

## **34<sup>th</sup> Meeting of the Elderly Commission**

### **Summary for Press Briefing**

The Elderly Commission (EC) held its 34<sup>th</sup> meeting today (22 September 2003) with the following items on the agenda:

#### **Update on Measures to Prevent Spread of SARS among Elders**

The EC was updated on the measures taken by the Department of Health (DH), Hospital authority (HA) and the Social Welfare Department (SWD) relating to the prevention of the spread of Severe Acute Respiratory Syndrome (SARS) among elders, in particular in residential care homes for the elderly (RCHEs). These include:

- **Revision of Guidelines:** Further to various guidelines issued to RCHEs, DH is producing a more comprehensive guideline covering SARS related topics and common infections in RCHEs for distribution to RCHEs in October.
- **Visits to RCHEs:** DH and SWD visited all RCHEs in July to provide advice on infection control measures and to strengthen health education. Since mid-August, DH has started follow-up visits to all RCHEs to identify improvement areas in infection control for the purpose of addressing them in future training programmes. On the spot coaching would be provided as necessary to the RCHE staff during these visits.
- **Infection Control Officer:** All RCHEs would be required to designate an Infection Control Officer (ICO) responsible for dealing with matters related to infection control and prevention of spread of communicable disease in the RCHE. The objective of the ICO scheme is to achieve early detection and reporting of suspected outbreaks, so that infection control measures can be stepped up in the RCHEs concerned promptly if required. Briefing sessions for appointed ICOs will take place in September and October. There will be continual training opportunities for ICOs to be provided by DH and HA.
- **Early Detection of Outbreaks:** In addition to the ICO scheme, the hospitals will trace residents of RCHEs visiting or admitted to hospitals with pneumonia or influenza like illnesses so that prompt follow up actions with RCHEs concerned can be undertaken by DH, HA and SWD to prevent the spread of infectious diseases. An enhanced information exchange mechanism is formulated among DH, HA, and SWD to clearly delineate the procedures and roles to be performed by the relevant parties.
- **Visiting Medical Officer:** HA will continue with its collaboration scheme between visiting medical officers and Community Geriatric Assessment Teams to

further promote surveillance of infectious diseases and to better manage chronically ill elders in RCHEs.

- **Influenza Vaccination:** As institutions are more prone to outbreak of infectious diseases, and frail elders are more susceptible to complications if they become infected with influenza, DH would be conducting the annual Influenza Vaccination Programme for residents of RCHEs as in previous years.
- **Collaboration with Community:** DH has been providing training on prevention measures to staff of non-governmental organisations (NGOs) providing integrated care to frail elders in the community. Discussion continues among DH, HA, SWD and the NGOs on how to improve the information flow among the parties concerned.

### (1) **“Transport for All” vision**

- The Transport Department (TD) briefed EC on the “Transport for All” vision with a view to provide accessible public transport services and barrier-free environment to the elderly and people with disabilities.
- The key objectives under the “Transport for All” vision are the “5-Betters Strategy”. They are:
  - **Better accessible transport services for all**
    - To continue encouraging all the public transport operators to provide better accessible transport service for all the elderly and disabled people including wheelchair accessible buses and trains, passenger announcement system, closing door buzzer and priority seats.
  - **Better public transport infrastructure and facilities for all**
    - To make drop kerbs as a standard provision at the new public transport infrastructure such as public transport interchanges, bus termini and taxi stands.
    - To coordinate the public transport operators for providing accessible facilities such as stair lift, wheelchair aids, wide gates, platform screen door and gap fillers at the railway stations.
  - **Better street and pedestrian areas for all**
    - To enhance road safety for disabled people and the elderly, better street furniture is provided such as electronic audible traffic signals at signalised crossing and footbridge with ramp and lift, etc.
  - **Better planning standards, guidelines and procedures**
    - To review TD’s planning standard so that there are guidelines and standards for provision of traffic facilities to people with special needs.
  - **Better partnership for actions and results**
    - To foster closer partnership between TD and stakeholders.

## **(2) Coordination of Training for Formal and Informal Carers of the Elderly**

- The DH briefed EC on the major observations and recommendations of the Task Group on the Coordination of Training for Formal and Informal Carers of the Elderly.
- The Task Group (TG) led by DH was formed in June 2002 with representatives also from the SWD and the HA to examine the training of formal and informal carers, with a view to improving coordination and interface among the different training providers.
- The TG completed its task in April 2003 and reviewed both structured and non-structured training offered to formal and informal carers of the elderly. For the purpose of its study, “formal carers” refer to health workers (as defined in the Residential Care Homes (Elderly Persons) Regulation), and care workers providing care to elders in residential as well as community settings. “Informal carers” refer to carers other than formal carers, such as relatives, neighbours, friends, domestic helpers and volunteers.
- The TG observes and recommends that –
  - (a) Training of Health Workers**
    - All health workers have to complete a training course approved by SWD in order to be qualified for registration as health workers for the purpose of employment at RCHEs. As all training programmes for health workers are regulated by SWD and their curricula regularly reviewed by a working group consisting of representatives from SWD, DH, HA, training institutes and trade associations, the TG considers that further coordination and standardization of existing training programmes are unnecessary at this stage.
  - (b) Training of Care Workers**
    - Although there are no basic training requirements for care workers, the TG notes that for RCHEs operated under service contract through competitive bidding and private RCHEs joining the Enhanced Bought Place Scheme (EBPS), there is requirement for a certain proportion of care workers having completed a training course recognized by SWD and this percentage has been increased from at least 50% to at least 75%. For other RCHEs, many care workers have undergone some basic training to meet job needs. Training courses for care workers are organized by SWD and other organizations.
    - In 2001, SWD enhanced its training for personal care workers and home helpers by developing a unified comprehensive curriculum. The new curriculum has been standardized to 14 days for those who have no basic training before (i.e. Multi-skilled Training Course for Care Staff Working with the Elders), and 9 days

for those who are in-service with some experience and training in basic skills (i.e. Advanced Course for Care Staff Working with the Elders).

- The TG further notes that as at September 2003, SWD provided 1,440 out of 2,160 multi-skilled training places with resources secured for 2001/2002 to 2004/2005. In addition, SWD offered 780 out of 1,440 training places on dementia for staff of elderly service units with resources secured for 2002 to 2006. On first-aid certificate training, 1,200 training places have been provided from 2000 to 2003, exceeding the planned target of 1,080 places.
- The TG considers that SWD's 14-day 'Multi-skilled Training Course for Care Staff Working with the Elders' should be used as the benchmark and recommended to organizations which are providing basic training to care workers. The TG regards that in the long run, all those who have attended basic care worker training courses that fall short of the 14-day course should be encouraged to attain the benchmark level to ensure that all core competency areas are covered. For example, those who have attended ERB's 12-day care worker course can attend modular courses for care workers offered by the Vocational Training Council under the Skills Upgrading Scheme; and those who have attended basic courses for 3 days or more can attend SWD's 9-day "Advanced Course for Care Staff Working with the Elders".

**(c) On-the-job training for health workers and care workers in residential care homes for the elderly (RCHEs)**

- The TG notes that both DH and HA have been providing outreach on-the-job training for carers in RCHEs via their Visiting Health Teams (VHTs) and Community Geriatric Assessment Teams (CGATs)/ Community Nursing Service (CNS) respectively. The principle of collaboration between DH and HA has been for VHT to emphasize on the training of general nursing skills, while CGAT/CNS to provide specialised training to carers for the special care needs of individual residents.
- The TG notes that information sharing between DH and SWD has been enhanced by establishment of a referral mechanism between SWD's Licensing Office of Residential Care Homes for the Elderly and VHT such that RCHEs with training needs on health and personal care aspects as identified during inspection by SWD will be referred to VHT for training. VHT will follow up with feedback to facilitate overall monitoring by SWD.
- The TG considers that the roles of VHT and CGAT/CNS should be clearly delineated. To ensure the best use of resources, the TG recommends that VHT should expand its training scope to cover specialized topics. Liaison between

VHT and CGAT/CNS at both the central and district levels should be strengthened for effective exchange of information on training needs of RCHEs.

**(d) Training of Informal Carers**

- A wide variety of training programmes and activities are available to informal carers. Such training programmes cater to different target groups depending on their needs and range from ad hoc health talks and seminars to structured courses. They are offered by different parties including DH, HA and non-governmental organizations providing elderly services, as well as other organizations not primarily involved with elderly services.
- As different programmes serve different purposes and target groups, the TG considers that there is no need to standardize their contents. However, the lack of access to information on these programmes by carers is observed. As one of the expanded functions of District Elderly Community Centres (DECCs) and Neighbourhood Elderly Centres (NECs) is to enhance carer support for frail elders and to improve elders' accessibility to community resources, the TG considers that these centres would be in the best position to act as one of the key channels for information dissemination to facilitate access to the different carer training programmes.
- To ensure effective utilization of resources, the TG considers that enhanced communication among training providers should be encouraged. For example, collaborative mechanisms should be strengthened between SWD's DECC/NEC, and DH's VHT, such that training programmes could be delivered in a more structured manner, targeting at the specific needs of carers. HA's role in the support of informal carers should continue to be the provision of pre-discharge training for carers as part of the patients' rehabilitation programme, whereas newly discharged patients and their family carers should be referred to DECC or NEC in the respective districts for health education and training.

**(4) An Update on Provision of Residential Care Home Services for the Elders through Competitive Bidding**

- SWD briefed EC on the progress of the allocation of RCHEs through competitive bidding. Members also visited the first contract home situated in the Sai Ying Pun Community Complex awarded to Caritas—Hong Kong after its meeting.
- Current Position
  - 6 service contracts were awarded for the provision of services for elders at Sai Ying Pun, Ho Man Tin Estate, Tsz Ching Estate, Oi Tung Estate, Sau Mau Ping Estate and Fu Cheong Estate, providing a total of 574 subsidised and 283 non-subsidised places

for elders in need of care and attention (C&A) home and nursing home placement. Five of these homes have commenced service while the remaining one is undergoing fitting out works to be carried out by the operator. Two of the Homes have a Day Care Unit attached.

- EC Discussion

- EC Members were briefed about the very enthusiastic response from operators, with a total of 96 tenders received in respect of the 6 RCHEs; 44% from NGOs and 56% from private operators. The vetting process was open and fair and conducted in a competitive environment. 53 tenders (55%) passed the quality assessment including 26 tenders from private operators. Although all the 6 RCHEs were awarded to NGOs, private operators had also submitted quality bids.
- EC Members were pleased to note better value for money was achieved through competitive bidding, as pointed out by the Director of Audit in his report published in April 2002. Two contract RCHEs provide 220 subsidised C&A places at an average unit cost to the Government of \$5,267 per month. The other four contract RCHEs provide 354 subsidised places, about half of which are for direct admission of elders of nursing home frailty. The average unit cost to the Government for these places is \$5,838. All contract RCHEs are required to provide continuum of care.
- EC Members noted the very satisfactory utilization of non-subsidised places created in these contract homes, indicating there is demand for quality residential services among those who can afford such services. The non-subsidised places are charging fees ranging from \$4,200 per place per month for a 6-person room to \$13,500 per place per month for a single room. Utilisation of these places in the two fully commissioned homes is over 90%.
- EC Members noted the measures taken in the process of tendering and award of contract to protect the wages and working hours of low-skilled workers. Members believe that these measures would help to ensure quality service.
- EC Members were briefed on the vigorous monitoring system in place to ensure that services provided by the RCHEs comply with the pledged quality standards. The Contract Management Section of the SWD is closely monitoring the performance of operators by various means including conducting regular reviews and spot checks, analysis of quarterly statistical returns from operators, production of benchmarking reports on service performance among contract homes, dealing with complaint investigations, etc. A recent user satisfaction survey conducted by one of the RCHEs in February 2003 indicated that 88.9% of users and 90.5% of their family members were satisfied with the service.

- The Way Ahead

- SWD will continue to allocate new RCHEs by competitive bidding and maintain vigorous performance monitoring on these RCHEs. Benchmarking reports will be

produced with a view to upgrading service standards.

- Invitation to tender for the seventh contract RCHE at Tak Tin Estate will be issued within September 2003.
- In the 2003 Policy Agenda, Government has announced its intention to develop a Fee Assistance Scheme for residential service in order to target Government subsidies at those frail elders who cannot be adequately taken care of at home and who have financial difficulties. In parallel, SWD has commissioned a two-year pilot project on the development of an accreditation system for RCHEs in Hong Kong.