# Age-friendly Hospitals and Health Services Recognition Self-assessment Manual

**Promoting Your Health**

Health Promotion Administration,
Ministry of Health and Welfare

# Content

# Age-friendly Hospitals and Health Services Recognition Self-assessment Manual

## Preface

According to the estimation by World Health Organization, the number of older persons aged 60 or more will reach 1.2 billion by 2025, doubling the number in 2006. By 2050, this number will reach 2 billion or higher and exceed the number of children under 15. In Taiwan, population of people older than 65 years old has taken up more than 10.6% of Taiwan's total population. In order to prepare for the rapid demographic transition, and manage aspects of medical and health services to promote physical and mental health for older persons, as well as to provide them appropriate care and dignity, Health Promotion Administration has listed "age-friendly health care" as one of its policy priorities in health promotion.

In 2004, WHO published "Toward Age-friendly Primary Health Care", which proposed age-friendly health care principles should be regarded as a major reference for adjusted Primary Health Care (PHC) for an aging society. In Taiwan, we serve senior patients in hospitals, local health centers, clinics, mental health centers, and long-term care centers. We have also encouraged the establishment of health promotion hospitals (HPH). In order to further assist healthcare organizations to adjust for an aging society, I have developed Taiwan's Framework of Age-friendly Health Care based on the three dimensions of the WHO principles of age-friendly healthcare and the WHO HPH Standards. The core values of this framework are health, humanity and human rights. Our vision is to promote health, dignity and participation of persons of older ages. The scope of the framework encompasses four dimensions: management policy, communication and services, physical environment and care processes. We aim to create a healing environment that is

friendly, supportive, respectful and accessible. We provide systematic health care that is safe, health promoting, effective, holistic, and patient-centered. In addition, we also empower older persons and their families to increase control over their health and care. All these efforts aim to provide appropriate care, to prevent and prepare for disability of old age, and to ensure that the elders in Taiwan enjoy good health.
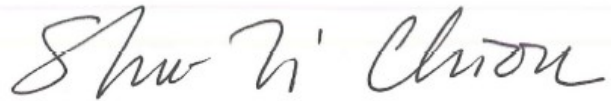
Taiwan's Framework of Age-friendly Health Care includes: vision, values, missions, four standards, 11 substandards and 60 measurable items. This may serve as the foundation for health care centers to introduce age-friendly health care to their organizations. Through regular internal and external evaluation, we may assess, trace and improve all age-friendly activities.

We also invite quality improvement organizations to reflect on these indicators and integrate them to the current quality assessment system.

## Description:

1. This framework is developed based on the 2004 "WHO Active Ageing: Toward Age-friendly Primary Health Care" and the 2006 "Implementing health promotion in hospitals: Manual and self-assessment forms", the English version can be found in Appendix 1 (Archives of Gerontology and Geriatrics, 49 Suppl. 2, S3–S6).

2. The self-assessment serves as the foundation for age-friendly health care promoting organizations to introduce, trace and improve the process. The main purpose is for these organizations to evaluate, to learn and to upgrade themselves in age-friendly health care promotion.

3. It takes time to progress into an age-friendly healthcare organization. While organizations may vary in human resource, time and financial aids, they will set their own priorities and time needed to gradually become an age-friendly organization. Self-evaluation and

Recognition application are the two effective starting points in learning; it is not the finishing line.


Shu-Ti Chiou

Shu-Ti Chiou, M.D., Ph.D., M.Sc.

Director-General

Health Promotion Administration,

Ministry of Health and Welfare

# References:

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7. The International Network of Health Promoting Hospitals and Health Services. (2007) The International Network of Health Promoting Hospitals and Health Services: Integrating Health Promotion into Hospitals and Health Services. WHO Regional Office of Europe, Copenhagen.

8. Parke, B., Brand, P. (2004) An elder-friendly hospital: translating a dream into reality. Nursing Leadership, 17(1), 62-76.

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# Agreement of Cooperation

_____(Name of the organization) agrees to apply for the Age-friendly Hospitals and Health Services Recognition. We fully understand the requirements of Age-friendly Hospitals and Health Services Recognition Procedures as set by the Health Promotion Administration, Ministry of Welfare, Taiwan, and will cooperate and fulfill the requirements.



Name of Organization:

Signature:

Date:

# Application Form for Age-friendly Hospitals and Health Services Recognition

| Name of Organization | | Address | |
|---|---|---|---|
| | | TEL | |
| Person in Charge/ Title | | Establishment Date | |
| | | Types | □Hospital · □Clinic · □Long-term Care Center, □Mental Health Center, □Others |
| Registration Number | | Supervising Agency | |
| Number of Beds | (including general and special beds.) | Number of Employees | |
| Contact Person | | Department/ Title | |
| TEL/ Cell Phone Number | | FAX | |
| Website | | E-mail | |

# A Framework of Age-friendly Health Care and Self-assessment

■ **Vision**: to be a health care organization that promotes health, dignity and participation for persons of older ages.

■ **Values**: health, humanity and human rights.

■ **Mission:**

－ 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.

# Standard 1: Management Policy

## 1.1 Developing an age-friendly policy

| 1.1.1 | The health care organization's current quality and business plans identify age-friendliness as one of the priority issues. |
|---|---|
| | 【Current Situation】(Review whether the health care organization's quality and business plans identify age-friendliness as one of the priority issues) |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 1.1.2 | The health care organization develops a written age-friendly policy that values and promotes older persons' health, dignity and participation in care. |
| | 【Current Situation】(The health care organization may refer to this self-assessment framework and its results to draft written policies or plans. The health care organization may nominate two sub-plans with special features to share with other health care organizations. At least an age-friendly slogan or sign should be designed. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 1.1.3 | The health care organization identifies personnel and functions for coordination and implementation of the age-friendly policy. |
| | 【Current Situation】<br>Name of coordinator:     / Department:     / Title:<br>Planned framework (convener / members / work assignment)<br>List of working groups on main projects: |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |

## 1.2 Organizational support

| 1.2.1 | The health care organization identifies budget for age-friendly services and materials. |
|---|---|
| | 【Current Situation】Review the budgets for personnel, operation, and assets in the age-friendly policies and other related fields, and further calculate the total amount of budgets and review the allocation. |

| | | |
|---|---|---|
| | | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐AVERAGE (60)，☐Needs Improvement (<60) |
| 1.2.2 | | The health care organization improves the function of its information system to support implementation, coordination and evaluation of the age-friendly policy. |
| | | 【Current Situation】Examine whether the information system can support the implementation of every task, particularly in Standard 3: Care Processes and the achievement evaluation in Item 1.3.1. |
| | | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 1.2.3 | | The health care organization recruits staff knowledgeable in the care of older adults and their families. |
| | | 【Current Situation】<br>Check whether the health care organization is equipped with a complete professional team for age-friendly care, or does the organization have at least one geriatrician, or any nursing staff trained for age-friendly care. |
| | | ☐Outstanding (95, a complete professional team for age-friendly care)，☐Excellent (90, Several geriatricians)，☐Very Good (80, 1 geriatrician)，☐Good (70, Only some doctors and staff have received professional training for age-friendly care)，☐Average (60, Only the non-doctor staff has received professional training for age-friendly care)，☐Needs Improvement (<60, No such personnel) |
| 1.2.4 | | All staff receives basic training in age, gender, and culturally sensitive practices that address knowledge, attitude and skills. |
| | | 【Current Situation】 Check how many staff members have received at least 2 hours of basic training. What are the training activities, resources or courses? For training courses, please see Appendix 1. Training courses may include the following: process of natural aging (30 min, understanding how aging of the important organs are presented and their effects); care modes with dignity (40 min, this may include elderly communication skill, addressing sensory degradation, senior independence and privacy, preventing ageism); gender and cultural differences (20 min); age-friendly designs (30 min, this may include universal design principles and age-friendly environment design). |
| | | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 1.2.5 | | All clinical staffs who provide care to older persons receive basic training in core competences of elder care. |

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|---|---|
| | 【Current Situation】Check how many staff members have received at least 2 hours of basic training for core competences? What are the training activities, resources or courses?<br><br>For training courses, please see Appendix 2.<br><br>Training courses may include lessons on distinguishing natural ageing and disease (10 minute); care needs on multiple co-morbidities (10 min); senior syndromes and comprehensive elderly assessment (40 min, this may use fall as example, include definitions on senior syndromes, when and how to use comprehensive elderly assessment); team care mode (20 min, learning how team care operates); common hazards for hospitalized seniors (20 min, this may use acute delirium as example to explore common problems facing hospitalized senior and dementia patients); terminal care (20 min, this should include ethical issues, informed consent, living will and terminal care). |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 1.2.6 | The health care organization honors age-friendly best practices and innovations. |
| | 【Current Situation】What mechanism does the health care organization have to identify, select and encourage the best age-friendly practices and innovations among the hospital staff? |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 1.2.7 | Staff are involved in age-friendly policy-making, audit and review. |
| | 【Current Situation】Provide evidence to show staff members' involvements. For example, minutes, photos and other evidence. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |

## 1.3 Continuous monitoring and improvement

| 1.3.1 | The health care organization 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. |
|---|---|
| | 【Current Situation】For example, screenshots of such evaluations systems, lists or analysis results. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 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. |
| | 【Current Situation】Explain how the health care organization evaluates the progress of "Framework of Age-friendly Hospitals and Health Services" and two "sub-plans." For example, how often its evaluation is carried out? How its data is collected? The evaluation may include: self-assessment under this framework, development progress of respecting the elderly culture in the organization, older person's satisfaction and opinions, caregivers' and staff's opinions, development of related resources, service performance and care results. The organization should also make improvement plans for items with ineffective performance. (Note: The health care organization may refer to the age-friendly performance indicators and effect indicators provided in the Appendix to design its own indicators.) |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |

# Overall Evaluation and Action Plan for Standard 1:

| Items | Scores | | | | | | Action and Time Period | Organizer |
|---|---|---|---|---|---|---|---|---|
| | 95 | 90 | 80 | 70 | 60 | <60 | | |
| Age-friendly Policy | | | | | | | | |
| 3 Items | | | | | | | | |
| Resource and Support | | | | | | | | |
| 7 Items | | | | | | | | |
| Monitor and Improvement | | | | | | | | |
| 2 Items | | | | | | | | |
| Overall Performance | | | | | | | | |
| 12 Items | | | | | | | | |

# Standard 2: Communication and Services

## 2.1 Communication

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|---|---|
| 2.1.1 | The health care organization staff speaks to older persons in a respectful manner using understandable language and words. |
| | 【Current Situation】What is the staff requirement of the health care organization? Try to observe the on-site interaction between staff and patients. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 2.1.2 | Information on the operation of the health care organization, such as opening hours, fee schedules, medication and investigation charges, and registration procedures is provided in an age-appropriate way. |
| | 【Current Situation】Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 2.1.3 | Printed educational materials are designed in an age-appropriate way. |
| | 【Current Situation】Display the printed educational materials designed for the elderly; display pictures or materials. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 2.1.4 | The health care organization provides adequate information and involves the older persons and their families at all stages of care |
| | 【Current Situation】Explain the practices in outpatient, emergency and inpatient services) |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 2.1.5 | The health care organization respects older persons' ability and right to make decisions on their care. |
| | 【Current Situation】Explain how the organization informs or obtain agreements from older persons of the diagnosis, check-ups and treatments. For example, does the organization inquire the elderly at the time of admission who their main contact persons regarding the results of the diagnosis and any other medical information are (themselves or their family members). The organization should also inquire |

| | whether ethical consultation service should be provided for DNR or difficult decisions. |
| --- | --- |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |

## 2.2 Services

| 2.2.1 | The health care organization 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. |
| --- | --- |
| | 【Current Situation】(The health care organization has in place or makes every effort to provide age-sensitive administrative system and procedures that meet the functional abilities (literacy, hearing, seeing, mobility, as well as the greetings, help them leave home)) |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 2.2.2 | The health care organization identifies and supports older persons with financial difficulties to receive appropriate care. |
| | 【Current Situation】For example, how does the organization identify and provide financial exemptions or assistance to the financially-challenged cases. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 2.2.3 [optional] | The health care organization 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. |
| | 【Current Situation】Explain the operation of volunteer programs. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 2.2.4 [optional] | The health care organization has a volunteer program that provides opportunities for older persons, including community seniors, patients and their families, to participate in health care organization's volunteer services. |
| | 【Current Situation】Present the age analysis of volunteers and explain how the health care organization recruits older persons to participate in the volunteer services. |

| | □Outstanding (95), □Excellent (90), □Very Good (80), □Good (70), □Average (60), □Needs Improvement (<60) |
|---|---|

# Overall Evaluation and Action Plan for Standard 2:

| Items | Scores | | | | | | Action and Time Period | Organizer |
|---|---|---|---|---|---|---|---|---|
| | 95 | 90 | 80 | 70 | 60 | <60 | | |
| Communication | | | | | | | | |
| 5 Items | | | | | | | | |
| Services | | | | | | | | |
| 4 Items | | | | | | | | |
| Overall Performance | | | | | | | | |
| 9 Items | | | | | | | | |

# Standard 3: Care Processes

## 3.1  Patient assessment

| 3.1.1 | The health care organization 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. |
|---|---|
| | 【Current Situation】Does the health care organization provide appropriate health examination and assessment toward senior patients of different ages and genders in inpatient, outpatient, and emergency services; and also stipulate assessment items for basic needs such as health checkup for senior patients, life style, nutrition status, chewing capability, emotion status, social and economical status (housemates, possibilities of suffering from abuse or neglect), fall prevention (particularly for weak patients, high risk drug use patients, or patients who have fallen during the previous year), disease screening, etc. A systemic approach should be set up to assess the needs of each patient. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 3.1.2 | The health care organization 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. |
| | 【Current Situation】Check whether the assessments related to health promotion, disease management and rehabilitation are included in the care guidelines for various groups of patients. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 3.1.3 | The health care organization has guidelines on high-risk screening for the seniors. |
| | 【Current Situation】Explain how the health care organization screens the high risk cases, such as patients who are prone to fall or suffer from deterioration of health; for example, adults older than 85 years old, who are confined to bed, not walking well, and who are having the problems of delirium, urinary incontinence, dementia, poor eye-sight, high risk drug use and depression. |

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|---|---|
| | □Outstanding (95)，□Excellent (90)，□Very Good (80)，□Good (70)，□Average (60)，□Needs Improvement (<60) |
| 3.1.4 | Use of medications is reviewed at admission and regularly at outpatient services. |
| | 【Current Situation】Review the records of inpatient and outpatient services or the content of electronic operation system in the health care organization. Explain whether there is any alert system for medication safety, such as alert prompts for maxima dose control, repeated drug use, cross reaction, allergy, similar drugs, antibiotic use, controlled drugs, National Health Insurance's guidelines on drug use, vaccination control, etc. |
| | □Outstanding (95)，□Excellent (90)，□Very Good (80)，□Good (70)，□Average (60)，□Needs Improvement (<60) |
| 3.1.5 | The assessment of a patient's needs is done at first contact with the health care organization and is kept under review and adjusted as necessary according to changes in the patient's clinical condition or on request. |
| | 【Current Situation】 Check whether the assessment of patient needs for inpatient services is conducted at the time of admission. Check whether the needs assessment for outpatient services is conducted at the first visit; and there should be an automatic notification system for an annual review. Review the records of inpatient, outpatient and emergency services or the content of electronic operation system. |
| | □Outstanding (95)，□Excellent (90)，□Very Good (80)，□Good (70)，□Average (60)，□Needs Improvement (<60) |
| 3.1.6 | The assessment is documented in the patients' record. |
| | 【Current Situation】<br>Review the records of inpatient, outpatient and emergency services or the content of electronic operation system. |
| | □Outstanding (95)，□Excellent (90)，□Very Good (80)，□Good (70)，□Average (60)，□Needs Improvement (<60) |
| 3.1.7 | Information from referring physician or other relevant sources is available in the patient's record. |

| | 【Current Situation】Review whether patients' records include the evaluation information or health promoting needs from previous health institutions. For example, whether there are any suggestions to the patients from referring physicians to lose weight, quit smoking, pay attention to nutrition and prevent falls. |
|---|---|
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |

## 3.2 Intervention and management

| 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. |
|---|---|
| | 【Current Situation】Explain how the health care organization informs and draw up plans for relevant intervention in partnerships with the patients and their caregivers. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 3.2.2 | Information given to the patient (and the caregiver) is recorded in the patient's record. |
| | 【Current Situation】Check whether the information provided to the patients and their caregivers is recorded in patients' records. For example, check whether there are any records of the descriptions such as "how to control blood pressure", "how to quit smoking", "provide the patient with smoke quitting self-help manuals", "provide smoking abstinence hotline numbers", "provide education on prevention of low blood sugar and treatment", "blood sugar self-monitor instructions". Check whether the records are comprehensive or only certain important items are recorded. Check how, where, and whether such information is recorded in a designated column or entered into a specific computer software, or if it depends on the time, and habit of the particular staff. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 3.2.3 | The intervention and the expected results are documented and evaluated in the records. |

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|---|---|
| | 【Current Situation】Check whether there are records to indicate that the health care organization draws up the intervention plan in partnerships with the patients and their family; or if there are any records showing a disabled older person receiving educational materials on fall prevention; Check how, where, and whether such information is recorded in a designated column or entered into a specific computer software, or if it depends on the time and habit of the particular staff. |
| | □Outstanding (95)，□Excellent (90)，□Very Good (80)，□Good (70)，□Average (60)，□Needs Improvement (<60) |
| 3.2.4 | Information on healthy ageing and information on specific risks or conditions is available to patients, families, visitors and staff. |
| | 【Current Situation】Printed materials, online health information, or designated services counters/desks for consultation are available. |
| | □Outstanding (95)，□Excellent (90)，□Very Good (80)，□Good (70)，□Average (60)，□Needs Improvement (<60) |
| 3.2.5 | Clinical departments incorporate health promotion, rehabilitation and risk management into their clinical practice guidelines or pathways as appropriate. |
| | 【Current Situation】Review the clinical practice guidelines. |
| | □Outstanding (95)，□Excellent (90)，□Very Good (80)，□Good (70)，□Average (60)，□Needs Improvement (<60) |
| 3.2.6 | Diagnostic investigations and procedures should accommodate age-related changes, tolerance and ability. |
| | 【Current Situation】Explain the procedures of examinations, checkups and treatments which are fine-tuned according to age and relative tolerance. |
| | □Outstanding (95)，□Excellent (90)，□Very Good (80)，□Good (70)，□Average (60)，□Needs Improvement (<60) |
| 3.2.7 | Guidelines on multidisciplinary geriatric assessment and interventions on high-risk seniors are available. |
| | 【Current Situation】Explain how the health care organization assesses and intervenes across disciplines and fields, or display written guidelines of assessment and intervention. |
| | □Outstanding (95)，□Excellent (90)，□Very Good (80)，□Good (70)，□Average (60)，□Needs Improvement (<60) |
| 3.2.8 | The discharge planning is initiated as early as appropriate. |

| | |
|---|---|
| | 【Current Situation】Review patients' records or the contents of electronic operation software. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 3.2.9 | The right length of the health care organization stay should be achieved. |
| | 【Current Situation】Review statistics. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |

## 3.3 Community partnership and continuity of care

| | |
|---|---|
| 3.3.1 | Information on patient organizations is available to patients. |
| | 【Current Situation】Check whether the health care organization provides contact information. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 3.3.2 | A list of health and social care providers working in partnership with the health care organization is available. |
| | 【Current Situation】Check whether the health care organization has updated lists of health and social care providers. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 3.3.3 | Assigned staff is in charge of referral service and the health care organization has an operation process. |
| | 【Current Situation】 |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 3.3.4 | There is a written plan for collaboration with partners to improve the patients' continuity of care. |
| | 【Current Situation】Check whether there is any Standard for Admission or Discharge Plan. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 3.3.5 | There is an agreed upon procedure for information exchange practices between |

| | organizations for all relevant patient information. |
|---|---|
| | 【Current Situation】Provide related documents as evidences to such procedures. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 3.3.6 | Patients (and their families as appropriate) are given understandable follow-up instructions at out-patient consultation, referral or discharge. |
| | 【Current Situation】Explain how the health care organization provides the follow-up instructions or conducts patients' satisfaction evaluation while collecting the patients' data. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 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. |
| | 【Current Situation】Check whether there are any abstract copies for review or references. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 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. |
| | 【Current Situation】Review the records of those patients. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 3.3.9 [optional] | The health care organization provides outreaching care services to the community elders. |
| | 【Current Situation】Check whether the health care organization provides meal delivery, or collaborates with community care units and local health centers. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |

# Overall Evaluation and Action Plan for Standard 3:

| Items | Scores | | | | | | Action and Time Period | Organizer |
|---|---|---|---|---|---|---|---|---|
| | 95 | 90 | 80 | 70 | 60 | <60 | | |
| Patient Assessment | | | | | | | | |
| 7 Items | | | | | | | | |
| Intervention and Management | | | | | | | | |
| 9 Items | | | | | | | | |
| Community Partnership and Continuity of Care | | | | | | | | |
| 9 Items | | | | | | | | |
| Overall Performance | | | | | | | | |
| 25 Items | | | | | | | | |

# Standard 4: Physical Environment

## 4.1 General environment and equipment

| | |
|---|---|
| 4.1.1 | The health care organization applies the common principles of Universal Design to its physical environment whenever practical, affordable and possible. (Including: 1. whoever can use it; 2. satisfies all abilities and preferences; 3. whoever may use it easily; 4. communicate the necessary message efficiently; 5. reduce risks and negative effects; 6. reduce exhaustion when use; 7. ensure the use space) |
| | 【Current Situation】The comfort and functionality of the physical environment is evaluated in the performance improvement program. Color contrast is used to highlight important features in the environment such as toilets, grab-bars and call-lights. The acoustic environment supports communication and comfort. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 4.1.2 | The facilities, including waiting areas, are clean and comfortable throughout. |
| | 【Current Situation】Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 4.1.3 | The facilities are equipped with good lighting, non-slip floor surfaces, stable furniture and clear walkways. |
| | 【Current Situation】Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 4.1.4 | The toilet and bathing facilities and heads of the health care organization beds are equipped with emergency alarm system. |
| | 【Current Situation】Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 4.1.5 | The health care organization has barrier-free washrooms equipped with basic washing facilities. |

| | |
|---|---|
| | 【Current Situation】Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 4.1.6 | There are hand railings on both sides of hallways. |
| | 【Current Situation】Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 4.1.7 | Bed heights are appropriate for older persons. |
| | 【Current Situation】Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |

## 4.2　Transportation and accessibility

| | |
|---|---|
| 4.2.1 | The main health care organization premise has convenient transportation connections. |
| | 【Current Situation】Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 4.2.2 | The health care organization with larger premises offers shuttle van. |
| | 【Current Situation】Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 4.2.3 | The health care organization's main entrance has a passenger drop off / pick up area and there is staff providing assistance. |
| | 【Current Situation】Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |

| 4.2.4 | For people with disabilities, there is enough space for them to get on/off and are provided with mobility aids (ex. wheelchair) |
|---|---|
| | 【Current Situation】Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |

## 4.3  Signage and identification

| 4.3.1 | Simple and easily readable signages are posted throughout the health care organization to facilitate orientation and personalize providers and services. |
|---|---|
| | 【Current Situation】<br>Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 4.3.2 | The health care organization applies common signages for direction and makes it easy for older persons to identify. |
| | 【Current Situation】<br>Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |
| 4.3.3 | Key health care staff is easily identifiable using name badges and name boards. |
| | 【Current Situation】<br>Provide related photos, or showcase during on-site survey session. |
| | ☐Outstanding (95)，☐Excellent (90)，☐Very Good (80)，☐Good (70)，☐Average (60)，☐Needs Improvement (<60) |

# Overall Evaluation and Action Plan for Standard 4:

| Items | Scores | | | | | | Action and Time Period | Organizer |
|---|---|---|---|---|---|---|---|---|
| | 95 | 90 | 80 | 70 | 60 | <60 | | |
| Environment and Equipment | | | | | | | | |
| 7 Items | | | | | | | | |
| Transportation and Accessibility | | | | | | | | |
| 4 Items | | | | | | | | |
| Signage and Identification | | | | | | | | |
| 3 Items | | | | | | | | |
| Overall Performance | | | | | | | | |
| 14 Items | | | | | | | | |

# Standard 1: Management Policy

| Sub-total | 95 | 90 | 80 | 70 | 60 | <60 |
|---|---|---|---|---|---|---|
| | | | | | | |
| 12 Items | | | | | | |

# Standard 2: Communication and Services

| Sub-total | 95 | 90 | 80 | 70 | 60 | <60 |
|---|---|---|---|---|---|---|
| | | | | | | |
| 9 Items | | | | | | |

# Standard 3: Care Processes

| Sub-total | 95 | 90 | 80 | 70 | 60 | <60 |
|---|---|---|---|---|---|---|
| | | | | | | |
| 25 Items | | | | | | |

# Standard 4: Physical Environment

| Sub-total | 95 | 90 | 80 | 70 | 60 | <60 |
|---|---|---|---|---|---|---|
| | | | | | | |
| 14 Items | | | | | | |

| **Total** | 95 | 90 | 80 | 70 | 60 | <60 |
|---|---|---|---|---|---|---|
| | | | | | | |
| 60 Items | | | | | | |

# Overall Action

| Action and Time Period | Organizer |
|---|---|
|  |  |

**Appendix:**

# Indicators of Age-Friendly Performance in Health Care and Services (Examples)

| Standards | Indicators (Examples) |
|---|---|
| Management Policy | ■ Percentage of staff knowing the organization's age-friendly policy <br> ■ Percentage and hours of staff receiving general and core trainings <br> ■ Staff's knowledge and capability of age and gender sensitivity <br> ■ The overall satisfaction of patients based on age and gender |
| Communication and Services | ■ Comparison of patient's experience and satisfaction of visiting the doctor, based on gender and age <br> ■ Comparison of outpatient's waiting time based on gender and age |
| Care Processes | ■ Percentage of records of patient's smoking history, BMI, habits of exercise, drinking and betel nut chewing <br> ■ Percentage of patient of older age or polypharmacy with fall risk assessment <br> ■ Percentage of high risk screening in patients of older ages <br> ■ Coverage of cancer screening <br> ■ Performance on care quality of common chronic diseases <br> ■ Percentage of patients receiving self-management education, behavior change intervention and rehabilitation <br> ■ Patient's satisfaction on information and intervention <br> ■ Percentage of smokers receiving advice on smoking cessation <br> ■ Percentage of smoking cessation in elder smokers <br> ■ Percentage of high risk patient receiving consultation for |

| | diagnosis |
| --- | --- |
| | ■ Percentage of unexpected function deterioration during hospitalization |
| | ■ Percentage of hospital admission due to manageable situations in outpatient services within five days |
| | ■ Percentage of hospital discharge abstract delivered within two weeks to the previous doctor or referral institutions or to patients upon discharge |
| | ■ Percentage of fall-related injuries in patient in the past year |
| Physical Environment | ■ Percentage of fall incidence in the institution |

# Indicators of Age-Friendly Plan Achievements (Examples)

| Program | Indicators (Example) |
|---|---|
| Mental Health Promoting Plan For Chronic Disease Patients | ■ Result comparison of chronic disease patients' depression scale (eg. diabetes, cardiopathy, stroke), between experimental group and control group before and after the plan<br><br>■ Result comparison of patients' condition control (eg. percentage of poor control on blood sugar), between experimental group and control group before and after the plan<br><br>■ Result comparison of patients' life quality, between experimental group and control group before and after the plan<br><br>■ Result comparison of patients' health care satisfaction, between experimental group and control group before and after the plan |
| Fall Prevention Interventions Promoting Plan for Chronic Disease Patients | ■ Result comparison of chronic disease patients' fall risk assessment (eg. diabetes, hypertension, vertigo), between experimental group and control group before and after the plan<br><br>■ Result comparison of patients' incidence rate of fall, between experimental group and control group before and after the plan<br><br>■ Result comparison of patients' condition control performance, between experimental group and control group before and after the plan<br><br>■ Result comparison of patient's life quality, between experimental group and control group before and after the plan<br><br>■ Result comparison of health care satisfaction, between experimental group and control group before and after the plan |

**Appendix 1: Basic Training Courses for Age-friendly Health Care**

1. Process of Natural Aging (30 min, understanding how aging of the important organs are presented and their effects);

2. Care Modes with Dignity (40 min, this may include elderly communication skill, addressing sensory degradation, senior independence and privacy, preventing ageism);

3. Gender and Cultural Differences (20 min);

4. Age-friendly Designs and Universal Design Principles (15 min);

5. Introduction to the Organization's Age-friendly Health Care Policy (15 min).

**Appendix 2: Basic Training Courses for Age-friendly Health Care Core Capability**

1. Distinguishing Natural Aging and Disease (10 minute);

2. Care Needs on Multiple Co-morbidities (10 min);

3. Senior Syndromes and Comprehensive Elderly Assessment (40 min, this may use fall as example, include definitions on senior syndromes, when and how to use comprehensive elderly assessment);

4. Team Care Mode (20 min, learning how team care operates);

5. Common Hazards for Hospitalized Seniors (20 min, this may use acute delirium as example to explore common problems facing hospitalized senior and dementia patients);

6. Terminal Care (20 min, this should include ethical issues, informed consent, living will and terminal care).