Public Health Group of SARS Expert Committee

SWD Review Report on Measures to Prevent the Spread of SARS in Elderly Homes

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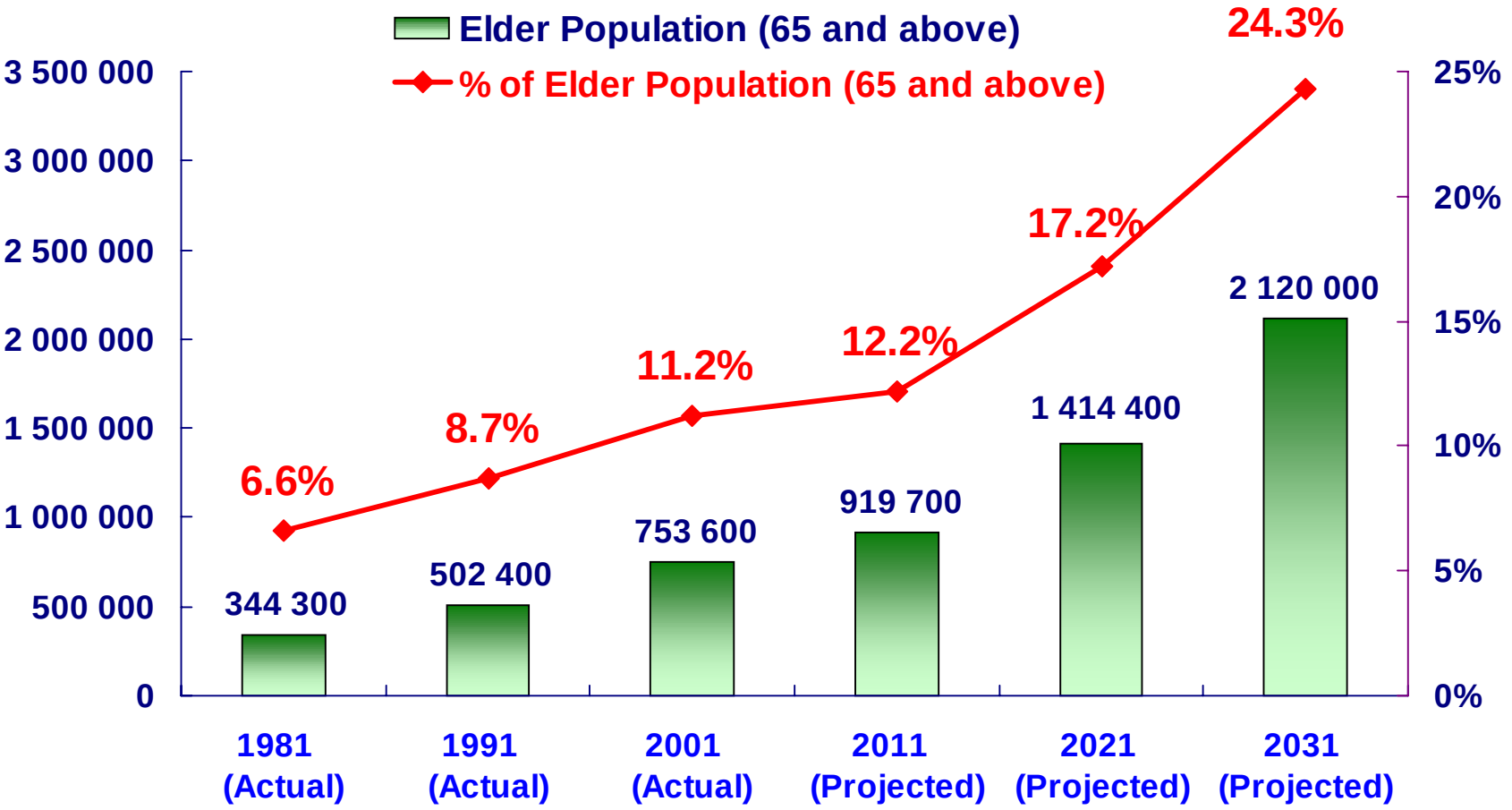
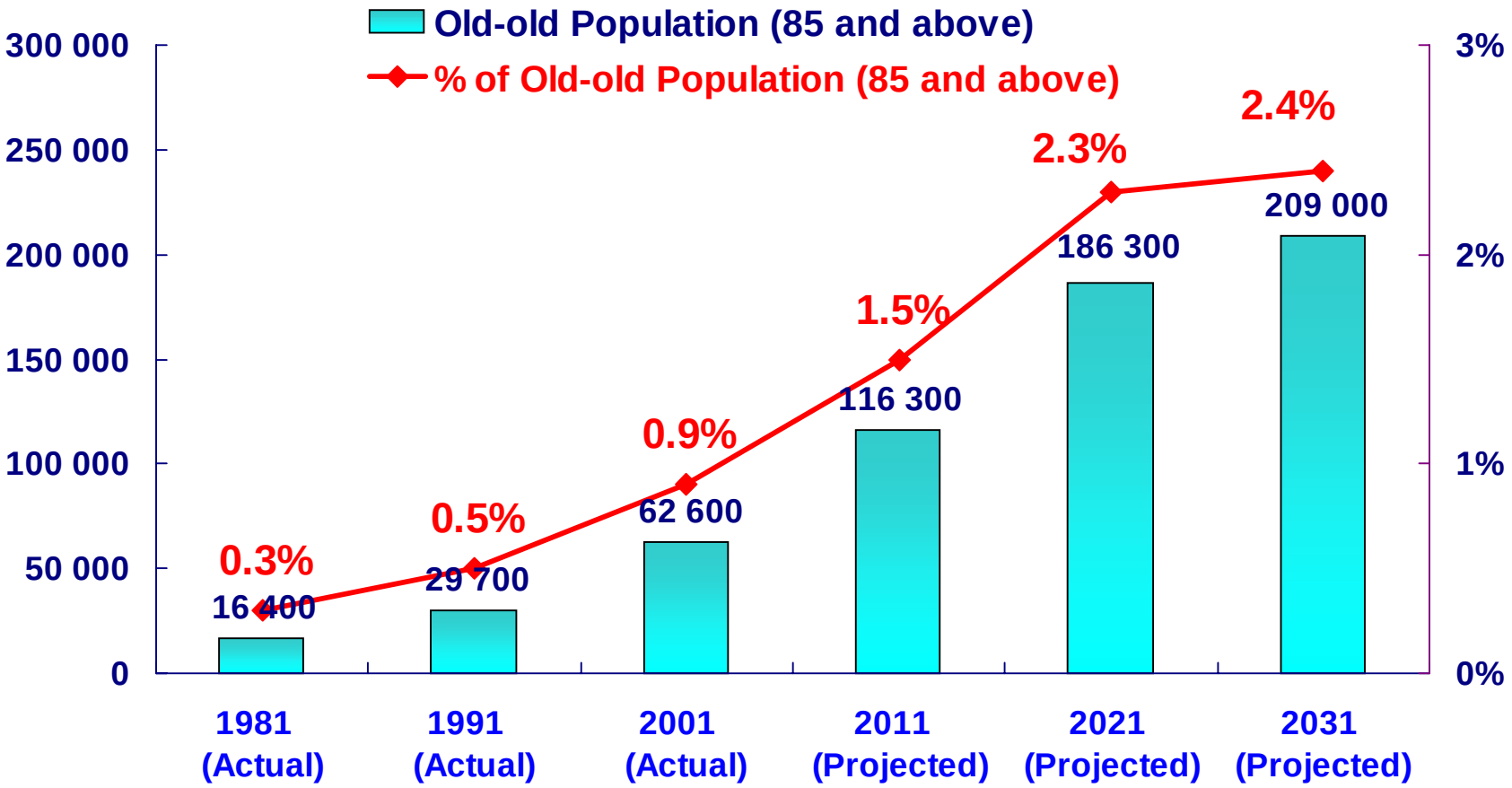
An Overview of Residential Care Services for Elders in Hong Kong

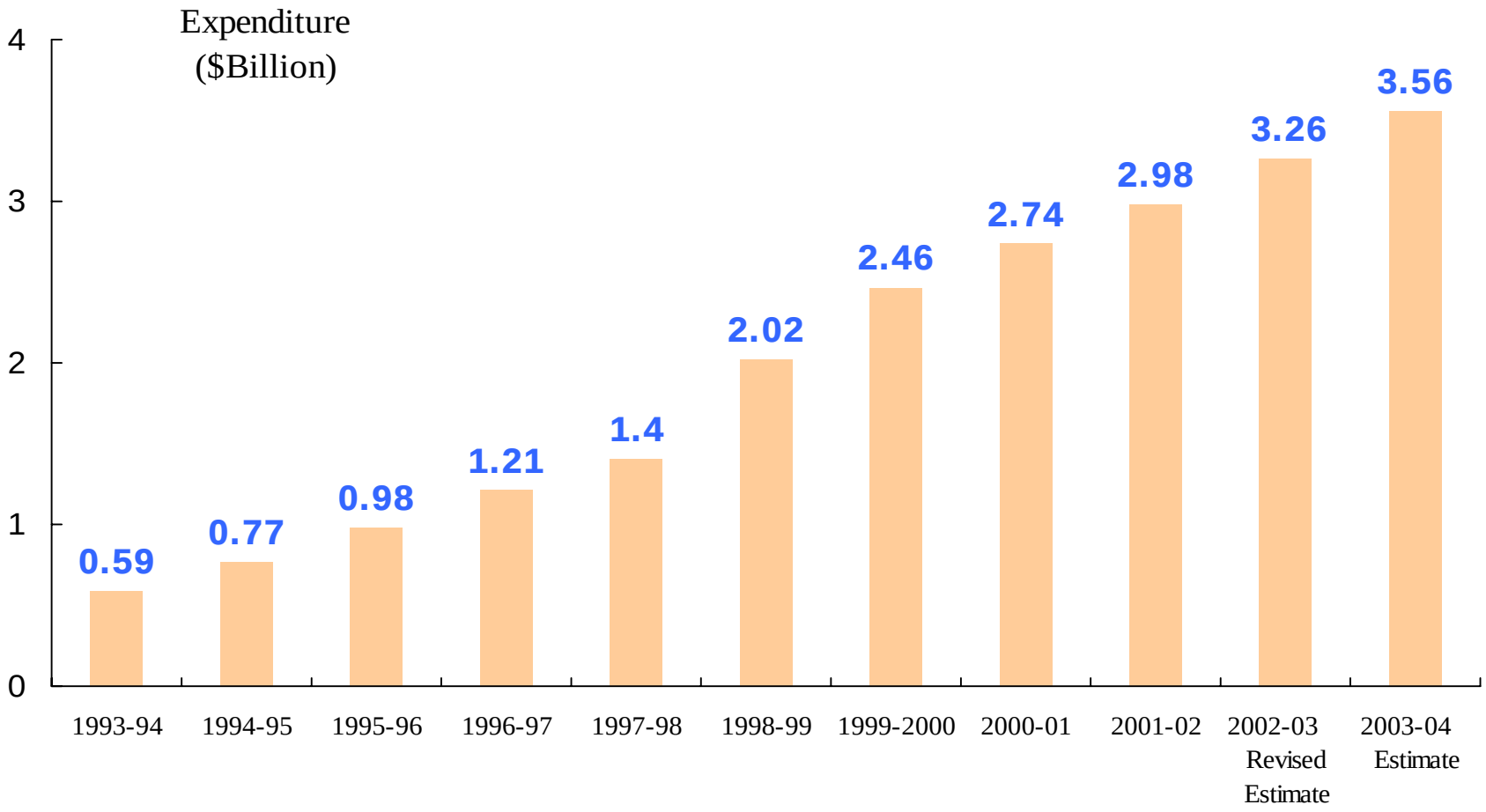
An ageing population



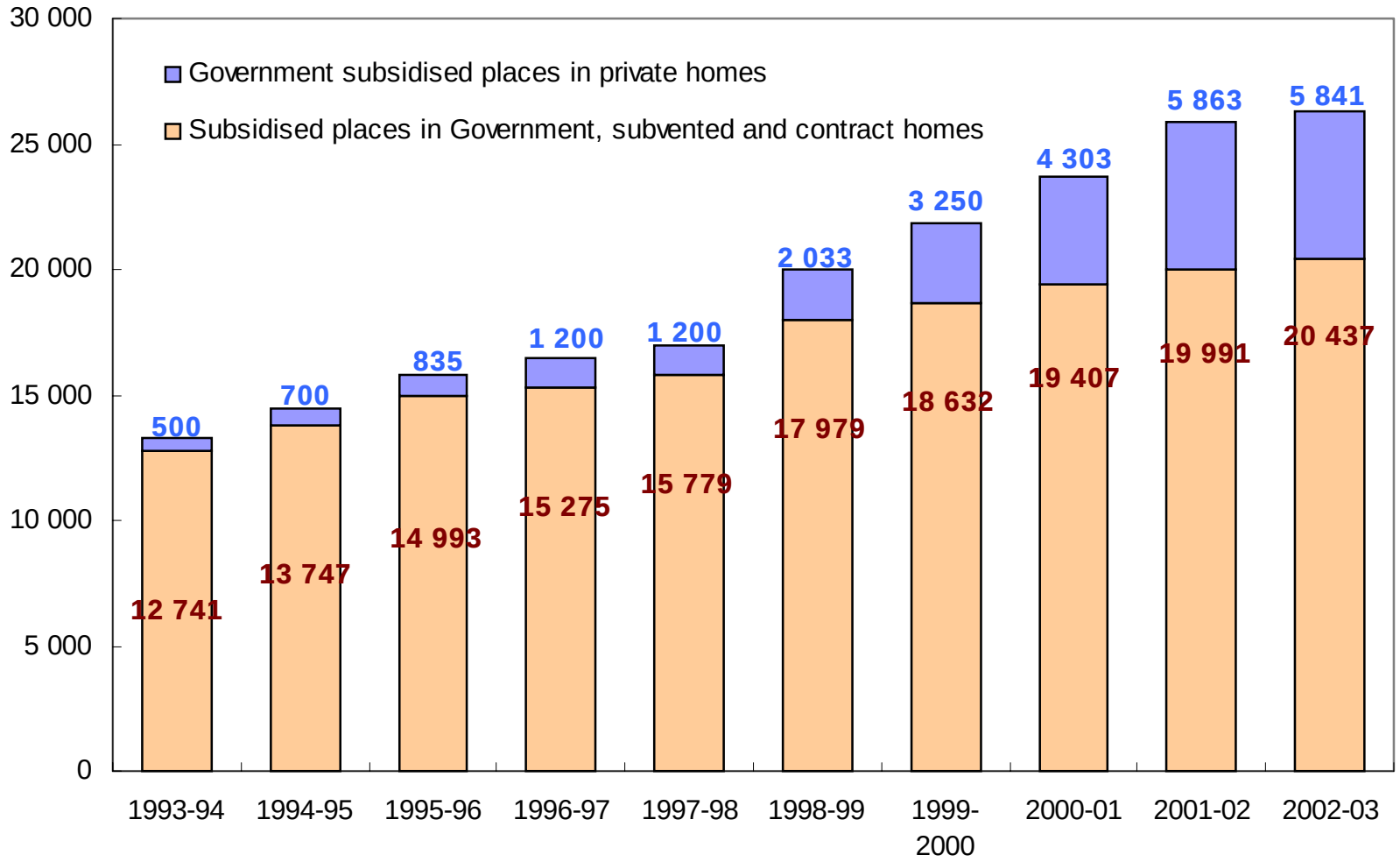
Increasing demand for long term care



Resources on elderly welfare services in last 10 years



Provision of subsidised elderly RCHE places in last 10 years



Current Supply of Residential Care Services for Elders

Type	No. of Places (as at June 2003)	Occupancy Rate
Subsidised places in Government, subvented and contract homes	21 466	97%
Subsidised places in private homes	5 818	97%
Self-financing places in NGO homes	3 056	74%
Non-subsidised places in private homes	40 116	65%
Total	**70 456**	-

An Overview

- Private RCHEs located in composite buildings

An Overview

- Private RCHEs located in composite buildings (cont'd)

An Overview

- Dormitory in a private RCHE

An Overview

- Dormitory in a private RCHE

An Overview

- Dormitory in a private RCHE

An Overview

- Subvented RCHEs located in purpose-built premises

An Overview

- Subvented RCHEs located in purpose-built premises (cont'd)

An Overview

- Hallway in a subvented RCHE

An Overview

- Dormitory in a subvented RCHE

An Overview

Cornerstone in Care for Elders Policies

- Ageing in place
- Continuum of Care

Recent Developments

- Emphasis on home and community care
- Integrated care with the same agency/team serving elders as their care needs increase

Quality improvements in RCHEs

- Statutory licensing, started in 1996, fully completed in 2002
- Raising quality standards in private homes through Bought Place Scheme and Enhanced Bought Place Scheme
- Subsidising training of health staff and care staff
- Sponsoring an accreditation system
- Supplying purpose-built premises through a premises-led strategy
- Improving cost-effectiveness and promoting mixed mode (subsidised and non-subsidised) in new RCHEs through open tendering

An Overview

- Contract home located in purpose-built premises

An Overview

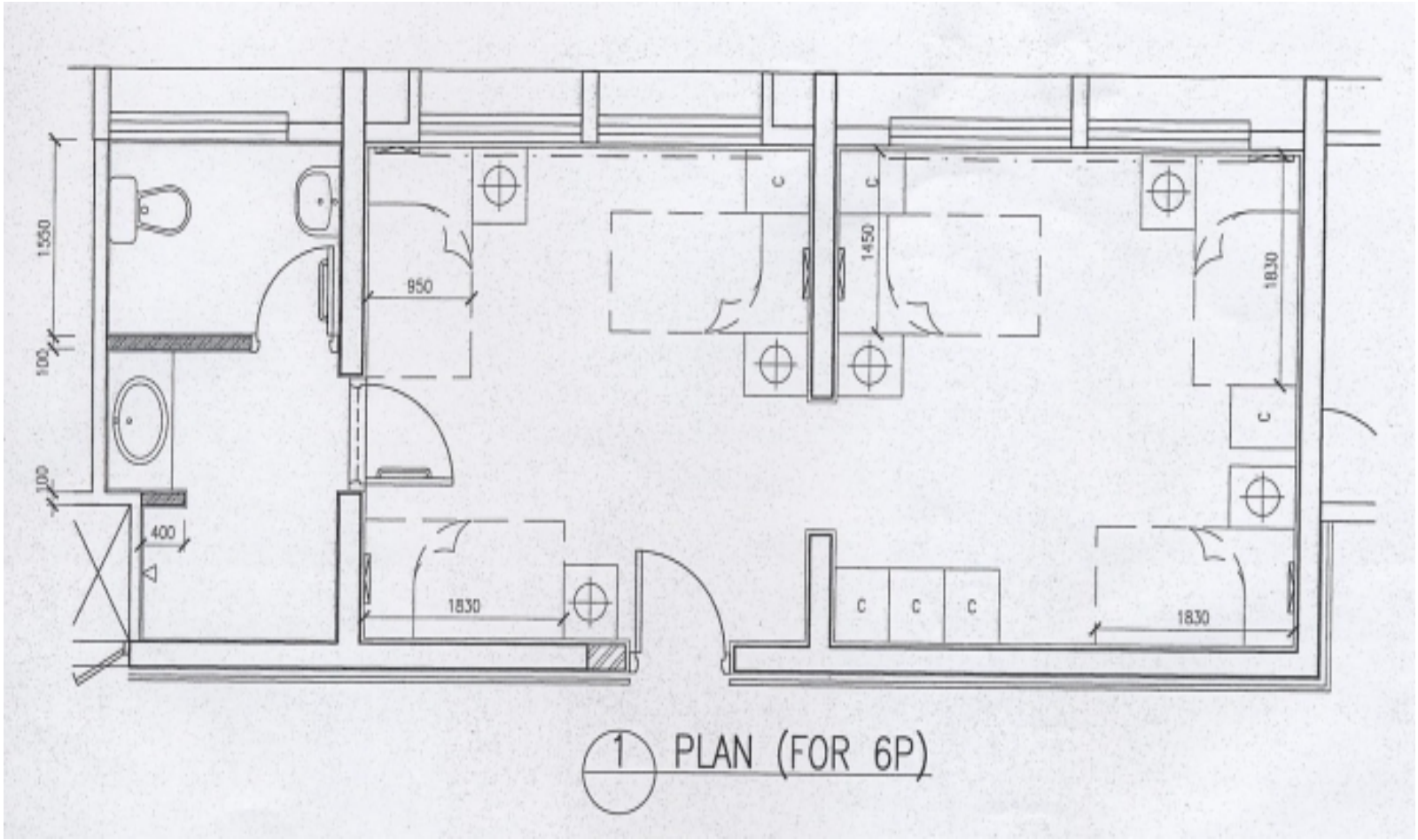
- Contract home located in a public housing estate

An Overview

- Hallway in a contract home

An Overview

- Internal layout of a 6-person bedroom in new contract home



An Overview

- A single room in new contract home

Moving Towards Continuum of Care

Home & Community Care

SWD's Integrated Home Care Services (60 district-based Integrated Home Care Services Teams), Day Care Services (1,914 places) and Enhanced Home & Community Care Services (18 Teams)

Residential Care

SWD's Homes for the Aged, Care & Attention Homes, Nursing Homes and HA's Infirmaries

A coherent **Long Term Care Services Delivery System** supported by a standardised care needs assessment mechanism and a central waiting list

SARS Infections in RCHEs

	RCHE			Subsidized Nursing Home	Total
	Subsidized	**Self-financing**	**Private**		
(a) No. of Homes as at June 2003	138	38	577	6	759
(b) No. of beds as at June 2003	19 913	3 056	45 934	1 553	70 456
(c) No. of residents as at June 2003	19 316	2 261	31 671	1 506	54 754
(d) No. of homes with confirmed SARS residents (%=d/a)	21 (15.22%)	2 (5.26%)	27 (4.68%)	1 (16.67%)	51 (6.72%)
(e) No. of residents contracted with SARS (%=e/c)	33 (0.17%)	3 (0.13%)	35 (0.11%)	1 (0.07%)	72 (0.13%)
(f) No. of inhouse staff contracted with SARS	7	0	4	0	11

Precautionary Measures

Observations

- Guidelines evolving as more knowledge of SARS gained
- Medical advice essential to drawing up useful guidelines
- Prompt and preferably on-site professional advice and help-line clarification strongly requested by RCHEs
- Clearer advice and availability of adequate personal protective gear needed
- General awareness and alertness high among home operators

Suggestions

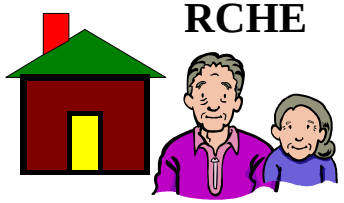
- Need to produce a properly consolidated operating manual for RCHE staff to deal with infectious diseases

- Appropriate training and skills upgrading for the staff concerned

Notification and Surveillance

Hospital Authority (HA)
- Medical examination and treatment

Department of Health (DH)
- Confirmation of SARS status
- Medical surveillance
- Advice on disease management
- Contact tracing



Relatives

Social Welfare Department (SWD)
- Support and advice
- Monitoring from licensing perspective and safeguarding welfare of elders
- Supply of additional PPE

Notification and Surveillance

Observations

During the outbreak of SARS, anxieties and worries have built up among staff of RCHEs due to –

- uncertainty about patients' clinical SARS status
- lack of effective channels to ascertain patients' clinical status
- late advice or notification – in some cases, RCHEs were only notified 10 days after admission of elder into hospital

Suggestions

- Frontline staff of RCHEs have to know patients' clinical status due to close contact during personal care procedures in a communal living environment
- There is a need to build up a more coherent and effective information flow among parties concerned

Notification and Surveillance

- This can be facilitated by making use of an identification card to be presented by staff of RCHEs upon admission to hospitals

院舍資料卡
Residential Home Identification Card

院舍全名 (Name of Home):

註冊號碼 (LORCHE No):

電話號碼 (Tel No):

地址(Address):

Assistance to RCHEs under cohorting

Observations

Inadequate isolation facilities within RCHE premises

- Private RCHEs generally operate in more congested environment, no separate room for isolation
- Subvented RCHEs relatively more spacious but face difficulties in lack of isolation rooms (with self-contained toilet/bathing facilities). Resort to contingency measures such as freezing admission of residents or making use of other activities rooms

Assistance to RCHEs under cohorting

- Isolation room in a subvented RCHE

Assistance to RCHEs under cohorting

- Cohorting arrangement in some subvented RCHEs

Assistance to RCHEs under cohorting

- Cohorting arrangement in some subvented RCHEs

Assistance to RCHEs under cohorting

- Cohorting arrangement in some private RCHEs

Observations (cont'd)

Unavailability of immediate and on-site professional advice on cohorting arrangement when a home has to be put under medical surveillance. Staff of RCHEs expressed that they have inadequate know-how about cohorting practice at the initial stage.

Suggestions

- RCHEs will be encouraged and assisted to provide in-situ isolation facilities as far as practicable
- Enhance infection control training of staff

Reduced Admissions into Hospitals

Observations

- Only 80% of RCHEs covered by CGAT prior to SARS outbreak
- Need to step up efforts to provide outreaching medical support to RCHEs by strengthening CGAT coverage, with a view to reducing hospital admissions

Reduced Admissions into Hospitals

Suggestions

- Enhanced medical coverage to RCHEs with a view to reducing hospital admissions
- More collaboration between HA hospitals and RCHEs on a district or cluster level

Prevention against Cross Infection

Observations

- Majority of elderly residents with SARS probably acquired the disease in hospital

- Inadequate isolation facilities to cope with the need during medical surveillance and the added cohorting requirements for elders discharged from hospitals

Observations (cont'd)

- Unclear SARS clinical picture upon hospital discharge
  - In formulating discharge plan, MSWs experienced difficulty in obtaining from medical team in hospital timely information on the patients' status
  - Example: one elderly non-SARS patient, upon discharge from North District Hospital on 16 May 2003, was admitted through MSW to Buddhist Po Ching Care and Attention Home for the Aged Women for respite care. It was on 27 May 2003 that the sero report done by NDH indicated positive findings of SARS virus. The result caused panic in the Home.

Prevention against Cross Infection

Observations (cont'd)

- Unclear SARS clinical picture upon hospital discharge (cont'd)
  - Uncertain SARS-free condition of infirmary patients temporarily transferred from Tai Po Hospital to NGO homes. Confusion and worries among RCHE staff arising from having admitted "risky" patients. Further aggravated by DH's advice to send all the infirm patients back to hospital
  - As a result, 20% of the first batch of 83 transferred infirm patients re-admitted to hospitals, although none of them had been confirmed to have infected SARS

Observations (cont'd)

- Unclear SARS clinical picture upon hospital discharge (cont'd)
  - Staff of RCHEs had stayed alert when there were cases discharged from hospitals. However, there had been incidents where the residents were subsequently found to be confirmed SARS cases after 10 days of discharge
  - There were cases recalled to hospitals shortly after discharge due to confirmed SARS case in the same ward during their stay in hospitals, resulting in anxieties among staff of RCHEs and relatives.

Suggestions

- Reduction of the need for hospitalization and consultation at hospitals
  - CGATs to strengthen medical support to RCHEs
  - Enhancement of communication amongst relevant stakeholders, including the sharing of patients' medical conditions prior to hospital discharge or transfer
  - Prescription of drugs from SOPD or GOPD without medical consultation at times of high risk of infection
- Provision of an extended convalescent care in hospitals to elderly patients before discharge

- END -