

Aging in Place OT as consultancy

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HKSAR
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A Safe, Accessible Home for All Abilities and Ages

- Majority of people over the age of 45 want to **continue living in a familiar environment** throughout your maturing years. According to AARP, older home owners overwhelmingly prefer to age in place, which means **living in your home safely, independently and comfortably**, regardless of age or ability level.
- The NAHB Remodelers of the National Association of Home Builders (NAHB) in collaboration with Home Innovation Research Labs, NAHB 50+ Housing Council, and AARP developed the **Certified Aging-In-Place Specialist (CAPS) program** to address the growing number of consumers that will soon require these modifications. While most CAPS professionals are remodelers, an increasing number are general contractors, designers, architects, and health care consultants.

Evidence

Community Aging In Place

–The "Aging-in-place" model allows older adults to receive health care in their preferred place of living, eliminating the need for a more restricted living space, such as a nursing home

USA

1. Community Innovations for Aging in Place Initiative (CIAIP) was authorized by Congress in the Older Americans Act (OAA) reauthorization of 2006 to assist communities in their efforts to enable older adults to sustain their independence and age in place in their homes and communities. E.g.
 - CAPABLE (JHU, Baltimore, USA)
 - AgingMO (U of Missouri, US)

Canada

THE CITY OF EDMONTON COMMUNITY
SERVICES *December 31, 2007*
Aging in Place Study



Needs Survey - A total of 148 seniors participated in the focus groups. Three-quarters were women and just over half (55%) were 75 years or older.

1. Mobility and Access to Transportation

–Transportation is the foremost factor affecting social isolation. A number of barriers impede seniors' ability to use the public transit system and other modes of transportation such as assisted driver programs or DATS.

2. Daily Living

- Seniors need information about programs and services and help to navigate the system. However, no single source of information is available. Information may be posted on websites, but elderly seniors and new immigrants tend not to use the net.
- Physical adaptations to homes would reduce the risk for seniors and allow them to stay in their homes longer. Small provincial grants are available, but seniors may not know about them or qualify for assistance, or the amount may be insufficient. In addition, finding qualified contractors to do the work is difficult.
- Seniors need more help with personal care, housekeeping and meal preparation than they currently receive. Regular contact with people who can provide this care would reduce social isolation and thereby risk. Home Care provides personal and medical care only, and qualified staff are in short supply. Meals on Wheels and residential homemaking services are available at a cost. Non-profit organizations are limited in the type of help they can provide and the volume of seniors they can reach.

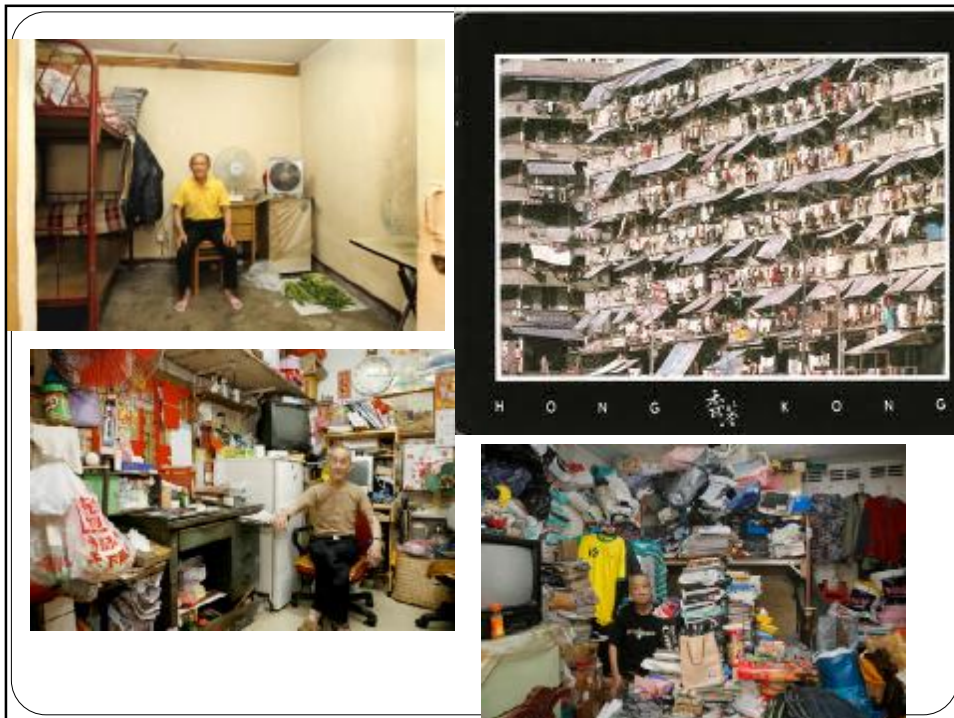
3. Home Maintenance and Housing

- The availability of housing options between independent living and assisted or institutional living is in short supply.
- The costs associated with home ownership, such as property taxes, utilities and maintenance and repairs are rising faster than most pension rates. Rents have also increased substantially.
- Plans for homeowner seniors, such as the Education Property Tax Assistance program and the City's property tax deferral option, provide some financial support.
- Seniors need help with home maintenance, including repairs and seasonal yard work. A non-profit program is available to link seniors with "handyman" services, but some seniors find it too costly and the workers unreliable.

4. Health and Well-being

- Seniors need timely access to a range of services. Some seniors may be eligible for Home Care and other community care services, but the current shortage of qualified workers causes delay.
- The system is fragmented and all information cannot be obtained through a single source. Applications can be complicated.
- Financial assistance is available through AHIP for most prescription drugs and some medical services. Low-income seniors may qualify for assistance with the cost of basic dental and optical services.

Accessible design is a good design



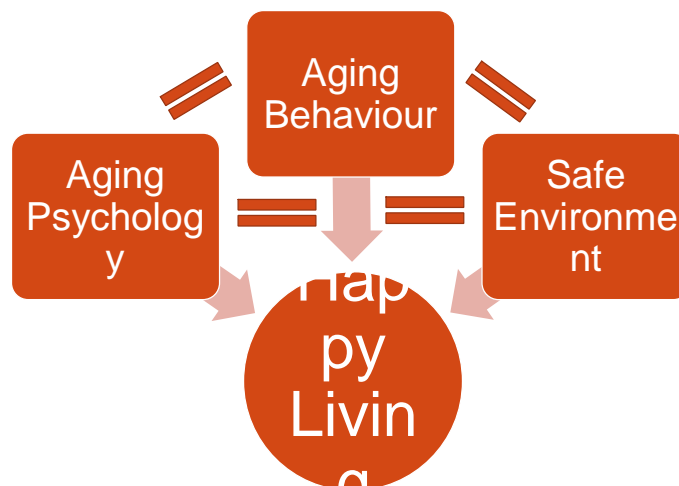
Fall Risks



Chinese University of HK document in fall prevention,

“Most of the elderly would approach the doctors when they are in trouble, but they do not aware the concept of “prevention is better than cure”, especially for the problems relating to fall and fractures. Although the problems are very common, they are not aware of their own risk of fall and fractures and thus neglect the preventive measures in their daily life.”

Practice Model of Aging in Place





OT Consultation 2003 - NOW

1. Needs Survey
 1. Premises , Residents, Management
2. Environmental assessment
 1. 27 estates flats, elderly lounge & open area
2. Elderly Resources center & Universal Design Guidebook
3. Communication with HS project architect, estate management, Elderly housing development team
4. Proposals on 'Aging-in-place' scheme
 1. Model development

Phase 1

KHOT would provide OT service for a maximum of 12 months for the following:

1. to advise on the redevelopment projects under Housing Society, namely MLDH, MWDH, KLL, CYC, LTC on the environmental needs for elderly and disabled tenants or users.
2. to advise on development of a permanent Resources Centre for Elderly Residence under Housing Society at Prosperous Garden in YMT or other identified places.
3. to advise on the drafting of the 'universal design guide' for typical buildings in HK.

Housing Estate Rehabilitation

屋邨重建與復修

Example 1 – KLL (1967)



Visit Date: 19, Oct 2004

No. of household Visited: 4

Summary of visit:

1. All the interviewed residents were elderly of 65 years old or above. Among them, one was aided walker for indoor and wheelchair user for outdoor. She and another old lady lived in Chung Ming Sheh needed assistance in basic self-care by domestic helper and relative respectively, whereas the others were all able and independent in activities of daily living.
2. They were generally satisfied with the (1) outdoor accessibility, (2) indoor accessibility, (3) home facilities, (4) estate facilities and (5) general daily living. They reported that they had already got used to the living place and style. All of them were still active and two

Comments and Recommendations from Occupational Therapy Perspectives



–Our perspectives mainly focus on the following aspects:

- accessibility,
- home safety and convenience and
- healthiness of the elderly residents in the estate.

With the consideration of these aspects, we aim at:

- preserving or maximizing their independency in daily functions for longer period,
- enhancing safety within their living environment, and
- fulfilling their needs of comfortable and convenient



OUTDOOR

–Most of the outdoor area of the estate is accessible for the aided walkers and wheelchair users. However, not all floors of the estate are lift landing. Even for the lift-landing floor, tenants may still to walk few steps of stairs to their flats.

Recommendation:

–As aging of tenants, the needs of lift landing flat will be increased as time goes on. In order to meet the needs of the elderly tenants, improvement works of the existing lift system may not be urgent in this moment

INDOOR

– Kerbs only found at the main gate of the flats, their heights are around 60mm. Most of the elderly, even they are frame walkers, can manage it safely. However for some residents who are dragging in gait (most find in p and Parkinson's disease) or wheelchair users, kerbs may become a risk or a barrier.



Recommendations:

–To level floor of corridor to kerb height of the flat entrance **OR**, to provide access for wheelchair users by constructing a small ramp at the flat entrance if requested.

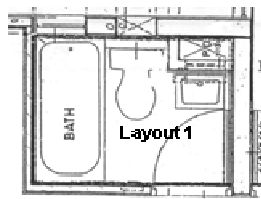


Fig.1



Fig.2

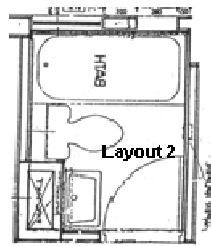


Fig.3

- The toilet (fig.1, 2) and kitchen (fig.3) are large enough for both aided walkers and most of wheelchair users, and their helpers to assist them in performing daily activities.

Recommendation:

- For tenants in need, may consider open up the toilet net entrance to not less than 750mm and install a folding or sliding door instead (fig. 4,5).

As tenants have to move in / out the bathtub with height 560mm for bathing, firm handhold or support is needed during transfer.

Recommendation:

Option 1:

To install handrails round the bathtub (fig. 4,5).

Option 2:

To remove the bathtub for requested tenants and install same handrail on height 750mm from the floor.

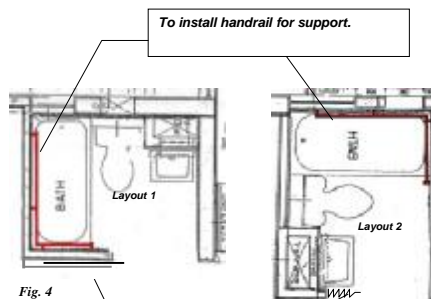


Fig. 4

To widen the entrance and install folding or sliding door for easier access.



300mm

Fig. 5, photo for reference only.

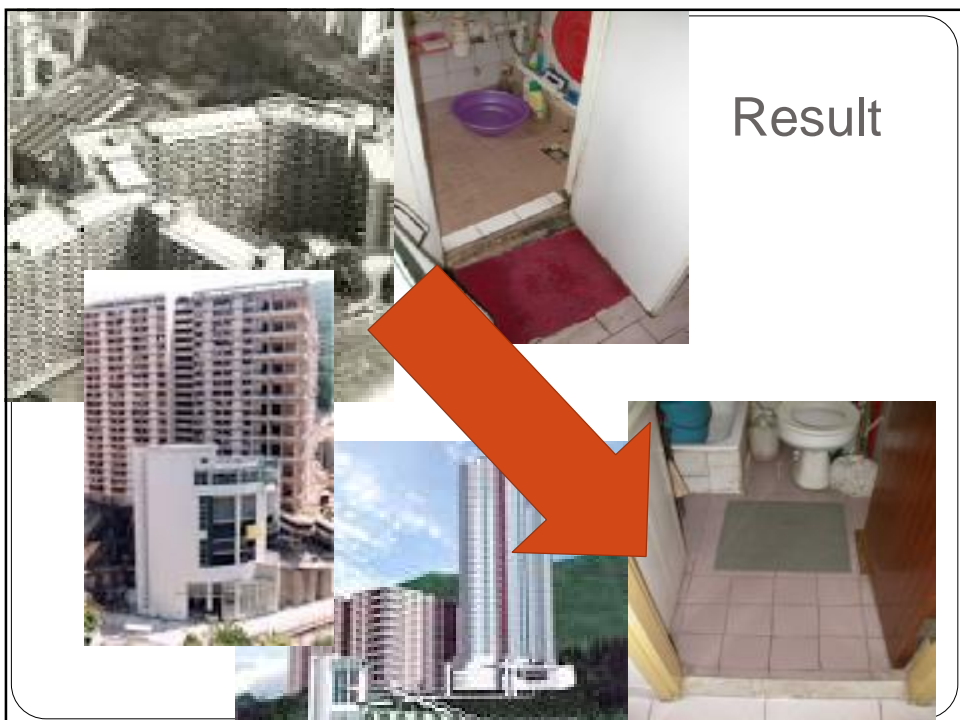
Healthiness

-CGE has larger outdoor area, both the shading and greening works are good. A short trail located at the central location of the estate is good for morning walk, and a number of playgrounds that mainly provide facilities for the youngster are available. Besides, the elderly lounge also provides services for the domestic flats elderly tenants.

- **Recommendation:**

-To have better promotion of the elderly lounge services to the domestic flats and involve them in more activities.

-May consider providing exercise equipment in the playground, which is a good idea that not only encourages exercise habit and provides exercise



Example 2

Summary of visit:

-All the interviewed residents of visited households were elderly of 65 years old or above. One of visited residents was aided walker and needed assistance in basic self-care by domestic helper, and the others were able bodies and independent.

-For two interviewed residents who were independent and healthy, they reported that they were satisfied with the following items, (1) outdoor accessibility, (2) indoor accessibility, (3) home facilities, (4) estate facility and (5) general daily living. They reported that they were used to the

-For the interviewed resident who needed assistance in daily living, the relative and helper reported limitations in using home and estate facilities.

-Seldom to have outdoor activities, a reason was non lift-landing flat.

-Resident used a bedside commode for toileting, for she can't manage the threshold (200 mm) of the toilet entrance safely and independently.

-Difficulties for the helper to escort and bath the resident in toilet, as limitations of space and the threshold.

– Outdoor

- As installation of lift system and the construction of ramps at the blocks entrance are in progress, problems of non-lift landing flat and stairs access or threshold present at the blocks entrance can be solved. No specific recommendation here.
- Most of the open area within estate is level, and distances between blocks are not far. Seats are provided in each block lobby. No additional seat and railing are recommended.



Fig 1



Fig 2



Fig 3

– Thresholds and kerbs (40 mm – 200 mm) located at the entrance of main gate, kitchen (fig. 1), balcony and toilet (fig.2 and 3) of the flat. For healthy elderly, it would be better to remove it all for prevent them from trapping accident. It is not accessible for elderly who are using walking fame or maneuvering wheelchair.

Recommendations:

– **Option 1.**



Fig. 4

- **Option 2.** To fit users up to quadripod walking and some cases of frame walking,
 - To level the floor between living room and balcony, OR construct an additional step at toilet entrance (fig. 4)
 - To install handrail outside toilet for safety
 - To remove kerb at the kitchen

Safety and Convenience

–High risk of fall was noted in the toilet access as the present of high threshold (fig.3), especially when moving down for it requires stronger muscles power and coordination.

–**Recommendation:**

–As recommendation of 1.2.1. in accessibility.

–The original design of the balcony is in open style and has no tiles on the floor. The balcony floor will get wet if raining and become slippery.

–**Recommendation:**

- To provide wind shield at the balcony, and / or
- To cover the balcony floor with tiles of coefficient of friction > 0.6 in wet.



Fig.5

Fig.6

Most of the elderly will go toileting for one to two times at night. However, there is not enough lighting in the balcony, as the only light source of the balcony was located at the toilet entrance (fig. 5)

Recommendation:

- To install an additional light source at the balcony.

Not enough lighting at the corridor was noted. (fig.6)

Recommendation:

- To install foot-light for supplement of existing lighting.

Washbasin is included in the list of standard provision. The

prepare their own seat for rest.
(fig. 8)

Recommendation: Fig. 8

- To provide seat for rest and socialization at the common area (fig. 8). This location may take the future lift lobby as well.



According to the management staff, a lounge will be setup in the estate. However, the existing elderly activity center that is running by NGO has already

Summary

- Based on the structural barriers and the limited space of the existing home facility, mainly area for toileting and bathing, flats of CSMC are not a suitable place to provide a safe, practical and convenience living for the elderly who are wheelchair bound or walking with frame. For this group of resident, their independency is relatively lowered as they may require manual assistance or application of assistive devices.
- For the elderly who have domestic helpers in managing activities of daily living, their home safety would be secured, but the helper will also face the similar difficulties and convenience in handling the elderly.
- In order to accommodate this group of resident, major modifications and re-design of the flats are necessary. Construction of a number of “elderly flat” in a designated location in the estate seems to be a choice.

Elderly Resources Center Consultancy Service

Expected Scope of Services

- advise on the development of the new phase at Shop C Prosperous Garden, Yaumatei;
- identify possible risks encountered by senior citizens both inside and outside their housing environment;
- suggest possible means (hardware / software) to demonstrate identified risks at HSERC to the senior citizens;
- help sorting suppliers (hardware / software) in setting up the demonstration devices at HSERC;
- brief the Project Architect / Engineers and Suppliers on the development concepts of the devices; and
- advise HS to plan, implement and review the property management enhancement scheme for the elderly tenants at the 2 identified estates : Jat Min Chuen and Cho Yiu Chuen.

Background

- Healthcare trend
 - seamless interface with community
 - risks reduction
 - lifelong education
 - self management
- Costing
 - Prevention < Maintenance < Medical care



Objectives

- Promote well being of elderly through
 - Providing exhibition, education, assessment, advisory services
 - Integration of “knowledge – experience – action” on home safety
 - Provide comprehensive one-stop referral services
- Pioneer establishment in local and worldwide
 - Self-administer professional health assessments
 - Interactive learning center for elderly
 - Focused theme on Home Safety
 - Provide one-stop professional advise and solutions

Target clients

- Elderly and their family members,
- NGOs,
- Frontline elderly workers,
- Academics,
- Design and construction professionals

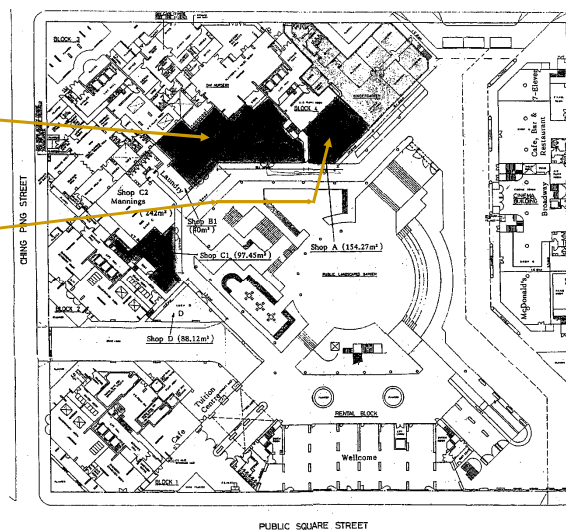
**Estimated Volume : 80 group visitors per day
300 training participants
per year**

Location

Prosperous Garden, Yaumatei

Exhibition
Centre 441 sqm

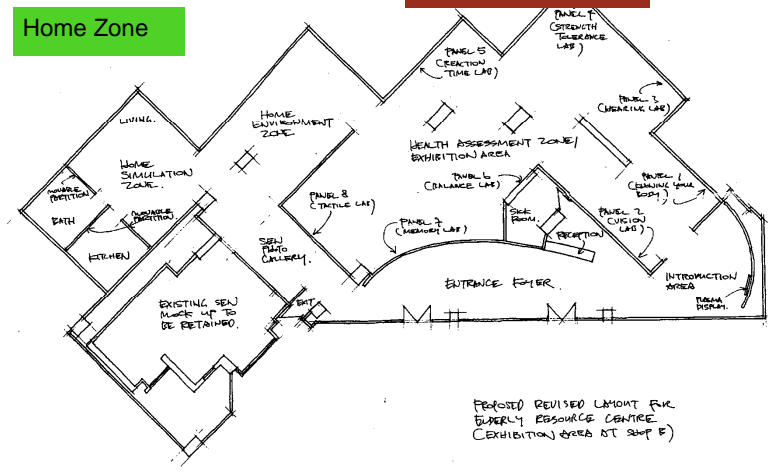
Education &
Professional
Consultation
Centre 155sqm



Exhibition Centre

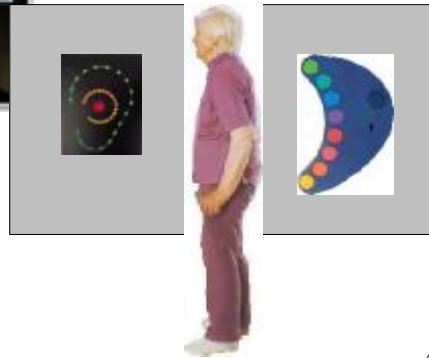
Home Zone

Assessment Zone

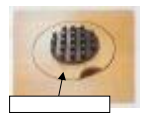
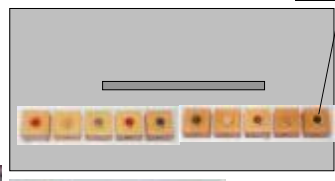


Exhibition Centre

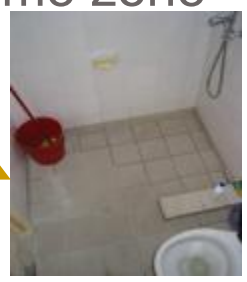
Assessment Zone



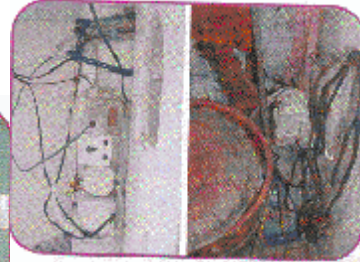
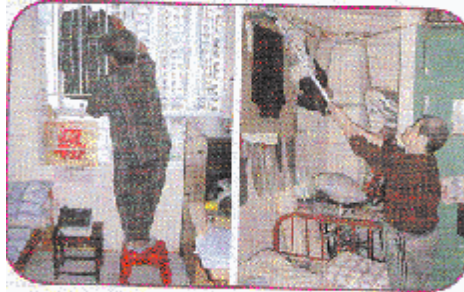
Exhibition Center



Exhibition Centre – home zone



Exhibition Centre

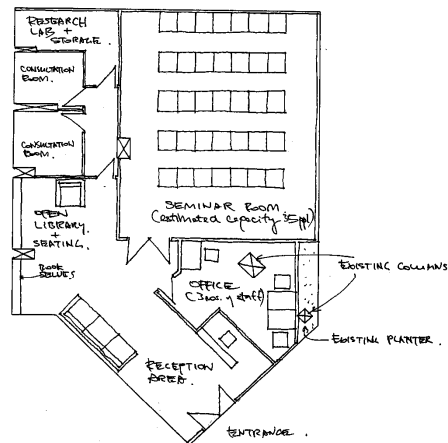


Habit training
Risks



Education & Consultation Center

- One-stop referral service
- Expert consultations
 - individual / groups/ organizations
- Library & Resources Center
- Publications
- Training Courses



PROPOSED ELDERLY RESOURCE CENTRE
(CONSULTATION/ EDUCATION) CENTRE AT
SHOP A - PROSPEROUS GARDEN?

Operation

Set up and financed by HS , advised by HK Occupational Therapy Association, HKCSS, Senior Citizen Home Safety Asso.



Commence in mid -2005



Manage by HS , in collaboration with NGO, etc. to be identified

**Pilot OT Consultation Service in Shum Shui Po
Redevelopment Center 私人樓宇復修計劃**

- FREE service, run by volunteer OT, 2 hours per week**
- Advise, assessment , education & referral**
- Telephone consultation – over 40**
- In-person consultation – 11 cases.**

**Demand Great and Genuine
Resources Scarce**

Phase 2 'Enhance Elderly Care' in Housing Society Rental Estates (Pilot)

1. Mission

–1.1 To reduce the risks of injuries resulted from home accidents for the elderly in rental estates of Housing Society through promotion of 'Healthy Lifestyle' and a sustainable 'Care and Serve' mechanism in each estate , through collaboration of management, volunteers and professional support.

2. Working Strategy :

1. Pilot for 3 estates in the first year to test feedbacks and get a successful image
2. Assign 1 staff in each estate concerned to coordinate the project.
3. Train as many staff as possible to spread the culture and skills.
4. Review / Evaluate the result of the pilot project for follow up, e.g. extend of the services to other estates.

3. Target estates

3.1 estates identified : KWC, JMC, CSMC

3.2 Total estimated elderly population : 1800

3.3 Total estimated follow up cases : 180 (i.e.

Average : 15 cases p.m.)

Expected roles of staff & volunteers :

EM staff

- as coordinator of the project operation, database management
- responsible for case interview , assessment , record keeping , make referrals to OT or other services and perform follow-up visits to clients.

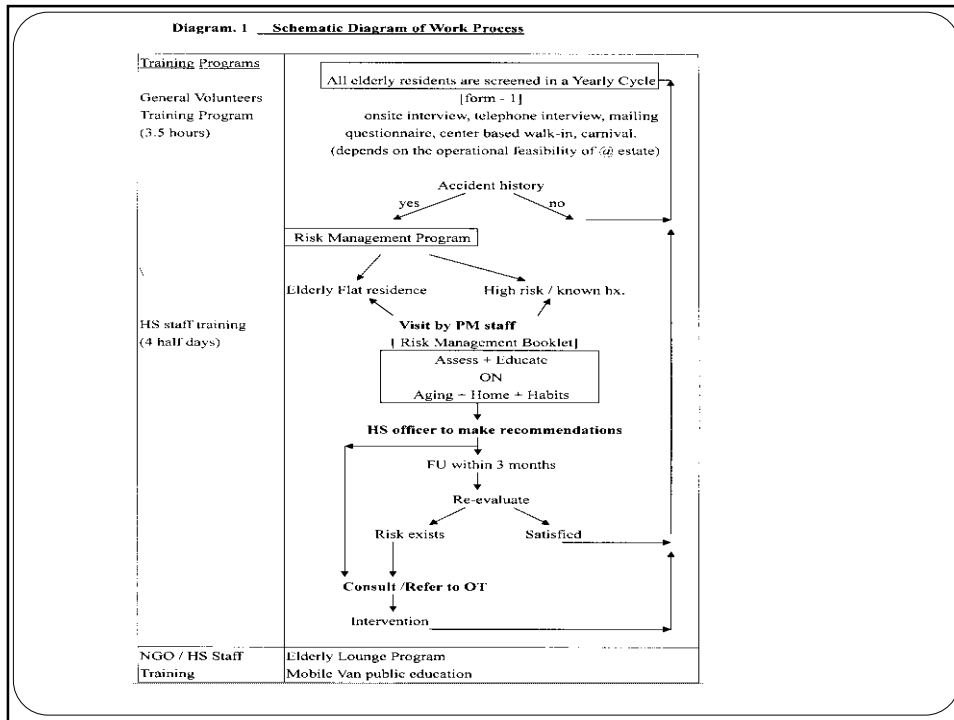
Ad-hoc volunteers

- Annual recruit and trained for mass screening exercise. They are ready to contribute at least 1 day for the service.



Work Process: (Diagram 1)

1. To train staff of property management on basic skills on health assessment, risk identifications and recommend possible solutions.
2. To train volunteers on carrying out annual screening exercise.
3. To perform annual screening of all elderly within estates on Health status, History of accidents & Home potential risks by recruiting an ad-hoc group of volunteers at clients home, elderly lounge, or in ERC.
4. To provide direct assessment and intervention for elderly with accident histories by designated PM officers of each estate.
5. PM officer maintain the database, case files and support the OT's work as when necessary



Service evaluation

- Health data of residents
- Accident rate
- Activity pattern of residents
- Change of undesirable habits
- Elimination of home risks
- Satisfaction Survey (Staff / Residents)

Training program content:

There are 3 types of training courses offered :-

1. PM staff Case management training (14 hours)

- For all, repeated 4 classes.
- involves both teaching and practical portions. They are equipped with skills and related knowledge to conduct the health & home assessment , interviews, observation and data collection accurately for the whole process of case management .They are also provided with ample information for better understanding of Aging and Elderly problems. Possible solutions and risk reduction methods are introduced.
- provides the venue for PM staff and OT to discuss upon all possible structural and environmental modifications within the specific estate under their management. Guideline and underlying principles for improving elderly accessibility and functioning are introduced with case illustrations. Related community resources for enhancing elderly care are discussed also.

Volunteer

2. General health screening for elderly (3.5 hours)

- For annual mass screening exercise
- Content include communication skills with elderly, observation skills, screening procedures, data recording, do's & don'ts

3a. Happiness/Positive Psychology Training Workshop for ERC's staffs

Date	Theme	Objectives	Remark
8-8-2011	Introduction of happiness/positive psychology for the client after retirement	The evidence on Happy Retirement Theory of happiness and positive psychology for retirement Understand OLSR principles and its application for retirement Outcome Evaluation	2 hours lecture, and preparation for the group
15-8-2011	Boby	As participants in the OLSR group	1.5 hours for @ group session 0.5 hour for feedback after @ group session
22-8-2011	Mind	Understand the group process/dynamic, setting of goals and actions plan	
29-8-2011	Environment	Experience & demonstrate the learned principles in the group	
5-9-2011	Relationship	Feedback on group and self performance Review the learning points	
Total hours:			10 hours

3b. Proposal on Lifestyle Redesign Workshop for Elderly Resources Centre

Date	Topics	Objectives	Remark	Trainer
1 st session (23/6/2014) 1:30-5:30 pm	Introduction of lifestyle redesign for well elderly living in community	- Basic theory and research of lifestyle redesign - The therapeutic process of lifestyle redesign - The application of lifestyle redesign in Hong Kong esp. well elderly population	Lecture and group discussion Total 4 hours	Serena
2 nd session 30/6/2014 1:30-5:30 pm	Basic skills and techniques in of lifestyle coaching	- Understand the group process/dynamic of the lifestyle redesign group - Setting of life goals	Lecture and practice Total: 4 hours	Serena
3 rd session (7/7/2014) 1:30-5:30 pm	Lifestyle redesign for elderly with chronic pain	Understand the reasons of chronic pain Benefit of OSLR Program design Evaluation of program outcome	Practicum and group observation Total: 4 hours	Serena Irene
4 th session (14/7/2014) 1:30-5:30 pm	Lifestyle redesign for elderly with MCI +/- Depression	- Understand the reasons of MCI Benefit of OSLR Program design Evaluation of program outcome	Practicum and group observation Total: 4 hours	Serena Annie Danny
5 th session (21/7/2014) 1:30-5:30 pm	Lifestyle redesign for elderly with cardiopulmonary problem	- Understand the reasons of cardiopulmonary problem Benefit of OSLR Program design	Practicum and group observation	Serena Cherry



對象

年滿60歲的長者及其照顧者
長者居住在私人樓宇，而長者或其家人是該居住單位的業主

服務內容

服務主要分為兩大類：
個人評估及諮詢服務
上門專業評估

各中心放時間及地點:

各中心開放時間及地點:	
1	房協物業管理諮詢中心-西灣河 (西灣河筲箕灣道250號御景軒地下C舖) 星期二 下午2:00至5:00
2	房協雋逸生活體驗館 (北角七姊妹道昌苑大廈地下1A號舖) 星期五 上午10:00至12:00
3	房協長者安居資源中心 (油麻地眾坊街3號駿發花園第二期地下A-C) 星期一至六 上午9:00-下午6:00
4	房協滿樂大廈長者休息室 (荃灣沙咀道141-169號) 星期三 上午10:00-至中午12:00

個人評估及諮詢服務

計劃為長者及其家人提供以下五方面的職業

治療師專業諮詢服務:

如何為長者改裝及設計家居環境

如何為長者選擇合適的傢俬及生活輔助工具

提供選購傢俬及生活輔助工具的相關資料及建議

評估長者身體功能，提供相關的專業建議

瞭解長者的生活習慣及模式，提供相關的專業建議

房協長者安居資源中心為有需要的長者及照顧者提供專業諮詢服務，由職業治療師及社工主持，費用全免。

諮詢範疇

促進健康及積極晚年

選擇合適的傢俬及生活輔助工具

長者的生活習慣及模式

社區可用資源

地點

房協長者安居資源中心或指定房協服務單位

上門專業評估

步驟 1
專業上門評估服務



- 家居環境評估
- 長者身體機能評估

步驟 2
專業報告



- 詳細的專業評估報告

步驟 3
完成改善工程後服務



- 家居改善工程後的使用評估(如需要)