



Delivering quality aged care services in the 21st century

A John Campbell

University of Otago Medical
School
New Zealand

Elderly people service plan - structure

- Inpatient
- Outpatient
- Sub-acute
- Rehabilitation
- Home care
- Community and day care
- Primary care
- Aged care homes
- Social welfare
- Private health care
- Housing services

Priorities and challenges
background paper
June 2010

Guiding principles for service planning

- “to make healthcare services available to all residents of Hong Kong at an affordable cost to society.”
 - Strategic Service Plan 2009-2012
- “no person should be prevented, through lack of means, from obtaining adequate medical treatment”
 - HA Ordinance

Hong Kong Aged Care Services

Areas of strength

Areas for
development

“no person prevented from receiving adequate treatment”

- Entirely or almost entirely working in providing clinical care
- Entirely or almost entirely working in planning and development
- Fairly even mix of both
- Not able to vote on Hong Kong services

“no person prevented from receiving adequate treatment”

- 82 year old Mrs T living with family
- Independent with personal cares
- Comorbidities – osteoarthritis, controlled CHF, mild residual weakness from a stroke, previous vertebral fracture
- Fall, concern about an injury, to doctor, bruising only, return home

Quality services and adequate treatment

- Ready access to primary care
 - family doctor
 - emergency department
- Continuity of primary care
 - management of chronic conditions
 - assessment of risk (falls, fracture)

Key components

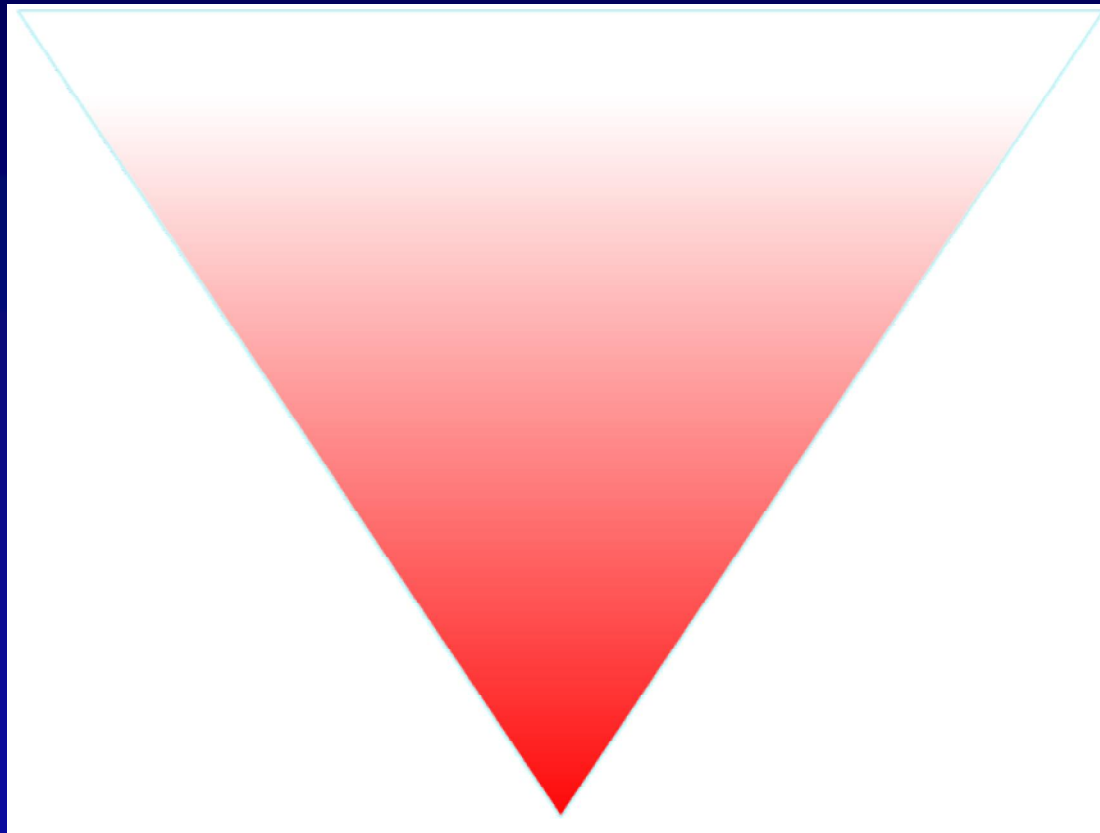
- Initial acute assessment
- Continuity care for chronic conditions
- Home care for personal needs
- Home support for family
- Prevention programmes
- Geriatric day hospital or home service equivalent

Primary, home care, chronic illness

- Central role of primary care
- Continuity and chronic illness
 - enhance self-efficacy
 - care co-ordination, patient & health professional
 - nurse practitioners after discharge

Kane R J Amer Geriatr Soc 2009; 57: 2338-45

Cbospitality



Cbospitality

2006 population by census

- 75 years and over
 - 65% with spouse and children
 - 16.5% non-domestic / Old age homes
- 85 years and over
 - less than 50% with spouse and children
 - 33.9% non-domestic / Old age homes
- 10% living alone

Opting for community care

- Family care givers:
 - provide care for longer periods
 - provide significantly more care
 - perceive their health to be worse
 - are more burdened
 - worry more about the older person

Chappell J. Asian J Gerontol Geriatr 2008;3;57-65

Opting for community care

- Lower disability from dementia
- Shorter duration of disability
- More carer burden but more positive attitude to community services
- Lived in same household
- Care giver economically inactive

Lou et al. Asian J Gerontol Geriatr 2009;4;36-9

Quality services and adequate treatment

- Home support for older person and family
 - personal care
 - respite admissions
 - domestic assistance
 - assistance morning and evening
 - medication supervision

Quality services and adequate treatment

- Home support for older person and family
- Prevention programmes

Prevention programmes

- Community based programmes for social interaction
 - Fall and fracture prevention
 - Fall prevention community programmes
 - Coordinator based fracture prevention
- Osteoporosis Int 2011 on line 24/5/11

Geriatric Day Hospital

- Less functional deterioration, less institutional use (Cochrane review)
- Social and comprehensive care
- Key part of a continuum of service
- Balanced against home based services

A&A 2008;37:613-5; A&A 2008;37:628-34

Well developed or more work

- Initial acute assessment
- Continuity care for chronic conditions
- Home care for personal needs
- Home support for family
- Prevention programmes
- Geriatric day hospitals or home service equivalent

Continuing saga of Mrs T

- Mild cognitive impairment, increasing concerns about being left alone
- Further fall and fractured neck of femur
- Surgery and transfer for rehabilitation

Well developed or more work

- Prompt ED assessment and fracture treatment
- Staff with training in older persons' health
- Geriatric / orthopaedic liaison
- Access to rehabilitation inpatient services

Continuing saga of Mrs T

- Delirium, increased dependency, return home in doubt
- Family meeting
- Transfer to Residential Care Home

Quality services and adequate treatment

- Care available irrespective of financial situation. Does not preclude self funding
- Continuity, regular clinical review, generalist medical approach
 - Age & Ageing 2008;37:618-20

Well developed or more work

- Explicit admission, care and staffing standards
- Regular review
- Procedures for correction if standards not met
- Care, including terminal care, in the appropriate home

Aged care homes: consequences of change

- Improved care
- Increased costs, new funding models
- Assessment of all people admitted
 - “therapeutic not prosthetic”
- Investment in alternative methods of care
 - rehabilitation and home care services

Coordination and care management

- Care plans using MDS_HC, coordination among disciplines, informal carer support
- Decreased use acute and rehabilitation beds. Reduce dependence on health care services
 - Liu BCP. Leung ACT. Asian J Gerontol Geriatr 2008;3:105-12

Well developed or more work on coordination

- Primary care and domiciliary support
- Social welfare and health services
- Primary and secondary care
- Acute and rehabilitation services
- Specialist elderly persons' services and institutional sector

Elderly people service plan - achievement

- Principles
- Planning based on solid data
- Partnerships across service boundaries
- Patience

“ le mieux est l’ennemi du
bienand”

Voltaire

Let not the perfect be the
enemy of the good.