The Chinese University of Hong Kong The Nethersole School of Nursing CTP005: Community and Residential Care for Older People

MODULE II TRANSFORM KNOWLEDGE INTO PRACTICE FOR THE OLDER PEOPLE

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香港賽馬會慈善信託基金 The Hong Kong Jockey Club Charities Trust Chapter 1 Overview of services for older people in the community and residential care homes

LECTURE OUTLINE

- Impacts of aging population in Hong Kong on the community services and the residential care services
- Concept of health and social care partnership in community and residential care settings
- Ageing in place for the community-dwelling older people
- Quality living in residential care's physical, psychosocial and environmental, spiritual perspectives

Projected Mid-year Population by Age Group and Sex 2010

	Male		Female		Both sexes	
	('000)	%	('000)	%	('000)	%
0-14	440.8	6.3%	412.2	5.8%	853	12.1%
15-64	2444.6	34.7%	2850.7	40.4%	5295.3	75.1%
65 or above	424.5	6.0	490.6	7.0%	915.1	13.0%
Total	3309.9	47%	3753.5	53.2%	7063.4	100%

(Census and Statistics Department, 2010)

Total population over 65s

üIn mid 2010 : 13.0% (915,100 in number)

- 65-69 yrs old : 3.2% (226,700)
- 70-79 yrs old : 6.2% (433,800)
- − ≥ 80s : 3.6% (254,500)

üThe number will double from 14.1% in 2016 to 26.4% in 2036

(Census and Statistics Department, 2010)

譎賴峗垺磴庣呤龔燃窺砦弤

國家 / 地區	2000年總人 口 (百萬計)	60歲 <mark>或以上</mark> 人口 (1950年)	60歲或以上人口 (2000年)		60歲或以上人口 (2025年)	60歲或以上人 口 (2050年)
		%	燃猲	%	%	%
錶檀	127.0	8	29,486,340	23.2	35.1	42.3
嗔玎	19.1	13	3,119,430	16.3	24.8	28.2
甿隱牄	3.7	13	589,370	15.6	25.4	29.3
玕珜	6.8	4	980,950	14.3	28.2	35.4
萯庣	46.7	5	5,141,410	11.0	24.1	33.2
膨庣	1,275.3	8	128,788420	10.1	19.5	29.9
弟髭曦	4.0	4	425,920	10.6	30.0	35.0
嗔靄	0.4	5	43,100	9.7	29.4	38.5
昉庣	62.8	5	5,087,250	8.1	17.1	27.1
赸鬱	78.1	7	5,860,270	7.5	12.6	23.5
縮友	1,008.9	6	76,679,240	7.6	12.5	20.6
垗蹺隱譎	22.2	7	1,466,420	6.6	13.4	20.8
荌伬揃	75.6	6	4,160,930	5.5	10.4	19.5

(HKCSS, 2008)

IMPACTS OF AGING POPULATION IN HONG KONG ON :

COMMUNITY CARE SERVICES
RESIDENTIAL CARE SERVICES

Impacts on COMMUNITY CARE Services

Impacts on community care services

Evidenced by:

growing need for innovative community support services to cater for individual needs (e.g. home care and support, day care, social centres).

increased financial expenditure on community services for the older people

Community support and care services in Hong Kong

Community Support Services in Hong Kong

- Around 213 centres for older people with over 188,000 members
 - District Elderly Community Centre (DECC) -41 centres
 - Neighborhood Elderly Centres (NEC) 118 centres
 - Social Centres for the Elderly (SE) 57 centres
- Support Teams for the Elderly (STE), 41 teams serving over 59,000 cases

- 85 elderly service teams, serving over 60,000 older people
 - Integrated Home Care Service Teams (IHCS)- 60 teams
 - Enhanced Home & Community Care Service Teams (EHCCs)- 24 teams
 - Home Help Team (HHT)-1 team in Tung Chung
- 59 Day Care Centres (D/E) with over 2200 places
- 5 Self-financing Day Care Centres for the dementia older people
- Day respite services : 19 places serving 79 older people

- 1 holiday centre
 - Cheung Muk Tau Holiday Centre for the Elderly
- Senior Citizen Card Scheme
 - 8,087 units with 1,068,559 cases
- Opportunity for the Elderly Project (OEP)
 - 11 organizations awarded OEP 2009-2010 District Best
 - 7 projects being awarded OEP 2009-2010 Special Award

(Social Welfare Department, 2011)

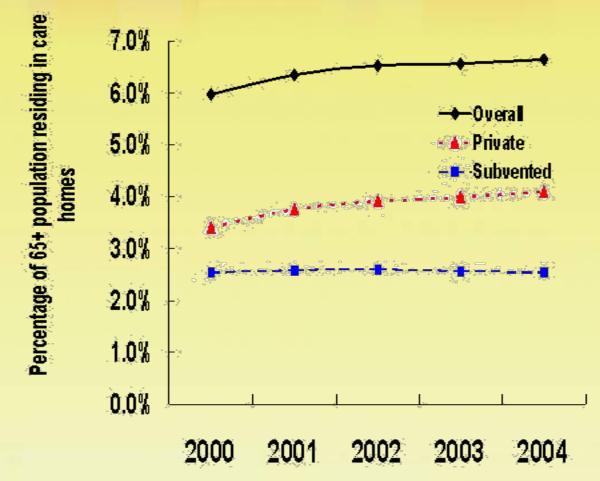
- Carer Support Service
- Home Environment Improvement Scheme for the Elderly
 - A one-off funding of \$200 million in the 2008-09 Budget for five years to assist the older people who lack financial means and family support to improve their homes by repairing or replacing poor fittings.

What's new for the community dwelling older persons in the Policy Address 2011

- Increase subsidized community care places
- Launch pilot scheme on home care services to provide "tailor-made" services for older people on the waiting list for nursing home places
- Expand the Integrated Discharge Support Programme (IDSP) for older patients into regular service and covers all districts in two years' time.

Impacts on RESIDENTIAL CARE services

Rising Institutionalization Rate of Older Persons in Hong Kong



(Hong Kong Geriatrics Society, 2005)

Rates of institutionalization in Hong Kong

HK figure

- 4% of >60 years
- 6.3% of >65 years

There is an increasing trend in HK

- 6.0% in 2000
- 6.7% in 2004
- 8.2% in 2007

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(Hong Kong Geriatrics Society, 2008)

- The institutionalized rate is steady or slightly increasing.
- Higher rate among those living alone & never married.
- Lower rate in professional or managerial occupation.
- Gender & economic resources not important.

(Hong Kong Geriatrics Society, 2005)

Overview of Residential Care Services for the Older Persons

(Social Welfare Department, 2012)

	Total number of places as at 30.6.2012			
	Subsidized places in subvented, self- financing and contract homes	Subsidized places under Enhanced Bought Place Scheme	Non-subsidized places in non- profit-making self- financing homes/ contract homes	Total
Hostels for the Elderly	24	-	15	39
Homes for the Aged	293	-	831	1,124
Care and Attention Homes for the Elderly	14,942	7,366	3,227	25,535
Nursing Homes	2,780		1,037	3,853
Total	18,039	7,366	5,146	30,551

 As at 30 September 2012, there were a total of 29,068 applicants being waitlisted for various types of subsidised residential care services in the Central Waiting List for subsidised long term care services.

Homes for the Aged	15
Care and Attention Homes	22,532
Nursing Homes	6,521
Total	29,068

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(Social Welfare Department, 2012) 20

With reference to information as at 30 September 2012, the average waiting times for various types of subsidized residential care services were as follows:

Subsidised service	Waiting time (in months) Average from the past 3 months
Care and attention homes	粗
Subvented homes and contract homes	33
Private homes participating in the Enhanced Bought Place Scheme	h
Overall	21
Nursing homes	38

(Social Welfare Department, 2012)

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What's new for the older persons in residential care homes in the Policy Address 2011

- Provision of additional places through:
 - building new residential care homes
 - fully utilize the space in existing homes
 - increase the supply of higher-quality places under the Enhanced Bought Place Scheme
 - providing or increasing relevant supplements for subsidised residential care homes and day care centres to offer more targeted services to older people with dementia

CONCEPT OF HEALTH AND SOCIAL CARE PARTNERSHIP IN IN HONG KONG ON :

COMMUNITY SERVICES RESIDENTIAL CARE SERVICES

- Older people, no matter if they are living in the community or in residential care homes, may suffer from many chronic diseases.
- Lack of coordinated and personalized care may result in unnecessary deterioration of health and hospitalization.
- In order to provide better support to them, health and social care services should try to develop an integrated, patient-centred service which may transform care for this group of people.

Aim of health and social care partnership

- To take an effective, systematic approach to providing care and managing people with long term conditions.
- Reduce the utilization of secondary care services and increase the provision of care in a primary, community environment.
- Provide high-quality care tailor-made to meet individual requirements.

Achieve the goal of health and social care partnership by:

- encouraging people to participate in community programmes and setting goals for improving their conditions
- forming partnerships with other community organizations to support and develop interventions
- working with other local partnerships to strengthen multiagency support and co-ordination

- helping people to develop knowledge and skill to manage and monitor their own conditions
- encouraging them to form self care support groups to provide peer support

 integrating primary care and specialist care through clinical networks

- developing systems to ensure timely access to relevant data on the patients
- develop systems to monitor performances of the coordinated care teams and ensure continuity of care

Advantages of the formation of the "Community Health Care Partners" in Hong Kong

- promote collaboration between various healthcare service providers to streamline service protocols
- avoid repetition of work through the establishment of a nonpartisan structure for identification and achievement of mutually agreed goals

(Ho et al, 2002)



Committed and **Collaborative** Care in the Comunity

Community Health Care Partnership

- To achieve community health care partnership, the spirit of 4C is important
- In Hong Kong, it is evidenced by the following programmes:

 CADENZA Community Project : Health-social Partnership Transitional Care Model for Post-discharged Elderly
 http://www.cadenza.hk/cadenza/index.php?option=com_content&view =article&id=75?&lang=en?&lang=en
 - Community Health Care Partnership Model HKW Cluster
 <u>http://www.ha.org.hk/haconvention/hac2002/cluster/c1-5.pdf</u>

To achieve success to community health and social partnership, it is important to have

- respectful Interdisciplinary approach
- well- coordinated services
- good team spirit
- support from government and stakeholders

(Ho et al, 2002)

AGING IN PLACE FOR THE COMMUNITY-DWELLING OLDER PEOPLE

The fundamental objective for caring for the older people in White Paper (1979)

"To promote the well being of the elderly in all aspects of their living by providing services that will enable them to remain members of the community for as long as possible; and to the extent necessary, to provide residential care suited to the varying needs of the elderly. "

(HKCSS, 2005)

White Paper (1991) : Social Welfare into 1990s and Beyond

• "An elderly person should be assisted to live in his own community with dignity and a spectrum of services should be provided in and by the **community** to facilitate his continued participation in society both socially and, if he likes, economically for as long as possible. **Opportunities should be made available for** elderly persons to play an active role in the community rather than treated in isolation as a class apart". (HKCSS, 2005)

- Since the establishment of the HKSAR in 1997, the Government has designated 'Care for the Older People' as one of its policy objectives.
- Aim:
 - To improve the quality of life of the older people
 - To provide them with :
 - a sense of security
 - a sense of belonging
 - a feeling of health
 - a feeling of worthiness

(HKCSS, 2005)

- "Aging in Place" is a long term goal for "Care for the Older People", it is an ongoing process which requires :
 - community support
 - organisational support
 - family and carer support
 - government support

The Policy Address 2009-2010 on Aging in Place

Ageing in Place

The Government will continue to devote resources to supporting community elders with the followings:

- provide additional subsidised day care places in districts with a stronger service demand
- extend the District-based Scheme on Carer Training to give greater support to carers of the elderly at district and neighbourhood levels
- examine ways to improve the existing home care services and encourage more organizations to provide such services through the operation of social enterprises.

The Budget Speech in 2011-2012 about Aging in Place

To pursue the policy objective of "aging in place", the government will

- continue to allocate resources to support elders to age at home
- to increase annual recurrent funding by \$76 million to provide about 1,700 additional places for community care services for elders, including 1,500 places for the Enhanced Home and Community Care Services and about 200 day care places for the elderly
- to increase annual recurrent funding for the pilot Integrated Discharge Support Programme for Elderly Patients by \$148 million to make it a regular service. The number of elders benefited each year is expected to increase from the current 8,000 to around 33,000.

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(HKSAR, 2011)

Challenges For Aging in Place in Hong Kong

Life expectancy is longer

higher incidence of chronic illnesses with increasing no. of dementia

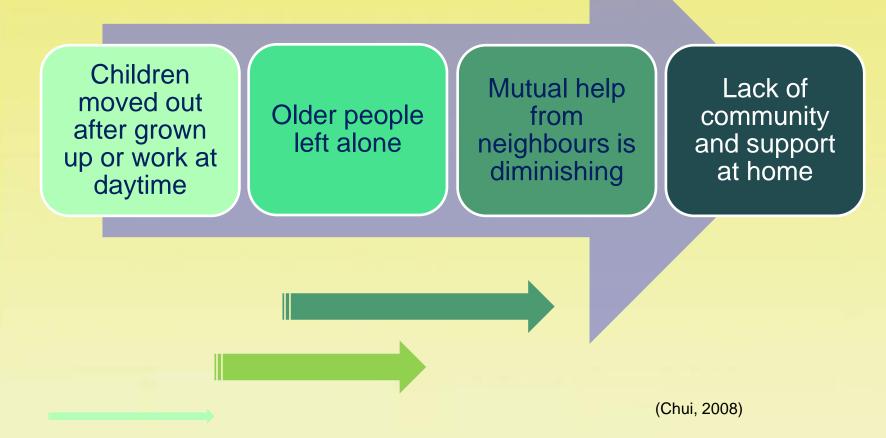
Increase in frailty and dependency Increase chance to move to residential care homes

(Chui, 2008)

Gentrification

Old urban areas, such as old housing estates are targeted for redevelopment High costs of private housing may be unaffordable amongst older people

Physical and social dislocation of the older people



In view of these challenges, how can we promote ageing in place in Hong Kong?

- Increase community-based home care services :
 - Enhanced Home and Community Care Services (EHCCs)
 - Integrated Home Care Service team (IHCST)
 - Community nursing Services with phone consultation and follow up
 - Integrated Discharge Support Programme (IDSP)

Careful Planning of Gentrification

- Do not entirely replace the old estates; do so in phases or integrate new ones into original communities first.
- The in-situ rehabilitation of the public estates may include selling the existing tenants to retain the residential composition of the original neighbourhood to reduce physical and social deterioration
- New estates may be of elder-friendly design

(Chui, 2008)

Renovation of old flats

 Hong Kong Housing Society will provide assistance to the elderly homeowners to carry out repair works related to safety and hygiene.

Ageing in place in residential care homes

 Additional subsidies to the NGOs to provide supplementary care and services for the increasingly frail or demented residents in nursing homes, so that they do not need to move from their original homes to a higher level care homes.

QUALITY LIVING IN RESIDENTIAL CARE HOMES

- Kane (2001) defined quality of life as the physical, cognitive, psychological and social outcome of interaction of resident and their environment.
- Holistic care in residential home ensures good quality of life of the residents.

- Kane (2001) defined eleven dimensions or domains of quality of life in nursing home.
- These domains are:
 Ø physical comfort
 Ø security
 Ø enjoyment
 Ø meaningful activity
 Ø relationships
 Ø functional competence
- Ødignity
 Øprivacy
 Øindividuality
 Øautonomy/choice
 Øspiritual well being

Physical ComfortResidents are free from pain, uncomfortable symptoms, & other physical discomforts (being cold, hot, thirsty, in bad positions, have sleep problems).Security and comfortResidents feel secure & confident about their safety in their environment & the good intentions of staff, their ability to move about freely and security of their possessions.EnjoymentResidents show and express pleasure and enjoyment, verbally and nonverbally, and do no express displeasure, anxiety, or boredom.Meaningful activityResidents engage in discretionary behavior that results in self-affirming competence or active pleasure in the doing or watching of the activityRelationshipsResidents engage in meaningful person-to person social interchange with other residents, staff, and/or family and friends outside the facility		
comfortenvironment & the good intentions of staff, their ability to move about freely and security of their possessions.EnjoymentResidents show and express pleasure and enjoyment, verbally and nonverbally, and do no express displeasure, anxiety, or boredom.Meaningful activityResidents engage in discretionary behavior that results in self-affirming competence or active pleasure in the doing or watching of the activityRelationshipsResidents engage in meaningful person-to person social interchange with other residents, staff, and/or family and	Physical Comfort	other physical discomforts (being cold, hot, thirsty, in bad
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interchange with other residents, staff, and/or family and	Meaningful activity	self-affirming competence or active pleasure in the doing or
	Relationships	interchange with other residents, staff, and/or family and
FunctionalWithin the limits of their physical and cognitive abilities, residents are as independent as they wish to be.	-	

Dignity	Residents perceive their dignity is intact & respected. They do not feel belittled, devalued, or humiliated.
Privacy	Residents have bodily privacy, can keep personal information confidential, can be alone as desired, and can be with others in private.
Individuality	Residents express their preferences and pursue their past and current interests, maintaining a sense of their own identity
Autonomy / Choice	Residents take initiative and make choices for their lives and care
Spiritual well- being	Resident's particular needs & concerns for religion, prayer, meditation, spirituality, and moral values are met.

- In Hong Kong, the SWD has issued guidelines on the premises and environment for the Residential Care Home for the Elderly to ensure better quality in living,
- For the details, please refer to the following links:
 - <u>http://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_r</u> esidentia/id_licensing/
 - http://www.swd.gov.hk/doc/elderly/bp_do(Eng)(Mar%2010).doc

There are some recommendations from western experiences to promote quality of life

Privacy	Knock on door before entering Privacy with family members Respect time to be alone Pull cubicle curtains
Personal Space	Respect personal items Respect personal space Use touch only if it is acceptable to the other person
Safety	No clutter or throw rugs Proper shoes Sometimes pets No frayed cords or broken furniture
Simulation/ Personalization	Multiple opportunities for individual choice Encourage independent function Cherished furniture and decorations Meaningful picture

Practical issues

- Free from overwhelming unpleasant odors.
- Clean and well-kept.
- Comfortable temperature.
- Good lighting.
- Comfortable noise levels in the dining room and other common areas.
- Smoking not allowed or may be restricted to certain areas of the residential care homes.
- Sturdy furnishings that are comfortable and attractive.

(Dept. of Health & Human Services, U.S.A, 2008)

- Exits are clearly marked.
- Quiet areas for visitors and residents.
- Installation of smoke detectors and sprinklers.
- All common areas, resident rooms, and doorways are designed for wheelchair use.
- Installation of handrails in the hallways and grab bars in the bathrooms.

(Dept. of Health & Human Services, U.S.A, 2008)

Spiritual challenges of Residential Care Home

Routinized and Empty time

The loss of Meaning

Disjunction and Disconnection

(Friedman, 1995)

Sources of meaning in residential life

- Contact with family and friends
- Religious practice
- Show care for others
- Compassionate care
- Respecting residents' humanity
- Affirm their identities by listening to stories from the past
- Communicate positive emotions to residents

(McFadden, 1998)

- Create a therapeutic environment with:
 - 1. nurse's presence and touch
 - 2. listening
 - 3. empathy
 - 4. vulnerability: experience the clients' feelings and allow the client to touch the core of their person
 - 5. humility
 - 6. commitment
 - 7. prayer

(Carson, 1989)

Conclusion

- Long term care is a challenge to the ageing population in Hong Kong
- "Ageing in place" is the wish of many older people and an important government policy.
- The development of community services is the focus; residential care may be the last resort for the older people who cannot take care of themselves.
- However, the quality of residential care must be improved to ensure the frail older people to receive the best care at their rest of lives.

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