



Long Term Care in Hong Kong: lessons learned from the Pandemic

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Infection Control failures



Hard lesson from SARS epidemic

72 RCHE residents were infected, **57 died (79%)**

11 staff working in RCHEs contracted

RCHE residents were **5 times** more likely to be infected



Infection Control measures introduced in RCHEs

Each RCHE is required to

- designate an **Infection Control Officer** to coordinate matters related to the prevention and handling of infectious diseases in RCHEs
- Set up **isolation facilities/rooms**
- **Annual assessment** conducted by Visiting Health Teams

COVID-19 Outbreaks in RCHE

- >100 elderly residents infected
- >30 died (**15.5% of all infected**)
- >400 elderly residents were quarantined

- RCHEs deploy staff to work in more than 1 institution
- Poor and crowded living environment of hostels for workers imported under the Supplementary Labour Scheme



Infection control challenges – Environment & Facilities



Common Area

- High risk to spread virus through contact
- **Difficult to keep physical distancing**
- Cross-infections at dining tables/activity zone

Cramped and poorly ventilated environments

- Existing statutory minimum area of floor space per resident is **6.5 m²**
- Room shared with **3-5 roommates**
- **Poor indoor air quality**



Infection control challenges – Environment & Facilities



Unregulated Ventilation

“Adequate ventilation” undefined

- Code of Practice of RCHE: *Every room used for habitation shall be provided with **adequate natural lighting and ventilation** for compliance with sections 29,30,31,32 and 33 of the Building (Planning) Regulations (Cap. 123 sub leg. F)*

Requirement on Air Change Rates not included

- Only window size and design requirements found in the Building (Planning) Regulations

No compliance monitoring practice for infection control

- Regular inspection of Ventilating by Fire Services Department
- **No regular air quality tests for infection prevention & control**

PURPOSES	
<input type="checkbox"/> 38. (Repealed)	
<input type="checkbox"/> 39. Staircases	
<input type="checkbox"/> 40. Staircases in buildings intended for separate occupation	
<input type="checkbox"/> 40A. Escalator to be in addition to staircases or means of escape in case of emergency	
<input type="checkbox"/> 41. Means of escape	
<input type="checkbox"/> 41A. Access staircases for firemen	
<input type="checkbox"/> 41B. Fireman's lifts	
<input type="checkbox"/> 41C. Firefighting and rescue stairway	
<input type="checkbox"/> 41D. Emergency vehicular access	
<input type="checkbox"/> 42. Landings, lobbies and	
30. Lighting and ventilation of rooms used or intended to be used for habitation or as an office or kitchen	
(1) Every room used for habitation or for the purposes of an office or as a kitchen shall be provided with natural lighting and ventilation. <i>(G.N.A. 97 of 1962)</i>	
(2) Such natural lighting and ventilation shall be provided by means of one or more windows which shall be—	
(a) so constructed that—	
(i) the aggregate superficial area of glass in the window or windows is not less than one-tenth of the area of the floor of the room; and	
(ii) the windows can, to an extent at least equal in the aggregate to one-sixteenth of the area of the floor of the room, be opened in such manner that the top of the opening of each window is at least 2 m above the level of the floor or, in the case of detached and semi-detached buildings, at least 1.9 m above the level of the floor; and <i>(L.N. 294 of 1976)</i>	
(b) such that not less than the area required by sub-paragraph (a)(i) (hereinafter referred to as the prescribed window) faces directly into the external air.	
	<i>(G.N.A. 83 of 1959)</i>

Infection control – Manpower

Staff shortage

- Vacancy rate of posts of PCWs, WA, HHs was **19%** in 2019
- Some private care homes workers quit for family → worsening staff shortage
- Temporary workers needed to maintain operation
- **Untrained outsourced staff working in multiple centres** → cross-infections
→ Lack of manpower disinfecting frequently-touched surfaces regularly
- High staff turnover rate → infection control knowledge not retained



How to ensure a stable and well-trained workforce to combat infectious disease?

Infection control – Preparedness & Training

Insufficient supply of Personal Protective Equipment

- **60%** respondents face shortages of masks and other protective gear in the beginning of the epidemic

Do we maintain a regular stock of PPE?

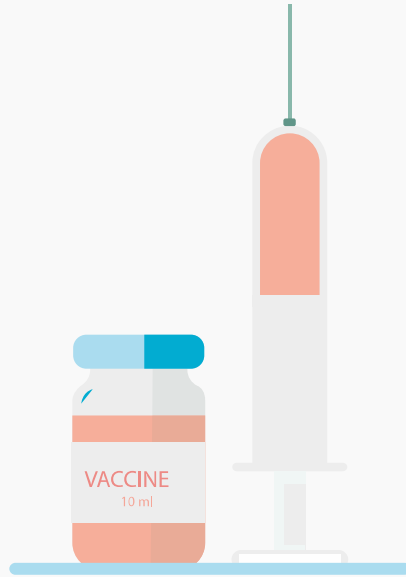


Insufficient infection control knowledge/skills

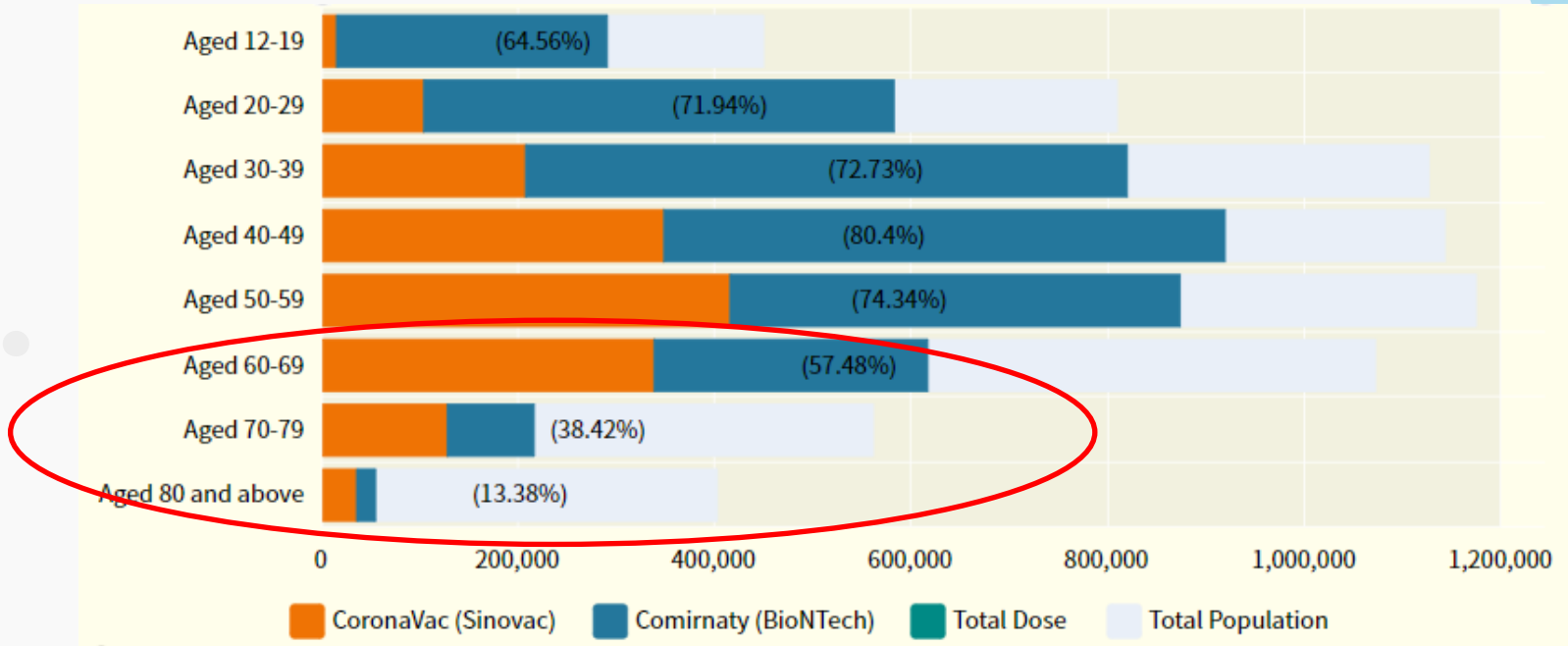
- Outsourced staff have **low hygiene awareness**
- > 40% respondents **without adequate anti-epidemic knowledge**
- 50% respondents thought the **operational guidelines were unclear**

Can Infection Control Officer transfer knowledge to all staff?
Are staff ready to put knowledge into practice?

Vaccination hesitancy



Total population with 1st Vaccine Dose (as at 16 Sep 2021)



90% of US seniors are vaccinated with at least 1 dose
>80% of Japan seniors are fully vaccinated

Vaccine acceptance and hesitancy in HK

CUHK survey published in Jan 2021

- Overall vaccine acceptance for HK adults was 37%
- People aged 65 or above **were most open to receiving vaccines (48%)**
- **Having chronic medication & poorer HRQoL** related with higher acceptance of vaccines



Reports of vaccinated being hospitalized spread concern

- Coincidental cardiovascular events after roll-outs
- People get frightened by news of fatal side effects



CUHK survey published in Jun 2021

- **Belief of fatal side effects after vaccination (8.2 of 10 score)**
- No confidence in recommendations from government (7.7 of 10 score)
- **Recommendation from physicians is the most important driving force**

Reasons behind elderly's vaccine hesitancy



Authorities message discourage vaccination

- Initial recommendation is only for those without severe uncontrolled chronic disease
- Consult doctor if in doubt

Doctors telling elderly to be cautious

- **Doctors do not want to deal with liability in event of adverse effects**
- Elderly's need of reassurance and confidence from doctors



Ms Hing So (74)

Suffers from “three highs”

My doctor won't tell me outright whether I should take the vaccine or not, but I feel like **his attitude is very skeptical**

It's all right not to be vaccinated for now.
The risk of getting Covid now in Hong Kong is not really that high



Ms Cheung Siu-kum (67)

How COVID affects services for the elderly

Suspension of services

- Drop-in service and social & recreational services suspended
- Carer support services and home visit services severely impacted
- **Non-essential services stopped/delivered in a much reduced capacity**
- Only service for urgent needs



Respondents observed great impact on well-being of their service users:

- **Lack of social activity** (96.4%)
- **Increase of loneliness** (78.2%)
- Physical deterioration (65.5%)

Delays and disruptions in health services

- Non-urgent medical services and non-urgent surgery postponed
- **Slowdown in rehabilitation progress**
- **Miss opportunities for management of chronic conditions/early detection of new conditions**

How COVID affects services for the elderly

Coronavirus: Hong Kong's care homes keep Covid-19 at bay, but 'loneliness epidemic' strikes elderly residents as family members keep away

- Restrictions imposed by homes on visitors, activities have worked to keep elderly safe
- Some residents face mental health problems from months of not seeing family members



Fiona Sun



Published: 8:30am, 13 Jun, 2020

Why you can trust SCMP



Experts say a 'loneliness epidemic' is on the rise amid the Covid-19 health crisis.

Currently

74,500 elderly people living in RCHEs

Suspension of visits → isolation of residents

- Psychological hardship
- Feeling abandoned by relatives
- Carers feeling guilty for not being able to visit

☹️ Video calls not appropriate for residents with dementia

Visiting Professional Service

- Ceased/provided on a limited scale

Communicating with elderly/families about vaccines

Health talks for residents' family members

- Doctors briefing on vaccine information
- One-on-one consultation services
- Learn more about vaccines in objective manner
- **Encourage elderly relatives to get vaccinated**



One-stop arrangement at elderly centres

- Information session for community-dwelling elderly
- Healthcare workers answer questions on the spot
- Outreach vaccination team provide service
- Ease concerns of elderly
- **Facilitate easier and convenient vaccination**
- **Positive peer effect**

We need more medical-social collaboration

COVID-19 accelerating technology adoption

Anti-microbial coating developed by HKUST

- Effective up to 90 days in killing viruses, bacteria and hard-to-kill spores
- **98.7%** reduction in drug-resistant bacteria in 3 weeks
- Non-toxic and safe for skin and the environment
- Prevent microbial contamination and infrastructure corrosion
- Can be made into hand sanitizer, paints, coating, filter materials for air & water purification etc



Telehealth

- Reduce social contact and avoid infection
- **61% people aged 55+ are willing to try** when technology is mature

Online cognitive/rehabilitation training/telecare

- Keep elderly active during home isolation
- Retain their physical and mental abilities



The background features a collection of abstract shapes in light blue and light orange. There are several small circles of varying sizes scattered across the page. Larger, soft-edged shapes, including a large light blue shape in the bottom right and a light orange shape in the top right, are also present. The overall aesthetic is clean and modern.

Thank you!