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

- 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
Global trend- identifying key elements in healthcare for older people
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.
WHO Framework on integrated people-centred health services

**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.  

*(Healthy health services in healthy communities)*
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.

**PEOPLE at the center of healthcare quality**
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

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

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**Fig. 2.1. Healthy Ageing**

Sex, ethnics, education, occupation, etc

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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
Opportunities for taking public-health action to ensure Healthy Ageing

Shu-Ti Chiou

Health services
Long-term care
Environments

(Priority areas for action)

Health services
Long-term care
Environments
Monitoring

Goal

Functional ability

High and stable capacity
Declining capacity
Significant loss of capacity

Strategies

Prevent chronic conditions or ensure early detection and control
Reverse or slow decline in capacity
Manage advanced chronic conditions
Support capacity-enhancing behaviours
Ensure a dignified late life
Promote capacity-enhancing behaviours
Remove barriers to participation, compensate for loss of capacity

Align health systems to the older populations they now serve

Develop long-term care systems
Establish the foundations necessary for developing a system of long term care
Build and maintain a sustainable and appropriately trained long-term care workforce
Ensure the quality of long-term care

Ensure everyone can grow old in an age-friendly environment
Combat ageism
Enable autonomy
Support Healthy Ageing in all policies at all levels of government

Improve measurement, monitoring and understanding
Agree on metrics, measure and analytical approaches for Healthy Ageing
Improve understanding of the health status and needs of older populations and how well their needs are being met
Improve understanding of Healthy Ageing trajectories and what can be done to improve them.
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
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.
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

Islane Araujo de Carvalho; JoAnne Epping-Jordan; Anne Margriet Pot; Edward Kelley; Nuria Toro Jotheeswaran A Thyagarajan; John R Beard

Box 1. Key elements of WHO’s approach to integrated health care for older people, 2015

- **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 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 and management should be directed towards 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 competences 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.

- **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 aging populations, which is defined by WHO as all people having access to the health services needed without financial hardship by accessing them. Joint funding of health and social care services would help ensure coordination and efficiency and is particularly important for aging populations.

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

- **Focus on intrinsic capacity**
  Focusing on intrinsic capacity is more effective than prioritizing the management of specific chronic diseases. It helps avoid unnecessary treatment, polypharmacy and their side-effects.

- **Comprehensive assessments and care plans**
  Comprehensive assessments and care plans harmonize clinical management across different care providers and unite providers around a common goal. For people admitted to hospital, these assessments and plans can minimize the potential risk and harms of hospitalization and can facilitate successful discharge home. 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.

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

- **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, self-care, chronic pain and self-efficacy.

- **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. 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.

WHO: World Health Organization.

1. Intrinsic capacity is defined by the World Health Organization as the combination of the individual’s physical and mental (including psychosocial) capacities.
The unprecedented changes happening in the American healthcare system have many on high alert as they try to anticipate legislative action. Significant efforts to move from volume to value, along with changing incentives and alternative payment models, will affect practice and the health system on many levels. In addition, growth in the population aged 65 and older is a reality and will continue to grow larger and consolidate, whereas the number of nursing home beds has declined over the past decade.3 Larger home care practices are acquiring smaller practices, leaving independent physicians and nurse practitioners who care for families over the life course largely a thing of the past.

At the market changes do occur, and Baby Boomers are beginning to demand different types of long-term services and support than their parents have. It is highly unlikely that the boomers, armed on technology and using social networks, will remain a disengaged, unconnected consuming 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 50 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 imperative was this one:

My father, an 88-year-old fiercely independent man of Irish descent, still driving his car to the village store miles from his home, was losing weight and more worrisome, his memory. My mother had died three years prior after a series of strokes, and this left him to fend for himself. He adjusted, 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, unconscious but able to get to his feet. After much too short a time 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 return. We were told to hope that the pain of loss was...
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
Contents of Taiwan’s Framework of Age-friendly Health Care
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

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Base, 2010</th>
<th>Target, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cancer mortality rate</strong>&lt;sup&gt;(1/100,000)&lt;/sup&gt;</td>
<td>131.6</td>
<td>119.3 by 2016 (&lt;strong&gt;10%↓&lt;/strong&gt;)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>106.0 by 2020 (&lt;strong&gt;20%↓&lt;/strong&gt;)</td>
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<tr>
<td><strong>Adult smoking rate</strong>&lt;sup&gt;%&lt;/sup&gt;</td>
<td>Adults: 19.8</td>
<td>Adults: 10 (&lt;strong&gt;50%↓&lt;/strong&gt;)</td>
</tr>
<tr>
<td><strong>Adult betal quid chewing rate</strong>&lt;sup&gt;%&lt;/sup&gt;</td>
<td>Men 12%</td>
<td>Men: 6% (&lt;strong&gt;50%↓&lt;/strong&gt;)</td>
</tr>
<tr>
<td><strong>Adult sufficient physical activity</strong>&lt;sup&gt;%&lt;/sup&gt;</td>
<td>Adults: 26%</td>
<td>Adults: 52% (&lt;strong&gt;2 folds ↑&lt;/strong&gt;)</td>
</tr>
<tr>
<td><strong>Healthy BMI</strong>&lt;sup&gt;%&lt;/sup&gt;</td>
<td>Men: 46.4</td>
<td>Men: 48.6 (&lt;strong&gt;5% ↑&lt;/strong&gt;)</td>
</tr>
<tr>
<td></td>
<td>Women: 56.8</td>
<td>Women: 59.3 (&lt;strong&gt;5%↑&lt;/strong&gt;)</td>
</tr>
<tr>
<td></td>
<td>Boys: 59.5</td>
<td>Boys: 65.5 (&lt;strong&gt;10% ↑&lt;/strong&gt;)</td>
</tr>
<tr>
<td></td>
<td>Girls: 66.7</td>
<td>Girls: 73.4 (&lt;strong&gt;10% ↑&lt;/strong&gt;)</td>
</tr>
<tr>
<td><strong>Age-friendly City Initiative</strong></td>
<td>1 among 22 cities and counties</td>
<td>All 22 by 2016 (100%)</td>
</tr>
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In the White Paper for Health & Welfare 2025 (published in 2015), a target was set to reach 520 age-friendly health services by 2020.
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**
**AF framework**

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

4 standards, 11 sub-standards, 60 measurable items

<table>
<thead>
<tr>
<th>Standards</th>
<th>Sub-standards</th>
<th>Priority action areas</th>
</tr>
</thead>
</table>
| 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, German, Estonian, and Greek.
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

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<table>
<thead>
<tr>
<th>Indicators of Age-Friendly Performance in Health Care and Services (Examples)</th>
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<tbody>
<tr>
<td><strong>Management Policy</strong></td>
</tr>
<tr>
<td>- Percentage of staff having the organization's age-friendly policy</td>
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<tr>
<td>- Percentage and hours of staff receiving patient and care training</td>
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<tr>
<td>- Staff's knowledge and capability of age and gender sensitivity</td>
</tr>
<tr>
<td>- The overall satisfaction of patient-based age and gender</td>
</tr>
<tr>
<td><strong>Communication and Service</strong></td>
</tr>
<tr>
<td>- Competency of staff's experience and introduction of visiting the facility based on gender and age</td>
</tr>
<tr>
<td>- Competency of patient's waiting time based on gender and age</td>
</tr>
<tr>
<td><strong>Care Processes</strong></td>
</tr>
<tr>
<td>- Percentage of records of patient's smoking history, BMI, habit of exercise, drinking, and hand not washing</td>
</tr>
<tr>
<td>- Percentage of patient of older age or polypharmacy with fall risk assessment</td>
</tr>
<tr>
<td>- Percentage of high-risk screening in patients of older age</td>
</tr>
<tr>
<td>- Coverage of cancer screening</td>
</tr>
<tr>
<td>- Performance on care quality of common chronic diseases</td>
</tr>
<tr>
<td>- Percentage of patients receiving self-management education, behavioral change intervention, and stimulation</td>
</tr>
<tr>
<td>- Patient's satisfaction on information and intervention</td>
</tr>
<tr>
<td>- Percentage of smokers receiving advice on smoking cessation</td>
</tr>
<tr>
<td>- Percentage of smoking cessation in older smokers</td>
</tr>
<tr>
<td>- Percentage of high-risk patient receiving consultation for</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Indicators of Age-Friendly Plan Achievement (Examples)</th>
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<tbody>
<tr>
<td><strong>Program</strong></td>
</tr>
<tr>
<td>- Mental Health</td>
</tr>
<tr>
<td>- Promoting Plan: Increase the percentage of patients' conditions control (eg. percentage of poor control in blood sugar), between experimental group and control group before and after the plan</td>
</tr>
<tr>
<td>- Chronic Disease</td>
</tr>
<tr>
<td>- Patients: Increase the percentage of patients' life quality, between experimental group and control group before and after the plan</td>
</tr>
<tr>
<td>- Falls</td>
</tr>
<tr>
<td>- Readmission</td>
</tr>
<tr>
<td>- Functional deterioration</td>
</tr>
</tbody>
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Organizational implementation flowchart

1. High level support

2. Team Up

3. Baseline assessment;
   Organization: standards
   Patients: M.R. + Survey
   Staff: survey
   Community: vital statistics + survey

4. Identification of weaknesses and resources

5. Quality plan and role assignment

6. Kickoff of the quality plan with announcement of targets of improvement; training; promotion

7. Implementation

8. Monitoring, feedback, reward, communication

9. Improvement, revision, diffusion

10. Reassessment

11. Recognition

12. Best practice, sustaining and sharing

Shu-Ti Chiou
<table>
<thead>
<tr>
<th>Standards, Sub-standards, Measurable Items</th>
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<tbody>
<tr>
<td>1</td>
<td>Management Policy</td>
</tr>
<tr>
<td>1 1</td>
<td>Developing an age-friendly policy</td>
</tr>
<tr>
<td>1 1 1</td>
<td>The hospital’s current quality and business plans identify age-friendliness as one of the priority issues.</td>
</tr>
<tr>
<td>1 1 2</td>
<td>The hospital develops a written age-friendly policy that values and promotes older persons’ health, dignity and participation in care.</td>
</tr>
<tr>
<td>1 1 3</td>
<td>The hospital identifies personnel and functions for coordination and implementation of the age-friendly policy.</td>
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Age-friendly policy signed by superintendent

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

<table>
<thead>
<tr>
<th>1</th>
<th>3</th>
<th>Continuous monitoring and improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
<td>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.</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
<td>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.</td>
</tr>
</tbody>
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Award frontline innovation

Staff training
Examples of frontline innovation

A driver innovated a stepper for the bus

Patients can sit for examination

In bed hair wash device

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

Stand Male urinal
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>2</td>
<td>Communication</td>
</tr>
<tr>
<td>2 1</td>
<td>Hospital staff speak to older persons in a <strong>respectful manner using understandable language and words.</strong></td>
</tr>
<tr>
<td>2 1 2</td>
<td>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.</td>
</tr>
<tr>
<td>2 1 3</td>
<td>Printed educational materials are designed in an age-appropriate way.</td>
</tr>
<tr>
<td>2 1 4</td>
<td>The hospital provides <strong>adequate information</strong> and <strong>involves the older persons and their families at all stages of care.</strong></td>
</tr>
<tr>
<td>2 1 5</td>
<td>The hospital <strong>respects older persons’ ability and right to make decisions</strong> on their care.</td>
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</table>

The right to **know**, the right to **choose**, the right to **refuse**.
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<thead>
<tr>
<th></th>
<th></th>
<th><strong>Services</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>2</td>
<td>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.</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2 The hospital identifies and supports older persons with financial difficulties to receive appropriate care.</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>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.</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>4 The hospital encourages older persons, including community seniors, patients and their families, to participate in hospital’s volunteer services.</td>
</tr>
</tbody>
</table>
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
<table>
<thead>
<tr>
<th>Standards, Sub-standards, Measurable Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
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<tr>
<td>4 1</td>
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<tr>
<td>4 1 1</td>
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<td>4 1 2</td>
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<td>4 1 3</td>
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<td>4 1 6</td>
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<td>4 1 7</td>
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<tr>
<td>Standards, Sub-standards, Measurable Items</td>
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<td><strong>4</strong></td>
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</tbody>
</table>
Washroom renovation
Before
After

Chair with armrest
Before
After

Taichung Hospital, DOH
Signage and identification

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

Orientation Markers on Floor

Larger signs

Non-slip door handle

Shuttle van between two branches, Tri-Service General H.
<table>
<thead>
<tr>
<th>3</th>
<th>Care Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 1</td>
<td>Patient assessment</td>
</tr>
<tr>
<td>3 1 1</td>
<td>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, <em>fall prevention</em>, etc.</td>
</tr>
<tr>
<td>3 1 2</td>
<td>The hospital has guidelines on assessment of patient’s condition-related needs for health promotion, disease management and rehabilitation, such as needs of <em>asthma</em> patients, <em>diabetes</em> patients, <em>stroke</em> patients, patients with <em>heart failure</em>, patients with chronic obstructive pulmonary disease, patients with coronary artery disease, patients undergoing arthroplasty, patients undergoing other surgeries or procedures, patients with <em>terminal illness</em>, etc.</td>
</tr>
<tr>
<td>3 1 3</td>
<td>The hospital has guidelines on <strong>high-risk screening</strong> for the seniors</td>
</tr>
<tr>
<td>3 1 4</td>
<td><strong>Use of medications</strong> is reviewed at admission and regularly at outpatient services.</td>
</tr>
<tr>
<td>3 1 5</td>
<td>The assessment of a patient's needs is done <em>at first contact</em> with the hospital and is <em>kept under review and adjusted</em> as necessary according to changes in the patient's clinical condition or on request.</td>
</tr>
<tr>
<td>3 1 6</td>
<td>The assessment is <em>documented</em> in the patients’ record.</td>
</tr>
<tr>
<td>3 1 7</td>
<td><strong>Information</strong> from referring physician or other relevant sources is available in the patient’s record.</td>
</tr>
<tr>
<td>Standards, Sub-standards, Measurable Items</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>3 2</strong></td>
<td><strong>Intervention and management</strong></td>
</tr>
<tr>
<td>3 2 1</td>
<td>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.</td>
</tr>
<tr>
<td>3 2 2</td>
<td>Information given to the patient (and the caregiver) is recorded in the patient’s record.</td>
</tr>
<tr>
<td>3 2 3</td>
<td>The intervention and the expected results are documented and evaluated in the records.</td>
</tr>
<tr>
<td>3 2 4</td>
<td>Information on healthy ageing and information on specific risks or conditions is available to patients, families, visitors and staff.</td>
</tr>
<tr>
<td>3 2 5</td>
<td>Clinical departments incorporate health promotion, rehabilitation and risk management into their clinical practice guidelines or pathways as appropriate.</td>
</tr>
<tr>
<td>3 2 6</td>
<td>Diagnostic investigations and procedures should take age-related changes and level of tolerance into consideration.</td>
</tr>
<tr>
<td>3 2 7</td>
<td>Guidelines on multidisciplinary geriatric assessment and interventions on high-risk seniors are available.</td>
</tr>
<tr>
<td>3 2 8</td>
<td>The discharge planning is initiated as early as appropriate.</td>
</tr>
<tr>
<td>3 2 9</td>
<td>The right length of hospital stay should be achieved.</td>
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<td>3</td>
</tr>
</tbody>
</table>
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
Rehabilitation and HP activities

Shu-Ti Chiou
Community service

Health check-up in community, Chest H. MoHW

Meal delivery service, Chest H. MoHW

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

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

Shu-Ti Chiou
Growth of Taiwan’s age-friendly hospitals & health services

Number of Age-friendly Hospitals & Health Services

469 health services recognized
- 182 hospitals
- 216 public health centers
- 1 private clinic
- 70 LTC institutes

0 50 100 150 200 250 300 350 400 450 500
2011, Jan 2012, Jan 2013, Jan 2014, Jan 2015, Jan 2016, Jan 2017, Jan 2018, Jan
**Weakness: 6 items scored < 80 in 2011 (1/2)**

**Improvement was seen in late comers.**

**Standard 1. Management policy**

- 1.2 Organizational support

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

* 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

<table>
<thead>
<tr>
<th>Measurable Items</th>
<th>2011 N=20</th>
<th>2014 N=41</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>75.00</td>
<td>85.98</td>
<td>0.005*</td>
</tr>
</tbody>
</table>

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)

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

(Readmission: unplanned readmission within 14 days after discharge due to similar or related disease condition)
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
</tr>
</thead>
</table>
| 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

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 German.
- 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

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

- 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
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.**