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Long Term Care Around the Globe

## A Paradigm Shift in Regulating and Running Nursing Homes in Singapore

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### ABSTRACT

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Singapore faces a rapidly aging population. By 2030, 19% of her population will be aged 65 years and above. Other Asian countries face similar problems, with South Korea having the fastest aging population worldwide, followed by China and Thailand. With Singapore possessing an advanced aging population, its policy provides a useful case study of eldercare to cater to evolving population demographics. This article will focus specifically on nursing homes and analyze current policies toward them, synthesize recommendations to improve long term care, and justify a paradigm shift toward more holistic, humanistic, and multidimensional care.

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### Summary of Singapore's Nursing Home Policies

Nursing home legislation in Singapore hark back to the 1950s, when the City Council passed the Nursing Homes and Maternity Homes Registration Ordinance, 1959.<sup>1</sup> However, nursing homes had minimal legislative purview and were wholly managed by charitable organizations, until the 1989 Homes for the Aged Act was enacted in Parliament. It dealt with the issuing, transferring, and revoking of licenses for Homes of the Aged, regulated by a Director with jurisdiction to inspect premises and “revoke and suspend” licenses. While allowing suspension or termination of licenses for “reasons of situation, construction, state of repair, accommodation, staffing or equipment,” it did not explicitly delineate standards.<sup>2</sup>

Today, nursing homes are governed by the Private Hospitals and Medical Clinics Act and Regulations. It regulates “medical records,” “facilities,” “linen service,” “dietetic services,” and “infection control.” “Advertising” is heavily restricted, and nursing homes can determine their own standard and system of care, which they need to report consistently to the Ministry of Health. To operate, nursing homes receive 2-year licenses, subject to yearly formal inspections.<sup>3</sup>

Nursing homes in Singapore are either run by Voluntary Welfare Organizations or private profit-driven organizations. The former receives generous government subsidies of up to 90% of capital costs for construction, continuing subsidies of 50% of operating costs, and a waiver of the foreign worker levy.<sup>4</sup> More recently, the government provided full funding of building costs and means-tested subvention

of operating costs of up to 75%. Like all local charities, they are subject to periodic audits. Private nursing homes, however, are self-funded and granted greater autonomy. The relative under-regulation risks compromising standards, exemplified by the private nursing home scandal where staff was video-taped rough-handling an elderly resident,<sup>5</sup> leading to a public outcry. Such abuse has been reported in other countries too.<sup>6</sup>

To facilitate allocation, patients seeking admission to nursing homes are classified under 4 categories by the Resident Assessment Form: class I patients are physically and mentally independent; class II semi-independent; class III wheelchair or bedbound; and class IV are highly dependent. Class I and II patients are generally admitted to sheltered homes (assisted living facilities); while the limited nursing home places are reserved for class III and IV patients.<sup>7</sup> However, upon adherence to these broad requirements, nursing homes have jurisdiction to decide application and admission criteria.<sup>8</sup> For example, St Vincent Home mandates residents be on public welfare assistance and must cook and wash clothes independently.<sup>9</sup>

To receive subsidies, patients are means-tested. Those hailing from households with per capita income under SGD 2600 would have a subsidy from 20% to 75% and patients are further covered under Elder-Shield, an eldercare insurance.<sup>10</sup> For more well-off families, they would have to pay a full fee estimated at SGD 1800 monthly.

### Challenges in Legislating Nursing Homes in Singapore

#### *Overcoming the Historical Baggage of Care*

Policies may struggle to remain relevant to changing times. Current regulations emphasize financial accountability, building safety measures, and hygiene<sup>3</sup>. While they remain a basic standard, as

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Singapore prospers socio-economically and evolves culturally, standards have to improve to keep pace with rising expectations of quality care in an increasingly affluent society.<sup>11</sup>

For most of Singapore's recent history, demographics have favored a youthful population,<sup>12</sup> hence, national priorities were devoted to urbanization and economic growth. The small elderly population facilitated the “*Many Helping Hands*” approach, which allows a diverse range of operators, both voluntary welfare and private organizations, to run and manage nursing homes. It also allowed diversity to cater to different patient niches and facilitate consumer choice. Moreover, charity-run nursing homes are more likely to arouse more enthusiastic community support and donations than government-managed nursing homes, and attract workers with passion and commitment.

However, a liberal approach has exposed significant risks. For instance, some nursing homes, as brought to bear by the Nightingale Nursing Home incident, may not meet standards. The approach further requires flexibility, which may compromise strength and effectiveness of rules. As the elderly population expands, risks abound in allowing an increasingly significant aspect of healthcare to be shaped by the goodwill of charities and opaque private operators.

#### *Increasing Costs of Labor*

Nursing homes have traditionally depended on foreign labor from neighboring countries such as Philippines and Myanmar as Singaporeans are averse to these jobs because of low remuneration and exhausting work hours. The globalization of healthcare has facilitated the influx of foreign nursing staff at a relatively low cost to fill this gap. However, language and cultural barriers hinder communication between foreign staff and local patients, undermining the quality of care. When the Singapore government increased the foreign worker levy to encourage hiring of locals in all industries, nursing homes threatened to pass on higher operating costs to patients' families and the government yielded.<sup>4</sup>

Furthermore, the Singapore government has tightened foreign worker levies in response to a political backlash over a growing foreign work force. There have been curbs on foreign workers through reduction in the Dependency Ratio Ceilings in many industries,<sup>13</sup> and could portend similar measures on nursing hands, threatening stretched labor supply.

#### *Difficulties of Regulation*

Legislation must effectively balance the pros and cons of further regulation. Given the less visible nature of care and because quality healthcare is a merit good, regulations are essential to safeguard patients' welfare. However, regulation may be too restrictive, (eg, limitations of advertising, preventing flexibility to adapt to changing economic and social needs). These overtly stringent regulations may drive up operating costs and render some homes to close, worsening the bed crunch.<sup>14</sup>

Despite the quandaries, the social and economic costs of inaction are higher. Singapore's public hospitals are facing a bed-shortage due to a paucity of nursing home beds to which to channel elderly patients with chronic diseases. With waiting times stretching up to a year, estimates suggest that 6% of total public hospital bed space is being unnecessarily held by such patients. As many of these patients are on highly subsidized care, these protracted hospitalizations drain finances, and represent a loss in terms of opportunity cost for the limited resource of hospital bed-space, which could have been used, for instance, for those undergoing elective surgeries.

Evidently, it is socially unacceptable that nursing home residents are subjected to substandard care. The proliferation of social media means that such treatment can no longer be concealed within homes.

The public outrage over the nursing home scandal is testament to this. In the online website of the local press, Straits Times, online denizens decried the nursing home staff as “heartless” and one even hinted at imposing the death penalty on perpetrators.<sup>15</sup> The helpless and defenseless nature of frail and elderly nursing home residents makes mal- or mistreatment even more reprehensible.

#### **Recommendations**

##### *Effective Regulatory Structure to Align Incentives and Maintain Standards in Nursing Homes*

The private nursing home market resembles an oligopoly; with operators having little incentive to compete through innovation and service differentiation as demand significantly outstrips supply.<sup>16</sup> Operators are compelled to maximize profit by cost cutting, including curtailing salary increases, which may undermine work morale.

Instead, to encourage a greater focus on patient welfare and quality-of-care, a tiered grading system could be adopted, with homes that meet standards provided with additional subsidies and grants. Standards could be gradually raised to facilitate a general increase in standards. An analogous system could be applied to government assisted nursing homes with funding tied to standards of care.

##### *Regulation Should Comprise Comprehensive Audits, Especially for Clinical Care*

With the study by Yap et al,<sup>17</sup> suggesting nursing home residents may potentially suffer from “malnutrition, urinary incontinence, falls, functional decline and impaired vision,” requiring greater attention and possibly “intervention,” current standards of care have significant room for improvement. A dental study found that “the extent of untreated decay and retained roots” among the nursing home residents was high and recommends “dental screening” and “greater attention to daily oral hygiene” for them.<sup>18</sup>

Although community nursing homes are subject to audits for accountability and transparency, often, such regulation ignores important aspects of quality-of-care. For example, nursing homes do not audit for end-of-life care. As such, the Report for National Strategies for Palliative Care recommended including end-of-life elements in nursing home's clinical audit,<sup>19</sup> acknowledging current audits are not comprehensive and effective enough to meet varied needs of residents. Such audits may help encourage caregivers to diversify into quality of care, increase accountability and transparency to patients' families and provide the impetus for nursing homes to gradually raise standards to better meet benchmarks.

##### *Foreign Nursing Home Staff Should Undergo a Formal Training Program*

Because of its small population and open economy, Singapore's workforce is highly reliant on foreign labor. Currently, 25% of healthcare workforce is comprised of foreigners,<sup>20</sup> and this percentage is higher among nursing home staff. Locals find the remuneration low and work unpalatable, thus, nursing homes hire from overseas to meet manpower requirements. However, with foreign nursing home staff unfamiliar with local cultural and linguistic nuances, a training program to acquaint them with local norms could aid in patient interactions.

This would also help rectify potential skills gaps attributable to differences in nursing programs and standards across borders. Moreover, such trainings could be used to inculcate critical aspects of eldercare not covered under conventional nursing trainings, such as

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