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LEGISLATIVE COUNCIL
PANEL ON WELFARE SERVICES MEETING ON 8 JANUARY 2001

Information Paper on Implementation of the Standardized Care Need Assessment Mechanism for Elderly Services

Purpose

This paper briefs Members on the implementation of the Standardized Care Need Assessment Mechanism for Elderly Services (the Mechanism).

Background

2. Before implementation of the Mechanism, elders needed to go through various assessments conducted by caseworkers, medical professionals and service providers, etc., before they were admitted to residential care homes for the elderly or community support service units such as home help teams and day care centres for the elderly. There was no common Assessment Tool applied among professionals and organizations to ascertain the elders' eligibility for elderly services, on which the service providers made the final decision. Moreover, there was no formal mechanism to handle appeals.

3. The Elderly Commission recommended, in its Report (1997-1999) published in March 2000, that Government should consider setting up a Standardized Care Need Assessment Mechanism (formerly known as Gate-keeping Mechanism) to standardize the assessment of elders' care needs and ensure better use of resources. The Government has pledged in the 1999 Policy Address to put in place such a Mechanism in 2000.

Consultancy Study on Assessment Tool

4. With the support of the Health and Welfare Bureau (HWB), the Social Welfare Department (SWD) commissioned a consultancy study by the University of Hong Kong (HKU) in April 1999 to develop a standardized Assessment Tool, propose a service-matching algorithm and design a training

programme for accredited assessors. Services available to the elders on a matched basis under the Mechanism are as follows: -

Community Support Services

- day care centres for the elderly
- home help/home care services
- enhanced home and community care services (to be available in March 2001)

Residential Care Services

- homes for the aged
- care-and-attention homes
- nursing homes

5. A Project Steering Committee on the Consultancy Study (Project Steering Committee hereafter) comprising members from the HWB, SWD, Department of Health (DH), Hospital Authority (HA), Elderly Commission, Hong Kong Council of Social Service (HKCSS) and Non-governmental Organizations (NGOs) was set up to monitor the Study.

6. A Working Group on Standardized Care Need Assessment Mechanism for Elderly Services (Working Group hereafter) coordinated by SWD with representatives from the HA, NGOs, HKCSS and SWD at working level was formed to support the Consultancy Study and draw up protocols on implementation such as operational procedures, structures of the Mechanism, appeal, training of accredited assessors and service matching issues.

7. In February 2000, SWD organized two sharing sessions to introduce the initial thoughts on setting up the Mechanism and collect feedback from the frontline practitioners and service providers. The consultants also shared the preliminary findings of the Consultancy Study in two subsequent sessions held in late April and early May 2000. The four sessions attracted a total attendance of over 2,200 participants. SWD had summarized all the concerns and feedback, which amounted to around 160 Questions and Answers. These are posted on the homepage of the Department for the reference of interested parties.

8. At the meeting on 21 September 2000, the Project Steering Committee endorsed the Report submitted by the consultants. A summary of the Report is at the Annex. (A copy of the full Report is deposited in the Legislative Council Secretariat for Members' reference.) The Committee also agreed on the following planning framework and strategies taking account of feedback and views of the Working Group and stakeholders.

(i) Elderly Services Standardized Care Need Assessment Management Offices

9. SWD has set up five multi-disciplinary Elderly Services Standardized Care Need Assessment Management Offices (SCNAMOs) in March 2000. Each is composed of one Senior Social Work Officer, one Social Work Officer, one Senior Occupational Therapist/Senior Physiotherapist and two Nursing Officers. They will monitor the operations of the Mechanism, maintain the quality of assessment of accredited assessors, handle appeals, train accredited assessors, support service providers to provide quality and better care for elders, facilitate better interface between the health and welfare sectors in the regions and oversee the service demand and utilization, etc.

(ii) Accredited assessors

10. Social workers including those serving in family services centres, medical social services units and multi-service centres for the elderly, nurses, occupational therapists and physiotherapists working in clinics and hospitals are recognized as potential accredited assessors. They are required to go through structured training programmes and pass the examination before they are accredited to take up the assessment responsibility.

11. To avoid conflict of interest, staff working in service units providing direct services for elders, such as residential care homes for the elderly, home help teams, home care teams, day care centres for the elderly, etc. will not be recruited as accredited assessors.

(iii) Provision of training for accredited assessors

12. The HKU had conducted training programmes for 300 accredited assessors (217 from SWD, 61 from NGOs and 22 from HA) from May 2000 to

August 2000. SCNAMOs will continue to provide training for 700 additional accredited assessors by April 2001, making a total provision of 1,000 accredited assessors. Afterwards, they will review the training strategies and plans. Moreover, SCNAMOs will organize briefing sessions for service providers in order to provide them with necessary knowledge on the standardized Assessment Tool.

(iv) Re-delineation of roles and responsibilities

13. Accredited assessors will apply the standardized Assessment Tool to confirm the elders' eligibility for the types of service that they have applied and to recommend the most appropriate option. Service providers do not need to conduct such assessment again. They will focus on drawing up individual care plans for the elders upon and after admission according to the assessment results and related information.

Steering Committee on Implementation

14. Upon the recommendation of the Project Steering Committee held on 21 September 2000, a Steering Committee on the Implementation of the Standardized Care Need Assessment Mechanism for Elderly Services (Steering Committee hereafter) with representatives from HWB, SWD, DH, HA, NGOs and HKCSS had been set up to give guidance on implementation issues as well as operational procedures.

15. Taking into consideration the major concerns as expressed by the stakeholders, the Steering Committee has agreed to implement the Standardized Care Need Assessment Mechanism in four phases in order to promote changes and consolidate practical experience in a progressive manner. It has also endorsed some initiatives to support the implementation of the Mechanism.

(i) Phased implementation plan

16. The agreed implementation plan is summarized below:-

Phases	Main features
1st Phase (November 2000 to January 2001)*	**<u>Residential care services only</u>** (a) **Existing applicants**:- Accredited assessors coordinated by SCNAMOs[1] will take up assessments on those being called for admission to residential care homes. (b) **New applicants**:- They can register for residential care homes according to the existing method.
2nd Phase (February 2001 to April 2001)*	**<u>Residential care services</u>** The practice in Phase 1 will continue. **<u>Community support services</u>** (a) **Existing applicants**:- Accredited assessors coordinated by SCNAMOs will take up assessments on those being called for admission to community support services units. (b) **New applicants**:- They can register for community support services according to the existing method.
3rd Phase (May 2001 to July 2001)*	**Pilot Region** A SWD Region will be selected to involve accredited assessors from all settings to conduct care need assessments in accordance with the following protocol:- (a) applicants being called for admission to residential care homes for the elderly and community support services will be assessed;

[1] They include accredited assessors of SCNAMOs and some accredited assessors of SWD and NGOs who support SCNAMOs to conduct assessments on voluntary basis.

Phases	Main features
	(b) new applicants for residential care service will be waitlisted and referred for assessment when their turn is due; and (c) new applicants who come forward to register for community support services will be waitlisted according to their dates of application and await assessment when their turn is due. **Remaining four Regions** Accredited assessors coordinated by SCNAMOs will continue their tasks as in Phase 2.
4th Phase (August 2001 onwards)*	Full implementation when the arrangement of the pilot Region in Phase 3 will be extended to the entire Territory. Applicants on the residential care waiting list that indicate their wish to opt for community care services will be assessed separately in batches based on their dates of application and provided services accordingly.

*: The Steering Committee has also endorsed that the phased implementation plan is subject to review in the light of actual operating experience. If there are no major problems or negative feedback identified, the schedule of implementation will be followed.

(ii) Operational procedures for the first Phase

17. As agreed with HA, NGOs and HKCSS, the operational procedures will align to the existing practice as far as possible. The applicants undergoing the assessment will be provided with choices of residential care services and community support services where applicable. Their choices will be respected. If they choose to try the option of community support services, their applications for residential care homes will be suspended for the time being.

They have the flexibility to re-activate their applications for residential care homes and their original dates of application will be recognized.

(iii) Computer software for standardized Assessment Tool

18. SWD has procured computer software for the standardized Assessment Tool developed by HKU to facilitate accredited assessors to produce accurate results on service matching and to identify the problems of elders, which require further input from specialists. Such computer software will also increase work efficiency, enable accredited assessors to build up an information base for individual elders for better care planning, and assist in providing data for policy and service planning.

(iv) Appeal Mechanism

19. The applicants and service providers may have different views on the assessment results. A formal appeal mechanism including Regional Appeal Committees and Central Appeal Board will be set up to handle appeals. The Regional Appeal Committees will be chaired by District Social Welfare Officers of SWD and include members of the health and welfare sectors whereas the Central Appeal Board will be chaired by an unofficial. The objective is to ensure the most suitable welfare plan is chosen for the elders.

(v) Publicity measures

20. In general, each phase has its distinct target groups. SWD has prepared posters, leaflets, booklets and messages in the homepage of SWD, conducted briefing sessions and forwarded letters to all elders on the waiting list to introduce the Mechanism. A copy of the leaflet is enclosed for Members' reference. Other measures to be adopted include the production of video programme, Announcement of Public Interest (API) programmes in radio/television and exhibitions, etc. as necessary to address the concerns of various stakeholders.

Progress in Phase 1

21. In November 2000, the SCNAMOs of SWD received a total of 452 referrals for assessment. On average, each assessment can be completed in eight days from the date of referrals. In the past, over a month was required for the same task.

22. As at the end of November, the 29 accredited assessors involved had completed assessment for 330 cases (73%). SWD will continue to keep in view the progress and collect data to build up a profile on the assessments and outcomes.

23. The Steering Committee will continuously assess the effectiveness of the operational procedures, collect feedback from stakeholders, and identify ways for improvement to the mechanism.

24. Members are invited to note the implementation plan of the Standardized Care Need Assessment Mechanism. SWD will keep Members informed of the progress of this initiative.

Health and Welfare Bureau/Social Welfare Department
January 2001

Annex

Summary on the Final Report on the Consultancy Study on Gate-keeping Initiative for the Elderly Services: System of Assessment for Services Matching and Prioritization of Services (October 2000)

Section 1: Introduction

1. Hong Kong is facing a rapid growing ageing population. To meet the future challenges, there is need to ascertain the care needs of older persons and provide appropriate services for them accordingly.

2. In the past, older persons needed to go through various assessments to confirm their eligibility for the applying services. There was no common assessment tool adopted among professionals or organizations for such purpose. Service providers made the final decision. Three studies conducted in 1996 and 1998 indicated that there was need to set up a mechanism to improve these situations.

3. With the support of the Health and Welfare Bureau, the Social Welfare Department commissioned a consultancy team led by Professor Iris CHI of the University of Hong Kong in April 1999 to develop a standardized Assessment Tool, propose a service-matching algorithm and design a training programme for assessors.

4. The consultancy team was composed of experts from the medical and health sector, welfare sector and scholars in academic institutes in the field of geriatrics care.

Section 2: Project Overview

5. The consultants have adopted the approach to review the local and overseas assessment tools for drawing up the recommendation on the standardized assessment tool. They also conducted field visits, focus group discussions and validation tests to examine the applicability of the recommended assessment tool in local context for service matching and care planning. The training protocol has been designed based on need of potential assessors.

Section 3: Assessment Tool

6. The consultants have compared a total of 9 assessment tools and recommended the Minimum Data Set-Home Care (MDS-HC) version 2.0

of the InterRAI as the standardized assessment tool. It has been widely used in foreign countries and Japan of Asia.

7. The MDS-HC provides comprehensive information on the aspects of functioning, health, social support and use of services, etc. and Client Assessment Protocols for further evaluation of the older persons' specific problems and risks.

Section 4: Test of validity and reliability

8. The consultants have employed the following two methods to test the validity and reliability of applying MDS-HC in the local context:-

(i) inter-rater reliability: one nurse and one social worker were recruited as assessors to assess 50 cases in total. It was concluded that the consistence between the two assessors was acceptable.

(ii) Concurrent validity between some key outcome measures of MDS-HC with some well-validated scales in Hong Kong: it was concluded that the validity was established.

Section 5: Service matching and prioritization

9. The consultants have proposed a basic framework on whether the older persons have impairment on activities of daily living, continence, cognition, mood and behaviours to consider whether they would be in need of formal services. If they have no coping problems, community support services may be adequate. Otherwise, residential care services would be the better option.

10. The consultants have conducted three focus groups with the participation of frontline workers, service users, service providers and experts and adopted the items on outcome measures of MDS-HC to form the method on service matching

11. In brief, four levels of impairment from 'No impairment' to 'Mild impairment', 'Moderate impairment' and 'Severe impairment' and factors on 'health problems, 'environmental risks' and 'coping problems' have been set to determine the service options. The Appendix is an extract of the recommended service matching decision-making tree.

12. Those with higher levels of impairment and more problems on health, environment and coping would be regarded as having greater need on formal services.

Section 6: Computerization

13. The Centre on Ageing of HKU has designed a computer programme for MDS-HC. It would enhance work efficiency, accuracy on assessment results and provide electronic means to manage the data records.

Section 7: Training programme and schedule

14. The consultants have proposed a 5-day training programme including basic knowledge on the Mechanism, common diseases of older persons, elderly services, use of MDS-HC, service matching algorithm, application of Client Assessment Protocols and skills practice, etc.

15. The format of training covered classroom learning, case demonstration and practice.

16. On-going and advanced training would be useful for assessors.

Section 8: Service matching validity

17. Thirty-five assessors were recruited to assess 400 cases to prove the validity of the service matching method. The approach was to compare the results by using the existing method and MDS-HC. The results would be classified as 'perfect match' if the recommendations were the same.

18. The 'perfect match rate' was 52% while 'matched by levels of impairment' was 72%. There were limitations on the selection of samples and experienced assessors, which might affect the results. In general, it was considered that the proposed service-matching method was acceptable. Further study in future was recommended to review the outcome of the service matching method.

Section 9: Issues and concerns

19. The issues on 'who would be the assessors', appeal and service monitoring, review and re-assessment of cases, case management, need for specialist intervention, service co-ordination and continuous improvement were addressed in the Final Report.

Appendix

Extract from the Final Report (p. 38)

Table 5: Service Matching Decision Making Tree

Impairment	Health Problems	Environmental Risk	Coping Problem	Service Matching*	
				Recommended Option A	Recommended Option B
Severe	Y	Y	Y	Beyond Nursing Home[1]	
	Y	Y	N	Beyond Nursing Home[1]	Beyond Day Care[2]/ Home Help[2]
	Y	N	Y	Beyond Nursing Home[1]	Beyond Day Care[2]/ Home Help[2]
	Y	N	N	Beyond Day Care[2]/ Home Help[2]	
	N	Y	Y	Nursing Home	
	N	Y	N	Nursing Home	Day Care/ Home Help[3]
	N	N	Y	Nursing Home	Day Care/ Home Help[3]
	N	N	N	Day Care/ Home Help[3]	
Moderate	Y	Y	Y	Care & Attention Home	
	Y	Y	N	Care & Attention Home	Day Care/ Home Help[3]
	Y	N	Y	Care & Attention Home	Day Care/ Home Help[3]
	Y	N	N	Day Care/ Home Help[3]	
	N	Y	Y	Care & Attention Home	
	N	Y	N	Care & Attention Home	Day Care/ Home Help
	N	N	Y	Care & Attention Home	Day Care/ Home Help
	N	N	N	Day Care/Home Help	
Mild	Y	Y	Y	Home for the Aged	
	Y	Y	N	Home for the Aged	Home Help
	Y	N	Y	Home for the Aged	Home Help
	Y	N	N	Home Help	
	N	Y	Y	Home for the Aged	
	N	Y	N	Home for the Aged	Home Help
	N	N	Y	Home Help	
	N	N	N	No Service	
No	Y	Y	Y	Home for the Aged[4]	
	Y	Y	N	No service	
	Y	N	Y	Other services[5]	
	Y	N	N	No Service	
	N	Y	Y	Home for the Aged[4]	
	N	Y	N	No Service	
	N	N	Y	Other services[5]	
	N	N	N	No Service	

[1]	If Infirmary is part of the service option, this will be an appropriate candidate. CGAT specialty service may also be required
[2]	If Day Hospital and Home Care are parts of the service option, this will be an appropriate candidate for Day Hospital and Home Care. CGAT specialty service may also be required.
[3.]	If Home Care is part of the service option, this will be an appropriate candidate.
[4]	If Elderly hostel or other elderly housing program: home modification and rehab-aids, is an available service option, it should also be considered as an appropriate candidate.
[5]	Counseling service, social centre for the elderly, elderly health centre, out-reaching service for elderly, etc.
*	The Recommended Option A will only be triggered after the Recommended Option B has been tried. For those applicants who wish to choose to stay at own homes with community support, Option B will apply.