# Master Briefing Pack
## bringing the CCE and CCM roles to life

# Who is this briefing pack for and how should it be used?

This briefing pack has been created for the **project team** of the work trial to brief CCE and CCM role holders and adjacent teams. This pack covers:

1. An **introduction of the CCE and CCM roles** and **how they collaborate** with others in the multi-disciplinary team

2. A view from the **perspective of key collaborators** and **how they can support and integrate** the CCE and CCM into the multi-disciplinary team

The project team **may select specific slides** relevant to the audience they are briefing, to foster a greater understanding of the CCE and CCM roles in the team.

*Updated as of 20 Mar 2024*

# Introduction to AIC Job Redesign Project

With a growing **ageing population** and **increasing client needs** due to greater co-morbidity, paired with **critical talent shortages**, the Community Care sector has seen several challenges. The Job Redesign project has been initiated by AIC to help achieve four key objectives.

## PROJECT OBJECTIVES



**Uplift in job size and value**

**Attractive role, salary and career progression**

**Increase in localisation**

**Sector-wide role adoption**



**CCA**  **SCCA**

**The Community Care Associate (CCA) and Senior Community Care Associate (SCCA) roles were introduced in 2021.** They were designed to equip support care roles with more in-depth and practical knowledge on rehabilitative and clinical activities. These roles have successfully enhanced the holistic care delivered to the elderly in Singapore.
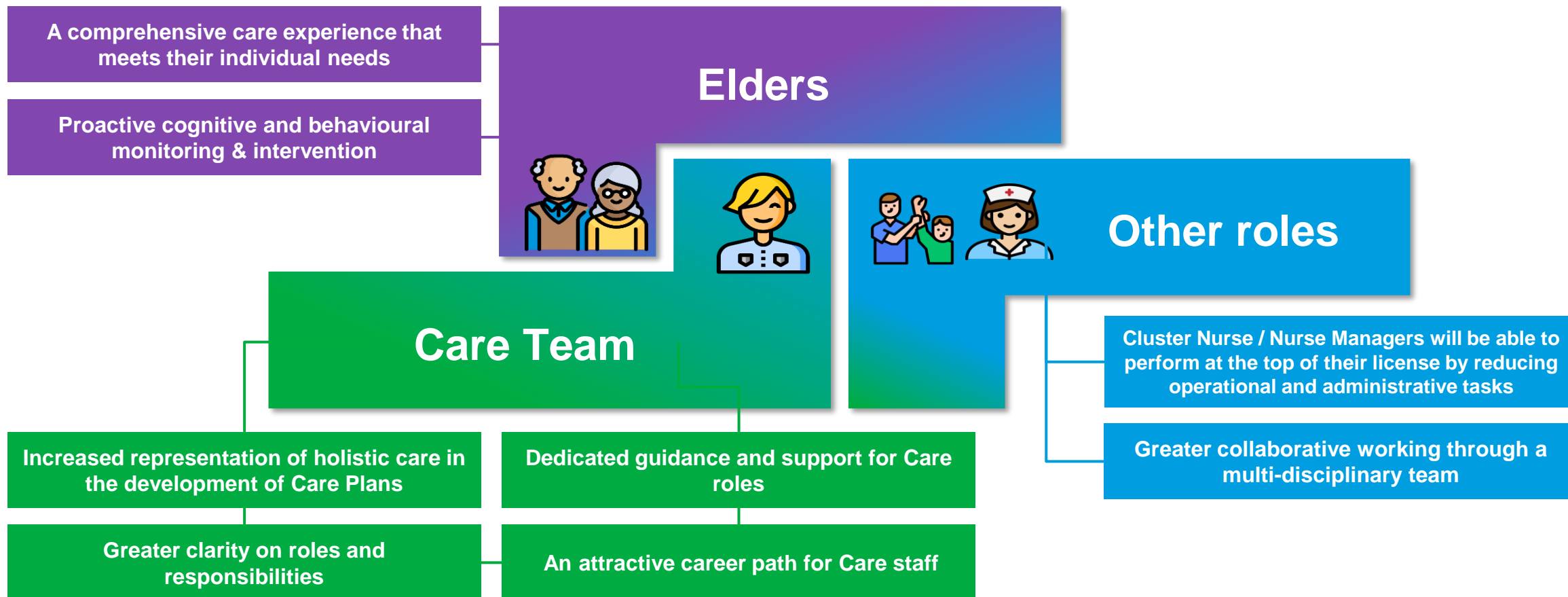


**CCE**  **CCM**

**This year, we are developing the Community Care Track further through the introduction of the new Community Care Executive (CCE) and Community Care Manager (CCM) roles.** Several CCOs are supporting the trialing of the roles, integrating them into the operations of their organisation. The trialing of these roles will take place from **July 2023**.

*Updated as of 20 Mar 2024*

# Why we are trialling the CCE and CCM roles

The roles have been designed to **enhance the experience of elders, encouraging multi-disciplinary teamwork to deliver holistic care.** The visual below shows how the CCE and CCM roles will positively impact different stakeholder groups.



**Elders**

- A comprehensive care experience that meets their individual needs
- Proactive cognitive and behavioural monitoring & intervention

**Care Team**

- Increased representation of holistic care in the development of Care Plans
- Dedicated guidance and support for Care roles
- Greater clarity on roles and responsibilities
- An attractive career path for Care staff

**Other roles**

- Cluster Nurse / Nurse Managers will be able to perform at the top of their license by reducing operational and administrative tasks
- Greater collaborative working through a multi-disciplinary team

**For the Senior Care Centre setting**

SCC

# Community Care Executive (CCE)

Jacob joined the team as a Community Care Associate and is now a CCE, holding both client-facing and internal-facing responsibilities to ensure the smooth running of operations. He focuses **on monitoring the well-being of elders to feedback** to his Community Care Manager, and **leads the planning of programmes**, in collaboration with HQ staff.
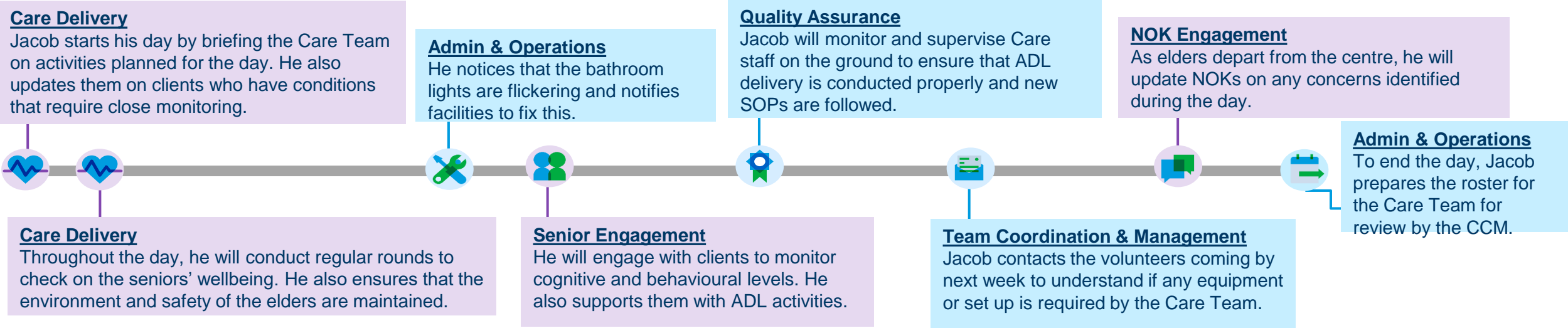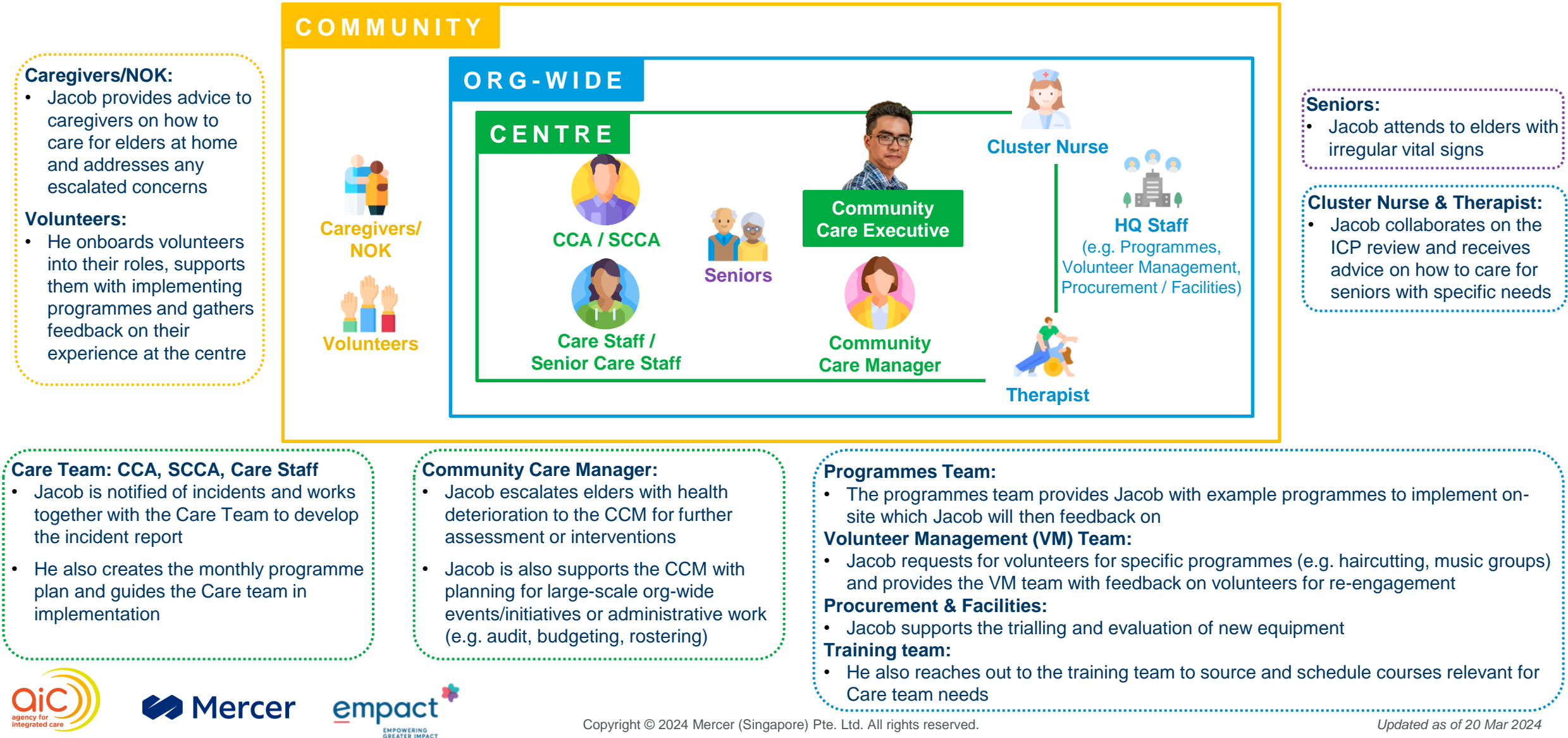
**SITE LEVEL:**

**HQ LEVEL:**

| KEY COLLABORATORS | Community Care Manager | Care Team (e.g. CCA, SCCA, Care Staff) | Cluster Nurse | Therapy Team | Programmes Team | Volunteer Management Team |
|---|---|---|---|---|---|---|

## CORE RESPONSIBILITIES

### CLIENT-FACING PRIORITIES
- Oversees and supports Care staff on-the-ground
- Engages with elders to monitor and feedback on their well-being
- Designs programmes and develops the activity schedule

### INTERNAL-FACING PRIORITIES
- Supports the CCM with documentation
- Manages the Care Team's roster
- Builds rapport with teams on-site and at HQ, to drive multi-disciplinary care

**Care Delivery**
Jacob starts his day by briefing the Care Team on activities planned for the day. He also updates them on clients who have conditions that require close monitoring.

**Admin & Operations**
He notices that the bathroom lights are flickering and notifies facilities to fix this.

**Quality Assurance**
Jacob will monitor and supervise Care staff on the ground to ensure that ADL delivery is conducted properly and new SOPs are followed.

**NOK Engagement**
As elders depart from the centre, he will update NOKs on any concerns identified during the day.

**Admin & Operations**
To end the day, Jacob prepares the roster for the Care Team for review by the CCM.

**Care Delivery**
Throughout the day, he will conduct regular rounds to check on the seniors' wellbeing. He also ensures that the environment and safety of the elders are maintained.

**Senior Engagement**
He will engage with clients to monitor cognitive and behavioural levels. He also supports them with ADL activities.

**Team Coordination & Management**
Jacob contacts the volunteers coming by next week to understand if any equipment or set up is required by the Care Team.

# In his role, Jacob will interact with many colleagues and partners to provide holistic care to clients

## COMMUNITY

### ORG-WIDE

#### CENTRE

**Caregivers/NOK**

**Volunteers**

**CCA / SCCA**

**Seniors**

**Care Staff / Senior Care Staff**

**Community Care Executive**

**Community Care Manager**

**Cluster Nurse**

**HQ Staff**
(e.g. Programmes, Volunteer Management, Procurement / Facilities)

**Therapist**

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**Caregivers/NOK:**
- Jacob provides advice to caregivers on how to care for elders at home and addresses any escalated concerns

**Volunteers:**
- He onboards volunteers into their roles, supports them with implementing programmes and gathers feedback on their experience at the centre

**Seniors:**
- Jacob attends to elders with irregular vital signs

**Cluster Nurse & Therapist:**
- Jacob collaborates on the ICP review and receives advice on how to care for seniors with specific needs

**Care Team: CCA, SCCA, Care Staff**
- Jacob is notified of incidents and works together with the Care Team to develop the incident report
- He also creates the monthly programme plan and guides the Care team in implementation

**Community Care Manager:**
- Jacob escalates elders with health deterioration to the CCM for further assessment or interventions
- Jacob is also supports the CCM with planning for large-scale org-wide events/initiatives or administrative work (e.g. audit, budgeting, rostering)

**Programmes Team:**
- The programmes team provides Jacob with example programmes to implement on-site which Jacob will then feedback on

**Volunteer Management (VM) Team:**
- Jacob requests for volunteers for specific programmes (e.g. haircutting, music groups) and provides the VM team with feedback on volunteers for re-engagement

**Procurement & Facilities:**
- Jacob supports the trialling and evaluation of new equipment

**Training team:**
- He also reaches out to the training team to source and schedule courses relevant for Care team needs

*Updated as of 20 Mar 2024*

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# Community Care Manager (CCM)

Meet **Janice,** who had a mid-career switch and works in a Senior Care Centre. She focuses on **strategic planning**, leading major projects and liaising with the HQ and vendors to ensure standards of care and processes are maintained and improved. She will be the **first point-of-contact** to clients & external partners referred to the centre, and the **people manager** for the Care Team.

| **KEY COLLABORATORS** | SITE LEVEL: | | | | HQ LEVEL: | |
|---|---|---|---|---|---|---|
| | Community Care Executive | Care Team (e.g. CCA, SCCA, Care Staff) | Cluster Nurse | Therapy Team | Head of Day Care | HR Team |

## CORE RESPONSIBILITIES

### CLIENT-FACING PRIORITIES
- Key point-of-contact for seniors, caregivers & NOKs for case management
- Resolves complex issues raised by Care Team
- Reviews Individual Care Plans with other teams

### INTERNAL-FACING PRIORITIES
- Collaborates with HQ colleagues to cascade org-wide initiatives
- Carries out people management responsibilities
- Leads administrative reports; liaises with external partners / vendors

**Quality Assurance**
Any new procedural changes are clarified with HQ teams to be cascaded at the weekly team briefing.

**Care Delivery**
As lunch is served, Janice checks in on the care team on any issues related to seniors' wellbeing.

**Team Coordination & Management**
Janice has a monthly check-in with one of her Care Staff, listening to any challenges or requests they have, and guiding them on how to improve in a specific area, such as programme development.

**Care Planning**
At the end of this day, she sits with the CCE to follow up on any cases that require additional attention.

**Administration & Operations**
Janice starts her day by following up on any initiatives from HQ-level teams such as the MSW who would like to have ACP conversations with the elders at the centre.

**Case Management**
Janice conducts an initial assessment with an elder. An SCCA takes their vital signs while she conducts the interview with the elder & NOK. She concludes the session and advises on next steps.

**Stakeholder Engagement**
Janice visits a childcare centre nearby to meet with the manager to plan an inter-generational event.

*Updated as of 20 Mar 2024*

# In her role, Janice will interact with many colleagues and partners to provide holistic care to clients

**COMMUNITY**

**ORG-WIDE**

**CENTRE**

Caregivers/NOK

Volunteers

External Partners
(e.g. community hospitals, childcare centres)

CCA / SCCA

Care Staff / Senior Care Staff

Seniors

Community Care Executive

Community Care Manager

Cluster Nurse

HQ Staff
(e.g. MSW, HR)

Therapist

Head of Day Care

**Caregivers/NOK:**
- Janice meets with NOKs to update on changes to the service provided

**Volunteers:**
- Janice supports the initial screening and recruitment of volunteers who drop by the centre

**External Partners:**
- Janice collaborates with partners in the area to co-deliver events
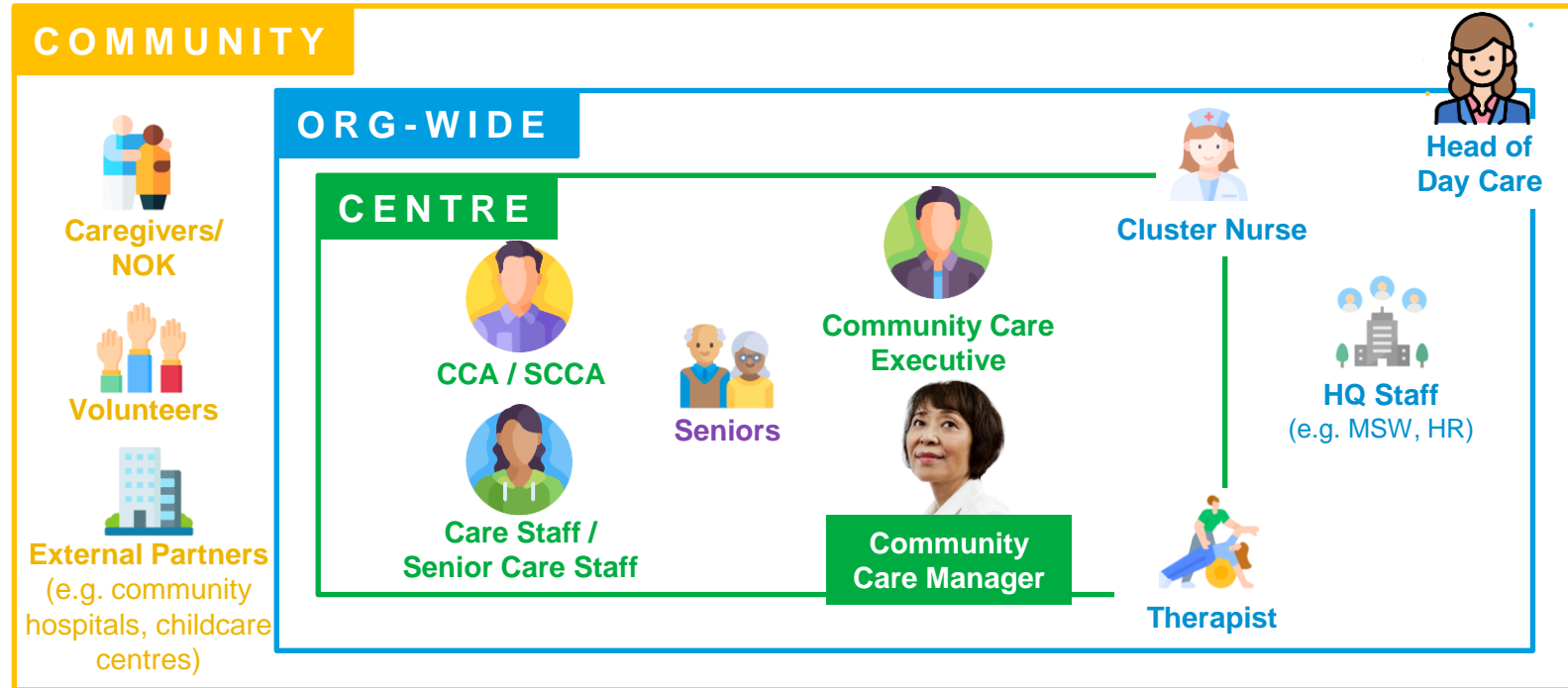
**Seniors:**
- Janice conducts ACP conversations together with the MSW and NOK

**Head of Day Care:**
- Janice updates the Head of Day Care about the centre and receives updates on org-wide initiatives and plans

**Cluster Nurse & Therapist:**
- Janice consults with the Cluster Nurse and Therapist on possible interventions to enhance care

**Care Team: CCA, SCCA, Care Staff**
- Janice conducts regular checks on the quality of care provided by the Care Team
- She is the people manager to Care Staff and conducts one-to-one conversations to identify their training needs, provide coaching, set goals, and complete performance appraisals

**Community Care Executive:**
- Janice collaborates with the CCE to plan the execution of larger-scale programmes / initiatives
- They also work together for incident reporting and developing preventative measures

**MSW:**
- Janice requests support for financial / family counselling

**HR:**
- She collaborates on org-wide initiatives, such a recruitment, interviewing and onboarding
- She also represents the Care Team to the HR team to voice any HR-related concerns

*Updated as of 20 Mar 2024*

# Impact of the new roles on Adjacent roles

## Sarah
### Cluster Nurse

*Sarah visits the Senior Care Centre once a month, and when medical emergencies arise at the centre.*

*She wants to understand how she will be working with the new CCE and CCM roles and what it means for her role.*

### Benefits of the roles for the Cluster Nurse

- More time to focus on clinical work and improvements
- Greater support with elders' physical, cognitive and behavioural monitoring
- Able to operate at the top of license, addressing complex clinical issues

- Additional layer of support to assure quality care and compliance to care delivery SOPs where Cluster Nurse may not be present
- Enhanced programmes based on elders' interest and physical / cognitive needs

### How the CCE will work with Sarah

- Address concerns raised by the CCE with regards to the physical, cognitive and behavioural status of elders
- Support the supervision of S/CCAs by providing on-the ground guidance on clinical care delivery

### How they can support the CCE

- Provide expertise on best practices for care delivery and the monitoring of elders' health
- Provide guidance on clinical interventions for escalated cases

### How the CCM will work with Sarah

- Collaborate with the CCM to develop the clinical aspects of the Individual Care Plan
- Monitor and ensure compliance of clinical SOPs through on-the-ground presence
- Address or escalate incident reports which require clinical expertise

### How they can support the CCM

- Create an open channel for the CCM to share input on the changing needs of elders
- Address challenges faced by the care team in implementing clinical SOPs
- Provide guidance on monitoring and addressing complex clinical incidences

*Updated as of 20 Mar 2024*

## Amelina
Physiotherapist

*Amelina is a Physiotherapist, providing active individual and group rehabilitation to elders at the Daily Rehab Centre.*

*She wants to understand how she will be working with the new CCE and CCM roles and what it means for her role.*

### Benefits of the roles for the Therapy Team

- More time to focus on active rehabilitation activities
- Greater support with monitoring of elders' mobility to provide feedback during multi-disciplinary meetings
- Earlier identification of deterioration in elders' mobility
- Additional layer of support for assuring that quality care and best practices are implemented in daily maintenance rehab activities
- Enhanced programmes based on elders' interest and physical / cognitive needs

### How the CCE will work with Amelina

- Collaborate to enhance active rehabilitation and maintenance programmes at the Senior Care Centre
- Collaborate to integrate basic therapy-related care into advice for caregivers / NOKs

### How Amelina can support the CCE

- Advise on the use of equipment and improvements to therapy programmes held at the Senior Care Centre
- Provide guidance on key information to share with NOKs on elders' condition

### How the CCM will work with Amelina

- Provide inputs when conducting the initial assessment and collaborate to review suitability
- Provide inputs when investigating incidents of falls or mobility deterioration
- Collaborate to identify and evaluate potential interventions for addressing concerns about elders' condition

### How Amelina can support the CCM

- Create an open channel for the CCM to share input on the changing needs of elders
- Address challenges faced by the care team when implementing therapy-related SOPs
- Provide guidance on implementation of therapy-related aspects of the Individual Care Plan

## Tina
### Community Care Associate (CCA)

*Tina attends to seniors in the centre, supporting daily care needs and documenting progress notes related to elders' conditions.*

*She wants to understand how she will be working with the new CCE and CCM roles and what it means for her role.*

### Benefits of the roles for the CCA and SCCAs

- More support for CCA and SCCA wellbeing, learning and development matters
- Greater guidance and supervisory support for eldercare and site maintenance
- Enhanced guidance on the planning and implementation of programmes, based on elders' interest and physical / cognitive needs

### How the CCE will work with Tina

- Ensure that the centre's environment and standard of care is maintained
- Structured planning of programmes will be led by the CCE and shared with the care team
- Introduce and guide the use of new equipment being implemented

### How Tina can support the CCE

- Notify the CCE of any site maintenance or equipment needs
- Encourage and help elders participate in the structured programmes
- Test new equipment and provide feedback on any challenges

### How the CCM will work with Tina

- Escalate issues with the elders' Individual Care Plan (e.g. elder is not eating or having new mobility issues) to other specialised departments (e.g. Therapy Team)
- Conduct investigations of incidences and provide possible solutions for intervention

### How Tina can support the CCM

- Be proactive in identifying and escalating any physical, cognitive or behavioural concerns
- Provide information relevant for incident reporting and improvements to key processes

For the Nursing Home setting

NH

# Community Care Executive (CCE)

**Nathan** joined the team as a Community Care Associate and is now a CCE, holding both client-facing and internal-facing responsibilities to ensure the **smooth running of operations**. He focuses **on managing households**, and **supports projects** led by the Community Care Manager. He also assures the quality of care in collaboration with the other departments.

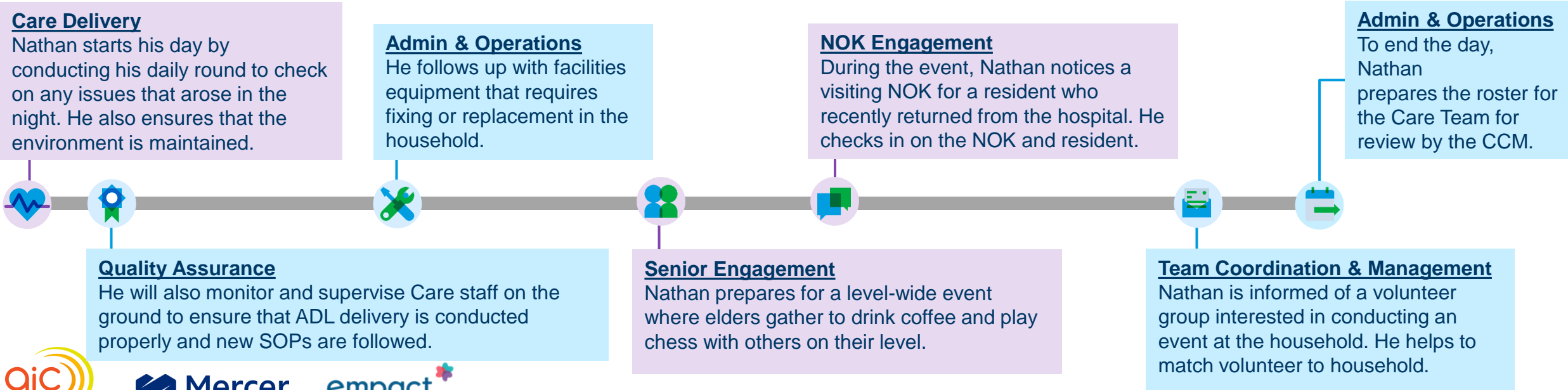| KEY COLLABORATORS | SITE LEVEL: | | | | HQ LEVEL: | | |
|---|---|---|---|---|---|---|---|
| | Community Care Manager | Care Team (e.g. CCA, SCCA, Care Staff) | Nursing Team | Rehab Team | Programmes Coordinator | Quality Assurance | Training Team |

## CORE RESPONSIBILITIES

### CLIENT-FACING PRIORITIES
- Oversees and supports Care staff on-the-ground
- Engages with elders to monitor and feedback on their well-being
- Designs elder programmes and supports with building-wide projects

### INTERNAL-FACING PRIORITIES
- Supports the CCM with documentation and presentation
- Manages the Care Team's roster
- Builds rapport with teams on-site and at HQ, to drive multi-disciplinary care

**Care Delivery**
Nathan starts his day by conducting his daily round to check on any issues that arose in the night. He also ensures that the environment is maintained.

**Admin & Operations**
He follows up with facilities equipment that requires fixing or replacement in the household.

**NOK Engagement**
During the event, Nathan notices a visiting NOK for a resident who recently returned from the hospital. He checks in on the NOK and resident.

**Admin & Operations**
To end the day, Nathan prepares the roster for the Care Team for review by the CCM.

**Quality Assurance**
He will also monitor and supervise Care staff on the ground to ensure that ADL delivery is conducted properly and new SOPs are followed.

**Senior Engagement**
Nathan prepares for a level-wide event where elders gather to drink coffee and play chess with others on their level.

**Team Coordination & Management**
Nathan is informed of a volunteer group interested in conducting an event at the household. He helps to match volunteer to household.

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# In his role, Nathan will interact with many colleagues and partners to provide holistic care to clients

**COMMUNITY**
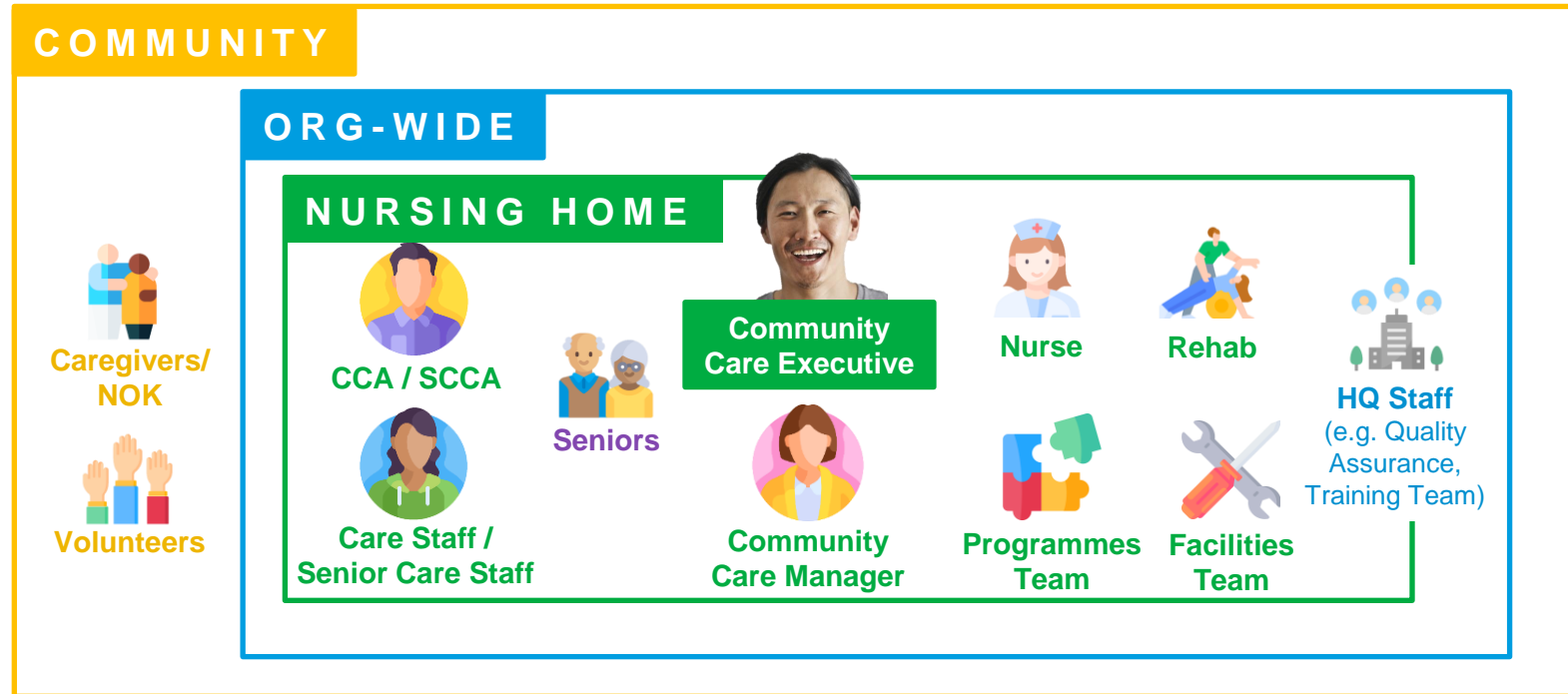
**Caregivers/NOK:**
- Nathan provides advice to caregivers on how to care for elders at home and addresses any escalated concerns

**Volunteers:**
- He onboards volunteers into their roles, supports them with implementing programmes and gathers feedback on their experience at the home

**Caregivers/ NOK**

**Volunteers**

**ORG-WIDE**

**NURSING HOME**

**CCA / SCCA**

**Care Staff / Senior Care Staff**

**Seniors**

**Community Care Executive**

**Community Care Manager**

**Nurse**

**Rehab**

**Programmes Team**

**Facilities Team**

**HQ Staff** (e.g. Quality Assurance, Training Team)

**Seniors:**
- Nathan attends to elders with complex care needs to escalate to relevant departments

**Quality Assurance (QA) :**
- Nathan hosts the QA team when they conduct internal audit rounds

**Training Team:**
- He reaches out to the training team to source and schedule courses relevant to the Care team

**Care Team: CCA, SCCA, Care Staff**
- Nathan is notified of incidents and works together with the Care Team to develop the incident report
- Nathan also manages any disputes within the Care Team

**Community Care Manager:**
- Nathan supports the CCM with planning for large-scale events / initiatives and projects
- He also supports with administrative work (e.g. audit, budgeting, rostering, presentations)

**Programmes Team:**
- They collaborate to explore how programmes can be curated to the specific psychosocial needs of elders in their level

**Nurse and Rehab Team:**
- They collaborate on the ICP review and cascades any changes made to SOPs by the nursing and rehab team

**Facilities Team:**
- Nathan reaches out to facilities for assistance with household maintenance needs

# Community Care Manager (CCM)

Meet **Nadia.** As a Community Care Manager, she focuses on **strategic planning**, leading major projects and liaising with the HQ and vendors to ensure standards of care and processes are maintained and improved. She represents the Care Team in Management-level meetings and is the **people manager** for the Care Team.

**SITE LEVEL:**                                                                                           **HQ LEVEL:**

| KEY COLLABORATORS | Community Care Executive | Care Team (e.g. CCA, SCCA) | Managers of other teams | HR Team |
|---|---|---|---|---|

## CORE RESPONSIBILITIES

### CLIENT-FACING PRIORITIES
- Key point-of-contact for seniors, caregivers & NOKs for case management
- Resolves complex issues raised by Care Team
- Reviews Individual Care Plans with other teams

### INTERNAL-FACING PRIORITIES
- Collaborates with HQ colleagues to cascade org-wide initiatives
- Carries out people management responsibilities
- Leads administrative reports; liaises with external partners / vendors

**Quality Assurance**
She conducts her rounds with the households twice a week to ensure IPC and care standards are met.

**Care Delivery**
While going through her rounds she checks in on elders who recently had interpersonal issues with their neighbours

**Stakeholder Engagement**
Nadia takes a call with a vendor for one of the process improvement projects to clarify implementation requirements

**Administration & Operations**
Nadia starts her day by following up on any initiatives from other teams such as the MSW who would like to plan for ACP conversations with the elders at the household.

**Team Coordination & Management**
Nadia has a monthly check-in with one of her Care Staff, listening to any challenges or requests they have, and guiding them on how to improve in a specific area, such as conducting range-of-motion exercises.

**Care Planning**
At the end of this day, she sits with the CCE to follow up on any cases that require additional attention.

*Updated as of 20 Mar 2024*

# In her role, Nadia will interact with many colleagues and partners to provide holistic care to clients

**Caregivers/NOK:**
- Nadia meets with NOKs to update on changes to the service provided

**Volunteers:**
- Nadia supports the initial screening and recruitment of volunteers who drop by the household

**External Partners:**
- Nadia collaborates with partners in the area to co-deliver events

## COMMUNITY

Caregivers/ NOK

Volunteers

### ORG-WIDE

#### NURSING HOME

CCA / SCCA

Seniors

Community Care Executive

Nurse

Rehab

Care Staff / Senior Care Staff

Community Care Manager

Programmes Team

Facilities Team

HQ Staff (e.g. Quality Assurance, Training Team)

**Seniors:**
- Nadia conducts check-ins with residents with complex needs

**HR:**
- She collaborates on org-wide initiatives, such a recruitment, interviewing and onboarding
- She also represents the Care Team to the HR team to voice any HR-related concerns

**Care Team: CCA, SCCA**
- Nadia conducts regular checks on the quality of care provided by the Care Team
- She is the people manager to Care Staff and conducts one-to-one conversations to identify their training needs, provide coaching, set goals, and complete performance appraisals

**Community Care Executive:**
- Nadia collaborates with the CCE to plan the execution of larger-scale programmes / initiatives for the elders
- They also work together for incident reporting and developing preventative measures

**Managers of other teams:**
- Nadia raises requests for support for elders with complex needs to develop possible interventions
- She collaborates with other teams to drive building-wide process or care improvement projects

*Updated as of 20 Mar 2024*

# Impact of the new roles on Adjacent roles

## Sarah
### Nurse Manager

*Sarah ensures clinical standards are maintained in the Home, and attends to medical emergencies which may arise.*

*She wants to understand how she will be working with the new CCE and CCM roles and what it means for her role.*

### Benefits of the roles for the Nurse Manager

- More time to focus on clinical work and improvements
- Greater support with delivering on projects and liaising with external partners
- Able to operate at the top of license, addressing complex clinical issues
- Additional support with assuring standards of quality care and care delivery SOPs
- Enhanced programmes based on elders interest and physical / cognitive needs

### How the CCE will work with Sarah

- Address concerns raised by the CCE with regards to the physical, cognitive and behavioural status of elders
- CCE will support the Nurse Managers with process or care improvement projects

### How Sarah can support the CCE

- Provide expertise on best practices for care delivery and the monitoring of elders' health
- Provide instruction and guidance on information required for the project

### How the CCM will work with Sarah

- Collaborate with the CCM to develop the clinical aspects of the Individual Care Plan
- Monitor and ensure compliance of clinical SOPs through on-the-ground presence
- Address or escalate incident reports which require clinical expertise

### How Sarah can support the CCM

- Create an open channel for the CCM to share input on the changing needs of elders
- Address challenges faced by the care team in implementing clinical SOPs
- Provide guidance on monitoring and addressing complex clinical incidences

*Updated as of 20 Mar 2024*

# Amelina
## Physiotherapist

*Amelina is a Physiotherapist, providing active individual and group rehabilitation to residents.*

*She wants to understand how she will be working with the new CCE and CCM roles and what it means for her role.*

## Benefits of the roles for the Rehab team

- More time to focus on active rehabilitation activities
- Greater support with the monitoring of elders' mobility to provide feedback during multi-disciplinary meetings
- Earlier identification of deterioration in elders' mobility
- Additional layer of support for assuring that quality care and best practices are implemented in daily maintenance rehab activities
- Enhanced programmes based on elders' interest and physical / cognitive needs

## How the CCE will work with Amelina

- Collaborate to enhance active rehabilitation and maintenance programmes at the households
- Collaborate to integrate basic therapy-related care into advice for caregivers / NOKs

## How Amelina can support the CCE

- Advise on the use of equipment and improvements to therapy programmes held at the household
- Provide guidance on key information to share with NOKs on elders' condition

## How the CCM will work with Amelina

- Provide inputs when conducting the initial assessment and collaborate to review suitability
- Provide inputs when investigating incidents of falls or mobility deterioration
- Collaborate to identify and evaluate potential interventions for addressing concerns about elders' condition

## How Amelina can support the CCM

- Create an open channel for the CCM to share input on the changing needs of elders
- Address challenges faced by the care team when implementing therapy-related SOPs
- Provide guidance on implementation of therapy-related aspects of the Individual Care Plan

*Updated as of 20 Mar 2024*

## Tina
### Community Care Associate (CCA)

*Tina attends to residents in the households, supporting daily care needs and documenting progress notes related to the resident's' conditions.*

*She wants to understand how she will be working with the new CCE and CCM roles and what it means for her role.*

### Benefits of the roles for the CCA and SCCAs

- More support for CCA and SCCA wellbeing, learning and development matters
- Greater guidance and supervisory support for eldercare and household maintenance
- Enhanced guidance on the planning and implementation of programmes, based on elders' interest and physical / cognitive needs

### How the CCE will work with Tina

- Ensure that household's environment and standard of care is maintained
- Level-wide or building-wide programmes involving elders from your household will be led by the CCE
- Introduce and guide the use of new equipment being implemented

### How Tina can support the CCE

- Notify the CCE of any household maintenance or equipment needs
- Encourage residents to join the level-wide or building-wide programmes
- Test new equipment and provide feedback on any challenges

### How the CCM will work with Tina

- Escalate issues with the elders' Individual Care Plan (e.g. elder is not eating or having new mobility issues)
- Conduct investigations of incidences and provide possible solutions for intervention

### How Tina can support the CCM

- Be proactive in identifying and escalating any physical, cognitive or behavioural concerns
- Provide information relevant for incident reporting and improvements to key processes

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