

INFRASTRUCTURE OF LONG TERM CARE

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Memorial C & A Home for the Aged

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DEFINITION OF LTC

- A spectrum of health, personal care & social services delivered over a sustained period of time to persons with functional disabilities, incapable of self-care, but are medically stable & need multiple services to assist them to live independently... *either at home or in care facility.*

Infrastructure of Long Term Care

Eligibility Assessment

Service Content

Community & Home Based LTC Facility Medical

Service Delivery System
Case Management

Quality Assurance

- Regulation
- Accreditation
- Outcome Measurements

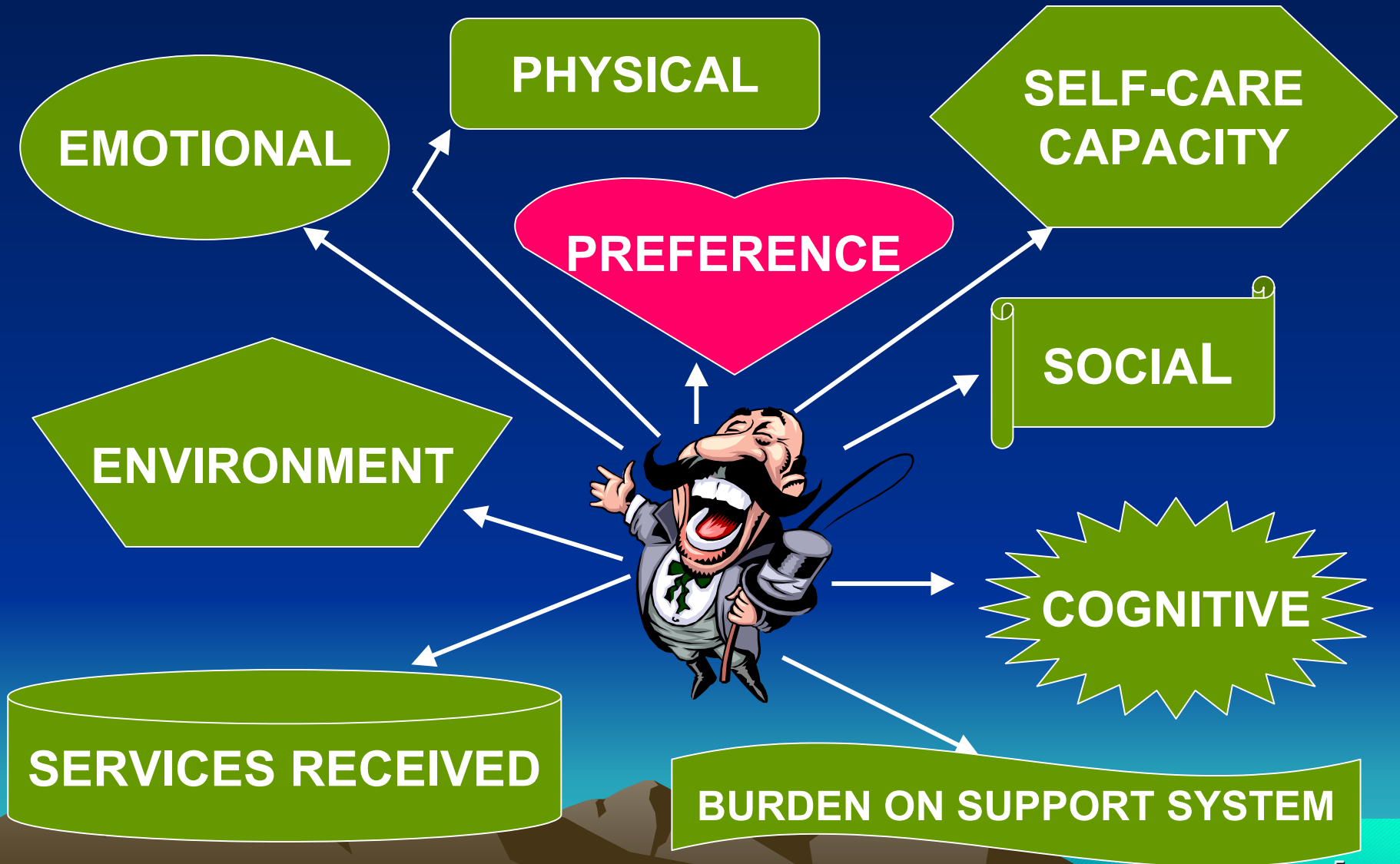
Financing Mode

- All Public (taxation)
- All Private (self payment)
- Co-payment (means-testing, sliding scale)
- Insurance (contribution)

LTC for the elderly – ELIGIBILITY

- **Defined by Age**
 - 60 / 65?
- **Defined by Need**
 - Determined by Assessment
- **Gero-Assessment** : To take a systematic process of evaluating Bio-Psycho-Social systems of older individual

gero-assessment components



GERO-ASSESSMENT

PHYSICAL FACTORS

- **Diagnosis**
- **Drugs taken**
- **Days sick**
- **Utilization of hospital & physician**
- **Self-reported health**
- **Pain or discomfort**
- **Review vision, hearing, prosthetic status, foot problem, dentition**

GERO-ASSESSMENT

SELF-CARE CAPACITY

ADL

- Bathing
- Grooming
- Dressing
- Feeding
- Transferring
- Toileting
- Walking
- Contenance

IADL

- Cooking
- Cleaning
- Laundry
- Driving
- Using transportation
- Writing, reading
- Using telephone
- Taking medicine
- Managing money

GERO-ASSESSMENT

EMOTIONAL FACTORS

- Anxiety
- Depression
- Loneliness
- Positive mental health
 - Zest, Future orientation
- Suicide risk
- Alcohol & substance abuse
 - Including prescription drugs

COGNITIVE FACTORS

- Orientation
- Memory
- Judgment
- Reasoning
- Intelligence

GERO-ASSESSMENT

SOCIAL FACTORS

- **Employment**
 - Paid work, Volunteer Service
- **Activities**
 - Hobbies, Group participation, Religious activity
- **Relationships**
 - Household composition, Contacts, Helpers, Confidants
- **Financial resources**
 - Income, Benefits, Assets

GERO-ASSESSMENT

ENVIRONMENT

- Home conveniences
- Home safety
 - Lighting, heating & cooling, floor & carpeting, bathroom & toilet room, kitchen
 - personal safety (violence, heavy traffic in street)
 - access to home, access to rooms in house
- Neighbourhood access to shops & services
- Community availability of health, social & recreational services

GERO-ASSESSMENT

SERVICES RECEIVED

- Assistance from formal sources
 - Type, Frequency
- Assistance from family & friends
 - Type, Frequency
- Satisfaction with services
- Stability of services

BURDEN ON SUPPORT SYSTEM

- Physical
- Emotional
- Social

PREFERENCES

- Respect choice

LTC for the elderly - ELIGIBILITY

- **HK situation – the Standardized Care Need Assessment Mechanism using MDS-HC**
 - To determine impairment level
 - To determine service inclusion or exclusion
 - To determine service provision
 - To determine resource allocation
 - To enhance care planning

LTC SERVICES & programs

- **In-home services**
 - Home-making, Personal care, Meal delivery
 - Nursing, Rehabilitation, Psychosocial support
- **Community support services**
 - Day respite care, Residential respite, Short stay
 - Housing, Home modification
 - Escort & commuting, Equipment rental & purchase
 - Carer support & training, Socialization, Recreation
- **LTC facilities**
 - Continuum of care (C&A NH Infirmary)
- **Medical services**
 - Medical & Psychiatric treatment, Dental care
 - Hospital care

LTC SERVICES – H K situation

- **Recent service development evolving into LTC service model**
- **Revamping of community & in-home services to enhance care element**
- **Transfer of infirmary from medical to welfare sector to enhance continuum of care model**

LTC SERVICE DELIVERY: CASE MANAGEMENT

Definition of Case Management:

“A collaborative process which assesses, plans, implements, coordinates, monitors, & evaluates the options & services to meet an individual’s needs using communication & available resources to promote quality, cost-effectiveness outcomes”.

Case management models

1. Classified by *Domain*

- ❖ Purchaser-based – The Broker Model
- ❖ Provider-based – The All-Inclusive Model

2. Classified by *Setting*

- ❖ Acute Care Case Management
- ❖ Disease / Rehabilitation Management
- ❖ Hospice Case Management
- ❖ Home Care Case Management
- ❖ Residential Home Case Management

Case management - HK SITUATION

- **CM expertise yet to be strengthened:**
 - **Clinical expertise**
 - **Knowledge of community resources**
 - **Knowledge of client entitlement to these resources**
 - **When & how access to such resources**
 - **Client advocacy**
- **CM practice standards & CM service models yet to be developed**

Quality assurance

- Concept of Continuous Quality Improvement or Total Quality Management
- Also known as Quality Improvement, Quality Management, or Performance Improvement
- Processes of
 - Design: designing new functions, processes & services based on organization's vision & mission, customer expectations & needs
 - Measurement: evaluates effectiveness of designed & redesigned processes, identifying opportunities for further improvement
 - Assessment, and Improvement

regulation

- A mechanism, setting rules, backed up by sanctions
- Prescribe certain behaviours
- Models of Regulation
 - Compliance model: provider motivated to improve standards through constructive advice, negotiation, publicity & persuasion
 - Deterrence model: punishment & legal proceedings
 - Facility-oriented model: emphasize on safety & physical setting
 - Resident-oriented model: emphasize value, care principles & needs

Regulation – hk situation

- **Well developed Regulatory mechanism**
- **The Residential Care Homes (Elderly Persons) Ordinance**
- **The Hospital, Nursing Homes & Maternity Homes Registration Ordinance**
- **The Funding and Service Agreement**
- **The Service Quality Standards – 16 items**

accreditation

- **A process of verifying that an organization meets a certain set of standards**
- **A formal review process to certify that an organization has the necessary structures & processes to provide quality healthcare & preserve the rights of clients & providers**
- **Standards for accreditation are statements of expectation set by a competent authority concerning a degree or level of requirement, excellence, or attainment in quality or performance**

Accreditation - benefits

- Enhance quality & consistency
- Establish quality benchmarks
- Ensure accountability
- Increase reliability
- Create national standards
- Reduce costs
- Offer more specialized reviews
- Identify the next generation of improvements

Accreditation – hk situation

- Developing by HKAG
- Project commissioned by SWD in 2002
 - Overseas practice & experiences
 - Initially for RCHEs
- HKCSS proposal to government in 2001
 - Structure : the RCHEs Ordinances & Regulations
 - Process: the 16 SQS
 - Output: the Funding & Service Agreement
 - Outcome: the Performance Indicators

Outcome measurements

- **Outcome Performance Measurements**
- **Definition:**
“The results, impacts, or accomplishments of human service programs as measured by quality-of-life changes in clients”

Outcome measurements

Types of Outcome Measurements:

1. Numeric counts: simple nominal counts of the numbers of clients who achieve quality-of-life changes
2. Standardized measures: normed before-and-after tests used to measure quality-of-life changes in clients
3. Level of functioning scales: before-and-after tests created by an agency or program to measure quality-of-life changes in clients
4. Client satisfaction: client self-reporting about quality-of-life changes

Outcome measurements in current situation

- Application of RAI-HC (MDS-HC) through the SCNAM
- Planning adoption of the RAI-NH (MDS-RAI 2.0) through NGOs initiative
- MDS 30 Quality indicators in 12 domains, risks adjusted to form quality measures and **BENCHMARKS**
- Some indicators piloted in some RCHEs
- Need further systematic development

LTC FINANCING

- **Affects all components of the LTC system**
 - **Controls eligibility & resource allocation**
 - **Case manager ensures service provision & quality within budget**
 - **Ascertain service quality to accomplish cost-effectiveness**
- **Financing mode depends on society's social security & retirement systems**
- **Related to financing & payment mode of medical services**

LTC FINANCING modes

- All public funding – through taxation
- All private funding – self payment
- Co-payment
 - Mixed mode to share cost
 - Means-testing, sliding scale
- Insurance – contribution
 - Private insurance
 - Public supported private insurance
 - Social insurance
- HK situation – Now & Future?

Long Term Care system

- **Basically not yet established in HK**
- **Need to be considered as we face Population Ageing :-**
- **A reliable entry & exit system**
- **A wide spectrum of service entitlement**
- **A liable service delivery & assurance system**
- **A viable financing system**

THANK YOU