

## NAVIGATING A NEW REALITY

### COVID-19 Challenges Spark Opportunities for Senior Care in Singapore

#### Death and infection rates in long-term care remain low so far; study highlights how technology can help transform nursing homes, daycare, and homecare services for seniors

**SINGAPORE, Oct 30, 2020** – Singapore’s management of the COVID-19 crisis so far has resulted in one of the world’s lowest death rates overall, as well as among its most vulnerable and frail residents – those who live in nursing homes.

There have been four COVID-19-related deaths among nursing home residents – and 28 nationally – to date. Significantly, at a time when across 21 countries, nearly half of all pandemic-related deaths are among residents of nursing homes<sup>1</sup>, the figure in Singapore is at around 14 percent of all deaths. Overall, 20 residents and 5 staff members tested positive for the virus<sup>2</sup> in six nursing homes between March 31 and June 4. All the four who died were residents of a single home, Lee Ah Mooi Old Age Home, which had 14 residents infected overall<sup>3</sup>. The deceased, three women and a man, were all in their 80s or older and had multiple co-morbidities.<sup>4</sup> There have been no cases in daycare centres or among users or staff of homecare services<sup>5</sup>.

While outbreaks in long-term care (LTC) have remained relatively low, this has come at the price of strains on the country’s LTC system. As the sector scrambled to find solutions – to closures of daycare centres, to restrictions on movements in nursing homes, and to the adoption of homecare – it set a path towards a new reality for long-term care. Notably, greater use of digital technology boosted the efficiency of some services, increased the variety of activities for seniors, and showed the potential for putting seniors at the centre of care.

#### Overview of the Report

These are some of the findings from a new report that offers a quick recap of the first six months of the COVID-19 crisis as seen through the eyes of some of Singapore’s long-term care providers. The 85-page report, [Navigating a New Reality: COVID-19 Challenges and Opportunities for Long-Term Care in Singapore](#), was produced by international management consulting firm, Oliver Wyman, in partnership with the Lien Foundation.

It elaborates on the challenges faced – many of them inevitable – and lessons learnt as LTC providers worked round-the-clock in tandem with the government health and care agencies to safeguard and serve seniors who live in nursing homes or use formal daycare or homecare services. It also identifies

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<sup>1</sup> Comas-Herrera A, Zalakaín J, Lemmon E, Henderson D, Litwin C, Hsu AT, Schmidt AE, Arling G and Fernández J-L (2020) Mortality associated with COVID-19 in care homes: international evidence. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 14 October.

<sup>2</sup> Graham, WCK, Wong, CH. (2020) Responding to COVID-19 in Residential Care: The Singapore Experience. LTCcovid country report, International Long-Term Care Policy Network, CPEC-LSE, 27 July 2020.

<sup>3</sup> Information from Lee Ah Mooi home. All the deaths occurred in hospital.

<sup>4</sup> A sixth staff member tested positive for COVID-19 the day she returned back to the Philippines after completing her contract in August 2020.

<sup>5</sup> Ministry of Health, Singapore Oct 16, 2020

emerging opportunities and local and global best practices from the care sector and other industries – especially with regard to technology – which are worth emulating to help make the sector stronger, more integrated and resilient in a post-pandemic world.

The researchers spoke to 50 people overall, including leaders and staff of 21 long-term care operators<sup>6</sup> who run nursing homes, daycare centres and homecare services in Singapore. Perspectives were also sought from the Ministry of Health (MOH) and Agency for Integrated Care (AIC), academics, technology providers and 15 international experts. These were supplemented by a review of new policies implemented in Singapore since the beginning of the pandemic, as well as additional secondary research. As of FY 2017, the latest period for which such figures are available, around 45,100 people<sup>7</sup> received formal long-term care. Nine in 10 were in their 60s or older. These individuals are among the most vulnerable of an already high-risk population.

“The report is an impressive systematic review of the unprecedented COVID-19 crisis, faced by the entire healthcare system and specifically – the Community Care Sector,” said **Then Kim Yuan**, Administrator of the Lee Ah Mooi home, one of the interviewees, who was on the frontlines of the race to safeguard seniors in Singapore’s care sector. “A global pandemic can only be defeated when such research results are openly shared and all stakeholders learn and work together as a community to respond calmly, responsibly, and with resilience.”

### COVID-19 Impact on Singapore’s Seniors

Overall, nursing home residents currently account for only 0.03 percent of nearly 58,000 COVID-19 cases and 14 percent of 28 COVID-19 deaths in Singapore.<sup>8</sup> Based on a total of 16,000 nursing home residents, the infection and mortality rates per nursing home resident are 0.13 percent and 0.03 percent respectively. A recently published international study on deaths in nursing homes highlighted that the proportion of deaths per resident in Singapore is the second lowest among 21 countries, barring South Korea.<sup>9</sup> This compares with 4 to 6 percent in countries like the United States, United Kingdom, Spain and Belgium. In fact, in countries like Canada, Australia, Spain and Belgium, care homes have accounted for 60-80 percent of all pandemic-related deaths, despite being home to a small fraction of seniors.

Singapore is one of the fastest aging countries in the world. Nearly 900,000 people – or 22 percent of the resident population – are already in their 60s or older.<sup>10</sup> Seniors here – though vulnerable – have been largely safe so far, thanks in part to prompt policy changes and some strict measures aimed at isolating residents of foreign worker dormitories, where 94 percent of the cases occurred as of October.

Operators also worked in tandem with MOH and the AIC – sometimes round the clock – to put in timely prevention and control measures to safeguard long-term care facilities. Throughout the pandemic, MOH and AIC have sought to avoid drastic actions and to suggest more incremental changes; operators commended the support from the government, though some noted they struggled to navigate changes with short turnaround times and the large volume of advisories. While

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<sup>6</sup> LTC organisations interviewed include seven nursing home LTC operators, eight who run daycare centres, and six homecare operators. Some of the operators run multiple nursing homes and daycare centres.

<sup>7</sup> Parliament reply, Ministry of Health, Singapore

<sup>8</sup> Information from Ministry of Health, Singapore

<sup>9</sup> Comas-Herrera A, Zalakaín J, Lemmon E, Henderson D, Litwin C, Hsu AT, Schmidt AE, Arling G and Fernández J-L (2020) Mortality associated with COVID-19 in care homes: international evidence. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 14 October.

<sup>10</sup> <https://www.singstat.gov.sg/-/media/files/publications/population/population2020.pdf>

critical for public health – and in many cases inevitable – these measures have stretched resources and capacity in a manner that could prove unsustainable in the long run.

There was support in the forms of funding, technology, non-technological solutions, and knowledge sharing.<sup>11</sup> MOH and AIC coordinated and distributed personal protective equipment (PPE, distributing supply from the national stockpile to each operator), and swab tests across the sector (for example, tests for all nursing home staff and residents from April to June).<sup>12</sup> The widescale testing was particularly intended for early detection to prevent clusters from emerging. With the support of National Public Health Laboratory, AIC adopted pooled testing and received test results within 24 hours. MOH and AIC continue to study alternative surveillance protocols to further enhance early detection.

To date, funding has been awarded to long-term care providers, regardless of whether they receive government subventions, that applied for funding opportunities. This included:

- Video conferencing set up on a case-by-case basis (up to 5,000 Singapore dollars per centre and SG\$20,000 per organization). Repurposed digital tablets were also issued to nursing homes to enable nursing home residents to do video calls with their family members and caregivers, especially during the circuit breaker period.
- Implementation of a subscription-based appointment scheduling system (SG\$75 per month)
- Staff transportation (up to \$3,000 per organization)
- Staff welfare through the Sayang Sayang Staff Appreciation Fund (up to SG\$3,000 per organization)<sup>13</sup>
- Pristine Fund to keep eldercare centres hygienic and clean (SG\$300 per centre)

AIC also set up the #StrongerTogether Fund to support long-term care providers who are hit by a confirmed COVID-19 case. The Fund helps long-term care providers to defray cost incurred (up to \$50,000 per nursing home and up to \$10K per centre) due to the COVID-related incident.

Specific to nursing homes, additional one-time funding was announced in May and June on a per-person basis for staff relocation to alternative accommodation (SG\$500 hardship allowance in May for temporary relocation, SG\$6,000 transitional grant, and SG\$4,400 additional housing allowance for moving off-site residences). Funding was also provided for facility renovations for staff remaining on-site (SG\$250 per staff member).

### **Challenges from First Six Months of the Pandemic**

On the ground, long-term care faced challenges in five areas: continuity of care, physical space, manpower, seniors' wellbeing, and primary caregivers.

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<sup>11</sup> Knowledge sharing includes informational posters (such as staff hygiene) for care facilities and workshops (such as mask-fitting.)

<sup>12</sup> The number of PPE sets distributed is based on caseloads submitted by operators (dependent on staff size and level of precaution required for specific services) while swab tests are made available for both mass testing exercises and for residents displaying ARI symptoms.

<sup>13</sup> All financial figures provided in this report are denominated in Singapore dollars (SGD), unless stated otherwise.

Area of challenge	Description
<b>Continuity of care</b>	Disruptions in where and how care and services are delivered
<b>Physical space</b>	Immediate need for safe distancing for infection prevention and control within existing infrastructure and design
<b>Manpower</b>	Additional burden and day-to-day disruptions to working and staff living environments, impacting wellbeing and morale
<b>Seniors' wellbeing</b>	Shifts in environments, impacting quality of life and wellbeing
<b>Primary caregivers</b>	Stress from adjusting to changes and uncertainties of the “new normal,” while taking care of seniors

**In nursing homes, the risks were especially high with regard to physical space,** given that many homes still have dormitory-style accommodation, with six to 10 seniors in a room. The problem was compounded by the presence of on-site staff dormitories – sleeping up to 10 workers in a room, many in bunk beds. To minimize infection risk, the operators needed to retrofit their facilities, especially in communal areas, split zones, and staff living quarters.

Split zones are self-contained areas set up to reduce infection risks: Staff and residents are not to enter other zones<sup>14</sup> or interact with people from other zones. The zones are designated by either floor or wing, and the number depends on the nursing home setup and size. Each zone has no more than 100 residents.

Nursing home staff, meanwhile, have faced high stress, both in their workplace – with some moving from eight- to 12-hour shifts – and personal lives, as some have had to relocate to on-site accommodation, hotels, or new off-site residences. In all, 3,600 resident-facing staff<sup>15</sup> – or around 40 percent of all 9,000 nursing home staff – were moved to designated accommodation facilities on-site or at hotels. Providers were supported with funding to transit their staff into the new accommodation, which adhered to principles such as observing split zones and safe distancing measures, minimizing inter-mixing of staff, and ensuring the accommodation is well-ventilated.

Residents' emotional wellbeing was also affected amid the frenzy of changes and a period without visitations from loved ones, leading to disengagement and stress – especially for seniors with dementia, who had a difficult time adjusting to changes, such as staff in PPE – as well as the risk of physical deterioration, with reduced therapy sessions.

**Daycare centres were also put to the test, as their offline model came to an abrupt standstill during centre closure, and many were forced to go online with mixed success.** While there was reasonable take-up of digital services among less-frail and younger seniors, operators interviewed noted that this translated to only between 20 and 50 percent of seniors regularly engaging in virtual

<sup>14</sup> If medical personnel must move between zones, these physicians and therapists are to follow strict, enhanced infection-prevention and control measures, with all their movements recorded for contact tracing.

<sup>15</sup> Information from Ministry of Health, Singapore.

activities. For frailer and older seniors, only phone calls or messages were feasible, especially for seniors with no Internet connectivity and technology. Seniors with caregiving support at home were able to better engage. The online migration was not easy, as only about 58 percent of Singapore's seniors are Internet users. Of this group, only 33 percent are computer users and 13 percent do not own any portable device – that is a laptop, tablet, smartphone, or mobile phone.<sup>16</sup> Many operators had not done much digital preparation, and not all seniors were engaged or had sufficient tools, Internet connectivity or support from caregivers and family members at home to participate. As a result, the uptake of online activities was not a full migration.

Overall, this period of isolation at home posed difficulties to seniors and primary caregivers. Operators and geriatric experts have observed the mental and physical deterioration of seniors, and centres are now focused on deconditioning these effects, which include forgetting how to perform daily activities and clients with dementia not remembering the centre at all. In some cases, seniors have not been able to return to centres due to their weakened conditions.

Caregivers faced a slew of challenges at home, navigating personal difficulties from COVID-19 along with new responsibilities to care for seniors with minimal support from other family members, due to community-wide lockdown, or services like home personal care. Even as centres have reopened, they must operate safe-distancing and other infection-control routines. Centres that were included in the study, as of August, were hovering at between 50 and 80 percent of typical capacity, with uncertainty over how long this will continue.

**Meanwhile, COVID-19 has been a catalyst for further adoption of homecare, with demand growing for home medical and nursing care, says the report.** Operators included in this study saw up to 20-percent growth in home nursing and 25- to 50-percent growth in home medical care. They saw a promising foray into telehealth, with many piloting the service for the first time: One operator reported a 90-percent growth in telehealth adoption and sees high potential for further expansion of teleconsultation services going forward. While homecare operators did face other challenges, the momentum of digital adoption was positive for them. Sustaining this will require a review of structural gaps such as financing coverage, as well as further innovations from operators in expanding their services.

### **Digital Technology as a Silver Lining**

The report also highlights several best practices – from Singapore and overseas – on how greater use of digital technology can boost the efficiency of senior care services, increase the variety of activities for seniors, and show the potential of putting seniors at the centre of care. The report focuses on existing technology solutions that must be reconsidered given exigent use cases from COVID-19, such as remote monitoring, medication adherence, assistive robots, and social connectivity solutions.

These can help create a future for long-term care in which aging-in-place is the default, and which places a renewed emphasis on quality of life. Diverse care options can be administered at home, and seniors can be offered a blended program of online and offline daycare services. The report calls for a major transformation across the long-term care sector, with a key role for digital technology.

“Beyond placing seniors at the forefront of policy making, the pandemic has also amplified the case for digital and technologies in the long-term care sector,” said **Kitty Lee**, Partner and the Head of Health and Life Sciences in Asia Pacific, and one of the authors of the report. “The momentum is

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<sup>16</sup> IMDA 2019: Annual survey on Infocomm usage in households and by individuals. In this data, seniors are 60 years of age or older.

here for the sector to leverage this increased willingness to adopt digital and to push the boundaries on care delivery for seniors."

Community care expert, **Dr Ng Wai Chong**, one of the interviewees who is helping seniors adopt technology, said that the urgent need for technological innovations to mitigate the situation cannot be overstated. "However, we really need more multidisciplinary research and marketplace experiments in geron-tech applications," said Dr Ng, who is Founder and CEO of NWC Longevity Practice. "At the end of the day, I'm still not quite convinced that Zoom meetings can replace a shared meal."

### **Transforming Long-Term Care**

Oliver Wyman has defined six opportunities in LTC that are immediately actionable. Each applies technology to realize practical solutions that have already been put into use:

- **Pivot to digital-led care models** that are integrated closely with offline models. Examples include virtual daycare and telehealth, using remote monitoring and back-end analytics.
- **Boost preventive health and wellness.** Empower patients and plan for future disruptions by deploying sensor-based technology such as wearables and remote devices for medication adherence.
- **Retrofit existing spaces** in facilities to minimize the risk of infection. Redesign nursing homes and daycare facilities and introduce devices such as assistive robots and AI-based solutions (software for CCTV facial recognition and temperature screening, for example).
- **Empower the workforce for the future.** Use lessons from COVID-19 to redesign jobs and reorganize teams; engage and upskill volunteers; and free up staff using technology such as remote monitoring, IoT-enabled administrative systems, and assistive robots.
- **Place greater emphasis on mental health and wellbeing** in care planning. Focus on social connectivity through digital platforms and virtual reality-based programs.
- **Provide greater support for primary caregivers** via upskilling and wellbeing initiatives to better prepare them to navigate uncertainties. This can be done through digital communities and training for caregivers.

While pursuing these opportunities, the sector has the opportunity to initiate long-term improvements. One is to improve the **continuity of care**. Homecare has great potential for increased adoption, and operators interviewed by Oliver Wyman reported a healthy growth in home medical care. Many of them piloted telehealth services. To sustain this momentum and shift more care options to the home, structural gaps will need to be reviewed, such as homecare coverage financing. There are also opportunities to integrate services that are currently provided by LTC providers, social care agencies, and Singapore's Regional Health Systems.

**Physical spaces** will need fundamental rethinking: Nursing homes should be purpose-built and have fewer residents per bedroom and decentralized communal areas. Daycare centres should consist either of large spaces that can be easily compartmentalized or smaller spaces in public housing blocks.

A third priority is to strengthen the **manpower resources** available to the sector. That means finding solutions to the current limitations by continuously calibrating the system governing foreign workers in Singapore and tapping into more local candidates.

## Reflecting on the Crisis to Date

Overall, the report found that Singapore’s long-term care sector – including the authorities, sector leaders and staff as well as seniors and their families – have shown collective strength during the crisis. However, COVID-19 has compromised the stability that is imperative to the sector. “Despite grave risks and thanks to coordinated and continuous effort, the sector has done relatively well to safeguard our seniors so far,” said Lien Foundation Research Director **Radha Basu**. But as the pandemic shows no signs of abating globally, the work is far from over. “We hope some of the technology and other opportunities highlighted in the report can pave the way to a stronger, more resilient and integrated sector that is better able to balance safety with wellbeing during this pandemic and beyond.”

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## Media contact

Genevieve Kuek, Qeren Communications for Lien Foundation Tel: +65 97633110 Email: [gen@qeren.sg](mailto:gen@qeren.sg)

Eva Tong, Oliver Wyman Tel: +86 21 8036 9313 Email: [eva.tong@oliverwyman.com](mailto:eva.tong@oliverwyman.com)

## About the report

This [report](#) was written by [Oliver Wyman](#) in collaboration with the [Lien Foundation](#), a Singapore-based philanthropic organization focused on eldercare. Based on close to 50 interviews with long-term care operators, experts, and policymakers in Singapore and abroad, the report highlights the experiences of nursing home, daycare, and homecare operators in the first six months of the pandemic (from February to July). The report recommends opportunities to fortify the sector, with digital and technology as key focus areas.

## About Oliver Wyman

Oliver Wyman is a global leader in management consulting. With offices in 60 cities across 31 countries, Oliver Wyman combines deep industry knowledge with specialized expertise in strategy, operations, risk management, and organization transformation. The firm has more than 5,000 professionals around the world who work with clients to optimize their business, improve their operations and risk profile, and accelerate their organizational performance to seize the most attractive opportunities. Oliver Wyman is a wholly owned subsidiary of Marsh & McLennan Companies [NYSE: MMC]. For more information, visit [www.oliverwyman.com](http://www.oliverwyman.com). Follow Oliver Wyman on Twitter [@OliverWyman](#).

## About Lien Foundation

The Lien Foundation is a private philanthropic organization that pioneers solutions to improve lives and tackle the root of problems in eldercare and early childhood development in Singapore. It also works to improve access to clean water, sanitation and palliative care among diverse communities in south and southeast Asia. The Foundation's research publications, multimedia advocacy and design projects aim to seed public discourse in the hope that these can lead to better policies and practices in its various fields of work. [www.lienfoundation.org](http://www.lienfoundation.org).

## Navigating a New Reality

### Factsheet

#### A About the report

<b>What it is</b>	<p><b><i>Navigating a New Reality</i></b> offers a quick, contemporaneous account of the first six months of the COVID-19 crisis as seen through the eyes of some of Singapore’s long-term care (LTC) providers.</p> <p>This report elaborates on the challenges faced – many of them inevitable – and lessons learnt as LTC providers worked round-the-clock in tandem with the government health and care agencies to safeguard and serve seniors who live in nursing homes or use daycare centres or formal homecare services.</p> <p>It also identifies emerging opportunities and local and global best practices from the care sector and other industries – especially with regard to technology – which are worth emulating to help make the sector stronger, more integrated and resilient in a post-pandemic world.</p>
<b>Who is involved</b>	The report is the result of a collaboration between <b>Lien Foundation</b> and <b>Oliver Wyman</b>
	<p>As part of the research,</p> <ul style="list-style-type: none"><li>- : Around 50 people were interviewed including:<ul style="list-style-type: none"><li>- Leaders and staff of<ul style="list-style-type: none"><li>▪ 7 nursing home operators</li><li>▪ 8 daycare operators</li><li>▪ 6 homecare operators</li></ul></li><li>- Academics, technology providers and care sector experts</li><li>- Civil servants and policymakers</li></ul></li><li>- Over 15 global LTC experts and digital and technology experts</li></ul> <p>The following agencies also provided data and their perspectives</p> <ul style="list-style-type: none"><li>- Ministry of Health’s Aging Planning Office</li><li>- Agency for Integrated Care</li></ul>
<b>When</b>	Interviews and the bulk of the research was conducted from June to August 2020, and covered the period of COVID-19 starting end January. Data is updated, where possible, till October 2020.



## **B Snapshot of Challenges Posed by COVID-19**

The report revealed these key challenges:

**i. Continuity of care**

Disruptions in where and how care and services are delivered

- Traditionally, many nursing homes have a shared-services model, in which doctors and specialists rotate across several facilities and care settings. However, due to COVID-19 risks, the rotations of healthcare workers and allied health professionals became limited.
- Daycare centres were forced to migrate online but there were gaps in adoption.

**ii. Physical space**

Immediate need for safe distancing for infection prevention and control within existing infrastructure and design.

- According to the operators, the spaces most impacted were communal areas, split zones, and staff living quarters.
- Maximum capacities for daycare centres had to be reduced to adhere to safe-distancing guidelines and spaces had to be reconfigured.

**iii. Manpower**

Additional burden and day-to-day disruptions to working and staff living environments, impacting wellbeing and morale.

- As a sector with a high dependence on foreign talent, the existing problem of insufficient manpower was further exacerbated by travel restrictions which resulted in some foreign workers, who were back in their home countries, being unable to re-enter Singapore. Foreign worker recruitment was put on pause, volunteers were also not allowed on site.

**iv. Seniors' wellbeing**

Shifts in environments, impacting quality of life and wellbeing.

- The suspension of visits to nursing homes, which has been gradually lifted since mid-June, from family and loved ones had the most dramatic impact on seniors.
- Daycare operators noted the impact of prolonged isolation on the physical and mental wellbeing of the elderly.

**v. Primary caregivers**

Stress from adjusting to changes and uncertainties of the "new normal," while taking care of seniors.

## C Ageing in Singapore

### 1. Seniors in Singapore

	2015		2020 (as of end June 2020)		2030
		% of total population		% of total population	
Seniors Residents <sup>1</sup> (aged 60 years and above)	700,208 <sup>2</sup>	17.9%	898,994 <sup>2</sup>	22.2%	1.3 to 1.4 million <sup>3</sup> (Singapore Citizens only)

<sup>1</sup>Senior Residents include both Singapore Citizens and Permanent Residents

<sup>2</sup>Singapore Residents By Age Group, Ethnic Group And Sex, End June, Annual from Department of Statistics Singapore, <https://www.singstat.gov.sg/find-data/search-by-theme/population/population-and-population-structure/latest-data>

<sup>3</sup>Ansah, J.P., Malhotra, R., Lew, N., Chiu, C.T., Chan, A., Bayer, S. & Matchar, D.B. (2015) "Projection of young-old and old-old with functional disability: does accounting for the changing educational composition of the elderly population make a difference?" PLoS One 10(5):e0126471.doi: 10.1371/journal.pone.0126471. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25974069>

### 2. Singapore's long-term care capacity

- As of FY 2017, the latest period for which such figures are available, around 45,100 people received formal long-term care. Nine in 10 were in their 60s or older. These individuals are among the most vulnerable of an already high-risk population.

Types of LTC services	2019		
	Nursing Home	Daycare <sup>1</sup>	Homecare <sup>2</sup>
No. of facilities/operators	77	143	24 <sup>2</sup>
No. of beds or places	16,059	7,600	10,300 <sup>3</sup>
No. of facilities per 1,000 seniors	0.13	0.25	0.04
No. of beds or places per 1,000 seniors	28	13	18

Sources: MOH, Oliver Wyman analysis

<sup>1</sup>Daycare figures include centres that offer daycare, dementia daycare, community rehabilitation, the Singapore Program for Integrated Care of the Elder (SPICE) a/o Integrated Home and Day Care services, and are recipients of MOH subventions a/o referrals by AIC

<sup>2</sup>Home Care figures include home medical and home nursing services by providers who receive MOH subventions but exclude home palliative care providers. There are nine home palliative care providers in 2019. A provider that manages multiple branches is only counted once

<sup>3</sup>Excludes home palliative care places (6,300 in 2019 based on total number of clients served per year)

## D COVID-19 in Singapore

### 1. COVID-19 impact on long-term care facilities in Singapore

- i. 25 COVID-19 cases: 20 residents and 5 staff from nursing homes.<sup>17</sup>
- ii. Four residents have died, accounting for 14 percent of overall COVID-19 deaths<sup>18</sup>
- iii. There have been no cases or deaths reported among seniors who use daycare or homecare services in Singapore.<sup>19</sup>

### 2. How Singapore compares - COVID-19 impact on long-term care facilities

- i. Singapore's long-term care has fared better than many other countries.
- ii. In Singapore, 4 out of 28 of COVID-19 deaths or about 14%, are linked to nursing homes
- iii. About 46 percent of all COVID-19 deaths are linked to care home residents in 21 countries<sup>4</sup>, although these residents generally make up less than one percent of the population
- iv. **Singapore had the second-lowest number of care home deaths** – after South Korea – as a proportion of total care home residents<sup>20</sup> (see Table D.2.3).

Table D.2.3: Recorded COVID-19 deaths in eldercare homes as a percentage of estimated total residents<sup>21</sup>

Country	Percentage
South Korea	0.01%
<b>Singapore</b>	<b>0.02%</b>
Hong Kong	0.04%
New Zealand	0.04%
Hungary	0.26%
Finland	0.29%
Australia	0.32%
Germany	0.46%
Slovenia	0.53%
Denmark	0.58%
Canada	1.74%
France	2.47%
Sweden	3.3%
United States	4.24%
Belgium	5%
Britain	5.09%
Spain	6.18%

*\*Japan and Taiwan, which have also kept a lid on COVID-19 deaths in care homes, were not included in the study.*

<sup>17</sup> Latest figures confirmed by the Ministry of Health's Ageing Planning Office (October 16, 2020). We also confirmed with Lee Ah Mooi Old Age Home that there was a sixth nursing home staff from Singapore who was tested COVID-19 positive once she returned home to the Philippines in August. Source: Channel News Asia, September 1, 2020.

<sup>18</sup> Latest figures confirmed by the Ministry of Health's Ageing Planning Office (October 16, 2020).

<sup>19</sup> Ministry of Health (October 16, 2020)

<sup>20</sup> Comas-Herrera A, Zalakaín J, Lemmon E, Henderson D, Litwin C, Hsu AT, Schmidt AE, Arling G and Fernández J-L (2020) Mortality associated with COVID-19 in care homes: international evidence. Article in LTCcovid.org, International Long-Term Care Policy Network, CPEC-LSE, 14 October.

<sup>21</sup> LTCCovid Report

## **E MOH and AIC Safe Management Strategy**

### **1. Advisories**

- Recommended guidelines for infection prevention and control.
- Between January 23 and June 30, 41 advisories were issued to long-term care operators, in addition to 48 other updates.<sup>22</sup>

### **2. Checklists**

- Self-assessment tools that compile guidelines and provide detailed instructions.
- First available to nursing homes in April, and daycare operators in June
- Included checklists on topics like split team implementation and how to conduct communal activities.

### **3. Resources**

- Support in the forms of funding, technology, non-technological solutions, and knowledge sharing.<sup>23</sup>
- MOH and AIC coordinated and funded personal protective equipment (PPE, distributing supply from the national stockpile to each operator), and swab tests across the sector (for example, tests for all nursing home staff and residents from April to June).<sup>24</sup>
- Funding
  - Funding was awarded to long-term care providers, regardless of whether they receive government subventions, that applied for funding opportunities such as:
    - Video conferencing, on a case-by-case basis, (up to SG\$5,000 Singapore dollars per centre and SG\$20,000 per organization)
    - Implementation of a subscription-based appointment scheduling system (SG\$75 per month)
    - Staff transportation (up to SG\$3,000 per organization)
    - Staff welfare through the Sayang Sayang Staff Appreciation Fund (SG\$3,000 per organization)<sup>25</sup>
    - Pristine Fund to keep eldercare centres hygiene and clean (SG\$300 per centre)
  - #StrongerTogether Fund to support long-term care providers who are hit by a confirmed COVID-19 case
    - helps long-term care providers to defray cost incurred (up to SG\$50,000 per nursing home and up to SG\$10,000 per centre) due to the COVID-related incident.
  - Specific to nursing homes, one-time funding on a per-person basis for staff relocation to alternative accommodation
    - SG\$500 hardship allowance in May for temporary relocation
    - SG\$6,000 transitional grant
    - SG\$4,400 additional housing allowance for moving off-site residences
  - Specific to nursing homes, funding for facility renovations for staff remaining on-site
    - SG\$250 per staff member

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<sup>22</sup> These figures are based on the “Summary of Advisories and Resources” dating between end-January and end-June, provided by AIC. In addition to advisories, updates include notices and announcements on resources. Not all updates were relevant to every long-term care provider, hence not requiring implementation.

<sup>23</sup> Knowledge sharing includes informational posters (such as staff hygiene) for care facilities and workshops (such as mask-fitting.)

<sup>24</sup> The number of PPE and swab tests funded by MOH and AIC were not available upon request. The number of PPE sets distributed is based on caseloads submitted by operators (dependent on staff size and level of precaution required for specific services) while swab tests are made available for both mass testing exercises and for residents displaying ARI symptoms.

<sup>25</sup> All financial figures provided in this report are denominated in Singapore dollars (SGD), unless stated otherwise.

**F Opportunities from COVID-19 – lessons for the “better new normal”**

Area of challenges	Opportunities
<b>i. Continuity of care</b>	<b>Greater focus on digital-led models</b> , integrated closely with offline models (such as telehealth and virtual daycare)
	<b>Continuation of preventive health and wellness</b> , with patient empowerment as core focus, to fortify against future disruptions in care provision
	<b>Mindset shift towards homecare</b> is sustained, with next step to focus on enablers such as broadened financing coverage and more care options shifted to home, to solidify home as a preferred site of care
	<b>More integration of care and services around the senior</b> , with streamlined roles (such as long-term care providers, social care agencies, RHS) across different organizations to reduce duplication of services and clarify ownership
<b>ii. Physical spaces</b>	<b>Retrofitting of existing space</b> to minimize risks of infection, with design and operational changes to nursing home and daycare facilities
	<b>All new nursing homes</b> to be purpose-built with fewer residents per bedroom, decentralized communal areas (such as for meals, socialization, and care provision), and flexibility for nimble isolation; new standards required, with changes in KPIs
	<b>All new daycare centres</b> to be built with ample space that is compartmentalized into smaller social areas; void deck spaces to be repurposed, for example as multi-generational spaces that engage a wider community, to provide smaller and more intimate spaces in every HDB
<b>iii. Manpower</b>	<b>Empowerment of the workforce</b> for the future, with COVID-19 lessons reflected in job re-designs, reorganization of teams, upskilling, and engagement of volunteers
	<b>More local workers</b> from a wider pool of candidates, through new career paths, rotations, and leadership roles
	<b>Sustainable foreign recruitment</b> , with permanent solutions to structural barriers, such as higher pay and longer-term stay options
<b>iv. Seniors’ wellbeing</b>	<b>Greater emphasis on mental health and wellbeing</b> to be included in care planning; focus on social connectivity
<b>v. Primary caregivers</b>	<b>Support for caregivers</b> via upskilling and wellbeing initiatives, to better prepare for navigating uncertainties