

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.



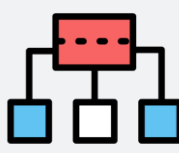
Introduction to AIC Job Redesign Project

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

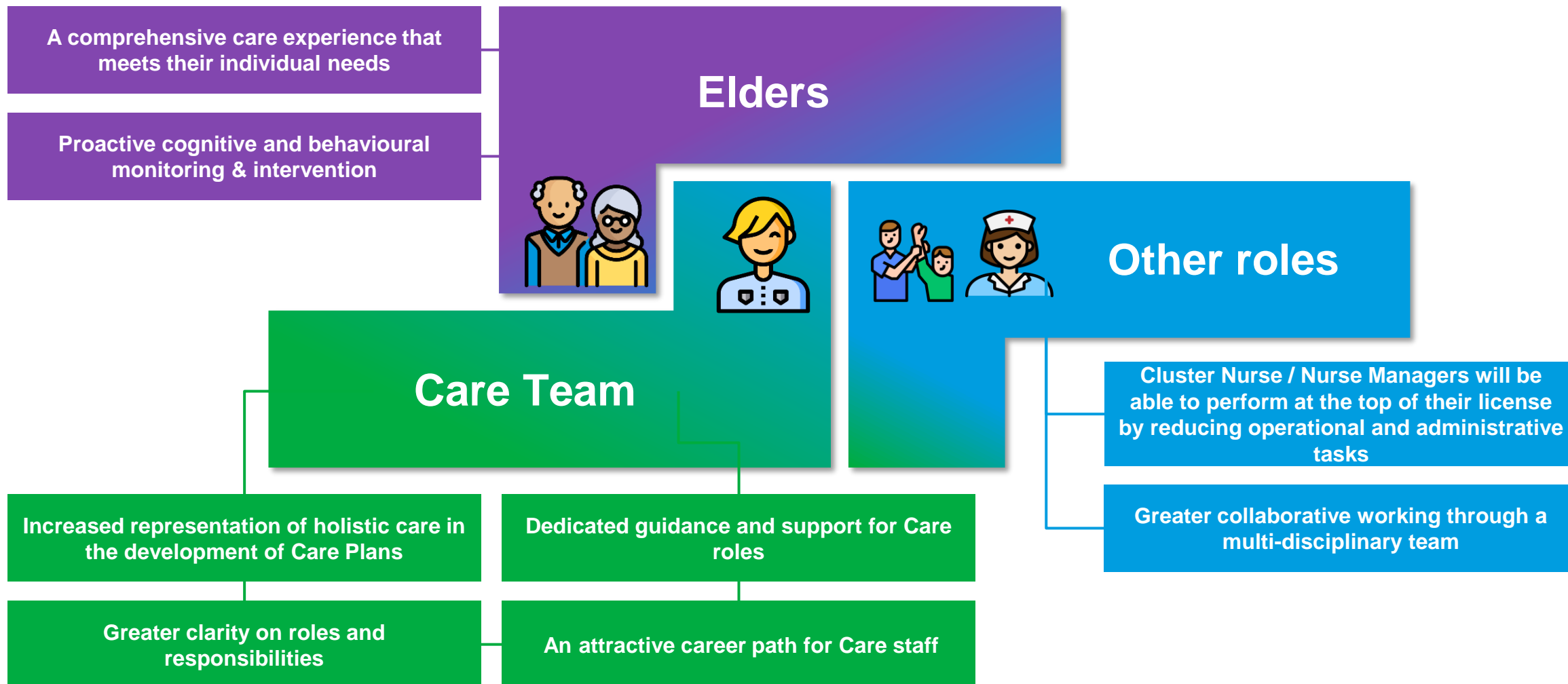


CCM

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**.

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.



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:

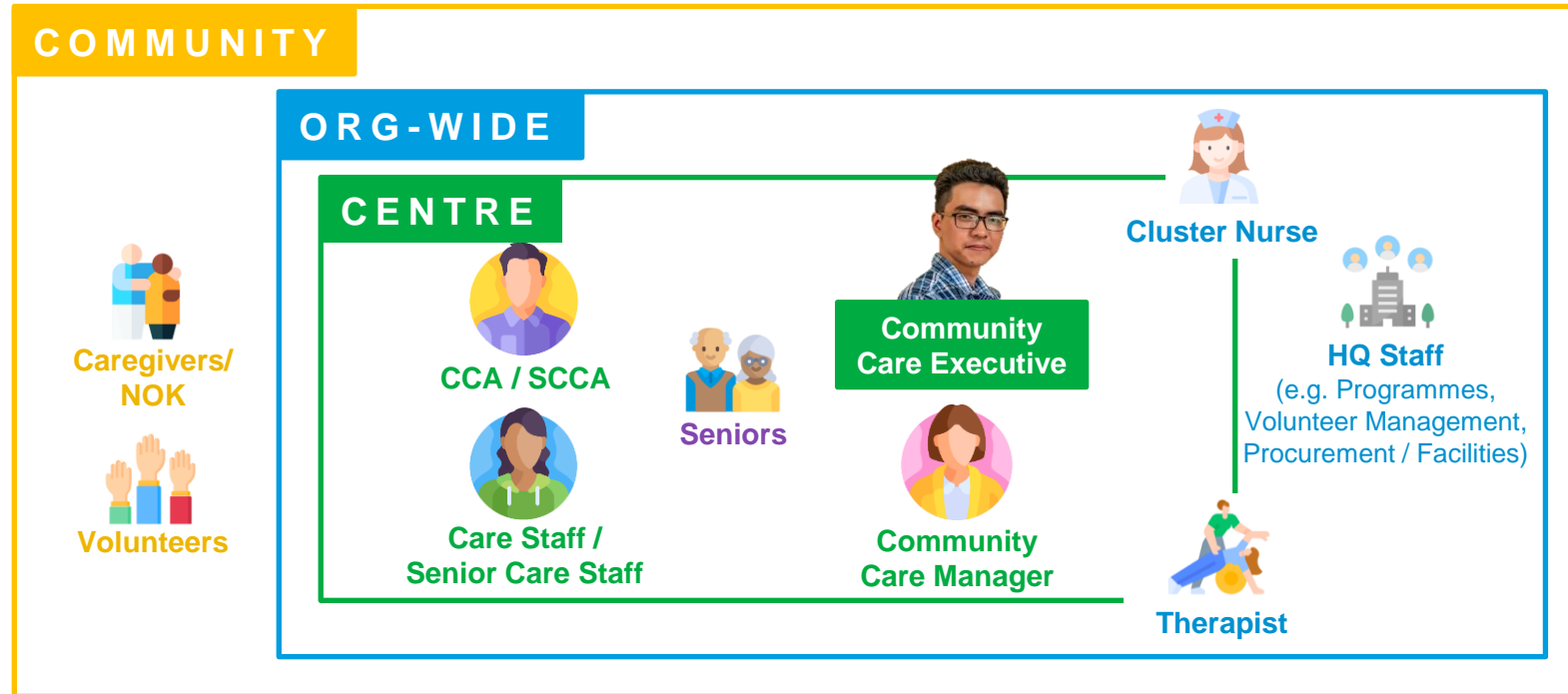
KEY COLLABORATORS	Community Care Manager	Care Team (e.g. CCA, SCCA, Care Staff)	Cluster Nurse	Therapy Team	Programmes Team	Volunteer Management Team
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CORE RESPONSIBILITIES

CLIENT-FACING PRIORITIES	INTERNAL-FACING PRIORITIES
<ul style="list-style-type: none">Oversees and supports Care staff on-the-groundEngages with elders to monitor and feedback on their well-beingDesigns programmes and develops the activity schedule	<ul style="list-style-type: none">Supports the CCM with documentationManages the Care Team’s rosterBuilds rapport with teams on-site and at HQ, to drive multi-disciplinary care



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



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 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



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.

SITE LEVEL:

HQ LEVEL:

KEY COLLABORATORS	Community Care Executive	Care Team (e.g. CCA, SCCA, Care Staff)	Cluster Nurse	Therapy Team	Head of Day Care	HR Team
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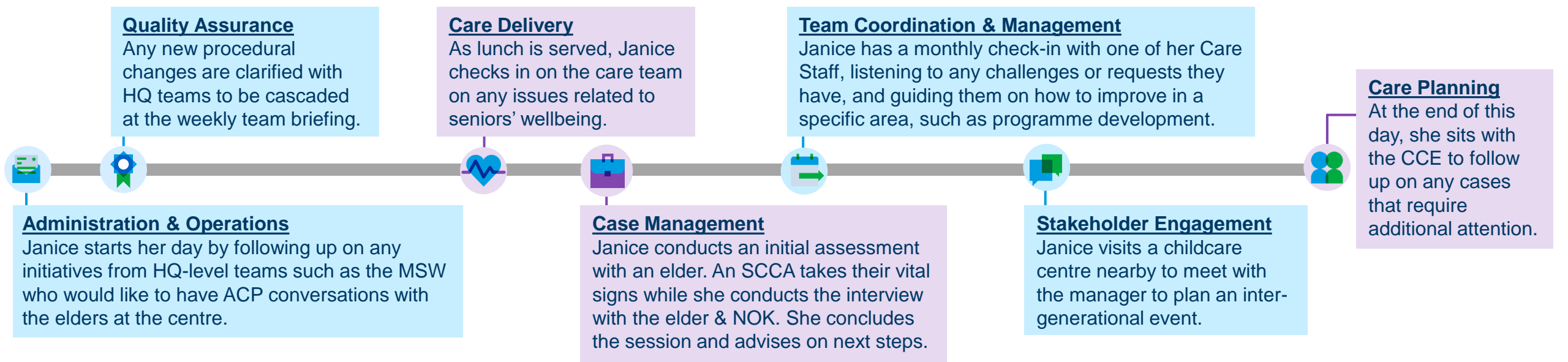
CORE RESPONSIBILITIES

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



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

Caregivers/NOK:

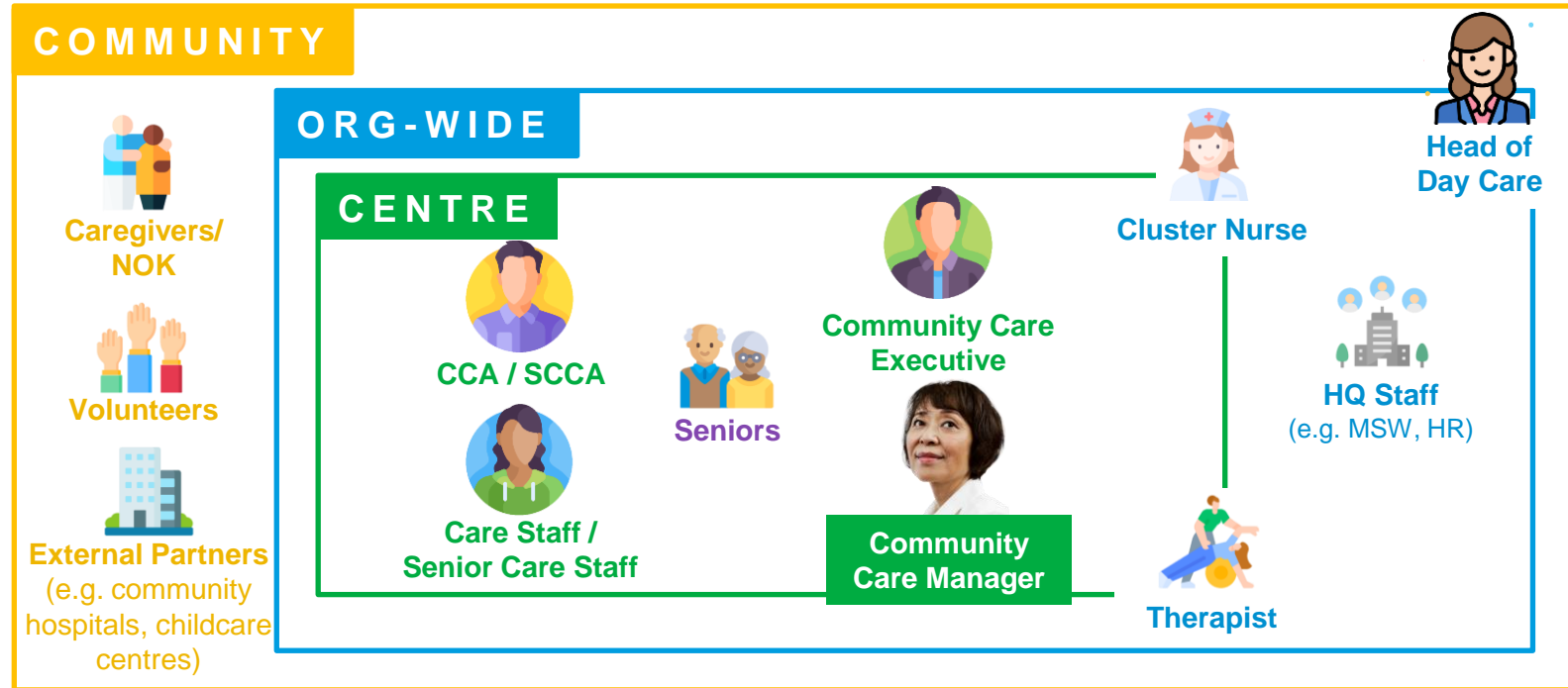
- Janice meets with NOKs to update on changes to the service provided

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

Impact of the new roles on Adjacent roles

WHAT THIS MEANS FOR THE:

Cluster Nurse

Therapy Team

CCA and SCCAs




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

WHAT THIS MEANS FOR THE:

Cluster Nurse

Therapy Team

CCA and SCCAs

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

WHAT THIS MEANS FOR THE:

Cluster Manager

Therapy Team

CCA and SCCAs

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.

SITE LEVEL:

HQ LEVEL:

KEY COLLABORATORS		Community Care Manager	Care Team (e.g. CCA, SCCA, Care Staff)	Nursing Team	Rehab Team	Programmes Coordinator	Quality Assurance	Training Team
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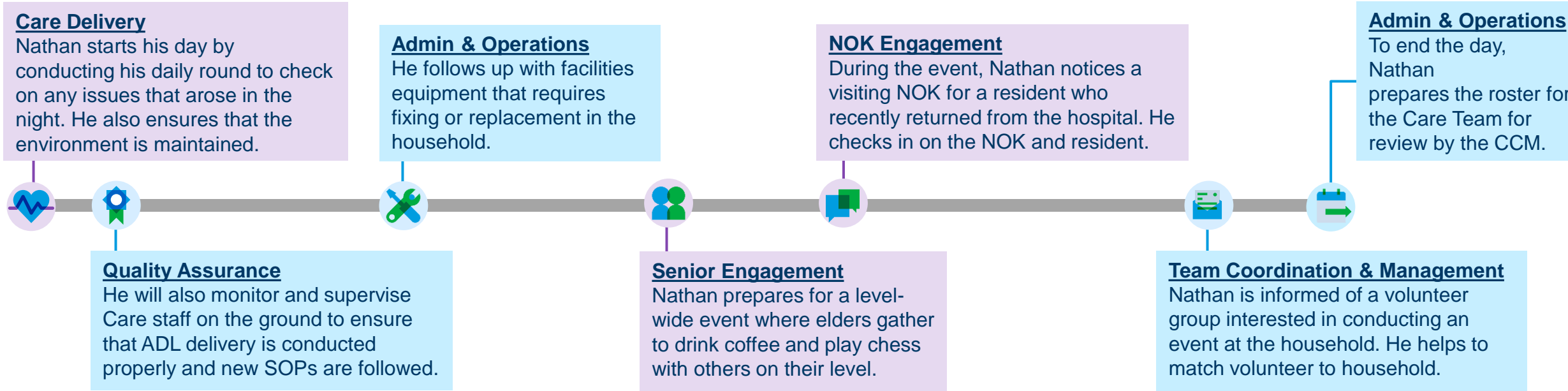
CORE RESPONSIBILITIES

CLIENT-FACING PRIORITIES

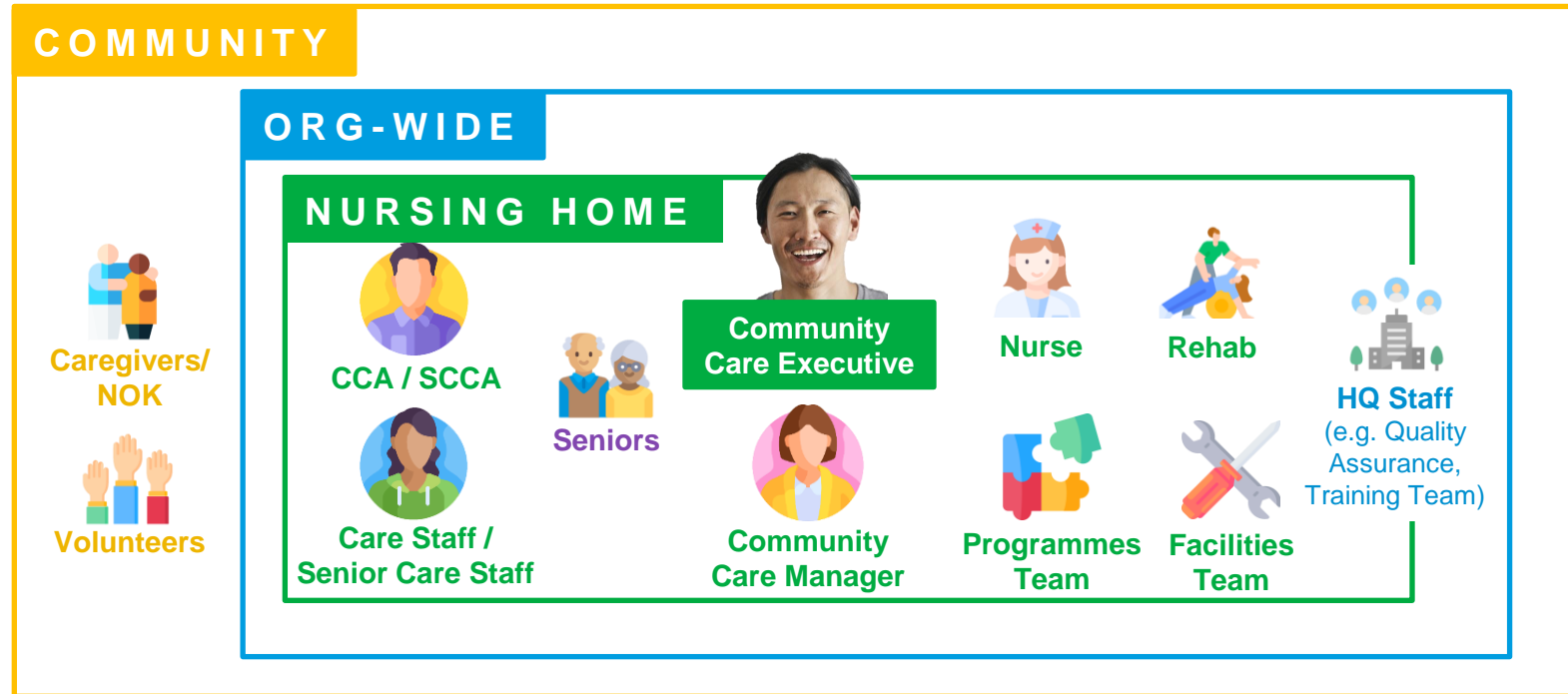
- Oversees and supports Care staff on-the-ground
- Engages with elders to monitor and feedback on their well-being
- Designs elder programmes and supports with building-wide projects

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



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



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

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.

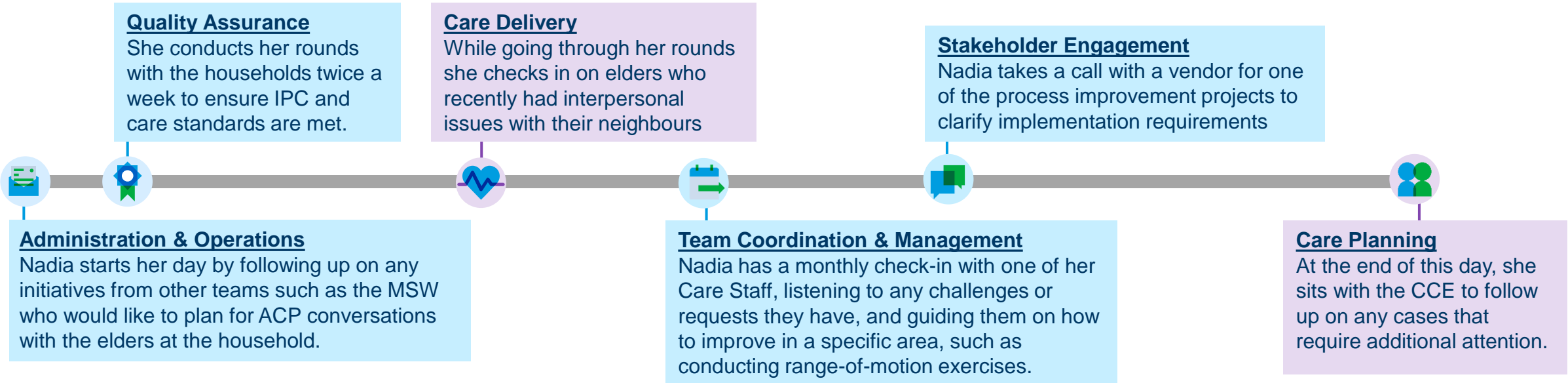
SITE LEVEL:

HQ LEVEL:

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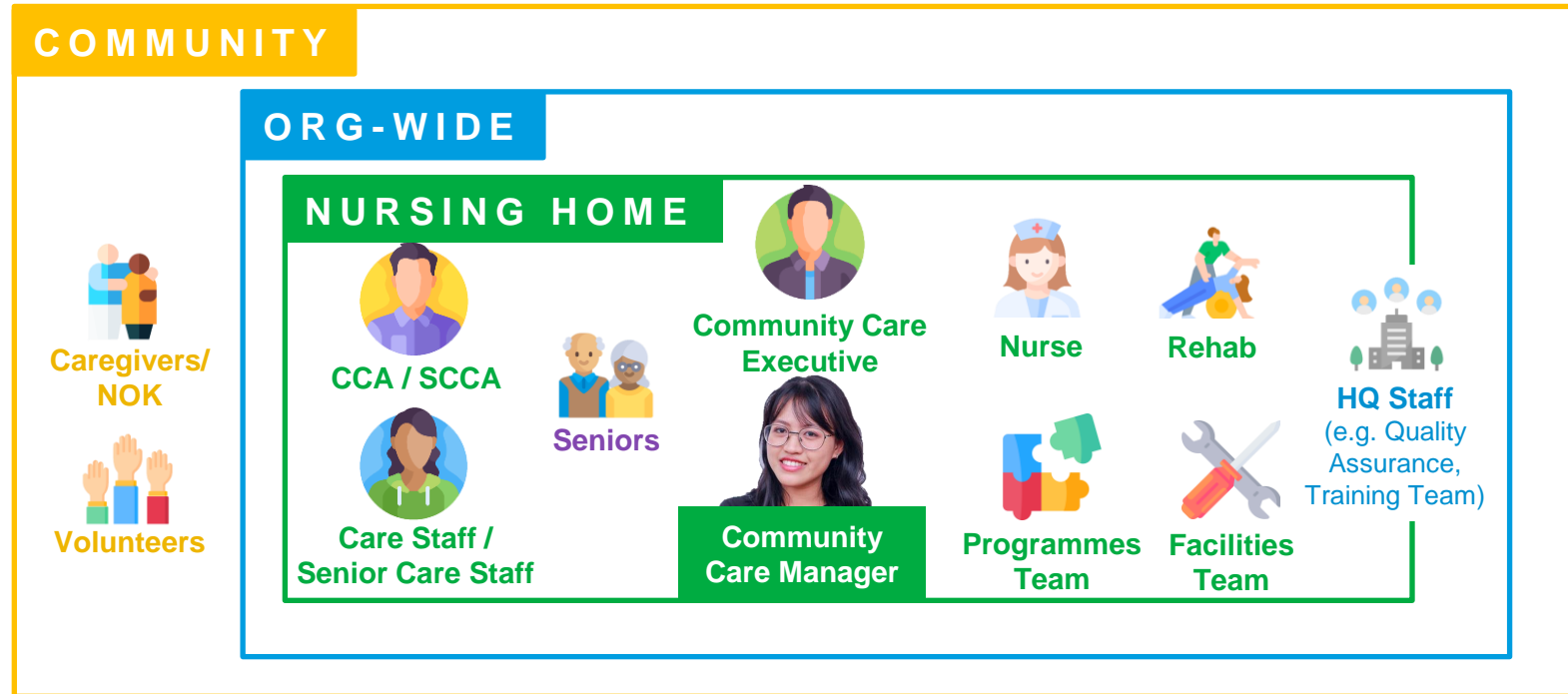
CORE RESPONSIBILITIES

CLIENT-FACING PRIORITIES <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Collaborates with HQ colleagues to cascade org-wide initiatives• Carries out people management responsibilities• Leads administrative reports; liaises with external partners / vendors
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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



- 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

Impact of the new roles on Adjacent roles

WHAT THIS MEANS FOR THE:

Nurse Manager

Rehab Team

CCA and SCCAs

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

WHAT THIS MEANS FOR THE:

Nurse Manager

Rehab Team

CCA and SCCAs

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

WHAT THIS MEANS FOR THE:

Nurse Manager

Rehab Team

CCA and SCCAs

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

