hypertension and a severe

heart ailment, and is cognitively impaired and clinically depressed. For the past few days, she has not been eating or drinking well, might have a urinary infection and has been complaining of knee pain.

“Why must I eat, I old already,” Mdm T says softly, when asked why she had been missing meals. But as the doctor probes further, another answer emerges: “I like only bread and they give me porridge,” she reveals. Dr Calaguas orders the nurses to feed her milk supplements and fruits, which Madam T says she likes. The nurses are also asked to consult the dietician when she visits next.

Over the next 20 minutes, the doctor deals with the multiple medical issues her patient suffers from. Her latest urine and renal function test results show she may have acute kidney disease. “You will need to discuss the possibility of dialysis with the patient’s family and draw up an advanced medical care plan,” says Dr Calaguas, referring to written plans on the care the patient would prefer, if she becomes too sick to make healthcare decisions in future. Her knee is swollen and she complains of pain, despite painkillers. When queried, the nurses say she has not fallen down or hurt herself in any way. Dr Calaguas changes the pain medicines, and orders an ultrasound and a review in two weeks.

In addition to regular patient reviews and case management, training is equally important. Staff can attend training programmes on tele-geriatrics, the new

nursing home standards enforced by MOH as well as palliative care. “We want to improve on and build new capabilities in the nursing home staff and encourage them to be self-sustaining in their training eventually,” said Dr Low. “The main aim is to make them empowered and skilled enough so as not to be over-dependent on hospitals.” The project, funded by AIC, helps pay for equipment such as bladder scanners, syringe drivers and intravenous drip sets and has even set up mini medical libraries.

In December 2015, this programme was picked from thousands of entries to be one of five global healthcare projects that showcased “frugal innovation” at a conference on healthcare policy attended by leaders from OECD nations. Staff from the Global Innovation Centre at Imperial College London came to Singapore to learn how it could be replicated elsewhere.

The programme has also borne fruit in other ways. An analysis of close to 600 tele-medicine consultation sessions in two member nursing homes showed that the home that was more engaged in the programme was able to cut unnecessary hospital rates by 33 per cent. The other home, which cancelled sessions and had a high staff turnover and low training rates, ended up with a 2 per cent increase in hospital visits.

“We’re hoping that, moving forward, the programme will help to further cut rates of unnecessary hospitalisation,” said Dr Low.

Process efficiency versus patient wellbeing

The lack of suitable staff is another big impediment to quality care. In 2011, the latest year for which figures are publicly available, Singapore had around 12 workers per 1,000 people aged 65 and above who work in the long-term care sector, including in nursing homes, day-care and home care settings.⁵ By comparison, an average of 32 staff work in long-term care institutions in developed OECD countries.⁶

“People prioritise the task over the person... in general, our culture promotes a more task-driven approach with undue emphasis on completing the task, which can sometimes be at the expense of the resident.”

- Dr Philip Yap, geriatrician

As a result, nursing home processes are designed to maximise efficiency. Unfortunately, this can sometimes come at the cost of patient wellbeing, pointed out Dr Angel Lee, a senior consultant in palliative care who has worked with nursing home residents. “When a patient is on diapers, the staff just need to schedule a fixed time to change it. They don’t need to take them to the toilet every time the patients call. And neither do the staff need to worry that if they miss a call, the patients may wet themselves.”

Nurses and other staff become too task-driven – focused on feeding, serving medicines and so forth – added geriatrician Philip Yap. “You’ve got a lot of things to do and nurses want to finish their tasks so they can move on to the next one. In the process of doing their tasks, the person seems to be left out of the equation.”

So, if a nurse is serving medicines, for example, and a resident wants to go to the toilet, she will ask him to wait as she does not want to be distracted from serving the medicine. “People prioritise the task over the

person – this embodies the culture of care here. Of course, this doesn’t apply to everybody, you will always have people who are more sensitive to the needs of another human being. But in general, our culture does not really promote person-centred care; it promotes a more task-driven approach with undue emphasis on completing the task, which can sometimes be at the expense of the resident.”



Staff convenience could be one reason that a high proportion of residents are on diapers. Many homes said 70 to 75 per cent of their residents use diapers. In a couple of homes, it was more than 90 per cent. But there are other reasons too. First, many residents were on diapers in hospital (who make 70 per cent of nursing home referrals) before being admitted to a nursing home and it takes time to wean them off. Second, some residents are afraid that care workers won’t reach them on time when they call, so they prefer diapers.

Others worry about soiling themselves at night or while they are engrossed in activities and thus limit water intake. "Some even limit water intake, risking dehydration and urine infections," said Dr Ow Chee Chung, Chief Executive, Kwong Wai Shiu Nursing Home. "We should try our best to minimise diaper use, but it should never be at the cost of increasing dehydration or urinary infections."

Balancing between patient autonomy and safety

Singapore's nursing homes have also not been able to strike the right balance between patient autonomy and safety. In some homes, 20 to 30 per cent of residents are still tied down with physical restraints, despite the ENHS stipulating that these be used as a "last resort".

Restraint use is higher among residents with dementia or similar mental conditions. Nursing home operators and geriatricians say that residents are sometimes restrained to prevent them from self-harm or harming others. They

are also used to prevent falls. Dr Yap, a dementia specialist and passionate advocate for minimising restraint use, pointed out that fall prevention is an "important KPI" (key performance indicator) in nursing homes here.

Homes need to strike a balance between safety and peace of mind for staff and patients' wellbeing.

All nursing homes are routinely required to report the incidence of falls to MOH. "Given the quality standards monitored, it is very important for nursing homes to prevent residents from falling. But you have these older people, especially when they have dementia, who fail to recognise that they are at risk of falling. So they will still want to get up and walk on their own. So if you don't have manpower to help them get up and walk when they want to, the next best thing is to actually confine them in their beds or chairs with barriers and physical restraints," said Dr Yap.

But denying a person the chance to walk will frustrate him and provoke difficult behaviour, added Dr Yap. He will keep calling out, shouting, possibly even become violent. With time, he will also decline functionally, because people at their age decondition easily, the less they walk, the less they will be able to walk. "So this is where the problem lies. There is too much emphasis on safety to prevent falls, so the quality of life, well-being and autonomy of the resident are significantly compromised."

In some countries, restraint use on residents is regulated, noted Dr Yap. A law passed in the US in 1990, for instance, gave nursing home residents the right to be "free from restraints". "And what they have found is that actually if you don't use restraints, people don't have increased fall rates. And you don't even need a lot of manpower to achieve this."

The 10-bed dementia unit at Khoo Teck Puat Hospital, he said, was able to achieve 1,000 restraint-free days by assigning just one additional staff member to look into the social needs

of residents, like helping them go to the toilet or get up to have a drink. "And that was good enough".

"It's the culture of over-protection that needs to change."

*- Dr Angel Lee,
palliative care physician*

Palliative care physician Angel Lee agreed that homes need to strike a balance between safety and peace of mind for staff and patients' wellbeing. "We should always aim to make homes safe. But we should also be prepared to take risks and accept that residents in the end may prefer the freedom to live as they like and maybe their lives would be shorter as a result, but that's okay for them."

For instance, she pointed out that the moment a patient falls in a nursing facility or hospital, the nurses write incident reports and the home has to investigate a potential lapse in care.

"If the patient has fallen because somebody left something on the floor, then that mustn't happen. But at the same time, we should be liberated to say that no, we shouldn't have to live with a zero fall rate if this means that you probably have a very high restraint rate."

So where then does one draw the line? Dr Lee suggested: "I think technology, quality improvement and quality assurance must be there to look at ways that we can decrease the impact of injuries when someone falls, and help residents so that they don't risk falling. But at the same time, we must be able to live with so-called errors. The problem right now is that a fall is an error. It's reflected as bad care." Above all, she added, "It's the culture of over-protection that needs to change". 🔒

NOTES

- 1 The real names of some interviewees for this report have been withheld to respect their privacy.
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MANPOWER ISSUES: OVERWORKED, UNDERPAID

CHAPTER 4

She had come in pursuit of a common migrant dream. Armed with a certificate in nursing from her native Sri Lanka and after a short stint as a care worker in Malta, Ms S Gunasekara found work as a nursing aide in Singapore.

From 9 pm to 7 am four nights a week, she was the only staff member on duty in a ward with 33 residents at a nursing home run by a voluntary welfare organisation. She changed diapers and turned those who were bed-bound at least once. She would then tube-feed a dozen residents. At dawn, she carried 10 who were immobile to get them ready for a shower. She earned \$510 a month. As a live-in staff member, food and lodging were free. The day shift was

busier still, but she had help from other colleagues. She is already one of the luckier workers. Salaries for healthcare assistants or attendants – newbies with no nursing training – start at \$350.

Looking after dozens of bed-bound old folk requires grit, grace and gruelling hours.

Looking after dozens of bed-bound old folk requires grit, grace and gruelling hours. She often felt depressed but could not go home as she needed the money. A chance encounter with an elderly couple at church one Sunday provided her a fresh lifeline. She finished

her contract, went back home and returned soon after to begin working as a domestic helper for the elderly couple at \$600 a month. The way she told it, looking after just one elderly couple was a cakewalk after struggling daily with 33 bed-bound old folks. It was unbelievable that she was being paid more.

More than five years after Ms Gunasekara's story appeared in The Straits Times,¹ starting salaries for fresh foreign healthcare assistants – the lowest-paid staff in nursing homes – can still be as little as \$350 per month, excluding food and lodging, in some small homes. Starting pay in larger homes is around \$400 to \$450 on average. For nursing aides – who must have nursing-related

qualifications and experience in their home countries – basic salaries start around \$550, though some larger homes pay more. Nursing aides and healthcare assistants who live out receive another \$400 to \$500 in food and accommodation allowances. Meals during shifts are usually provided free.

Employers also have to pay the Government up to \$450 per month per head in foreign worker levies for work permit-holders. The levy falls to \$330 per worker per month for skilled foreign workers like nurses who are on an S-Pass.

So while a new worker can still be paid only \$350 – less than most domestic workers – the cost to the employer with the worker levy and accommodation can be around \$1,100 or more per worker per month, similar to the lowest-wage local workers.

The vast majority of these rank-and-file care staff in nursing homes come on two-year contracts from countries such as the

Philippines, Myanmar, India, Sri Lanka and China and do mundane but essential chores such as changing diapers, showering and feeding residents and serving medicines prepared by nurses.

Since 2012, the Government has been trying to shore up pay in the sector through a salary adjustment exercise designed to bring salaries on par with hospitals.

Because of the nature of work and odd hours, many Singaporeans continue to shun working in the long-term care sector, said nursing home operators interviewed. Manpower issues constitute the biggest challenge they face. There are problems on several levels, many interlinked. Pay continues to be low, even as workloads increase. This causes a huge shortage of suitable staff and – unsurprisingly – high turnover.

With new hospitals and nursing homes opening up in recent years, attrition rates are an immediate concern. Hospitals pay better and give more allowances and training opportunities. In one home, the majority of nearly 70 staff members had been on the job for less than one year.

Singapore has no minimum wage laws and wage guidelines shared by the Government with healthcare institutions are not released publicly. But the basic starting pay in hospitals is usually more for the same level of staff, say human resource officers and doctors interviewed. Besides, hospitals, which are better funded, also offer better incentives, bonuses and allowances, including a night allowance and perks like operating theatre (OT) allowances. Some nursing homes do not pay gratuities or night allowances.

Since 2012, the Government has been trying to shore up pay in the sector through a salary adjustment exercise designed to bring salaries on par with hospitals. Under the scheme,

participating Ministry of Health (MOH)-subvented long-term care providers receive a set of funding norms for various job bands in all staff categories, derived based on salary gaps between the public acute and ILTC salaries. To guide the participating providers in determining pay levels, MOH also shares aggregated sectoral salary information at the 25th, 50th and 75th percentiles with providers on an annual basis. (See Annex.)

Main hurdles: Pay, policies, prestige, prospects

But low pay is not the only hurdle to attracting capable staff. Prestige and prospects are just as important to many workers, and nursing homes are often the less desired counterpart of hospitals, said Ms Loh Shu Ching, CEO of the two Ren Ci nursing homes. “The difference in pay has dwindled over the years. But I think it’s also about the type of job. In hospitals, you get to be on the cutting-edge of medicine. You get to use technology. You get

to encounter complex medical problems. There’s more learning opportunities too,” she said. “In a nursing home, on the other hand, staff may view jobs as mundane, menial and routine. Many homes only have enough manpower to just shower, change and feed residents and serve them medicines.”

MOH has provided nursing homes with minimum staff-to-patient ratio guidelines to ensure that a lack of staff does not compromise quality of care. The ratio depends on the functional status of residents, who are divided into four categories, based on level of dependence. Category 1 and 2 residents require very little assistance with “activities of daily living” such as eating or showering on their own. Cat 3 residents are wheelchair-bound, may have moderate dementia and need help with most daily tasks. Cat 4 residents tend to be bed-bound, severely ill with heavy nursing needs and completely dependent on others for care. More than 90 per cent of subsidised residents islandwide are in Cat 3 and 4.

According to minimum staffing requirements, one staff member is needed to look after two Cat 4 residents. For Cat 3 residents, the ratio is 1:4. While seemingly generous on paper, the ratio pertains to a 24-hour period. This means that for every 24 Cat 4 residents, a nursing home must employ at least 12 workers on shift throughout the day. Since most homes have three shifts, thus, on average, four workers per shift look after 24 Cat 4 residents. For Cat 3 residents, two workers per shift look after 24 residents.



However, with heavier daytime workloads, nursing homes tend to deploy more staff during the day. The night shift continues to be thinly staffed. At one home, there was only one staff member on duty for every 32 residents. In several other homes, staff had to single-handedly look after 20 to 30 residents at night. Nursing home operators say this is

one reason that many homes prefer live-in staff who can be called upon during emergencies.

Thus, the ratio is not enough, said Madam Low Mui Lang, Executive Director of the Salvation Army's Peacehaven Nursing Home. "If I have three workers per shift during the day to look after 24 Cat 3 and 4 residents, and one of them is agitated, unwell and possibly a fall risk, then I need one staff member to keep a constant watch over that one patient, leaving the two others to manage 12 residents each," she said. "Most residents have complex needs and multiple illnesses. So the work's not easy."

Ms Winnie Chan, Executive Director, St Andrew's Nursing Home, agreed that the current staffing ratios will not suffice for good care. "It may be timely for the MOH to review the staffing ratios, especially with rising expectations from a newer cohort of seniors and their family members." MOH has been providing homes that accept subsidised residents

additional funds to hire up to 33 per cent more care staff above the minimum requirements through the Replacement Ratio funding scheme, to enable leave coverage and continuity of patient care. While this is useful, some homes say they cannot always make use of the funds, since they cannot find enough local workers, to begin with.

A staff shortage is also why many homes continue to focus more on tasks than residents, said Dr Lina Ma, Deputy Executive Director, Lions Home for Elders. "If you understand nursing homes, you know why everything is very task-oriented," said Dr Ma, who holds a PhD in nursing. Take bath times, for instance. "It's just like a carwash, but faster! I put you in a conveyor belt, okay, put water on you, put soap on you, rinse you, and then another group dresses you."

Mr Damien Ooi, administrator of the Ren Ci nursing home at Bukit Batok, pointed out that at night, his nursing home has only two nurses looking after an entire floor of 50 residents. While this is already better than

the norm - there are homes with no nurses at all, with night shifts manned purely by non-nursing staff. "Manpower is still an issue because of the ratio and, of course, costs. With the current ratios, most of the staff time is taken up looking after basic needs. We cannot focus as much on the psycho-social part as we would like to." Psycho-social needs refer to the well-being of residents, through meaningful activities to interest them.

"It's just like a carwash, but faster! I put you in a conveyor belt, okay, put water on you, put soap on you, rinse you, and then another group dresses you."

- Dr Lina Ma, Deputy Executive Director, Lions Home for Elders

Basing the staff headcount on the functional category of residents is also far from perfect, especially when it comes to dementia residents, say operators. A dementia

patient who is still mobile and constantly wandering around confused and agitated could be in Cat 3 but still need many more staff to look after him than a bed-bound Cat 4 patient.

A senior official of a well-known nursing home remembers watching a Cat 3 dementia patient repeatedly mess up a medication trolley every time a nurse turned her back. She would run to him saying 'Hey don't touch', since messing up drugs could have serious consequences. He would obey and walk away. But the moment she returned to her other duties, he would be back again. "Imagine how much disruption just that one guy caused the nurse. If she could work without having to tend to him, she would probably complete her duties twice as fast," he said. "You should not tie up residents, right? In that case, you would need a lot more resources to look after someone like that." This imbalance in resource allocation could also be why some homes are reluctant to take in dementia residents, he pointed out.

To make matters worse, some residents and their families have unreasonably high expectations of care staff, particularly foreign workers, most of whom try to do their best in demanding circumstances. "It is not fair for families to insist on the same kind of personalised care from a nurse or care worker as they would get from their domestic helper at home, even if they are of the same nationality," said Mdm Low. "The workload in a nursing home is far higher. And even if we get more staff using our own resources, residents should not expect to be fed, for instance, if they are perfectly capable of eating on their own."

It is up to nursing homes to ensure that minimum headcounts do not become the maximum when they feel the crunch, said Dr Ma. According to MOH minimum ratios, at least 14 to 16 staff members are needed over 24 hours - or around five per shift -- to look after residents in her 42-bed dementia unit. "Anyone who knows dementia residents will know this is next to impossible." She went ahead and convinced her boss to get 10

extra workers. "If you know where to look, funds are available," she said.

Nursing homes are getting around staff count limits in different ways. At Peacehaven, Mdm Low put all residents who need resource-intensive care in the same area - termed the "chronic sick unit" - and placed extra staff there. Other areas, with residents who are more independent, have fewer staff.

Ren Ci, on the other hand, decided to stick to a 1:2 ratio for all residents, not just those in Cat 4, and raised extra funds through donations and the matching Community Silver Trust. It also began outsourcing all non-core functions - such as cleaning, catering and security - to external organisations so that staff can focus on the "core competency" of providing care.

But even when there are funds for extra staff, finding suitable ones remains challenging. The vast majority, or sometimes all, of the care staff are foreigners. To ensure that the homes are not flooded

by foreigners who depress local workers' wages, and to encourage more locals to work in the healthcare sector, all nursing homes must hire at least 15 per cent of staff who are Singapore citizens or permanent residents. Singaporeans tend to work in managerial and administrative positions and senior nursing roles. For each local it hires, a nursing home can employ six or seven overseas workers.

The large number of hospitals and nursing homes opening in recent years - and rampant poaching of staff for just a few dollars more - has exacerbated the staff crunch that has long plagued the sector, say operators.

The Lions Home for the Elders recently lost seven workers in one go, including a very senior local staff member who had worked there for more than a decade. She moved to a new nursing home that had opened near her home. The Lions Home is one of the few with an in-house training department and all new staff are trained for three to five months

before being deployed, pointed out the home's deputy executive director Lina Ma. "Our staff are very attractive to other employers."

The result can be serious. After the latest staff exodus, the staff-patient ratio fell to the lowest permissible level stipulated by MOH. "So I cannot admit residents though I have many vacant beds," said Dr Ma.

The large number of hospitals and nursing homes opening in recent years - and rampant poaching of staff for just a few dollars more - has exacerbated the staff crunch that has long plagued the sector.

Harder to find the right staff

Hiring new staff is not difficult if you still have a quota to get them from overseas, say operators. The problem is that at the current pay, homes may not get the right staff. "They may be

willing to come to Singapore. But the main question is: Have they got the passion, the commitment, the dedication this job requires?" asked Dr Ma.

Human resource executives and employment agents agree. There are still plenty of people from countries such as the Philippines, Myanmar and India who are willing to work in Singapore. Although domestic workers may earn more, many applicants still prefer working in nursing homes because, unlike domestic workers, all healthcare workers are covered by the Employment Act and entitled to overtime pay, annual and medical leave, bonuses and so forth. But the quality of workers has deteriorated.

A decade ago, because of poverty and unemployment in source countries, university graduates from big cities were willing to come and work as healthcare assistants earning \$300 or \$350 excluding food and lodging. But graduate salaries and job opportunities have improved in

home countries, so recruiters must now source for workers from remote, rural areas, said a human resource executive with more than two decades of experience in hospitals and nursing homes. "For instance, earlier we could recruit people from Chennai," she said, referring to the southern Indian city. "But the last time I went, I found myself interviewing people who had to take a five-hour boat ride to get to Chennai."

Five to 10 years ago, Singapore nursing homes and hospitals had many China nurses. "You don't hear of China nurses much anymore," said the HR veteran. "Salaries have improved back home, as have prospects of going to other countries." Average nursing salaries in China have crossed \$670 per month.²

Besides, early career prospects in Singapore do not seem very rosy for foreign nurses. In the interests of safety, Singapore Nursing Board rules stipulate that foreign nurses trained overseas may need to sit for examinations before being allowed to practise in Singapore.

They usually come as nursing aides – with a salary of around \$550, excluding accommodation – and need to work for a while before their employer sponsors them to take the nursing exam. The work scope of nursing aides can be the same as for healthcare attendants, focused on personal care rather than meeting medical and nursing needs. This could affect morale, points out geriatrician Ian Leong from Tan Tock Seng Hospital.

"Earlier we could recruit people from Chennai. But the last time I went, I found myself interviewing people who had to take a five-hour boat ride to get to Chennai."

- HR veteran

"They are professionals back in their home countries but since their nursing degree is not recognised, they are given a lower position and may be needed to clean the

floor, for instance," said Dr Leong. "They feel their value or worth is not recognised and this, in turn, dampens morale." They may thus look for the earliest opportunity to leave, especially since nursing salaries in other advanced countries such as the US or Canada are higher.

But, at the very least, foreign nursing aides have a clear career pathway and if they impress their employers, attend training courses and pass the requisite exams, they may end up spending a decade or more here, and can rise up the ranks to nurse manager positions, earning up to 10 times more.

Healthcare assistants, on the other hand, do not even have such opportunities, however good they are. Since they had no nursing training back home, they cannot sit for nursing-conversion examinations, even if they work for years at a nursing home. "I lose all these very good people because foreign healthcare attendants find it difficult to upgrade to nursing jobs in Singapore, no matter how good they are. And

that's our loss," said Dr Ma. Dr Ma has even had healthcare attendants on work permit who became cleaning supervisors instead, earning more than \$2,000 on an S-Pass, which is for mid-level skilled workers. These workers had been trained in hygiene and infection control so they were more than welcome in the cleaning industry.

Just like foreign-trained nurses, foreign physiotherapists (PTs) are also not immediately recognised when they come to Singapore, pointed out Ms Ong Hui Ming, Executive Director, ECON Healthcare. They must first be supervised by a locally registered staff member. Given the scarcity of staff, this has proven difficult. "While we understand and think this is a good idea for quality control, this has posed challenges for operators," said Ms Ong. Most local physiotherapists work in hospitals and nursing homes find it hard to employ them.

"Rehab is a core service for our residents because ultimately what we want is to help them regain

their health and strength and return home. All foreign-trained PTs here must be supervised by a locally registered one before they can pass their exam. But the reason we're getting foreign-trained ones is that we don't have enough local ones in the first place," said Ms Ong. "This is an example of the ground realities in nursing homes."

The number of doctors, nurses and pharmacists will need to grow by 70 per cent to 78,000 by 2030, up from 46,000 in 2011.

"So even if I recruit someone from Taiwan or Australia with more than 20 years' experience, they still must be supervised by a local PT, who may possibly be newly qualified himself and not as experienced," said Ms Ong. But most experienced local physiotherapists would like to work full-time for hospitals, which are better resourced than nursing homes. She tried to hire freelance PTs to supervise foreign staff, but

was told the local supervisor must be employed full-time.

According to government projections, Singapore will need to rapidly grow its pool of healthcare professionals and support care workers over the next 15 years.³ The number of doctors, nurses and pharmacists will need to grow by 70 per cent to 78,000 by 2030, up from 46,000 in 2011. Support care staff such as nursing aides, meanwhile, will need to grow by a whopping 220 per cent from 4,000 to 13,000 during the same period to adequately meet the needs of the ageing population.

However, despite moves by the Government to improve nurses' salaries, the number of nurses graduating from local institutes has fallen in recent years - from 1,744 in 2012 to 1,479 in 2015.⁴

Restrictions on immigration are another reason that some foreign workers do not want to stay. Healthcare assistants and nursing aides - who make up around 75

per cent of care staff in nursing homes – as well as junior nurses come here on work permits meant for transient workers. They are not allowed to bring their families and, if the women get pregnant, must give birth to their child outside Singapore.

Mdm Low Mui Lang of Peacehaven has lost many young energetic workers who returned home to get married and start a family. “You can’t ask staff not to get married and many have no choice but to leave, but with our blessings,” she said. Those who leave families behind often face relationship woes and miss their children. “Long-distance relationships are difficult to sustain and they may not make the happiest of workers.”

In the past, nursing aides who came on work permits could become nurse managers through continuous skills enhancement and hard work and get permanent residency or even citizenship. Mdm Low of Peacehaven still employs a couple – he is from Myanmar, she from the Philippines – who

met at the nursing home, fell in love, got married, became PRs and eventually gained Singapore citizenship. Fifteen years on, they have bought their own HDB flat, had two children and are loyal, devoted and very accomplished employees. “Singapore is their home. They feel like they are one of us and always give their best at work.” These days, it may not be easy for nursing home workers, including staff nurses, to get permanent residency, said Dr Ma. Unable to get PR, most would want to leave, especially if they have young children.

And when they do leave for better opportunities overseas, cynics complain about their using Singapore as a “stepping-stone”, pointed out Dr Ma. “But a stepping-stone implies that they’re using us. I don’t think they’re using us as much as we’re using them. So why call it a stepping-stone? The truth is, they can never really belong. So why stay?”

A top official of a well-known Australian nursing home provider

said that his home pays nursing home attendants – the lowest grade of staff – AUD \$45,000 a year, well above the minimum wage there. That’s nearly five times what some foreign healthcare attendants make here. Together with levies, many bigger nursing homes spend around \$1,200 monthly – or \$14,500 annually – for entry-level foreign staff. “We would gladly give that amount or even more to a local worker. But the problem is no one wants to do this job,” said Dr Ma.

Unattractive pay, shift work and the job’s physically strenuous nature were listed as key reasons the vacancies were hard to fill.

The job scope and work hours are also problematic, say operators. Most Singaporeans would like normal office hours and weekends off. Some even make unreasonable demands. “I’ve had applicants tell

me that their husbands said they cannot touch men!" said Dr Ma.

Ministry of Manpower statistics bear this out. In 2015, positions for local healthcare assistants were among the top 10 job vacancies for clerical, sales and service jobs, with nearly 60 per cent of positions remaining vacant for six months or more.⁵ Unattractive pay, shift work and the job's physically strenuous nature were listed as key reasons the vacancies were hard to fill.

While charity-run homes are trying to narrow the gap between salaries for locals and foreigners, the deep divide remains in many private nursing homes that do not receive government manpower subsidies. One private home said it paid foreign staff nurses \$1,500 per month. Given the tight local market, Singaporean nurses command \$3,000 to \$5,000 monthly, depending on qualifications and experience.

For foreign and younger nurses in particular, salaries in Singapore remain low compared to countries

such as the US, Canada, Australia and Germany. All these countries also face nursing shortages⁶ and eagerly woo nurses from Asia, including Singapore. In a story reported by online media,⁷ a Singaporean staff nurse who relocated to Perth, Australia, said she earned nearly twice the pay despite working substantially fewer hours than back home.

"Foreign workers may not continue to come here forever, so it's essential for us to start harnessing local workers."

- Mdm Low Mui Lang, Executive Director, Peacehaven Nursing Home

Some ways forward to boost manpower

The Government is taking steps to address the manpower shortage. The Healthcare 2020⁸ masterplan released by MOH in March 2012 provides a snapshot of state plans

to improve the quality, access and affordability of healthcare over the next few years. The document estimates that manpower needs in the intermediate and long-term care (ILTC) sector will grow about four times, from 4,000 in 2011 to 15,000 by the end of the decade.

Singapore, the plan said, will need more healthcare staff across all levels, from nurses, therapists, medical social workers to healthcare support workers. To attract more staff and retain existing ones, the Government increased funding for salaries and training opportunities, with up to \$32 million in FY 2012. Another \$11 million has been set aside over five years for advanced training for ILTC staff. Short courses are funded too, with \$10 million allocated to build up basic skills and knowledge in areas such as dementia and palliative care. Another whopping \$96 million has been invested over five years to boost productivity through job and process redesign.

The AIC has also stepped in to boost manpower capabilities by setting

up the AIC Learning Institute, which provides heavily subsidised courses to help staff improve skills and knowledge. More than 10,000 subsidised training places have been offered to nursing home staff since 2010. Job fairs encourage local workers to enter the industry. A programme to get non-practising nurses back to work is also ongoing. (For more details see Annex.)

Nursing homes, on their part, are trying out different ways to overcome this biggest problem plaguing the sector. The three homes run by the Catholic Welfare Services – St Joseph’s, Villa Francis and St Theresa’s – have been trying to attract new staff by increasing salaries and improving work conditions. From April 2016, foreign healthcare attendants get a starting salary of \$600, while nursing aides get at least \$800 per month, nearly double what some homes pay, excluding accommodation.

Salaries of existing staff have also been increased. A night shift allowance of \$10 per night can

easily net another \$80 monthly. Unlike at other nursing homes, even foreign staff on work permits are entitled to bonus or gratuity payments. “These days, even domestic workers are getting \$500 or more. Our staff tend to be better educated and trained, so we cannot pay less than that,” said Sister Geraldine, Executive Director, St Joseph’s Home.

Around 45 per cent of Sister Geraldine’s 90 staff members are local, significantly higher than the 15 per cent or so average in many homes. Most stay on at least four years. During the SG50 celebrations last year, the board of Catholic Welfare Services, which runs the home, decided to give all staff, Singaporeans and foreigners, an additional \$500. Even as the home makes foreign staff feel appreciated, it has also been working hard to attract locals – especially mothers with young children – with family-friendly policies such as flexible hours. “Shift work is something that is not attractive to locals, even if you give them an allowance,” said

Sister Geraldine. “After all, there is a limit to which money can make you have a happy family life.”

The shortage of local staff and high foreign worker levies have forced nursing homes to think out of the box to find new ways to boost staff strength.

The St Andrew’s Nursing Home, for example, employs people who are recovering or have recovered from psychiatric illnesses. The workers, who are from the nursing home and the outside community, are employed at the home’s housekeeping and laundry departments and paid for their work, which gives them a sense of dignity and purpose. “I can proudly say that these residents are even more reliable than workers we employ commercially from outside,” said the home’s executive director, Ms Winnie Chan. The home has also recruited Singaporean cleaners and security personnel from the neighbourhood. Many are older workers.

With help from the AIC, Jamiyah Nursing Home has been able to

redesign work processes for showering, feeding and serving medication to save staff-time by up to 20 per cent.

Earlier, staff would sometimes leave residents in the shower area as they went to fetch towels, for instance. "This not only took time but was a fall risk," said Lai Foong Lian, the home's head. "These days, they have everything they need - such as towels and toiletries - on trolleys right next to the shower area. Similarly, during meal-times, residents are grouped into slow, dependent and independent 'eaters'. The slow eaters are clustered together, so that one staff member can feed more than one resident at the same time. While one is chewing, the staff member can feed another slow eater."


The nursing home has also been able to save six hours of a nurse's time per day by outsourcing the packing of medication to a pharmacy. "Now all the nurse has to do is ensure that the pre-packed medication is given in the right dosage, at the right time to the right patient," said Ms Lai.

Mdm Low of Peacehaven has also been able to grow her pool of local staff by attracting workers from the neighbourhood who prefer to work part-time or only during office hours. "Foreign workers may not continue to come here forever, so it's essential for us to start harnessing local workers," she said.

Countries such as Japan are exploring getting able-bodied seniors to work in nursing homes.

One way forward is to break up any work not related to health into "bite-sized pieces" suitable to the needs of local workers looking for part-time or office-hour jobs. Many are older workers. Local workers can be given an allowance for social care, such as organising activities for residents, changing diapers or showering residents. "Older residents from the neighbourhood can come in, say, for 3 to 4 hours a few times a week," she said.

Indeed, countries such as Japan are exploring getting able-bodied seniors to work in nursing homes. According to a McKinsey report on lessons on ageing from the world's only hyper-aged nation, a government survey in 2013 showed that 11 per cent of seniors were willing to work in nursing homes.⁹

Singapore, said Mdm Low, has been lucky to have had so many foreign workers but they might not continue to come in future. "Nursing homes must get creative and find ways to encourage local workers to look after frail old folk who helped build this nation," she said. "Above all, we need to learn to do more with less." 

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ADDING PURPOSE TO LIFE IN A HOME

CHAPTER 5

Ms Soh Mee Choo has an unusual dream for a nursing home leader. The CEO of Apex Harmony Lodge, Singapore's first purpose-built home for people with dementia, wants residents "to see the stars."

Enjoying the night sky's myriad wonders in a country where nursing home residents seldom go out is no pipe dream. Indeed, Apex empowers and enables residents to pursue their passions even when they have diminished mental capacity. Its residents already go for morning walks, regularly makan at neighbourhood hawker centres, make music at concerts and some - get this - even take the bus to work, accompanied by staff from the home.

Dementia patients - who almost always eventually lose the ability to remember, reason, work and,

sometimes, love - are among the most difficult to look after, at home or in institutions. Some exhibit behavioural problems, including violent outbursts, and are most likely to be restrained. In developed countries, like Australia, that have moved away from nursing homes to assisted living and home care, dementia patients are the most likely to end up in nursing homes.

Apex is a leader in social care, taking a decidedly different approach towards its residents, compared to the highly medical model of most homes. "We look at a resident as a whole person," said Ms Soh, who was previously principal of a school for special needs students. "People often focus on the disease, on what they cannot do; but here we look at what they can still do." Indeed, even when cognition is fading

fast, staff at the home persevere in imbuing their residents' lives with meaning and purpose. The nursing home has an unusually large team of psycho-social staff - 20 out of 130 staff - including art and music therapists and activities coordinators. The home emphasises "individual care planning", with a plan tailored for each resident. Even before new residents arrive, a social worker does background work speaking to their families about their past, likes and dislikes, and work with the residents' families on a personal care plan.

The nursing home has an unusually large team of psycho-social staff - 20 out of 130 staff - including art and music therapists and activities coordinators.

The nursing and psycho-social teams then work together to devise what a resident might like to do. "Our job is not just to provide residents with food, a bed and medicines. That's a given. But our main goal is to figure out what is the best that this person can do in this stage of his life," said Ms Soh. "And give him the dignity and respect he deserves."

An astonishing array of activities greets visitors to the home. Some are off on a morning walk. Others use a special bike for wheelchair users to pedal around the neighbourhood together with staff from the home. Sometimes they stop by at their favourite hawker centre for a bite. Two other groups fold towels at a commercial laundry or plant saplings and tend to plants at a local nursery.

"Therapy through Work" is one of the home's core strengths. Ms Soh got the idea after watching residents while away their time when she first took over at the home. She has a resident with very early-onset dementia who moved to the home in

her 30s. "Then we had some activities, such as artwork, but I realised that she can't be drawing every day for the next 40 years. We must find something more meaningful to do."

Shortly afterward, walking through the home's assisted living unit for those who are cognitively impaired but physically independent, she met a resident sitting by himself. "He said he's been sitting like that for five years already. I said 'What do you want to do?' He said he wanted to work. That got me thinking," said Ms Soh. The resident, who used to work at a coffee shop, now works at the laundry. One day, after work, he surprised Ms Soh and the nursing staff by bringing back curry puffs for them. "The mind may forget but the heart always remembers," said Ms Soh.

Even those who have lost almost all cognition are not left alone. Some residents get to play with sensory aprons designed for people with dementia, with alternating types of fabric, buttons, mirrors and bells to give a tactile and auditory

experience. Bed-bound residents enjoy music through headphones. Student volunteers from an international school painstakingly play different kinds of music and note down what the residents respond to. "It's amazing to find their faces light up with a smile when they hear certain tunes," said one student. "And though that happens only rarely, it's well worth the wait."

"Our main goal is to figure out what is the best that this person can do in this stage of his life; And give him the dignity and respect he deserves."

*- Ms Soh Mee Choo, CEO,
Apex Harmony Lodge*

How person-centred care can work

Finding out residents' personal preferences can help prevent behavioural problems. At Apex, staff found out that a resident who hated

showering liked to wear checked shorts. With Ms Soh's permission, the staff bought a few pairs of checked shorts and laid a pair out every day after his shower. "He complied and the problem was solved," said Ms Soh.

At St Joseph's Home, Sister Geraldine Tan uses "therapeutic lies" - white lies to soothe and stop difficult behaviour. "Sometimes, they hoard their Christmas gifts. They say they want to give them to their grandchild, and the grandchild never appears for a year - so it's quite sad." Throwing things away could anger or sadden residents. Instead, Sister Geraldine goes around with a big box saying she is collecting items to send to victims of a flood or earthquake. "I leave the box overnight and it fills up with many of the hoarded items. They give willingly. Contributing to disaster relief makes them feel valued, useful."

At Peacehaven Nursing Home, incentives are added for residents to get points every time they exercise. They can exchange points

for products and services such as drinks from a café, mini-mart items, haircuts and colouring, or manicures and pedicures.

"Dignity, some degree of choice and flexibility, lies at the heart of person-centred care. We want everyone to feel loved, to feel that this is a place where they belong."

- Sister Geraldine Tan, Executive Director, St Joseph's Home

In many homes in the West, person-centred care also means that residents can choose when to wake up, shower or have meals. The shortage of staff in Singapore makes such care difficult. But some homes are trying, giving residents the choice to shower in the mornings or afternoons. St Joseph's allows one out of every 16 residents to enjoy a "very special day" when they wear an "I am special" badge and get to call the

shots. "If they want to eat mee siam, shower at noon or watch football on TV, we must make their wish come true," said Sister Geraldine. "Dignity, some degree of choice and flexibility, lies at the heart of person-centred care. We want everyone to feel loved, to feel that this is a place where they belong."

With social care still in its infancy in many homes, clinical depression is rife. A 2013 study¹ of 375 residents in six homes showed that one in five were clinically depressed. Length of stay above two years, known history of depression, pain and lack of social contact were the most significant risk factors. More attention must be paid to psychosocial care, the researchers said. Close to half the residents had stayed between three and nine years and one in five received visitors less than once a year, or never. Only around two-thirds were visited at least once a month.

Experts such as Mr Bernie Poh, Senior Vice-President for aged care services, G K Goh Strategic

Holdings, believe that psychosocial and “resident-directed” care is the Achilles heel of Singapore nursing homes. “We certainly can learn from what’s being offered in nursing homes in countries like Australia, Japan or Europe,” said Mr Poh, whose company co-owns Opal Aged Care, one of the largest private providers of residential aged care in Australia. Unlike in Australia, most homes here do not support dedicated assignment of staff, which would allow for strong relationships with residents. “Here, like in the hospitals, we still rotate staff and residents who stay for years see new faces all too often. A lot of times, they have to find their own things to do to remind themselves that ‘hey, I’m still alive.’”

On one visit to a home here, Mr Poh noticed a resident sitting in a corner looking out the window. The staff said he did that every day. It turned out that the old man was gazing at children in a school playground next door. “Staring at the children running around, I guess, affirmed to him

that there’s life. That’s the only way he could keep himself occupied.”

That home, like others, had social activities like drawing, colouring and playing with building blocks. “The problem is that many homes run these programmes because MOH says they must have social care programmes. There’s not much effort to take into account residents’ individual experiences or interests”.

“A lot of people here don’t need to be managed like they are sick people, they really are no longer sick in that sense of needing the hospital kind of care.”

*- Ms Loh Shu Ching, CEO,
Ren Ci Nursing Home*

In Japan, the US and many Western countries, residents are empowered to take charge of their own activities. “They sit on nursing home boards

and decide what kinds of activities they want. Quite often, they form their own interest groups, say, origami or a book club or whatever,” said Mr Poh. Activities are also more interactive – if residents watch a TV show or movie they do not just disperse after the movie. “If they’re interested, they can stay back and discuss the movie, so they’re more engaged.”

Nursing homes are different from hospitals

Building a personal relationship with residents is important, but getting staff to focus on residents as people can be challenging. Rigid mindsets are the key issue, said Ren Ci CEO Loh Shu Ching. The Ren Ci homes are getting staff to rework their schedules to try starting breakfast one hour later at 7am and dinner at 6pm. “Most people in their own homes don’t have breakfast at 6 am and dinner at 5pm, so why should our residents?” asked Ms Loh. Nursing homes are largely run by nurses and therapists originally trained to work in hospitals. “So, even if you want to create a more home-like

environment and remember that your residents are not necessarily sick, it's very hard for the staff to switch from their medical mindset."

Hospital training is also very task-oriented. At one VWO home, care staff are in specialised teams doing specific, medical tasks such as checking on oral health, infection control and wound management. While this increases expertise and efficiency, it is not the best way to build relationships.

As long as homes are governed under the Private Hospitals and Medical Clinics Act, they will continue to be "medicalised".

Nursing home rules and laws also contribute to a task-oriented culture. As long as homes are governed under the Private Hospitals and Medical Clinics Act, they will continue to be "medicalised", said Ms Loh. The ENHS prescribes that all medication must be prepared and

served by nurses, although trained care support staff can help serve oral medicines. "I know they're trying to make sure things are safe. But the problem is that when you focus too much on safety, things become very clinical and medical," said Ms Loh. "The reality is that a lot of people here don't need to be managed like they are sick people, they really are no longer sick in that sense of needing the hospital kind of care."



Dr Ng Wai Chong, a primary-care physician who has spent 15 years looking after frail, old folk at home, has seen residents who agree to be sent to a nursing home only to insist on returning home because they just cannot bear the cold, clinical, regimented nature of the care they receive. One of his patients felt bereft at not being allowed to watch her favourite Taiwanese serial on TV from 7 to 9pm because on the dot at 7.30pm, she would be pulled away to be in bed by 8pm.

"She could tolerate the early meals, early showers and so forth," said Dr Ng. "She was not fussy at all. But that programme was one of the few joys of her life." Her niece hired a domestic helper for her and she returned home. Another patient, fed up with regimen and routine, deliberately banged a table continuously asking to be discharged. She was. "It was probably less safe for her to stay alone at home, but she had her freedom."

Singapore is not alone in its predicament of trying to add meaning into the lives of people slowly losing their independence to the ravages of old age. In a seminal, provocative 2014 book, *Being Mortal*, bestselling author Atul Gawande, a Boston-based surgeon, writes with uncommon candour and compassion about the mistakes of making the last lap of life for frail seniors a medical problem, rather than a human one.

Like in Singapore, nursing home residents in the US do not want

their lives reduced to a bed, dresser and toothbrush. US operators and regulators also place safety above succour for the soul. The three “plagues” of nursing homes, Dr Gawande says, are boredom, loneliness and helplessness.

With riveting examples of nursing home care as it should be, he shows that it is indeed possible for frail old folk to remain authors of their own lives, right till the very end. “Making lives

meaningful in old age is new,” he writes. “It therefore requires more imagination and invention than making them merely safe does.”

The bottomline is: Giving more meaning to the winter of life can be done. That is a powerful message that can resonate in Singapore as well. 🗝

The bottomline is: Giving more meaning to the winter of life can be done.

NOTES

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REMODELLING THE OLD “DORMS OF DREAD”

CHAPTER 6

In a sleepy by-lane in the western part of Singapore, a small private nursing home is housed in an old colonial bungalow. Residents have little to do but lie in bed all day, watching flickering images on old wall-mounted TVs. The volume is turned off. Charges start at \$2,300 per month. The home is nearly full.

While residents in some rooms have windows, one large room at the centre of the bungalow is dark enough for lights to be switched on even during the day. In some cases, beds are placed less than a metre apart. The home is clean. Residents appear well cared-for. Those who are able to can take a walk in a pretty little garden skirting

the wards. The look of the home has not really changed in 30 years.

Perhaps no other global city has changed as fast as Singapore. Its dizzying journey from Third World to First in under a generation has been accompanied by a huge physical metamorphosis that continues today. Just 10 years ago, iconic landmarks of modern Singapore’s skyline such as the Marina Bay Sands or Gardens by the Bay were yet to be built. The design of many newer apartment blocks, museums and, yes, even hospitals in this glittering metropolis have a futuristic feel.

But with their long dormitories, common toilets, whirring fans, bright fluorescent lights and pink and blue

curtains, many nursing homes – even some spanking new ones – seem stuck in the past. These are what can be called the old “dorms of dread”.

Associate Professor Fung John Chye from the Department of Architecture, National University of Singapore, has worked with students on projects to rethink nursing home design. “The model of the nursing home as directly derived from the acute hospital experience is obsolete and inadequate for today’s expectations,” he said. “There is definitely a lot of scope for improvement.”

The immediate area of focus should be on “innovating the ward room” – the dormitory-style accommodation that has been the norm in nursing

homes for decades. Like elsewhere in the world, nursing homes here were traditionally modelled on acute hospital wards. But given that residents live on for years in such facilities, in much of the developed world, they are slowing shedding clinical trappings in favour of a more domestic feel.

“In the term ‘nursing home’, we focus a lot on the nursing aspect - and on the delivery of the care. But the notion of ‘home’ has often been neglected,” said Prof Fung, who is also director of the new Centre for Ageing Research in the Environment at NUS. “This needs to change.”

The feeling of home, the ambience, the control that one has, is not available in most nursing homes. “Currently there’s stigma and a nursing home is seen as a place where most people would avoid going if they could. But design can be a major factor in changing the experience of residents as well as negative perceptions of the public.” Smaller “living clusters”

can help create a homely feel. The size and scale of a room are important factors in helping to create a sense of intimate comfort that a home should convey.

Single rooms - as in countries like Japan and Australia - are, of course, ideal. But given the cost of land in space-starved Singapore and the fact that, culturally, Singaporeans are used to “collective living”, Prof Fung said four people in a cluster is a good number to explore.

“In the term ‘nursing home’, we focus a lot on the nursing aspect - and on the delivery of the care. But the notion of ‘home’ has often been neglected.”

*- Assoc Prof Fung John Chye,
Department of Architecture,
National University of Singapore*

Nursing homes must become more home-like

In the 50 or so interviews for this report, views differ on whether Singapore should have, or can afford, taxpayer-funded single rooms for subsidised residents. However, there was almost unanimous agreement that nursing homes need to become less regimented and impersonal, and more home-like with immediate effect.

“When we design a space, the human scale is very important,” said Prof Fung. “When you are in a large, crowded space, you certainly feel more insignificant, because the scale impinges on you. The size and usage of the room also affect the degree of privacy as well as the level of interference from other people sharing the room - so if you have 10, 12 people in a room, the noise level, light or smell, for instance, would be less than desired compared to say three or four.”

As part of a student design project which has since been published as a

420-page book titled “Re-Imagining the Nursing Home in Singapore”,¹ Prof Fung got 130 architecture students to visit eight nursing homes across Singapore and then draw up plans on what homes of the future should look like. Aside from exploring the size of a dorm, the students also tried to increase residents’ connection with nature.

“Visual contact with the outdoors – or even simply the ever-changing sky – is important, especially since residents live in these homes for years,” said Prof Fung. “The introduction of daylight is important, but also the possibility of accessing the outdoors, stepping out of the room into a balcony, roof garden, or something like that.”

Equitable access to windows is also something he is keen on. This can be done with the help of a staggered or fan-shaped ward design so that each bed has access to a window. This has already been adopted for the new Ng Teng Fong General Hospital in Jurong. Access to balconies and greenery – such as outdoor roof

gardens – are also imperative. With many newer nursing homes housed in high-rise blocks, it will also be important for each floor to have space for common activity areas and greenery.

The “prison-like” trappings of some nursing homes is another feature that needs to be relegated to the dustbin of history.

The time has also come to research and assess whether some practices common in acute hospitals are really necessary in nursing homes which are for long-term chronic care, said Prof Fung.

For example, given that hospital residents are usually very sick and need constant monitoring, “line of sight” is very important for nurses’ supervision – they need to see every single bed in the dorm at a glance. But that may not be critical in a nursing home where most residents

are stable and stay for years. “If line of sight is less important, we can use furniture such as bookshelves or wardrobes to provide some privacy shielding,” said Prof Fung. These could also be useful for storage or displaying personal effects such as family photos.



The “prison-like” trappings of some nursing homes is another feature that needs to be relegated to the dustbin of history. It has been four years, but security company director John Vijayan Vasavan still cannot forget the claustrophobic feel of the nursing home his brother was in before being transferred to another more spacious home with better care. “The first home was not just run-down and under-staffed but with its locked collapsible gates, it resembled a jail,” the former policeman said.

Every time he visited, he would need to ring a bell for the nurses to let him in. There was no chair for his elderly mother to sit on as she fed her bed-bound son. "Given how shabby the place was, how regimented and run-down, I could not help but think that our prisoners get better facilities." The charity-run home his brother was later moved to, however, was clean, spacious and with friendly staff. "My mother remembers that and continues to donate to the second home, where my brother died."

Indeed, with their thick barred gates, unsightly window grilles and locked doors, several nursing homes here seem designed to divide those who live within its walls from the community at large. But changes are afoot, with an entire new generation of purpose-built homes having opened in recent years.

The Ren Ci home at Bukit Batok, which opened in 2015, has spacious well-ventilated living areas with eight beds each. There is a closed-loop garden with a

little gazebo for residents to sit and enjoy the greenery. It also has a roof garden with flowering shrubs and canopied sitting areas. In a bid to bring residents from the outside community in, the home also allows outsiders to use its well-equipped and well-appointed gym during the evenings. The services are free for Bukit Gombak residents. Those who live elsewhere pay a nominal \$2 fee.

Such outreach efforts are important to also help people better understand the role of nursing homes. Interestingly, even as the Government has been ramping up supply to meet pent-up demand, the not-in-my-backyard (NIMBY) syndrome remains entrenched in some neighbourhoods.

Operators of several new homes have faced varying degrees of hostility from neighbourhood residents. Some filed police reports complaining about noisy patients and lights remaining on in the dead of night. An HDB resident complained that leaves from the

nursing home next to his block were blowing into his fish-tank and he was worried his fish would die. Another complained that his son was studying for his PSLE exams and so could the residents not make any noise. The nursing home staff actually moved a few residents who moaned and groaned at night to another ward farther away.

In another home, where an HDB block overlooks an open terrace of the nursing home, residents grumbled that they did not want to stare at old folk all the time. The Ministry of Health had to spend additional funds to build a wall of plants to screen the terrace from neighbouring flats.

Meanwhile, a 470-bed Ren Ci home, scheduled to open in Ang Mo Kio next year, promises to push the envelope even more to provide a home-like environment. For the first time, even subsidised residents will get to sleep in four-bedded rooms around 36 sq m each, roughly the size of a two-room HDB flat. In a clear move away from the

dorm-like medical model, four such rooms – for 16 residents – will form a single “household” or “living cluster”, each with its own living-cum-dining area, said Ren Ci CEO Loh Shu Ching. At 281 sq m, each household will be larger than four three-room HDB flats.² The facility will have 390 beds and 80 short-stay or assisted living units with kitchenettes, for residents who need less medical care.

“Privacy is a very basic human need and seniors need it just as much as anyone else.”

-Dr Emi Kiyota, US-based environmental gerontologist

A “house mother” who may not be a nurse will oversee each 16-person household. A senior care centre and day rehab centre – for elderly folk who live in their own homes, but need such services – will be housed on the lower floors of the 11-storey building. The Ren Ci home was

held up in Parliament by Senior Minister of State for Health Amy Khor as an example of innovations in eldercare being promoted by the Ministry of Health (MOH). The design was the result of a brainstorming workshop facilitated by Dr Emi Kiyota, an environmental gerontologist based in the US. It allows for a smaller-scale, more familiar environment for residents, Dr Khor said, and promotes interaction among seniors, while not segregating or confining seniors in single rooms, which might be more challenging for monitoring and care.

Privacy should be a priority

Dr Kiyota, who has helped improve the design and environment of numerous senior living facilities across the world, said she finds the four-bed model “still challenging” because of its lack of privacy compared to single-bed rooms. “Privacy is a very basic human need and seniors need it just as much as anyone else,” she said. From a patient’s point of view, even a very

small single room is better than a more spacious multi-bedded room.

Singapore nursing homes continue to be designed keeping in mind staff efficiency rather than patient needs, she noted. “Line of sight is what staff want to ensure safety,” she said. “A resident may just want to hide.”

But wouldn’t giving residents privacy make them unsafe? No, she said. “We hear such arguments even in the West, but privacy need not compromise safety.” For example, if residents are at risk of falling off the bed in their rooms, the height of the beds could be lowered and the floor around the bed could be covered in soft padding, she said. Residents living in smaller home-like living areas tend to come out of their rooms and socialise with their housemates and staff in common living areas, she noted. A study in Japan on a nursing home which converted from six-bed dorms to single rooms in 2002 showed that residents spent 15 per cent less time in their own rooms, preferring

to socialise with others in the common areas instead. So far, while private paying residents can opt to stay in single or twin-bed rooms in Singapore, residents on state subsidies stay in dorm-style accommodation with eight to 30 beds to a room. "Seniors prefer what they're familiar with and dormitory-style accommodation is alien to them," said Dr Kiyota.

Having a densely packed, urban environment, Singapore would find it easier to ramp up home care, she said. "The vast majority should be able to age at home. That way, the few who need nursing homes should be given something more than dehumanising dorm-style accommodation."

Space concerns versus changing expectations

Developed nations such as Australia, the US and Japan offer single or twin-bedded rooms as a norm. Japan and the UK have stopped building nursing homes with larger wards.

(See "How Singapore Compares" chart on page 72.) However, many in Singapore are cautious about following suit, given the space constraints and the fact that the Republic, unlike Western nations, has modest tax rates.

In 2015, Jade Circle, a \$15 million home was being jointly developed by the Salvation Army's Peacehaven Nursing Home, Lien Foundation and Khoo Chwee Neo Foundation for dementia residents, with single or twin rooms and ensuite toilets. But the project was shelved after MOH refused to extend subsidies to residents in such rooms, saying that such a model would be hard to scale or be financially sustainable when applied to the rest of the aged-care sector.

Dr Ow Chee Chung, CEO, Kwong Wai Shiu Nursing Home, is overseeing a massive redevelopment project which will see the home increase from 350 to more than 620 beds, making it the largest single-site nursing home. The former policymaker from MOH put

up a passionate defence of why Singapore continues to design mega-nursing homes at a time when much of the developed world has moved to smaller, more home-like designs. Space and manpower constraints top his list, he said. In Singapore, most newer nursing homes have six to eight beds in a room, while some older ones still accommodate 25 to 30. MOH guidelines used to stipulate that each patient be given at least 6 sq m of space, but this guideline has been dropped under the new Enhanced Nursing Home Standards, with the move towards less prescriptive, "outcome-based" standards.

Developed nations such as Australia, the US and Japan offer single or twin-bedded rooms as a norm.

But while single rooms are fine in cultures that value individuality, confining the older cohort of Singaporeans in single rooms could

HOW SINGAPORE COMPARES



Source

1. OECD Health Statistics 2015: The figures for Japan, Australia and UK relate to the year 2013 while the figure for US relates to the year 2012; The figure for Singapore relates to the year 2015 and is computed based on nursing home beds data from the Ministry of Health and population data from Population Trends 2015, Department of Statistics, Singapore
2. A Guidebook on Nursing Homes, 2002, Ministry of Health Singapore
3. In August 2016, the Ministry of Health advised that the minimum space requirement has been removed
4. Regulating Long-Term Care Quality: An International Comparison 2014
5. Australian Cost of Residential Aged Care Research, Service Costs in Modern Residential Aged Care Facilities, January 2012
6. United Kingdom Department of Health's Care Homes for Older People, National Minimum Standards and Care Home Regulations, 3rd Edition
7. United States Nursing Home Care Requirements, Code Of Federal Regulations

increase loneliness, suggested Dr Ow. Given the scarcity of land, trying to divide wards into single or twin rooms will drastically shrink common areas. Instead, he is in favour of increasing common areas to entice residents to get out of their beds.

While its wards can sleep 8 to 10 to a room, common areas offering a wide variety of activities are a highlight of the redeveloped Kwong Wai Shiu home. Residents enjoy strolling in several gardens, wander along a “memory street” transporting them to their childhood, enjoy a barbecue in a corner of a make-believe beach, listen to birds in cages, or get pampered with a manicure or haircut in in-house salons. There will also be a food court that hopes to draw the outside community into the home.

Other experts like healthcare consultant Jeremy Lim disagree, saying that while Singapore is indeed space-starved, the space above ground is not being

used enough. When it comes to building tall, as long as fire and safety audits permit, the sky is the limit. Interestingly, while many interviewees felt that current cohorts of elderly might not really need single rooms, they acknowledged that rising expectations could mean that future cohorts would expect far more.


Current cohorts of elderly might not really need single rooms, but rising expectations could mean that future cohorts would expect far more.

In an illuminating talk at the Lee Kuan Yew School of Public Policy, Professor Peter Shergold, an academic and former senior civil servant from Australia who chairs the board of one of the largest private nursing home chains there, pointed out that his country had to sacrifice the more economical six-bed dorms at the altar of rising consumer preferences.

Public expectations, he noted, were rising faster than the Government’s capacity to respond. More Australians expect to stay in single or twin rooms rather than six-bedded rooms in an institutional setting as was the norm previously. Despite the cost, Australia did eventually transition to single and twin rooms.

Meanwhile, in Singapore, a recent study³ showed that if the 5,000 nursing home beds planned to be built between 2016 and 2020 were all in single or twin-bed rooms, it would cost only an additional \$19 million a year – less than 0.2 per cent of the \$11 billion health budget for FY 2016-17. The study, by consulting firm Oliver Wyman, was commissioned by the Lien Foundation and Khoo Chwee Neo Foundation.

Foreign experts like Dr Kiyota warn that continuing to build dorm-style accommodation could prove costly in the long-run, should the majority of people choose

to reject it when expectations change in a few years. “Before we spend precious resources on building new nursing homes along the lines of old ones, we must debate: Are we building just for today or for 30 to 40 years down the road? That’s a question for Singaporeans to have deep discussions about.” 

NOTES

- 1 Fung, J. C. (Ed.). (2014). Re-imagining the nursing home in Singapore
- 2 Typical three-room HDB flats are between 60 and 65 sq m each.
- 3 The Economics of Singapore Nursing Home Care. (2016, July 28). Retrieved <http://bit.do/OWstudy>

AGED CARE FINANCING REQUIRES A REVAMP

CHAPTER 7

Government spending on nursing homes more than tripled to \$360 million¹ in Financial Year 2015-16 from \$100 million just four years earlier. The amount comes from the Ministry of Health (MOH) budget as well as trust funds, such as the Community Silver Trust, where the Government provides dollar-for-dollar matching grants to improve the services of voluntary welfare organisations (VWOs) in the intermediate and long-term care sector. Around two-thirds of nursing home beds are in homes run by VWOs.

However, while the number of nursing home beds is roughly the same as in the acute care sector, funding to nursing homes, despite

the recent increases, accounts for less than 4 per cent of MOH's \$9.2 billion budget for FY 2015-16.

While the number of nursing home beds is roughly the same as in the acute care sector, funding to nursing homes, despite the recent increases, accounts for less than 4 per cent of MOH's \$9.2 billion budget for FY 2015-16

The Government funds nursing homes in several ways. First, it provides eligible residents means-tested

subsidies of up to 75 per cent. The subsidies were increased in 2012 to cover two-thirds of all households, up from half previously. Currently, families with per capita incomes of \$2,600² or less qualify for long-term care subsidies starting from 20 per cent. More than eight in 10 subsidised Singaporeans in MOH-funded nursing homes receive the maximum subsidy of 75 per cent.³ (See Annex.)

Medifund - the safety net for patients with financial difficulties - helps Singaporeans who require additional assistance after subsidies. Members of the Pioneer Generation who have moderate to severe disabilities, including those in nursing homes, get a lifelong, additional cash

grant of \$100 a month to defray long-term-care costs.

In addition to patient subsidies, the Ministry pays charity-run nursing homes on a per-resident basis to help meet costs. The amount depends on residents' functional category, ranging from \$30 for Cat 1 residents to \$75 in Cat 4. The funding is reviewed and increased periodically. Coupled with the increase in capacity, total subsidies for the nursing home sector has more than doubled in the last five years. With newer homes built under a build-own-lease (BOL) model, MOH also pays for the capital costs of new nursing homes.

Several other funds help boost manpower skills, productivity and quality of care in nursing homes. Since 2010, more than \$10.5 million has been spent on scholarships, awards and training for workers in the community and long-term care sector.⁴ Another \$250 million has been disbursed from the Community Silver Trust since 2011. Another resource is the Tote Board

Community Healthcare Fund, which provides up to 80 per cent funding to programmes that improve preventive care, community care and helps build up capability and improve quality of care in healthcare institutions. More than \$130 million has been awarded from this fund as at 2015. Another \$3 million has been awarded to 100 long-term care sector projects to improve the productivity of healthcare workers. Funding has also helped narrow the staff pay gap between nursing homes and restructured hospitals.

Several heads of VWO-run homes referred to the greater availability of funds as one of the most prominent trends in the sector in recent years. "Funding for the sector has been plentiful, especially with the Community Silver Trust which matches donations dollar-for-dollar," said Ms Winnie Chan, Executive Director, St Andrew's Nursing Home. "This has enabled the sector to take on new projects, build reserves for future expansion and invest in manpower training." St Andrew's was part of a group of six

homes that used the Healthcare Productivity Fund to automate the recording of residents' vital signs such as temperature and blood pressure. Nurses take readings with handheld electronic devices and data is automatically updated in the home's electronic patient record system. "You don't have to write the readings on a piece of paper, go back to the nurses station and then manually fill in the data into the patient's care plans anymore," said Ms Chan. "The automated process is far more efficient and saves our nurses valuable time."

The perils of perverse incentives

But even as there are more funds, some oddities remain in the way nursing homes are funded. In a recent paper in the *Journal of Aging and Social Policy*,⁵ veteran health economist Phua Kai Hong pointed out the continuing existence of "perverse financial incentives" which may lead some to choose to stay in expensive, more generously funded hospitals when what they really need is nursing home care.

Historically, the Government has provided generous subsidies for acute hospitals, in part to meet the more acute, episodic needs of a younger population in the earlier years of independence. By contrast, subsidies for long-term care services have historically lagged behind those in acute care hospitals, and even after the recent enhancements in 2012, significant gaps exist, said Dr Phua from the Lee Kuan Yew School of Public Policy, National University of Singapore.

“Certain types of individuals may be more likely to receive subsidies in hospitals than in long-term care, for example, middle-income individuals with small families.”

-Long-Term Care Policy: Singapore’s Experience, Journal of Aging & Social Policy

For example, a patient with a monthly income of \$3,200 or less is eligible

for 80 per cent subsidies in basic acute hospital Class C wards, while a patient with an income of \$5,201 or more is still eligible for a 65 per cent subsidy.⁶ By contrast, for nursing homes, a patient with a per capita household income of \$2,600 or more is not eligible for subsidies, while the maximum subsidy of 75 per cent is only available to those with per capita household incomes of \$700 or less.

“In addition, because means testing in hospitals is performed on an individual basis as opposed to a household basis in long-term care (LTC), certain types of individuals may be more likely to receive subsidies in hospitals than in LTC, for example, middle-income individuals with small families,” states the paper.

The fact that hospital stays can be paid for with MediShield Life – the health insurance plan for large hospital bills – while there is no comprehensive insurance plan for nursing home stays or long-term care yet further exacerbates the problem. Some hospitals have begun

imposing a “medical over-stayer” fee, but it is not clear how effective this is.

In 2012, MOH improved the long-term care subsidy framework so that it covered up to two-thirds of households, up from half previously. Executive Director Low Mui Lang of the 401-bed Salvation Army Peacehaven Nursing Home pointed out that, while means tests have been simplified over the years – for instance, there is no need to get the income documents of all the applicant’s children if they live apart – there are still some problems. Under the new means test, nursing home applicants need to provide only the income data of family members living under the same roof. “What this means is that often the elderly are forced by their other children to live with their poorest child, which is not a good thing,” said Mdm Low.

Nursing home operators also point to other perversities in the way services are funded. In recent years, there has rightfully

been considerable emphasis on rehabilitating nursing home residents - and discharging them where possible. As early as November 2010, then Health Minister Khaw Boon Wan outlined this philosophy, stressing that nursing homes were not the same as old folks' homes where people could stay for life. "A patient goes into a nursing home to be rehabilitated so that they should be able to return home... (It is) a healthcare facility and our job is to make sure that the patient's health improves," he said at an event of Jurong General Hospital and Jurong Community Hospital. Speaking to journalists later, he said nursing homes should not "baby-sit" patients.

However laudable this goal, it appears to run contrary to the way nursing homes are funded. MOH funds nursing homes on a per-resident basis, tied to patients' functional category. Funding ranges from \$30 per resident per day for independent Category 1 residents who require minimum

care to \$75 for bed-bound Cat 4 residents. Head of the Jamiyah Nursing Home Lai Foong Lian pointed out that when a nursing home improves a resident's condition from Category 4 to 3, through good care and rehabilitation, the subsidies it gets fall.

"There is little incentive for nursing homes to actively rehab patients and discharge them."

- Ms Lai Foong Lian, Head, Jamiyah Nursing Home

"There is little incentive for nursing homes to actively rehab patients and discharge them," said Ms Lai. She is in favour of outcome-based funding which incentivises homes for good patient outcomes. "So, rather than penalise me for making a patient better, I would say set a discharge target and incentivise homes that meet those targets." Safeguards should be in place, of course, to ensure that residents

who genuinely need the care are not forced to return home.

Funding should be for outcomes in home-like settings

Experts like geriatrician Christopher Lien meanwhile, would like to see rehabilitation gain a far more important role than it is given today. "For long-term care to work, it cannot only be custodial," he said. "Such care focuses on the personal needs of the many residents who are bed-bound, totally dependent and unaware of their surroundings, while being tube-fed and restrained. It seems on the surface that we're funding the long-term care sector to keep patients alive in such an unhappy way."

This, he says, needs to change. "Most of us would not wish to spend the last 10 years of our lives like that." The focus, instead, should be on "rehabilitation and enabling people once more."

The Government should support the development of models of

care that provide a “home-like environment” for people who need to spend their last days in nursing homes, said Dr Lien. “But we should also look at replicating some of these models out in the community, where people can be independent within a supervised or assisted living facility situated in familiar surroundings, where they can be encouraged to be as independent as possible.”

Tying funding to minimum staff quotas is also problematic, said nursing home operators. With the huge manpower shortage, homes sometimes hire staff who may not even be competent just to meet minimum staff ratios, said Ms Lai. If homes cannot meet the ratios, they are barred from taking in new residents. “It is possible to do more with less staff, but our funding norms don’t allow that.”

Basing funding on outcomes – such as how many residents have been weaned from diapers – may be better both for patients and homes alike, she said.

“For long-term care to work, it cannot only be custodial. Such care focuses on the personal needs of the many residents who are bed-bound, totally dependent and unaware of their surroundings, while being tube-fed and restrained. It seems on the surface that we are funding the long-term care sector to keep patients alive in such an unhappy way.”

- Dr Christopher Lien, geriatrician

According to an OECD report on long-term care,⁷ countries like Japan, the US and South Korea have been seeking to reward nursing homes with cash incentives for improved outcomes. Providers

are entitled to financial rewards for successfully rehabilitating long-term care recipients, discharging them from institutions to home, or for improvements in physical function.

Mr Keith Lee, director of aged care services at AWWA, a voluntary welfare organisation that runs a home for independent older folk, has seen the flip side of the coin. The AWWA Senior Community Home looks after 140 seniors without family support who have nowhere else to live.

Unlike many other old folks’ homes, the AWWA home is situated on three floors of an Ang Mo Kio HDB rental block and has a nursing team onsite round-the-clock, which serves not just residents of the home, but also those who live in the block. Because of the nursing care and rehabilitation services provided by AWWA, close to a quarter of the seniors can live in the community despite being eligible for nursing homes, said Mr Lee. But because such homes are meant to cater to ambulant and independent seniors, rather than wheelchair-bound

ones, Mr Lee receives funding for Category 1 level residents from the Ministry of Social and Family Development (MSF) which oversees such homes, rather than the Category 3 level funding these residents would have received from MOH in a nursing home.

Category 3 level residents typically get more than double the funds, compared to Cat 1 residents. Mr Lee hopes for an “appropriate Cat 3 level of funding” for residents who need it even if they live in the community. He acknowledges that this is easier said than done, since the AWWA home gets its funds from MSF, unlike nursing homes which are funded by MOH. “Hopefully the two ministries will work something out and we can get the appropriate level of funding and continue to keep these frail old folk in the community, rather than in a nursing home,” said Mr Lee, a former administrator of a nursing home.

A solution to this problem is to fund people according to their

needs and medical conditions, rather than where they are – be it at home, a community home for seniors like the AWWA home, a nursing home or hospital, he said. MOH is already moving towards a system of integrated care and “bundled payments” where it provides funds at a fixed rate per patient for a given condition or surgery, such as hip replacement, irrespective of whether the patient is in a hospital or receiving community care. Such models need to be extended to long-term care as well.

“Whenever we get extra funding for nursing homes, it’s just a \$1 to \$2 increase. Whereas, for the community hospital we get about \$30 a day extra.”

*- Loh Shu Ching, CEO,
Ren Ci Nursing Home*

Nursing home operators such as Dr Lina Ma and Ms Loh Shu Ching agree with Mr Lee. They point out that

when the same patient – in exactly the same condition – is moved from a chronic sick unit of a community hospital to a nursing home, funding for the patient is cut overnight. “We have had patients whose condition was unchanged for years in a chronic sick unit,” said Dr Ma. “But the moment they’re moved in that same unchanged condition to our nursing home, the funding gets cut.”

Ms Loh added that, despite government healthcare spending being far more generous than it used to be, not enough is going to nursing homes. “We run a community hospital, a chronic sick unit, as well as nursing home, so I can see that they’re a lot more generous to community hospitals and even chronic sick units compared to nursing homes. Whenever we get extra funding for nursing homes, it’s just a \$1 to \$2 increase. Whereas, for the community hospital we get about \$30 a day extra.”

Extra funds to nursing homes, she said, could help pay for physiotherapists and occupational

therapists. Currently, while senior MOH officials have publicly underscored the importance of physiotherapy in helping patients improve their physical functions and be discharged, current levels of funding only allow for one physiotherapist for every 100 patients or so.

“We don’t have enough money for therapists. So I really hope that MOH can recognise that the nursing home is not just about bringing residents here and then helping them wait for the end of their days,” said Ms Loh. “You need to look at quality of life and in fact in Ren Ci what we’re trying to do is that we’re trying to even churn nursing home beds. Meaning that we believe that there are people who can come in, may need a longer time to recover, but they can eventually, if given enough resources and rehab, return to the community.”

While such anomalies are ironed out and the sector receives more funding than before, some healthcare experts such as Dr

Jeremy Lim are not convinced that what is being done is enough. “For decades, the long-term care sector suffered from benign neglect in that the government’s attention was really focused on acute care,” said Dr Lim, who heads the healthcare, life sciences and public sector practices at management consulting firm Oliver Wyman. `

“If we are convinced that today’s model is not the right model, then the question is: Does the financing system today allow nursing homes to evolve or to innovate to tomorrow’s model?”

- Dr Jeremy Lim, head of healthcare, life sciences and public sector practices, Oliver Wyman

He acknowledged that the setting up of the Agency for Integrated Care and a dedicated Ageing Planning Office in recent years

has “dramatically improved” the situation, but given how fast Singapore is ageing, much more needs to be done. Indeed, the place to start is to re-examine the statistic that, although the number of beds is about the same in nursing homes as in the acute care sector,⁸ funding to nursing homes accounts for less than 4 per cent of MOH’s budget.

Can homes be better funded?

Historically, most nursing homes are run by VWOs, in keeping with Singapore’s longstanding “many helping hands” philosophy of community care. With homes run with the help of charity dollars, public expectations of quality of care have also been low. But as the pace of ageing accelerates and personal expectations rise over the next decade, continuing to let charities run homes may not be in Singapore’s best interests, said Dr Lim. “I’m pretty sure nursing homes are doing okay financially on a day-to-day basis and there are more funds available to them now than before. But if we are convinced that today’s model is not

the right model, then the question is: Does the financing system today allow nursing homes to evolve or to innovate to tomorrow's model? The answer's probably no."

One big problem is that the government funding model requires charities to raise a part of the funds through donations. This severely limits their ability to dream big and innovate, said Dr Lim. Many nursing homes are run by religious organisations. "The ability to scale and to innovate is dependent on the ability to raise funds. And most religious groups raise funds from the congregation. So if the congregation doesn't expand, then the ability to raise funds and thus scale-up becomes very limited. That's also why we have such a cottage industry of long-term care. Because no one is able to scale and therefore we have all the inefficiencies of single homes."

Dr Lim pointed out that in many advanced countries, funding is on a 100 per cent basis because nursing homes are considered essential

public services. Co-funding, which has long been a national philosophy and reduces chances of misuse of funds, invariably introduces constraints because the VWOs' ability to dream big is then limited by how much it can raise.

One good model to follow would be the R&D sector, where the Government has been generous with funds in the hope of spurring innovation and creating jobs.

"So, even if the Tote Board says, here's an \$8 million grant, but you need to raise \$2 million, many VWOs would think very hard and say, 'Can I raise \$2 million? If I can't raise that, maybe I don't want your \$8 million. But the good thing is that these are man-made policies, which can be reversed to help drive genuine innovation."

There are other problems. The need for manpower-strapped homes

to raise funds might divert their attention from where it should be: improving care and constantly looking to innovate.

It is no surprise then that Dr Lim hopes that, as Singapore ages, the way it funds long-term care will also change. One good model to follow would be the R&D sector, where the Government has been generous with funds in the hope of spurring innovation and creating jobs. Under the latest RIE2020 Plan, the Government has committed to research, innovation and enterprise \$19 billion between 2016 and 2020 - or \$3.8 billion a year.⁹ This is 18 per cent more than the previous plan, with annual spending close to one per cent of the nation's Gross Domestic Product (GDP).

Some of the most successful startups, said Dr Lim, are well-funded right from Day One, so that management can focus on how to bring the best possible products to market. "The whole logic when we first started the biomedical science initiative: we're giving you money, you don't

need to write grants – so that you have time to think and do good science. Can we do that in the long-term care sector? Can we tell an operator, okay, here is your money for running a 200-bedded nursing home. Good luck to you.”

The Government has indeed begun offering grants for innovation in long-term care, but largely in home care. In 2015, MOH announced the Care-at-Home Innovation Grant, calling for ideas to improve the productivity of home care staff.¹⁰ More such efforts are required for residential care too.

Dr Lim believes that the state should fully fund nursing homes rather than make them raise funds and co-pay for projects such as innovating new care models. “I do think long-term care is the State’s responsibility. But if we agree that long-term care of Singaporeans and permanent residents is the Government’s duty when the family cannot step in, then funding should be full. And if funding is full, then VWOs have the opportunity and bandwidth to

think about innovation, about how to improve services.”

It would be good for the Government, he added, to conduct and make public a proper costing of the entire long-term care sector. “We need full visibility of how much home care costs vis-à-vis different models of residential care.” Such facts and figures would enable a clear-headed and informed discussion on whether there is a need to change the current paradigm of long-term care. “We need a body of facts to start a discussion on an important issue – what is the best way to fund long-term care? Our data quality right now is just too poor.”



Indeed, expenditure estimates of long-term care are extremely hard to come by. As highlighted in the 2016 Budget statement, Singapore’s overall healthcare spending has increased almost

six-fold from \$1.8 billion in 2005¹¹ to \$9.2 billion in FY 2015 and \$11 billion in FY2016.¹²

It is likely that Singapore is spending just a fraction of what other advanced countries do on long-term care.

It is unclear how much Singapore is spending overall on long-term care, including home care and community care, since some of the expenditure could fall under other ministries, such as MSF. Such figures used to be made available. It is also not known what proportion of MOH’s multi-billion-dollar budget goes towards funding acute care. Given the complex, critical nature of care in hospitals, undoubtedly a large chunk of government funding will go to acute care, but this amount could be disproportionately higher than spending on long-term care, as some experts suspect.

It is likely that Singapore is spending just a fraction of what other advanced countries do on long-term care. All OECD countries routinely publish expenditure on social and health components of long-term care. The latest figures, for 2013, in OECD's Health Statistics report, show that member countries spend an average of 1.7 per cent of GDP on social and health long-term care. In Singapore, which had a GDP of nearly \$400 billion in 2013, that would be the equivalent of \$6.7 billion per year, significantly higher than what it appears to be spending currently. The Republic is not a part of the OECD and, unusually for an advanced nation, does not regularly publish how much it spends on long-term care.

"I find it perverse in the extreme that the Ministry would deny an operator subsidies for offering a higher level of healthcare."

- Ms Chua Mui Hoong in a Sunday Times op-ed

Of course, many advanced OECD countries are high-tax regimes on the opposite end of the spending spectrum compared to Singapore. Earlier this year, the Australian Government announced an AUD \$1.2 billion cut in spending on nursing homes over four years, or roughly AUD\$300 million per year.¹³ However, it is worth noting that in 2013-14, Australia spent a whopping AUD\$10 billion just on long-term residential aged care alone.¹⁴ In per capita terms, it spent nearly five times on long-term residential aged care (\$435) per resident compared to what Singapore spends on nursing homes (\$92). While withdrawing subsidies – as in Australia – is politically difficult and should be avoided, experts like Dr Lim believe Singapore can well afford to spend more on long-term care, especially as expectations rise in the near future.

Subsidy models need a rethink

Other commentators have noted how, as expectations rise, MOH too will need to provide subsidies to

cover more than just very basic levels of care and comfort. In a hard-hitting and cogent op-ed piece in The Sunday Times¹⁵ after the Jade Circle project was shelved in 2015, the newspaper's Opinion Editor Chua Mui Hoong argued that the Ministry's decision to deny subsidies to the nursing home just because it wanted to provide single and twin rooms to subsidised patients seemed to spring from a "reflex that subsidies should be used for the indigent or the very poor".

"This very stringent view of what merits subsidies is outdated, even by Singapore's own tight-fisted standards," wrote Ms Chua. She pointed out that public housing subsidies extended even to high-income young couples who can fork out \$1 million for a unit in executive condominiums that come with swimming pools. "I find it perverse in the extreme that the Ministry would deny an operator subsidies for offering a higher level of healthcare. Imagine the Ministry of Education telling

independent schools that since they offer “premium” education, it will withdraw the subsidy it gives to every student’s education. Rather than say ‘no subsidy’ to the new entrant, MOH should take the opportunity to relook its entire financing model of allocating subsidy levels by the class of hospital ward.”

While it is indeed time to brainstorm new models of funding and care (see Chapter 10), would injecting more funds not cause taxes to rise, given that many more Singaporeans are likely to need long-term care as the pace of ageing accelerates here? That need not be the case, suggested Dr Lim. “I am personally very sceptical that we will immediately become a high-tax jurisdiction if we want to improve social services. We’ve been bad at measuring total cost, meaning all the indirect costs of people taking time off work, for family leave or quitting work altogether for caregiving. Once we factor in all of these, it’s a bit puzzling as to why we are so ideologically convinced that if we were to provide better long-term

care, tax rates would just have to go up.”

The Government, he noted, funded the entire Pioneer Generation Package which is lifetime medical support for every Singaporean over the age of 65 on the surplus of one budget year. “Did we raise taxes? No, we didn’t. So let’s work the numbers and then we will know whether we need to raise taxes and if so, by really how much.”

But to simply say we can’t afford to fund better quality and more diverse senior care options is a “cop-out”.

He added that Singapore also needed the equivalent of an Economic Development Board¹⁶ (the national agency for economic strategy and investment promotion) for the social and aged care sector to champion incentives for the sector and encourage private providers to take an interest in offering new and

innovative products and services. Right now, with prohibitive land prices and no special zoning for senior housing or tax incentives, private providers are not interested. “Today, because we don’t capture the human suffering, we don’t capture the individual family unit difficulties, financial challenges and so on, that’s why it looks like society cannot afford it.”

What is needed above all, he said, is more research and transparency on needs and numbers, awareness and open debate. “When we see the numbers, we can have a much more qualified discussion on what kind of society we want to be.”

But to simply say we can’t afford to fund better quality and more diverse senior care options, he says, is a “cop-out”. “If there is no empirical basis to say that we cannot, then let’s have no illusions. Just because the Government is not funding it doesn’t mean that no one is paying the price. It means that individuals are taking up the burden.” 🗑

NOTES

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ARE WE DOING QUALITY CONTROL RIGHT?

CHAPTER 8

Two tiny specks of lizard droppings on the wall of a storeroom. A ceiling fan coated with dust. These were some of the health and safety deficiencies pointed out by auditors from the Ministry of Health (MOH) during their inspection of Good Shepherd Loft, a small 33-bed private nursing home in the Newton area.

For these and other more serious infringements - like not having a registered nurse on duty and alleged medication mismanagement - the home has faced multiple censures, audits and fines and had its licence cut to six months four times in a row.

Run by a married couple who are both doctors, Dr Joseph Lee and Dr Belinda Wee, the Loft is the only

new private nursing home to open here in recent years. It has been in operation since 2010. Since late last year, Dr Wee and Dr Lee have also been running St Bernadette's Lifestyle Village, a tiny eight-bed assisted living facility within the same Newton compound.

The nursing home alleges that, instead of helping a fledgling essential service get on its feet, the Ministry has been on a "punitive and fault-finding" mission, issuing it with progressively shortened licence tenures and culminating in a prolonged 13-month investigation for lack of care in August 2014.

In November 2015, around the time the doctors were being feted in the

media¹ for opening Singapore's first "retirement village", they were slapped with fines of \$12,000 in total by MOH for violating health and safety regulations on three counts.



First, the home was found to have updated patient notes only once instead of three times a day. The home said that this happened only on one day and because the nurse entered the wrong date. Some other homes, it said, update records only once in three months unless something significant happens, like if a resident falls or

has a fever or infection. Indeed, two other homes interviewed said they did not update their notes three times a day.

Second, the home was said to have failed to get a new patient reviewed by a doctor within 48 hours of admission. But the home maintains two sets of notes, one by the doctor and another by nurses. "I saw the new patient within four hours on the first day and filled in the notes in my doctor's file, as is the practice in hospitals," said Dr Lee. "But, three days later, I saw that we needed some changes in the plans, so, I wrote another set of updates in my file and copied and pasted it in the nurses' notes so the nurses could refer to them easily. MOH saw my entry in the nurses' notes and mistook it to be the initial doctor's update."

Third, the home did not have a registered nurse on duty and, as a result, had no one to supervise nursing aides (who do not have nursing licences) to administer injections. Dr Lee said that the

home's only registered nurse was indeed away but, as a qualified physician, he was there to cover for her and supervise the nursing aide. Dr Wee added that there appears to be no written rule that says a doctor cannot take over the duty of a nurse or pharmacist.

Dr Wee pointed out that all the breaches were administrative. "After an investigation that lasted 13 months, they did not find any lack of care."

Only around 4 per cent of all licensed nursing homes have a licence of six months or less arising from serious or recurrent observations of deficiencies arising from inspections.

When contacted for its response, MOH maintained that it had valid reasons for imposing the fines and cutting the home's licence tenure. It pointed out that only

around 4 per cent of all licensed nursing homes have a licence of six months or less arising from serious or recurrent observations of deficiencies arising from inspections. It also pointed out that the lack of registered nurse for an extended period of time poses "significant risks" to residents. "A doctor would not have been trained in depth to provide guidance on nursing procedures, which are important roles played by nurses in the care of frail residents, distinct from the medical roles of a doctor."

This is not the first time the home has been found in breach of rules. Earlier in 2015, it was accused of "medication mismanagement" by MOH for keeping a large number of expired and unexpired tablets of a controlled drug together. The nursing home maintains that as long as all drugs are accounted for in written records, this is not against the rules. But the Ministry said the nursing home's drug records were not clear and there appeared to be a discrepancy between what

was recorded and the actual tablet count, a charge the home denies.

A case for more independent, transparent audits?

Good Shepherd Loft is not the only home pulled up for what it says are minor violations. Another home was chastised for insect stains on the wall, and yet another for Milo stains splashed on the wall by a mentally ill resident.

A fourth home, which bought a big bottle of hand sanitiser and divided the contents into smaller refillable bottles, was told to end the practice as it could lead to infections. But few were willing to speak on the record, given the sensitive nature of the subject. "In Singapore, we have a very top-down approach and not many want to challenge the regulator for fear of offending them," acknowledged a senior official from another home which has also faced problems with MOH auditors. Several operators also voiced the need for the audit process

to move from merely pointing out "deficiencies" to a more collaborative one, in which good practices by nursing homes are highlighted and applauded as well.

"In most other countries, these (audit) reports are public so people can judge for themselves. So why not in Singapore?"

*- Dr Belinda Wee, Co-Founder,
Good Shepherd Loft/
St Bernadette's Lifestyle Village*

For nursing homes which face challenges, MOH said it works with them individually to offer help or discuss how care outcomes can be achieved, despite infrastructure constraints. "However, if gaps in care continue to persist, then we have a duty to take action and ensure that frail seniors in these homes receive the safe care they deserve. We would have let down these seniors and their caregivers if lack of regulatory action resulted

in unsafe care and seniors being hurt in these homes." "But what if inappropriate regulatory actions have a negative impact on care outcomes in nursing homes?" counters Dr Wee.

Emphasising that several smaller homes she has spoken to have faced similar problems, Dr Wee, on her part, makes two sensible suggestions: a) Make audit reports public and b) Have an independent commission or ombudsman, rather than MOH, to monitor and audit nursing homes. "In most other countries, these reports are public so people can judge the situation for themselves. So why not in Singapore?"



Indeed, audit reports are public in most advanced countries, including the US, Australia and UK. The UK has an independent regulator of all health and adult social care services, including care homes.

The Care Quality Commission (www.cqc.org.uk) monitors and inspects care homes to ensure that they provide people with safe, effective, compassionate and high quality care.

It sets audit benchmarks, which are public, and publishes findings of its audit surveys on its website and also rates homes to help residents and their families make informed decisions on which care home to choose. It also investigates complaints. Dr Wee said that having such a commission would be beneficial not only for residents and their families but for nursing homes as well. "Homes like us that feel we are being unfairly treated will get a chance to present our case in an open and transparent manner."

Australia and New Zealand have ombudsmen, appointed to help consumers in dealings with government agencies, including those that provide care. It also monitors care homes and investigates complaints. The US

has long-term care ombudsmen in each state as well as agencies designed to help provide families with comparative information on care homes to enable them to choose the best home for their loved ones.

"I'd be more comfortable having a care commission once I'm confident nursing homes are meeting standards."

- Assoc Prof Gerald Koh, Saw Swee Hock School of Public Health, National University of Singapore

Public audits could also make people more aware of some malpractices in homes, such as a wilful disregard of fire or other safety norms, sub-standard care or exploitation of workers. Such practices are not unheard of, though rare. Some homes might have been penalised for not paying workers' salaries or for overtime, or for over-crowding in worker dorms, but the cloak of

secrecy ensures that the public never get to know.

Tellingly, opinion among industry leaders in Singapore is divided on whether nursing home audit reports should be made publicly available. Academic Gerald Koh, who has published a paper on what parameters should be included in nursing home audits, said while transparency would obviously help residents and their families, such a move was possibly premature. "I'd be more comfortable having a care commission once I'm confident nursing homes are meeting standards," said the Associate Professor from the Saw Swee Hock School of Public Health, National University of Singapore. "Our levels of care vary so widely that if we had a care commission now, some might not be ready."

Some nursing home operators interviewed agreed, while others said more transparency could help operators learn from others' mistakes and ensure these were not repeated. "Right now, we work in silos and

there is not much information sharing on what's going wrong," said the head of a large nursing home. "I can tell you my nursing home is safe and we have not been pulled up for any transgressions. But what about the others? I don't know. And that's not a good thing."

"Right now, we work in silos and there is not much information sharing on what's going wrong."

- Head of a large nursing home

Ms Loh Shu Ching, CEO, Ren Ci Nursing Home, believes that having a publicly available nursing home rating system would benefit families. The UK's Care Quality Commission is a good model to follow. While much of what this commission does is already done by MOH and the Agency for Integrated Care, the main issue is that none of the findings are made public. "The one thing that would be useful for the public is the rating system to see how good certain nursing homes are in various areas," said Ms Loh. "But are we ready for it? We'll never be ready for it, so I think we should just do it!" 🔒

NOTES

¹ Tai, J. (2015, November 8). First retirement village opens in Singapore in December. The Straits Times

PRIVATE PLAYERS PLEAD FOR MORE

CHAPTER 9

When the Pacific Healthcare Nursing Home at Bukit Panjang was ready to receive residents after a major renovation in August 2013, the Ministry of Health (MOH) licensed all the home's 177 beds under its "portable subsidy scheme", which allows it to place, and pay for, subsidised residents in private nursing homes.

The home's General Manager, Mr Kelvin Ng, recalled that the restructured hospitals were facing a bed crunch at the time and the charity nursing homes were full. "They were literally begging us to take subsidised patients in." Pacific Healthcare obliged and, expecting a full house of subsidised residents, hired 80 care staff, in

accordance with MOH's minimum staff-patient guidelines.

But the home was never full, as most of the subsidised residents sent to it were under an "interim discharge programme", staying only three to six months before moving to voluntary-welfare homes the moment a bed was free.

Then, last year, when a number of new Build-Own-Lease nursing homes began operations, the Agency for Integrated Care, which coordinates long-term care, pulled out 40 residents over the course of a month, said Mr Ng. "Almost overnight, we lost our residents and the subsidies they brought in. And we were stuck with 80 staff for just

99 patients." Under the portable subsidy scheme, MOH paid for both care and staff costs.

"When there is a shortage of beds, the Government makes use of us, but then, when there are more VWO beds, they just leave us in the lurch. That's not fair."

*- Mr Kelvin Ng, General Manager,
Pacific Healthcare Nursing Home*

The company wanted to transfer some staff to its branch at Lengkok Bahru. But since most of the staff were foreigners,

they could not be transferred easily, since their work permits were tied to their workplace – the Bukit Panjang home.

Mr Ng is an ardent advocate for what he calls a “more level playing field” for private nursing homes compared to charity-run homes. “When there is a shortage of beds, the Government makes use of us, but then, when there are more VWO beds, they just leave us in the lurch. That’s not fair.”

The same funding support to hire staff?

About 40 per cent of the over 45 nursing home operators are for-profit private players who make up a third of Singapore’s 12,000 nursing home beds. Private nursing homes should get the same funding support as VWOs to hire more staff, suggested Mr Ng. The latter get funds from MOH to meet minimum staff guidelines and hire additional staff to cover for those on leave or away for training. Being

charities, these homes can raise donations and make use of funds such as the Community Silver Trust to get dollar-for-dollar grants to pay higher salaries or plan better activities for residents.

Private homes get neither, and, with a huge shortage of workers overall, have been losing many workers to VWO homes which, buoyed by state funds and donations, tend to pay better, pointed out Mr Ng. His home lost three experienced local staff nurses to new VWO homes offering more pay this year. “We can’t raise staff salaries without passing the costs to the residents and ultimately they’re the ones who suffer from compromised care.”

Mr Ong Chu Poh, founder and Executive Chairman, ECON Healthcare Group, agrees that the playing field must be levelled between private and charity operators. For charity-run homes, the Government subsidises building costs on top of operational and staff costs, pointed out Mr Ong,

whose company runs 11 nursing homes in Singapore. “But this is not the case for the private sector -- we must first secure the bid for the land at market rate, then build the facility and start running it with no operational or funding support.

“If we run into losses, there are no financial help schemes or donations we can tap into. Thus, we are unable to provide service at the same charges as VWOs. So how do we compete with VWOs on the same tenders?” said Mr Ong, who also heads the Private Nursing Homes Association. “That’s something both the public and policymakers need to understand.” In recent months, the association has been meeting MOH representatives to figure out how private providers can work closely with the public sector to better serve the community together, with MOH supporting both VWOs and private providers.

But why should the Government spend taxpayer dollars on for-profit

companies charging \$5,000 for a single room? "Our costs are so high, we've got to charge that amount, otherwise we won't survive, you see," said Mr Ong.

Mr Ong fears that, as land, staff and operational costs continue to rise, affluent Singaporeans who pay their own nursing home fee will end up in homes offering living environments and facilities which are not of the same quality compared to what's available to subsidised residents in better-funded VWO homes.

As land, staff and operational costs rise, affluent private-paying Singaporeans will end up in homes which are not of the same quality as better-funded VWO homes. This may already be happening.

Visits to both private and VWO-run homes show that this may already be

happening. Some smaller private homes say they are forced to pay staff as little as \$350 to \$380 a month, because they simply cannot afford more. Many private patients are seen languishing in homes offering little by way of social care.



Meanwhile, unable to meet new standards of safety and care or because of the higher costs the standards entail, a couple of small private nursing homes have decided to close down.

Soo's Nursing Home, which operates out of an old bungalow, was asked to cut down the number of beds to 18 from the current 24 in order to meet the minimum space requirement between two beds. The home, which has been in operation for

more than 30 years, is considering not renewing its licence when it expires in November 2016, although discussions with the authorities on how they can be helped are ongoing. "If we cut the number of beds by 25 per cent, we just won't survive," said its head of nursing Andrew Soo, who is also one of the directors of the home. "Neither would we like to raise charges too much."

Many VWO-funded homes, on the other hand, are thriving.

Mr Ong's daughter, ECON Executive Director Ong Hui Ming pointed out that, in general, VWOs charged fees that were 20 to 30 per cent lower than private providers because of the subsidies and donations they received. "Some of their facilities are newer and with the various funding support schemes they can tap into, some are even using more advanced equipment. If the private providers were to provide the same, the fees would be too

high for our customers, given the high land and other costs,” said Ms Ong.

Mr Ong said that one way forward would be for the Government to subsidise land and building costs for private operators too. To be fair, in recent years, the Government has invited both private and VWO operators to bid for its Build-Own-Lease projects. However, all tenders so far have been awarded to VWOs.

Meanwhile, ECON has been expanding its business in Malaysia and China. “We are experienced service providers in a country short of long-term care services,” said Mr Ong. “We hope that the private providers will receive the same support as VWOs and for all private operators to continue to play a role in supporting the senior care needs of Singapore.”

The Government has long been wary of using precious tax-dollars to fund for-profit

providers. However, as far back as 2006, a Government-appointed committee on ageing issues had recommended that MOH should review its policies to encourage private-sector participation and innovation in this sector. Sadly, not much has happened since then.

As far back as 2006, a Government-appointed committee on ageing issues had recommended that MOH should review its policies to encourage private-sector participation and innovation in this sector. Sadly, not much has happened since then.

Dr Khoo Chow Huat, who till recently was CEO of the Orange Valley group of nursing homes, said that, while private providers can tap into funds from agencies like

SPRING Singapore for innovative projects, there are restrictions on what they can be used for. “It’s not like the Community Silver Trust Fund, for instance, where the VWO has the discretion to use the funds in whichever way it wants. So our ability to innovate gets constrained.”

However, he hopes things will change soon. While newer VWO nursing homes opening up can be tough for private operators, they are a blessing for future residents. “In recent years, because of a shortage of beds overall, our homes were always nearly full. Now we will just need to innovate more and offer better products and services to attract customers who have more choice,” he said. “And that is a good thing.” 🗝

ACROSS THE CAUSEWAY: HOMES AWAY FROM HOME

CHAPTER 10

When Madam K C Neo, 72, was referred to a nursing home in early 2014, she had just one request. She pleaded with her husband that she would prefer a single or twin room, as she did not want to spend her remaining days in the company of “many, many strangers”.

“I have had my own room ever since I was married,” said the retired administrative assistant who used to live with her husband in a three-room HDB flat in Toa Payoh.

Single or twin rooms are only available for private-paying patients in Singapore and these can cost upwards of \$3,500 per month. Rather than stay in a government-subsidised open ward, which she

is eligible for, Mdm Neo moved to a twin room at City Heart Care Nursing Home in Johor Bahru, Malaysia, a 30-minute drive from the Causeway. She pays only \$750 a month, about a quarter the amount. “It’s peaceful here, I have my privacy – and it’s cheap, compared to Singapore.”

Like Mdm Neo, a small number of Singaporeans are trekking across the border to live out their last years in nursing homes and old folks’ homes in JB. Exact figures are not available, but checks with three of the state’s largest nursing homes – City Heart Care, Spring Valley and ECON Medicare Centre -- showed that 15 to 30 per cent of residents there

are Singaporean. The three homes have more than 600 beds.

City Heart has a cluster of seven single-storey and three double-storey bungalows in a private housing estate, some with high ceilings, with a garden outside. The home, which has been in operation since 1993, has 200 beds, up from 39 when it started, said its Malaysian founder, Mr Yeo Thiang Huei.

Close to 20 per cent of its 180 residents are Singaporeans. Fees went up this year and currently start at \$850 for Singaporeans, up from \$750 earlier. Some rooms and wards are air-conditioned at no extra charge.

While Mr Yeo said he had no immediate plans for expansion, Spring Valley Homecare, which with 210 beds is believed to be one of the largest care homes in JB, plans to expand further, said Mr Frankie Ker, a Singapore permanent resident, who set up the home in 2006.

The majority of the beds at Spring Valley are in open wards with no air-conditioning and cost \$600 a month for Singaporeans, way less than the \$2,000 or so they would need to pay before subsidies back home.

Unlike the norm in Singapore or JB, all charges, including “hidden costs” - such as consumables - are displayed on its website. “Since we are competing on cost, I think it is important to be transparent,” said Mr Ker.

The home also offers the cheapest “single rooms” at just \$700 a month. These are 30 cubicles created by partitioning one of the

bigger dormitories. At 6.6 sq m each, they are barely big enough to fit a single bed, cabinet and chair. “They filled up quite fast, so I am planning a new home which will be fully air-conditioned and offer only single rooms,” said Mr Ker. The new three-storey 84-bed home is expected to be ready in early 2017. Around 30 per cent of Spring Valley’s 180 residents are Singaporeans.

Both homes have only a small number of beds with a nursing home licence, which requires stricter oversight from local health authorities. Most beds are licenced as “old folks’ homes” by the Malaysian Social Welfare Department. The operators explained that, according to Malaysian law, at least 40 per cent of care staff in nursing homes must be nurses, just like in hospitals. That, they feel, is expensive and unnecessary, as nursing home residents generally do not need the same intensive care provided by hospitals. By licensing only

some beds as nursing homes, they can keep costs affordable.



A refuge for the sandwich middle-class

Meanwhile, cheaper prices are the biggest pull-factor, especially for middle-class Singaporeans ineligible for subsidised nursing home care back home. These include families with per capita incomes above \$2,600 per month - around a third of the resident population in Singapore. Those with per capita incomes of \$1,800 to \$2,600 get only 20 per cent subsidy, meaning they would still need to fork out \$1,600 per month for a nursing home bill of \$2,000. “The rich can afford one or two maids, the poor are well-looked after, it’s the sandwich class that comes to us,” said Mr Ker.

Both City Heart and Spring Valley cater to a similar demographic of Singaporeans – most are single men; many have dementia and other mental illnesses. “Even after the new nursing homes were built in Singapore, we are still getting many dementia cases,” said Mr Ker.

“The rich can afford one or two maids, the poor are well-looked after, it’s the sandwich class that comes to us.”

- Mr Frankie Ker, Director, Spring Valley Homcare, Johor Bahru, Malaysia

Some Singaporean residents interviewed said they agreed to move to JB because they do not qualify for subsidies in Singapore. A 44-year-old accident victim, paralysed from neck down, said his air-conditioned twin room at City Heart costs less than a third of what it would cost in Singapore. “It’s not fair to burden my siblings even though they are doing well. This place is comfortable and home-like,

and I have learnt to love myself, since I am usually on my own.”

Former lorry-driver, Mr Maurice Ong, 60, who is single, claimed he moved to JB after being told by medical social workers that he was “not sick enough or old enough” to qualify for a subsidised nursing home in Singapore.

He had a stroke in his late 40s and was living at home with his mother and a domestic helper. When his mother died a few years ago, he applied for a nursing home. “I was told I should continue staying at home with a maid,” he said. But he was not comfortable with this arrangement and, after a stint at a private nursing home in Singapore where he paid \$2,000 a month with the help of a nephew, he moved to Spring Valley. “Here I can get care round the clock, physiotherapy and four meals for only \$600,” he said. He rented out his Tiong Bahru HDB flat to pay for his fees in JB.

Ms Alison Hoo, 78, is another Singaporean at Spring Valley. She

left the Lion City for Bordeaux after marrying a Frenchman decades ago. After he died, she sold the holiday resort they ran together and decided to move back home. “But Singapore had changed and was so much more expensive,” said the soft-spoken former nurse who has friends and family on both sides of the Causeway. She decided to move to the JB home “to stretch my dollars more.”

She has transformed a sunny corner of a cavernous general ward at Spring Valley into a cosy personal space with pretty potted plants, multi-coloured pillows and a small writing desk with her wifi-enabled laptop – her vital connection to the wider world. Three windows by her bedside offer views of tranquil, lush foliage. The bed next to hers was empty, so the home allowed her to use it to store her books and potted plants for free. “They know I am a permanent resident here and they’re being kind,” laughed Ms Hoo. Counsellor Martha Teo, who spent a week staying at Spring Valley in 2015

while researching her Master's thesis, said some Singaporean families she met were upset at not qualifying for any nursing home subsidies back home.

A woman in her 50s and her adult daughter who would visit the husband frequently at Spring Valley "were both bitter that they did not get any subsidies because they still worked," said Ms Teo. Their combined pay - at just under \$8,000 - was less than the \$8,666 median income for working households in Singapore. "They were worried about long-term costs and tired of making the long journey to JB," she said.


A small number of sick, elderly Singaporeans end up in JB because of fractured family ties. A divorced 77-year-old Singaporean with a history of domestic violence and mental illness was left at Spring Valley by his estranged family a few years ago. He has since developed dementia and tried running away last year, walking out of the home and

asking a taxi-driver to "take him to Singapore", said Mr Ker. He was left at the police station and was eventually returned to the home. "It's quite sad, but it's clear that his wife and children just don't want him anywhere near them."

Both Spring Valley and City Heart cater to middle-income Singaporeans. A third nursing home, which opened last year, aims to cater to affluent elderly from both sides of the Causeway who want more luxurious accommodation and care. The spacious 199-bed facility at Taman Perling is run by ECON Healthcare Group, one of Singapore's largest providers of private nursing home care. It offers single to five-bedded rooms as well as open wards starting at around \$1,000 (MYR 3,000), excluding consumables, per month. Around 10 per cent of the 127 residents are from Singapore.

The single rooms, at 27 sq m, are around 20 per cent larger and, at a maximum price of \$2,200, less than half the price of similar rooms

in Singapore. All rooms have large windows and are tastefully decorated with pretty wallpaper and curtains, wooden bookshelves, comfortable sofas with colourful cushions, flat-screen TVs and even bouquets of fabric flowers. The common dining area has marble-topped tables and the TV lounge has pretty white and gold upholstery as well as a mahjong table. There is a glass-walled gym, and a garden with barbeque pits, outdoor exercise areas and koi pond.

"Residents are free to add their personal touches to the rooms," said ECON's Executive Director Ong Hui Ming. The home is building up expertise in rehab and dementia care, high quality nursing care and traditional Chinese medicine. ECON is not actively wooing Singaporeans, but is confident they will come on their own as more people need care and word spreads on what's on offer, said Ms Ong. "We have so much more space and lower costs, so the potential is enormous." 

RETHINKING THE CHOICES FOR TOMORROW

CHAPTER 11

For five years, Mr F, 99, has been sharing a room with seven others in a private nursing home in the eastern part of Singapore. The retired stenographer has no major medical problems and, despite his age, can still walk normally.

He has no business staying in a nursing home, really, except that he has nowhere else to go, said his son, Mr K, 59, a publishing executive. After the older man's wife died, he found it difficult to do routine household chores like cooking or washing clothes. He was not used to housework and was also adamant that he did not want a domestic helper. "He was set in his ways and did not want a stranger living with him. We were also worried that

he could be abused or neglected by the helper," said Mr K. Both he and his only surviving sibling live in four-room flats and do not have a spare room to accommodate their father.

The family sold the older man's three-room Bedok flat and used the proceeds to pay for his stay at the nursing home at a steep price tag of \$3,000 a month. "We thought he would have laundry done for him, hot meals and, above all, round-the-clock care."

But things have not quite turned out as Mr F or his family would have liked them to. The proceeds from the flat sale are long gone. The fees for the home are a burden.

His father, Mr K said, is depressed from seeing sick and dying patients all around him. "Some of them moan at night. He also complains about smelly urine and stool from leaking diapers."

Mr F is not happy with the meals either, saying he gets the same type of food every day. The staff have been trying to get him interested in the mahjong and karaoke sessions they organise for residents. "But he says he is too old to try new things. And he misses his old friends and old room."

If Singapore had affordable assisted living facilities, Mr K said his father would have been happy to try it out. Assisted living is residential

accommodation for elderly or disabled people who do not have any serious medical problems, but may require help with personal care, such as showering, dressing or going to the toilet. It is typically much cheaper than nursing homes.

The number of citizens aged 80 and above who will require more care and support is expected to increase from 70,000 in 2011 to 210,000 by 2030.¹

Even if 95 per cent of older folk are able to live, age and die at home, Singapore would still need to build alternative senior living options for 50,000 people by 2030.

More options needed for assisted living

When asked about the need for assisted living options, a Ministry

of Health (MOH) spokesman said that in Singapore, where home ownership is high and many Singaporeans live in public housing, many seniors are already growing old in their communities. "We see an opportunity to create our own model of supporting our seniors to age in place by injecting aged services in the community."

The Government, she added, was ramping up home care options - from 3,800 places in 2011 to 6,900 in 2016 and 10,000 by 2020 - and has begun stationing care teams in senior activity centres. (See "Growing Healthcare Capacity" chart on page 24.) Various befriender programmes and training programmes for caregivers and domestic helpers are also in place.

As part of a \$3 billion masterplan² to help seniors age well in the community, the Government also announced the setting up of new "Active Ageing Hubs" that will be pre-built into new HDB

developments. At least 10 future HDB housing developments will have these hubs, which will be bigger than existing Senior Activity Centres. These will be able to provide both active ageing programmes for active and ambulant seniors, as well as day care, day rehabilitation and assisted living services (such as housekeeping and grocery shopping) for frail seniors. These hubs will also be venues for social and learning activities for all ages.

With the vast majority of the population owning their homes in high-rise apartments, easy access to domestic helpers and increasing availability of professional home care, many still believe that assisted living here is an unaffordable luxury. But changing demographics, soaring rates of older folk living alone and the shrinking pool of trained domestic workers, have made having greater choice in senior living options an urgent necessity. Even if 95 per cent of older folk are able to live, age and

die at home, Singapore would still need to build alternative senior living options for 50,000 people by 2030.

Most of the over 50 interviewees for this report concurred that the lack of assisted living facilities – or more senior living options – was one of the biggest gaps in long-term-care today.

Chief Executive Loh Shu Ching of two Ren Ci nursing homes pointed to a Straits Times article in April 2016,³ in which a retired 85-year-old cleaner was able to get someone to wire up his one-room rental flat with CCTV cameras because he was terrified of dying alone. Two of his neighbours died alone and people found out only by the smell. “All he does is sit in front of the CCTV, waiting for night to come so he can sleep. He just moves from his chair to bed,” said Ms Loh. “He’s living in the community, but that’s not living!” Moving forward, assisted living was definitely necessary, she said. “I think you may need a combination

of some assisted living in an institution. But probably if you can, you also need assisted living in the community itself.”

While the Government has rightly been pushing “home first” and “ageing in place” as key ideas in the primary philosophy for eldercare, experts say that while this might indeed work for the vast majority of the elderly, a small but growing minority need more alternatives. The biggest group in need are seniors who live alone. According to Government projections, the number of these seniors is expected to climb to 77,000 in 2025 and 92,000 by 2030. This is a marked increase from 41,000 in 2015 and 21,000 a decade earlier.

Another 40,000 households at present are made up entirely of two or more people aged 65 and above.⁴ Shrinking fertility rates – down from 4.7 births per woman in 1965 to 2.0 in 1975⁵ and 1.2 in 2015⁶ – is sure to exacerbate the caregiver crunch as Singapore ages.

Home care physician Ng Wai Chong, chief, clinical affairs, at Hua Mei Centre for Successful Ageing, pointed out that when committed caregivers are present, it is possible to look after even those who are very sick at home, he said. But when there are no willing or able caregivers, it might be too resource-intensive to send paid caregivers to the homes of disabled seniors if all they need is personal care.

Dr Ng had a patient who lived by herself and had functional incontinence. She had difficulty transferring herself to the commode chair and could not change her own diapers but had no other special medical or nursing needs. In a bid to abide by her wishes to stay at home, the Hua Mei clinic used to send personal care attendants to her home to change her diapers twice a day. Sometimes, she soiled herself at night and the urine wet the bedsheets, which needed to be changed. “When you factor in the time and transport costs, and given that an attendant had

to go in even on weekends, it was not cost-effective at all," he said. "Moreover, changing diapers just twice a day is not enough."

But sending such patients to nursing homes is not ideal either as they do not need skilled nursing care such as wound management or tube feeding, which is expensive. "Such people should go to some kind of assisted living facility, where someone who is not necessarily a nurse can change their diapers, give them medicines or insulin shots, and keep an eye on them so they are safe," said Dr Ng. "To send them to a nursing home where there is skilled nursing care is an overkill." Such places should be cheaper than nursing homes and also require less staff. "To me, that's the biggest gap currently."

Caregiving woes at home will worsen

Assoc Prof Angelique Chan, who heads the new Centre for Ageing Research and Education at Duke-NUS Medical School, agreed that the lack

of quality and affordable assisted living facilities, coupled with the lack of privacy in dorm-style accommodation, are two of the biggest gaps in long-term care today. Prof Chan, the lead researcher in Singapore's first in-depth study on caregivers,⁷ has seen first-hand the difficulties faced by families looking after the elderly and sick at home. The study found that the nearly 1,200 caregivers interviewed spent an average of 38 hours a week providing care to loved ones. Half did this despite having full-time jobs. Roughly half also employed a domestic helper.

"We need better models of continuing care, so you start off independent and then when you need a little bit of help, that help comes into your home,"

*- Associate Prof Angelique Chan,
Executive Director, Centre for Ageing
Research and Education, Duke-NUS
Medical School*

As Singapore ages and families shrink, caregiving woes may increase. Another paper, by Prof Prof Chan and Prof David Matchar of Duke-NUS, predicted that the number of elderly Singaporeans who cannot perform one or more "activities of daily living" on their own will increase from around 32,000 in 2010 to nearly 83,000 by 2030.⁸

"We need better models of continuing care, so you start off independent and then when you need a little bit of help, that help comes into your home," said Prof Chan. "A few floors can be reserved for assisted living when you become frailer, and rehab. But these should be in the community, preferably within housing blocks, so your family can visit."

The few assisted living facilities available currently are housed in nursing homes. The ones that are more home-like, such as at the Lentor Residences near Yio Chu Kang, are not cheap, with air-conditioned single rooms,

including meals and care services costing more than \$5,000 a month. Residents can bring their own furniture, wear their own clothes and are free to go out, as long as they inform staff. But take-up rates are not “super high” said the home’s founder, Mr Jonathan Koh.

Assisted living is not clearly defined, there are no separate licences and because of a lack of economies of scale, is only 10 to 20 per cent cheaper than nursing home beds, unlike in countries like the US, where it can be half the price of nursing homes, said Mr Koh. Besides, with the relatively easy availability of domestic helpers, few are inclined to take it up.

Mr Michael Sim, Vice-Chairman of Catholic Welfare Services, which operates three nursing homes, believes that, although there is currently no public funding model, at the right price, there will be demand for quality assisted living facilities from those who can afford it. “People

already want more choice, and don’t forget, the availability of domestic helpers will shrink further,” he said. The supply of workers from the Philippines has already declined, he pointed out. “As economic conditions and opportunities improve in the source countries, the workers will not want to come.”

Besides, without proper training, domestic helpers might not always be equipped to handle caregiving responsibilities, say operators. Indeed, in one nursing home, an octogenarian with dementia, who lived alone with a young domestic helper, was admitted to hospital after being stabbed in the hand by the frustrated helper who could not handle her employer’s severe behavioural problems. The family had changed helpers six times over two years before the unfortunate incident. The human cost of caregiving by untrained domestic helpers also needs to be taken into account. Judging from some recent high-profile cases that wound up in the courts,

there seems to have been a rise in abuse cases, of domestic helpers abusing elderly employers and the other way around.

Assisted living, say doctors and operators, will also help cluster scarce manpower resources in the community. The current default mechanism of using domestic workers might not be sustainable in the long run, as fewer qualified foreign women are willing to come to do a job that is largely unregulated and out of the ambit of Singapore’s employment laws.

Besides, as supply shrinks, the one-on-one care provided by domestic workers is also a waste of precious manpower resources. It might also have a long-term harmful effect on the older person’s physical abilities, as they expect and become unnecessarily dependent on domestic helpers to do things for them. “Depending on domestic workers will simply not be sustainable in the long term from a resource standpoint nor desirable in terms of the strategy

to encourage more active and independent living among older folk," said Mr Sim.

Catholic Welfare Services has two assisted living projects in the pipeline, although funding still needs to be worked out. St Joseph's Home, being redeveloped in Jurong, will have a small pilot assisted living project due to be completed in 2017, which could lead to a bigger facility a few years later.

The assisted living facility will share the same compound as the nursing home. "Our preference is always to have people live out their old age at home," said Mr Sim. "But if, for whatever reason, because there is nobody to care for them, the domestic helpers can't cope or they don't want to burden their children who are busy with their lives and livelihood, then there should be a choice for such people."

Ideally, such senior accommodation should also be considered "ageing in place", he added. "People can

move in, get personal care, and if their health deteriorates, they can be moved next door to the nursing home. Or we could work out a system where they get nursing care in their assisted living units." Mr Sim also hopes to include facilities like a gym specialising in senior-friendly equipment and a day-care centre for seniors to draw in older folk living in the community.

"Our preference is always to have people live out their old age at home. But if, for whatever reason, because there is nobody to care for them, the domestic helpers can't cope or they don't want to burden their children who are busy with their lives and livelihood, then there should be a choice for such people."

*- Mr Michael Sim, Vice-Chairman,
Catholic Welfare Services*

Sister Geraldine Tan, Executive Director, St Joseph's Home, hopes that the nursing home, the day care centre and the assisted living unit can all be part of a large community of companionship for and by senior citizens. One group she hopes to attract to the assisted living community are older couples who live on their own.

According to the General Household Survey, Singapore already has 82,600 "seniors only" households in which all residents are aged 65 and above. Some are unmarried or widowed siblings or older parent-child families. Yet others - the majority - are married couples. Over the years, Sister Geraldine has visited many such couples living in the community. They tend to be in their late 70s or older, are frail and have chronic health conditions. "These couples are usually very close to each other. So if one of them passes on, the one left behind feels lost," she said. "Because there's not a community to fall back on, they feel lonely and depressed and their health declines quickly.

Assisted living can provide such people a community, a network, to belong to.”

Besides, she said, relatively well older residents from the assisted living units could help provide care and companionship to sicker residents in the nursing home, possibly for a stipend. “So my idea is, with this assisted living, can they come in together? Then they offer their help to the nursing home, they already form the network, so if one dies, there is sadness, but life continues. And we can help them to age well.”

Community assisted living in HDB estates?

A government scheme to get frail seniors in rental flats to stay together in “group homes” is currently being reviewed because of poor take-up rates. The Straits Times reported in June that these group⁹ homes can accommodate 250 seniors but only 37 people had moved in up till then. The homes, located in

HDB rental blocks, are for seniors with little or no family support.

The scheme, say eldercare experts, became a non-starter not because there is no demand for senior living but because it targeted the wrong demographic and had restrictive rules. For instance, it was open only to those who are eligible for rental flats. Besides, two to three people, including wheelchair-bound ones, had to share a single HDB room and toilet, so space was a big constraint. It was difficult to match people and it is not easy living with complete strangers, especially if one is in a wheelchair.



Nursing home operators and other experts say that the real need for assisted living is high not among those who live in rental flats, but those who live in larger HDB flats

and private housing, especially those who live alone, or with another elderly person.

Mr Sim’s planned assisted living project anticipates the demand from such people too. A big part of the “care differentiation”, he said, will be in clustering residents who are more likely to get along with each other. Before residents move in, their interests, lifestyle, education and family, religious and social backgrounds will need to be analysed together with their medical history to see who they might be able to live with.

“It’s not just a matter of randomly putting a group of strangers together and then praying that they will live harmoniously,” he said. For a group of four or maybe six people, who are probably quite set in their ways, to live in close proximity, it is important for them to forge a meaningful relationship. “Placing people of similar interests and backgrounds together will help minimise conflicts, since many amenities are communal. It

will also improve the opportunities for them to support each other.” Residents will also get to participate in running the community, said Mr Sim, to help build a greater sense of purpose and ownership. “They could man the café or run interest-group workshops or act as befrienders for the less mobile nursing home residents.” They could get credits that can be offset against the fees they pay as a form of incentive and encouragement.

“The longer you can keep people living with the minimal need for physical assistance, doing meaningful daily activities, they will be more likely to maintain a positive outlook and remain healthy,” said Mr Sim. “Ultimately, this may reduce the need for medicines and advanced nursing care – and lead to cost savings too.”

So where should the assisted living units be located? Many operators, like Peacehaven Executive Director Low Mui Lang, want them

integrated into single blocks which provide both skilled nursing care – today’s nursing homes – as well as day care and dementia care.

“We could have a senior care centre and dementia day care on the first floor, followed by a short-stay unit and units for clients who need intensive rehabilitation on the second floor, followed by assisted living units and finally skilled nursing care units,” said Mdm Low. “So moving from one section to the other will be simple and seamless.”

The real need for assisted living is high among those who live in larger HDB flats and private housing, especially those who live alone, or with another elderly person.

Others, like geriatrician Angeline Seah, are keen to integrate assisted living into existing HDB estates. This can start in neighbourhoods

with a high concentration of seniors, she said. “The service planners can look at the proportion of people staying in an HDB precinct aged 70 and above and design shared areas for assisted living facilities within the precinct itself.”

She added that it would be useful to consider whether the same group of blocks had residents who could act as part-time carers for neighbours who were spending some hours in assisted living units while family were not available to keep an eye on them. “They could be housewives or younger retirees, who can cook and help to serve, feed or supervise the movement of older residents, keep track of their medication and provide companionship.”

While most hospitals now have “transitional care teams” comprising social workers and care staff whose role is to help ease the journey from the hospital back to the home, more alternatives are necessary to give residents more choice, she said.

NEW OPTIONS TO FUND THE FUTURE

Singapore, unlike many advanced ageing nations like Japan, Germany and the Netherlands, has no comprehensive long-term care insurance scheme. It is time to correct this anomaly, say experts such as Mr Christopher Gee, a senior research fellow from the Institute of Policy Studies, National University of Singapore.

There are only two schemes available now, but both offer only modest payouts for a limited time. The first, ElderShield,¹⁰ yields a maximum of \$400 per month, while the Interim Disability Assistance Programme¹¹ yields \$150 or \$250 per month - depending on the per capita income of the beneficiary's family. It is for needy elderly who were not eligible to join ElderShield when it was first launched.

Crucially, both schemes offer payouts for a maximum of only six years (72 months) and are useful only for the severely disabled - beneficiaries must be unable to perform three or more of the six "activities of daily living" such as washing, feeding and dressing. Mr Gee, who researches ageing, housing and retirement adequacy issues, pointed out that the current payouts are not even enough to cover the wages of a domestic helper. "We will definitely

need to do more risk pooling and establish an insurance system to pay for the long-term care needs of older folk."

The insurance, he suggested, should pay for the cost of care, rather than accommodation or daily living needs. It could be care in a nursing home, at home or in the community. And the scheme should be lifelong. "We already have a great template in our local system. Just like MediShield became MediShield Life, ElderShield should become ElderShield Life."

MediShield is Singapore's basic health insurance plan, administered through the Central Provident Fund Board, which helps pay for large hospital bills and selected outpatient treatments such as dialysis and chemotherapy for cancer. After a review, MediShield coverage was extended for life and includes even pre-existing illnesses.

Prime Minister Lee Hsien Loong announced during the 2016 National Day Rally that the Government will form a committee to review the ElderShield scheme. Mr Gee acknowledged that the problems of introducing ElderShield Life, an old age social insurance programme similar to the coverage and access principles

of MediShield Life, is a little more challenging, given that ElderShield is currently run by three private insurers. Unlike MediShield, which started in 1990, there is also no equivalent of prior surpluses that have been generated by a very young population as captured in the MediShield fund. "So it's complex, but still doable and I think absolutely necessary," said Mr Gee.



Long-term care insurance, he added, will also cut abuse and lead to better "right-siting of care". One reason many fear that acute hospitals are being abused by "social over-stayers" is that hospitals not only offer high subsidies, but unlike nursing homes, are covered by the MediShield Life insurance scheme.

While the long-term care insurance will pay for care, accommodation and daily living expenses at a nursing home could be covered from other savings such as pension funds or a release of home equity. To ensure spending remains sustainable and taxes remain relatively low compared to other advanced nations, one sensible way to pay for long-term care in a country where 90 per cent of people are home-owners is by using the value of their house to pay for long-term care.

For the bulk of the 85 per cent who live in HDB flats, Mr Gee believes that HDB could move from being purely a public housing developer to playing a bigger supporting role in the social care infrastructure. "When people move to care homes, whether within HDB estates or outside, HDB can write them a cheque every month to cover their accommodation and living expenses in the nursing home. Once the person passes on, then his estate can choose to sell the flat and pay the HDB back the loan accumulated so far. That's mobilising your home equity, that's my savings that I've built up. I don't need to sell my home. And only HDB can do this."

HDB could move from being purely a public housing developer to playing a bigger supporting role in the social care infrastructure.

Other experts like home care physician Ng Wai Chong would like to see MOH nursing home subsidies, which currently apply to accommodation, utilities, meals as well as health and social care, to only be limited to health and social care. "Given how fast Singapore is ageing, it may not be correct to expect MOH to pay for meals, utilities and accommodation," he said. In countries like Denmark and Japan, healthcare subsidies or

long-term care insurance programmes pay only for the cost of both social and health care. Accommodation costs and living expenses in nursing homes are paid privately. "In Denmark, the room and board is borne by the resident and his family, just like if you're not staying in a nursing home, you still have to pay for your rent or afford your own flat. After all, when one checks into a nursing home, a space in an HDB flat becomes available," said Dr Ng. "That's one way forward for Singapore to consider too."

Australia too has an interesting model, which Singapore can adapt. At a talk at the Institute of Policy Studies, managing director Gary Barnier of Opal Aged Care, a large, private nursing home provider in Australia, explained that there are three main funding streams for residential aged care - nursing needs, daily care needs and accommodation. Nursing care - the most expensive, at AUD\$190 per day - is means tested and funded by the state for the poor. Funding for daily care needs - around \$50 per day - usually comes from people's pockets or pensions.

Finally, there is the accommodation fee around \$53 a day, which is also means tested. Higher income earners who do not meet the means test criteria can pay these charges on a daily rental basis or through a lump sum refundable deposit of AUD\$350,000. The principal amount is returned to the estate of

the resident upon his or her death. The deposit thus acts as capital for the nursing home, lowering the initial cost of capital, said Mr Barnier. Many Australians sell their houses and use the sales proceeds to pay for nursing home deposits.

"Fiscally speaking, Singapore is in a position of strength and the time is ripe to consider new models of funding better-quality care."

- Mr Christopher Gee, Senior Research Fellow, Lee Kuan Yew School of Public Policy, National University of Singapore

Mr Gee believes such a model is workable in Singapore too, especially for middle- and higher-income groups looking for better quality accommodation and care than what exists today. "Some Singaporeans who live in landed estates and condominiums would definitely be interested as would those who live in larger HDB flats, especially those who don't have children or don't want to depend on them," he said. "Fiscally speaking, Singapore is in a position of strength and the time is ripe to consider new models of funding better-quality care."

Nursing home operators have their own ideas on innovations in assisted living that they hope can be realised in the near future. Dr Ow Chee Chung, CEO of Kwong Wai Shiu Hospital and Nursing Home, which is currently being redeveloped into Singapore's largest single-site nursing home, would like to see "Community Residential Facilities" located on the second floor of HDB blocks. "Through creative use of space, a cluster of seven to 10 older folk can then share a common living room and kitchen," he said.

Each floor would have five to eight such living units and a central common area for the service provider. The floor should have access to ramps as well as a separate lift. The rest of the HDB dwellers on the upper floors will have separate access to their floors, bypassing the second floor. "Assisted living is a social construct, not a medical construct," said Dr Ow. "So these units should be right within the housing blocks that the majority of Singaporeans call home."

He hopes Category 3 level funding can be given, where necessary, even though residents live within the community.

"Assisted living is a social construct, not a medical construct. So these units should be right within the housing blocks that the majority of Singaporeans call home."

- Dr Ow Chee Chung, CEO, Kwong Wai Shiu Hospital/Nursing Home

"Care officers", equipped with home care certificates, will be the main staff. By 2030, he hopes there can be around 15,000 such community facilities. "We can easily shift up 20 to 30 per cent of older folk currently in nursing homes into these community-based facilities," said Dr Ow. "We will also have a more gradual and seamless flow of patients from hospital to home, thus bridging a big gap in

our current system where older folk, even if they have little or no family support, are discharged directly from in-patient settings to their homes."

Head of the Jamiyah Nursing Home, Ms Lai Foong Lian, would like to see trained and licensed "foster caregivers" taking care of frail elderly in their own homes. Singaporeans or local residents, especially those who live alone or with a spouse or sibling in larger flats, could become entrepreneurs, taking in and looking after frail elderly folk for a fee. "But they should be allowed to hire foreign caregivers, such as domestic helpers, to assist them," said Ms Lai. "At most, depending on the size of your flat, you could look after four to six people, depending on the size of the house. Anybody wouldn't mind changing six diapers, but they would mind changing 100 of them."

Being situated in an HDB flat, these mini-nursing homes would

be home-like and give residents more control over their schedules and lives. "Of course, the providers will need to be trained, and the authorities will need to do the safety and fire checks and license them, but that can be done easily," said Ms Lai, 72, a nursing home sector veteran who is single and lives with her sister in an HDB flat. "I am among the next cohort of older folk that would require services for seniors," she said. "And I would like more choices than what is available today."

More choices - this, in essence, is what is most needed for the long-term care sector here.

CONCLUSION Towards a new narrative?

More choices - this, in essence, is what is most needed for the long-term care sector here. More

options for assisted living will meet the changing needs of the next generation of the elderly at home, in institutions or amongst the community. More balance between the funding and management of acute care and long-term care and more flexible regulations and incentive systems will give nursing homes more room for manoeuvre. Only then can they have more scope to improve their manpower, operations and care models to provide an even more home-like environment.

As the Republic hurtles along to its tryst with demographic destiny - with nearly a million older folk in just 15 years, up from 460,000 today - the Government should not try to script, all by itself, the new narrative that is needed for nursing homes. Even as they ramp up capacity, increase choice and make more funds available, the authorities should be more open with data and information on the needs and realities on the ground. Right now, even basic information - like the waiting times to get a

nursing home bed, occupancy rates and audit reports of nursing homes - are not in the public domain.



If they could have access to such information, operators, private and community care organisations, and indeed Singaporeans at large, would be much better placed to have long, hard conversations on the future of long-term care, something that will affect everyone one day. Together, all interested parties can help craft positive change, and piece together the new narrative for nursing homes, one that can rewrite the future of aged care - and also, of the quality of life in Singapore. 🗝

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RECOMMENDATIONS: CONSIDERATIONS FOR BETTER CARE

CHAPTER 12



COMFORTABLE CAPACITY

1. Singapore should reconsider its aged care options and press the pause button on building largely cookie-cutter, medicalised, mega-nursing homes with hundreds of beds in 6-8 bed wards.
2. Singapore should conduct needs assessment studies and draw up better targets on providing a greater range of comfortable eldercare options. Finland, for instance, aims to have only 3 per cent of people aged 75 and above in nursing or old folks' homes, with another 5 to 6 per cent in assisted living facilities with 24-hour care. By contrast, Singapore has enough nursing home beds for nearly 7 per cent of its 75-plus population, but hardly any assisted living facilities.

CREATIVE CHOICES

3. Any new capacity in residential aged care should create more variety and diversity, particularly more home-like assisted living options, for those who have few medical needs but need personal care. These are typically much cheaper than nursing homes. This can be done by adding personal-care services to the HDB's studio and 2-room apartments meant for the elderly. Rather than hire a personal domestic helper, elderly residents could pay a fee for caregiving services provided by a small care team based in an office at the foot of the block. Alternatively, eight to 10 people could live in a single household, looked after by live-in caregivers, preferably within HDB blocks. Elderly folk who live alone will be the first target group for assisted living. Their numbers are set to rise from 41,000 in 2015 to 58,000 in 2020 and 77,000 by 2025.
4. Home and community care capacity should be expanded further, as they remain the best options for long-term care. There are currently around 10,400 places for home and centre-based care available for the elderly, which will grow to around 16,200 places by 2020. But the number may prove insufficient, given that there already are more than 176,000 residents aged 75 and above, the group most likely to need care. Not all will be able to afford domestic helpers.
5. There is a need to innovate more value-for-money choices for those who do not qualify for subsidies or opt for private nursing home care. Today, some VWO-run homes, which receive both government funds and public donations, offer care, services and living environments that are superior to what is on offer in some private homes which generally do not receive government funds and charge higher fees.
6. The potential of private enterprise in eldercare can be boosted further. One way forward is to create a national champion dedicated to promote entrepreneurship efforts within the aged and social care services sector. This champion can find new ways to foster innovation and incentivise and encourage local private players in the long-term care sector.

In the interest of providing more choice, small nursing homes, including those run by private providers, should be helped with funding and other incentives as well, to add variety and diversity to the residential care marketplace.

CONSIDERED CONTROL

7. Nursing homes should be taken out of the purview of the Private Hospitals and Medical Clinics Act, which governs private hospitals, medical clinics and clinical laboratories. They could come under a new law that applies more accurately to their circumstances and constraints, and governs care homes, such as nursing homes and homes for adults with special needs or psychiatric conditions.
8. There should be two broad types of licences for more targeted residential aged care. The first, with a higher degree of medical care and oversight, should be for homes that offer skilled nursing to patients near the end of their lives. The second should be for those who require assisted living and offer seniors more independence. The smaller home-like assisted living component should become the main model for the minority who need residential long-term care. There should, however, be one overall supervising authority, to ensure seamless service delivery, whatever the need.

COLLABORATIVE COMPLIANCE

9. Singapore should establish a care quality commission which can provide more considered regulation – it can set care benchmarks, conduct audits, identify shortfalls in care, assess complaints, and oversee independent arbitration. England, for example, has an independent regulator of health and social care which monitors and inspects long-term care services. It also publishes its findings on its website. Services are monitored on five parameters: safety, effectiveness, care, responsiveness to people’s needs and leadership standards.
10. There should be more collaboration, less confrontation between nursing homes and regulators. The audit process should move from one that mainly highlights “deficiencies” and finds fault to one that identifies strengths as well.

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11. Nursing home audits should focus more on resident wellbeing, rather than just resident safety, by collecting data on what proportion of residents are on diapers or restraints, have lost too much weight, have depressive symptoms or are on anti-psychotic medication. As in many advanced countries, audit reports should be made public for greater accountability and to build trust and consumer confidence.

COMPETENT CAPABILITIES

12. The minimum staff-resident guidelines, which pertain to a 24-hour schedule, should be increased, given the higher administrative workload and the new need for social care. Dementia care is more labour-intensive and there should be a separate staff-patient ratio for dementia.
13. With a view to enhancing competence levels in the sector, starting salaries for foreign workers in nursing homes must be increased, since many earn less than domestic workers here, and up to five times less than in advanced countries like Australia. The Government could fund the salary increases by channelling a part of the worker levies back into worker pay. To justify higher pay, only foreign workers with formal training in caregiving or nursing should be considered.
14. Singapore clearly needs a Plan B on foreign domestic workers, as the supply of these workers might shrink – or become more expensive – in a decade or so, given the relatively low pay, long working hours and limited protection of labour laws. One way forward is to introduce a separate category of more competent, better-qualified domestic workers certified in eldercare. Singapore must also gradually reduce its over-reliance on cheap domestic help, to prevent the disabling effect of too much one-to-one care. These domestic workers can then be re-employed by nursing homes and assisted living communities.
15. There is an urgent need to boost capabilities for a local care industry. Older workers, such as retirees, housewives with grown-up children and former caregivers whose loved ones have died, need to be tapped as full-time or part-time care workers. They can be wooed with incentives beyond salaries, such as discounts for fees, should they themselves ever need professional care.

CONDUCTIVE CARE

16. The social components of care should be ramped up substantially, to create more conducive living environments. Seniors should be given the autonomy to form their own interest groups. Representatives of residents and their families should be included on nursing home planning committees to enable residents to have a greater say in the running of their “home”.
17. Residential care homes should resemble people’s own homes, rather than hospitals. Singapore should pilot nursing homes that offer subsidised single- or twin-bed rooms in keeping with rising expectations and because privacy is a basic human need. Space constraints can be overcome by building upwards. Access to windows, natural light and greenery are must-haves, given that people can stay for years in these homes.

CALIBRATED COSTING

18. The funding model should be calibrated so that government subsidies go to users of care rather than operators. Funding levels should be calculated according to residents’ needs, rather than whether they receive care in a hospital, community hospital or nursing home.
19. The Government should step up its financing of nursing homes, starting with manpower and training costs. It should also fine-tune its costing models to extend funding support to private nursing homes, even if they do not have any subsidised residents. Currently, nursing homes account for less than four per cent of the Ministry of Health budget. There needs to be a better balance in spending between acute care and long-term care.
20. The funding mechanism can help ensure that care should not perpetuate dependency, but foster rehabilitation and re-ablement, where possible. Those nursing homes that can improve a resident’s condition should be given more incentive payments, with the largest bonus going to homes that enable a resident to recover enough to return to the community.

COMPREHENSIVE COVERAGE

21. Singapore needs a more comprehensive insurance scheme for long-term care. The committee set up to review ElderShield – the current, rather limited insurance scheme for the severely disabled – should explore ways to offer lifetime coverage for long-term care, including both social and medical care.
22. Singapore can consider splitting the accommodation and care components of nursing home bills, to offer more comprehensive financing options. While care can be paid for by the state and/or long-term care insurance, accommodation subsidies should be means-tested and given only to poorer families. Wealthier private-paying residents who would like higher-quality, more spacious accommodation can pay for it through a lump-sum deposit or by monetising their homes.

CLEAR COMMUNICATION

23. More clarity and timely updates are needed on the services available. Websites of all nursing homes should display fees, including those for consumables as well as the eligibility criteria for subsidies. Quarterly updates on occupancy rates, waiting times and vacancies in various eldercare services, including nursing homes, should be published online. Similar updates are already published online for childcare centres islandwide.
24. Once audit reports for individual nursing homes and fees are made public, Singapore will need companies that can rate the homes and provide care advisory services for families looking for homes for their loved ones. Such services are common overseas and provided online through websites such as www.nursinghomeratings.ca in Canada, www.agedcarereportcard.com.au in Australia and <http://www.carepathways.com> or <http://www.aplaceformom.com> in the US. In case of negative audits or ratings, nursing homes should have the right of reply.

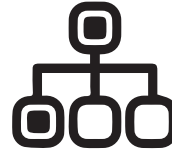
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25. Singapore needs more transparency on data and information as well as more research on the long-term care needs of the ageing population. How much does Singapore spend on long-term care vis-à-vis acute care? How long does it take to get a subsidised bed in nursing homes? How much does the Government spend on nursing home subsidies every year? How many private nursing homes are there, and how many residents do they have? These and other basic details are not available in the public domain right now. 🔑



CAPACITY



CHOICES



CONTROL



COMPLIANCE



CAPABILITIES



CARE



COST



COVERAGE



COMMUNICATION

ANNEX

FACTSHEET ON NURSING HOME SECTOR INITIATIVES
FROM THE MINISTRY OF HEALTH

FACTSHEET ON NURSING HOME SECTOR INITIATIVES FROM THE MINISTRY OF HEALTH¹

Between 2010 and 2015, the Ministry of Health (MOH) and the Agency for Integrated Care (AIC) introduced a number of initiatives to enhance the capacity, quality and affordability of nursing home services. In particular, AIC worked with community care and nursing home (NH) partners closely in the areas of manpower development, quality improvement and productivity.

A. CAPACITY

To meet the needs of the ageing population, MOH is ramping up NH capacity. There are around 70 NHs with more than 12,000 beds today, up from 9,400 in 2011. About a third of the current capacity is provided by private NHs. About 40 per cent of the over 45 NH operators are private players. Singapore is on track to reach 17,000 beds by 2020.

AIC receives referrals for subsidised services in NHs from institutions such as public hospitals, community hospitals and polyclinics. It assesses the seniors' eligibility for subsidised NH beds, and refers them to an NH which best meets their care needs. Public and community hospitals have consistently been the key referral sources, accounting for over 70 per cent of all referrals.

Between 2010 and 2015, over 17,000 referrals were made, and these seniors generally have functional and/or medical needs. More than 90 per cent of NH residents receiving some form of subsidies from the Government have high functional needs - for example, they may be wheelchair or bed-bound and require help and supervision in all, or most, of the activities of daily living.

B. QUALITY

i. Supporting the sector's manpower

The Resident Assessment Form (RAF) is used by NHs to assess the nursing care needs of their residents. To promote workforce development and improve the quality of patient care, MOH provided

funding support for VWOs and Build Own-lease (BOL) NHs to hire up to 33 per cent additional nursing care staff² above the minimum licensing staffing requirements through the Replacement Ratio (RR) funding scheme, so as to enable leave coverage and continuity of patient care.

Training and development

The AIC Learning Institute (LI) organises and conducts skills training for community care staff, including those from NHs, to meet emerging and enhanced standards of care. Since 2010, NHs have taken up more than 10,000 training places provided by AIC LI.

Leadership programmes, such as the INSIGHT and IMPACT Leadership Programmes, have also been developed. IMPACT aims to help emerging leaders advance their leadership skills. INSIGHT enables senior leaders to gain a deeper understanding of the health and social landscape so as to drive performance and sustainability across organisations to work towards an integrated healthcare system. More than 30 NH leaders have undergone both programmes.

MOH also administers awards and scholarships to support the sector in developing their manpower capabilities, and attracting aspiring new nurses and allied health professionals (AHP). These include:

- Social & Health Manpower Development Programme - Intermediate & Long-Term Care (SHMDP-ILTC):
It supports in-service staff for advanced skills training and formal post-graduate certification programmes.
- Intermediate & Long-Term Care Upgrading Programme (ILTC-UP): It builds the capability of nurses and AHPs in the sector by supporting them in pursuing their bachelor's degree.
- Balaji Sadasivan Award: For students pursuing careers as nurses or AHPs in the community care sector.

In the last six years, more than 80 NH staff received these study awards and scholarships.

Employment facilitation

As the aged-care sector provides important support for the ageing population, MOH must make continuous efforts to build up the aged care workforce in tandem with the development of services. AIC has stepped up recruitment efforts for the expanding aged care sector, including with NHs. It launched a branding campaign in January 2016 to raise awareness of opportunities in the sector.

AIC has organised four regional community care job fairs and a recruitment open house since 2015 to help local residents find jobs near their homes. Those keen to join the sector as a support care staff can also sign up for the Community Care Discovery Programme to gain a deeper understanding of the sector and the job role, or enrol into the new Traineeship Programme to equip them with skills to become senior care associates, healthcare assistants and therapy aides.

AIC recently enhanced the Return-to-Nursing scheme in April 2016 to better attract non-practising local nurses back to work in the growing aged care sector, and introduced a new Senior Management Associate Scheme to attract mid-career local workers, as there is an increasing need for Professionals, Managers, Executives, Technicians (PMETs) who can take on management and supervisory positions in the sector. As at March 2016, about 150 locals have been recruited through the manpower recruitment and training initiatives.

To enhance the pay competitiveness of healthcare workers in the MOH-subvented aged care institutions, AIC has provided funding support for salary increases since 2012, in tandem with the increases in the public healthcare sector. AIC is also working with these providers to raise the productivity of their workforce through automation, job redesign and process streamlining. The aim is to do more with less. The providers can tap into the Healthcare Productivity Fund for their productivity efforts

Salary Adjustment Exercise

In tandem with salary increases in the public acute sector since 2012, MOH introduced the ILTC Salary Adjustment Exercise (SAE) to ensure that the salaries of healthcare professionals and administrative,

ancillary and support staff in the sector remained competitive with the market.

Under the SAE, participating MOH-subvented ILTC providers receive a set of funding norms for various job bands in all staff categories, which have been derived based on the salary gaps between the public acute and ILTC salaries. To guide the participating providers in determining pay levels, MOH also shares aggregated sectoral salary information at the 25th, 50th and 75th percentiles with the providers on an annual basis. Foreign healthcare professionals such as doctors and nurses are treated the same as locals in terms of eligibility for funding support.

ii. Service quality and standards

The NHs were AIC's first partners in kick-starting the community care sector's quality improvement (QI) journey. Today, they are still a driver of the sector's QI culture by actively implementing QI projects and sharing their learning and best practices with community care peers.

In the past six years, the NHs have embarked on QI initiatives, either jointly with AIC or on their own. These initiatives span clinical and social areas such as falls prevention, continence care, hand hygiene, medication safety, nutrition and psychosocial care.

AIC also worked with NHs to improve psychosocial care. As part of the AIC Wellness Programme, close to 200 staff from over 40 organisations have gone for training to learn how to facilitate visual arts, creative movement and taiji activities for their clients. AIC rolled out this programme in 2014 to support the NHs' and community care partners' efforts to improve their clients' wellbeing and quality of life by engaging them in meaningful social and recreational activities. Some of these activities are supported and co-funded by the National Arts Council.

Response from the seniors has been positive. They not only enjoyed the activities, but also improved their strength, mobility and dexterity, and found a sense of achievement in learning something new. NH staff interviewed said that, in conducting these activities for their residents, they improved their observation skills and got to know their residents better. This helped them in providing better care for the seniors.

Since 2014, the bulk of AIC's efforts in this area has been to support NH partners in meeting the Enhanced Nursing Home Standards (ENHS) enforced since April 2016.

Inspections

Inspections are carried out before the renewal of licence for every licensed healthcare institution to ensure that licensing requirements are met. As and when MOH receives complaints, MOH may also conduct ad hoc inspections to verify allegations from complainants.

Pre-licensing inspections typically cover the following areas:

- Facilities and equipment
- Staff strength and qualifications
- Updates on organisation, policies and procedures
- Processes of care, such as administration of medicine, infection control
- Documentation including medical records
- Quality assurance activities

For nursing homes, the frequency of inspections could range from every three months to every two years. Nursing homes will be given a shorter licence period if there are repeated deficiencies observed. The implementation of the Enhanced Nursing Home Standards has not changed the inspection regime and cycle. The shorter licensing period and higher frequency of inspections are a signal to the home to put in better effort to address its shortcomings. The nursing home must rectify its deficiencies and sustain its efforts to maintain good care as a condition for licence renewal.

Currently, only four per cent of all licensed nursing homes have a licence of six months or shorter, arising from serious and/or recurrent observations of deficiencies arising from the inspections. A nursing home Resident Satisfaction Survey is also conducted every two years and all NHs are invited to participate. Participation is voluntary. Approximately 2,000 people are surveyed each time.

iii. Increasing productivity

Community care partners, including NHs, are increasingly looking at boosting productivity to meet manpower challenges while increasing the quality of care delivered. AIC administers the Healthcare Productivity Fund - Intermediate and Long-Term Care (HPF-ILTC) for NHs and other community care partners to tap to improve business processes and operations to reap productivity gains:

Through better use of technology

The Nursing Home IT Enablement Programme (NHELP), launched in 2014, is one of the initiatives funded by the HPF-ILTC. It supports NHs in achieving better quality care and care coordination, improving care accountability and facilitating clinical data analysis with the help of reports. The IT system interfaces AIC's Integrated Referral Management System and the National Electronic Health Record (NEHR). This allows residents' electronic health information to flow between different care institutions. The cost of implementing the NHELP IT system at a nursing home will be fully borne by the HPF-ILTC and MOH. Funding for operating the system will be 100 per cent for the first three years of subscribing to NHELP. Funding for the fourth and fifth year will be 80 per cent. As of 2015, six NHs have implemented NHELP. MOH targets to roll the IT system out to 36 NHs by 2018.

By reviewing processes

NHs can tap into the HPF-ILTC to improve their current workflows, processes and job functions for a better, more efficient workplace. Funding of up to \$5,000 is available for small-scale process reviews to identify areas of improvement. Funding of up to two-thirds of the subsequent full-scale process improvement project is available. As of 2015, 15 NHs have completed Business Process Redesign (BPR) and Job Redesign (JR) initiatives using the funding. Jamiyah Nursing Home was one of the NHs that did so. The NH achieved time savings of about 20 per cent after reviewing

operational processes including showering, medication and meal serving. They also relooked the job scope and tasks performed by their nurses, nursing aides and healthcare assistants. The time saved enabled the staff to spend more time on quality interactions with residents and attending to their needs, such as assisting with therapy activities. They are also now able to find more time to rest between their duties.

Through training

The HPF-ILTC funds 90 per cent of the programme fees, among other components, for successful ILTC-UP awardees. It subsidises the AIC Learning Institute course fees for eligible participants. Additionally, NHs can also use the HPF-ILTC Conference Fee subsidy if they wish to participate in local and overseas conferences. Up to 90 per cent of fees are subsidised for selected conferences.

By aggregating demand of goods and services

The Shared Procurement and Services initiative helps community care institutions run by Voluntary Welfare Organisations (VWOs) to achieve cost and manpower savings. This is done through bulk purchases and productivity gains achieved by reducing time spent by VWOs on procurement. Items covered under this initiative include consumables, medical and non-medical equipment. This initiative started in 2010. As of 2015, 32 NHs are on board.

By funding the sector's productivity initiatives

The Community Health Improvement & Productivity Scheme (CHIPS) supports institutions that adopt strategies to improve workflow processes, leveraging automation, technology, or quality improvements that have proven to deliver productivity outcomes. Funding levels are up to 80 per cent for projects which are new to the sector, and two-thirds the cost for diffusion projects, i.e. projects that have already been adopted by others. As of 2015, close to 80 NH projects have been supported through CHIPS.

iv. Resources for sector development

AIC administers various funds and grants for the Community Care sector:

- Scholarships, awards, training: More than \$10.5 million have been invested in the sector between 2010 and 2015.
- Healthcare Productivity Fund-ILTC: More than \$3 million have been awarded to over 100 projects between 2012 and 2015.
- Community Silver Trust: This is a dollar-to-dollar matching grant by the Government to improve the services of VWOs. Since 2011, over \$250 million have been matched.
- Tote Board Community Healthcare Fund: This provides up to 80 per cent funding to programmes that improve preventive care, community care and the building of capabilities in healthcare services. Over \$130 million have been awarded as of 2015. One of the projects supported was a multi-dose medication distribution system for NHs. Five NHs collaborated with a pharmacy that provided blister packing to improve the NHs' medication administration process. NH residents typically have multiple conditions and require multiple medications. Medication management and administration can be a complex and time-consuming process for the staff. In this project, the NHs adopted a multi-dose medication blister packing system where the pharmacy would receive the residents' medication from the NHs, repack them into multi-dose pouches and deliver the individualised pouches back to them. Consequently, medication packing was centralised at the pharmacy and medication administration was streamlined at the NHs. Relieved from the need to manually pack medicines, the NH nurses could focus more on delivering care to their residents.

C. AFFORDABILITY

MOH has made a series of efforts to increase the investment in the nursing home sector and make nursing home services more affordable:

- In 2012, the ILTC subsidy framework was widened to cover up to two-thirds of households, up from half previously. More than 80 per cent of subsidised Singaporeans in MOH-funded NHs receive

the maximum subsidy of 75 per cent. Medifund helps Singaporeans who require additional assistance after subsidies.

- The PG Disability Assistance Scheme in September 2014 provides Pioneers with moderate to severe functional disability, including those in NHs, with additional cash assistance of \$100 per month to help defray their long-term care costs.
 - The funding rate for nursing home across patient categories has been increased over time. Coupled with the increase in capacity, the total subsidies going into the nursing home sector have more than doubled in the last five years.
 - Across subvention, manpower funding, capital investments, and other assistance to nursing homes, the Government's investment in the sector was more than \$360m in FY 2015.
- the maximum subsidy of 75 per cent. Medifund helps Singaporeans who require additional assistance after subsidies.

NOTES

- 1 This factsheet was provided by the Ministry of Health to Radha Basu in June 2016. Minor edits of language and formatting have been made for consistency.
- 2 Nursing care staff comprise registered nurses, enrolled nurses, as well as support care staff such as healthcare assistants and nursing aides.

