**For information**
**on 13 December 2004**

# LEGISLATIVE COUNCIL PANEL ON WELFARE SERVICES

## Provision of Infirmary Care for Elders in a Non-hospital Setting

**PURPOSE**

This paper briefs Members on the Social Welfare Department's (SWD) initiative to start a trial scheme to provide subsidized infirmary care services for medically stable infirm elders in a non-hospital setting.

**PRESENT SITUATION**

2. Infirmary care caters for the need of elders and/or disabled persons whose health conditions have reached the stage that active and intensive medical treatment cannot reverse their health conditions. Infirm elders include those who are constantly bed-bound and are fully dependent on others in carrying out activities of daily living (such as bathing, toileting, feeding, and body turning and transfer), are of double incontinence, have severe skin breakdown or require tube feeding. The focus is on providing more personal and nursing care to help them maintain dignified and quality living during the remaining period of their lives.

3. At present, subsidized infirmary service in Hong Kong is provided in hospitals under the Hospital Authority (HA). As at end of October 2004, there were 2 950 infirmary beds in HA's hospitals. Among these infirmary beds, 1 234 are designated to admit applicants from the Central Infirmary Waiting List (CIWL) while the others are used for care management and rehabilitation of infirm patients after acute medical insults.

4. Persons seeking admission into CIWL's infirmary beds have to be assessed by the Community Geriatric Assessment Teams (CGATs) of the HA to ascertain the infirmary status and care needs. Once their eligibility for infirmary service is confirmed, they will be registered on the CIWL. The infirmary beds will be allocated primarily on a first-come-first-served basis when vacancies arise.

5. As at end of September 2004, 4 173 out of the total of 4 443 applicants on the CIWL were elders aged 60 or above. The average waiting time for admission to an infirmary place was about 29 months. About 70% of the applicants on the CIWL were receiving residential care services while waiting for infirmary placement. The remaining 30% were staying in the community, some of whom may also be receiving community support services.

## REASONS FOR PROVIDING INFIRMARY CARE IN A NON-HOSPITAL SETTING

6. It is not absolutely necessary that infirmary care must be provided in a hospital setting. For infirm elders who are medically unstable, hospital-based infirmary service will provide them with better care and life quality as they do not have to go through the repeated deterioration and readmission process. For those who are medically stable, hospitals may not be the most ideal places for them to receive care. Infirmary care outside hospitals will provide them with more homely and socialized environment without compromising the quality of care. In fact, overseas experiences such as Australia, Canada, the United Kingdom and the United States of America have shown that infirm elders who do not require intensive medical intervention can be taken care of in welfare institutions outside hospitals.

7. From the perspective of efficient uses of resources, it is not cost-effective to put and keep infirm elders who do not necessarily require hospital-based infirmary care in hospitals. In the Director of Audit's value-for-money No. 38 report on residential services for the elderly published in 2002, it was recommended that the Administration should consider whether infirmary care should be provided in the welfare setting instead of in the hospital setting.

**CONSIDERATIONS**

8. Taking care of infirm elders in a residential care setting is not a completely new concept in Hong Kong. Subvented care and attention (C&A) homes and nursing homes (NHs) and private residential care homes for the elderly (RCHEs) have in practice been taking care of infirm elders while the latter are waiting for infirmary placement in hospitals. Since October 1986, infirmary units (IUs) have been established in various subvented C&A homes with additional nursing staff provision to take care of elderly residents who have become so frail as to require infirmary care as they stay in RCHEs. At present, 19 subvented RCHEs are running 29 IUs with a total capacity of 580 places. For subvented RCHEs without IUs and private homes participating in the Enhanced Bought Place Scheme, SWD has been providing them with infirmary care supplement (ICS) since 1997-98 and 2003-04 respectively to assist them to strengthen the staffing establishment to take care of frail elders in need of infirmary care. In 2004-05, 737 infirm elders residing at 78 RCHEs are qualified for receiving ICS.

9. Also, during the SARS outbreak in 2003, we have temporarily transferred 155 medically stable infirm elderly patients from HA's hospitals to 19 C&A homes or NHs operated by 14 non-governmental organisations. The exercise has provided the operators and SWD with valuable experiences on how to take care of medically stable infirm elders in a residential setting.

10. The provision of infirmary care services in non-hospital setting for medically stable infirm elders is in line with international trend, and suits the local development trend as well. According to a survey conducted by the HA in 2002, about 82% of the applicants on the CIWL and 65% of the then hospitalized infirm patients could be cared for in non-hospital setting.

11. Providing infirmary care services for medically stable infirm elders in a non-hospital setting will ensure that hospital-based infirmary care services are targeted for patients most in need, including elderly patients, in the long term. It will also help increase the supply of and shorten the waiting time for infirmary care places for the elders.

## THE TRIAL SCHEME

12. To bring forward the idea of providing subsidized infirmary care services for medically stable infirm elders in a non-hospital setting, SWD will launch a trial scheme. Major parameters of the trial scheme are as below:

### *Scale and scope of services*

13. SWD has earmarked $20 million recurrent funding with a view to providing about 140-150 subsidized infirmary places for medically stable elders under the trial scheme.

14. Infirmary care services to be provided under the trial scheme will include residential care, meals/special diet, personal care, medical care, nursing care, rehabilitative service and psychosocial care in a safe and home-like environment. The operators should provide continuous care to the residents unless acute care in a hospital setting is required.

### *Premises for operating the services*

15. For the trial scheme, SWD will not provide purpose-built premises for operating the infirmary care services. Operators participating in the trial scheme will be required to make available readily or partially fitted-out premises in a non-hospital setting suitable for providing infirmary care services. The premises should be registrable under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165) and capable of complying with the essential facilities requirements for the purpose of providing the services.

### *Selection of operators and contract terms*

16. Selection of operators will be made through an open tender exercise in a fair and transparent manner. All existing operators of licensed RCHEs, nursing homes or hospitals, with their own readily available premises in a non-hospital setting, are eligible to submit proposals for providing the services. For the sake of diversity of services, instead of one contract, we will offer two contracts for the 140-150 infirmary care places so that there may be two operators. Each operator will be required to provide about 70-75

subsidized infirmary care places.

17. SWD will set up a vetting committee which will comprise representatives from the Health, Welfare and Food Bureau (HWFB), Department of Health (DH) and the HA to consider proposals submitted by interested operators. Proposals will be assessed in terms of quality and service volume. Up to two successful tenderers will each be awarded a service contract for three years, which may be extended for a further period of up to three years.

18. Each successful tenderer will be paid a fixed contract sum. The contract sum will be calculated on the basis of a unit cost per subsidized infirmary place under the trial scheme that is being worked out, taking into account the special care needs of infirm elders, the need for medical support, the need for enhanced manpower such as nurses, and the needs for special facilities and equipment, etc. Also, successful tenderer(s) may apply for a grant from the Lotteries Fund to cover the expenses on furniture and equipment.

***Target users***

19. Infirm elders aged 65 or above who are registered with the CIWL and are medically stable are the target users of the services. Infirm elders who are medically unstable will not be selected for the services.

20. Medically unstable infirm elders are those considered by HA to have genuine need for hospital-based infirmary care due to one or a combination of the following medical conditions:

(a) the elder is medically dependent on hospital-based technological support and professional care to prevent excess mortality;

(b) the elder will have excess morbidity/inadequate symptom control in residential care setting;

(c) the elder requires frequent re-admission to hospitals despite adequate medical input by outreach teams, e.g. CGATs;

(d) the elder requires complex nursing care process; and/or

(e) the elder has impairments requiring slow-track rehabilitation.

21. Consent will be sought from the elderly applicants on the CIWL and/or their family members on whether they are willing to receive infirmary care service in a non-hospital setting to be provided by the successful tenderer(s). Elders who have consented to this new arrangement will be assessed by CGATs, and those confirmed to be medically stable will be provided with the services. Elders who prefer placement in hospital-based infirmary places will be allowed to stay on CIWL.

22. Elders who are admitted to the infirmary care places under the trial scheme will have to pay a monthly fee at a level similar to that paid by those receiving hospital-based infirmary care services. They may be considered for hospital-based infirmary placement when their medical conditions deteriorate to the extent as specified in the criteria set out in paragraph 20 above. Care will continually be provided by the operator(s) until hospital infirmary placement is arranged.

***Monitoring and review***

23. The infirmary care services to be provided under the trial scheme will be subject to DH's regulation under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Cap. 165). Also, SWD will closely monitor the performance of the operators and the quality of the services. Performance indicators will be developed to facilitate the evaluation of service effectiveness.

24. SWD will set up a committee comprising representatives from HWFB, DH and HA to identify and resolve issues arising from the operation of the infirmary services and monitor the effectiveness of the trial scheme. We will involve the operators in the process.

**CONSULTATION**

25. We consulted the Elderly Commission (EC) on 29 November

2004. EC Members supported in principle the trial scheme, and pointed to the need to ensure that elders under the trial scheme will receive proper infirmary care in a non-hospital setting. They also made a number of comments on the technical details of the trial scheme.

26. We will also brief the sector on the basic features of the trial scheme.

## IMPLEMENTATION TIMETABLE

27. We will further fine-tune the proposal taking into account Members' comments. We intend to invite tender upon completion of the necessary documents with a view to operating the service by end of 2005 or early 2006.

## FUTURE DIRECTION

28. Our long-term goal is to enable more of the medically stable infirm elders, including those who are at present receiving infirmary service in hospitals, to be taken care of in a non-hospital setting. We will map out the strategy to achieve this objective after consolidating experiences from the trial scheme.

## ADVICE SOUGHT

29. Members are invited to provide comments on the proposed trial scheme.

**Health, Welfare and Food Bureau**
**Social Welfare Department**
**December 2004**