



# The Hong Kong Geriatrics Society

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## HKGS Position Statement on Elderly Commission: Consultancy Study on Residential Care Services for the Elderly December 2009

### BACKGROUND

The Elderly Commission has released a consultation paper on Residential Care Services for the Elderly in December 2009 by Hong Kong University. The consultancy study explores how to target the resources for subsidized residential care services for those most in need. Currently, there are approximately 25000 elders in the central waiting list for subsidized residential care services. The usual waiting time is 22 months for Care and Attention Home and 40 months for Nursing Home. There are three major recommendations by the paper:

1. Devising a viable and sustainable long term care financing model
2. Re-considering the service matching mechanism
3. Further development of community care services

### Devising a viable and sustainable long term care financing model

HKGS supports that the finding that most elders prefer ageing in their own home rather than living in an institution. Institutionalization is a major life event and should not be taken lightly. Residential care should be a last resort and if possible for short term respite and rehabilitation.

HKGS does not support means testing for elders with genuine need for residential care. Elders with disability should be given appropriate and good quality care. No one should be denied the access to appropriate long term care based on financial reason alone.

Majority of the family in Hong Kong are middle class people with a fixed income. Most will not be able to sustain the expensive residential care services for their parents over one to two years.

### **Re-considering the service matching mechanism**

HKGS agrees that the residential rate in Hong Kong (6.8% for >65) is too high compare to neighbouring and the well developed countries (1-5%). Most of the needs of residential care come from sudden change in health condition, inadequate community support and over whelming family stress. At present, there is too much reliance on private residential home for caring needs. Premature institutionalization is mainly due to easy accessibility, lack of comprehensive geriatric assessment and early intervention. The geriatric medical support in both private and subvented nursing homes is far from adequate. Elders' health further deteriorated with worsening of functional status. Long term instutionization is the final destiny for most and many will never have an opportunity to return back to home. Majority of the initiation of residential placement unfortunately starts in hospital where most elders received care when their health deteriorated. There is poor discharge planning and inadequate post discharge services to facilitate elders continue living in the community.

### **Further development of community care services**

The present community support is piecemeal, poorly coordinated, lack of proper skill development and quality assurance. HKGS fully supports further development in community care services that address the needs of individual elder and family. There is good evidence that proper pre and post-discharge planning improves functional status and reduces unnecessary institutionalization. The Integrated Discharge Support Program for High Risk Elderly (IDSP) pilot program in three clusters of Hong Kong, the Call Centre (HKE,KCC,NTE), the Transitional Residential Care for Elderly Patients Discharged from Hospital all are showing positive results in maintaining more elders staying in the community and thus ultimately reduce the heavy reliance on residential care services. A strong geriatric leadership and better medical social integration are vital to the success of these pilot programs.

## Summary

1. HKGS supports to reduce the institutionalization rate in Hong Kong
2. HKGS does not support means testing for elders with genuine need of residential care.
3. Geriatricians with expertise in geriatric assessment will be in the best position to advice on the rehabilitation and placement needs of older people. This will help in reducing unnecessary institutionalization especially during the pre and post discharge phase of hospitalization.
4. HKGS recommends extending the Integrated Discharge Support Program for High Risk Elderly (IDSP) to all clusters from the year 2011.
5. HKGS supports further enhancing the community support services for older people with geriatric input and a stronger partnership between medical social services.
6. Transitional Residential Care for Elderly Patients Discharged should be further explored and integrated as part of discharge planning.

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**This Hong Kong Geriatrics Society Position statement was developed and reviewed by the HKGS Long Term Care Working Group and approved in January, 2010 by the HKGS Board of Directors.**

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