Towards Older People-Centered Health Care in a Global Aging Era-

Taiwan's Framework of Age-Friendly Health Care

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Towards Older People-Centered Health Care in a Global Aging Era

Shu-Ti Chiou

- Global trend- identifying key elements in healthcare for older people
- Contents of Taiwan's Framework of Age-friendly Health Care
- Scale-up implementation
- Future perspective

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Global trend- identifying key elements in healthcare for older people

SIXTY-NINTH WORLD HEALTH ASSEMBLY

Agenda item 16.1

WHA69.24

28 May 2016

Strengthening integrated, people-centred health services

World Health Organization

SIXTY-NINTH WORLD HEALTH ASSEMBLY
Provisional agenda item 16.1

A69/39
15 April 2016

Framework on integrated, people-centred health services

Report by the Secretariat

To achieve UHC, financing alone is not enough, we must change the way we deliver health services to achieve "universal health" as the key outcome.

World Health Organization

WHO 2017

Integrated People-Centred Health Services

IPCHS

Reforming Health Service Delivery for UHC

are a key feature of robust and resilient health systems and are critical for progressing towards universal health coverage (UHC) and the Sustainable Developmental Goals (SDGs). Why are they so vital? What does it mean in practice? How can you take action? This brief builds on evidence from countries demonstrating how IPCHS supports progress towards UHC and the SDGs.

IPCHS and the path to universal health coverage

Universal health coverage is a global priority for WHO, and the linchpin of the health-related SDGs. It's the one target that, if achieved, will help to deliver all others. For health care to be truly universal, it requires a shift from health systems designed around *diseases* and *health institutions* towards health systems designed for *people*. A renewed focus on service delivery through an integrated and people-centred lens is critical to achieving this, particularly for reaching underserved and marginalized populations to ensure that no one is left behind.

400 MILLION — People lack access to essential health services that could be delivered through primary care. (i)

Globally, up to **40%** of all health care spending is wasted through inefficiency. (ii)

Of 421 million hospitalizations globally each year, about **1 in 10** results in harm to the patient. (iii)

Photo: Christina Banluta/WHO

A people-centred approach is needed for:

Equity in access: For everyone, everywhere to access the quality health services they need, when and where they need them.

Quality: Safe, effective and timely care that responds to people's comprehensive needs and is of the highest possible standard.

Responsiveness and participation: Care is coordinated around people's needs, respects their preferences, and allows for people's participation in health affairs.

Efficiency: Ensuring that services are provided in the most cost-effective setting with the right balance between health promotion, prevention, and inpatient and outpatient care, avoiding duplication and waste of resources.

Resilience: Strengthening the capacity of health actors, institutions and populations to prepare for, and effectively respond to, public health crises.

WHO Framework on integrated people-centred health services

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- **Vision:** a future in which all people have equal access to quality health services that are co-produced in a way that meets their life course needs and respects their preferences, are coordinated across the continuum of care and are comprehensive, safe, effective, timely, efficient, and acceptable, and all carers are motivated, skilled and operate in a supportive environment.

- **Five strategies to implement**
  1. Engaging and empowering people and communities;
  2. Strengthening governance and accountability;
  3. Reorienting the model of care;
  4. Coordinating services within and across sectors;
  5. Creating an enabling environment.

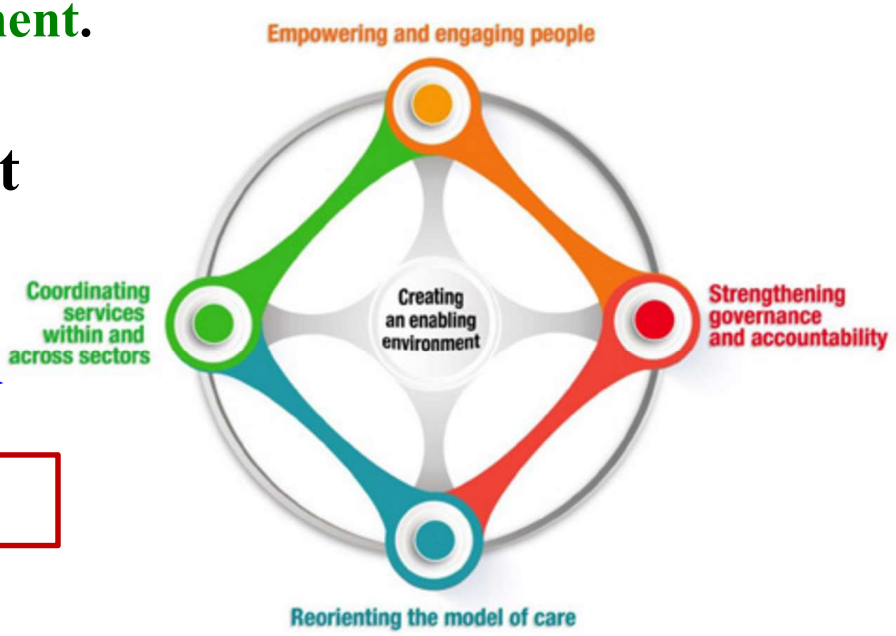


Figure: Framework on integrated people-centred health services

(Healthy health services in healthy communities)

PEOPLE at the center of healthcare quality

3 overarching aims of US National Strategy for Quality Improvement in Health Care (NQS), 2011

1. Better Care: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.
2. Healthy People/Healthy Communities: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social and, environmental determinants of health in addition to delivering higher-quality care.
3. Affordable Care: Reduce the cost of quality health care for individuals, families, employers, and government.

6 priorities

1. Making care safer by reducing harm caused in the delivery of care.
2. Ensuring that each person and family is engaged as partners in their care.
3. Promoting effective communication and coordination of care.
4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
5. Working with communities to promote wide use of best practices to enable healthy living.
6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

How about healthcare for older people?

- Definition & focus, “healthy older people” vs. healthy people
- Special issues, risks & needs, special manifestation
- Myths

Global context and timing

Global momentum on healthy aging & health service delivery reform-

- WHO prioritizes aging and health
  - World Report on Ageing and Health in 2015,
  - Global Strategy and Action Plan on Ageing and Health, 2016, 69th World Health Assembly
  - Integrated care for older people- (WHO) Guidelines on community-level interventions to manage declines in intrinsic capacity, 2017
- US: Age-Friendly Health System initiative, John A. Hartford Foundation, Nov. 2016, with 5 health systems & I.H.I.
- The WHO Global Network for Age-friendly Cities and Communities- > 400 cities and communities in 37 countries

Healthy Ageing, WHO, World Report on Ageing and Health, 2015

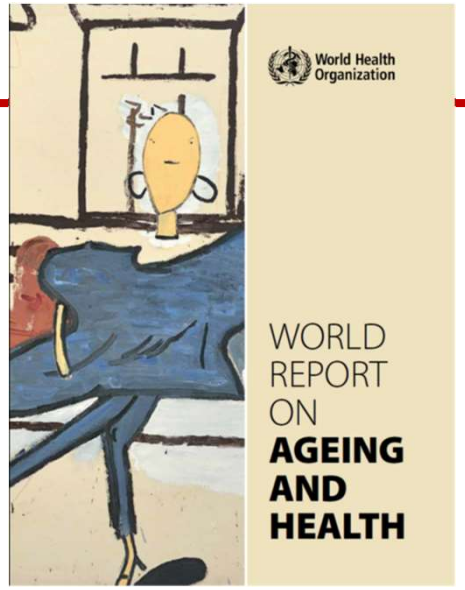
WHO considers *Healthy Ageing* in a more holistic sense, one that is based on life-course and functional perspectives.

This report defines ***Healthy Ageing*** as **the process of developing and maintaining the functional ability that enables well-being in older age** (Fig. 2.1).

Well-being: happiness, satisfaction, fulfilment

Not free-of-diseases

Functional ability on physical, mental & social aspects

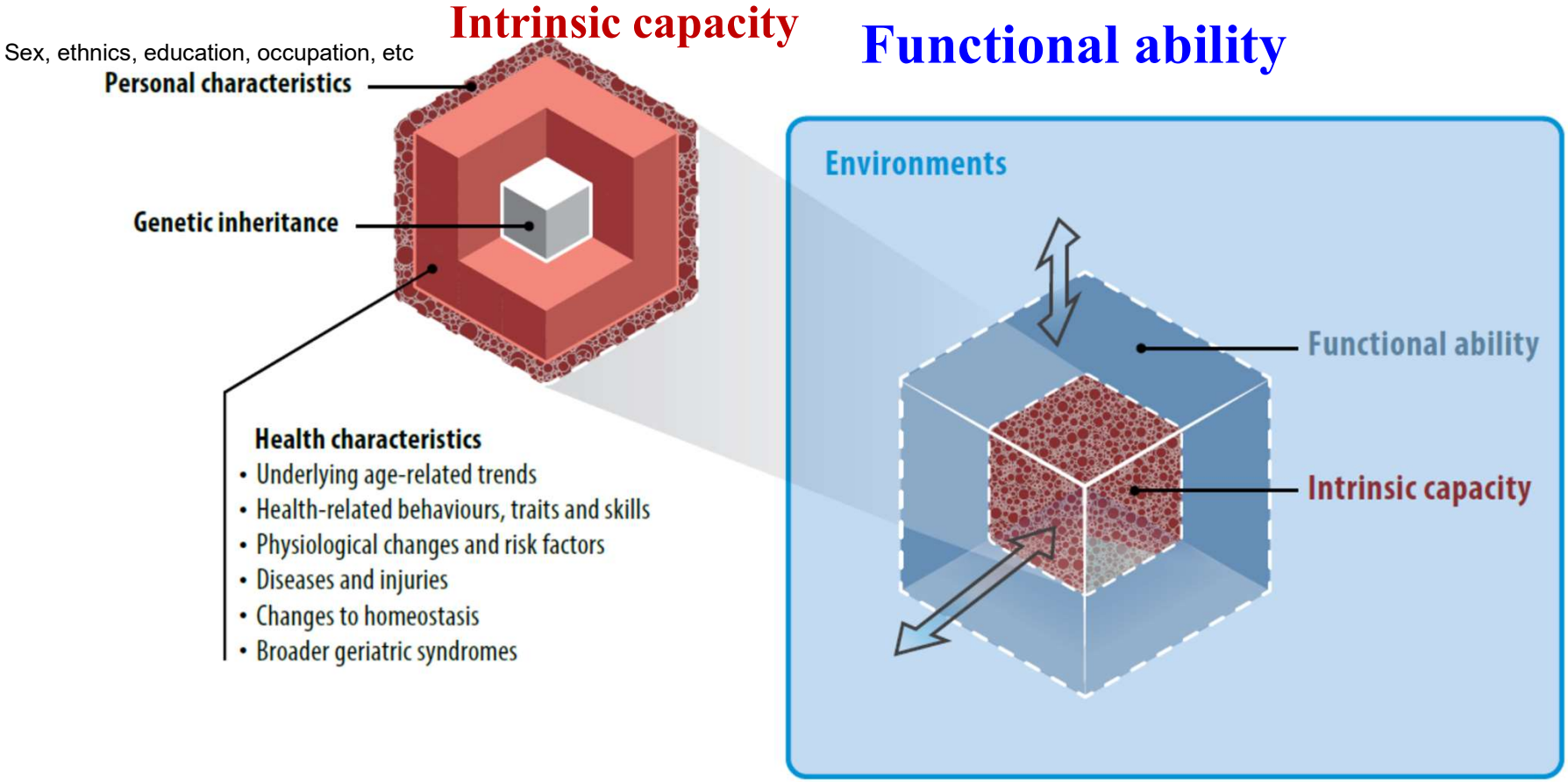


Functional ability is made-up of:

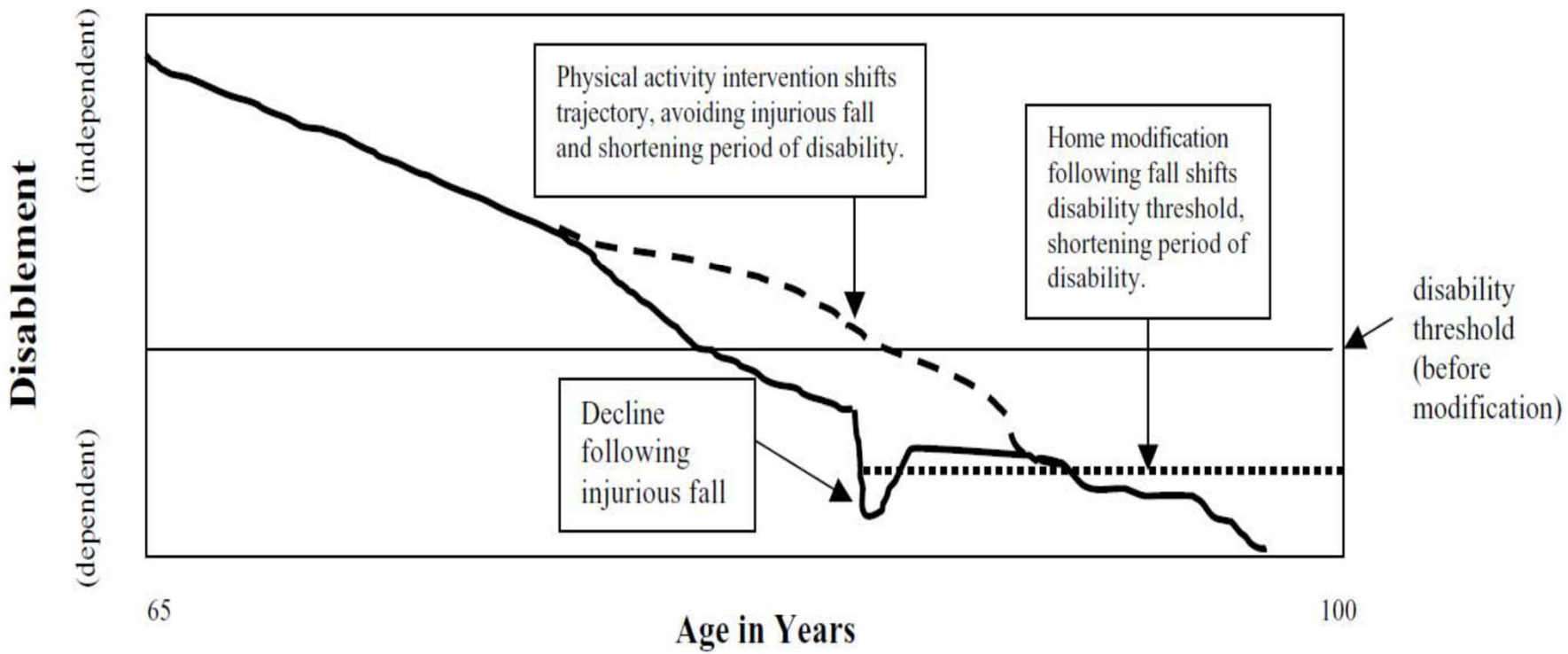
- the **intrinsic capacity** of the individual,
- relevant **environmental characteristics**, and
- the **interactions** between the individual & these characteristics

WHO, World Report on Ageing and Health, 2015

Fig. 2.1. ***Healthy Ageing***



Life-course approach to healthy ageing



- **Promote function, minimize decline, maximize recovery;**
- **Prevent sudden decline, such as fall, stroke or accidents;**
- **Use assistive aids to make up the function;**
- **Friendly environments to reduce task threshold**

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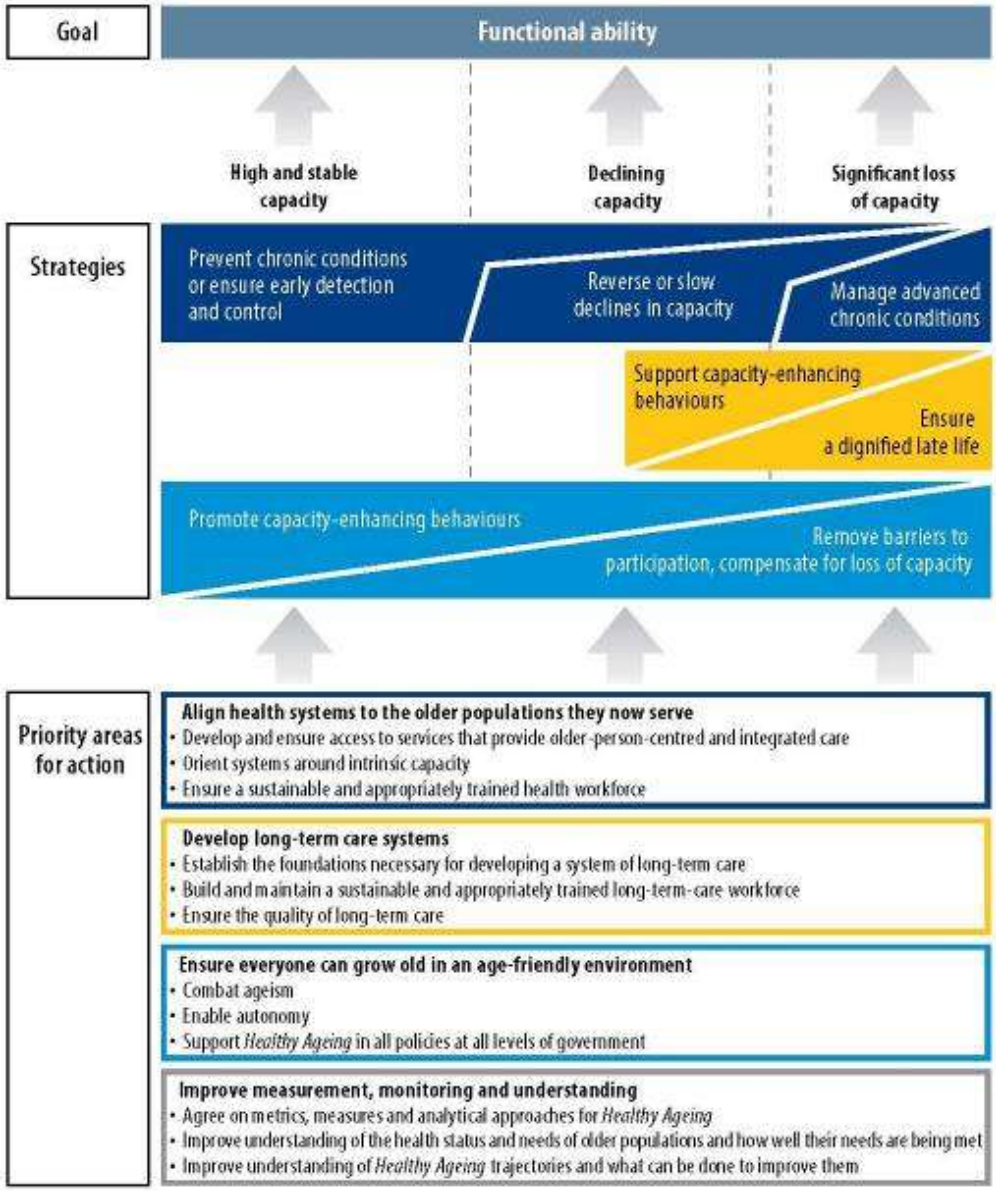
Opportunities for taking public-health action to ensure Healthy Ageing



Health services

Long-term care

Environments

Health services

Long-term care

Environments

Monitoring

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World Health Organization

SIXTY-NINTH WORLD HEALTH ASSEMBLY
Provisional agenda item 13.4

A69/17
22 April 2016

69th WHA, 2016

A Decade of Healthy Ageing 2020-2030

Multisectoral action for a life course approach to healthy ageing: draft global strategy and plan of action on ageing and health

GLOBAL STRATEGY AND PLAN OF ACTION ON AGEING AND HEALTH

VISION

A world in which everyone can live a long and healthy life

STRATEGIC OBJECTIVES

1. Commitment to action on Healthy Ageing in every country
2. Developing age-friendly environments
3. Aligning health systems to the needs of older populations
4. Developing sustainable and equitable systems for providing long-term care (home, communities and institutions)
5. Improving measurement, monitoring and research on Healthy Ageing

PLAN OF ACTION 2016–2020
GOALS

1. Five years of evidence-based action to maximize functional ability that reaches every person.
2. By 2020, establish evidence and partnerships necessary to support a Decade of Healthy Ageing from 2020 to 2030

STRATEGIC OBJECTIVE 3. Aligning health systems to the needs of older populations

Key actions include:

1. Orienting health systems around intrinsic capacity and functional ability
2. Developing and ensuring affordable access to quality older person-centred and integrated clinical care
3. Ensuring a sustainable and appropriately trained, deployed, and managed health workforce

Key actions to take to achieve older person-centred and integrated care include:

- ensuring that **all** older people are given **a comprehensive assessment** and have **a single service-wide care plan** that looks to optimize their capacity;
- developing services that are situated as close as possible to where older people live, including delivering services in their homes and providing community-based care;
- creating service structures that foster care by multidisciplinary teams;
- supporting older people to self-manage by providing peer support, training, information and advice;
- ensuring the availability of the medical products, vaccines and technologies that are necessary to optimize their capacity.

STRATEGIC OBJECTIVE 4: DEVELOPING SUSTAINABLE AND EQUITABLE SYSTEMS FOR LONG-TERM CARE

4.3: Ensure the quality of person-centred and integrated long-term care

- Long-term care services need **to be oriented around the functional ability and well-being of older people**. This requires systems and caregivers to provide care in a way that **both supports the best attainable trajectory of intrinsic capacity and compensates for loss of capacity through support, care and environmental action** to maintain functional ability at a level that ensures well-being and allows an older person to age in a place that is right for them. This can be achieved through care that is integrated across many professions and settings, as well as condition- and care-specific services (dementia and palliative care, for example). Using innovative assistive health technologies or drawing on existing technologies in innovative ways for coordination, support and monitoring may be particularly important.
- A key step will be to identify models of long-term care in different settings that have the greatest impact on Healthy Ageing trajectories. **Coordination across and between services (including between long-term care and health care services)** can be facilitated through case management. Quality management systems that identify critical care points, with a focus on **optimizing functional ability and well-being**, will also be required. These will need to be underpinned by mechanisms to protect **the rights and autonomy** of care recipients.

Organizing integrated health-care services to meet older people's needs

Bull World Health Organ 2017;95:756–763 | doi: http://dx.doi.org/10.2471/BLT.16.187617

Islene Araujo de Carvalho,[a] JoAnne Epping-Jordan,[b] Anne Margriet Pot,[c] Edward Kelley,[d] Nuria Toro Jotheeswaran A Thiyagarajan[a] & John R Beard[a]

Box 1. **Key elements of WHO's approach to integrated health care for older people, 2015**[1]

Goal of integrated health care

All elements of integrated care for older people should be based on the individual's unique needs and preferences.

Micro-level integration

Clinical care

Integration at the clinical care level is especially important for older people and should include: (i) comprehensive assessment; (ii) a common treatment or care goal based on the individual's intrinsic capacity and functional ability; and (iii) a care plan that is shared among all care providers.

Meso- and macro-level integration

Service delivery

Important aspects of service delivery for older people include: (i) active case-finding and management; (ii) community-based care; and (iii) home-based interventions. In addition, service delivery must be anchored to a strong and well-performing primary health-care system. Support for self-management provides older people with the information, skills and tools they need to manage their health conditions, prevent complications, maximize their intrinsic capacity and maintain their quality of life. Community engagement enables existing resources to be employed and helps provide support for older people and their families.

Health workforce

Health-care workers require several key competencies to provide good-quality care for older people. Training reforms are necessary to ensure they have these skills. In addition, a critical mass of specialist geriatric expertise is needed for more difficult and complex cases. Moreover, health-care workers should be deployed in a manner consistent with the objective of providing person-centred, integrated care for older people – for this purpose, multidisciplinary teams are essential. In some contexts, care coordinators and self-management counsellors might be needed.

Information and data

Electronic health records and shared data platforms can capture, organize and share information about individuals and clinical populations. This information can help identify older people's needs, plan care over time, monitor responses to treatment and assess health outcomes. Information systems can also facilitate collaboration between different health-care workers and between health-care teams and their patients, who may be located in a range of settings or geographic locations. Standard assessment measures should be reviewed to ensure they are assessing outcomes important to older people, namely intrinsic capacity and functional ability.

Health-care infrastructure, products and technology and vaccines

The physical infrastructure of health centres and hospitals should be designed in an older age-friendly manner. In addition, older people should have access to essential medicines and to assistive and medical devices that will enable them to remain healthy, active and independent as long as possible.

Financing

Policy on health financing should be aligned with the goals of universal health coverage for ageing populations, which is defined by WHO as all people having access to the health services needed without risking financial hardship by accessing them. Joint funding across health and social care sectors would help ensure coordination and efficiency and is particularly important for ageing populations.

WHO: World Health Organization.

Box 2. **Evidence supporting WHO's approach to integrated health care for older people, 1991–2015**

Focus on intrinsic capacity[a]

Focusing on intrinsic capacity is more effective than prioritizing the management of specific chronic diseases.[12–14] It helps avoid unnecessary treatment, polypharmacy and their side-effects.[8,22,23]

Comprehensive assessments and care plans

Comprehensive assessments and care plans harmonize clinical management across different care providers and unite providers around a common goal.[24] For people admitted to hospital, these assessments and plans can minimise the potential risk and harms of hospitalization and can facilitate successful discharge home.[16] For people discharged to long-term care, these assessments and plans can facilitate follow-up and provide an essential link between health and social care.[25]

Case management

Systematic reviews have reported that case management improves intrinsic capacity, various aspects of medication management and the use of community services.[13] Case management also improves health outcomes in older people and has clinical benefits for people with several chronic illnesses.[26]

Support for self-management

Structured self-management programmes have been shown to improve a wide range of outcomes in older adults. Improvements have been observed in physical activity,[27–29] self-care,[27] chronic pain[30] and self-efficacy.[27–30]

Home-based interventions

Home visits by health professionals in the context of community-based programmes have been shown to have positive effects. A review of 64 randomized trials found that home visits were effective when they included multidimensional assessments and were carried out five or more times: the greatest overall effects were reductions in emergency department visits, hospital admissions, the length of hospital stay and the number of falls, and better physical functioning.[31] To be as effective as possible, home-based services must be complemented by strong links to primary health-care services, must include scheduled follow-ups and must be restricted to people at a low risk of death.[32]

WHO: World Health Organization.

[a] Intrinsic capacity is defined by the World Health Organization as the combination of the individual's physical and mental (including psychosocial) capacities.

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US: Age-Friendly Health System initiative, John A. Hartford Foundation (N.Y.), Nov. 2016, with 5 health systems & I.H.I.

SPECIAL ARTICLE

2017, JAGS

The Age-Friendly Health System Imperative

Terry Fulmer, PhD, RN, Kedar S. Mate, MD,†‡ and Amy Berman, BSN**

The unprecedented changes happening in the American healthcare system have many on high alert as they try to anticipate legislative actions. Significant efforts to move from volume to value, along with changing incentives and alternative payment models, will affect practice and the health system budget. In tandem, growth in the population aged 65 and older is celebratory and daunting. The John A. Hartford Foundation is partnering with the Institute for Healthcare Improvement to envision an age-friendly health system of the future. Our current prototyping for new ways of addressing the complex and interrelated needs of older adults provides great promise for a more-effective, patient-directed, safer healthcare system. Proactive models that address potential health needs, prevent avoidable harms, and improve care of people with complex needs are essential. The robust engagement of family caregivers, along with an appreciation for the value of excellent communication across care settings, is at the heart of our work. Five early-adopter health systems are testing the prototypes with continuous improvement efforts that will streamline and enhance our approach to geriatric care. J Am Geriatr Soc 2017.

Key words: health system; care models; improvement science

We are in the midst of unprecedented change in the American healthcare system. There are significant efforts to move from volume to value, with changing incentives and alternative payment models that have left healthcare delivery precariously straddling two worlds. As we write this, there are those who would repeal the Affordable Care Act[1] and others who assert its salutary effects. Large hospitals and health systems continue to grow larger and consolidate, whereas the number of nursing home beds has declined over the past decade.[2] Larger primary care practices are acquiring smaller practices, leaving independent physicians or nurse practitioners who care for families over the life course largely a thing of the past.

As the market changes so does demand. Baby Boomers are beginning to demand different types of long-term services and supports than their parents have. It is highly unlikely that the Boomers, weaned on technology and social networks, will tolerate a disjointed, noncommunicating health system.

What better time to encourage Congress and the administration to seriously examine what an age-friendly health system might look like? With more than 55 million older adults, $500 billion in annual Medicare spending, and nearly 10 million older adults who are dually eligible for Medicare and Medicaid, it is time for today's healthcare systems that largely care for older adults to improve continuity, decrease waste, and prevent needless harm.

Among the stories we heard that have shaped our thinking about the design of the age-friendly health system initiative was this one:

> My father, an 88-year-old fiercely independent man of Irish descent, still driving his car to the village three miles from his home, was losing weight and, more worrisome, his memory. My mother had died three years prior after a serious stroke, and this left him to fend for himself. He adapted, but his daily routines, diet and exercise, and medications for his mild hypertension were irregular.
>
> A neighbor called to say she had not seen him for 24 hours and sent an ambulance. He was found on the floor, conscious but unable to get to his feet. After more than eight hours in the emergency room at the local hospital, he was diagnosed with dehydration and a hip fracture and was taken into surgery. Although the surgery was relatively straightforward, he had serious side effects from the anesthesia and remained in the recovery room for several hours. He was transferred to a general surgical unit where he stayed for five days while his pain was managed and his cognition began to stabilize. We were terrified to hear that the plan of care was

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See related editorial by Ouslander et al.

DOI: 10.1111/jgs.15076

0002-8614/17/$15.00

March, 2018

Creating an Age-Friendly Public Health System

Challenges, Opportunities, and Next Steps

This report was prepared by the Trust for America's Health, with funding from The John A. Hartford Foundation

March 2018

The John A. Hartford Foundation
Dedicated to Improving the Care of Older Adults

Trust for America's Health
WWW.HEALTHYAMERICANS.ORG

Milbank Memorial Fund

US, Age-Friendly Health System

What Is an Age-Friendly Health System?

An age-friendly approach will measurably improve the quality of care for older adults and optimize value for health systems. It is a health care system in which:

- Older adults get the best care possible;
- Healthcare-related harms to older adults are dramatically reduced and approaching zero;
- Older adults are satisfied with their care; and
- Value is optimized for all — patients, families, caregivers, health care providers and health systems.

Focus on "4 Ms":

- What Matters: Understand and actively support what matters to older adults
- Mobility: Review mobility plans for each patient
- Medications: Discuss whether medications are unnecessary or potentially harmful
- Mentation: Improve mentation by addressing problems like dementia, delirium, and depression

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Contents of Taiwan's Framework of Age-friendly Health Care

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Taiwan Framework- aims to develop a framework for health services which

- Bears a public health perspective to achieve universal health for all older people; (work on population, not just high-risk persons or diseased or disabled patients)
- Prioritizes healthy aging & holistic health to maximize functional ability and avoid deterioration
- Harmonizes health services to provide coordinated integrated people-centered care. Instead of only focusing on primary care, we also include hospitals & LTC to achieve an integrated system.
- Works with and within age-friendly cities, communities & society.
- Sees age-friendly health services themselves as age-friendly communities addressing not only the intrinsic capacity, but also environments, interaction, leadership commitment & monitoring.

Health Targets of the Golden Decade Mega Plan

Indicators	Base, 2010	Target, 2020
Cancer mortality rate (1/100,000)	131.6	119.3 by 2016 (**10%↓**) 106.0 by 2020 (**20%↓**)
Adult smoking rate (%)	Adults: 19.8	Adults: 10 (**50%↓**)
Adult betal quid chewing rate (%)	Men 12%	Men: 6% (**50%↓**)
Adult sufficient physical activity (%)	Adults: 26%	Adults: 52% (**2 folds ↑**)
Healthy BMI (%)	Men: 46.4 Women: 56.8 Boys: 59.5 Girls: 66.7	Men ：48.6 (**5% ↑**) Women：59.3 (**5%↑**) Boys： 65.5 (**10% ↑**) Girls： 73.4 (**10% ↑**)
Age-friendly City Initiative	1 among 22 cities and counties	All 22 by 2016 (100%)

In the White Paper for Health & Welfare 2025 (published in 2015), a target was set to reach 520 age-friendly health services by 2020

電子版第一版(105 年 1 月)

2025 衛生福利政策白皮書

衛生福利部

中華民國 105 年 1 月

肆、衡量指標

一、中程指標(2020)

(一) 參加健康城市西太平洋聯盟之縣市及地區達 38 個。

(二) 健康照護機構參與推動「健康促進醫院」累計達 200 家。

(三) 通過高齡友善健康照護機構認證累計達 520 家。

(四) 提升國內健康照護機構參與推動節能減碳行動，128 家醫院至 2020 年較 2007 年減少碳排放量 13%。

二、長程指標(2025)

(一) 參加健康城市西太平洋聯盟之縣市及地區達 53 個。

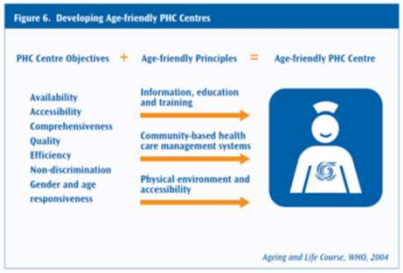
(二) 健康照護機構參與推動「健康促進醫院」累計達 250 家。

(三) 維持高齡友善健康照護機構認證家數 520 家。

(四) 提升國內健康照護機構參與推動節能減碳行動，128 家醫院至 2025 年較 2020 年減少碳排放量 5%。

The Framework for Age-friendly Health Care

- Aim: help hospitals and health services develop age-friendly culture, structures, decisions, and processes to improve health gain for older people in and by healthcare settings
- Based on
  - WHO age-friendly principles (all 3 are adopted)
  - WHO Standards of Health Promoting Hospitals
  - Other pioneer projects like Elder-Friendly Hospital Initiative in Canada
- **Used for guiding organizational implementation, self assessment & external recognition**
- **for hospitals, primary care & LTC**



Chiou ST & Chen LK, Archives of Gerontology and Geriatrics 49 Suppl. 2 (2009) S3-S6

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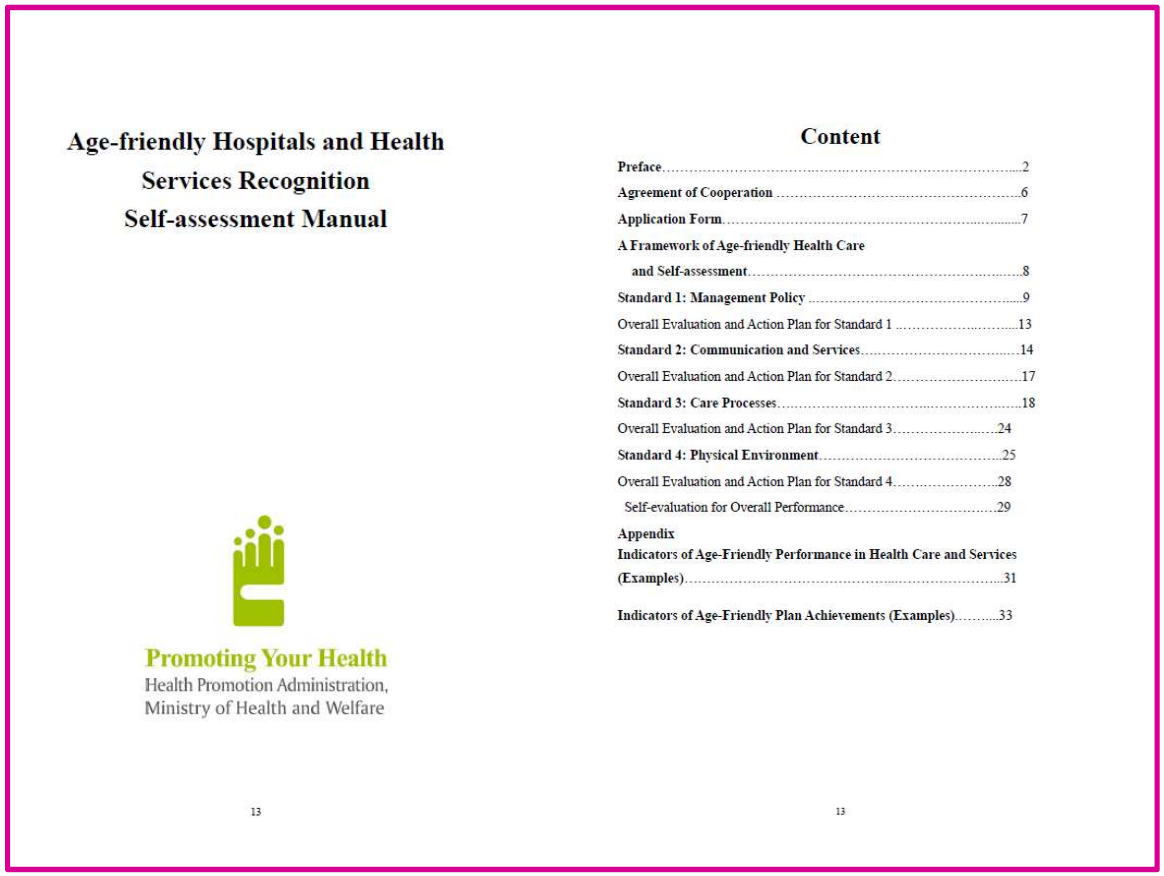
AF framework

addresses WHO age-friendly principles, HPH standards & key dimensions in WHO "Ageing & Health" report

4 standards, 11 sub-standards, 60 measurable items

Standards	Sub-standards	Priority action areas
1. Management Policy	1.1 Developing an age-friendly policy 1.2 Organizational support 1.3 Continuous monitoring and improvement	• Workforce training, • Measurement, monitoring & understanding
2. Communication and Services	2.1 Communication 2.2 Services	• Age-friendly social environment
3. Care Processes	3.1 Patient assessment 3.2 Intervention and management 3.3 Community partnership and continuity of care	• Older-people-centered and integrated care, emphasize intrinsic capacity
4. Physical Environments	4.1 general environment and equipment 4.2 transportation and accessibility 4.3 signage and identification	• Age-friendly physical environment

Self-assessment manual underwent global validation and was translated into English, Germen, Estonian, and Greek



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

Promoting Your Health
Health Promotion Administration, Ministry of Health and Welfare

13

Content

13

Priority areas to develop tools and indicators for assessment, intervention & evaluation

- **Health promotion**
  - 4 major risk factors- tobacco, alcohol, diet, physical activity
- **Risk management**
  - Fall risk screening and intervention
  - Psychosocial- Depression, SES, etc
  - Frailty prevention & intervention
  - Risks from healthcare (ex. medication safety, nosocomial infection), etc
  - High risk screening and geriatric assessment for hospitalized patients
- **NCD control:** Clinical pathways for major NCDs
- **P't participation** in decisions: end-of-life care
- etc.

Indicators for performance

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

Appendix:

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

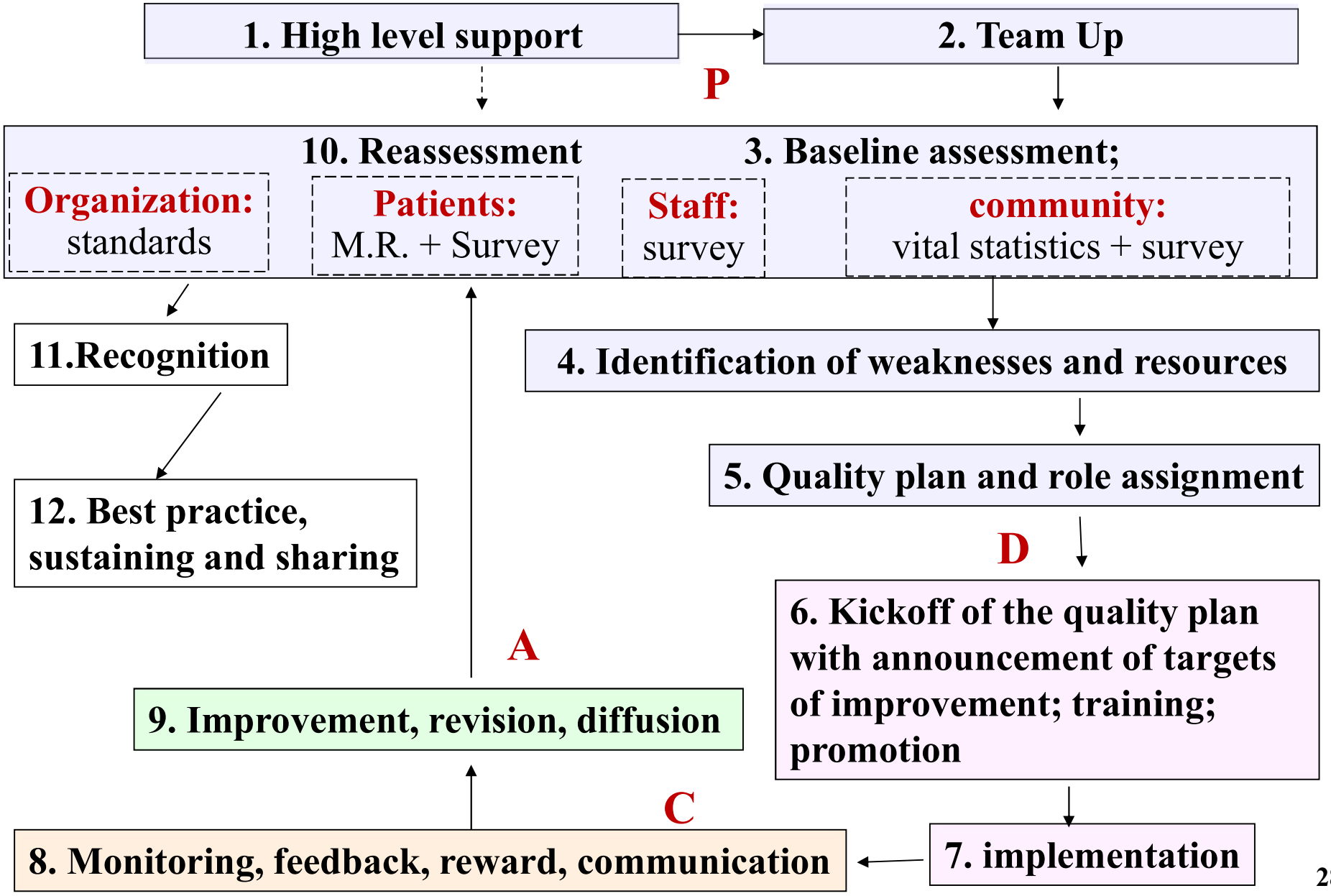
Standards	Indicators (Examples)
Management Policy	■ Percentage of staff knowing the organization's age-friendly policy ■ Percentage and hours of staff receiving general and core trainings ■ Staff's knowledge and capability of age and gender sensitivity ■ The overall satisfaction of patients based on age and gender
Communication and Services	■ Comparison of patient's experience and satisfaction of visiting the doctor, based on gender and age ■ 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 ■ Percentage of patient of older age or polypharmacy with fall risk assessment ■ Percentage of high risk screening in patients of older ages ■ Coverage of cancer screening ■ Performance on care quality of common chronic diseases ■ Percentage of patients receiving self-management education, behavior change intervention and rehabilitation ■ Patient's satisfaction on information and intervention ■ Percentage of smokers receiving advice on smoking cessation ■ Percentage of smoking cessation in elder smokers ■ 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 ■ 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 ■ Result comparison of patients' life quality, between experimental group and control group before and after the plan ■ 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 ■ Result comparison of patients' incidence rate of fall, between experimental group and control group before and after the plan ■ Result comparison of patients' condition control performance, between experimental group and control group before and after the plan ■ Result comparison of patient's life quality, between experimental group and control group before and after the plan ■ Result comparison of health care satisfaction, between experimental group and control group before and after the plan

Organizational implementation flowchart

Shu-Ti Chiou



Standards, Sub-standards, Measurable Items			
1			**Management Policy**
1	**1**		**Developing an age-friendly policy**
1	1	1	The hospital's current quality and business plans identify age-friendliness as one of the priority issues.
1	1	2	The hospital develops a written age-friendly policy that values and promotes older persons' health, dignity and participation in care.
1	1	3	The hospital identifies personnel and functions for coordination and implementation of the age-friendly policy.

2015.12

Age-friendly leadership and culture

Age-friendly policy signed by superintendent

Standards, Sub-standards, Measurable Items			2015.12
1	**2**		**Organizational support**
1	2	1	The hospital identifies **budget** for age-friendly services and materials.
1	2	2	The hospital improves the function of its **information system** to support implementation, coordination and evaluation of the age-friendly policy.
1	2	3	The hospital **recruits staff** knowledgeable in the care of older adults and their families.
1	2	4	All staff receives **basic training** in age, gender, and culturally sensitive practices that address knowledge, attitude and skills.
1	2	5	All **clinical staff** who provide care to older persons receive basic training in core competences of elder care.
1	2	6	The hospital **honors age-friendly best practices and innovations**.
1	2	7	**Staff are involved** in age-friendly policy-making, audit and reviews.

Standards, Sub-standards, Measurable Items			
1	**3**		**Continuous monitoring and improvement**
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.
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.

Award frontline innovation

Staff training

Examples of frontline innovation

A driver innovated a stepper for the bus

In bed hair wash device

Patients can sit for examination

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

Stand Male urinal

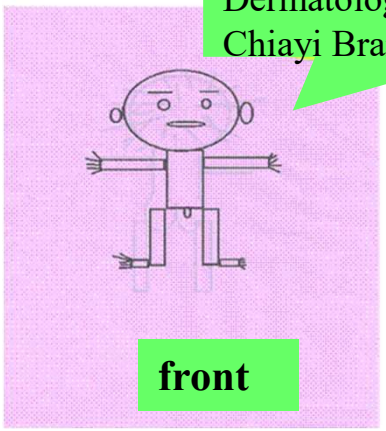
Standards, Sub-standards, Measurable Items			
2			**Communication and Services**
2	**1**		**Communication**
2	1	1	Hospital staff speak to older persons in a respectful manner using understandable language and words.
2	1	2	Provide information on the operation of the hospital, such as opening hours, fee schedules, medication and investigation charges, and registration procedures in an age-appropriate way.
2	1	3	Printed educational materials are designed in an age-appropriate way.
2	1	4	The hospital provides adequate information and **involves the older persons and their families at all stages of care.**
2	1	5	The hospital **respects older persons' ability and right to make decisions** on their care.

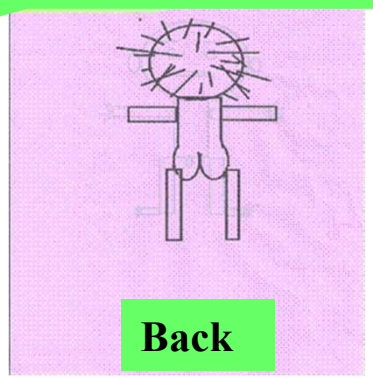
The right to know, the right to choose, the right to refuse.

Standards, Sub-standards, Measurable Items			
2	**2**		**Services**
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.
2	2	2	The hospital identifies and supports older persons with financial difficulties to receive appropriate care.
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.
2	2	4	The hospital encourages older persons, including community seniors, patients and their families, **to participate in hospital's volunteer services.**

Easily understandable pictures or instructions

Design figure sketch to explain direction of use of ointments by Division of Dermatology, Taichung Veteran Hospital Chiayi Branch





Priority registration

Young volunteers

Senior volunteers

Standards, Sub-standards, Measurable Items			
4			**Physical Environment**
4	**1**		**General environment and equipment**
4	1	1	The hospital applies the common principles of **Universal Design** to its physical environment whenever practical, affordable and possible.
4	1	2	The facilities, including waiting areas, are clean and comfortable throughout.
4	1	3	The facilities are equipped with good lighting, non-slip floor surfaces, stable furniture and clear walkways.
4	1	4	The toilet, bathing facilities and hospital beds are equipped with **emergency alarm systems**.
4	1	5	The hospital has **barrier-free washrooms** equipped with basic washing facilities.
4	1	6	There are hand railings on both sides of hallways.
4	1	7	Bed heights are appropriate for older persons.

Standards, Sub-standards, Measurable Items			
4	**2**		**Transportation and accessibility**
4	2	1	The main hospital premise has convenient transportation connections.
4	2	2	The hospital with larger premises offers shuttle van.
4	2	3	The hospital's main entrance has a passenger drop off / pick up area with staff on site to provide assistance.
4	2	4	For people with disabilities, there is enough space for them to get on / off and mobility aids are provided. (ex. wheelchair)
4	**3**		**Signage and identification**
4	3	1	Simple and easily readable signages are posted throughout the hospital to facilitate orientation and personalize providers and services.
4	3	2	The hospital applies common signanges for directions and makes it easy for older persons to identify.
4	3	3	Key health care staff are easily identifiable using name badges and name boards.

Washroom renovation

Before

After

Chair with armrest

Before

After

Taichung Hospital, DOH

Signage and identification

Shu-Ti Chiou

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

Orientation Markers on Floor

Larger signs

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

Non-slip door handle

Standards, Sub-standards, Measurable Items			
3			**Care Processes**
3	**1**		**Patient assessment**
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.
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.
3	1	3	The hospital has guidelines on **high-risk screening** for the seniors
3	1	4	Use of **medications** is reviewed at admission and regularly at outpatient services.
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.
3	1	6	The assessment is documented in the patients' record.
3	1	7	Information from referring physician or other relevant sources is available in the patient's record.

Standards, Sub-standards, Measurable Items			
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.
3	2	2	Information given to the patient (and the caregiver) is recorded in the patient's record.
3	2	3	The intervention and the expected results are documented and evaluated in the records.
3	2	4	Information on healthy ageing and information on specific risks or conditions is available to patients, families, visitors and staff.
3	2	5	Clinical departments incorporate health promotion, rehabilitation and risk management into their clinical practice guidelines or pathways as appropriate.
3	2	6	Diagnostic investigations and procedures should take age-related changes and level of tolerance into consideration.
3	2	7	Guidelines on multidisciplinary geriatric assessment and interventions on high-risk seniors are available.
3	2	8	The discharge planning is initiated as early as appropriate.
3	2	9	The right length of hospital stay should be achieved.

Standards, Sub-standards, Measurable Items			
3	**3**		**Community partnership and continuity of care**
3	3	1	Information on patient organizations is available to patients.
3	3	2	A list of health and social care providers working in partnership with the hospital is available.
3	3	3	An operation procedure for referral services is in place with assigned personnel.
3	3	4	There is a written plan for collaboration with partners to improve the patients' continuity of care.
3	3	5	There is an agreed-upon procedure for information exchange practices between organizations for all relevant patient information.
3	3	6	Patients (and their families, as appropriate) are given understandable follow-up instructions at out-patient consultation, referral or discharge.
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.
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.
3	3	9	The hospital provides care services to the community elders.

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

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

Medication system with auto-check of duplication, overdose, and interactions

Shu-Ti Chiou

Shu-Ti Chiou

Rehabilitation and HP activities

Community service

Health check-up in community, Chest H. MoHW

Free transportation to hospital for seniors health check-up, Buddhist Tzu Chi General H., Taipei Branch

Meal delivery service , Chest H. MoHW

Volunteers cutting hair for community elderly

Scale-up implementation

Scaling up AFHS initiative

- Together, we are stronger- synchronized collective change with shared learning, competition & awarding;
- $ & accountability- grant support coupled with governance, guidance and accountability;
- Advocacy, political engagement and synergy between age-friendly communities, age-friendly health care and age-friendly long-term care; and
- Creating enabling environment including payment reform and accreditation reform.

Scaling up AFHS initiative

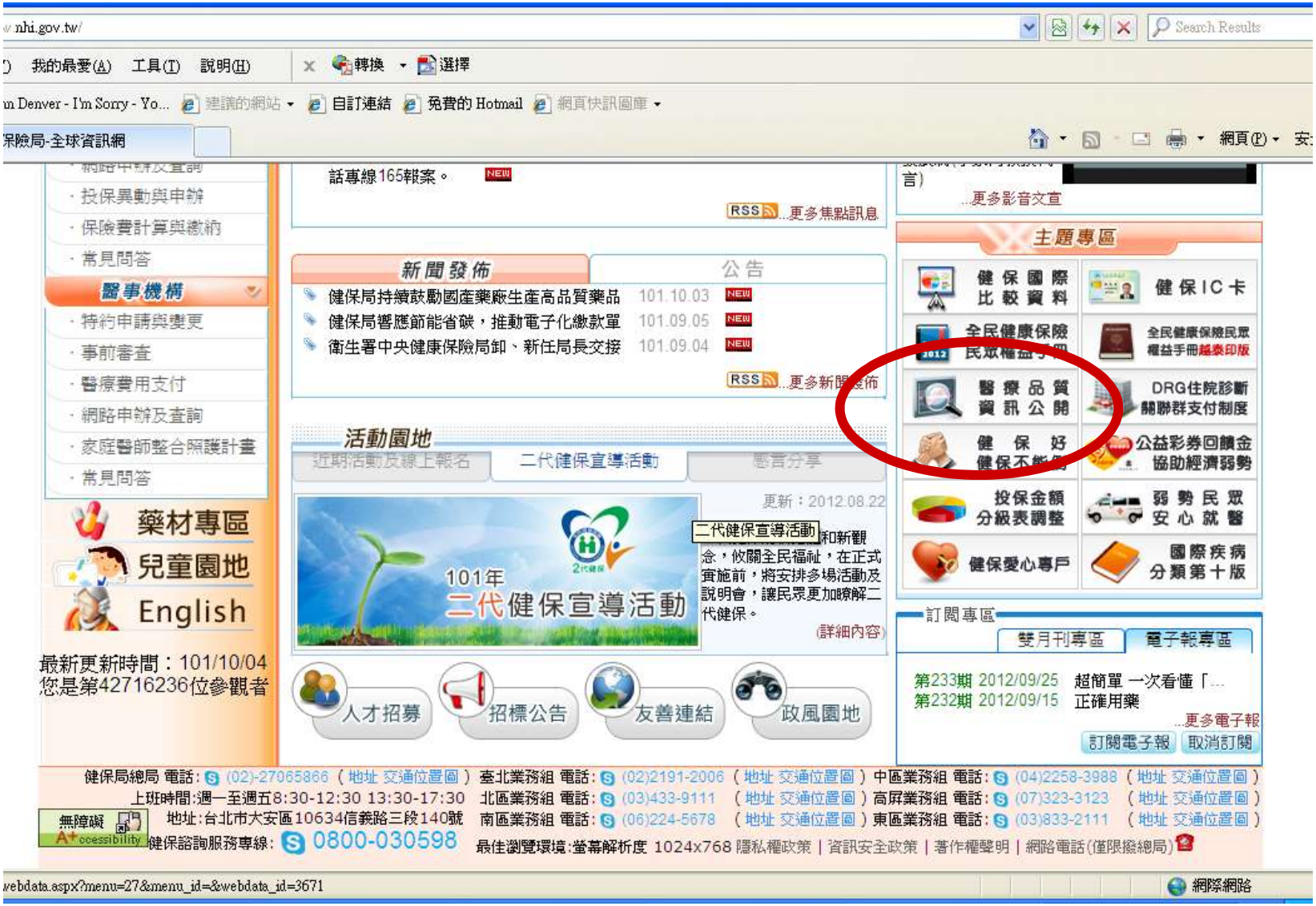
=> Creating enabling environments for AFHS

- **Yes, AF older-people centered HS is important, but how?**
  - ✓ **Advocate for AFHS, get political commitment & set targets (to reach 520 age-friendly health services by 2020)**
  - ✓ **Allocate budgets to support it & mediate payment support by health insurance and long-term care budget**
  - ✓ **Enable by developing framework, training, doing recognition, selecting champions and offering shared learning**

Annual selection of outstanding organizations, innovations & frontline heros

- **Age-friendly HCOs Model Competition**
  - ✓ Process Reengineering Prize
  - ✓ Age-friendly Services Prize
  - ✓ Age-friendly Environment Prize
- **Innovation in AF Healthcare**
- **Best stories of AF healthcare**

Public reporting of quality



Mass media reports on AFHC

高齡友善醫療服務　彰基奪冠獲典範獎

鉅亨網新聞中心　（來源：健康醫療網）　2012-11-20 13:56

（健康醫療網／林宜慧報導）衛生署國健局今（20）天舉辦「高齡友善健康照護機構」的成果發表會，頒發獎項給在軟體管理、服務、及硬體動線、環境都對高齡者貼心設計的醫療院所，其中彰化基督教醫院榮獲最高榮譽「典範獎」，另有光田綜合醫院、中國醫藥大學附設醫院，及高雄榮民總醫院分別獲得友善服務獎、組織再造獎，及友善環境獎。

衛生署署長邱文達指出，台灣65歲以上的老年人口快速增加，預計在2025年即將高達總人口的20%，成為「超高齡社會」。2002年世界衛生組織（WHO）提出活躍老化的觀念，同時提出「高齡友善醫療三大原則」，而國健局便以WHO提出的原則，開發國際第一個由政府帶頭推動的「高齡友善健康照護機構認證」，從100年至今的2年內，共有37家醫院獲得認證。「高齡友善健康照護機構認證」涵蓋管理政策、溝通與服務、照護流程、物理環境等4大標準，共60項高齡友善措施與自我評估表。獲得典範獎的彰化基督教醫院表示，高齡病患的特性是多慢性病、多共病及多重用藥，針對這個族群，彰基在軟體服務上，提供病人高度整合性照護團隊，包含糖尿病、慢性腎臟病、中風、尿失禁、慢性阻塞性肺病、氣喘、消化系團隊等，並將接受化療的高齡病人流程簡化，讓長者不會像走進迷宮般在醫院中疲於奔波；另提供多重用藥整合門診，運用個別化用藥評估與整合計畫，將藥物品項減少39%；同時建置病患手術前後的疼痛評估與管理，滿意度達84%。

在硬體設施上，老年人最容易發生的危險就是跌倒，彰基成立「跌倒防治中心」，並國內首創使用地坪防滑檢測係數儀器，確保地板止滑度，院內樓梯、化妝室、走道等公、私人空間，都加裝扶手防止老人跌倒的情況發生。彰基表示，最重要的是以「傾聽老人話語、了解老人身心」為出發點，才能將組織改造成對高齡者友善的醫學中心。


衛生福利部國民健康署

針對長者需要，打造專業、體貼、智慧的健康照護環境

標準一、管理政策
標準二、溝通與服務
標準三、照護流程
標準四、物理環境


國民健康署 醫療 人文 健康 永續

營造全人醫療保健服務，讓您健康到老！

高齡友善健康照護認證
智慧不老領先全球

臺灣在1993年的老年人口比率已達7%，進入高齡化社會，在2012年達到11%；預估再過5年（2018年）達14%時會真正進入高齡社會，且在2025年進入超高齡社會（20%），屆時，平均每5人中就有一位65歲以上老人。


國民健康署 醫療 人文 健康 永續


衛生福利部 國民健康署

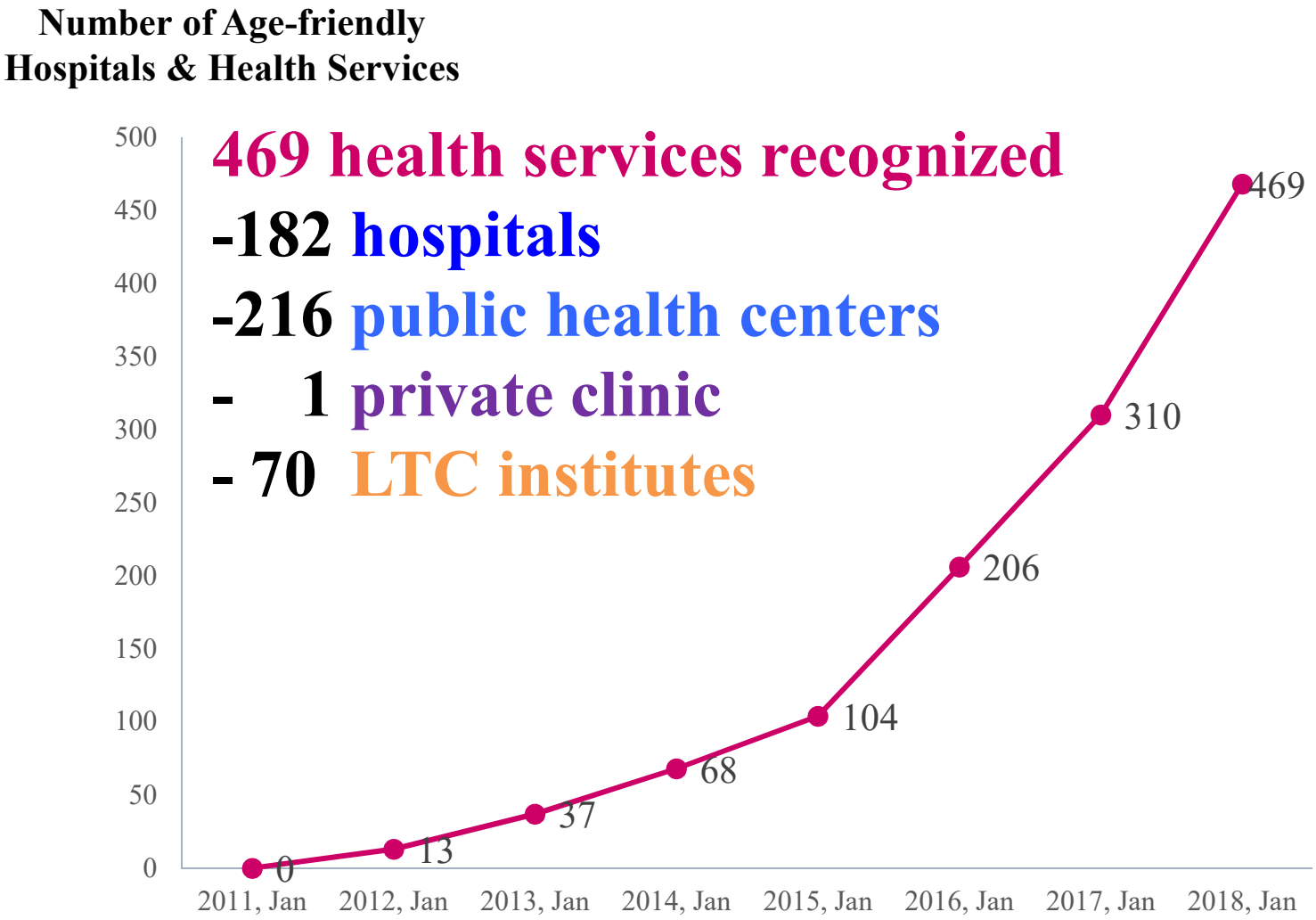
健康、專業與信任，不倒就落伍

領導國際的高齡友善行動

活躍老化，共創多贏未來

Shu-Ti Chiou

Growth of Taiwan's age-friendly hospitals & health services



Weakness: 6 items scored < 80 in 2011 (1/2)

Improvement was seen in late comers.

Standard 1. Management policy

- 1.2 Organizational support

Measurable Items	2011 N=20	2014 N=41	*p*-value
1.2.2 The hospital improves the function of its information system to support implementation, coordination and evaluation of the age-friendly policy.	78.75	89.17	<0.001*
1.2.3 The hospital recruits staff knowledgeable in the care of older adults and their families.	72.08	82.36	0.097
1.2.4 All staff receives basic training in age-, gender-, and culture- sensitive practices that address knowledge, attitude and skills.	76.25	85.69	0.003*
1.2.5 All clinical staff who provide care to older persons receive basic training in core competences of elder care.	76.25	86.34	0.001*

* $p<0.05$

Weakness: 6 items scored < 80 in 2011 (2/2)

Improvement was seen in late comers.

Standard 1. Management policy

- 1.3 Continuous monitoring and improvement

Measurable Items	2011 N=20	2014 N=41	*p*-value
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.	75.00	85.98	0.005*

Standard 3. Care processes

- 3.2 Intervention and management

3.2.7 Guidelines on multidisciplinary geriatric assessment and interventions on high-risk seniors are available.	77.92	85.81	0.022*

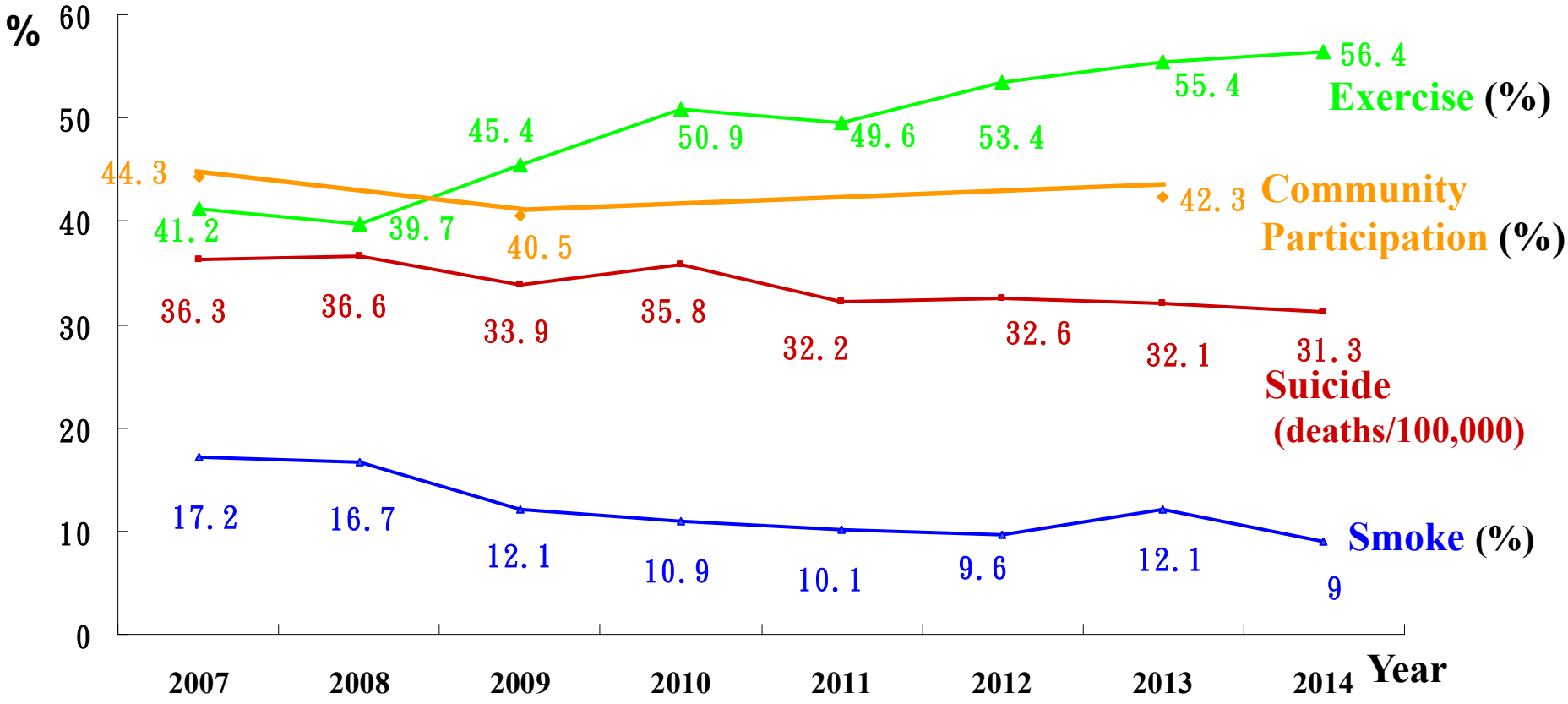
* $p<0.05$

Indicators of Age-Friendly Performance in Health Care and Services in Taiwan (2014 vs 2015)

N=49

	Indicators	2014 mean (S.D.)	2015 mean (S.D.)	P-value
Indicator 2	The overall satisfaction of patients	88.8 (7.7)	90.1 (5.3)	0.0881
Indicator 3.1	Less waiting time	74.7 (20.2)	76.9 (14.9)	0.1987
Indicator 3.2	Provide health education	85.8 (13.8)	87.4 (9.7)	0.2727
Indicator 3.3	Actively ask about patient's health behavior	86.1 (12.8)	87.4 (9.5)	0.2214
Indicator 3.4	Active reminding of **cancer** screening	81.7 (16.7)	86.7 (7.4)	0.0669
Indicator 3.5	Active advice of smoking cessation	78.0 (21.1)	85.6 (10.8)	0.0324
Indicator 3.6	Kind service	90.2 (8.1)	91.7 (6.1)	0.1563
Indicator 3.7	Detailed description of patient's condition	91.0 (6.9)	92.3 (5.4)	0.1614
Indicator 3.8	Value patient's right	91.2 (8.1)	87.4 (16.8)	0.8666
Indicator 3.9	Medically competent	90.2 (8.5)	89.3 (12.3)	0.6966
Indicator 3.10	Well equipped facility	86.2 (11.5)	86.6 (10.5)	0.4066
Indicator 3.11	Clean and comfortable environment	87.9 (11.3)	86.6 (11.1)	0.7974
Indicator 4.1	Rate of readmission within 14 days after discharge (unplanned readmission within 14 days after discharge due to similar or related disease condition)	2.15 (2.21)	2.06 (1.89)	0.7971

Progresses in healthy aging



Source from：

Exercise : Behavioral Risk Factor Surveillance System (BRFSS)【At least 30 minutes per day, 3 days a week 】

Community Participation : National Health Interview Survey (NHIS)

Suicide : Death report system

Smoke : Adult Smoking Behavior Surveillance System (ASBS)

New progresses in Taiwan

- Rapid diffusion to public health centers and long-term care institutions
- For hospitals
  - Integration of 4 sets of standards into 1 set of standards (healthy hospital): HPH + Age-friendly + Tobacco-free + Environment-friendly HS
  - More explicit definition on measurable elements
  - Introduction of tracer method ("patient-focused method") for on-site survey
- Make health promoting culture, processes, practices & environments integral in health services settings through accreditation.

Global development

2017	1.Taiwan- integration of age-friendly standards into the "healthy hospital" accreditation standards & diffusion to primary health centers and long-term care institutions; 2.Presentation in 41th World Hospital Congress, 2017 in session on "Care for Ageing and Multi-chronic Patients" 3.Keynote speech in the 14th World Congress on Long Term Care in Chinese Communities 4.Many speeches in Asia (eg. Singapore, Indonesia, China) on healthy aging, healthcare reform & silver economy
2016	1.**South Korea**: collaboration with Taiwan on "Development of senior-friendly hospital accreditation system"; Korean Association of Geriatrics and Gerontology (KAGG) held a preconference on AFHC in its 2016 Annual National Conference 2.**Austria:** a workshop in early April to discuss promotion of the recognition framework
2015	-Self-assessment manual was translated into **English, Germen, Estonian, and Greek** - **2 Estonian hospitals** have implemented the framework
2014	**Austrian**, **Estonian**, and **Greek** HPH network expressed interests in implementing the Framework
2013	**- Task Force on HPH and Age-friendly Health Care** was established –**Content Validation of Framework** by TF members
2012	**Working Group on HPH and Age-Friendly Health Care** was Approved by the General Assembly
2011	"Recognition of Age-friendly Hospital and Health Services" officially **launched** to hospitals in Taiwan

International training & education

- Organize **17** symposia and conferences between 2012 and 2016。
- A total of **120+** experts from **60** countries were invited to as speakers。
- **5,400** total participants in these symposia and conferences。

Disseminating age-friendly health care to other HPH networks or areas

Shu-Ti Chiou

1. Estonia

- HPA translated Self-assessment manual into Estonian.
- Two Estonian hospitals have implemented the framework.
- The framework was shared in "2015 HPH Summer School in Taevaskoja" to recruit more hospitals by Estonian HPH network.

2. United Kingdom

Dr. Chiou's introduction of Taiwan's framework was recorded as learning material in a webinar format and broadcasted in UK.

3. Austria

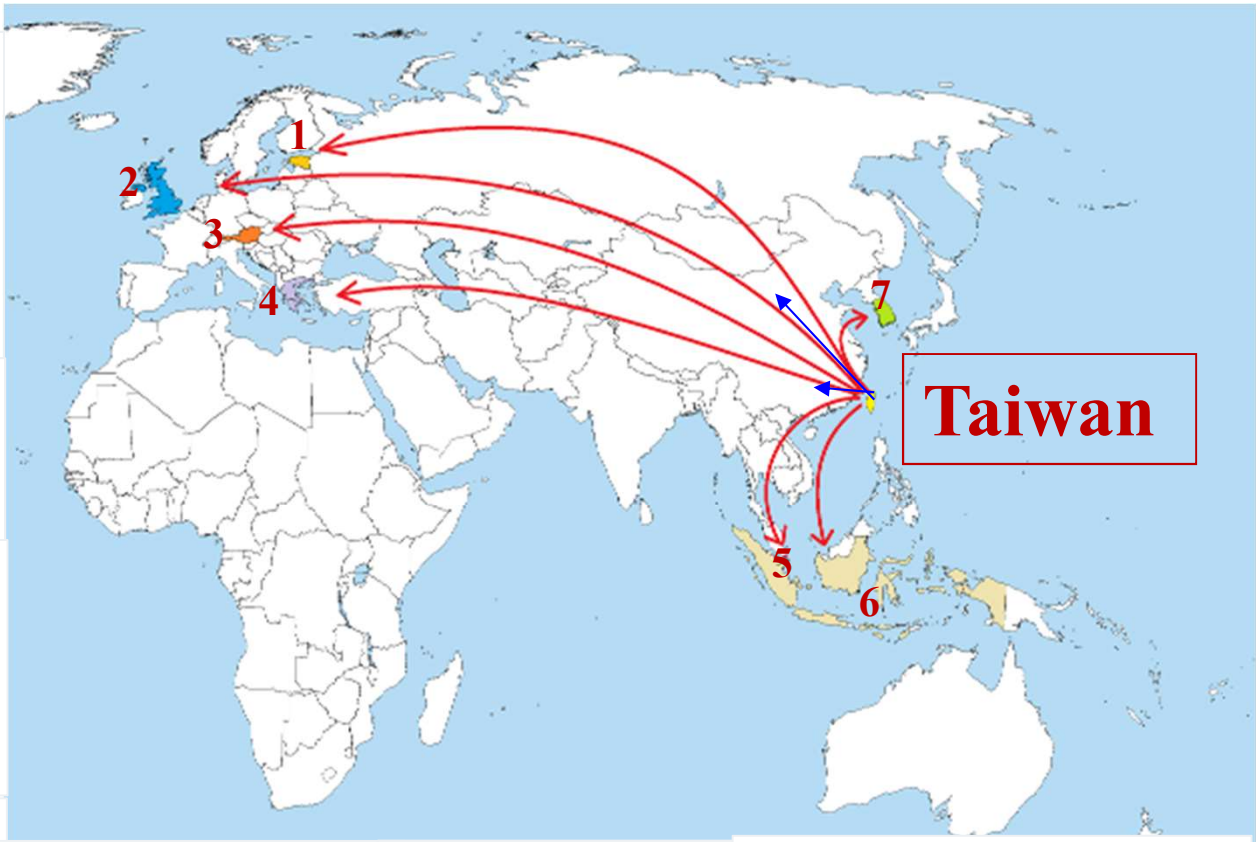
- HPA translated Self-assessment manual into Germen.
- HPA provided age-friendly teaching material which was presented by Austrian HPH network during "Forum hospital" in Austria in 2015.

4. Greece

- HPA translated Self-assessment manual into Greek.
- HPA offers experts' guidance when needed.

5. Singapore

Using the framework for promoting age-friendly health care in Singapore.



6. Indonesia

the framework was introduced in 47th APACPH conference, 2015 plus a meeting with Indonesian HPH network .
A symposium on HPH was held in Indonesia University and then a workshop in Taipei, 2017

7. South Korea

- Mutual visit between Taiwan & South Korea
- KAGG expressed their interest and organized a preconference in their annual conf

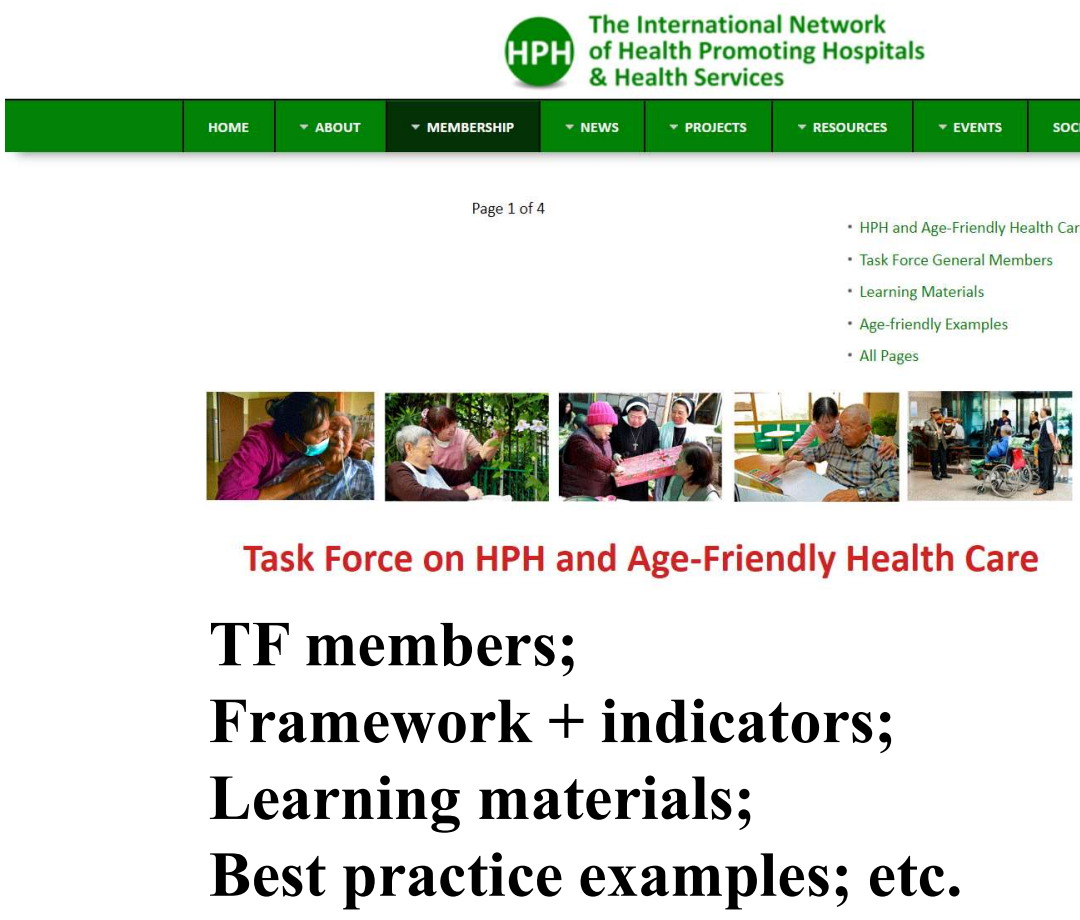
8. China

- Several keynote speeches in 2016 & 2017 regarding healthcare for aging population
- First Cross-strait Conference on HPH was started in 2017 with collaboration between China, Taiwan, HK

Publication & research

- Our publication- “Towards age-friendly hospitals & health services” has been cited for 31 times (26 in 2017 June; 19 in 2016, June)
- New publications on aging & health care from WHO, USA, Canada, Iran & Asia
- Where does “age-friendly” + “health care” appear in scientific publications-
  - alone as a paradigm shift for healthcare delivery reform
  - in connection with AF cities & communities
  - in design on AF environments for hospitals
  - in specific area of care, such as oral health
  - IoT, etc

A TF website for knowledge sharing



TF members;
Framework + indicators;
Learning materials;
Best practice examples; etc.

Learning materials

Future perspective- global & local

Delivery reform needs

- Organizational change: grants for quality initiatives towards a more supportive system for delivery of value-adding services;
- Use of ICT to support everything
- Measurement (monitoring on performance) + feedback to leaders & providers, benchmarking, champion-selection
- Payment: FFS + pay for performance & value
- Positive competition on value: extra pay/ recognition/ public disclosure

Use of shared tools and test their effectiveness

Shu-Ti Chiou

In addition to issues of NCD control & prevention, consider

- Fall risk screening & prevention
- Frailty
- Medication safety
- End-of-life decision for hospitalized patients
- High risk screening for hospitalized patients
- Seamless continuity of care plan between HS's- ex. stroke patients; hip fx patients

Connecting HPH with healthy aging & healthcare for older people

Shu-Ti Chiou

- To support all types of health services on healthcare delivery reform initiative
- To support partnerships with age-friendly city initiatives.
- To provide scientific evidences regarding best practices for healthy aging through evaluation on the effectiveness and value of age-friendly healthcare delivery reform

Friday (June 8) AM 11:00-12:30

O3.10 WORKSHOP on People-centered Age-friendly Health Services

Venue - Sala Maggiore, Rossa

Room B

O3.10 WORKSHOP: on People-centered Age-friendly Health Services

Venue: Sala Maggiore, Ciano Room

Chair: Shu-Ti CHIOU (TWN)

People-centered Integrated Age-friendly Health Services- a collaborative approach

Shu-Ti CHIOU (TWN)

Engaging and empowering older people & communities in and by age-friendly healthcare organizations

Wei CHEN (TWN)

Re-orienting the model of care: 1. Universal risk assessment and personalized intervention for elderly patients; 2. Care coordination and integration for elderly-centered care

Yu-Te LIN (TWN)

Conclusions: delivery reform

- "孝道(Xiao)"--*filial piety; to serve parents and ancestors with highest respect and thoughtfulness;* is one of the above-all traditional Asian virtues.
- Including Xiao into healthcare needs complex organizational adaptation in culture, structure, processes and decisions.
- A framework plus tools & external recognition and reward appeared acceptable and helpful in supporting such changes in healthcare settings.
- The leaders must be engaged & supported to lead the changes.

Integrated Older People-centered HS

- Promote universal equal human rights for older people. Leave no one behind.
- Break down the walls between facilities and the silos between professions

Great thanks to HPA & Taiwanese colleagues on their great jobs &

to DG Wang on the continuity & further development on HPH & AFHC.