Age-friendly Health Care: Views from Older Adults

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Age-Friendly & Well-being of Older Adults

- Community and health care
- Transportation
- Housing
- Social participation
- Outdoor spaces and buildings
- Respect and social inclusion
- Civic participation and employment
- Communication and information

- Inclusion of older persons
- Enable people of all ages to actively participate in community activities
- Stay healthy and active even at the oldest age and provides appropriate support to those who can no longer look after themselves
- Treat everyone with respects

(WHO, 2004)

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4Ps of Personalized Health Care

Predictive

Preventive

Personalized

Participatory

(Personalized Health Care, 2015)

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Objective of the Study

- To examine the views of older adults on how to develop a more age-friendly public health care system that is responsive to their needs.
- In particular refers to in-patient care and out-patient specialized care

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Methodology

- **Qualitative**
  - **Focus group discussion**
- **Sample**
  - **Purposeful**
- **Analysis**
  - **Content analyses**

Sampling Criteria

Inclusion Criteria

- Older patients
  1) Aged 65 or above;
  2) Older adults who have been admitted to a public hospital in HK East Cluster in the past one year (for inpatient group) or older adults who have visited a Specialist Out-patient Clinic in HK East Cluster in the past one year;
  3) Voluntary participation;
- Informal caregivers
  1) Caregivers whose older family members were hospitalized in HK East Cluster in the past one year;
  2) Voluntary participation

Focus Group Discussion Guideline

Inpatients Group	Specialist Outpatients Group
1. Admission procedure	1. Referral, appointment and visit procedures
2. Hardware in hospital ward	2. Hardware in O/PT clinic
3. Medical Services (e.g. regulations, treatment, examination, communication, patient involvement)	3. Medical Services (e.g. regulations, treatment, examination, communication, patient involvement)
4. Discharge procedure	4. Medications (effectiveness, side effects) and procedures in pharmacy
5. Connection with community service	5. Connection with community service
6. Communication of information (e.g. inter-hospital, inter-departmental, community service, patient and family members)	6. Communication of information (e.g. inter-hospital, inter-departmental, community service, patient and family members)
7. Training of medical and other staff	7. Training of medical and other staff

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Characteristics of Participants

Participants		No. of participants	No. of Sessions	Male	Female	Median Age
Focus groups with elderly patients	Inpatients	15	2	3	12	**81**
	Outpatients of Specialist Clinic	7	1	0	7	
Focus groups with caregivers of elderly inpatients		13	2	5	8	**76**
	Total	**35**	**5**	**8**	**27**	

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Demographic characteristics of Older Participants (I)

Education Level N= 22	No education to kindergarten	Primary	Junior Secondary	Senior Secondary	Post Secondary	University
	9	2	2	3	3	3

Marital Status N=22	Never Married	Divorced	Widowed	Married
	2	1	15	4

Living With N=22	Live alone	Live with spouse	Live with son	Live with daughter
	17	3	3	1

Religious faith N=22	Have religion	No religion
	12	10

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Demographic characteristics of older participants (II)

Source of income N=22	Retirement Benefit / Pension	CSSA	Old Age Allowance	Disability Allowance	Old Age Living Allowance	Own Savings	Caregiver's support	Other relatives' support
	2	5	5	1	6	8	4	7

Financial sufficiency in the next 3 months N=22	More than sufficient	Sufficient	Just sufficient	Not sufficient	Very insufficient
	2	9	10	1	0

Use of medical facilities in the past 1 yr N=22	No, of older PTs visited A&E	Total no. of times older PTs visited A&E	No. of older PTs hospitalized	Total no. of times older PTs were hospitalized	No. of older PTs visited Outpatient Clinics (GP/ Specialist)	Total no. of times older PTs visited Outpatient Clinics (GP/ Specialist)	No. of older PTs who used Chinese Medicine Practitioner	Total no. of times older PTs visited Chinese Medicine Practitioner
	16	26	19	32	22	104	4	21

Demographic Characteristics of Caregivers' Group (I)

Education Level N=13	No education to kindergarten	Primary	Junior Secondary	Senior Secondary	University
	4	3	1	4	1

Marital Status N=13	Never Married	Widowed	Married	Others
	2	1	9	1

Job status N=13	Unsteady	Retired
	1	12

Income source in past 3 months N=13	CSSA / OALA	Support from family members	Rental income	Retirement Benefit/ Pension	Dividends/ Investment plan	Own Savings
	9	3	2	1	1	9

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Demographic Characteristics of Caregivers' Group (II)

Monthly income N=13	0-5K	5K-10K	10K-15K
	6	6	1

Job Industry N=13	Manufacturing	Transportation, Warehouse, Communication	Community, Social Services	Others
	1	4	2	6

Religious faith N=13	Have religion	No religion
	5	8

Accompany older PTs to visit medical facilities in the past 1 yr N=13	No, of older PTs visited A&E	Total no. of times older PTs visited A&E	No. of older PTs hospitalized	Total no. of times older PTs were hospitalized	No. of older PTs visited Outpatient Clinics (GP/ Specialist)	Total no. of times older PTs visited Outpatient Clinics (GP/ Specialist)	No. of older PTs who used Chinese Medicine Practitioner	Total no. of times older PTs visited Chinese Medicine Practitioner
	10	31	13	38	11	40	2	6

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Age-friendly Health Care - A Review

WHO (Groene, 2006; The International Network of Health Promoting Hospitals and Health Services, 2007)	Health Promoting Hospitals and Health Services Model	(i) management policy, (ii) patient assessment, (iii) patient information and intervention, (iv) promoting a healthy workplace, and (v) continuity and cooperation
Vancouver, Canada (Parke & Brand, 2004)	Elder-Friendly Hospital Initiatives of the Vancouver Island Health Authority	(i) care processes and services, (ii) hospital systems, policies, and procedures and (iii) communication and listening processes
Taiwan (Chiou & Cheng, 2009)	Framework of Age-Friendly Hospital	(i) management policy, (ii) communication and services, (iii) physical environment, and (iv) care process
Ontario, Canada (Ryan, Liu, Awad, & Wong, 2011)	Senior-Friendly Hospital (SFH) Framework	(i) process of care, (ii) emotional and behavioral environment, (iii) ethics in care and research (including respect for autonomy), (iv) physical environment, and (v) organizational support
New York, US (Boltz, Capezuti, & Shabbat, 2010).	A geriatric acute care model	(i) guiding principles, (ii) leadership, (iii) organizational structures, (iv) physical environment, (v) patient-and family-centered approaches, (vi) aging-sensitive practices, (vii) geriatric staff competence, and (viii) interdisciplinary resources and processes

Analytic Framework

1. Information, Education, Communication and Training, e.g. both staff and patient education
2. Health Care Management Systems, e.g. procedures, medical records to facilitate continuity of care
3. Physical Environment, e.g. clean and comfortable environment

(WHO, 2004)

Findings – Care System

Experiences of older adults / caregivers	Expected improvements
Uncertainty of waiting time for procedures: • in A&E, admission to ward, discharge procedures, and specialist outpatient clinic.	• Streamline procedures to **keep patients/caregivers informed**
Routine services in ward : • Disturbing Night time routine • Pre-set timetable for change of diapers, change of bedridden PTs • Assistance to showers on request • Pre-set conditions to maximize safety	• **Promote person-centered routine** • Patient participation
Medication management : • Changes in medication due to pricing • Lacking of a review mechanism on patients' feedback/experiences	• **Informed changes** with patient participation • Allow **more flexibility** for PTs who opt for self-finance drugs
Hospital / Community support Interface: • For single elderly during the process of discharge and aftercare.	• **Increase discharge support for single elderly**

Findings – Information, Education & Training

Experiences of older adults / caregivers	Expected improvements
Lack of Accessibility of Medical Doctors: • Difficult for family members to reach the doctor • Doctors' ward visits are not engaging family caregivers	• Increase accessibility of doctor for caregivers • **Engage family caregivers in the whole process of care**

Lack of Continuity of care :
• Difficult to access medical records.
• Multiple doctors for a single illness.
• No discharge summary available. PTs need to bring all the drugs when visiting private doctors.
• PTs received repeated examinations and questions in different wards.
	• **Develop a shared platform to**:
	  • Improve accessibility of medical records (assessment, treatment, discharge summary, community care) among patients/caregivers/health care team
	  • Efficient sharing of medical records

Misunderstanding:
• Due to unhappy experience when encountering staff who are not helpful, unfriendly, inconsiderate, and easily irritated.
	• **Enhance communication competence**
	  • on knowledge, attitude and communication skills in dealing with older adults and caregivers.
	  • Support health care team to manage stress.

Findings – Physical Environment

Experiences of older adults / caregivers	Expected improvements
In ward: • Individual space; • Facilities (lightening; toilet; shower; etc.)	Patient/caregiver-centered design • Good lightening, accessible toilet; • Readable signage • Meeting area
Insufficient transportation assistance: • Transportation between hospital/clinic and home • wheelchair usage and lending • Non-Emergency Ambulance Transfer Service (NEATS)	Community/Public resources • Assist in arranging transportation, pushing wheelchair for single elderly or CGs who are also elderly. • More convenient locations for borrowing and returning wheelchair. • More volunteers • Informed NEATS service

Comparison of our findings and a study of the community-based primary health care system in Ontario, Canada

(Lou et al., 2015)	(Lafortune, Huson, Santi, & Stolee, 2015)
Care System • Uncertainty over waiting time for procedures • Routine services in ward • Medication management • Lack of hospital / community support interface **Information, education, training** • Lack of accessibility of medical doctors • Lack of continuity of care • Misunderstanding **Physical environment** • Lack of ward space and other facilities • Insufficient transportation assistance	**Care System** • challenges in navigating a complicated health care system • a general lack of consistency in service delivery • inconsistent follow-up care **Information, education, training** • Poor communication between patients and providers • roadblocks to information exchange **Funding, policy** • policy and funding constraints

Conclusions

Care System	Information, Education, Training	Physical Environment
Patient/Caregiver Participation	Age-friendly – Value	Innovation in Hospital / outpatient clinic design
Acute/Community Health/Social Cooperation	Competence Enhancement	Special service for most in need groups

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