

**For information  
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## **Legislative Council Panel on Welfare Services**

### **Integrated Discharge Support Programme for Elderly Patients**

#### **Purpose**

This paper reports to Members the progress of the three pilot projects under Integrated Discharge Support Programme for Elderly Patients (the Programme) and the Government's plan to extend the Programme to cover all districts in 2011-12.

#### **Background**

2. The Government has been working closely with the Elderly Commission (EC) to promote "ageing in place". To this end, the Government provides a wide range of community care services, including home-based care services and centre-based day care services, for elders with long-term care needs. We noticed, however, that it was not uncommon for elders who had been ageing well at home to resort to residential care services or be re-admitted to hospitals shortly after hospital discharge, owing to the lack of suitable transitional care during the initial rehabilitation stage. We believed that many of these elders could have continued to age in place if they had access to timely and sufficient professional support.

3. In view of the above, the Labour and Welfare Bureau and the Social Welfare Department took the advice of EC and launched the Programme on a trial basis in collaboration with the Hospital Authority (HA).

#### **The Programme**

4. The Programme comprises three projects in Kwun Tong, Kwai Tsing and Tuen Mun, launched in March and August 2008, and July 2009 respectively, with total funding amounting to \$96 million.

### *Service targets and objectives*

5. The primary service targets are patients aged 60 or above in HA hospitals who are about to be discharged but have a high risk of unplanned re-admission (for instance, elders suffering from multiple illnesses and/or long-term illnesses). The Programme aims at reducing the risk of their unplanned hospital re-admission through better discharge planning and post-discharge support, thereby enabling these elderly patients to continue to age in place.

6. Pre- and post-discharge training and support services are also provided to the elders' carers to help relieve their stress.

### *Services provided under the Programme*

7. A multi-disciplinary approach is adopted to provide seamless care for the elders, meeting both their rehabilitation and social needs. Each participating hospital<sup>1</sup> has set up a Discharge Planning Team (DPT) which collaborates with a Home Support Team (HST) operated by a non-governmental organisation<sup>2</sup> (NGO) commissioned by HA. DPTs consist of medical and para-medical professionals including doctors, nurses, occupational therapists and physiotherapists, while HSTs comprise mainly social workers and care workers.

8. The DPT and HST in each pilot project work as an integrated team to provide one-stop pre-discharge services (including formulation of discharge care plans, training on personal or nursing care, etc.) and post-discharge services (including rehabilitation treatment at designated geriatric day hospitals and transitional home care services, etc.) to the elders, as well as training and support services to their carers.

### **Highlights of service statistics**

9. As of December 2010, some 22 000 elderly patients had received comprehensive assessment by DPTs. About 17 000 patients were recruited to the Programme, and around 6 000 (34%) of them were referred to HSTs for

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<sup>1</sup> Three hospitals participated in the pilots, including the United Christian Hospital, the Princess Margaret Hospital and the Tuen Mun Hospital.

<sup>2</sup> HA has commissioned three NGOs to operate the HSTs, including the Haven of Hope Christian Service, Po Leung Kuk, and the Evangelical Lutheran Church of Hong Kong.

home support services after discharge. The average duration of home support services was about nine weeks. On-site and classroom training were also provided for carers, covering areas such as nursing care, general and disease-specific personal care, as well as psycho-social care. Over 15 000 attendances were recorded.

## **Evaluation of the Programme**

10. Upon completion of all three pilot projects in the end of May 2011, the effectiveness of the Programme will be evaluated based on the data collected throughout the Programme period. In particular, changes in the elders' functional capabilities and psychological well-being, the stress level of their carers, and the utilisation of hospital services by the participating elders will be closely examined.

11. We have collected feedback from about 5 600 Programme participants, and conducted a preliminary analysis. Some observations are summarised in the following paragraphs.

### *Functional outcomes and quality of life of elderly participants*

12. We have adopted some commonly used scales in healthcare<sup>3</sup> for measuring the functional outcomes and health-related quality of life of the participating elders. Preliminary results show that the functional outcomes (in terms of one's mobility and ability in performing daily self-care activities) and the health-related quality of life (in terms of one's physical and mental health status across various health domains such as social functioning, vitality and bodily pain) of the participants have improved after joining the Programme.

### *Carers' stress and satisfaction level*

13. Changes in the carers' stress level are measured using the Relative Stress Scale (a validated instrument to identify various aspects of carer burden) during the post-discharge period. We also collect feedback through a questionnaire survey on carers' satisfaction to HST services and the training provided to them. Preliminary findings reveal that carers' stress is significantly reduced, and that the carers are highly satisfied with the training

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<sup>3</sup> The scales adopted are Barthel Index, Modified Function Ambulatory Category, SF12: Physical Component and Mental Component Summary Scale.

and HST services.

### *Utilisation of hospital services*

14. The effectiveness of the Programme in reducing utilisation of hospital services after discharge will be evaluated by comparing the participants with a matched case-control group. The preliminary findings show a significant reduction in (i) emergency admission to medical wards; (ii) acute patient days in medical wards; and (iii) attendance at the Accident and Emergency Department.

### **Observations and conclusion**

15. The Programme has demonstrated how comprehensive and continuous care may be provided to elderly patients through better coordination of medical and welfare services. The full cooperation of the hospital and home care teams, with their common goals and values and shared case information, has strengthened the care and support to patients during the recovery process, which are instrumental to helping them age in place. The Programme has also relieved the pressure of the patients' carers.

16. Feedback collected suggests that the Programme is highly appreciated by the elder participants and their carers, but there is still room for enhancement. As some participants require intensive short-term nursing and personal care before returning home, we see a need to include in the service package a time-limited residential care element. This will allow the patients to be discharged from hospital in the first instance, and better prepare them for continued rehabilitation in a home living environment.

### **The way forward**

17. In view of the positive response to the Programme, the Financial Secretary has announced in the 2011-12 Budget that the Government will allocate additional recurrent funding of \$148 million to make it a regular service and extend its coverage from the current three districts to all districts within 2011-12. There will be a total of 15 hospitals participating in the Programme, the details of which are set out at **Annex**. As explained in paragraph 16 above, a new service element of transitional residential care will be introduced. The number of elders to be served each year is expected to increase from 8 000 to 33 000.

**Labour and Welfare Bureau  
Hospital Authority  
April 2011**

**Hospitals participating in the extended programme**

<b>Hospital Cluster</b>	<b>Hospital</b>	<b>Service commencement date</b>
Hong Kong East	Pamela Youde Nethersole Eastern Hospital	Oct 2011
Hong Kong East	Ruttonjee Hospital	Oct 2011
Hong Kong West	Queen Marry Hospital	Jan 2012
Kowloon Central	Queen Elizabeth Hospital	Oct 2011
Kowloon East	United Christian Hospital	existing pilot project
Kowloon East	Tseung Kwan O Hospital	Oct 2011
Kowloon West	Caritas Medical Centre	Oct 2011
Kowloon West	Kwong Wah Hospital	Jan 2012
Kowloon West	Princess Margaret Hospital	existing pilot project
Kowloon West	Yan Chai Hospital	Jan 2012
North Territories East	Prince of Wales Hospital	Jan 2012
North Territories East	Alice Ho Miu Ling Nethersole Hospital	Jan 2012
North Territories East	North District Hospital	Jan 2012
North Territories West	Tuen Mun Hospital	existing pilot project
North Territories West	Pok Oi Hospital	Oct 2011