The Hong Kong Geriatrics Society

Website : http://www.hkgs.org.hk

Introduction

1. The Hong Kong Geriatrics Society (HKGS) would like to take this opportunity to express our views to the Legislative Council on the provision and standard of residential care homes for the elderly in Hong Kong.

2. The Hong Kong elderly population aged over 65 is projected to grow from 874 thousand in 2004 to 900 thousand in 2010. The current institutionalization rate of the elderly is increasing from 6.0% in 2000, 6.7% in 2004, to 8.2% in 2007, and it is expected to further increase despite promotion of "ageing-in-place" in recent years and injection of resources in community care such as the Enhanced Home & Community Care Service (EHCCS) and Integrated Home Care Service (IHCS). The HKGS agreed that the government should have an anticipatory vision in reviewing the existing residential care home services for the elderly in Hong Kong.

背景

1. 香港老人科醫學會值此機會向立法會福利事務委員會轄下的 長者服務小組委員會就長者住宿照顧服務的供應及質素作出以下幾點回應。

2. 香港年長高於 65 歲的人口將預計 從 2004 年的 八十七萬四千人增至到 2010 年 的 九十萬人。長者目前的入住安老機構的比率從 2000 年的 6.0% , 2004 年的 6.7%, 上升到 2007 年的 8.2%。雖然近年提倡『家居照顧』，並大量擺放資源於多項改善家居照顧計劃及綜合家居照顧計劃，入住安老院舍的比率預計在未來的數年仍會上升。香港老人科醫學會認同政府就香港長者的住宿照顧服務上作出前瞻性的檢討。

Pre-admission assessment of the Residential Care Home for the Elderly (RCHE) services

3. It must be emphasized that residential care service is costly to the individual elder, his/her family and the society in both financial and humanistic terms. Most elders prefer to live at home rather than in institutions. Both overseas and local studies have revealed the high prevalence of undiagnosed medical conditions among elderly people prior to entry to long term care. These medical complaints, which are potentially treatable, need a careful diagnostic approach by a doctor with experience in geriatrics. Failing to identify these reversible conditions, they would be falsely attributed to ageing or lack of social care, and result in inappropriate referral for institutional care. The existing practice of the Standardized Care Need Assessment Mechanism since 2003 without a comprehensive geriatric assessment cannot achieve these aims.

4. There is good evidence that multi-disciplinary assessment with the involvement of geriatricians can identify the unrevealed and treatable medical conditions. It can result in alteration of decisions about appropriate residential care or future long term care. Such pre-admission geriatric assessment has been shown not only to detect treatable undiagnosed illnesses, it can also improve physical function and thus alleviate the need for care home placement. By optimizing an individual's health and functional capacity, their need of future expensive hospital and long term care services can be minimized.

長者住宿照顧入住前評估

3. 我們一向強調長者住宿照顧服務對於長者個人，其家庭，財政上及人道上是有一定的代價。大多數的長者的意願都是留在社區家中居住。多份的海外及本地的研究亦顯示出相當的長者在入住安老院前隱藏着未被診斷的醫療問題。這些醫療問題透過老人科醫生仔細的診斷，是可以及早處理醫治。否則這些醫療問題可能會被錯誤地認爲是因年齡增長或社會欠缺照顧問題而引發, 甚至錯誤地把長者轉介到住宿照顧。現行自2003年長者入住安老院前的统一評估機制，就未能達致以上目的。

4. 有多篇醫學文章顯示以老人科醫生介入的多方層面評估是可以識別一些隱藏未知的疾病,從而及早處理，並有機會對長者入住安老院作出決定性的改變。這樣長者入住安老院前的評估可以顯示及偵測出可治療而又未被診斷的疾病，改進長者的生理功能，減輕對長者住宿的需要及減少家人及政府在老人健康和住宿照顧上的總開支。透過優化長者個人的健康和功能上的潛能，令到昂貴的醫療及長期照顧上的開支可以降到最低。

Quality Issues on RCHE

5. The quality of RCHEs in Hong Kong, especially the private ones, varies considerably in their provision of personal and nursing care to their residents. The Residential Care Homes (Elderly Persons) Ordinance (Chapter 459), while enforcing the licensing requirement in terms of staffing, space, design, structure, fire facilities and safety precautions, focus mainly on the hardware components. The HKGS emphasize much more on the client-oriented and high quality service received by the elderly residents.

6. A number of incidents in the past have brought up important quality issues in RCHEs. For instance, drug administration errors resulted in elderly clients being admitted to hospital for hypoglycemia, demented elderly clients were found to have escaped from the RCHE and wandering in the street, and inappropriate restraint use had led to strangulation and death. Moreover, infection control measures were still found to be inadequate in some homes, despite the introduction of a number of guidelines and revision of the "Code of Practice" by the Social Welfare Department and the Department of Health. Much resource is still needed for quality improvement and substantial training is required for the frontline nurses and health care workers in the elderly homes. Further, many of our elderly are approaching their end-of-life in residential settings and their physico- psycho-social needs remain to be cared for. Since 2003, the HKGS has participated in the Skills Upgrading Scheme for Health Care Workers organized by the Education and Manpower Bureau of the Hong Kong SAR Government. Moreover, geriatricians can help enhancing the quality of RCHEs through supporting home operators to participate in accreditation schemes. The pilot project on accreditation system for RCHE was completed in 2004 and homes are encouraged to apply for accreditation on a voluntary basis.

7. Geriatricians are best equipped and highly specialized in managing the complicated medical problems of the clients in the RCHE, while the day to day common problems can be handled by family physicians/ visiting medical officers. We can provide specialist medical care, targeting at frail elders with multiple pathologies and complex problems in RCHEs. Local studies have shown that 40-50% of residents of RCHE are frail, with multiple diagnoses, on multiple medications, with high dependency level and high hospital utilization rate, pointing to the need for geriatric specialist support. Many local studies have demonstrated the effectiveness of Community Geriatric Assessment Teams (CGATs), in collaboration with Visiting Medical Officers, in maintaining such frail residents in the RCHEs and reducing avoidable hospital utilization.

安老院舍的質素問題

5. 香港安老院舍的質素，尤其是私人營運的，在提供個人護理上無可否認是有相當程度的參差。全面生效的《安老院條例》(第 459 章) (《條例》) 及附屬法例， 確立了由社署署長負責發牌的安老院舍規管機制。牌照所規管的範疇包括人手、院舍面積、安全、設備、結構、防火措施。這些主要專注於硬體要求。香港老人科醫學會卻 強調安老院舍的服務應要用以客爲本和重點在於提供長者一些高質素的護理服務。

6. 過去在安老院舍發生過很多不幸的事件。例如，在 安老院舍 藥物管理上的失誤導致長者引發低血糖症而被送往醫院，患有癡呆症長者在不知情下逃離安老院舍，誤用約束衣物令長者窒息而死等事故。此外, 感染控制的知識及實踐亦常見不足。反映出雖然社會福利署及衛生署近年致力推出各項指引與及重新制訂『實務手則』，我們仍需莫大資源提高護理及保健員的質素，加強護老者的技能。此外，院舍內現有不少末期長期病患的長者，他們身、心、靈上的需要也應得到合適的照顧。自從 2003 年，由香港特區 政府的教育及人力局主辦的提昇保健員水平及技術課程上，香港老人科醫學會亦有參予提供建議和監查工作。此外，「香港安老院舍評審先導計劃」於 2004 年完成並獲得安老事務委員會及立法會福利事務委員會所接納。老人科醫生自此可鼓勵及支持安老院舍參與這個自願性的評審計劃，從而增強 安老院舍 的質素。

7. 老人科醫生是受過高度訓練的專家人選，可爲安老院舍體弱而有多重複雜醫學問題的長者提供專科醫療護理，而一般的疾病則應由家庭醫生/到訪醫生處理。本地研究顯示安老院舍 中 40-50% 的院友爲體弱的，並擁有多種的病症及服用多種的藥物。他們使用醫院設施比率亦較其他人士爲高，這正反映對老人科專家需求的殷切。多項本地研究亦顯示了由老人科醫生負責的『社區老人評估小組』與家庭醫生/到訪醫生的協作，有助於減少院友對急症醫院的使用。

Health care financing and quality of service

8. As there are only 25% of RCHE placements which are under the government subsidies while the rest are mainly run by private sectors, it is inevitable to have the inverse association of cost and quality of services in the profit-making business world. No entrepreneur is willing to run a money loosing business. Pertinent questions on health care financing have to be solved in order to bring about reform for sustainability, affordability, accessibility and quality health care for elderly people. The majority of the present generation of low income and under-privileged elderly people in Hong Kong will continue to rely on social security for subsidy of their health and residential care services. We are desperately in need of a workable health care financing model along with a residential care financing model for the elderly.

健康護理融資和服務質素

8. 至今僅約 25%的安老院舍宿位是受到政府補助的，其餘的主要是由私人營運。無可避免地在商業世界裡, 服務質素與成本是成反比的。在健康護理融資上的相關問題是必須解決的，才能達至爲年長者提供可持續性的，可負擔起的，便於使用的和有質量保証的服務質素。這一代低收入和貧困的香港長者大多數都將繼續依賴社會保障計劃來補助他們在保健服務和安老院舍上的支出。一個可行的健康護理融資及安老院舍融資方案是刻不容緩。

Conclusion

9. It will therefore be important for geriatricians to work in partnership with general practitioners/ family physicians, social services and non-government organizations (NGOs) to enhance the residential care home service for the elderly. Geriatricians have the knowledge and skills needed to provide specialist medical care for the elderly in both the hospital and community settings, providing direct patient care, specialist support, education and training to other health/ social service providers, and advising policy-makers and planners in research and evaluation of various services. Ultimately, we hope not only to adding years to life but also adding life to years for our elderly.

結論

9. 老人科醫生因此需要增強與普通科醫生/ 家庭醫生，社會公益服務機構，非政府組織(NGOs) 就安老院舍服務的事宜上成立有效的合作夥伴關係。除在醫院扮演專科醫生的角色，老人科醫生在社區及院舍亦應可提供老人專科服務，與其他醫護/社福界同工致力培訓，更在科研及服務評估上作出健議及參與。最終，我們不僅希望在長者的生命中加添歲月, 更希望在他們僅剩餘的歲月中加添生命。

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香港老人科醫學會
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