

## **LEGISLATIVE COUNCIL PANEL ON WELFARE SERVICES**

### **The Pilot Project on Accreditation System for Residential Care Services for Elders in Hong Kong**

#### **PURPOSE**

This paper informs Members of the major recommendations of the Hong Kong Association of Gerontology (HKAG) regarding the development of an accreditation system for residential care services for elders in Hong Kong. They are the recommendations in HKAG's report on "the Pilot Project on Accreditation System for Residential Care Services for the Elders in Hong Kong" (the Report). A copy of the Executive Summary of the Report is at the **Annex**.

#### **BACKGROUND**

2. Residential Care Homes for the Elderly (RCHEs) are currently regulated by the Residential Care Homes (Elderly Persons) Ordinance and its subsidiary regulations. Those which are run by non-governmental organizations (NGOs) and private operators participating in the Enhanced Bought Place Scheme are required to implement a set of Service Quality Standards (SQS) as prescribed by the Social Welfare Department (SWD). Also, some RCHEs are ISO-certified or are practicing 5-S. However, the licensing requirements serve to ensure that RCHEs have achieved the basic standards only. Also, SQS, ISO and 5-S are not intended to be clinically specific for residential care services for elders.

3. To further enhance the quality standards of residential care services for elders, the 2001 Policy Address set out the target to research on quality assurance measures to help RCHEs to raise their standards

above licensing requirements. It is considered necessary that the proposed measures should take into account the longer term strategy to meet the demand for long term care of frail elders and put emphasis on enhancing consumer education and accessibility to information on the quality of RCHEs. This points to the need for some form of quality assurance through an independent accreditation system.

4. At the initiation of HKAG, and with the recommendation of SWD, the Lotteries Fund provided a grant of \$3 million to HKAG to conduct a two-year pilot project starting from July 2002 with a view to developing and establishing an accreditation system for RCHEs in Hong Kong. HKAG has completed the project and submitted the Report to SWD recently.

5. To monitor the progress of the pilot project, a Steering Committee comprising representatives from Health, Welfare and Food Bureau (HWFB), SWD, Department of Health, the Hospital Authority, the Hong Kong Council of Social Service (HKCSS), Hong Kong Association of the Private Homes for the Elderly, Hong Kong Private Nursing Home Owners Association, and HKAG was set up to provide steer to the project.

6. During the project period, HKAG has conducted literature review on the development of accreditation systems of various overseas economies, carried out overseas study visits, launched two rounds of pilot accreditation exercises involving the participation of 37 RCHEs run by the private sector and NGOs, trained 122 assessors for the pilot accreditation exercises, and developed a set of validated accreditation standards, system and mechanism.

## **MAJOR FINDINGS**

7. The experiences of various overseas economies in developing accreditation systems have shown that accreditation is an effective means in promoting quality assurance and continuous improvement in residential care for elders. Various international trends regarding the development of accreditation systems were identified in the Report, including the co-existence of accreditation system and licensing,

emphasis on peer review in the accreditation process, and the increasingly important role of non-statutory independent bodies as the implementation agents.

8. The Report pointed out that the sector in general was receptive to the concept of accreditation. Those participating in the pilot accreditation exercises reckoned that the implementation of an accreditation system was conducive to improving the quality of RCHEs and developing best practices among the sector. Also, the majority of them opined that the accreditation instrument, standards and process developed by HKAG were suitable for RCHEs in Hong Kong. Almost all of them indicated willingness to seek accreditation when an accreditation system was formally established in Hong Kong.

## **HKAG's RECOMMENDATIONS**

9. HKAG recommends a voluntary accreditation system based on a set of process-and-outcome-focused accreditation instrument, and the principles of peer review and continuous improvement. The accreditation instrument comprises 40 pieces of standards on areas including governance, environment, service flow and care process, and information management and communication. The accreditation process will include self-assessment by the participating RCHEs, external assessment by trained assessors, and presentations to an accreditation committee. The whole process will normally take six months. RCHEs may lodge appeals with the appeal committee on the accreditation results.

10. For administrative simplicity, HKAG recommends that a simple grading system be adopted initially. RCHEs participating in the accreditation exercise will be graded either as being accredited or not accredited. In the longer term, supplementary information on accredited RCHEs, in particular information on the areas of excellence of individual RCHEs, should also be provided, with a view to enhancing consumers' access to information on individual RCHEs and adding value to the accreditation system.

11. In line with international trend, HKAG recommends that a 3-year accreditation cycle with annual review be adopted.

12. HKAG further recommends that an accreditation body be set up to undertake accreditation work, research and development, and information dissemination. Having considered the pros and cons of the three possible options for setting up the accreditation body, namely a government body, a statutory body and a non-statutory independent body, it recommends that initially the body should be a non-statutory independent body with strong professional background and knowledge in aged care.

13. HKAG is of the view that the accreditation system as proposed should be implemented as early as possible, as the accreditation standards and instruments have been developed, assessors have been trained, and the sector has demonstrated receptiveness to the proposed accreditation system.

## **PROJECTED COSTS**

14. HKAG estimates that the costs for setting up the accreditation body will be around \$730 000. It further projects that there will be about 70 RCHEs seeking accreditation in a year initially, and that the accreditation body will incur annual recurrent costs of about \$3.58 million. On the basis of full cost recovery, the accreditation fees for an RCHE is estimated to be about \$50 000.

## **PUBLIC CONSULTATION**

15. HKAG has engaged the sector as widely as possible in the pilot project. Apart from the 37 RCHEs which had participated in the two pilot assessment exercises, many of the professionals working in residential care services for elders had provided comments on the accreditation instrument, system and process, through participating in the working group, focus groups and consultation sessions. For example, the HKAG co-organized a symposium on accreditation with HKCSS in December 2002, and organized two briefing sessions to inform the sector of the progress and outcomes of the pilot project in October 2003 and June 2004 respectively. HKAG has taken on board stakeholders' comments in developing the accreditation system as far as possible.

16. HKAG presented its major findings and recommendations to the Elderly Commission on 14 June 2004. Members in general supported the implementation of an accreditation system initially based on voluntary participation by RCHEs, and the proposal of using a non-statutory independent body to serve as the accreditation body.

### **WAY FORWARD**

17. HWFB and SWD will further consider HKAG's recommendations in detail, and come up with considered views on how to bring forward the proposals, taking into account comments received on the HKAG Report.

### **ADVICE SOUGHT**

18. Members' comments on HKAG's recommendations are welcome.

**Social Welfare Department**  
**July 2004**



# THE HONG KONG ASSOCIATION OF GERONTOLOGY

Pilot Project on Accreditation System for  
Residential Care Services for the Elders in Hong Kong

## *EXECUTIVE SUMMARY*

June 2004

# **Pilot Project on Accreditation System for Residential Care Services for the Elders in Hong Kong**

## **Executive Summary**

### **Background**

Hong Kong is experiencing rapid population ageing. According to the Census and Statistics Department's 2004 projection, the proportion of persons aged 65 or over was projected to rise from 11.7% in 2003 to 27% in 2033. Also, according to overseas experience, the demand for institutional care for people aged over 65 is 5.5%. With continuing growth in the number of older people, the demand for residential care places will increase in the coming 20 years.

2. At the end of 2003, there were 69,615 residential care places for older people in Hong Kong. The private sector provided 66% of the total residential care places while the rest were places subsidised by the Government (29.6%) or self-financed (4.4%).

3. At present, residential care homes for the elderly (RCHEs) are being regulated by a licensing scheme under the Residential Care Homes (Elderly Persons) Ordinance and its subsidiary regulations. Subvented RCHEs run by non-governmental organizations (NGOs) and RCHEs run by private operators participating in the Enhanced Bought Place Scheme (EBPS) are required to implement a set of Service Quality Standards (SQSs). Also, various subvented and private RCHEs are ISO certified and/or have adopted 5S. However, the licensing requirements serve to ensure that only the basic standards are achieved in RCHEs. Also, the SQSs, ISO and 5S are not intended to be clinically specific for residential services for older people. There is, therefore, call for setting up an accreditation system which takes into account the specific care processes and operation environment of RCHEs in Hong Kong.

## **The Pilot Project**

4. Upon initiation of the Hong Kong Association of Gerontology (HKAG) and the recommendation of the Social Welfare Department (SWD), the Lotteries Fund Advisory Committee has approved funding for HKAG to undertake a 2-year "Pilot Project on Accreditation System for Residential Care Services for the Elders in Hong Kong" from July 2002 to June 2004 with the following objectives:

- (a) to set up a system of voluntary accreditation of residential care services for elders in Hong Kong;
- (b) to promote the quality of care through promulgation of the quality process and outcome monitoring in residential care services for elders;
- (c) to define the cost of the accreditation mechanism and the future charging mechanism of the voluntary accreditation; and
- (d) to serve as a service quality reference benchmark for the community in the procurement of non-subsidized residential care home services from the private or non-profit-making sectors.

5. A steering committee comprising representatives from Health, Welfare and Food Bureau, SWD, Department of Health, the Hospital Authority, the Hong Kong Council of Social Service (HKCSS), Hong Kong Association of the Private Homes for the Elderly, Hong Kong Private Nursing Home Owners Association, and HKAG was set up to provide steer to the project. Also, a working group was set up to supervise the development of the Pilot Project. Members of the working group were drawn from a diversified group of professionals with experience in health care, nursing and residential care services.

6. The Pilot Project was divided into 4 phases. Phase 1 (July 2002 to December 2002) involved extensive literature review and study visits of the accreditation systems in the USA, Canada, the UK and Australia, as well as the formulation of a set of preliminary assessment instrument. In phases 2 and 3 (January



2003 - December 2003), the first and second pilot accreditation exercises were launched, training of assessors was organized and a validation study was carried out on the accreditation tool. A total of 37 RCHEs, including 23 RCHEs run by the private sector and 14 RCHEs run by not-for-profit NGOs, participated in the pilot accreditation exercises. Also, 122 assessors were trained. In phase 4 (January 2004 – June 2004), formulation of an accreditation system for Hong Kong was completed.

7. Throughout the various phases of the Pilot Project, HKAG has placed strong emphasis on sector-wide participation and consultation, to facilitate the sector's input into the accreditation standards and accreditation mechanism. Apart from RCHEs participating in the pilot exercises, professionals, trained assessors and RCHE staff and management participated in the validation study through questionnaires and focus groups. Consultations with the sectors operating RCHEs in Hong Kong have been carried out, including a symposium co-organized with the HKCSS in December 2002 and two seminars in October 2003 and June 2004 respectively.

### **Major findings and observations**

8. Quality assurance in healthcare is a worldwide concern. To enhance the standards of residential care services for elders, various major economies have developed their own accreditation systems. Their experiences have shown that accreditation is an effective means in promoting quality assurance and continuous improvement in health and residential care with the following major international trends:

- (a) co-exists with licensing;
- (b) largely operated by non-statutory independent bodies;
- (c) serves to promote continuous quality improvement;
- (d) builds on the concept of peer review, which provides education and consultation in the process, with due emphasis on quality control of assessors through training;
- (e) provides tailor-made standards for RCHEs;
- (f) should be process and outcome-focused;

- (g) methodology on accreditation is well developed;
- (h) facilitates the development of information databases on the quality of RCHEs; and
- (i) has world-wide recognition and application.

9. The Pilot Project has been successfully run, with RCHEs in both private sector and NGOs participating. It has demonstrated that implementation of an accreditation system for RCHEs is conducive to improving the quality of RCHEs and introducing best practices in RCHEs across different sectors. The RCHEs which participated in the Pilot Project commented that the accreditation instrument and standards were valid, clear, achievable and relevant for quality improvement in RCHEs. They were highly satisfied with the process of accreditation including the external assessment visits, exit meetings, oral presentation, and the quality of assessors. A great majority of the RCHEs which participated in the Pilot Project considered that the process had enabled them to improve their service quality. All RCHEs expressed that they would continue to join accreditation in future and would recommend other RCHEs to participate. They expected that the system be customized to suit RCHEs run by NGOs and private operators.

10. As appropriate standards and instruments have been developed and validated, trained assessors are available, and professional groups and the sector have shown acceptance of the accreditation system, HKAG considers that the scene is now set for accreditation of RCHEs as an ongoing system to raise service quality of RCHEs by means of continuous quality improvement through peer review and quality assurance. HKAG recommends an early implementation of the accreditation system to sustain the present momentum.

## **Proposals**

### ***Proposed accreditation standards***

11. On the basis of the literature review, the two pilot accreditation exercises and comments from all the stakeholders, a set of accreditation standards which are

process and outcome-focused, has been finalized. There are altogether 40 standards, including 28 standards categorized under four domains in the Core Instrument, viz. Governance; Environment; Service Flow and Care Process; Information Management and Communication; and 12 standards in the Supplementary Instrument. A list of the 40 standards is at **Appendix 1**. The proposed accreditation standards are built around the concept of Continuous Quality Improvement adopted by the National Care Standards Commission (2003) in the UK.

12. HKAG has conducted validity tests on the proposed accreditation instrument. The results showed that the instrument is content-valid, reliable and feasible for widespread application to all types of residential care services in Hong Kong.

### ***Proposed accreditation system and mechanism***

13. HKAG proposes that the future accreditation system takes the form of voluntary accreditation and peer review. An accreditation body will be set up, and RCHEs wishing to be accredited will apply to the accreditation body. A one-day pre-assessment training will be provided to all participating RCHEs. RCHEs will be required to submit relevant policy papers, operational guidelines and service statistics, as well as to complete a self-assessment instrument. External audit lasting from 3 to 5 days by trained assessors will take place in the RCHEs in the form of site visit. Upon completion of the assessment reports, assessors will present their findings to the RCHE operators concerned and representatives of the accreditation body. The Accreditation Committee of the accreditation body will decide on the granting of accreditation status taking into account the report of the assessors and the result of the oral presentation by the assessors. RCHEs will be informed of the outcome of accreditation. The whole process from submission of application to the notification of result will normally take six months. RCHEs may lodge an appeal with the appeal committee should they disagree with the outcome. A flowchart of the proposed accreditation mechanism is at **Appendix 2**.

14. For administrative simplicity, HKAG recommends that a simple grading system of the accreditation results be adopted initially. RCHEs participating in the accreditation exercise will be graded either as being accredited or not accredited. In

the longer term, supplementary information on accredited RCHEs, in particular information on the areas of excellence of individual RCHEs, should also be provided, with a view to enhancing consumers' access to information on individual RCHEs and adding value to the accreditation system.

### *Accreditation cycle*

15. In line with international trend, HKAG recommends that a 3-year accreditation cycle with annual review be adopted.

### *Accreditation body*

16. There are three possible options for the formation of the accreditation body: a government body, a statutory body, or a non-statutory independent body.

17. If the objective is to introduce a mandatory accreditation system in Hong Kong, it will be most appropriate to appoint a government department to take up the role of an accreditation body, to ensure compliance and community-wide publicity. However, we are not recommending a mandatory accreditation system for Hong Kong. Also, the experiences in other economies have shown that governments should focus more on regulation and licensing arrangements than on accreditation.

18. The merit of a statutory body is that its legitimacy comes from the legislation, and that it has the necessary legal backing required in the process of promoting accreditation. Also, the institutional set-up and objectives will be prescribed by legislation. A statutory body also carries greater credibility and accountability. However, the introduction of the accreditation system is still at its novel stage. We trust the scheme would take time to evolve and the elements to be included in the scheme would need to be refined and updated in light of experience and changing circumstances. The statutory approach has the disadvantage of having to require amendments of the law or regulations whenever new justifiable changes need to be brought into the system. This could cause unnecessary delay since legislative change is subject to competing priorities of the Government's overall Legislative Programme. On balance therefore we reckon there is merit in setting up

the scheme without need of legislation at this stage, subject to review once the scheme has been rolled out for a couple of years.

19. There are various advantages for a non-statutory independent body to be the accreditation body:

- A non-statutory independent body is more appropriate to run a voluntary accreditation system.
- A non-statutory independent body with strong professional background and established history can rally support from the sector and can best play the role of peer review.
- It is the international trend in quality assurance of health care and long-term care to entrust a non-statutory independent body with the responsibility of accreditation.
- An independent body not related to the government will allow greater flexibility in various aspects, including collaboration with other professional bodies and organizations involved in services for older people.
- An accreditation system run by a non-statutory independent body can easily respond to changes in the sector and social environment and bring continuous improvement to reality.

20. On the basis that a voluntary accreditation system premised on peer review will be set up, HKAG recommends that the voluntary accreditation system be operated by a non-statutory independent body initially. The body shall be a registered not-for-profit organization with established reputation and knowledge in aged care locally. A steering committee comprising members of the Board of Directors of the non-statutory independent body, experienced operators and professionals in NGOs

and private sectors should be formed to advise on the operation of the accreditation system and mechanism.

### ***Functions of the accreditation body***

21. The proposed accreditation system should perform three major functions, namely, the accreditation of RCHEs, research and development, and information dissemination.

22. To enhance consumers' access to information on the quality of RCHEs, the proposed accreditation body should provide effective channels for the public to gain access to information. It may consider setting up a website, publishing newsletters, and conducting regular publicity to publicise the accreditation system per se and the profiles of the accredited RCHEs. Also, it should develop a corporate identity to enhance public awareness and recognition of the scheme.

23. To gain international recognition, the proposed accreditation body may consider seeking accreditation from the international accreditation programme for accreditation bodies known as ALPHA (Agenda for Leadership in Programs for Healthcare Accreditation), which is administered by the International Society for Quality in Health Care Inc (ISQua). ISQua is a non-profit making organisation based in Australia to promote the continuous improvement in the quality and safety of care.

### ***Projected costs***

24. HKAG estimates that the costs for setting up the accreditation body will be around HK\$730,000. Based on the estimation that the accreditation body will conduct accreditation for about 70 RCHEs each year, an additional annual recurrent cost of HK\$3.58 million will be required. On the basis of full cost recovery, it is estimated that each RCHE participating in the accreditation exercise in future will have to pay about HK\$50,000 as the accreditation fee.

### ***Transitional arrangements***

25. HKAG recommends that those RCHEs which have been successfully accredited in the Pilot Project may be considered as accredited by the future accreditation body. Similarly, qualified accreditation assessors trained during the Pilot Project may be considered as recognized by the future accreditation body.

### ***WAY FORWARD***

26. In bringing forward HKAG's recommendations, the followings have to be further considered:

- (a) how to nominate a body responsible for implementing the proposed voluntary accreditation system; and
- (b) how to encourage RCHEs which are less resourceful to participate in the accreditation system.

The Hong Kong Association of Gerontology  
June 2004

**Accreditation Standards**

Core instrument

*Domain A: Governance*

Standard 1: Total quality management

Standard 2: Service ethics

Standard 3: Risk management

Standard 4: Purchase of service

Standard 5: Occupational safety and health

*Domain B: Environment*

Standard 6: Environment and facilities

Standard 7: Provision of services

Standard 8: Food and environmental hygiene

Standard 9: Community partnership

*Domain C: Service flow and care process*

Standard 10: Post-admission care

Standard 11: Medication management

Standard 12: Continence management

Standard 13: Skin care and bedsore prevention

Standard 14: Fall management

Standard 15: Feeding

Standard 16: Nutrition

Standard 17: Mobility assessment and management

Standard 18: Use of physical and chemical restraints

Standard 19: Transfer skills

Standard 20: Infection control

Standard 21: Cognitive, emotional, sensory and communication ability of residents

Standard 22: Pain management



Standard 23: Death and bereavement

Standard 24: Special nursing procedures

Standard 25: Psychological support and social care

Standard 26: Recreational and community activities

*Domain D: Information management and communication*

Standard 27: Information management

Standard 28: Communication

Supplementary instrument

Standard 29: Provision of information

Standard 30: Review and update policies and procedures

Standard 31: Records

Standard 32: Roles and responsibilities

Standard 33: Human resource management

Standard 34: Planning and evaluation

Standard 35: Financial management

Standard 36: Legal responsibilities

Standard 37: Safe environment

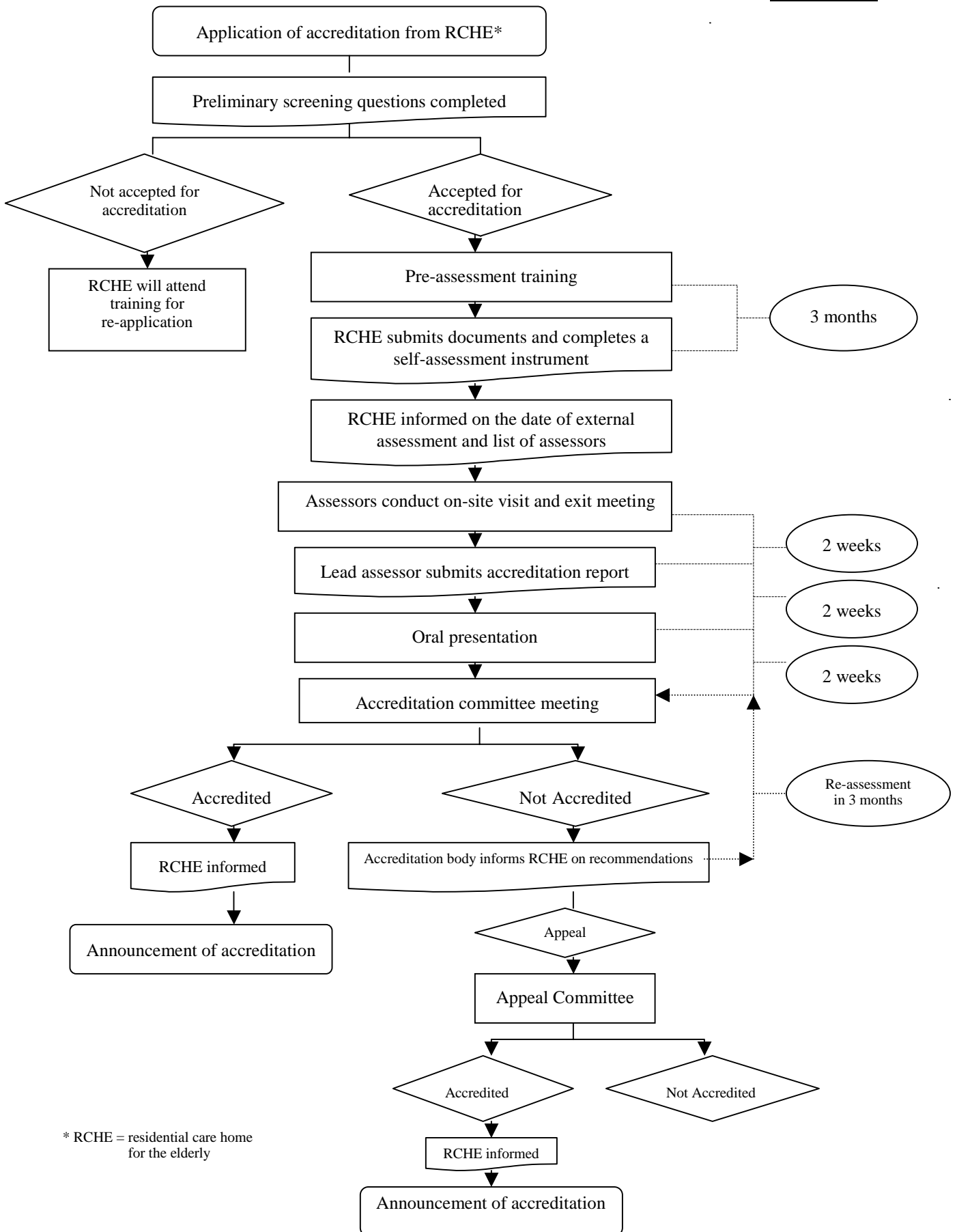
Standard 38: Entry and exit

Standard 39: Assessment of residents' needs

Standard 40: Protection of residents' rights

Flow chart of the accreditation mechanism

Time Frame



\* RCHE = residential care home for the elderly