Age-Friendly Health Care and Health Promotion- Framework, Standards & Recognition

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Outline

- The need for developing age-friendly health care
- How do we become age-friendly health care?
- The framework, standards & examples
- Collaborative learning and the recognition process
- The way forward

The need for developing age-friendly health care

The world is rapidly aging

- The world's number of persons aged 60 or over will double by 2025 compared to 2006.
- By 2050, this number will reach 2 billion or higher and exceed the number of children under 15.
- About 30% of the European population will be 65 or over in 2050, the old age dependency ratio will be 1 elderly to only 2 people of working age by then.

Within 12 years, 1 in every 3 citizens will be aged 60 or more in many countries.

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Table 1. Countries with more than 10 million inhabitants (in 2002) with the highest proportion of persons above age 60

2002		2025	
Italy	24.5%	Japan	35.1%
Japan	24.3%	Italy	34.0%
Germany	24.0%	Germany	33.2%
Greece	23.9%	Greece	31.6%
Belgium	22.3%	Spain	31.4%
Spain	22.1%	Belgium	31.2%
Portugal	21.1%	United Kingdom	29.4%
United Kingdom	20.8%	Netherlands	29.4%
Ukraine	20.7%	France	28.7%
France	20.5%	Canada	27.9%

Source: UN, 2001

Unaffordable future?

- New technologies/ new drugs
- Growing demand for disability care
- Can the healthcare expenditure grow proportionately as well?

Functional status at 70 and total life expectancy

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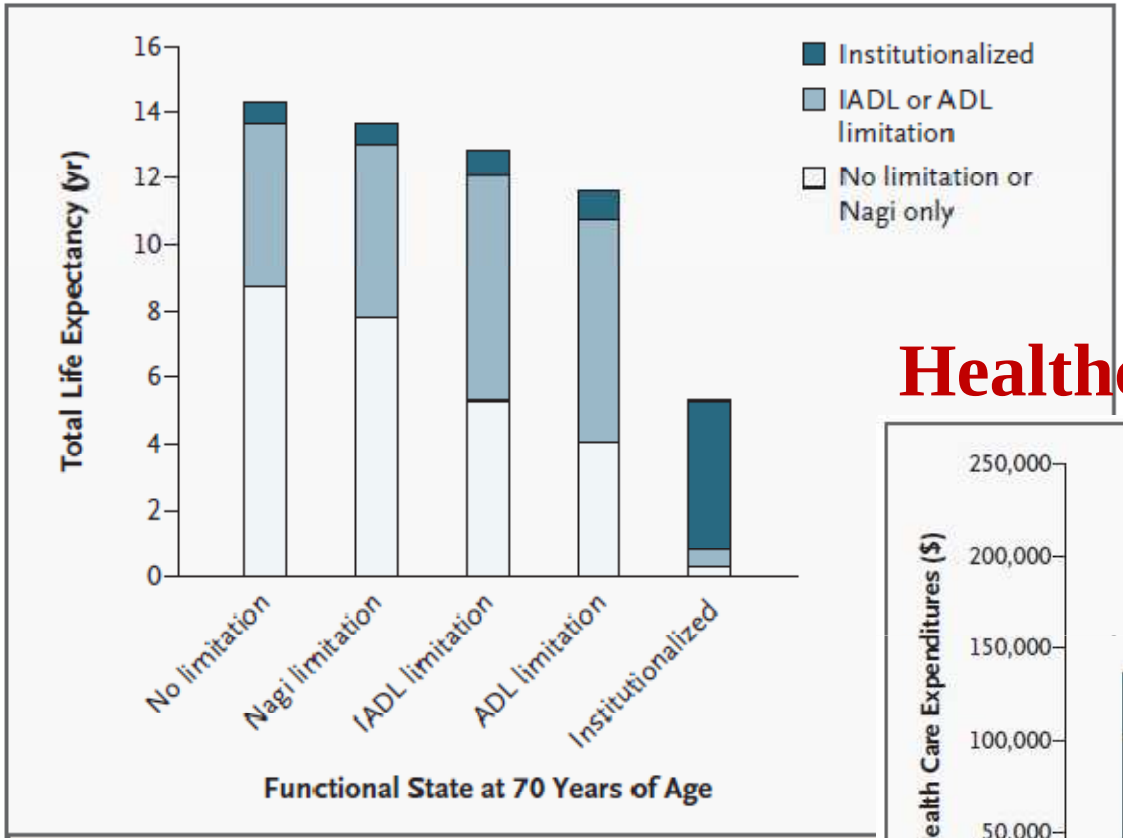

Figure 1. Life Expectancy at 70 Years of Age According to Func
at the Age of 70.

Health, Life Expectancy, and Health Care Spending among the Elderly

James Lubitz, M.P.H., Liming Cai, Ph.D., Ellen Kramarow, Ph.D., and Harold Lentzner, Ph.D.

N Engl J Med 2003;349:1048-55.

Healthcare expenditure

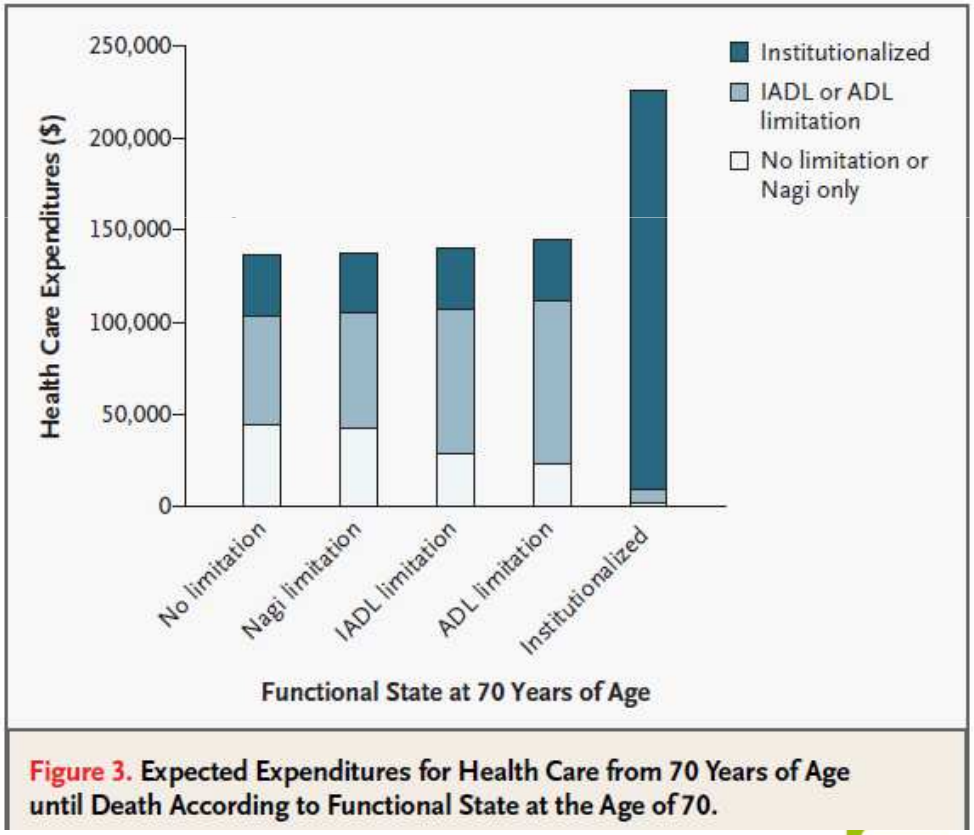

Figure 3. Expected Expenditures for Health Care from 70 Years of Age until Death According to Functional State at the Age of 70.

In healthcare sector…

- In 2009, 96.3% elders had at least 1NHI visit, in average each elderly had 27.8 visits per year (General population: 91.8%; 15 visits).
- Healthcare utilization (including all types of health institutions):

		Ambulatory Care	Hospitalization
65+	% of visits	23.3	32.8
	% of payment	31.9	44.8
50+	% of visits	45.0	53.8
	% of payment	59.9	67.6

Source: 2009 NHI Statistics Information, Taiwan

Older persons have unique needs

- Chronic conditions and co-morbidity
- Different manifestations
- High utilization of healthcare, but vulnerable to hospitalization and healthcare (may impose risks to older persons)
- Older persons said they suffered from unfriendliness of healthcare.

=> Can we turn challenges into opportunities?

Chronic diseases among 65+ elderly

Gender, Age		1 disease	2 diseases	3 diseases
65+		88.7%	71.7%	51.3%
75+		90.9%	76.8%	56.4%
Male	65+	85.8%	65.6%	43.9%
	75+	89.1%	71.2%	50.2%
Female	65+	91.7%	77.8%	58.8%
	75+	92.8%	82.8%	63.0%

Note: 1. Sample: 2,699（Male 1,362, Female 1,337）Chronic diseases mentioned above including the following 17 diseases: hypertension, diabetes, heart problems, stroke, lung or breathing problems (bronchitis, emphysema, pneumonia, lung disease, asthma) , arthritis / rheumatism, stomach ulcer or stomach disease, liver and gall disease, hip fracture, cataract, kidney disease, gout, vertebral entophyte, osteoporosis, cancer, hyperlipidemia, anemia (percentage is weighted calculated)

2. Source: (6th) Survey of health and living status of the middle aged and elderly in Taiwan survey report, Bureau of Health Promotion, 2007

The system is not designed for chronic conditions….

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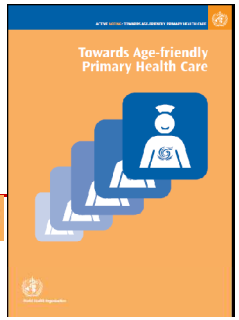
- Hospitals and other acute care settings are not ideally designed to care for older persons in many aspects.
  - highly specialized professionals
  - working individually
  - at rapid pace
  - services are delivered in a fragmented and reactive manner.

Different manifestations



Problem in elder health care: Elders ≠ older adults

- Multiple unclear or atypical symptoms vs. busy or untrained medical staff
- Unclear symptoms ≠ **less serious**; ex. infection without fever, painless acute myocardial infarction, ….
- Frontline healthcare staff not familiar with common elderly problems, ex. fall, incontinence, immobility and confusion.
- Sometimes health and medical problems are not perceived as the most urgent by patients if they have family or social problems unsolved

The complaints from frontline

WHO organized focus groups in 5 developed & developing countries to consult older people and their health care providers about improving care in 2002 (WHO, 2004a):

1.**Attitudes** (no listening, no respect, no discussions with elderly, inadequate autonomy);

2. The lack of **Training and education**;

3. **Gender issues;**

4. **Language**;

5. **Obstructive management systems;**

6. **Cost** (too high)**;**

7. **Waiting time too long**;

8. **Inadequate time for complete assessment and treatment**;

9. **Lack of continuity and fragmentation of services**;

10. No s**pecial clinic or consultation hours for older persons**;

11. **Physical environment** (distance, transportation, barrier-free facilities, signs, cleanliness)

Unfriendly environment & unpleasant experiences may result in lack of intention to visit again

Health Service: Opportunity or Risk?

- Elderly are likely to have **complications** during hospitalization: infection, pressure sore, dehydration and malnutrition, falls, adverse drug events, depression and anxiety, cognitive dysfunction, etc..
- Hospitalization may cause **irreversible functional decline, admission to institutions**;
- **Rehabilitative services & intervention** during hospitalization or after discharge help recover and return home
- **Health promotion:** Elder AMI patients received smoking-cessation advice or counseling improved 5-year survival by 22%
- **Prevention of falls and adverse events**
- **Adequate control of chronic conditions**

We can make a difference…

- ***Health promotion, disease management and patient safety interventions*** delivered in and by clinical settings have been shown to improve health outcomes.
- However, it can only happen if there are some ***redesigns of the healthcare system*** to allow these interventions being provided in a more proactive, coordinated and well-organized way to achieve predictable and equitable health gains.

How do we become age-friendly?

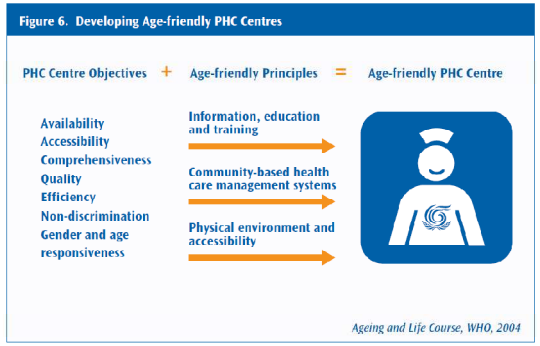
The Age-friendly Health Care Initiative

- **Aims:**
  - innovate and apply state-of-the-art knowledge and best practices and
  - help hospitals and health services develop age-friendly culture, structures, decisions, and processes to improve health gain for older persons in and by healthcare settings.
- **Objectives:**
  1. To develop an organizational **framework** both for internal implementation and for external recognition
  2. To develop **tools** for clinical quality improvement
  3. To develop **indicators** for monitoring and benchmarking
  4. To launch **organizational plan** of CQI for age-friendly care
- **Who can join:** hospitals, primary care centers, long-term care facilities, etc.

Initial Sources of Standards

Published in: Archives of Gerontology and Geriatrics 49 Suppl. 2 (2009) S3-S6

- Based on
  - WHO age-friendly principles
  - WHO Standards of Health Promoting Hospitals
- World's first government-driven, nationwide Age-Friendly Hospitals and Health Services Recognition



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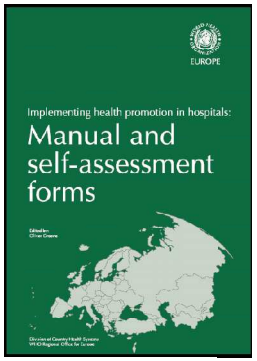

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Towards age-friendly hospitals and health services

Shu-Ti Chiou[a,b,*], Liang-Kung Chen[c,d,e]

The AF module

1. The AF framework;
2. Tools for clinical practice;
3. Indicators for monitoring and benchmarking
4. Organizational plan chart

1. AF Framework

- **Vision, values and missions**
- **Strategies:** --4 standards, 11 sub-standards, 60 measurable items

Vision, Values & Missions of Taiwan's Age-friendly Health Care

- **Vision:** An age-friendly hospital (or health service) is an organization promoting **health, dignity** and **participation** of senior people
- **Values:** Health, Humanity, Human Rights
- **Missions:**
  - To create a friendly, supportive, respectful and accessible healing environment tailored to the unique needs of senior 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

--4 standards, 11 sub-standards, 60 measurable items

1. Management Policy (12)

1.1 Developing an age-friendly policy (3)
1.2 Organizational support (7)
1.3 Continuous monitoring and improvement (2)

2. Communication and Services (9)

2.1 Communication (5)
2.2 Services (4)

3. Care Processes (25)

3.1 Patient assessment (7)
3.2 Intervention and management (9)
3.3 Community partnership and continuity of care (9)

4. Physical Environment (14)

4.1 general environment and equipment (7)
4.2 transportation and accessibility (4)
4.3 signage and identification (3)

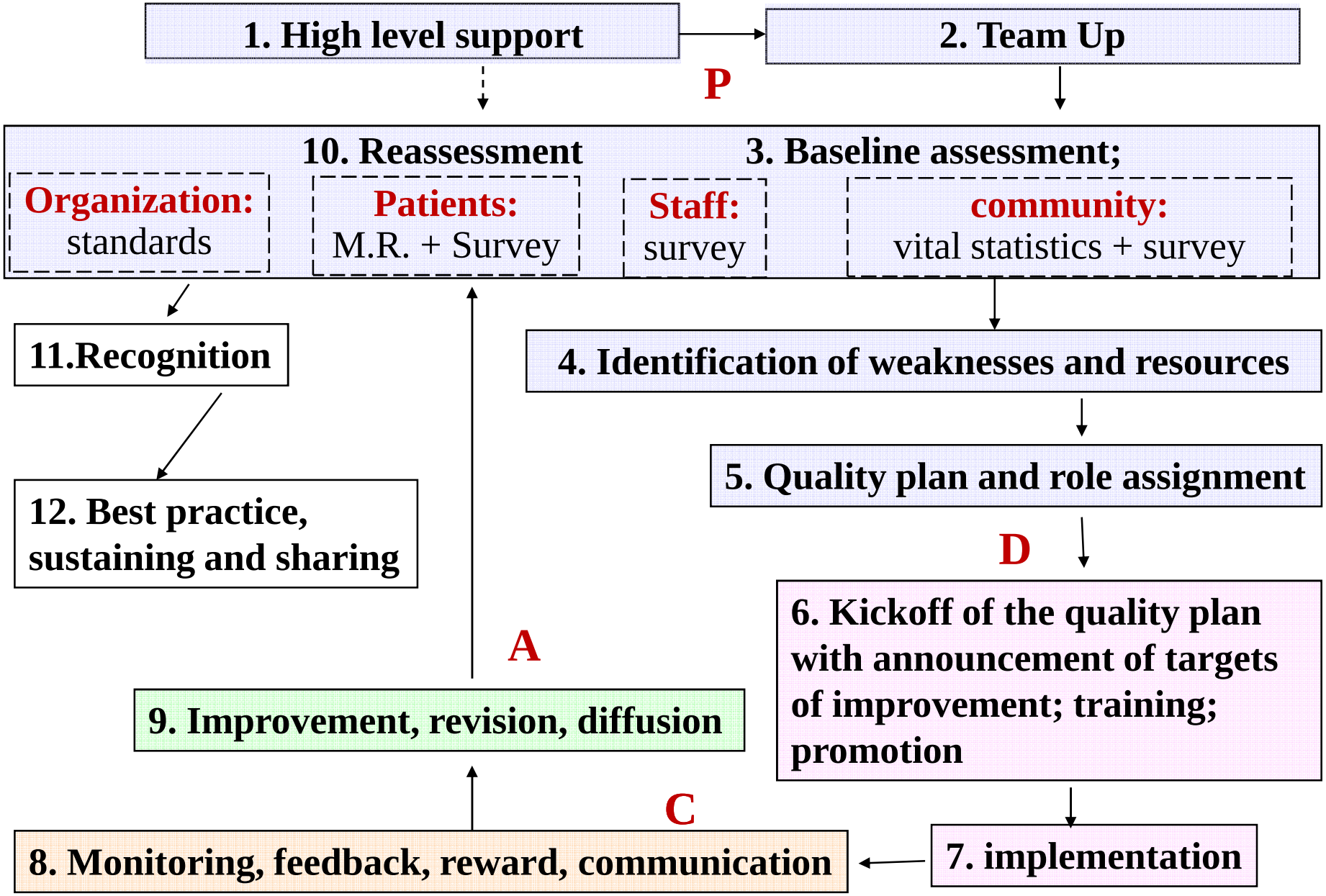
2. Tools for clinical practice

- Lifestyle assessment and intervention
- Stepwise fall risk screening
- Frailty screening
- Medication safety check
- High risk screening and geriatric assessment for hospitalized patients
- Clinical pathways for major NCDs
- etc.

3. Indicators for monitoring and benchmarking

- Awareness
- Satisfaction
- Inequity
- Completion of risk factor assessment and intervention
- Quality performance on major NCDs
- Falls
- Readmission
- Functional deterioration

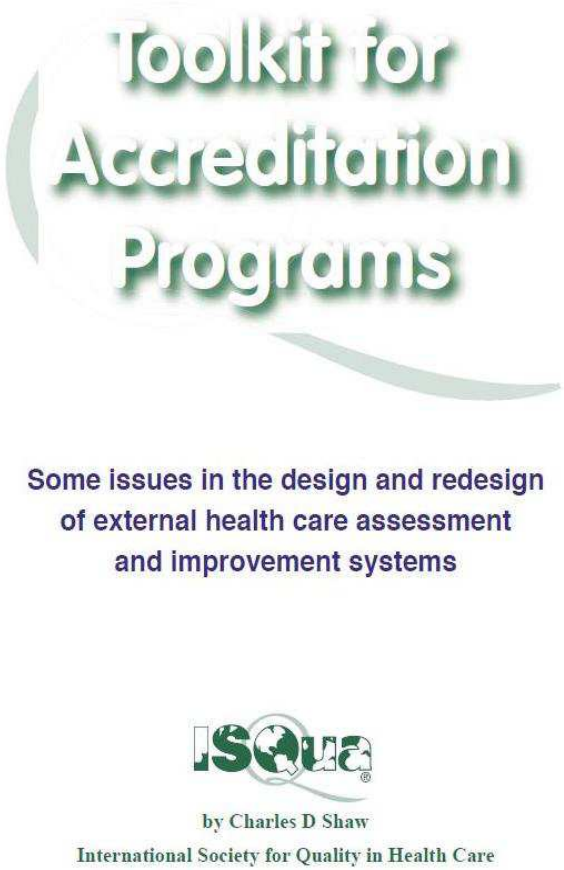
4. Organizational plan chart

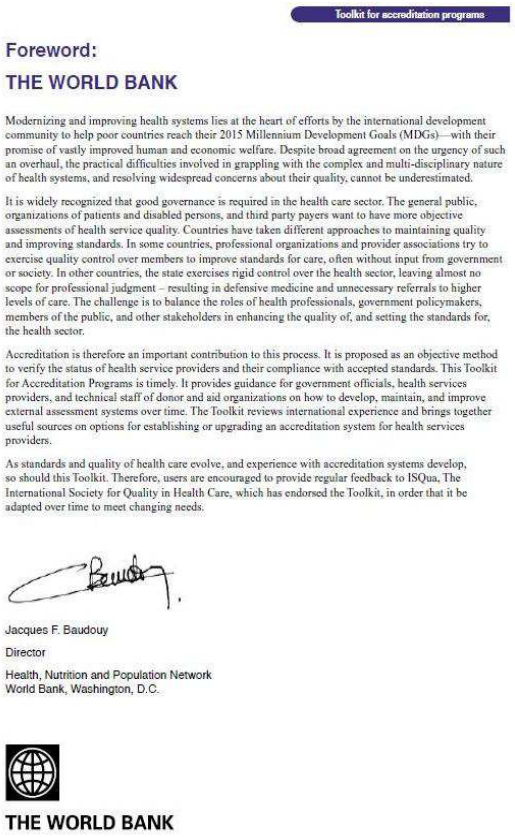


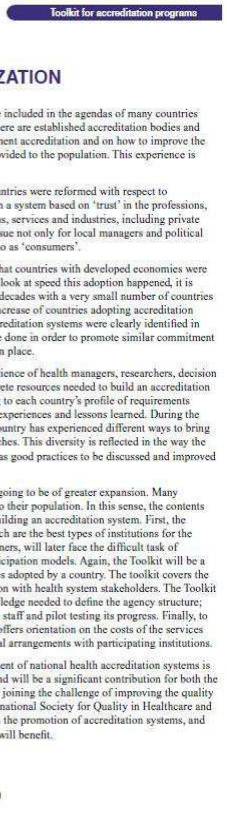
The framework, standards & examples

ISQua's International Accreditation Programme

- By Charles D Shaw, ISQua, supported by World Bank and WHO







Timeline of development of age-friendly framework for health care

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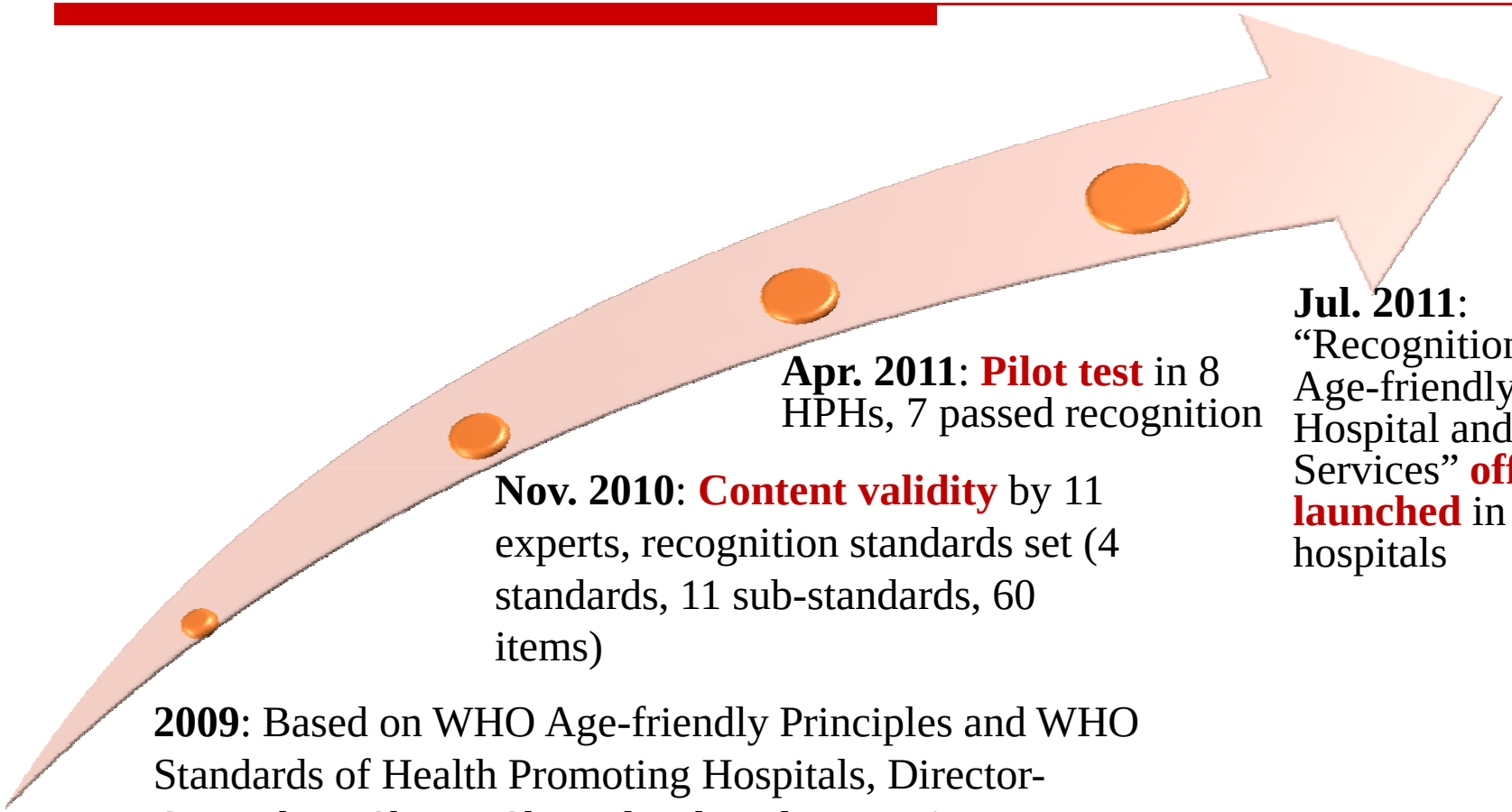


2009: Based on WHO Age-friendly Principles and WHO Standards of Health Promoting Hospitals, Director-General Dr. Shu-Ti Chiou developed Taiwan's Framework of Age-friendly Hospitals and Health Services while working at the National Yang Ming University

Nov. 2010: **Content validity** by 11 experts, recognition standards set (4 standards, 11 sub-standards, 60 items)

Apr. 2011: **Pilot test** in 8 HPHs, 7 passed recognition

Jul. 2011: "Recognition of Age-friendly Hospital and Health Services" **officially launched** in hospitals

Contents and Analysis of Surveyors' Report

- Implementation of each measurable item:

0%, 25%, 50%, 75%, 100%

Standard 1: Management Policy (12)

1.1 Developing an age-friendly policy (3)

1.2 Organizational Support (7)

1.3 Continuous monitoring and improvement (2)

1.1 Developing an age-friendly policy (3)

Standards, Sub-standards, Measurable Items				Low Score <80	Middle 80≦score <90	High 90 ≦score
1			**Management Policy**	**85.6**		
1	**1**		**Developing an age-friendly policy**		**94.2**	
1	1	1	The hospital's current quality and business plans identify age-friendliness as one of the priority issues.		**93.2**	
1	1	2	The hospital develops a written age-friendly policy that values and promotes older persons' health, dignity and participation in care.		**92.5**	
1	1	3	The hospital identifies personnel and functions for coordination and implementation of the age-friendly policy.		**96.8**	

Age-friendly leadership and culture

Age-friendly policy signed by St. Martin De Porres H.'s superintendent

1.2 Organizational Support (7)

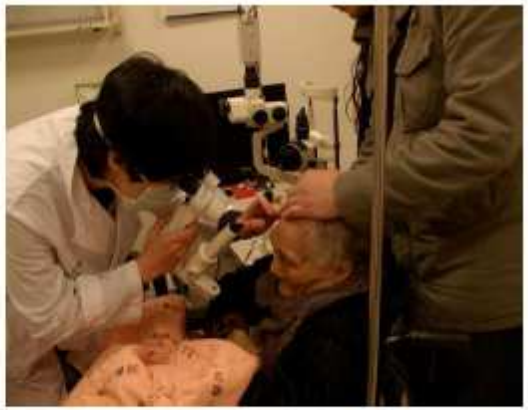
Standards, Sub-standards, Measurable Items				Low Score <80	Middle 80≦score <90	High 90 ≦score
1	**2**		**Organizational support**			
1	2	1	The hospital identifies budget for age-friendly services and materials.		**82.8**	
1	2	2	The hospital improves the function of its **information system** to support implementation, coordination and evaluation of the age-friendly policy.			**91.2**
1	2	3	The hospital recruits staff knowledgeable in the care of older adults and their families.	**69.2**	**83.1**	

Standards, Sub-standards, Measurable Items				Low Score <80	Middle 80≦score <90	High 90 ≦score
1	2	4	All staff receives basic training in age, gender, and culturally sensitive practices that address knowledge, attitude and skills.	78.0		
1	2	5	All clinical staff who provide care to older persons receive basic training in core competences of elder care.	78.2		
1	2	6	The hospital honors age-friendly best practices and innovations.		89.1	
1	2	7	Staff are involved in age-friendly policy-making, audit and reviews.			90.4

A driver innovated a stepper for the bus

Buddhist Tzu Chi General H., Taipei Branch, honors age-friendly best practice and innovations

More age-friendly innovations



Ophthalmologist uses portable devices to exam patients, En Chu Kong H.

Handrail for body weight scale, Lukang Branch, Changhua Christian H.

Ladder for examination bed

Patients can sit for examination

Heating equipment for blood test, YuanSheng H.

1.3 Continuous Monitoring & Improvement (2)

Standards, Sub-standards, Measurable Items				Low Score <80	Middle 80≦score <90	High 90 ≦score
1	**3**		**Continuous monitoring and improvement**		**82.9**	
1	3	1	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.		**85.7**	
1	3	2	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.		**80.1**	

Performance indicators for age-friendly healthcare （1/4）

Indicators	Definition
Staff awareness of the institution's age-friendly policy	Question: Are you aware or have heard about the promotion of Age-Friendly Hospital? □(1)Yes，□(2)somewhat，□(3)Not really，□(4)No Numerator：number of employees that answered "yes" and "somewhat" Denominator：number of employees that answered
The **overall satisfaction of patients** of different age and gender	Question: Generally speaking, how satisfied are you with the services of our hospital? □(1)Very satisfied，□(2) satisfied，□(3) Normal， □(4)not satisfied，□(5)Very dissatisfied Numerator：number of "Very satisfied" and "Yes" answers Denominator：number of all answers

Performance indicators for age-friendly healthcare （2/4）

Indicators	Definition
Patient **experience on age-friendliness & HP services**	Questions: in what area(s) are you satisfied with our hospital's services? (1) Short waiting time (2) Health education (3) Intervention on unhealthy behaviors (4) Actively reminds cancer screening (5) Actively recommends smoke cessation (6) Attitude of services (7) Detailed explanation on your conditions (8) Emphasize patient rights and interests (9) Excellent medical practice (10) High quality equipment (11) Clean and comfortable environment (12) Others Options：□(1)Very satisfied，□(2)Satisfied，□(3)Normal，□(4)Not satisfied，□(5)Very dissatisfied Numerator：number of "Very satisfied" and "Satisfied" answers Denominator：number of all answers

Performance indicators for age-friendly healthcare （3/4）

Indicators		Definition
Rate of **re-hospitalization within 14 days of discharge**	(sub-indicator 1) Unplanned re-hospitalization within 14 days of discharge due to disease-related reasons	**Numerator:** number of unplanned re-hospitalized patients, due to disease-related reasons, within 14 days of discharge. **Excluding:** ●Re-hospitalized for childbirth ●Planned re-hospitalization ●Due to disease-unrelated reasons
		Denominator: number of discharged patients from acute care unit Excluding: ●Number of patient death ●Automatic discharge for dying patients
	(sub-indicator 2) re-hospitalization within 14 days of discharge	**Numerator:** number of unplanned re-hospitalized patients within 14 days of discharge
		Denominator: number of total discharged patients (including automatic discharge and referral) Excluding: ●Number of patient death

Performance indicators for age-friendly healthcare （4/4）

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Indicators	Definition
Prevalence of **fall-related injuries** among patients in recent one year	Numerator: number of patients hospitalized due to fall injuries in the denominator. Denominator: number of surveyed patients age 65 yrs and above.
Fall incidence in **hospitalized patients**	Numerator: recorded cases of fall incidents Denominator: numbers of hospitalized patients and days

Standard 2: Communication and Services (9)

2.1 Communication (5)

2.2 Services (4)

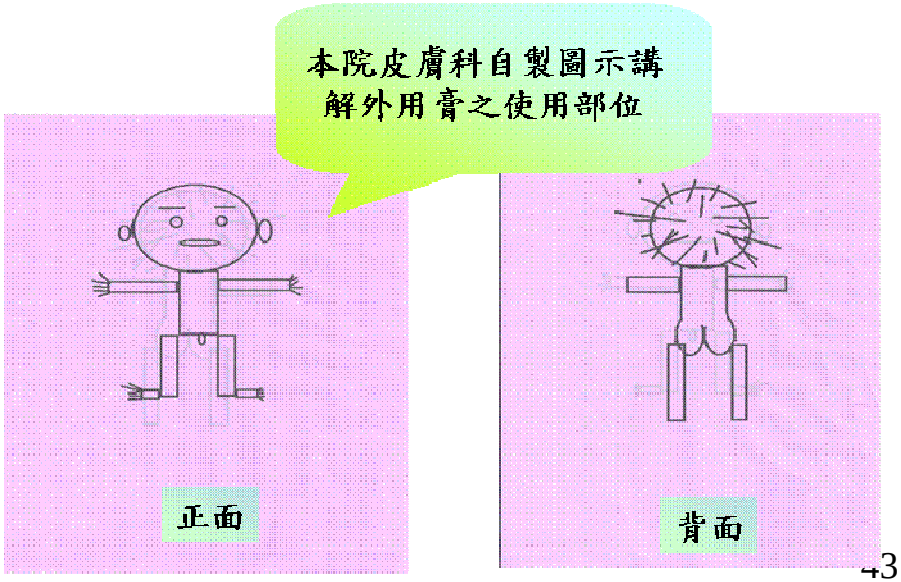
2.1 Communication (5)

Standards, Sub-standards, Measurable Items				Low <80	Middle 80~ <90	High >=90
2			**Communication and Services**			**93.5**
2	**1**		**Communication**			**92.5**
2	1	1	Hospital staff speak to older persons in a respectful manner using understandable language and words.			**96.2**
2	1	2	Provide information on the operation of the hospital, such as opening hours, fee schedules, medication and investigation charges, and registration procedures in an age-appropriate way.			**94.2**

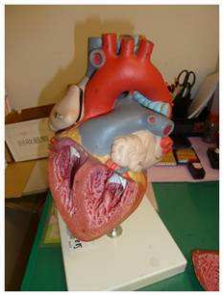
Ex. Verbal communications;
Easily understandable pictures
or instructions.

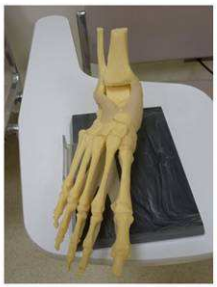
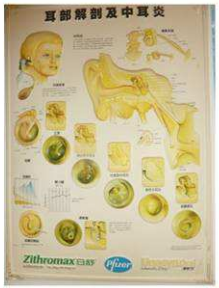
Standards, Sub-standards, Measurable Items				Low Score <80	Middle 80≦score <90	High 90 ≦score
2	1	3	Printed educational materials are designed in an age-appropriate way.		89.9	
2	1	4	The hospital provides adequate information and involves the older persons and their families at all stages of care.			90.4
2	1	5	The hospital respects older persons' ability and right to make decisions on their care.			92.1

- ✓ The right to know;
- ✓ The right to choose;
- ✓ The right to refuse (ex.“DNR”)

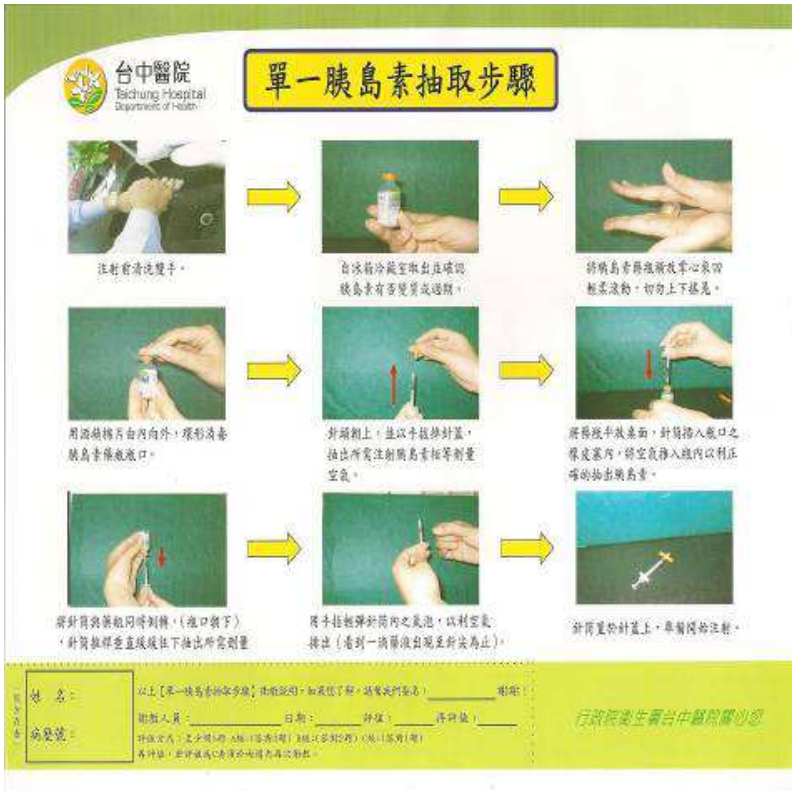


Easily understandable HE materials



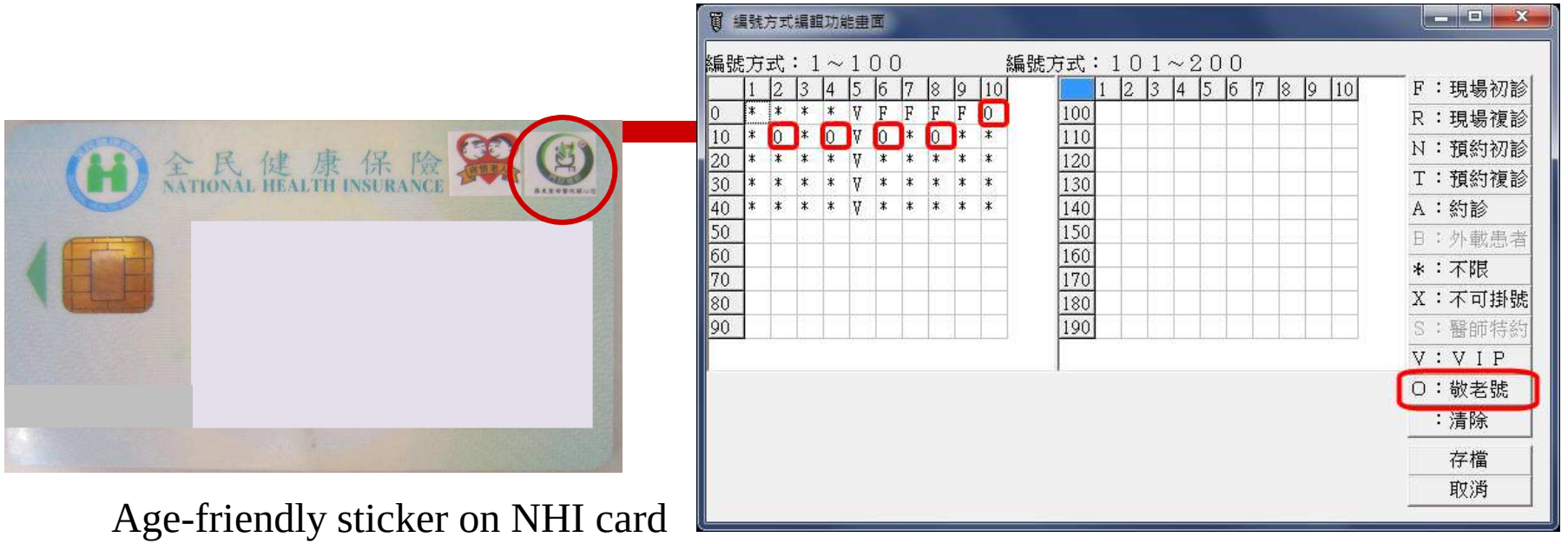
Use models to explain to seniors, En Chu Kong H.



Steps to take insulin, Taichung H. DOH

2.2 Services (4)

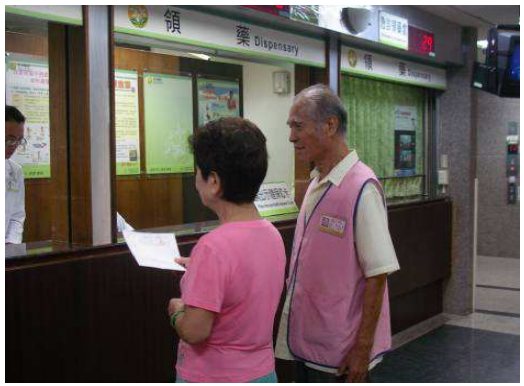
Standards, Sub-standards, Measurable Items				Low <80	Middle 80~ <90	High >=90
2	**2**		**Services**			**94.7**
2	2	1	The hospital makes every effort to adapt its administrative procedures to the special needs of older persons, including older persons with low educational levels or with cognitive impairments.			**93.0**
2	2	2	The hospital identifies and supports older persons with financial difficulties to receive appropriate care.			**94.9**



Age-friendly sticker on NHI card

Signs for age-friendly service, Saint Mary's H. Luodong

Standards, Sub-standards, Measurable Items				Low Score <80	Middle 80≦score <90	High 90 ≦score
2	2	3	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.			**95.3**
2	2	4	The hospital encourages older persons, including community seniors, patients and their families, to participate in hospital's volunteer services.			**95.5**



Older persons as volunteers

Cross-generation volunteers

Standard 3: Care Processes (25)

3.1 Patient assessment (7)

3.2 Intervention and management (9)

3.3 Community partnership and continuity of care (9)

3.1 Patient Assessment (7)

Standards, Sub-standards, Measurable Items				Low Score <80	Middle 80≦score <90	High 90 ≦score
3			**Care Processes**			**90.8**
3	**1**		**Patient assessment**			**90.2**
3	1	1	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.			**87.6**
3	1	2	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.			**85.9**

Standards, Sub-standards, Measurable Items				Low Score <80	Middle 80≦score <90	High 90 ≦score
3	1	3	The hospital has guidelines on **high-risk screening** for the seniors			**90.7**
3	1	4	Use of **medications** is reviewed at admission and regularly at outpatient services.			**93.1**
3	1	5	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.			**87.3**
3	1	6	The assessment is documented in the patients' record.			**91.0**
3	1	7	Information from referring physician or other relevant sources is available in the patient's record.			**95.5**

General Condition Assessment

3.2 Intervention & Management (9)

Standards, Sub-standards, Measurable Items				Low <80	Middle 80~ <90	High >=90
3	**2**		**Intervention and management**	**88.4**		
3	2	1	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.	**88.6**		
3	2	2	Information given to the patient (and the caregiver) is recorded in the patient's record.		**92.8**	
3	2	3	The intervention and the expected results are documented and evaluated in the records.	**89.4**		

Standards, Sub-standards, Measurable Items				Low <80	Middle 80~ <90	High >=90
3	2	4	Information on healthy ageing and information on specific risks or conditions is available to patients, families, visitors and staff.			90.7
3	2	5	Clinical departments incorporate health promotion, rehabilitation and risk management into their clinical practice guidelines or pathways as appropriate.		83.4	
3	2	6	Diagnostic investigations and procedures should take age-related changes and level of tolerance into consideration.		85.7	
3	2	7	Guidelines on multidisciplinary geriatric assessment and interventions on high-risk seniors are available.		81.4	
3	2	8	The discharge planning is initiated as early as appropriate.			95.0
3	2	9	The right length of hospital stay should be achieved.		88.1	

Intelligent Reminding System

Warning: Fall prevention for high risk patient, Changhua Christian H.

Smoking-cessation advice, Chiayi Branch, Taichung Veterans General Hospital

Computer-integrated medication records with auto-check of duplication, overdose, and interactions

3.2.5 COPD pathway

(Tai-chung Veterans' General Hospital, Chia-yi Branch)

病人就醫：
胸腔內科門診、戒菸門診
高齡醫學、其他門診

↓

肺功能檢查 **pulmonary function test**

↓

確定慢性阻塞性肺病(COPD)

↓

評估病人mMRC

↓

詢問病人抽菸史 **Smoking status** → 有抽菸病人轉介戒菸門診 **Cessation intervention**

↓

衛教 **Health education**

Use of medication & self monitoring

使用吸入性藥物
1. 正確使用吸入器具
2. 遵從用藥時間

Response to acute attack

急性發作時處理
1. 吸入型支氣管擴張 劑的使用
2. 類固醇藥物的使用
3. 持續惡化緊急就醫

Pul. rehabilitation

肺復原運動
1. 呼吸訓練：噘嘴呼吸、腹式呼吸
2. 運動訓練：腳踏車運動訓練、上肢運動

↓

Refer to patient group 病友會收案

↓

Follow up 持續門診追蹤

胸腔內科臨床路徑

3.3 Community Partnership and Continuity of Care (9)

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Standards, Sub-standards, Measurable Items				Low Score <80	Middle 80≦score <90	High 90 ≦score
3	**3**		**Community partnership and continuity of care**			**93.8**
3	3	1	Information on patient organizations is available to patients.			**96.2**
3	3	2	A list of health and social care providers working in partnership with the hospital is available.			**96.2**
3	3	3	An operation procedure for referral services is in place with assigned personnel.			**97.9**

Standards, Sub-standards, Measurable Items				Low <80	Middle 80~ <90	High >=90
3	3	4	There is a written plan for collaboration with partners to improve the patients' continuity of care.			92.6
3	3	5	There is an agreed-upon procedure for information exchange practices between organizations for all relevant patient information.		88.8	
3	3	6	Patients (and their families, as appropriate) are given understandable follow-up instructions at out-patient consultation, referral or discharge.			93.0
3	3	7	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.			92.8
3	3	8	If appropriate, a plan for rehabilitation describing the role of the organization and the cooperating partners is documented in the patient's record.		89.2	
3	3	9	The hospital provides care services to the community elders.			97.3

Rehabilitation and community HP activities

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Community Service

Health check-up in community, Chest H. DOH

Volunteers cutting hair for community elderly

Meal delivery service

Free transportation to hospital for seniors health check-up

Buddhist Tzu Chi General H., Taipei Branch

Standard 4: Physical Environment (14)

4.1 General environment and equipment (7)
4.2 Transportation and accessibility (4)
4.3 Signage and identification (3)

4.1 General Environment and equipment (7)

Standards, Sub-standards, Measurable Items				Low Score <80	Middle 80≦score <90	High 90 ≦score
4			**Physical Environment**			**94.4**
4	**1**		**General environment and equipment**			**93.8**
4	1	1	The hospital applies the common principles of **Universal Design** to its physical environment whenever practical, affordable and possible.			**88.0**
4	1	2	The facilities, including waiting areas, are clean and comfortable throughout.			**98.3**
4	1	3	The facilities are equipped with good lighting, non-slip floor surfaces, stable furniture and clear walkways.			**91.5**

Standards, Sub-standards, Measurable Items				Low Score <80	Middle 80≦score <90	High 90 ≦score
4	1	4	The toilet, bathing facilities and hospital beds are equipped with emergency alarm systems.			**96.4**
4	1	5	The hospital has barrier-free washrooms equipped with basic washing facilities.			**92.5**
4	1	6	There are hand railings on both sides of hallways.			**95.5**
4	1	7	Bed heights are appropriate for older persons.			**94.2**

Examples of 4.1

Senior examination rooms, independent and privacy protected, Taichung H. DOH

Washroom renovation

Before

After

Chair with armrest

Before

After

Taichung Hospital, DOH

4.2 Transportation and accessibility (4)

Standards, Sub-standards, Measurable Items				Low Score <80	Middle 80≦score <90	High 90 ≦score
4	**2**		**Transportation and accessibility**			**96.7**
4	2	1	The main hospital premise has convenient transportation connections.			**97.0**
4	2	2	The hospital with larger premises offers shuttle van.			**96.4**
4	2	3	The hospital's main entrance has a passenger drop off / pick up area with staff on site to provide assistance.			**97.4**
4	2	4	For people with disabilities, there is enough space for them to get on / off and mobility aids are provided. (ex. wheelchair)			**96.4**

Transportation and accessibility

Shuttle van between two branches,
Tri-Service General H.

Assistance at the main entrance,
St. Martin De Porres H.

4.3 signage and identification (3)

Standards, Sub-standards, Measurable Items				Low Score <80	Middle 80≦score <90	High 90 ≦score
4	**3**		**Signage and identification**			**92.9**
4	3	1	Simple and easily readable signages are posted throughout the hospital to facilitate orientation and personalize providers and services.			**91.7**
4	3	2	The hospital applies common signanges for directions and makes it easy for older persons to identify.		**89.5**	
4	3	3	Key health care staff are easily identifiable using name badges and name boards.			**97.4**

Signage and identification

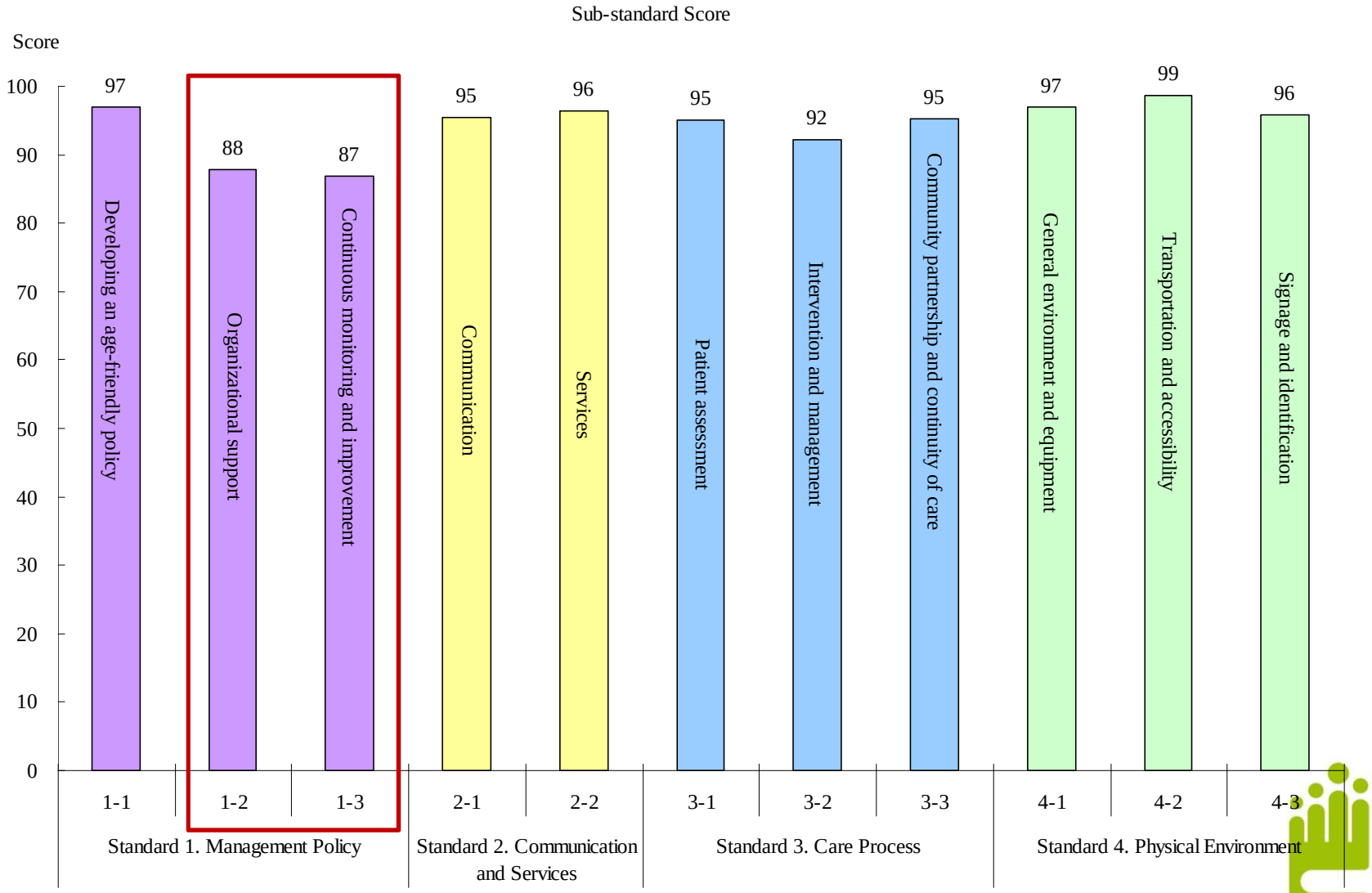
Orientation Markers on Floor

Larger signs

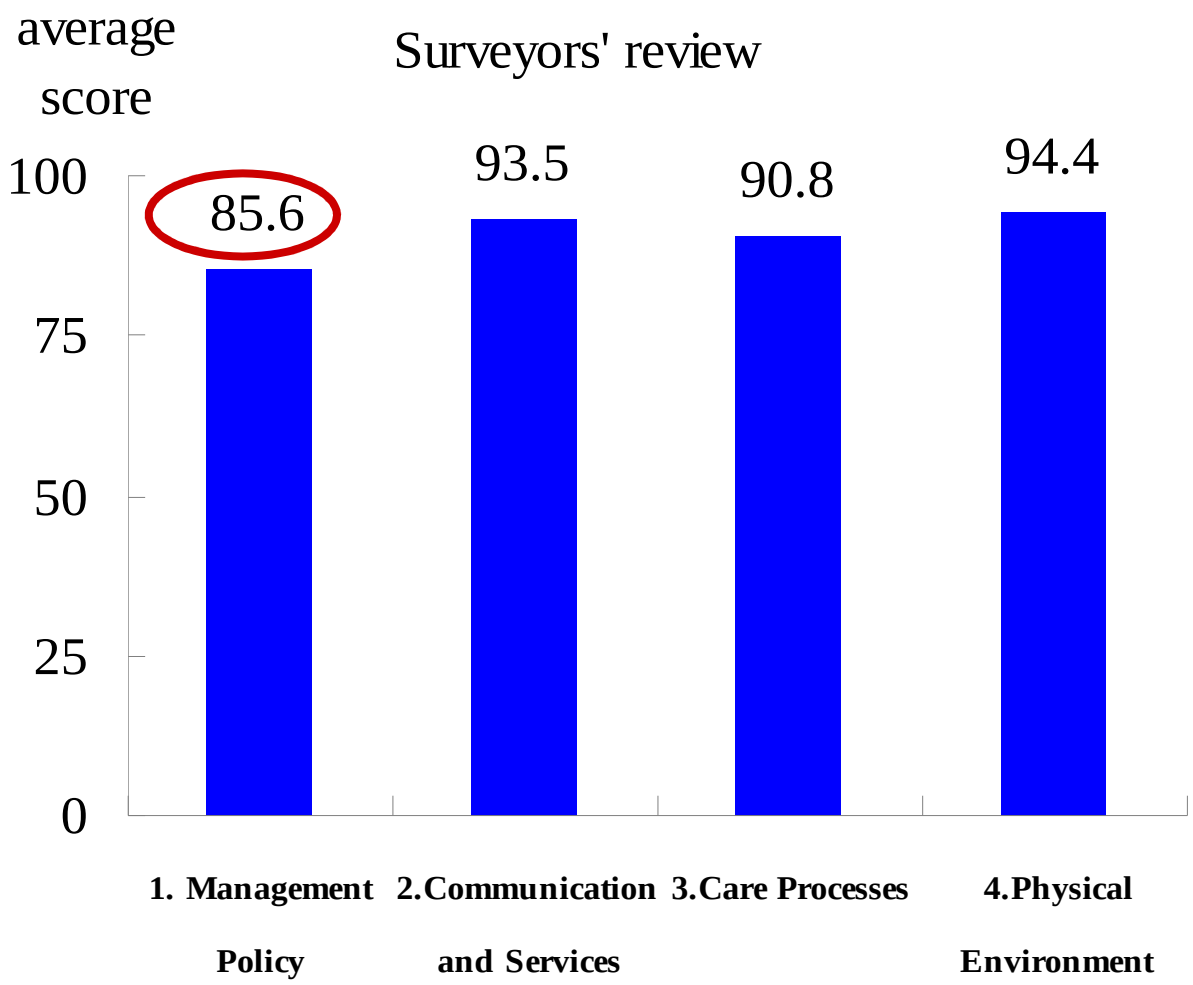
Weaknesses: items scored < 85

- **IT support** for implementation and evaluation of age-friendly policy (1.2.2, 83.1);
- **Staffing and capacity building**:
  - staffing in geriatric care (1.2.3, 69.2),
  - basic training for all staff (1.2.4, 78),
  - training in core competence for clinical staff(1.2.5, 78.2)
- Existence of **quality assessment program** (1.3.1, 80.1),
- **Incorporating** health promotion into **clinical practice guidelines** (3.2.5, 83.4), and
- Existence of **guidelines on** multidisciplinary geriatric assessment and interventions on **high-risk seniors** (3.2.7, 81.4).

Surveyors' Score: 12 Sub-standards

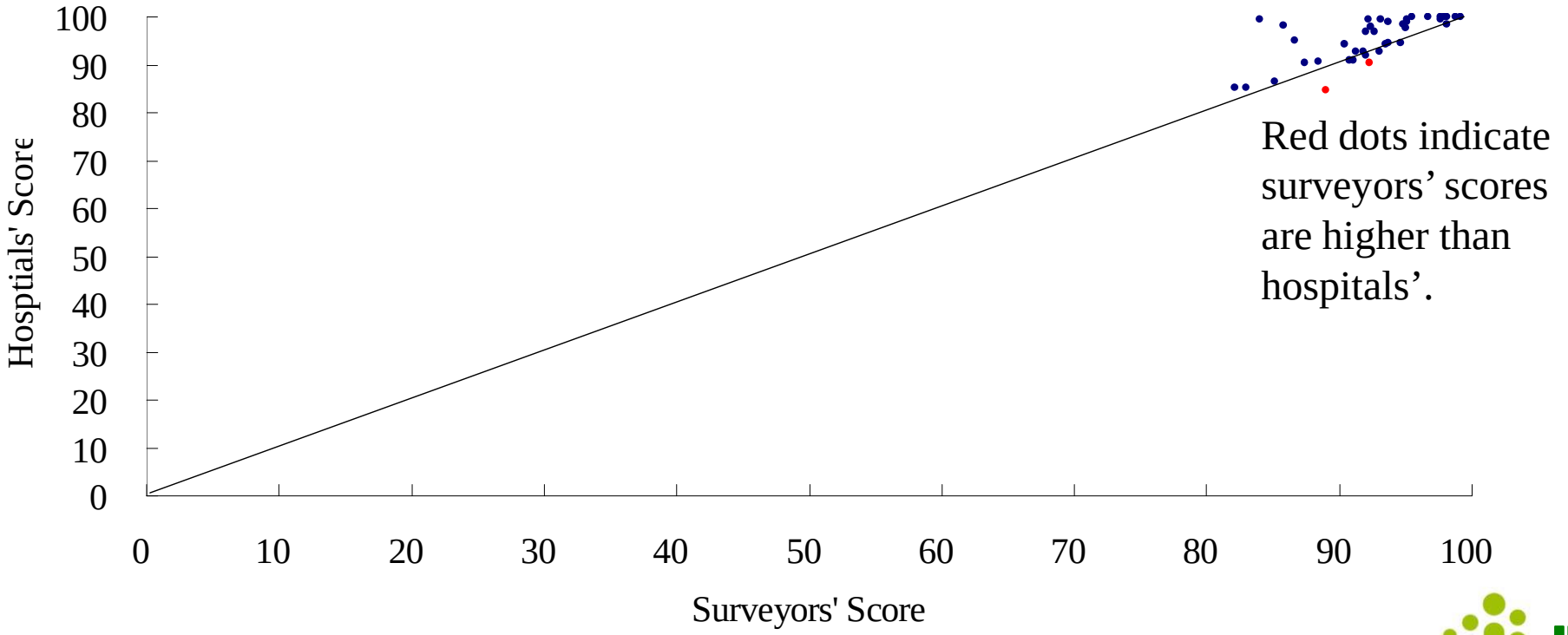


Surveyors' Score: 4 Standards



"Management Policy" still has rooms for improvement

Reliability: Hospitals' & Surveyors' Score



Surveyors' Comments on organizational preparedness -1

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Leadership support	%
High	96.6
Moderate	3.4
Low	0

Resource allocation and role assignments	%
Good	84.6
Adequate	15.4
Inadequate	0

74

Surveyors' Comments on organizational preparedness -2

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Achieved progresses	%
High	62.4
Moderate	34.2
Low	3.4

Future development	%
Promising and optimistic	92.3
Somewhat promising	7.7
Pessimistic	0

Collaborative learning and the recognition process

Training Program for Surveyors

- "Age-friendly Healthcare On-Site Visit Surveyors Consensus Camp"
  - Standards' interpretation
  - Survey process
  - Interviewing and observation skills
  - Documentation review
  - Report-writing techniques

Evaluation for Surveyors

- systematic appraisal on surveyor each year:
  - Participation
  - Performance
  - Enthusiasm
  - Suitability
  - Reliability
  - Hospitals' Satisfaction
  - Audit Report Quality

7 steps of learning & recognition

1. Leadership & team-up
2. Coordinator training
3. Self assessment
4. Improvement plan
5. Site visit
6. Feedback & recognition
7. Award competition

Core Training Course for Hospitals who intend to apply for Recognition

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Time	Content
30 min	(Visit) An Age-friendly Hospital and its Achievements
50 min	Promoting Age-friendly Health Care
50 min	How to draft your own Age-friendly Health Care Plan
10 min	Break
50 min	How to Prepare and Implement Age-friendly Health Care Self-assessment
20 min	Discussion

Hospital Self-Assessment (Overall)

	0%	25%	50%	75%	100%	
Standard 1: Management Policy						
	12	12	12	12	12	(Item)
Standard 2: Communication and Services						
	9	9	9	9	9	(Item)
Standard 3: Care Processes						
	25	25	25	25	25	(Item)
Standard 4: Physical Environment						
	14	14	14	14	14	(Item)
Sum						
	60	60	60	60	60	(Item)

Overall Action

Actions and Time Table	Coordinator

Agenda for site visit

Time	Content
5 min	Introduction of personnel 1.Superintendent introduces hospital staff (usually department directors) 2. Surveying team leader introduces surveyors
50 min	Hospital presentation: 1.Basic Information and background 2.Report on self-assessment (Including policies and preparation for resource improvement)
60 min	On-site visit and verification of documents
	Note: Planned route (Basic route: entrance, registration, pharmacy, laboratory, examination rooms and wards)
40 min	Interactions and discussions
	Note: Interactions between hospital and on-site visit surveyors
10 min	Discussion and consensus-formation by the on-site visit surveyors
	Note: Closed-door consensus meeting (Retrieving surveyors' total evaluation forms and hospital's self-assessment (Surveyors will go through each item of the self-assessment)

Site visit: 3 surveyors + 1 senior

Visiting hospital facility

Senior volunteers

Examining barrier-free washroom

Verification of documents

In their shoes: Experiencing elders' world

Overall discussion

Overall Evaluation by Surveyors

- High-level support: □High， □Moderate， □Low，
- Resource, allocation and tasking: □Good， □Adequate， □Inadequate
- Concrete results: □Abundant，□ a few，□ still need work
- Future prospect: □Positive and optimistic，□somewhat positive，□hardship or doldrum
- Features:
- Assistance from BHP:
- Summary and recommendation:
- Overall Evaluation: □ Outstanding (95)，□ Excellent (90)，□ Great (80)，□Good (70)，□ Satisfactory(60)，□ Need Improvement (<60)

38 recognized as age-friendly hospitals

- An honorable board for each of the AF healthcare organizations
  - 2012. 11.20: recognition awarded by Dr. Wen-Ta Chiu, Minister of Health & Welfare

Annual selection of outstanding organizations

- Age-friendly Hospitals Model Competition
  - Model Award: 1 hospital, awarded medal & 5,000USD.
  - Outstanding Awards: 8 hospitals, awarded certificate & 2,667USD.
  - Best Practice Awards in 3 areas, each awarded a medal & 1,667USD.
    - ✓ Process Reengineering Prize
    - ✓ Age-friendly Services Prize
    - ✓ Age-friendly Environment Prize
- 15 Hospitals participated in 2012

Model Award

Annual selection of outstanding frontline workers

- Innovation in AF Healthcare
  - 6 selected from 44 submitted innovations in 2012
  - each winner was awarded 33~100USD
- Best articles on AF healthcare
  - 3 selected from 55 submitted articles from hospital staff or volunteers in 2012;
  - each winner was awarded 33~100 USD

Innovation by the bus driver: pedestal for vehicle boarding

DG. Chiou honors the innovation on Award Ceremony, 2012

Engaging the leaders

- Emphasize on organizational changes and management policy
- Site visits with leaders sitting in
- National recognition and annual award
- Benchmarking and positive competition

The way forward

Task Force on HPH and Age-Friendly Health Care

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- After 1 year operation of the **"Working Group on HPH and Age-Friendly Health Care",**
- the **"Task Force on HPH and Age-Friendly Health Care"** was approved by General Assembly of the Intl. Network of HPH & HS in May 2013.
- Chair: DG Chiou ST
- Members: 17 members from 13 nations
  - Prof. Jürgen Pelikan, Dr. Ulrike Sommeregger (Austria), Dr. Belinda Parke, Dr. Barbara Liu (Canada), Mr. Jeff Svane (Denmark), Dr. Tiiu Härm (Estonia), Dr. Heli Hatonen (Finland), Ms. Ioanna Petroulia (Greece), Ms. Anne Harris (Ireland), Mr. Raffaele Zoratti (Italy), Herbert Habets (Netherlands), Mrs. Kjersti Johanne Flotten (Norway), Dr. Shu-Ti Chiou, Dr. Yu-Chen Chang, Prof. Nicole Huang (Taiwan), Dr. Somsak Pattarakulwani (Thailand), Prof. (Marie Boltz) USA

Content Validity of Taiwan's Framework

- Developing an internationally applicable framework on age-friendly health care
- Time: Jan. – March 2013
- Method: 3 criteria for each measurable item
  - Importance, Suitability, Clarity
  - Rating from 1 to 5, with 5 represents highest
- Response: 12 members rated 60 measurable items; 1 replied with feedbacks
- Result: 51 measurable items scored 4 or above in all 3 criteria
- 9 items: reworded or added description after 1st TF meeting in May, 2013

International Pilot Test Recruitment

- Welcome!

Price of Becoming Age-friendly?

- **Price of "not" becoming age-friendly**
  - Patient and family member—dissatisfied, unwilling to seek medical help, poor control of conditions;
  - Employees—lack of skills and confidence => burnout, errors
  - Hospital managers—risks (misdiagnosis, malpractice, adverse events, loss of trust, negative social image)
  - Society—unhealthy and unaffordable future
- **Price of positive attitude** => Priceless
- **Consequences** of positive attitude: mutually productive partnerships

Let health, dignity & equity

be the only products of health care.

With Evidence, Love & Collaboration,

we will get there!

Promoting Your Health

Health Promotion Administration,
Ministry of Health and Welfare