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Memorial C & A Home for the Aged
4/10/2002
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)
• 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

- Physical
- Self-Care Capacity
- Emotional
- Social
- Cognitive
- Environment
- Services Received
- Burden on Support System
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
SELF-CARE CAPACITY

**ADL**
- Bathing
- Grooming
- Dressing
- Feeding
- Transferring
- Toileting
- Walking
- Continence

**IADL**
- Cooking
- Cleaning
- Laundry
- Driving
- Using transportation
- Writing, reading
- Using telephone
- Taking medicine
- Managing money
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
- Suicide risk
- Alcohol & substance abuse
SOCIAL FACTORS

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

Definition:
“The results, impacts, or accomplishments of human service programs as measured by quality-of-life changes in clients”
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
- 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
• 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
• 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?
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