

LCQ16: Supporting the admission of elderly people with infectious diseases to residential care homes for the elderly

Following is a question by the Hon Chan Hoi-yan and a written reply by the Secretary for Labour and Welfare, Mr Chris Sun, in the Legislative Council today (January 31):

Question:

It has been reported that an elderly person in his seventies was infected with *Candida auris* in a public hospital, and the hospital concerned subsequently discharged the patient on the grounds that the patient did not pose a risk to public health. However, as the Centre for Health Protection (CHP) required residential care homes for the elderly (RCHEs) to adopt infection control precautions, it was difficult for the patient to find a suitable RCHE to reside, and even when some RCHEs were willing to accept the patient, the RCHEs had to charge additional fees to meet the CHP's requirements (e.g. arranging a separate room to accommodate the patient). In this connection, will the Government inform this Council:

(1) of the total number of separate beds available in public RCHEs throughout the territory;

(2) of the number of public RCHEs which received subsidies from the Social Welfare Department (SWD) and the Hong Kong Jockey Club Charities Trust for the purchase of anti-epidemic mobile cabins during the COVID-19 epidemic, and whether all such cabins have been retained to date; if so, of the number of such cabins;

(3) of the circumstances, other than having infectious diseases, under which public RCHEs will require elderly residents to undergo isolation;

(4) of the current average waiting time for applications for admission to public RCHEs, and the average waiting time for applicants who are required to undergo isolation;

(5) whether the SWD will consider arranging for public RCHEs to prioritise the admission of elderly people with infectious diseases, so that these elderly people can receive appropriate care as early as possible; if so, of the details; if not, the reasons for that;

(6) whether the SWD will consider subsidising individual public RCHEs to set up additional anti-epidemic mobile cabins, so as to support them in admitting elderly people with infectious diseases; if so, of the details; if not, the reasons for that; and

(7) as it is learnt that there have been an increasing number of outbreaks of multidrug-resistant fungal/bacterial infections in public hospitals, whether the SWD will consider providing assistance to those elderly people who need to be admitted to RCHes and are confirmed patients of these infections, such as providing a certain amount of subsidy directly to the elderly people who have contracted bacterial infections in public hospitals, so as to assist them in finding suitable RCHes to reside; if so, of the details; if not, the reasons for that?

Reply:

President,

I reply to the respective parts of the question as follows:

(1) and (3) As at end-December 2023, there were 822 residential care homes for the elderly (RCHes) across the territory (including 813 RCHes licensed under the Residential Care Homes (Elderly Persons) Ordinance (Cap. 459) and nine scheduled nursing homes listed under the Private Healthcare Facilities Ordinance (Cap. 633)). These RCHes are operated by non-governmental organisations (NGOs) and private organisations, providing about 36 500 subsidised and 42 500 non-subsidised residential care service places. Among these RCHes, subsidised services are provided by 126 subvented homes, 49 contract homes, 197 private homes participating in the Enhanced Bought Place Scheme, five self-funding homes participating in the Nursing Home Place Purchase Scheme (among the aforementioned homes, 181 homes also participate in the Residential Care Service Voucher (RCSV) Scheme for the Elderly), and 21 private or self-funding homes participating in the RCSV Scheme only. In accordance with the agreements of subsidised services, all these homes must provide shared accommodation for residents.

As for isolation measures, the Code of Practice for Residential Care Homes (Elderly Persons) stipulates that all RCHes must be equipped with proper isolation facilities as follows: a designated isolation room must be provided for every 50 places; if there are more than 50 places, an additional isolation room/facility must be provided for every additional 50 places (or fewer); for RCHes with 200 places or more, four isolation rooms/facilities (including at least one designated isolation room) must be provided. The designated isolation room/facility enables RCHes to implement isolation measures for residents in need (including those who are sick or infected/suspected of being infected with communicable diseases) to prevent the spread of communicable diseases and protect residents, staff and visitors.

(2), (6) and (7) To support RCHes in the prevention and control of Multi-Drug Resistant Organisms (MDROs) and strengthen the protective measures taken by RCH staff in rendering care to infected residents, the Social Welfare Department (SWD) provides subsidies to RCHes taking care of infected residents or residents who are carriers of specific types of MDROs (including *Candida auris*). These RCHes may purchase personalised items for infected residents (e.g. thermometers, blood pressure monitors, pillowcases, bed sheets, etc.) and such a one-off subsidy is capped at \$900 per infected

resident. The RCHEs may also purchase personal protective equipment and disinfection supplies for staff and such a monthly subsidy is capped at \$5,750 per infected resident. The subsidies are disbursed on a reimbursement basis and will be provided until the RCHEs receive confirmation from the Hospital Authority or the Centre for Health Protection that the residents concerned are no longer carriers of MDROs. In addition, the SWD and the Department of Health organise training courses to brief RCHE staff on the latest information on infection prevention and control to enhance RCHEs' infection control capability.

During the COVID-19 pandemic, the SWD collaborated with the Hong Kong Jockey Club Charities Trust (HKJCCT) to fund some 290 RCHEs and 130 residential care homes for persons with disabilities (RCHDs) to acquire about 540 and 170 anti-pandemic mobile cabins (mobile cabins) respectively. In terms of dimensions and space, a mobile cabin is generally smaller than a single room in an RCHE. The mobile cabin does not have sufficient space and facilities for RCHE staff to provide daily care services to residents who are bedridden and have more nursing needs. The mobile cabin hence cannot be a substitute for the isolation room. During the pandemic, the mobile cabins were only used for temporary isolation of confirmed cases or residents identified as close contacts, or for short stay during visits to residents. The SWD does not have information on the number of mobile cabins retained by residential care homes, nor any plan to provide more mobile cabins.

To assist RCHEs and RCHDs in improving long-term ventilation conditions, the HKJCCT is funding eligible private homes (including contract homes operated by private organisations) and self-financing homes in need through the Jockey Club Facilities Enhancement Scheme for Pandemic Preparedness at Residential Care Homes, to carry out improvement works on ventilation equipment and systems based on the recommendations of the SWD, the Electrical and Mechanical Services Department, and the Buildings Department following joint on-site inspections of the homes. In addition, subvented homes may use the Lump Sum Grant, the Lump Sum Grant Reserve, or apply for the Lotteries Fund to carry out relevant improvement works according to actual needs. Contract homes operated by NGOs may apply to the Lotteries Fund or use the service fee paid by the Government to the operating organisations to carry out relevant improvement works.

(4) As at end-December 2023, the average waiting time for subsidised residential care services for the elderly is as follows:

	Average waiting time (in months) (average waiting time of elderly persons admitted in the past three months) (Note 1)
Subsidised nursing home place	11
Subsidised care-and-attention place (Note 2)	9

Note 1: Average number of months from waitlisting on the central waiting list to admission for normal cases admitted to subsidised places in the past three months.

Note 2: Elderly persons using the RCSV subsidised by the Government are admitted to RCHes participating in the RCSV Scheme without waiting.

As mentioned above, isolation rooms are infection control facilities of respective RCHes for residents in need (including those who are sick or infected/suspected of being infected with communicable diseases) and are not allotted through waitlisting. The SWD does not have information on the residents' waiting time for isolation room in RCHes.

(5) Allocation of subsidised residential care services for the elderly is based on the assessment result, service choice and waitlisting order of applicants under the Standardised Care Need Assessment Mechanism for Elderly Services and the Central Waiting List for Subsidised Long Term Care Services.