

**立法會**  
***Legislative Council***

LC Paper No. CB(2)1429/10-11(06)

Ref : CB2/PL/WS

**Panel on Welfare Services**

**Background brief prepared by the Legislative Council Secretariat  
for the meeting on 11 April 2011**

**Integrated Discharge Support Programme for Elderly Patients**

**Purpose**

This paper provides an account of the discussions of the Panel on Welfare Services ("the Panel") on the Integrated Discharge Support Programme for Elderly Patients ("the Programme").

**Background**

2. According to the Administration, "ageing in the community" is an underlying principle of the Government's elderly policy. This is in line with most elders' wish as they cherish the support from their families and the sense of belonging that a familiar community offers. It is also internationally recognized that "ageing in the community" can enhance elders' quality of life and that elders with long-term care ("LTC") needs do not necessarily have to be cared for in residential care homes for the elderly.

3. To facilitate elders to age in the community, the Government has introduced various services to meet the multifarious needs of elders and enhance the support for carers. Relevant initiatives include –

- (a) provision of centre-based day care services to elders who have LTC needs and cannot be taken care of by family members during daytime;

- (b) introduction of Enhanced Home and Community Care Services to provide a tailor-made individualized package of home-based services to meet the needs of frail elders;
- (c) upgrading of all Multi-service Centres for the Elderly and 110 Social Centres for the Elderly to District Elderly Community Centres and Neighbourhood Elderly Centres to enhance their roles and functions in providing elderly services in an integrated approach; and
- (d) strengthening of support to carers by offering them information, training and counselling services, helping them with the formation of mutual-assistance groups, setting up resource corners, and giving demonstration and loan of rehabilitation equipment through the elderly centres.

4. In the 2007-2008 Budget, a one-off funding of \$96 million was earmarked for running the Programme on a trial basis for three years to provide one-stop support services to elderly discharged from hospitals who had difficulty in taking care of themselves.

### **Deliberations by members**

5. When the Panel was briefed on the welfare initiatives in the Chief Executive's Policy Address 2008-2009 and Policy Agenda at the meeting on 23 October 2008, members were advised that the Programme aimed at enhancing the support to elderly hospital discharges and their carers with a view to enhancing the quality of life of the elders and facilitating their stay in the community. With the \$96 million earmarked in the 2007-2008 Budget, the first two pilot programmes were launched in March and August 2008 in Kwun Tong and Kwai Tsing respectively. The third pilot programme would be launched in Tuen Mun in the third quarter of 2009.

6. At its meeting on 22 October 2009, the Panel was advised that three pilot projects under the Programme, covering Kwun Tong, Kwai Tsing and Tuen Mun were launched in March 2008, August 2008 and July 2009 respectively. Integrated support services were provided to both elderly hospital discharges who had difficulty in taking care of themselves and their carers. Such support services included discharge planning, transitional rehabilitation services, transitional home-based community care services and carers' training and support. The entire Programme would serve a total of 20 000 elders and 7 000 elder carers.

7. In the course of studying the community care and support services for the elderly, the Subcommittee on Elderly Services appointed under the Panel in the Third Legislative Council conducted a visit on 10 June 2008 to observe the implementation of the pilot programme in Kwun Tong. Members were briefed on the scope of support services provided to the elderly before and after being discharged from hospitals, which included daily living skill training, community living skill training, carer education and training, and home assessment and medication, assistive device consultation and training.

8. The Panel was briefed on the latest progress of the Programme at the meeting on 9 November 2009. According to the Administration, the Programme adopted a multi-disciplinary approach to provide pre-discharge and post-discharge services through the Discharge Planning Team ("DPT") set up under the concerned Hospital Authority ("HA") hospital and a Home Support Team ("HST") operated by a non-governmental organization to meet both the elderly patients' rehabilitation and social needs. Elderly patients assessed to have high risks of unplanned re-admission were invited to join the Programme. Depending on the needs of individual elderly dischargees, post-discharge services including rehabilitation treatment and transitional community care and support services would be provided. As at end-June 2009, a total of about 6 000 elderly hospital dischargees had been served and the feedback about the Programme was positive.

9. While welcoming the multi-disciplinary approach, members were concerned about the collaboration between DPT and HST and the caseload capacity of the related units in delivering the services. The Administration advised that as DPT and HST were located inside the same hospital, they worked closely to formulate discharge care plans for individual elderly patients as well as transitional rehabilitation services and/or community care and support services upon hospital discharge. Both DPT and HST would hold regular case conferences to monitor the progress of the elders concerned. A joint decision was made as to whether the elders would no longer need the transitional services and the relevant cases could be closed.

10. On the caseload, the Administration explained that the service target of 3 000 elders under each pilot per year was set based on the average number of elderly patients assessed to have high risks of unplanned hospital re-admission in the district. Since the participation of the Programme was on a voluntary basis, it was expected that each HST would serve about 160 cases at the same time.

11. Noting that the Programme aimed at reducing the unplanned hospital re-admission rate of high-risk elderly hospital dischargees and relieving the stress of carers, members raised concern about the effectiveness of the Programme.

12. The Administration advised that an evaluation framework was in place to assess the effectiveness of the Programme. Parameters to be evaluated included changes in elders' functional status, place of residence of elderly patients at 90 days and 180 days after they were discharged from the Programme, the re-admission rate of dischargees, and stress levels of their carers. Initial findings indicated that the results were satisfactory. The Administration would evaluate the effectiveness towards the end of the pilot programmes in May 2011 and revert to the Panel on the review results.

13. Members were also advised that training programmes had been organized for more than 3 600 carers, with a view to enhancing their capability in the post-discharge care for elders at home. This apart, telephone consultation services were provided for both elderly hospital dischargees and their carers.

14. Some members cautioned that some elderly patients refused to be discharged from hospitals simply because they were waiting for admission to subvented residential care homes or lacked family support to stay at home. Members appealed to the Administration to continue to provide additional subvented residential care places for those elderly hospital dischargees who required residential care services.

15. At the Panel meeting on 20 October 2010, members noted that according to the initial data collected by HA, the Programme could effectively improve elders' physical functioning and reduce the rate of unplanned re-admission to hospitals. In view of the positive feedback to the Programme, the Administration planned to extend the Programme as a regular, territory-wide service in the next two years.

### **Latest development**

16. The Administration will brief the Panel on 11 April 2011 on the evaluation report of the three pilots and its plan to extend the Programme to all districts.

## **Relevant papers**

17. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

Council Business Division 2  
Legislative Council Secretariat  
6 April 2011

## Appendix

### Relevant papers on Integrated Discharge Support Programme for Elderly Patients

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Welfare Services	23 October 2008 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	22 October 2009 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	9 November 2009 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	20 October 2010 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>

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