

LETTERHEAD OF HOSPITAL AUTHORITY

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LegCo Panel Welfare Service
HKSAR
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Dear Sirs,

Recommending Occupational Therapy Service for Old Age Home Residents

We would like to express some of our views on the rehabilitation service for the old age home residents. It was not mentioned in your report about the roles and contribution of the Occupational Therapist in aged home. But as mentioned there was a high proportion of old age home residents suffering from dementia and depression. Rehabilitation of the cognitive and psychosocial aspects should receive the same importance as the physical aspects. On the other hand there is a portion of residents, without any physical disability, who have problems in adapting to both the environment and routines of the home.

Should you remember the demented case in the film “女人四十”, who needed to be bathed or get dressed, though he has full control and power of his limbs.

Occupational therapist is a recognized members of both the Geriatrics and Psychogeriatrics Teams. Currently, therapists of the outreach teams for the elderly under the hospital authority are providing service to some of the homes, but not in full scale. They act as advisor and educator to staff. Direct provision of service is not feasible. Their contribution are recognized by the superintendent of the Homes and this is illustrated in the survey to eight aged homes in central Kowloon. They all request the outreach occupational therapists to delivering cognitive and psychosocial rehabilitative programs and to conduct staff education program (**Table 1**).

On the other hand enclosed is an abstract of a forthcoming workshop in the Asia-Pacific Regional Conference for the International Year of Older Persons in 1999. The workshop illustrates the roles and effectiveness of occupational therapy for aged home residents in a scientific way (**Appendix 1**).

I hope all these information can help you in designing a better service for the elderly. And if you should need more information about the occupational therapy service for the aged home residents, you could contact me or Ms. Grace, Senior Occupational Therapist of Kwai Chun Hospital (Tel:29598063 / Fax: 27434679). We both are always willing to help in anyway especially in working for good for the elderly.

Yours Sincerely.

Mr. Bobby NG, Senior Occupational Therapist, KH

Table 1.

Service Need	No < > Yes				
	1	2	3	4	5
1. Services : Assistive Dev.*			2(25%)	5(62.5%)	1(12.5)
Environmental Adaptation			4(50%)	2(25%)	2(25%)
Ed. Talk/Workshop*			1(12.5%)	4(50%)	3(37.5%)
Training / Activity Group*			3(37.5%)	2(25%)	3(37.5%)
Outing Activities		1(12.5%)	4(50%)	1(12.5%)	1(12.5%)
Volunteer Visit		1(12.5%)	4(50%)	2(25%)	
Individual Training*			2(25%)	5(62.5%)	1(12.5%)
Festival Party		1(12.5%)	5(62.5%)	1(12.5%)	
Assessment & Consultation*			2(25%)	4(50%)	2(25%)
2. Educational Talk					
Understanding Dementia*		1(12.5%)	1(12.5%)	3(37.5%)	2(25%)
Self-care Training*			1(12.5%)	3(37.5%)	3(37.5%)
Reminiscence Group*			2(25%)	2(25%)	3(37.5%)
Reality Orientation*			2(25%)	2(25%)	3(37.5%)
Therapeutic Value of R.A.			3(37.5%)	3(37.5%)	1(12.5%)
Communication Skill with Dementia*				2(25%)	6(75%)
Group Therapy*			1(12.5%)	5(62.5%)	2(25%)
Stress Management for Carer*			2(25%)	3(37.5%)	3(37.5%)
Home Safety*			2(25%)	3(37.5%)	3(37.5%)
Memory Coping Strategy*				3(37.5%)	5(62.5%)
Handling Behavioral Problem*				2(25%)	6(75%)
3. Training/Activities Group					
R.O.*			2(25%)	1(12.5%)	5(62.5%)
Reminiscence*	1(12.5%)		2(25%)	2(25%)	3(37.5%)
R.A.*	1(12.5%)		2(25%)	3(37.5%)	2(25%)
Outing	1(12.5%)		2(25%)	4(50%)	
Horticulture	3(37.5%)	1(12.5%)	2(25%)	2(25%)	
Cog. Training*			1(12.5%)	3(37.5%)	4(50%)
Computer	5(62.5%)	2(25%)		1(12.5%)	
Self-care Training*		1(12.5%)	1(12.5%)	2(25%)	4(50%)
Handicraft	1(12.5%)	1(12.5%)	3(37.5%)	3(37.5%)	
Social Skill Training	1(12.5%)	1(12.5%)	2(25%)	2(25%)	2(25%)
Expressive Group*	1(12.5%)			5(62.5%)	2(25%)

* over 50% of the OAH need these services

Appendix 1

Invited Workshop: Promotion of Functional Independence of Disabled Elderly in Aged Home Coordinator: Mr. Bobby NG, Senior Occu. Therapist (AP Geriatrics), Kowloon Hospital

More & more empirical evidence and theory supports the belief that enhancing independence in self-care can help improve self-perceived health and quality of life of residents of long term care institutions. This workshop, consisting of presentations by three experienced occupational therapists working as members of the outreaching teams (CGAT & PGT), highlights their work in promoting independence of self-care activities in aged home for the disabled elderly

1st Presentation : Observed & Reported Functional Profiles of Care & Attention Home Residents

Ms. Cynthia WONG, Occupational Therapist I, Shatin Hospital

Ms. Wong would present her analysis of factors limiting residents of a C&A home in performing ADL. A Convenient sample of 32 residents (mean age: 76.6) were selected for this analysis. Firstly related staff of the Home were interviewed for the performance in ADL of those 32 residents. Then assessment on cognitive state, mood state and ability in ADL were implemented for each resident by the therapist. The measurements tools employed are Mini Mental State Examination, Philadelphia Geriatric Center Morale Scale and Functional Independence Measure respectively. The initial analysis found that the ability of 62.5% of the residents was “underperforming” according to staff report. A detail analysis of the those cases for possible contributing factors was then followed. Various factors were identified but all could be amenable.

2nd Presentation: Promotion of Functional Independence for elderly in Long-Term Residential Care Homes

Petty LAI Mei-ho, Occupational Therapist I, Tuen Mun Hospital

Ms. Lai would present her work in organizing programs for promotion of functional independence for frail elderly in residential homes. The program includes individual and group training session, prescription of environmental adaptations, and educational program to both the elders and their care-givers. Totally 153 elders (mean age=82.1) were recruited in the program. The outcomes indicators included the Barthel Index, subjective changes in quality of life and care-giver's burden. Using paired t-test, statistically significant improvement was identified in the pretest and post-test mean Barthel Index scores of the elders (t value=-12.3, $p<0.001$). In addition, 71% of the elders showed improvement in quality of life and 54% of the subjects showed relief of care-giver's workload. The result indicated that a home-base rehabilitation program was effective and feasible.

3rd Presentation : Care of the Demented Elderly in Daily Activities

Ms. Grace LEE, Senior Occu. Therapist (AP Psychogeriatrics), Kwai Chun Hospital

Ms. Lee would present her experience in handling demented elderly in self-care activities. Both deterioration in cognitive skills and emergency of disturbing behaviors could cause decreased ability in self-care activities. Also the home staff experienced marked difficulties in caring for these residents. To facilitate their self-care activities, strategies based on compensatory approach could be applied. Generally a safe and supportive environment, both the physical layout as well as social contacts, should be created through carer education and modification of daily activity schedule. In dealing with specific problems of individual cases, memory coping strategies, group activities, and analysis of upsetting or agitating factors could be done. All these techniques were illustrated through a review of seven case studies.