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Development and investigation of the age-friendly health care model in Taiwanese hospitals

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Abstract

Objective: We investigated the current practice of age-friendly health care in Taiwanese hospitals using self-developed checklists that incorporated data obtained from a literature review of recent studies and several expert meetings.

Methods: In this cross-sectional exploratory research, we used the “Checklists for Promoting Acute Care in Older Adults,” designed for emergency, inpatient, and outpatient services to conduct a survey. We surveyed hospitals that participated in a pilot program initiated by the Health Promotion Administration from 2019 to 2020 for promoting age-friendly health care and preventing disability among older adults. Data were collected, and descriptive analyses were performed.

Results: A total of 36 hospitals participated the pilot program, with 50 subprograms (23 outpatient, 20 inpatients and 7 emergency programs). The overall achievement rates were 65.3%–97.1% among the indicators in the checklists for various clinical settings. Several items had low achievement rates. For example, the achievement rates for “while developing care plans, take preventive examinations and discussions into consideration” and “advance care planning discussion” were 47.8% for outpatient services, and that of “while setting care goals, take survival, functional status, cognitive function, and quality of life into consideration” was only 28.6% for emergency services. For inpatient services, the achievement rates of “reducing the incidence of delirium” and “reducing the prevalence of urinary catheter placement at discharge” were 37.5%.

Conclusion: In Taiwan, the age-friendly health care model in hospitals is in the developmental stage, and the achievement rate is low in terms of process indicators and outcome indicators, including the development of holistic care plans. Our results implied that hospitals may still be accustomed to a single disease-based medical care model, despite the fact that older patients with multiple comorbidities require integrated and comprehensive care. Hospitals wishing to engage systematically in the age-friendly health care model should focus on strengthening their implementation processes and proactively providing medical professionals with education and training regarding geriatric medicine.

Keywords: elderly, hospital, age-friendly health care