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**Panel on Welfare Services**

**Updated background brief prepared by the Legislative Council Secretariat for the meeting on 13 February 2017**

**Integrated Discharge Support Programme for Elderly Patients**

## Purpose

This paper provides an account of the discussions of the Council and relevant committees 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 the wish of most elderly persons 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 elderly persons' quality of life and that elderly persons with long-term care ("LTC") needs do not necessarily have to be cared for in residential care homes ("RCHs").

3. To facilitate elderly persons to age in the community, the Administration provides a wide range of community care services ("CCS"), including home-based care services and centre-based day care services, for elderly persons with LTC needs. It was, however, not uncommon for elderly persons who had been ageing well at home to resort to residential care services ("RCS") or be readmitted to hospitals shortly after hospital discharge, owing to the lack of suitable transitional care during the initial rehabilitation stage. Given that many of these elderly persons could have continued to age in the community if they had access to timely and sufficient professional support, the Administration took the advice of the Elderly Commission and

launched the Integrated Discharge Support Trial Programme for Elderly Patients ("the Trial Programme") in collaboration with the Hospital Authority ("HA"). In the 2007-2008 Budget, a one-off funding of $96 million was earmarked for running the Trial Programme for three years.

4. According to the Administration, the Trial Programme aimed at supporting elderly patients aged 60 or above who had high risks of unplanned hospital readmission. The Trial Programme adopted a multi-disciplinary approach to provide seamless care for the elderly persons, meeting both their rehabilitation and social needs. Each participating hospital had set up a Discharged Planning Team ("DPT") which collaborated with a Home Support Team ("HST") operated by a non-governmental organization ("NGO") commissioned by HA. DPTs consisted of medical and para-medical professionals including doctors, nurses, occupational therapists and physiotherapists, while HSTs comprised mainly social workers and care workers. Depending on the needs of individual elderly dischargees, post-discharge services including rehabilitation treatment as well as transitional community care and support services would be provided. Pre-discharge and post-discharge training and support services were also provided to carers of elderly patients to help relieve their stress.

5. The Trial Programme which comprised three projects in Kwun Tong, Kwai Tsing and Tuen Mun was launched in March 2008, August 2008 and July 2009 respectively. As of December 2010, some 22 000 elderly patients had received comprehensive assessment by DPTs. About 17 000 patients were recruited to the Trial Programme, and around 6 000 (34%) of them were referred to HSTs for 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. In view of the positive response to the Trial Programme, the Administration had allocated an additional recurrent funding of $148 million in the 2011-2012 financial year to regularize the Trial Programme and extended the coverage of the regular Programme from three districts to all districts in 2011-2012.

## Deliberations by Members

Evaluation of the Trial Programme

6. Some Members raised concern about the effectiveness of the Trial Programme in reducing the unplanned hospital readmission rate of high-risk elderly hospital dischargees and relieving the stress of carers. The Administration advised that upon completion of the Trial Programme in the

end of May 2011, an evaluation on its effectiveness had been conducted based on the data collected throughout the trial period. Evaluation parameters included changes in functional capabilities and psychological well-being of participants, stress level of carers and utilization of hospital services by participants. The evaluation results showed 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 had improved. There was also a significant reduction in emergency admission to medical wards, acute patient days in medical wards and attendance at the Accident and Emergency Department. Carers' stress was significantly reduced, and the carers were highly satisfied with the training and HST services.

Services provided under the Programme

7. Members sought information on the details of the services provided by the hospitals participating in the Programme and by HSTs. According to the Administration, in the early stage of patients' hospitalization, DPT would identify high-risk patients by using a validated risk-stratification tool. Nurses would then proactively conduct comprehensive needs assessments for the high-risk patients, and formulate a personalized nursing care and rehabilitation plan for them accordingly. Nurses would also co-ordinate support services on a need basis. For example, patients who had rehabilitation needs would be referred to geriatric day hospitals for nursing care and rehabilitation services. HSTs would provide transitional community care and support services to the elderly persons in need of personal and home care services.

8. The Administration further advised that as some participants required intensive short-term nursing and personal care before returning home, it saw a need to include in the service package a time-limited residential care element. This would allow the patients to be discharged from hospital in the first instance, and better prepare them for continued rehabilitation in a home living environment. A new service element of transitional residential care had been included in the Programme.

9. Some Members took the view that some elderly patients refused to be discharged from hospitals simply because they were waiting for admission to subvented RCHs or lacked family support to stay at home. Some other Members were concerned that if the Programme was proven to be effective and the elderly persons concerned could continue to stay at home, the Administration would slow down the provision of subsidized RCS for elderly persons. Members appealed to the Administration to provide adequate subsidized RCS and CCS for the elderly.

10. According to the Administration, the Programme would not undermine its efforts in providing additional subsidized RCS and the participants of the Programme would not be denied RCS if they had such a need. The Programme aimed, among other things, to enhance the post-discharge support services to elderly patients and their carers.

Caseload of and manpower supply for the Programme

11. When the Panel on Welfare Services ("the Panel") was briefed on the progress of the Trial Programme at its meeting on 9 November 2009, some Members expressed concern 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 elderly persons would no longer need the transitional services and the relevant cases could be closed. Given that the Programme would be extended to all districts, some Members expressed concern about the impact on the manpower of the medical and paramedical professionals. They were also concerned about whether adequate medical staff could be deployed to provide services for target beneficiaries.

12. According to the Administration, the management of hospital clusters had expressed full support for the Programme as it would help reduce the risk of unplanned hospital readmission of elderly patients. Medical professionals of HA mainly played the coordinating role in formulating the discharge care plans, while the post-discharge services were provided by HSTs operated by NGOs. The new service demand arising from the Programme could be met by injection of additional manpower and through re-engineering of existing services. Consideration would also be given to implementing the Programme by phases.

13. At the special Finance Committee meetings in April 2016 to examine the Estimates of Expenditure 2016-2017, Members asked about participation of elderly persons in the Programme and the waiting time for service provision thereunder. The Administration advised that about 25 300 elderly persons participated in the Programme in the 2012-2013 financial year while about 33 000 elderly persons joined it in each of the following three financial years. There was no waiting mechanism for the Programme.

**Latest development**

14. In his 2017 Policy Address, the Chief Executive has announced that the Administration will invite the Community Care Fund to consider implementing a pilot scheme to provide transitional care and necessary support for elderly persons discharged from public hospitals after treatment to avoid their premature admission into elderly homes. The Pilot Scheme targets at elderly persons who are not covered under the Programme. Through medical-social collaboration, intensive transitional care (comprising temporary RCS and/or community care and support services) will be provided for eligible elderly persons. The Panel will be briefed on the Pilot Scheme at its meeting on 13 February 2017.

**Relevant papers**

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

Council Business Division 2
Legislative Council Secretariat
3 February 2017

**Appendix**

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

| Committee | Date of meeting | Paper |
|---|---|---|
| Panel on Welfare Services | 23 October 2008<br>(Item I) | Agenda<br>Minutes |
| Panel on Welfare Services | 22 October 2009<br>(Item I) | Agenda<br>Minutes |
| Panel on Welfare Services | 9 November 2009<br>(Item IV) | Agenda<br>Minutes |
| Panel on Welfare Services | 20 October 2010<br>(Item I) | Agenda<br>Minutes |
| Panel on Welfare Services | 11 April 2011<br>(Item VI) | Agenda<br>Minutes |
| Legislative Council | 24 April 2013 | Written question (No. 12) on "Care services for the elderly" |
| Finance Committee | April 2016 | Administration's reply to members' written question in examining the Estimates of Expenditure 2016-2017<br>Pages 683-684 |
| Policy Briefing | 26 January 2017 | Agenda |

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