

# WHAT SHOULD THE CARE FOR OLDER PERSONS LOOK LIKE IN 2028 ?

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**HA Convention 2018**  
HK Convention and Exhibition Centre, May 7

**A TRUE STORY IN**  
**2015...**

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- Madam Cheng age 70
- Living with spouse in a village hut
- No children
- Government took back the land for redevelopment and they were forced to move out
- Referred to social welfare department but they refused any help

# Old Home



# CNS Home visit

- community nurse visited them for B12 injection
- 4 days later after they moved into a new public housing estate
- Lost all medications

# No furniture



# New Home

- No fridge
- Raw food on floor





# Health Condition

- malnourished
- Remained bed-ridden
- Poor appetite





➤ **Fall with foot injury**

➤ **Poor hygiene**



Nil preparation before moving in

➤ No electricity and no water !!

➤ No hand rail installation in bathroom

# Brought to hospital...

- Refused to eat
- Put in feeding tube for nutritional support
- Pulled out repetitively

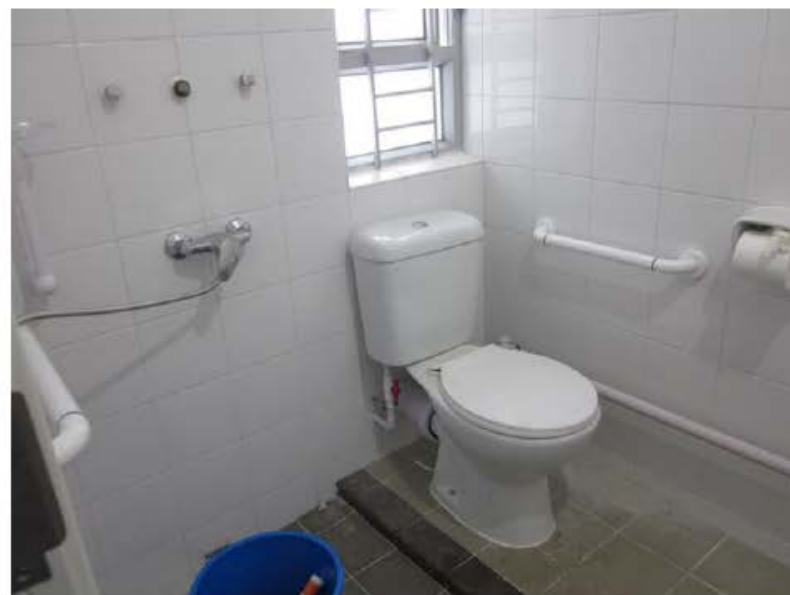
# Psychiatrist assessment

- Major neurocognitive disorder (dementia) but mental capacity adequate to make decision about placement, or she can decide for herself where to live in

# Finally...

- Wish respected
- Discharged Home
- Supported by **home support team**

# Follow-up visit



# Segregation of services

- Social Welfare
- Health
- Housing



# BEFORE 2028

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What are happening in Hong Kong  
for the care of older people now in  
2018?

# Ageing Population in Hong Kong

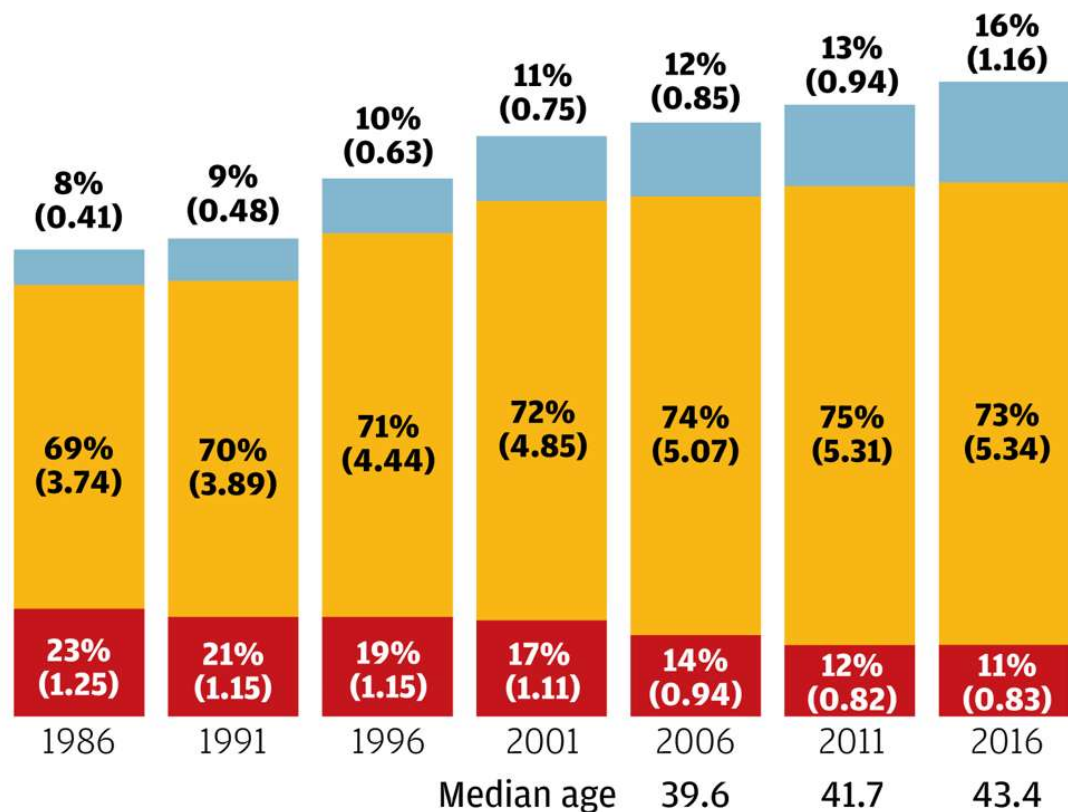
## Grey area

Percentage of population by age group, 1986-2016 (million)

■ Aged 0-14

■ Aged 15-64

■ Aged 65+

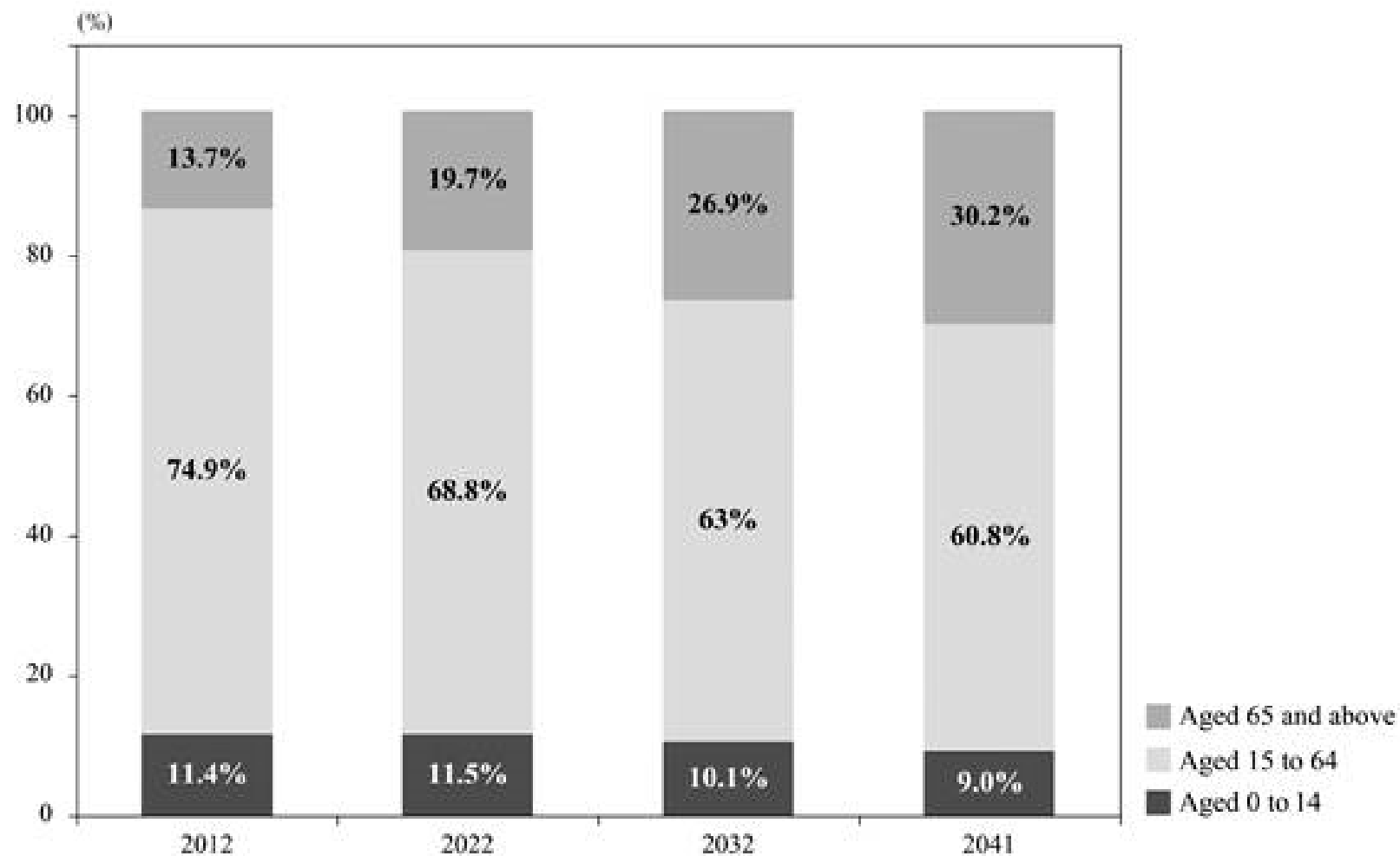


Source: Census and Statistics Department

SCMP

**Chart 4**

## **2012 to 2041 Population by age group**



## Institutionalization rate of older persons

表 2.1 院舍入住率與院舍照顧宿位與長者人口的比例<sup>註1</sup>

		院舍入住率	院舍照顧宿位與長者人口中的比例
香港	Hong Kong	6.8% (2009)	1:15 (2009) <sup>@</sup>
中國	China	1.0% (2008)	1:119 (2007) <sup># 註2</sup>
台灣	Taiwan	2.0% (2009)	1:37 (2009) <sup>@</sup>
日本	Japan	3.0% (2006)	1:38 (2007) <sup>#</sup>
新加坡	Singapore	2.3% (2006)	1:35 (2006) <sup>@</sup>
澳洲	Australia	5.4% (2006)	1:17 (2007) <sup>@</sup>
英國	UK	4.2% (2004)	1:55 (2005) <sup>*</sup>
美國	USA	3.9% (2004)	1:23 (2007) <sup>@</sup>
加拿大	Canada	4.2% (2003)	1:10 (2002) <sup>#註3</sup>

# OLDER PEOPLE LIKE AGEING IN PLACE

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OLDER PEOPLE LIKE AGEING IN PLACE

**Go Mobile !!**

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Go mobile for both social and  
health services



# SOCIO-MEDICAL COLLABORATION

**DO WE SEE ANY BUDDING  
SIGNS TODAY?**

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# YES !

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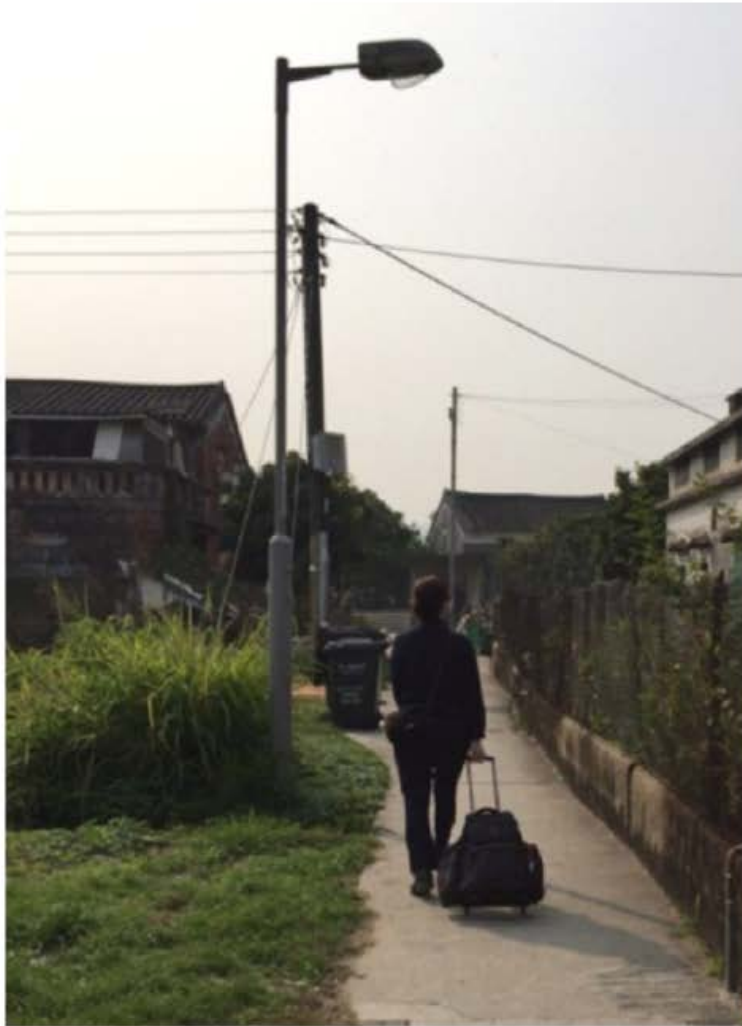
# **(1) MOBILE “HOSPITAL” AT HOME**

# COMMUNITY NURSING SERVICE MOBILE “HOSPITAL” AT HOME

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Since 1967  
50 year history

## Community nurse Out-reach service





## CNS Virtual Ward





## **(2) MOBILE “HOSPITAL” AT OLD AGE HOME**

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# **COMMUNITY GERIATRICS ASSESSMENT SERVICE (CGAS)**

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Outreach service to Old Age Home  
Since 1990+



Community Geriatrics Nursing Team  
Serving Old Age Care Home  
Led by hospital-based geriatrician

# Hospital team outreach to OAH

- Visiting geriatricians
- Nurse - nursing procedure and case manager
- Visiting allied health – PT and OT

1400 residents      Mega Old Age Home

# 四叔捐地 最大安老院動土

博愛社署斥資逾10億 2018建成1400宿位



Wenweipo  
@ 17 Feb 2015



# Putting in a medical ward inside an old age home

## The Sick Bay



- 45 beds
  - **Owned** by POH board
- The Clinical Governance
  - **RCHE inmates** but **CGAT patients**
    - Extended caring of RCHE inmates by CGAT
    - Outpatient status but with more in-depth medical & nursing care
    - Case selected by CGAT
    - For acute, sub-acute, rehabilitation, End-of-life (EOL) care
  - Collaboration with future RCHE resident team

# SICK BED IN OAH

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Piloting a new socio-medical collaboration model

Mobile “hospital” at old age home



# 博愛醫院賽馬會護理安院 「悉護計劃」



劉國雄院長  
賽馬會護理安老院



醫院管理局  
HOSPITAL  
AUTHORITY

歐陽東偉醫生  
醫院管理局新界西醫院聯網  
服務總監(基層及社區醫療)

2018-01-17



開始食慾不振

活動能力銳減

出現臀部壓瘡



患上週邊血管疾病

拒絕切肢手術

接受暫託服務



# 「悉護計劃」

(10 – 13.1.2017)

- CGAT醫生到院舍評估情況
- 院舍護士監察徵狀及執行護理程序
- 以紓緩痛症，改善水份平衡和進食情況為目標
- 治療護理方案：
  - 皮下灌注
  - 口服止痛劑
  - 皮下嗎啡注射
- 紓緩病徵、提升晚期生活質素

### **(3) MOBILE “OLD AGE HOME” AT HOME**

# Integrated Discharge Support Programme since 2012

**Hospital health professional  
out-reach service**

**NGO-run home support service**

**Putting together mobile “hospital”  
and “old age home” at home**



# MEDICO-SOCIAL COLLABORATION

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For Stroke and Geriatric Fracture

Since January 2018

# MOBILE “GDH” AND “OLD AGE HOME” AT HOME

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## (4) MOBILE “HOSPITAL” AT COMMUNITY

# Primary Care

## Integrative Community Health Centre

### Hospital in the community





**Community nurse  
“station”  
inside NGO-run  
Elderly Centres**





## Community nurse station inside public housing



# Dementia Pilot Scheme 2017

## Proposed Service Model



### SWD

1. Inviting the DECCs
2. Handling contractual and funding arrangements with NGOs
3. Assisting in coordinating and arranging training for staff of the NGOs
4. Providing input in programme development
5. Monitoring the NGO performance
6. Providing materials for audit.

### HA

1. Identify suitable patients and make referrals to NGO
2. Formulate care plan for individual patient
3. Coordinate and arrange training
4. Provide input on program development
5. Assist in monitoring NGO performance
6. Providing materials for audit



Suitable patients with mild to moderate dementia referred by HA



(Supervisory)

### NGOs (DECCs)

1. To provide services to patients to stabilize mild to moderate dementia patients (according to care plan) who are living at home:
  - Training/ rehabilitation of dementia patients according to the careplan designed by HA
  - Day and home care
  - Carer training
  - Other community/social support
2. To report patients progress

Community members with suspected cognitive impairments

Primary Care Doctors (e.g. GPs) to provide medical support Through e.g. PPP



After the time-limited program



# Pilot District Health Centre in Kwai Tsing



The Hong Kong Special Administrative Region of the People's Republic of China

**The Chief Executive's 2017 Policy Address**

繁體 | 简体 A

## Healthcare, Environmental Hygiene

- Set up a steering committee on primary healthcare development to comprehensively review the existing planning of primary healthcare services, and provide healthcare services via district-based medical-social collaboration in the community. Plan to set up a district health centre under a brand new operation mode in Kwai Tsing District in two years.

# CAN THEY BLOOM?

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# CLINICAL SERVICES PLAN for the New Territories West Cluster 2017

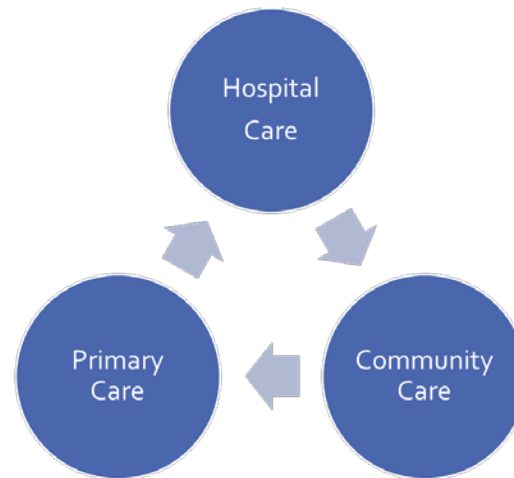




# Clinical Service Plan- Chronic Disease Management

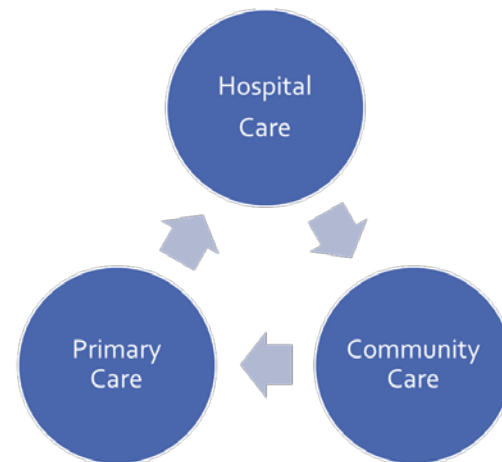
## Care in place

- Integrated and Inter-disciplinary approach
- Triple-based model
  - hospital care
  - primary care
  - community care



# Strategy

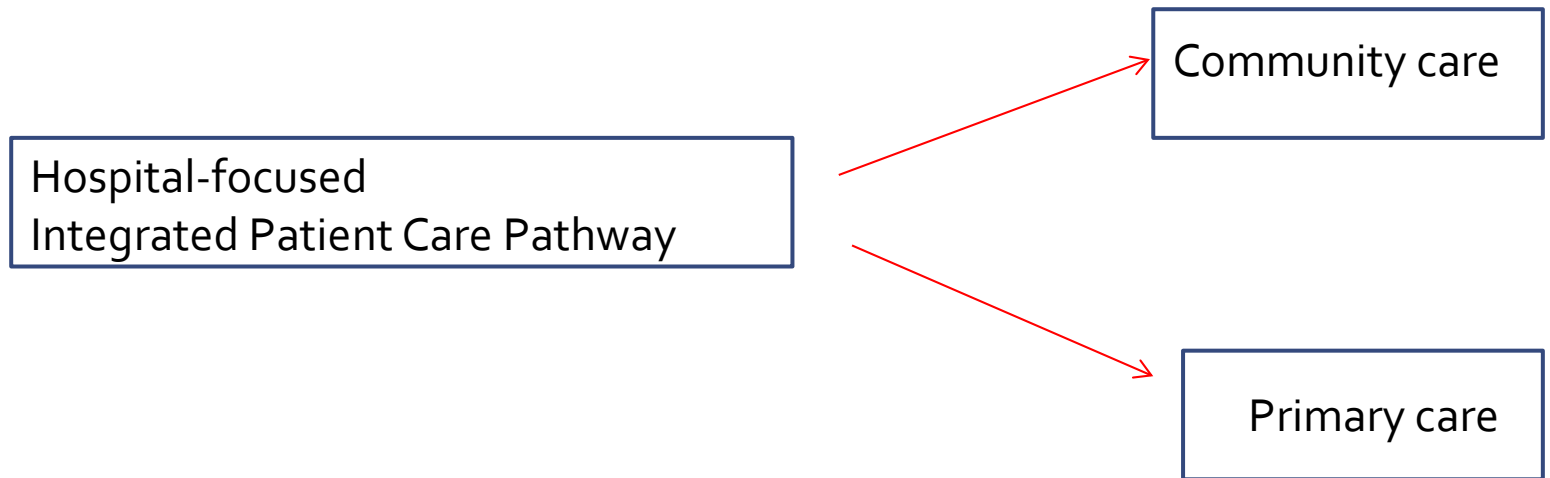
- Patient Empowerment
- **Socio-medical Collaboration and NGO Partnership**
- Connection of the 3 bases



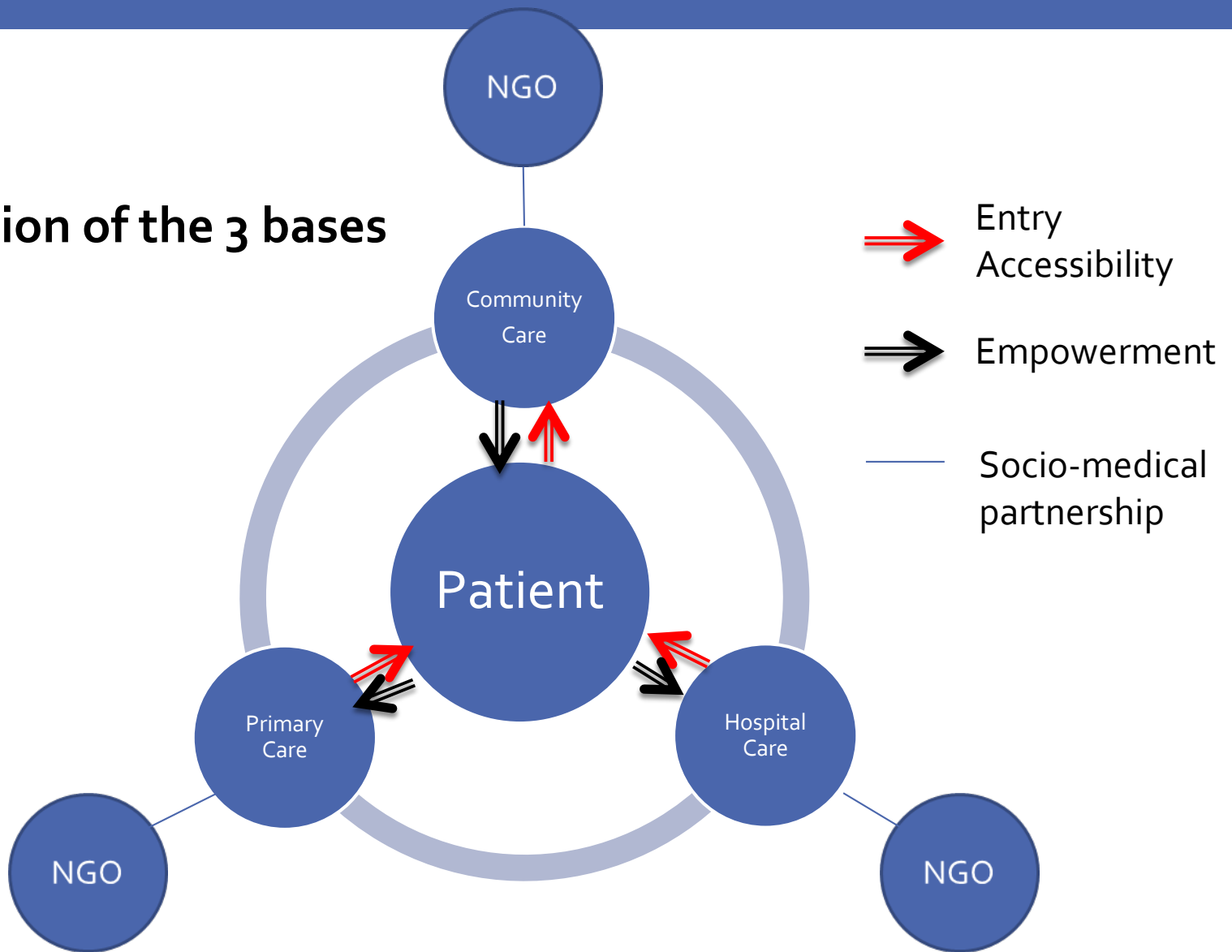
**Today  
In general**



# Today IPCP



## Connection of the 3 bases



Action one: Integrated Patient Care Circuit

**Today  
In general**



**But today  
in Geriatrics**



Community  
Care

Primary  
care

Hospital



# **Acute Care Model of the Elderly in Hospital Authority**

SMM(ES)

20 Dec 2011







## Strengthen Care of Elderly in Acute Setting

1. Development of best practice in a hospital wide joint team approach to **improve quality of care, prevent deterioration and complications in acute settings**, especially for higher risk elderly patients
  - Early detection and appropriate interventions
  - Multi-disciplinary input for complex cases
  - Reduction of iatrogenic events during short stay
  - Training of care staff to enhance geriatric care
2. Facilitation of early discharge and gap-free transition into the community; better discharge & care plans and continuity of care





Hong Kong Hospital Authority



**DO WE NEED A HOSPITAL  
FOR SENIORS ?**

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# PROBABLY NO

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# ALL HOSPITALS ELDERLY-SAFE

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Safe Environment

Safe Care Process

# DYING

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The last journey of ageing  
Can we have dying in place?

# Quality of Death Index



# The End of Life Care Program in Shatin Hospital

2005

沙田醫院的晚期護理服務

End of Life Care program for older non-cancer patients in last 6 months of life

為尚餘半年壽命之非癌症病患長者推行的  
晚期護理計劃







# 5百長者參與尊嚴最後路



大家姐(左)和二家姐指，父親(小圖)「死得好有尊嚴」。

醫院管理局新界西聯網於2015年10月，推出安老院舍晚期醫護服務，至今共有逾500名長者加入計劃，而目前正跟進約180名長者及其照顧者。服務現時只限院舍長者參與，最近並已擴展至全港7個醫院聯網。

## 制訂指示遇險不急救

生前受多種疾病困擾的何伯，人生晚期居於安老院舍。每當入院抽血，他都感到痛不欲生。他後來被醫生證實患上大腸癌，礙於身體情況欠佳，無法再為他治療。安老院舍得悉其情況後，在該處工作的二女遂遊說家人，參與醫院晚期醫護服務。

何伯的長女(大家姐)指參與



現今雖科學昌明，但每個人逃不出「生老病死」，進入生命晚期階段，必面對疾病所帶來的苦痛。醫管局近年推出晚期醫護服務，讓住在安老院舍的病人，能在身體衰退前，決定晚期階段的醫療指示，包括病危時要否急救，使病人能保尊嚴下好好走過最後一程。新界西聯網於2015年率先推出服務，已有逾500名長者參與，服務現已擴展至各個聯網。

服務後，家人可為父親制定預設醫療指示，包括病危時要否急救。大家姐直言，「如果急救按到佢骨都斷，醒返呼吸咪會好痛」，加上父親年屆89歲，她們只想他過得舒服，故主張出事時不作急救。

在大家姐的印象中，「癌症死嘅人都會好痛苦」，但發現父親離世時「死得好有尊嚴，冇掙扎，

發顛噏」，「佢對眼一直望吓望吓，好靜好靜咁走㗎。」

## 關懷短訊感動家屬

事後服務團隊向大家姐發送慰問短訊及詢問要否協助，「有陌生人關心未死嘅人，好窩心！」

晚期醫護服務現時只涵蓋安老院舍長者，新界西醫院聯網老

人科顧問醫生歐陽東偉稱，每位長者都會步入晚期階段，若患有嚴重或不可逆轉疾病，晚期或會不斷周旋在安老院及醫院之間。

他續指，不少晚期病人都不再要求延長生命，只求離世前能保持尊嚴和無痛苦等，並建議每名長者都應在意識清醒時，考慮自己的晚期安排。



每個人都必須經歷「生老病死」。(資料圖片)

## 服務並非安樂死

新界西醫院聯網老人科顧問醫生歐陽東偉指，「醫療指示」服務並不會刻意加速或減慢長者死亡的過程，並會協助他們積極地生活直至離世，惟他強調計劃並非安樂死，「諗都唔好諗！」

被問到會否有非晚期長者參與此計劃，歐陽東偉笑言醫生判斷晚期錯誤「應該係好消息」，但非晚期階段的長者，院方會轉介他們往常規外展服務跟進。

## 服務減省醫療行政程序

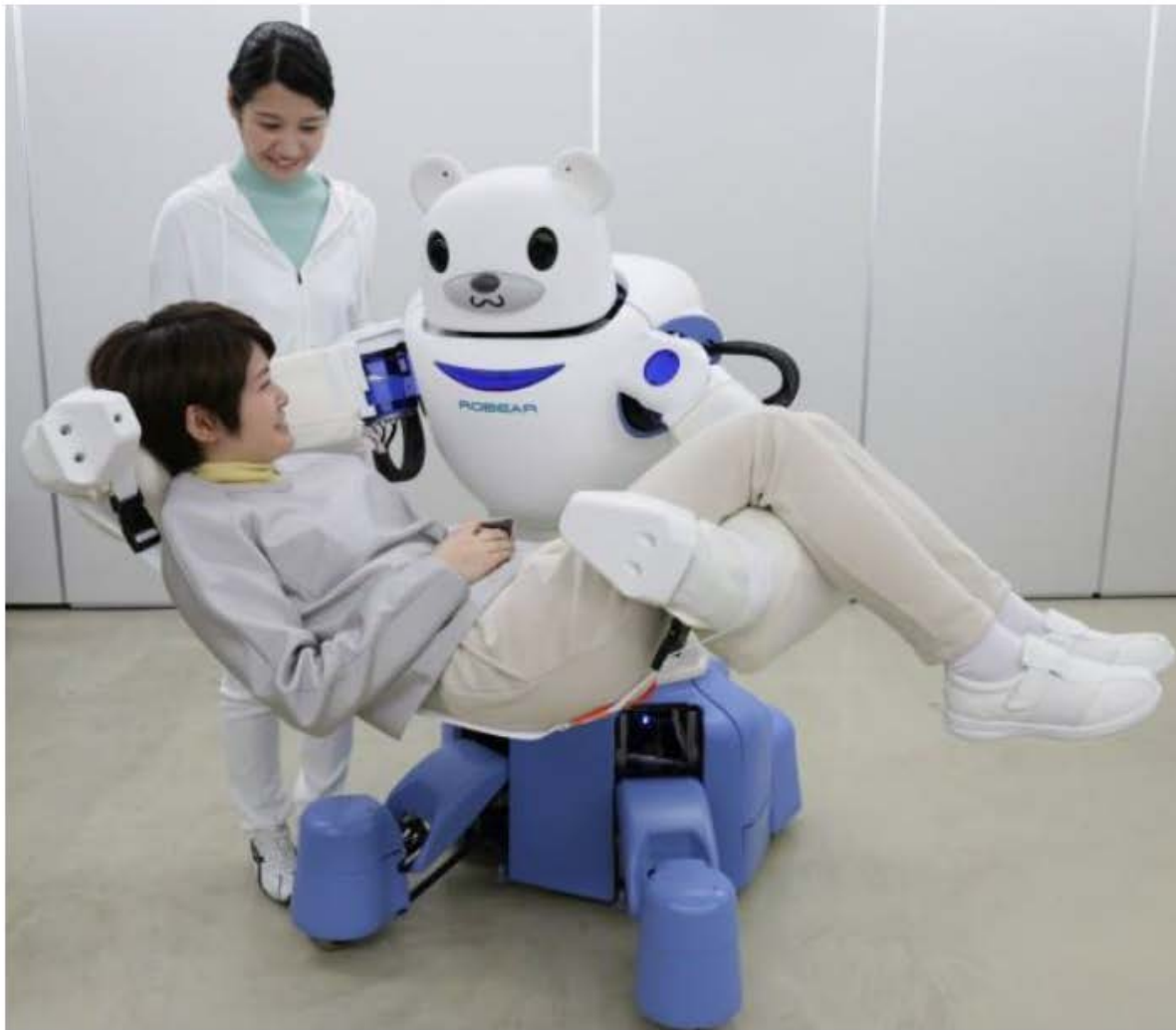


計劃其中一個好處是改善長者入住程序，減少長者折騰。新界西聯網顧問護師(社區醫療)李雙敏稱，當長者入院時安老院會帶備一份文件(圖)，急症室識別後就能盡快將病人送上病房，並會根據其過往病歷紀錄，減省不必要醫療行政程序。

**BY 2028....**

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# By 2028, Gerontechnology



**The watch is watching you.  
It knows you more than your doctors !!**

**Apple Watch heart rate monitor saves  
Florida teen's life**

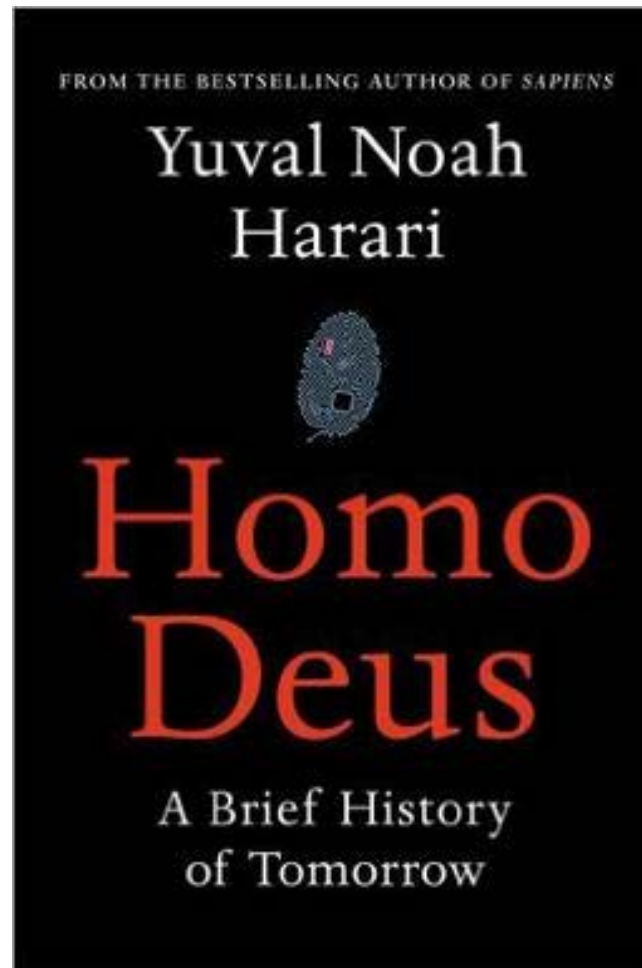
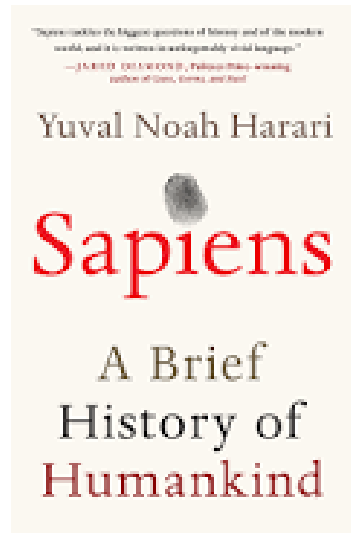
By [Stephen Silver](#)

Tuesday, May 01, 2018, 05:33 am PT (08:33 am  
ET)



# **BIG DATA !!!**

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**By 2118...**  
Human becomes gods

# BARRIER

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Medicalization of ageing and dying

**BY 2028  
ONE DREAM...**

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Ageing in place

Care in place

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And Dying in place