



# Age-Friendly Hospital Development and Achievements – Yonghe Cardinal Tien Hospital, Taiwan

Ling-Yu Hung<sup>1</sup>, Chin-Ru Chuang<sup>2</sup>, Po-Yi Ching<sup>2</sup>, Su-Hua Shen<sup>2</sup>, Mei-Wen Lin<sup>2</sup>, Shu-Chuan Yu<sup>2</sup>, Ching-Wen Hsu<sup>3</sup>, Pei-Li Chang<sup>2,3</sup>, Chi-Chun Chou<sup>4</sup>

## About the AUTHORS

<sup>1</sup> Department of Family Medicine, Yonghe Cardinal Tien Hospital, New Taipei, Taiwan

<sup>2</sup> Department of Nursing, Yonghe Cardinal Tien Hospital, New Taipei, Taiwan

<sup>3</sup> Department of Long-term Care, Yonghe Cardinal Tien Hospital, New Taipei, Taiwan

<sup>4</sup> Yonghe Cardinal Tien Hospital, New Taipei, Taiwan

**Contact:**  
Chi-Chun Chou  
[cathy10680@gmail.com](mailto:cathy10680@gmail.com)

In 2015, New Taipei city's Yonghe district has entered to an aged society. At the end of 2017, the proportion of elders aged  $\geq 65$  years reached 16.52% (1). With increased age, the need for medical and life care has increased. Therefore, the Yonghe Cardinal Tien Hospital has established many programs to promote and provide age-friendly care.

First, to reach a consensus, the topic for the annual hospital supervisor consensus training camp was set as "We are all elderly." The supervisors wore actual aged simulation set and participated in group competitions and simulated real-life situations to experience the daily life of elders. With this experience, Yonghe Cardinal Tien Hospital wished the supervisors to gain better understanding for the elderly patients, so they could provide friendly service in their respective professional fields.

In our hospital, all hardware facilities were built under the premise of age-friendliness and many subtle but caring details were also included; for instance, when the guard notice a disabled elderly individual getting off the car, he would actively assist and bring a wheelchair for the individual and if necessary, volunteers would accompany the elder to the clinic room. The information desk was set up with reading glasses for presbyopia, and there are volunteers to assist them in filling out the forms. The clinic rooms were

equipped with communication aids for elders with hearing loss.

To make the entire medical treatment process more age-friendly, we have convened a meeting with departments of Registration, Outpatient, Laboratory, Radiology, and Pharmacy to collaboratively design a "caring sticker" for aged elders. Wearing this sticker would allow staff to quickly identify elders aged  $\geq 85$  years in need and give them priority in care and services. For elders aged  $\geq 90$  years, after being recognized by the outpatient registration machine, they would be allowed to have top priority to visit the doctor.

Other than medical care, we also have noticed home care issues faced by hospitalized disabled elders. Therefore, during the hospitalization, a discharge planning service was offered. We have had discharge cases studies every week with the multidisciplinary team, which was hosted by our president and the team included relevant doctors, nurses, therapists, dietitians, social workers, pastoral staff, long-term care case managers, and home service supervisors. These professionals jointly discussed the medical and life care required for each patient since hospitalization and after discharge. Our team actively discussed and explained to the patient and family members and helped them to apply for long-term care resources and aids from the long-term care managing center during the hospitalization. We have taken all the action in the hope that after



## Research and Best Practice

discharge, the patients' care needs could be satisfied at home in the shortest time. Currently, our team has obtained almost all the qualifications for long-term care and also has established a home medical care team. Therefore, we are capable of providing medical and life care, also long-term rehabilitation. All professionals would communicate horizontally in order to make changes and provided the medical or life care according to patients' needs. Home medical care could decrease admission rate and ER visits rate and has received high recognition from patients and family members. Therefore, our "Integrated home medical care and life support service program" has had the honor to receive the certification of SNQ (Symbol of National Quality) of Taiwan.

Aging is accompanied by the development of disability and dementia, which requires medical care and rehabilitation to delay disease progression. We have also integrated the local community's medical team and ours to provide complete care for individuals with disability and dementia, including screenings, diagnosis and treatment. We not only have set up courses on disability and dementia for patients to delay the disease progression, but also lessons for their family members to understand better about dementia to support the patients. Because of these innovative lectures and integrated care procedures, this "Integrated community health care network for active aging" of our hospital has also received the certification of SNQ of Taiwan.

With the hospital as our foundation and focused on the community, under the concept of prevention is better than cure, we have started the community health care stations program since 2016. Volunteers from each neighborhood were trained to establish community health stations. These stations provide blood pressure measurements periodically, health promotion and long-term care information, frailty/dementia screenings and referral services. Our team has supported to give lectures periodically to enhance community health literacy. We have also provided assistive devices for free to the health stations to help people in need. Until the end of March 2019, we have assisted to establish 16 community health stations and are actively communicating with other communities to set up more.

The elders are the treasures of our society. The Yonghe Cardinal Tien Hospital Team hopes to assist elders in the community to have healthy mind and body to enjoy life as they wish. Even if they would need med-

ical and life care, with our support, we hope that the elders can still live with their family and enjoy the last journey of their life.

### Reference:

(1) Yonghe District Office. Analysis of Population Structure in Yonghe District of New Taipei City, New Taipei City: Yonghe District Office, 2018.