Taiwan’s Framework of Age-friendly Hospitals and Health Services

Shu-Ti Chiou
M.D., Ph.D., M.Sc.
Director-General, Bureau of Health Promotion, Department of Health, Taiwan
Vice Chair, International Network of Health Promoting Hospitals and Health Services

Age-friendly hospitals and health services--adapting health care settings to the needs of older persons

Based on the focus groups findings and backed by background research and a consensus meeting of experts, the WHO developed a set of Age-friendly Principles. The first dimension of principles is in the areas of information, education, and training, the second is in the area of community-based health care management systems, and the third is in the area of the physical environment. These principles can be adapted to outpatient services and hospitals in addition to primary care centers or clinics (WHO, 2004).

Parke and Brand developed a framework for “The Elder-Friendly Hospital Initiative” at the Vancouver Island Health Authority. The framework has clearly stated vision, mission, principles of hospital care for older adults, together with guidance on 3 dimensions of an elderly-friendly hospital, i.e. “care processes and services”, “hospital systems, policies and procedures” and “communication and listening processes” (Parke and Brand, 2004).

The model of “Health Promoting Hospitals and Health Services” (HPH) was developed by WHO with an aim to improve health gain for patients, staff, community populations and the environment by developing structures, cultures, decisions and processes. The HPH model also addresses equity issue in health promotion with a specific focus on the needs of vulnerable groups, including older persons (The International Network of Health Promoting Hospitals and Health Services, 2007). The model of HPH consists of 5 standards, 13 substandards and 40 measurable elements to guide the implementation and self-assessment of health promotion in hospitals. The five standards are: management policy, patient assessment, patient information and intervention, promoting a healthy workplace, and continuity and cooperation (Groene, 2006).

Taiwan has developed a framework for promoting healthy ageing in and by hospitals in Taiwan, called “Taiwan’s Framework of Age-friendly Hospital”. This framework has taken into consideration the WHO Age-friendly Principles, the WHO HPH model and
the Vancouver Island Health Authority’s Elder-Friendly Hospital Initiative. It consists of vision, values, missions, and strategies on 4 dimensions of an age-friendly hospital, i.e. “management policy”, “communication and services”, “physical environment” and “care processes”.

**Taiwan’s Framework of Age-friendly Hospitals and Health Services**

**VISION:** An age-friendly hospital is a hospital promoting health, dignity and participation of persons of older ages.

**VALUES:** Health, humanity, human rights

**MISSIONS:**
- To create a friendly, supportive, respectful and accessible healing environment tailored to the unique needs of older persons;
- To facilitate safe, health promoting, effective, holistic, patient-centered and coordinated care in a planned manner to the older persons;
- To empower older persons and their families to increase control over their health and care.

**STRATEGIES:**

1. **Management Policy:**
   1.1 **Developing an age-friendly policy**
   - The hospital’s current quality and business plans identify age-friendliness as one of the priority issue.
   - The hospital develops a written age-friendly policy that values and promotes older persons’ health, dignity and participation in care.
   - The hospital identifies personnel and functions for coordination and implementation of the age-friendly policy.

1.2 **Organizational support**
   - The hospital identifies budget for age-friendly services and materials.
   - The hospital improves the function of its information system to support implementation, coordination and evaluation of the age-friendly policy.
   - The hospital recruits staff knowledgeable in the care of older adults and their families.
   - All staff receives basic training in age, gender, and culturally sensitive practices that address knowledge, attitude and skills.
   - All clinical staff who provide care to older persons receive basic training in core competences of elder care.
   - The hospital honors age-friendly best practices and innovations.
   - Staff are involved in age-friendly policy-making, audit and review.

1.3 **Continuous monitoring and improvement**
The hospital includes sex- and age-specific analysis in its measurements of quality, safety and patient satisfaction whenever appropriate. These data are available to staff for evaluation.

A program for quality assessment of the age-friendly policy and its related activities is established. The assessment addresses development of organizational culture and perspectives of the seniors and the providers, as well as development of resources, performance of practices and outcome of care.

2. Communication and Services

2.1 Communication

- Hospital staff speak to older persons in a respectful manner using understandable language and words.
- Information on the operation of the hospital, such as opening hours, fee schedules, medication and investigation charges, and registration procedures is provided in an age-appropriate way.
- Printed educational materials are designed in an age-appropriate way.
- The hospital provides adequate information and involves the older persons and their families at all stages of care.
- The hospital respects older persons’ ability and right to make decisions on their care.

2.2 Services

- The hospital makes every effort to adapt its administrative procedures to the special needs of older persons, including older persons with low educational levels or with cognitive impairments.
- The hospital identifies and supports older persons with financial difficulties to receive appropriate care.
- The hospital has volunteer programs to support patients and visitors in reception, navigation, transport, reading, writing, accompanying, or other helps as appropriate in outpatient and inpatient services.
- The hospital encourages older persons, including community seniors, patients and their families, to participate in hospital’s volunteer services.

3. Care Processes

3.1 Patient assessment

- The hospital has age- and gender- appropriate guidelines on assessment of patient’s needs for health promotion and disease prevention, including lifestyles, nutritional status, psycho-social-economic status, fall prevention, etc.
- The hospital has guidelines on assessment of patient’s condition-related needs for health promotion, disease management and rehabilitation, such as needs of asthma patients, diabetes patients, stroke patients, patients with heart failure,
patients with chronic obstructive pulmonary disease, patients with coronary artery disease, patients undergoing arthroplasty, patients undergoing other surgeries or procedures, patients with terminal illness, etc.

- The hospital has guidelines on high-risk screening for the seniors.
- Use of medications is reviewed at admission and regularly at outpatient services.
- The assessment of a patient's needs is done at first contact with the hospital and is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request.
- The assessment is documented in the patients’ record.
- Information from referring physician or other relevant sources is available in the patient’s record.

3.2 Intervention and management

- The patient (and the caregiver as appropriate) is informed of factors impacting on their health and, in partnership with the patient (and the caregiver as appropriate), a plan for relevant intervention is agreed.
- Information given to the patient (and the caregiver) is recorded in the patient’s record.
- The intervention and the expected results are documented and evaluated in the records.
- Information on healthy ageing and information on specific risks or conditions is available to patients, families, visitors and staff.
- Clinical departments incorporate health promotion, rehabilitation and risk management into their clinical practice guidelines or pathways as appropriate.
- Diagnostic investigations and procedures should reflect age-related changes and abilities.
- Guidelines on multidisciplinary geriatric assessment and interventions on high-risk seniors are available.
- The discharge planning is initiated as early as appropriate.
- The right length of hospital stay should be achieved.

3.3 Community partnership and continuity of care

- Information on patient organizations is available to patients.
- A list of health and social care providers working in partnership with the hospital is available.
- There is a written plan for collaboration with partners to improve the patients’ continuity of care.
- Patients (and their families as appropriate) are given understandable follow-up instructions at out-patient consultation, referral or discharge.
There is an agreed upon procedure for information exchange practices between organizations for all relevant patient information.

The receiving organization is given in timely manner a written summary of the patient’s condition and health needs, and interventions provided by the referring organization.

If appropriate, a plan for rehabilitation describing the role of the organization and the cooperating partners is documented in the patient’s record.

4. Physical Environment

The hospital applies the common principles of Universal Design to its physical environment whenever practical, affordable and possible.

The hospital facilitates transport to and within its facilities for all, including older persons.

Simple and easily readable signages are posted throughout the hospital to facilitate orientation and personalize providers and services.

Key health care staff are easily identifiable using name badges and name boards.

The facilities are equipped with good lighting, non-slip floor surfaces, stable furniture and clear walkways;

The facilities, including waiting areas, are clean and comfortable throughout.

There are hand railings on both sides of hallways.

Bed heights are appropriate for older persons.

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References


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