



# 香港中國婦女會

The Hong Kong Chinese Women's Club



## 2023安老服務年刊

# 目錄

P.1-2	機構 Agency	安老服務簡介	Services Introduction
P.3-4	黃陳淑英紀念護理安老院 Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged	院友資料統計	Statistics of Elderly Residents
P.5-6		社會服務： 活動及服務統計、 社交康樂活動	Social Services: Social Recreational Activities, Programs and Services Statistics
P.7-12		護理服務：臨床照顧質素指標： 壓瘡、失禁及尿道感染、 安全物品的使用	Nursing Care Services: Clinical Quality Indicators
P.13-15		物理治療服務	Physiotherapy Services: Fall Statistics
P.16-19		言語治療服務	Speech Therapy Services: Swallowing Assessment and Intervention
P.20-22		職業治療服務	Occupational Therapy Services: Montreal Cognitive Assessment Five-Minute Version
P.23-29		音樂治療服務	Music Therapy Services: The Impact of Music Therapy on Social and Emotional Well-Being in Older Adults
P.30-31		回響	Feedbacks
P.32	長者日間護理服務 Day Care Services for the Elderly	日間服務長者資料統計	Statistic of Day Care Services Members
P.33-36		油麗長者日間護理中心	Yau Lai Day Care Centre for the Elderly
P.37-38		油塘長者日間護理中心	Yau Tong Day Care Centre for the Elderly
P.39-40	第三齡及社區服務 U3A & Community Services	李樹培夫人啟知中心活動及服務	Dr. Ellen Li Learning Centre
P.41-42		「喜」動·網「樂」計劃	Community Services: ICT Outreach Programs for the Elderly
P.43-44		社區投資共享基金計劃	Community Services: The Community Investment & Inclusion Fund Project
封底內頁	機構資料 Board Members	香港中國婦女會2023年度安老 服務管理委員會名單	2023 Elderly Services Management Committee Member List



# 機構簡介

**香港中國婦女會**，於1938年開始作為香港一個非牟利慈善團體，目的是聯絡各界婦女團體，為社會建設慈善福利工作，倡導德、智、體、群四育之發展、建立團結之精神，服務人群。安老服務是其中一個項目。

## 安老服務簡介

自1985年投入服務的黃陳淑英紀念護理安老院開始，機構在安老服務已涵蓋住宿、長者教育、長者日間護理等多方面，可謂麻雀雖小，五臟俱全。

**政府資助服務包括：** 黃陳淑英紀念護理安老院及油麗長者日間護理中心。



黃陳淑英紀念護理安老院



油麗長者日間護理中心

**自負盈虧服務包括：** 李樹培夫人啟知中心、護理安老院非資助宿位，及油塘長者日間護理中心。

**社區照顧服務券：** 由油塘長者日間護理中心提供。



黃陳淑英紀念護理安老院



油麗長者日間護理中心

## 申請方法

**資助服務：** 長者可向住所附近之家庭服務中心或長者中心提出申請，經社會福利署之安老服務統一評估機制評定資格及服務類別，再按次序輪候所需服務。

**自負盈虧服務：** 申請人只需致電本院相關負責同事，了解服務細則便可使用。

**社區照顧服務券：** 獲社署邀請使用服務券的長者，可直接聯絡本院相關負責職員，商討採用模式及使用細節。

## 退出方法

服務使用者亦可按其意願及需要，給予服務單位一個月通知期退出服務。





# About us

**The Hong Kong Chinese Women's Club** is a non-profit charitable organization in Hong Kong founded in 1938, with the purpose of connecting women's organizations from all walks of life, building charitable welfare work for the society, promoting the development of moral, intellectual, physical and community education, the spirit of unity, and serving the people. Providing comprehensive elderly care services is one of the main purposes of the Club.

## Elderly Services

During the past 40 years the Club has developed a wide range of elderly services including residential services, day care services and U3A services.

### Government-subsented Services:

include Madam Wong Chan Sook Ying Memorial Care Home for the Elderly and Yau Lai Day Care Centre for the Elderly.



Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged



Yau Lai Day Care Center for the Elderly

### Self-financing Services:

include Dr Ellen Li Learning Centre, non-subsidized Residential Care Places and Yau Tong Day Care Centre for the Elderly.

### Community Care Service Voucher:

Provided by Yau Tong Day Care Centre for the Elderly.



Dr Ellen Li Learning Center for the Elderly



Yau Tong Day Care Center for the Elderly

## Application method

### Subsidized Services:

Applicants should be assessed and recommended for Community Care Services or Residential Care Services under the Standardised Care Need Assessment Mechanism for Elderly Services.

### Self-financing Service:

Applicants can contact the responsible staff of the Home for service content, charges and admission procedure.

### Community Care Service Voucher:

Applicants eligible for CCSV can contact the responsible staff of the Day Care Center for admission procedure.

**Withdrawal from Services** A one-month notice is required for the service users if they would like to withdraw from the services according to their wishes and needs.



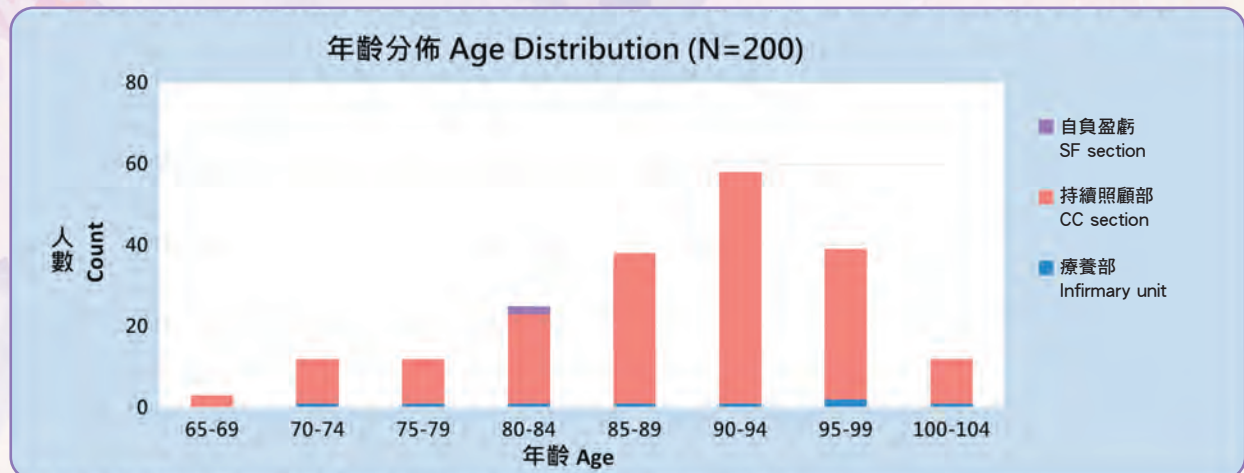
# 黃陳淑英紀念護理安老院

## Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged

### 安老院院友資料統計 (截止 2024年3月31日)

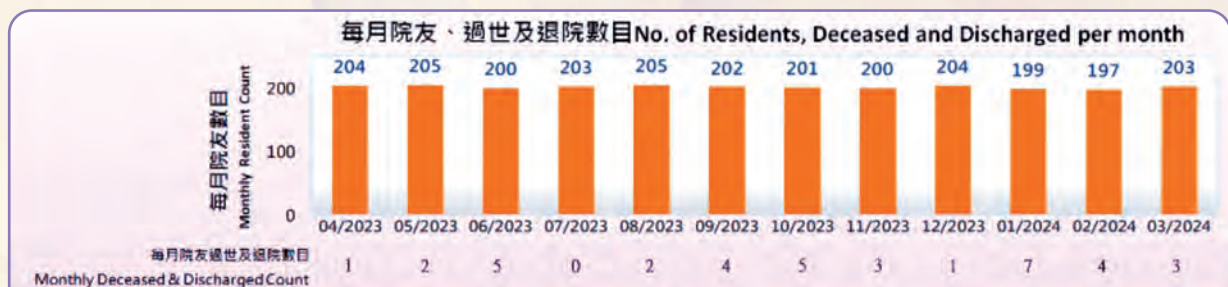
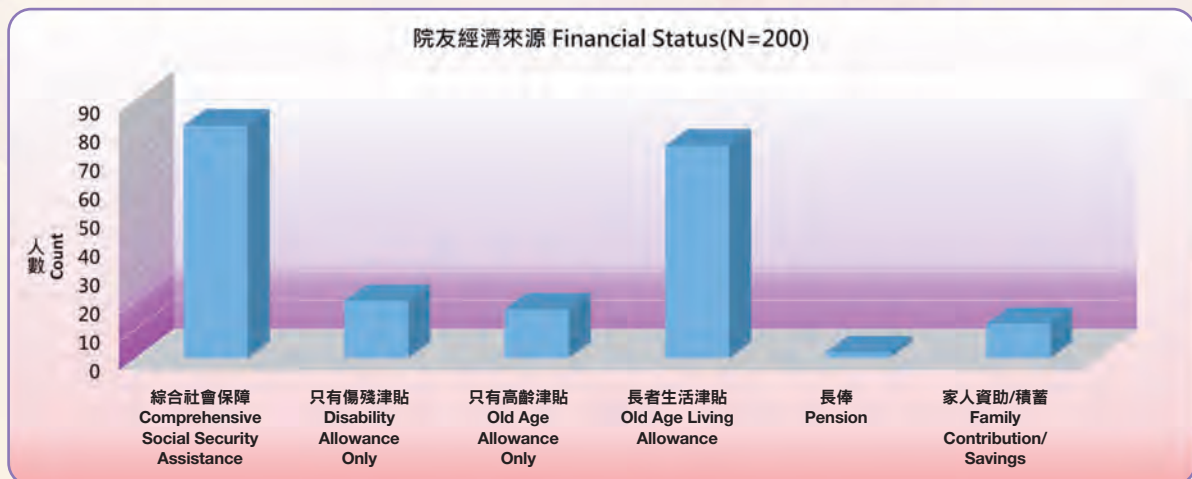
### Statistics of Elderly Residents (as of 31 Mar 2024)

\* 不包括緊急宿位院友及日間護理中心會員  
excluding emergency placement and day care centres



年齡及入住年期統計數字 — 分部計 Age And Year of Residency Statistics (N=200)

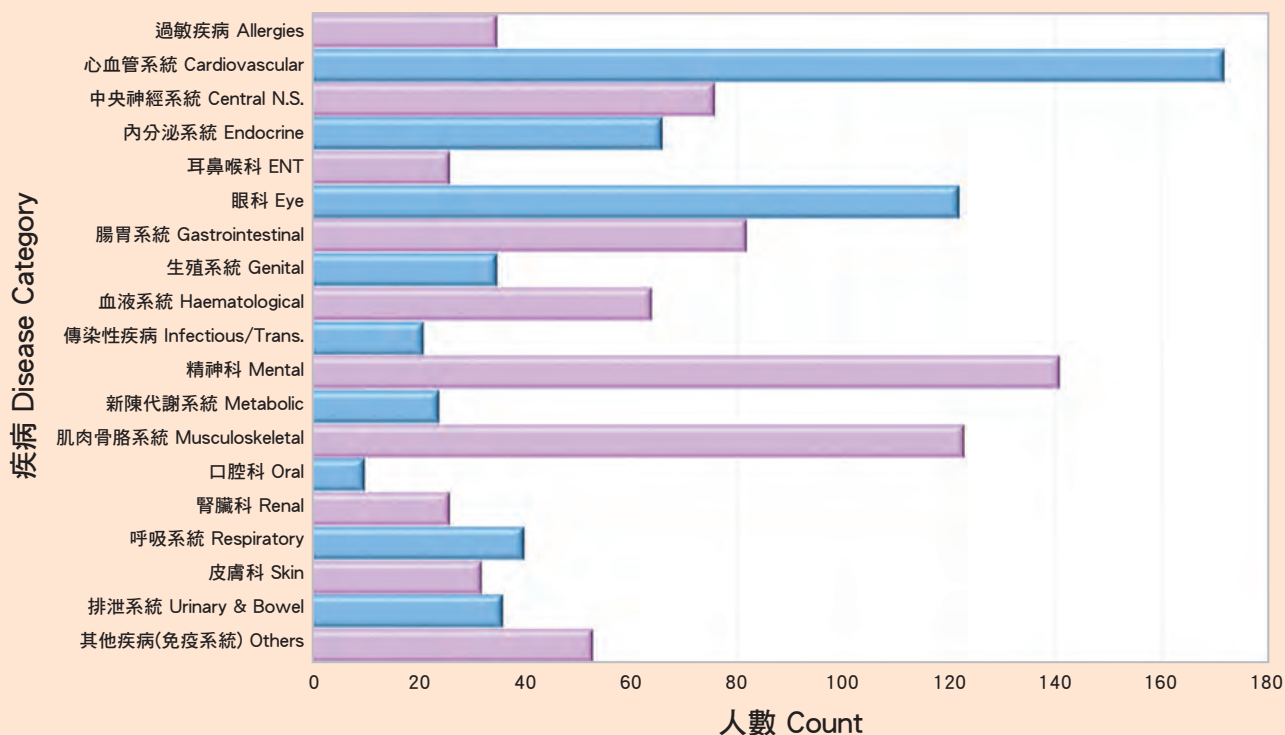
	平均年齡			最年長		最年輕		平均入住年期	
	合計 Population	男 Male	女 Female	男 Male	女 Female	男 Male	女 Female	男 Male	女 Female
療養部 Infirmary unit	88.0	n/a	88.0	n/a	101	n/a	74	n/a	1.7
持續照顧部 CC section	89.2	84.9	90.1	97	105	67	69	3.9	5.0
自負盈虧 SF section	81.0	n/a	81.0	n/a	82	n/a	80	n/a	0.1



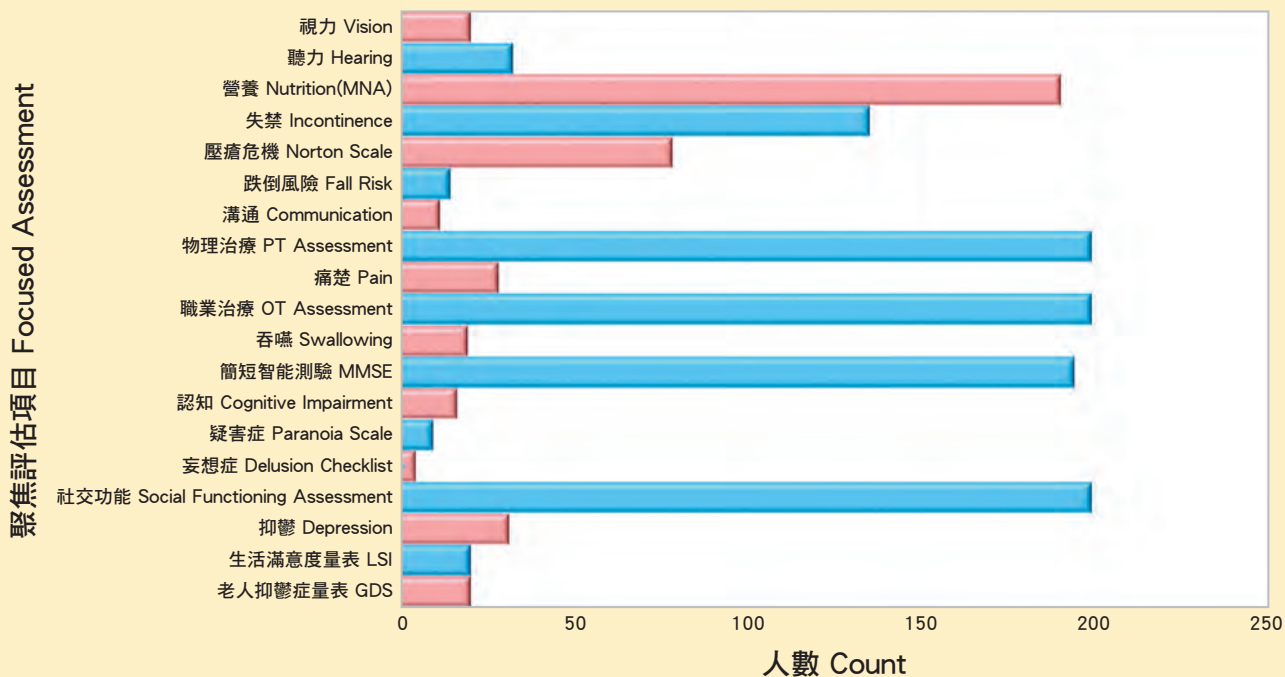
$$2023 - 24 \text{ 年度周轉率 annual turnover rate} = \frac{(\text{年度院友過世 + 退院的總數 total deceased and discharged count})}{\text{年度平均院友數目 average resident count}} = \frac{37}{202} = 18.3\%$$



## 院友現接受治療之疾病種類 Categories of Disease Receiving Treatment (N=196)



## 院友接受聚焦評估 Focused Assessments Completed (N=196)



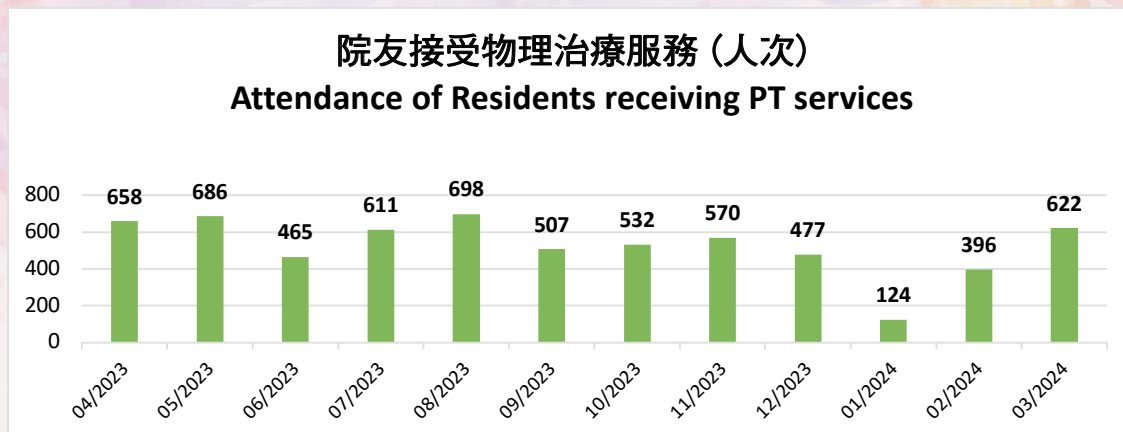
\* 其中四個院友的評估於統計數據截數日前未能完成  
Assessments for four residents were not completed before the statistical data cut-off date.



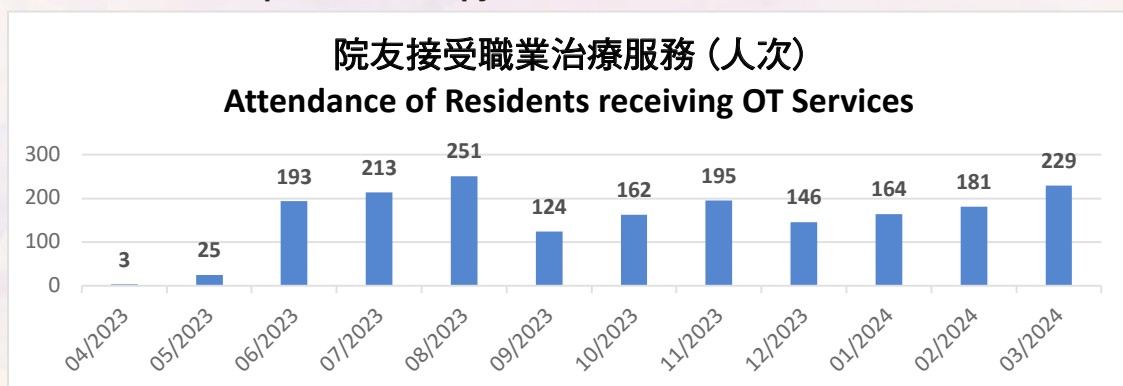


## 社會服務：活動及服務統計 Social Services : Programs and Services Statistics

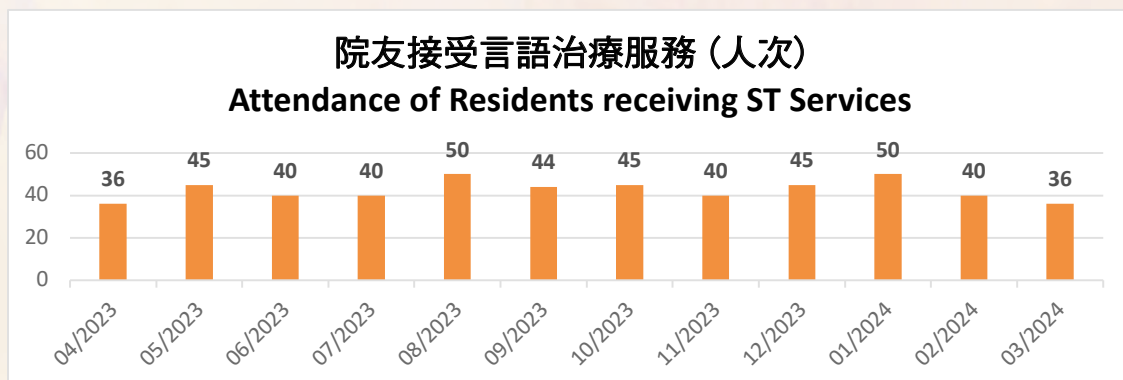
### 物理治療服務 Physiotherapy Services



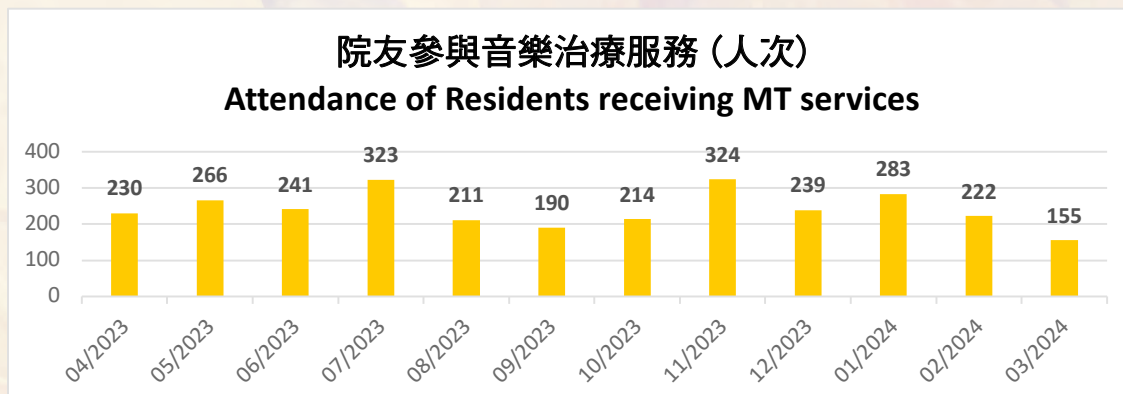
### 職業治療服務 Occupational Therapy Services



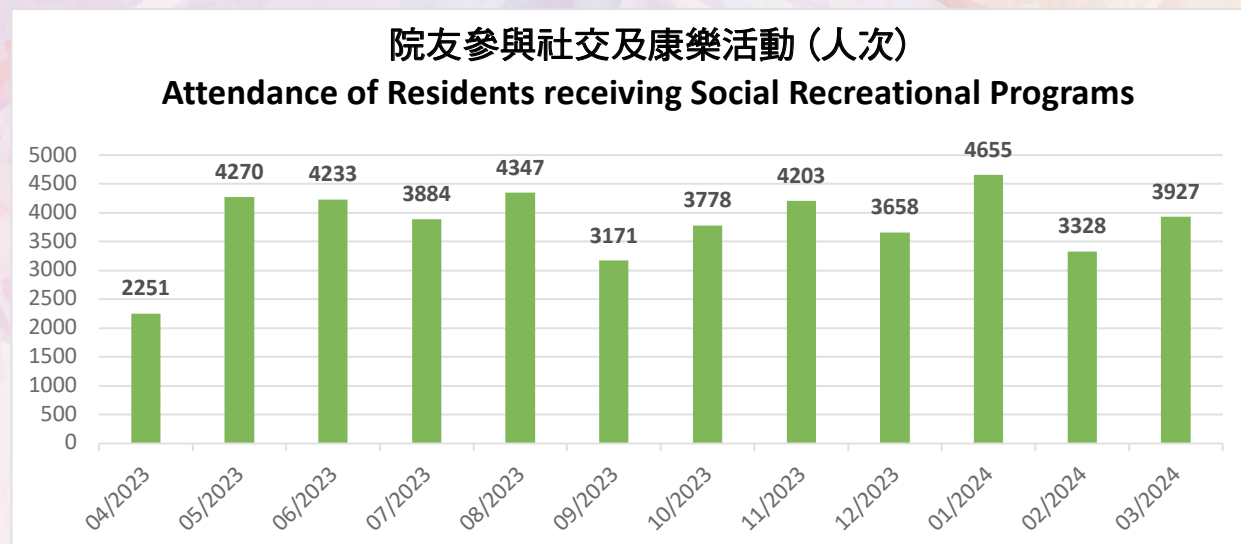
### 言語治療服務 Speech Therapy Services



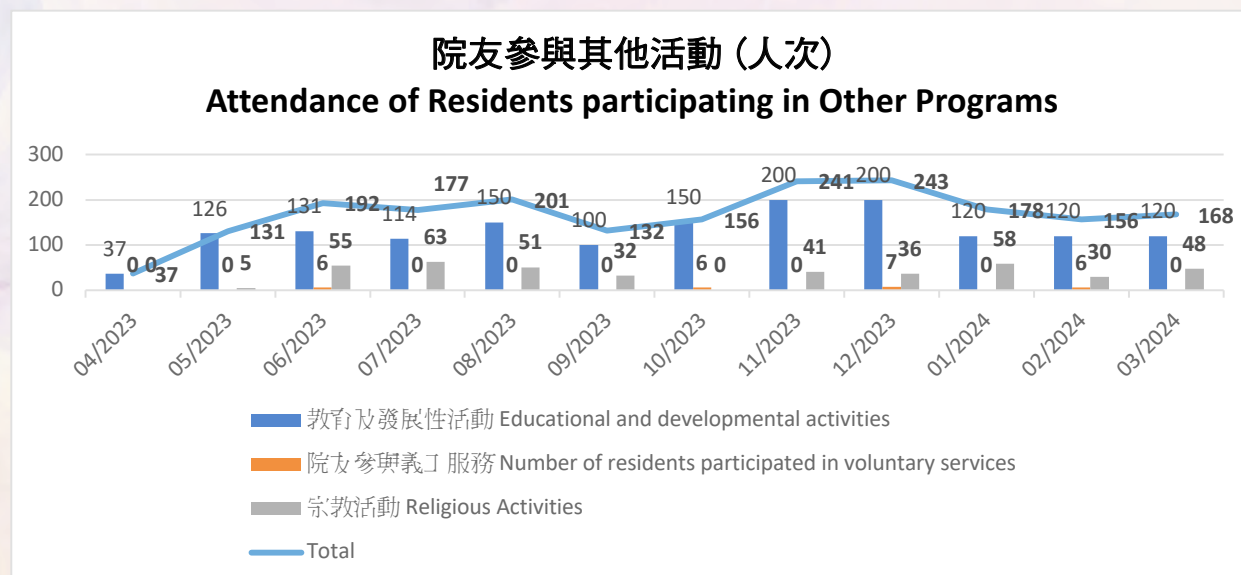
### 音樂治療服務 Music Therapy Services



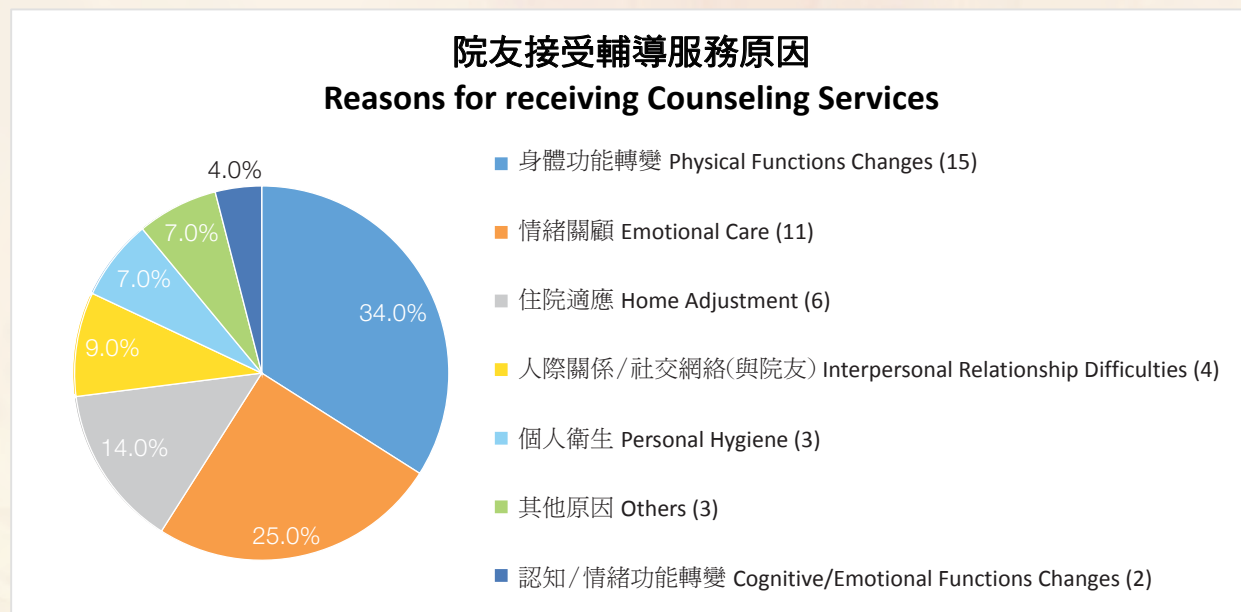
## 社交康樂活動 Social Recreational Programs



## 其他活動 Other Programs



## 輔導服務原因 Reasons for Receiving Counseling Services





# 臨床照顧質素指標專題報告

## Report on Some Clinical Quality Indicators

### 壓瘡

#### 2023年4月至2024年3月壓瘡指標監測檢視及分析

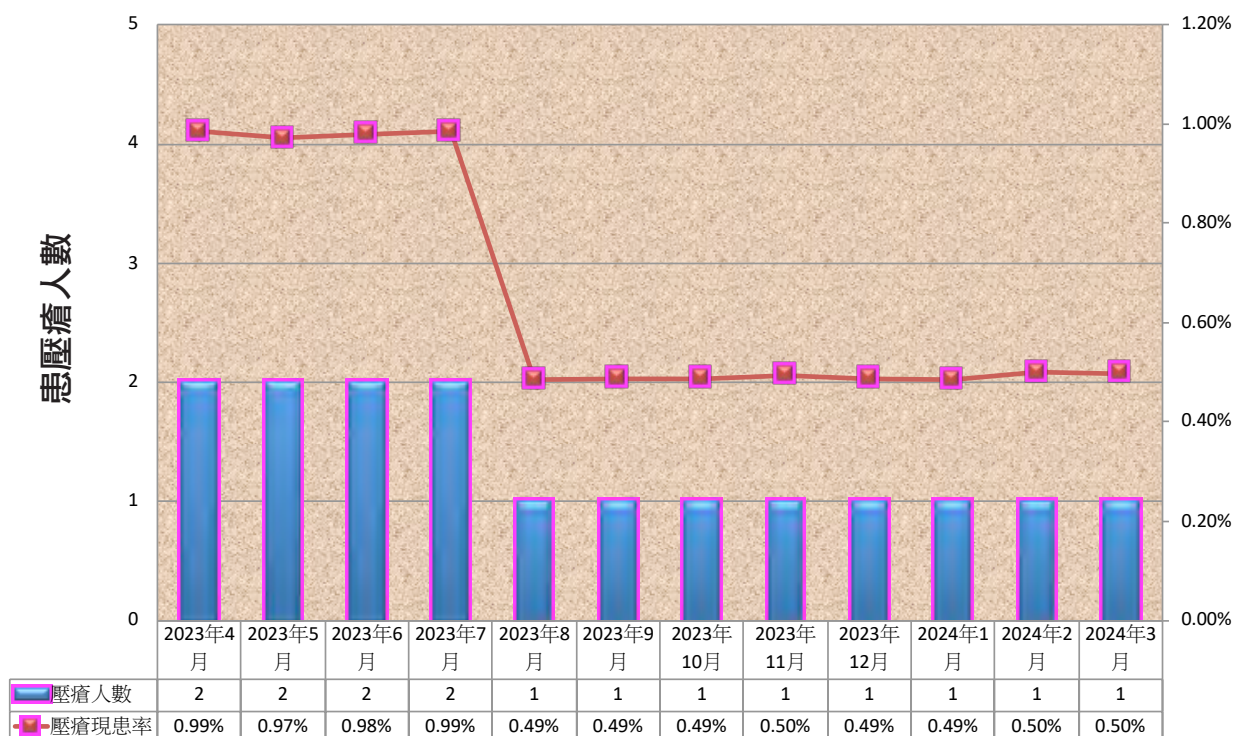
1. 4/2023-3/2024本院壓瘡現患率全期平均0.65%，按月有1至2名患者 (圖一)。
2. 全期新患壓瘡有1人，個案發生於4/2023，最終院友在5/2023因疾病入住醫院後離世。
3. 院友活動能力全為長期卧床，壓瘡之位置主要集中於骶尾部，壓瘡程度為二級至三級。

### Pressure Ulcers

#### Monitoring, review and analysis of pressure ulcer indicator from 4/2023 to 3/2024

1. From 4/2023 - 3/2024, the average prevalence rate of pressure ulcers was 0.65%, with 1-2 residents with pressure ulcer per month (Diag 1).
2. There was one new case in the whole period, which occurred in 4/2023, and the resident eventually passed away after being admitted to the hospital due to illness on 5/2023.
3. The resident was bedridden and the pressure ulcers were mainly found in the sacral area with a degree of grade two to grade three.

(圖一 Diag 1) 4/2023 - 3/2024 壓瘡現患率  
Prevalence of Pressure Sore



## 預防壓瘡與護理

長者因為活動力減弱，身體局部位置長期受壓，引致該區血流降低，組織因而缺氧，增加形成壓瘡的風險；本院依據風險評估結果擬定個人照顧計劃，採取適當的預防措施，例如：正確轉換卧床位置，減低剪力及磨擦力，善用防壓瘡背墊；本院又會透過不同專業團隊的相關介入，給予意見，希望可有效降低壓瘡之發生率，避免後續併發症及其他不良的結果，達到預防勝於治療的效果。

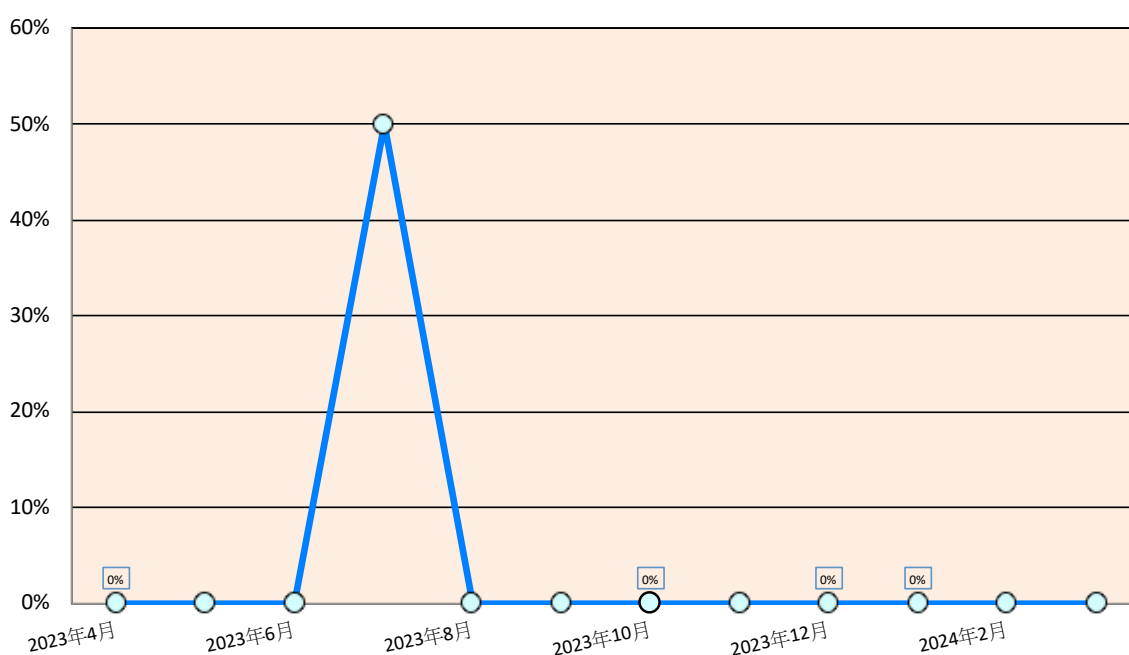
本院護理部對於已發生之壓力性損傷，會依據傷口的損傷程度、滲液多寡等各方面的因素進行傷口護理評估，選擇適當敷料，以恢復傷口血液循環，並控制感染風險，保護傷口床(wound bed)避免後續損傷或傷口惡化的發生。

## Pressure ulcer prevention and care

Due to the weakened mobility of the elderly, long-term pressure on certain parts of the body results in reduced blood flow in the area and tissue hypoxia, increasing the risk of pressure ulcers. Based on the risk assessment results, we formulate individual care plan and takes appropriate preventive measures. For example: regular repositioning, skin care and nutritional support. We also provide pressure relieving devices through the relevant intervention of multi-discipline team, hoping to effectively reduce the incidence of pressure ulcers and avoid subsequent complications and other adverse outcomes.

For pressure sore that have occurred, nurse will conduct wound care assessment based on various factors such as the degree of wound damage and the amount of exudate, and select appropriate dressings to restore wound blood circulation, control the risk of infection, and protect the wound bed to avoid subsequent injury or wound deterioration.

(圖二 Diag 2 ) 4/2023 - 3/2024壓瘡改善比率  
Improvement Rate of Pressure Sore





## 失禁及尿道感染

### 2023年4月至2024年3月小便失禁及尿道感染檢視及分析

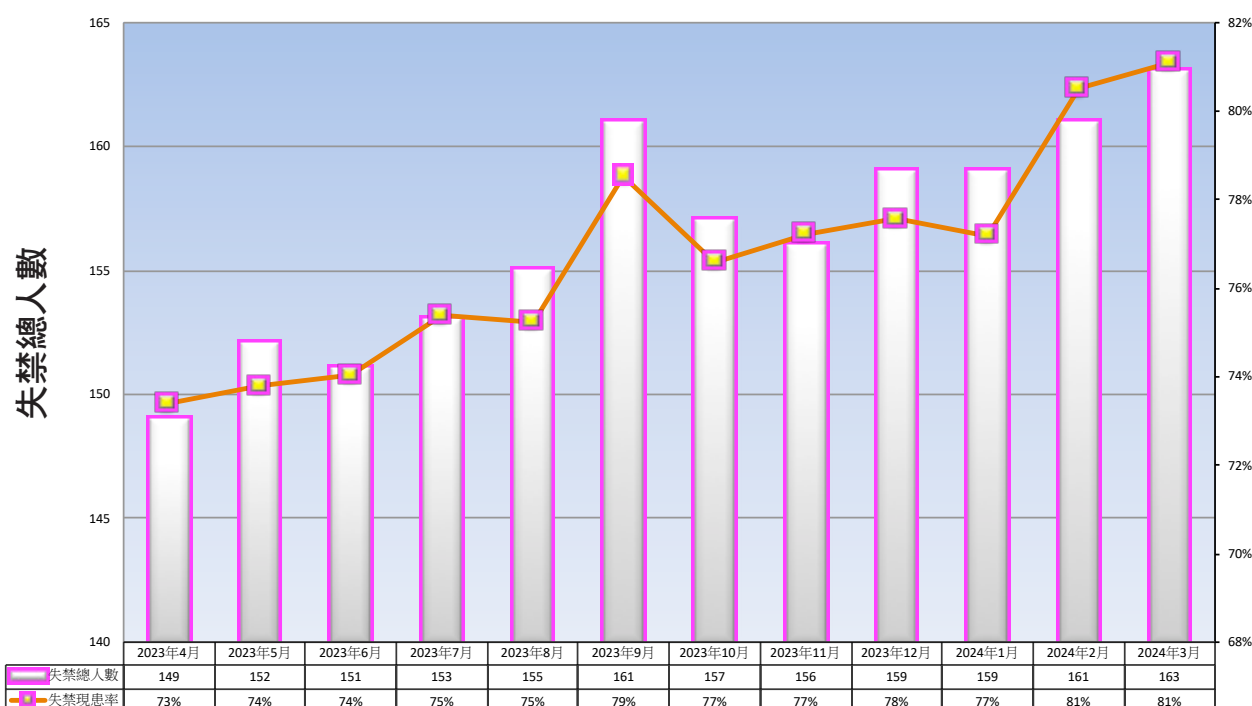
1. 本院每月平均有150多人失禁，全期平均每月現患率為77%(圖三)。
2. 大部份院友使用紙尿片，佔98%，小部份2%使用導尿管，與去年比率相約。
3. 失禁而使用紙尿片者患尿道感染者比率為0.32%；而使用導尿管者今期沒有出現感染個案。
4. 全期共有6人患尿道感染，涉及6名女院友。

## Incontinence and Urinary Tract Infection

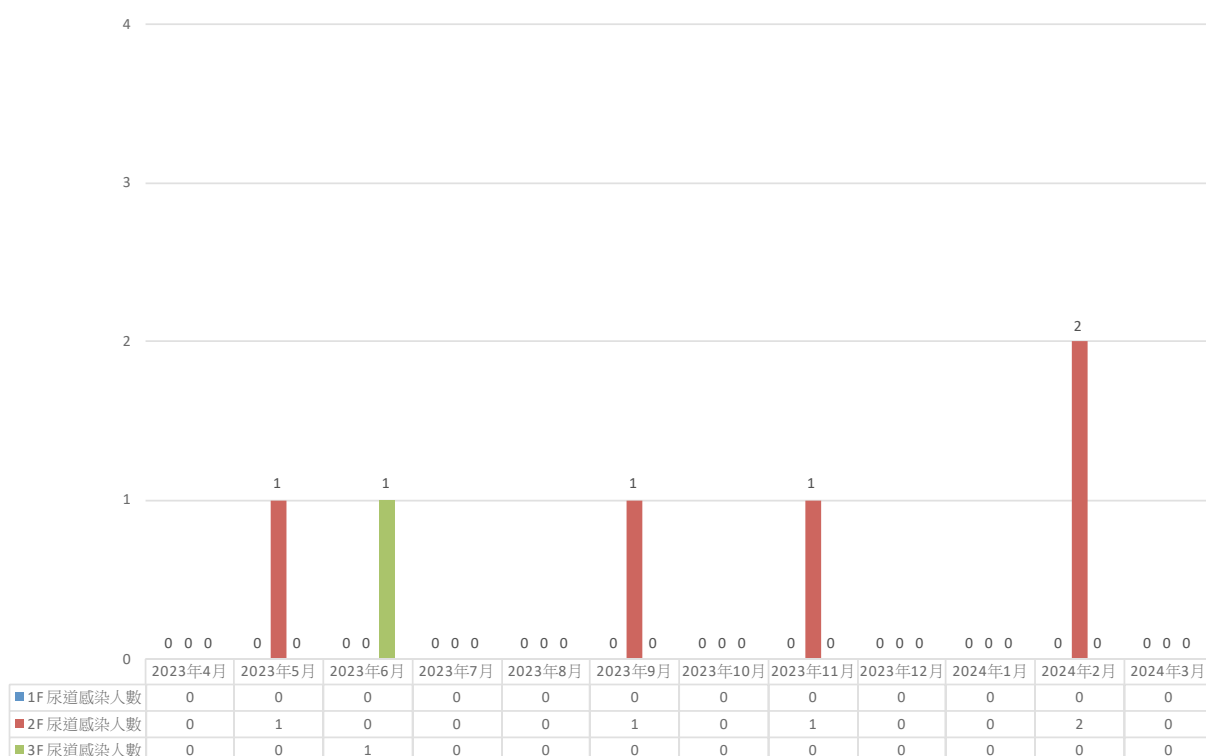
### Review and analysis of urinary incontinence and urinary tract infection from 4/2023 to 3/2024

1. There were over 150 residents suffered from incontinence, with an average prevalence rate of 77% for the period (Diag 3).
2. Most of the residents use diapers, accounting for 98%, and a small minority of 2% use urinary catheters, which is similar to last year.
3. The rate of urinary tract infection among those who are incontinent and use diapers is 0.32%; while those who use urinary catheters have no cases of infection this period.
4. A total of 6 people suffered from urinary tract infection throughout the period (Diag 4)., involving 6 female residents.

(圖三 Diag 3) 4/2023 - 3/2024 失禁現患率  
Prevalence of Incontinence



(圖四 Diag 4) 4/2023 - 3/2024尿道感染人數  
Number of UTIs



### 改善措施及行動

1. 加強教育非失禁之院友，注意個人衛生，如廁後清潔的方法由前向後抹。
2. 鼓勵院友潔手，每餐進食前先用酒精搓手液潔手。
3. 非限水院友鼓勵多進水份，體弱院友由職員協助餵水。
4. 鼓勵體弱及有尿道炎歷史之院友繼續飲用紅莓素，預防尿道感染。
5. 加強感染控制措施，改善浴椅及浴床的消毒程序，保持衛生。
6. 加強考核員工更換尿片及更換導尿管的技巧，保持良好的服務質素。

### Improvement measures and actions

1. Strengthen education on non-incontinent residents to pay attention to personal hygiene and clean from front to back after toileting.
2. Encourage residents to clean their hands and use alcohol-based hand rub before each meal.
3. Non-water-restricted residents are encouraged to drink more water, while frail residents are encouraged to drink water with the help of staff.
4. Encourage frail residents and those with a history of UTI to continue drinking cranberry to prevent urinary tract infections.
5. Strengthen infection control measures, improve the disinfection procedures of bath chairs and bath beds to maintain hygiene.
6. Strengthen the assessment of staff' skills in changing diapers and catheters to maintain good service quality.



## 安全物品的使用

### 2023年4月至2024年3月安全物品使用指標監測檢視及分析

本年度使用安全物品現患率平均為28.6%(圖五)，比去年同期平均使用率23.68%為高。全期新增使用安全物品有30人，全期發生率為1.22%；全期停止使用有18人，比率平均為0.74% (圖六)。使用種類包括安全背心、盆骨部位固定帶、手帶或手套等等。使用原因為高危易跌，少數為自傷危險及維生治療。

本港正步向人口老化，政府推動「居家安老為本，院舍照顧為後援」的長遠目標。讓長者獲得切合個人需要的社區照顧服務，如日間中心及到戶的家居照顧服務，直至身體機能達中度缺損及以上，才接受院舍照顧，因此入住院舍的長者較為體弱，相信這對需要使用安物品院友的人數上升有很大的關係。

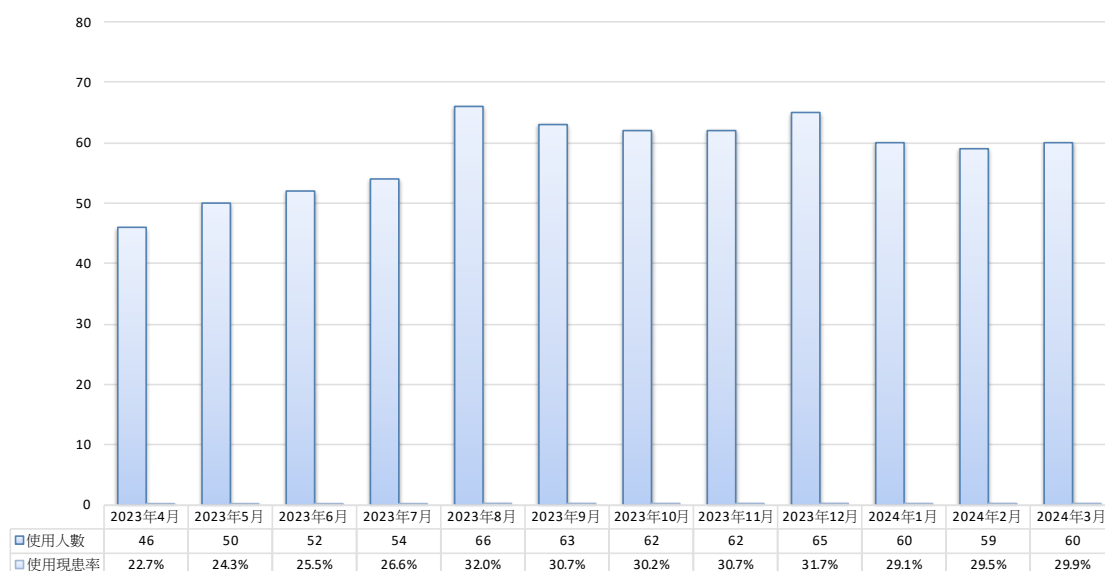
## Use of Physical Restraint

### Monitoring, review and analysis of physical restraint usage indicators from 4/2023 to 3/2024

The average prevalence rate of using physical restraint this year is 28.6% (Diag 5), which is higher than the average usage rate of 23.68% last year. There were 30 new cases who used physical restraint during the whole period, and the overall incidence rate was 1.22%; 18 people stopped using them during the whole period, and the average rate was 0.74% (Diag 6). Types of use include safety vests, pelvic holder, hand straps or gloves, etc. The reason for using is high risk of fall, and a few are self-harm and life-sustaining treatment.

As Hong Kong's population ages, the Government's elderly care policy is "ageing in place as the core, institutional care as back-up ". Allow the elderly to receive community care services that meet their individual needs, such as day centers and home care services. They will not receive institutional care until their physical function reaches to moderate impairment or above level. Therefore, the elderly admitted to residential care home are relatively frail. We believed that there are the main reason in increase using of physical restraint.

(圖五 Diag 5) 4/2023 - 3/2024 安全物品使用現患率  
Prevalence rate of using physical restraint



(圖六 Diag 6 ) 4/2023-3/2024安全物品發生及停止使用比率  
Incidence of using & stop using physical restraint



## 改善措施及行動

1. 為減少使用安全物品，本院專業團隊會各司其職：物理治療師為院友提供強化肌肉訓練，預防跌倒；職業治療師透過使用合適的座椅及輔助用具，以改善坐姿，減少使用盆骨帶。
2. 我們的音樂、表達藝術、職業治療師亦為認知障礙症的院友提供多元的治療及活動，透過訓練，改善院友記憶力、注意力及自理能力。
3. 本院於晚間提供離床警報器及床邊便椅，職員並會加密巡視，院友甦醒時可即時得到警示，減低了遊走、跌倒的風險，亦避免不必要的使用約束物品。
4. 每月跨部門重新評估是否需要約束，逐個個案檢視，適時解除約束，避免不必要的持續使用。

## Improvement measures and actions

1. In order to reduce the use of physical restraint, our professional teams will perform their respective duties: physical therapists provide residents with strengthening muscle training to prevent falls; occupational therapists use appropriate seats and assistive devices to improve sitting posture. Reduce use of pelvic belt.
2. Music therapists and occupational therapists also provide a variety of training and activities for residents with dementia to improve their memory, attention, and self-care abilities.
3. Provides bed alarm pad and bedside commode chairs at night. Staff will conduct intensive round, which reduces the risk of wandering and fall, and avoids unnecessary use of restraints.
4. More importantly, each resident must be reassessed by the professional team on a monthly basis for the necessity to continue applying the restraint, and to stop using as far as possible.



## 物理治療服務 Physiotherapy Services



### 2023-2024跌倒現患率

自Covid 19全球性爆發以來，本院跌倒現患率一直低走。到了本港疫情隔離措施結束，跌倒現患率出現了較明確之持續反彈，最近統計分別為2023下半年之0.74%和2024年上半年之0.66%，分別為9宗和8宗，相較疫病隔離尾聲2022下半年之0.26%和2023年上半年之0.33%宗數分別皆為4宗，有著較明顯之回升。本院相信這與疫情主要隔離措施結束，院舍中日常生活復常有關係。隨著社會全面復常，院中疫情相關全面隔離天數亦減，長者走動機會增多，跌倒機會亦會相應增加。

### 2023-2024 Fall Incidence Rate

Since the global outbreak of Covid 19, the fall incidence rate of our home has been staying in low level. Towards the end of the quarantine period, there has been a more definite and sustained rebound in the fall incidence rate. The latest counts being 0.74% in the second half of 2023 and 0.66% in the first half of 2024, with 9 and 8 cases respectively. It was a significant rebound when compared to the end of quarantine in the second half of 2022 and the first half of 2023. The fall rate was 0.26% and 0.33% respectively, and both with 4 fall cases. The home believed that this was due to resumption of daily life in the Home at the end of the main isolation measures. With the full recovery of the society, the number of isolation days related to the epidemic in our home reduced, and the elderly would have more chances to mobilize around and the chance of fall would be increased accordingly.)

### 疫情前後新院友跌倒

疫情期間離世者較多，而新院友較少，新院友行動力一般亦較差，多在長期使用輪椅或以下。而復常後，新院友人數始復常，而新院友行動力介乎輪椅和自行行走邊界者亦有所增加。正因如此，本院在疫情期間沒有錄得新院友跌倒，而在復常後則僅有一宗，這已是大大優於本院預期。

### Falls of new residents before and after the epidemic

During the outbreak, there were more deaths and fewer new residents in our home. The mobility of new residents was generally poor at that time. Most of them mobility level were wheelchair-bound or below. There was no fall recorded amongst the new residents during the outbreak. After the recovery, the number of new residents grew. The new resident's mobility level on the border of wheelchair and independent walking increased. There was only one fall recorded after the resumption. The result was much better than the home's expectation.





## 低跌倒現患率和優於預期新院友跌倒之達成

本院之跌倒現患率自有統計以來趨勢一直向下，由於已經處於非常低位，未來也許會有反覆，但成果是有目共睹。本院以為原因如下：

### 1. 優秀團隊

本院儘管在近期眾多人事變動下，依然保留了一些數目資深而經驗老到的員工。而這些員工在院友行動力改變或行動力之判定上，能給予即時反應或合理建議，這對院友防跌上有積極作用，亦對本院物理治療師在院友行動力判定上不會流於片面，更能從多維度了解院友能力而作更合適判斷。

### 2. 輪椅安全帶使用

合理使用輪椅安全帶是防止不能自理院友跌倒的最基本而有效措施，物理上它可以防止院友起身或延緩院友起身速度，心理上它可以提醒院友不該起身，本院在長久實踐中證明它行之有效。

### 3. 整體長者增齡體衰行動力下降

本院是一間從安老院轉營護理安老院院舍，在2000年之初，眾院友多是從老年宿舍宿位過渡過來，行動力較強，多人能自主活動跌倒風險亦增。但到了近年，院友中行動力已是以輪椅使用為主，加上合理的輪椅安全帶使用，這大勢所趨亦有助跌倒現患率降低。

## Factors causing low fall prevalence and fall rates better than expectation among new residents

The fall prevalence rate in our hospital has been trending downward since data being reported. The recent fall prevalence has been already at a very low level. There may be a recurrence in the future. However, the results were evident. The Homes believed that the reasons were as follows:

### 1. Excellent team

Despite the recent numerous personnel changes, our home still retained a number of senior and experienced staff. These professional and non-professional workers can provide immediate responses or reasonable suggestions on residents' mobility or risk of fall. This had a definite effect on residents' fall prevention, and also aiding physiotherapist in decision making from multidimensional consideration, other than present condition.

### 2. Use of wheelchair safety belts

Proper use of wheelchair safety belts was the most basic and effective measure to prevent residents who cannot prevent themselves from falling. Physically, it can prevent residents from getting up or slow down their speed of getting up. Psychologically, it can remind residents that they should not get up. Our home has been practicing this for a long time proved that it works.

### 3. Generally aging and drop in mobility level

Our home was a nursing home converted from hostel. At the beginning of 2000, most of the residents were transitioning from hostel. They had strong mobility and most of them can mobilize around independently but not necessarily be safely. The risk of falling is relatively high. However, in recent years, the mobility of residents has become mainly wheelchair-bounded. Coupled with the reasonable use of wheelchair safety belts, the fall incidence rate reasonably decreased in this background.



## 本院防跌面臨之挑戰

### 1. 人手

在人工智能未能取代人手之前人依然是搞服務的重要因素，政府一而再削減對社福服務機構撥款會對本會甚至行內維持優秀團隊構成一定壓力，資源不足令人員流失嚴重，替補新人欠缺經驗，亦都容易流失，希望當局明白到維持優秀團隊搞好服務質素錢是不能吝嗇，搞好行內晉升階梯亦不應該說說便算，無所作為，希望當局細察。

### 2. 污名化約束物品使用以至整個社福服務

近年來本港吹起一鼓反約束之風，有同行片面地宣傳不約束，令公眾相信普片性實行不約束才是安老正理，把合理約束一併污名化。亦有域外團體把約束物品使用跟政治意識形態作故意綑綁，把不約束用來作政治宣傳。加上本港媒體近年熱於就社福界發生的個別事件大加炒作，使行內整體形象變得負面。以上種種都對合理約束構成障礙，也使一些院舍的跌倒情況更難得到改善。當然，輪椅安全帶被視為約束物品一種，在這種異樣紛圍底下，本院行駛起來也可能多一些遊說工作。

## Challenges faced by our home in fall prevention

### 1. Manpower

Before artificial intelligence can replace manpower, people would still be an important factor in providing human-based services. Our government repeatedly cut in funding for social welfare service agencies would push the agencies to the edge that we cannot even maintaining even an effective team. Insufficient resources will lead to staff attrition. The new staff were lack experience, also easy to quit. We hoped the authorities would understand that maintaining an excellent team and improving service quality cannot be done with no money. Promotional pathway within the industry, our government should not be just talk and left it on PowerPoint, please do something.

### 2. Stigmatize the use of restrainer and even the whole social welfare services

In recent years, there has been flooding of so-called no restraining policy in Hong Kong. Some agencies promoted no physical restraining in their service, making the public believe that no restraining policy was the only right way in caring elderly, even reasonable restraint had difficulty to administrate under that atmosphere. There were also regional agency, apart from Hong Kong, deliberately tie the use of physical restraints to political wisdoms and used no restraining policy for political propaganda. Coupled with the fact that the local media has been keen to hype those individual incidents happened in the social welfare sector recently, the overall image of the sector has become negative. All of the above constitute obstacles to reasonable restraint, and also made it more difficult to improve the fall rate in some institutions. Of course, wheelchair seat belts were regarded as one type of physical restraint. Our home may also have more lobbying work to do when communicating with those families.

## 總結

本院整體防跌形勢繼續向好，得益於好團隊、合理約束物品使用、本身過硬的防跌機制和員工防跌意識。

## Summary

The home fall incident rate kept improving. Aiding from good team, reasonable physical restraining, our home excellent prevention policy and also employees' fall prevention and safety awareness.



## 言語治療服務 Speech Therapy Service

本年度言語治療部為配合實行國際吞嚥障礙飲食標準(IDDSI)，新購入了更多的吞嚥困難評估工具和吞嚥困難輔助工具等。這些新增購置的器具可讓我們為院友提供一個更安全和舒適的進食環境。

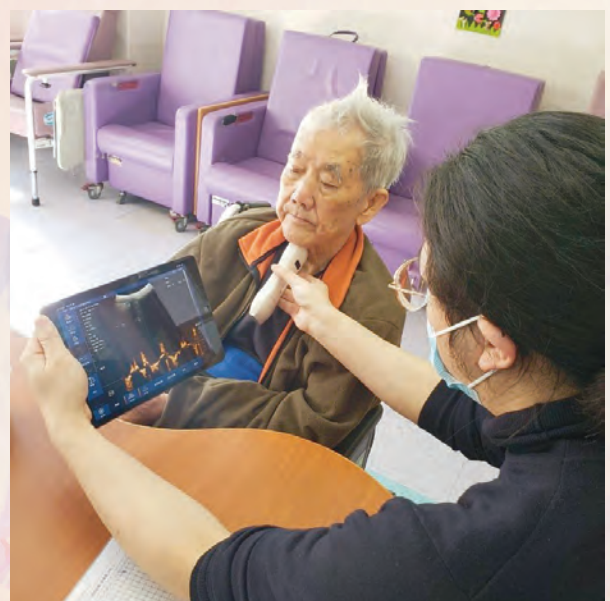
### 新增吞嚥困難輔助工具——刻度杯

部分患有吞嚥困難的患者在飲用流質時需要加入指定份量的凝固粉，以改變飲品杰度和流動速度，從而減少誤吸的風險。但儘管凝固粉罐中已配有刻度量匙，飲品杰度亦會因加入水份的份量不一而改變，繼而增加院友肺炎／誤吸的機會。新購置的刻度杯可讓員工在沖調凝固粉時更準確地目測加入流質的份量，以降低患者因飲品杰度偏差而引致誤吸等風險。另外部分院友因身體狀況需增加或限制每日飲水份量，刻度杯亦可讓同工和家屬更方便地控制院友飲水份量。



### 新增吞嚥困難評估工具——手提無線超聲波機

言語治療師通常會在院友用餐時觀察和評估其吞嚥能力。然而吞嚥過程複雜，部分情況或需要不同評估工具協助獲得更全面的評估。言語治療通常有二種更深入的評估方式，螢光吞嚥攝影檢查(VFSS)和吞嚥內視鏡檢查(FEES)。但是以上兩種儀器皆作價不菲，而且到醫院排期也需要幾個月至年計。本年言語治療部新購置一手提無線超聲波機，雖然手提無線超聲波機未能完全代替以上評估方式，但是在臨床評估上也提供了一定的資訊。另外手提無線超聲波機亦能在言語訓練中，為院友提供視覺提示以幫助院友理解舌頭位置等。

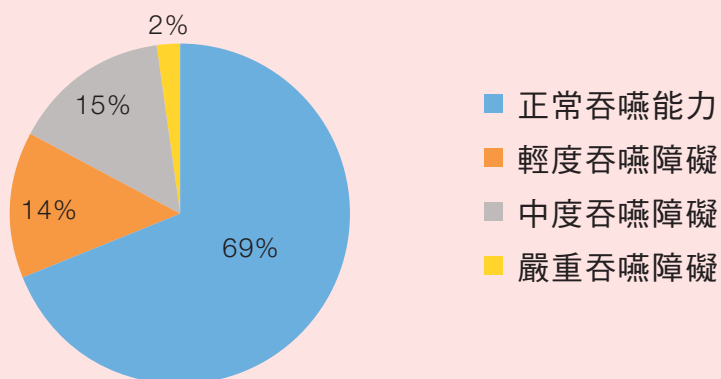




## 全院院友吞嚥進食情況

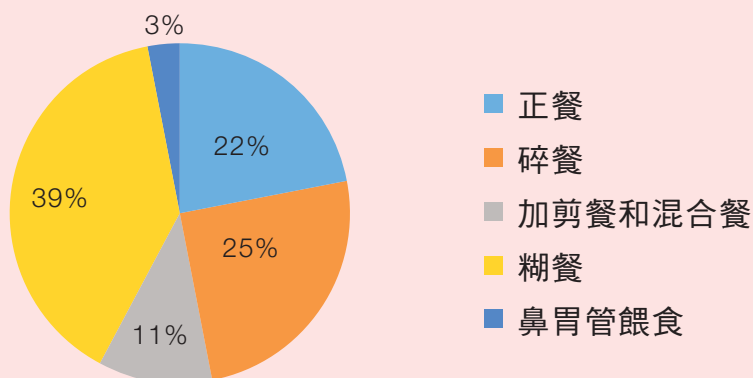
吞嚥能力方面，全院共有約31%院友患有不同程度的吞嚥障礙，約14%院友屬於輕度吞嚥障礙，約15.0%院友屬於中度吞嚥障礙，約2%院友屬於嚴重吞嚥障礙。

圖一 全院院友吞嚥能力情況



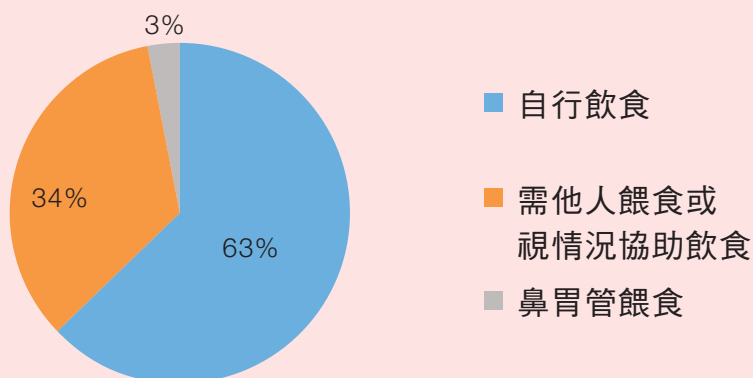
進食餐類方面，全院現時約22%院友進食正餐，約25%院友進食碎餐，11%院友進食加剪餐或混合餐，39%院友進食糊餐，餘下院友則以鼻胃管餵食。

圖二 全院院友進食餐類情況



自理進食方面，全院有約63%院友可自行進食，約34%院友需他人餵食或視情況協助飲食，餘下院友則以鼻胃管餵食。

圖三 全院院友進食自理情況



This year the Speech Therapy Department has procured more assessment tools and feeding aids for dysphagia patient to support the implementation of The International Dysphagia Diet Standardisation Initiative Framework (IDDSI). These improvements allow us to promote a safer and more comfortable eating environment for our residents.

### **A New Dysphagia Feeding Aid — Graduated cup**

Some patients with swallowing difficulties need to add a specified amount of thickener to their drinks in order to vary the degree of fluidity and speed of flow. However, despite the provision of graduated spoons in the canisters, the degree of fluidity of the drinks varied according to the amount of water added, which in turn increased the risk of pneumonia/inhalation. The new graduated cups allow staff to visually check the amount of fluid to be added more precisely, thus minimizing the risk of aspiration due to deviation in beverage fluidity. The graduated cups also facilitate staff and family members to control the daily water intake of some residents who need to increase or limit the daily water intake due to their health conditions.



### **A New Dysphagia assessment tool — Portal wireless Ultrasound probe**

Speech therapist will observe and assess residents' swallowing abilities during mealtimes. However, since the swallowing process is complex, in some cases, further assessment tools may be needed to obtain a more comprehensive evaluation. There are usually two more in-depth assessment methods in speech therapy: Videofluoroscopic Swallowing Study and Fiberoptic Endoscopic Evaluation of Swallowing. However, both of these instruments are quite expensive, and scheduling an appointment at the hospital can take several months to a year. This year, the speech therapy department has purchased a portable wireless ultrasound probe. Although the probe cannot completely replace the above assessment methods, it does provide further information for clinical evaluations. Additionally, the probe can also provide visual cues during speech training to help residents understand tongue positioning and other aspects.

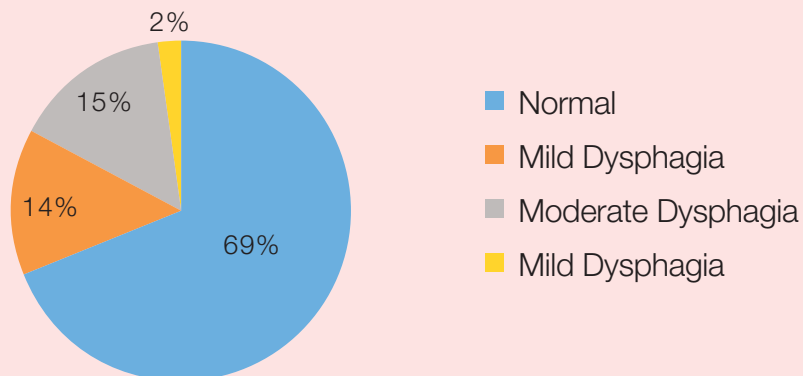




## Home Residents Swallowing ability

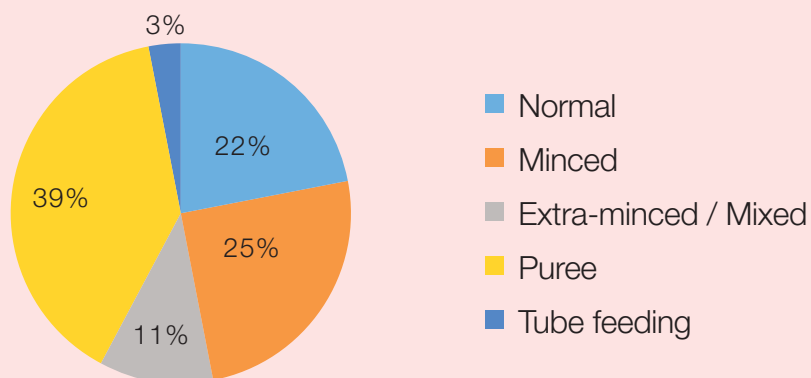
In terms of swallowing ability, 31% of the residents have levels of dysphagia, 14% of the residents have mild dysphagia, 15% of the residents have moderate dysphagia, 2% of the residents suffer from severe dysphagia (Dia. 1).

**Dia. 1 Home Residents Swallowing ability**



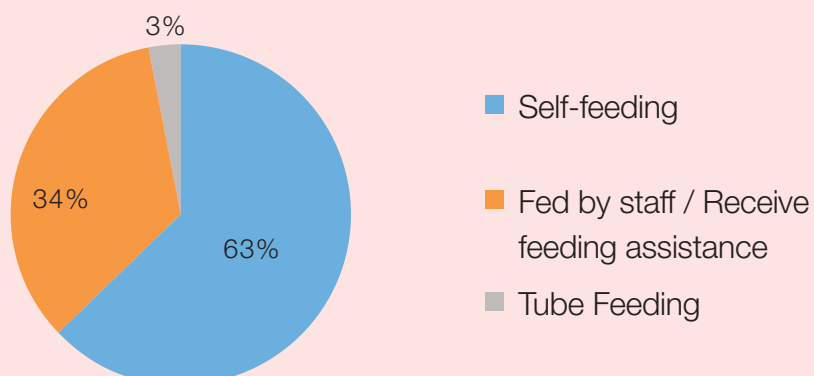
In terms of meal options, 22% of the residents are on a regular diet, 25% of the residents are on a minced diet, 11% of the residents are on an extra-minced diet/ mixed diet, 39% of the residents are on a puree diet, 2% of the residents are using tube feeding (Dia. 2).

**Dia. 2 Home Resident Meal Option**



In terms of feeding methods, 63% of the residents are able to perform self-feeding, 34% are fed by staff/ receive feeding assistance if needed, and the rest 3% are fed via tube feeding (Dia. 3).

**Dia. 3 Home Resident Feeding Method**



## 職業治療服務 Occupational Therapy Services

### 香港版蒙特利爾認知評估五分鐘版(HK-MoCA 5-Min)在安老院舍試行使用

近年，醫院管理局和各安老服務機構，由以往一直沿用的簡短智能測試(MMSE)，轉為以香港版蒙特利爾認知評估(HK-MoCA)及香港版蒙特利爾認知評估五分鐘版(HK-MoCA 5-Min)作為主要的認知評估工具。MMSE主要針對認知障礙症徵狀較明顯以及日常生活已開始受影響的患者；而HK-MoCA和HK-MoCA 5-Min則能同時針對輕度認知障礙症患者。此外，後兩者涵蓋的認知範圍更全面，包括多元化的專注力範疇、執行能力及工作記憶、較詳細的記憶測試方法及抽象概念等，可以測出認知障礙症的不同成因 (香港中文大學，2018)。HK-MoCA 5-Min是HK-MoCA的簡短版，是有效及可靠的認知測試，適用於不能繪畫的受試者，例如中風患者、或抗拒執筆的受試者，令更多潛在的認知障礙患者可接受測試 (香港中文大學，2018)。

因此，在2024年10-11月，本院招募了三十六名院友和日間會員進行HK-MoCA 5-Min的試行計劃，由職業治療師分別進行HK-MoCA 5-Min和MMSE評估。參加者年齡為73-95歲，平均年齡是84.8歲；男女比例為1:2，教育程度平均為4年。約八成三的參加者學歷等於或少於六年，約一成四的參加者學歷為七至十二年。病歷方面，詳細見表一。

參加者的HK-MoCA 5-Min分數由2-27分不等，平均分數是14；MMSE分數由8-30分不等，平均分數是20。本院使用了Statistical Product and Service Solutions (SPSS) 作為數據分析，並運用了皮爾森相關係數(Pearson's correlation)來分析兩個評估的同時效度(Concurrent Validity)，統計顯著性水平設定為P值少於0.01。結果顯示，HK-MoCA 5-Min與MMSE的相關係數為0.854，P值少於0.0001，代表HK-MoCA 5-Min與MMSE的正面關聯性十分大，同時效度亦相當好(表二和圖一)。因此，日後可以使用HK-MoCA 5-Min來更仔細評估院友的認知能力。

有研究指出HK-MoCA 5-Min更適合用於教育程度較高的人(Chiu et al., 2018)。我們的測試結果並未能夠顯示教育程度與HK-MoCA 5-Min之相關性(表二)。因此，建議未來測試的樣本人數為120至135，以研究其相關性。

### Reference

Chiu, H. F., Leung, T., & Zhong, B. L. (2018). Comparison of a New Cognitive Test, the HKBC, with the MOCA for Screening Cognitive Impairment in Older People. *The American Journal of Geriatric Psychiatry*, 26(3), S142.

Faculty of Medicine, The Chinese University of Hong Kong. (2018, April 26). 中大為本港老化人口制訂標準化認知測試及早辨識認知障礙症患者 [Press release]. <https://www.med.cuhk.edu.hk/tc/press-releases/cuhk-pioneers-in-developing-standardised-tests-for-screening-cognitive-impairment-in-the-ageing-population-in-hong-kong>



## **Trial use of the Hong Kong version of Montreal Cognitive Assessment Five-Minute Version (HK-MoCA 5-Min) in elderly home**

In recent years, the Hong Kong version of the Montreal Cognitive Assessment (HK-MoCA) and the HK-MoCA 5-Min have replaced the Mini Mental State Examination (MMSE), becoming the primary cognitive assessment tools in Hospital Authority and elderly service units. MMSE targets patients with dementia whose daily life functions have been affected, while the HK-MoCA and the HK-MoCA 5-Min address patients with mild cognitive impairment. They cover a broader range of cognitive domains than MMSE, including different types of attention, executive function, working memory and abstract thinking, which allow for the detection of cognitive impairment from various causes (The Chinese University of Hong Kong, 2018). The HK-MoCA 5-Min is a shortened version of the HK-MoCA. It is an effective and reliable cognitive test suitable for participants who cannot draw, such as stroke patients or those who resist using a pen, enabling more potential patients to be identified (The Chinese University of Hong Kong, 2018).

From October to November 2024, our Home recruited thirty-six residents and day-care services members for a trial use of the HK-MoCA 5-Min. Both HK-MoCA 5-Min and MMSE were carried out by an Occupational Therapist. The participants were aged between 73 and 95 years, with an average age of 84.8 years. The male-to-female ratio was 1:2, with an average education level of 4 years. Approximately 83% of the participants having an education level equal to or less than six years, and about 14% having an education level between seven to twelve years. For medical history, please refer to Table 1.

The HK-MoCA 5-Min scores ranged from 2 to 27, with an average score of 14; while the MMSE scores ranged from 8 to 30, with an average score of 20. SPSS was used for statistical analysis. Correlation between the two assessment tools was tested by the Pearson's correlation analysis test. The statistically significant level was set at  $P\text{-value} < 0.01$ . The result showed that the correlation coefficient between HK-MoCA 5-Min and MMSE was 0.854,  $P\text{-value} < 0.0001$ , indicating a strong positive correlation between MMSE and HK-MoCA 5-Min, and a good concurrent validity (Table 2 and Figure.1). In short, the HK-MoCA 5-Min can be used for cognitive screening and better identification of cognitive deficits in different domains.

HK-MoCA 5-Min was said to be more suitable for those who have higher education level (Chiu et al., 2018). However, the correlation between education level and HK-MoCA 5-Min is not significant in our test result (Table 2). A sample size of 120-135 is suggested for further studying the correlation.

疾病 Disease	百分比 Percentage (N = 36)
認知障礙症 Dementia	50%
中風 Stroke	100%
高血壓 Hypertension	75%
糖尿病 Diabetes Mellitus	36%
心臟病 Cardiovascular Disease	13.9%
抑鬱症 Depression	13.9%
精神病 Mental Illness	5.6%
柏金遜症 Parkinson's Disease	2.8%

表一 參加者的病歷

Table 1. Participant's medical history

相關性 Correlation		MMSE	Education Level
HK-MoCA 5-Min	r	0.854	0.241
	P	<0.0001	0.157

表二 相關系數一覽

Table 2. Summary of correlation analysis

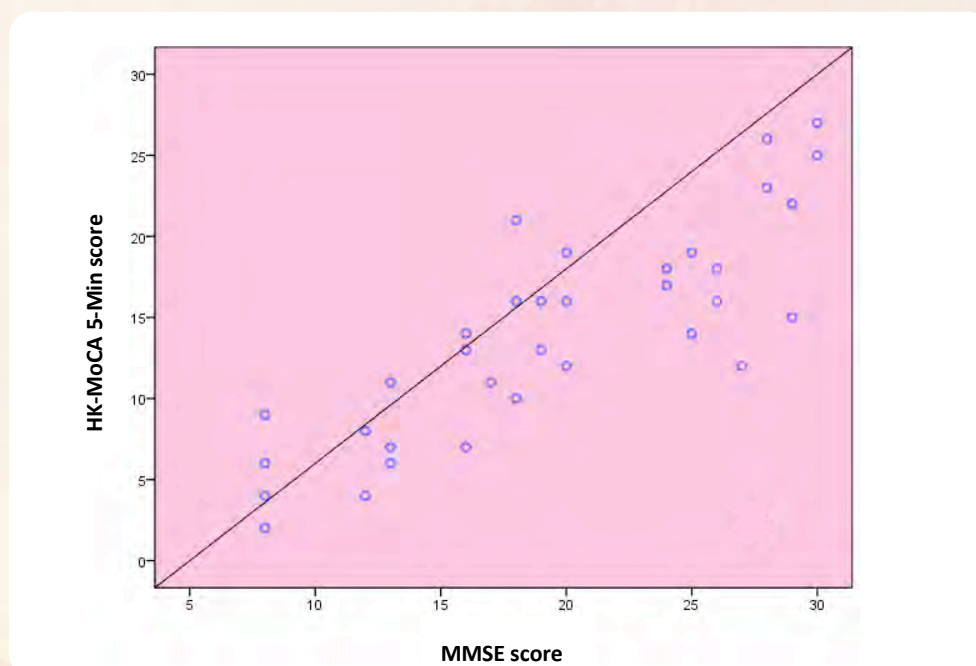


圖1. HK-MoCA 5-Min和MMSE的關係分散圖

Figure 1. Scatter plot of the relationship between total scores of the HK-MoCA 5-Min vs MMSE



# 音樂治療服務： 音樂治療對院友社交與情緒健康的影響

## 引言

院友每天都面臨各種挑戰，包括身體健康問題、社交互動困難以及情感上的困擾等。這些挑戰不僅影響他們的情緒，還可能導致孤獨感和焦慮感的增加，進而影響他們的生活質量。因此，滿足這些社交及情感需求至關重要，因為這直接影響到院友的生活品質和心理健康。

## 音樂治療的角色

音樂治療作為一種有效的干預手段，可以幫助院友改善情緒健康和促進社交互動，從而提升生活質量。它提供了一個安全的環境，讓院友自由表達自己的感受，如快樂、悲傷或焦慮。透過音樂，他們可以以非言語的方式釋放內心情感，減輕焦慮和壓力。

此外，音樂治療能促進社交互動。在音樂治療小組中，院友有機會與他人建立聯繫，分享各自的經歷和感受。透過音樂的互相支持，他們的關係得以增強，這對減少孤獨感具有重要意義。當院友感受到彼此的支持時，他們的自信心也隨之增強，進而提升自我價值感。

參加音樂治療小組不僅激發了他們的創造力，還幫助他們在面對生活挑戰時保持積極的心態。音樂治療鼓勵他們探索新的表達方式，院友們逐漸發掘自己在音樂創作和表達方面的潛力，這種成就感進一步促進了他們的情感健康。

## 音樂治療社交情緒小組

本年度於2023年4月至2024年3月期間，我們進行了四組音樂治療社交情緒小組。每組為期8星期，每星期一節，每節60分鐘。共有16位院友參加，所有院友的認知能力均在正常範圍內。每一節社交情緒小組的治療計劃均有不同（如下），但都是以循序漸進的方式，讓院友通過音樂活動及討論來認識不同情緒，滿足個人的情緒表達的需要和社交互動的需要。

- 1. 認識彼此：**透過《這是首關於你的歌》（圖1），並使用提示卡（圖2），包括：食物、動物、顏色、興趣、花等作為輔助，以鼓勵院友分享自己的喜好和不喜歡的事物，促進小組內的聯繫和信任感。
- 2. 識別情感：**在這一節中，院友討論各種情緒並與個人經歷聯繫。首先，治療師以《今天的你好嗎？》（圖3）這首歌作開始，逐位邀請院友選擇代表此刻心情的大調鐘聲組合（很好/高興），或選擇小調鐘聲組合（心情不太好/憤怒）（圖4），並以該鐘聲一起合奏。然後，以情緒卡（圖5）作為輔助，分享各自的經歷和感受。最後，院友們一同選出一張情緒卡，並用樂器將該情緒表現出來。
- 3. 表達情感：**院友練習通過音樂創作來表達這些情感，讓他們能夠嘗試用非言語的方式表達的感受。在這一節，治療師與院友一同創作歌曲《情緒面譜》（圖6），由院友協助填詞，以表達不同情緒，並加以不同動作表達該種情感。最後，與院友一同唱這首歌，及做動作。
- 4. 想法影響情緒：**這一環節探討想法與情緒之間的關係。使用不同情境卡（圖7），與院友討論如果用正面想法，及負面的想法（圖8），結果會有甚麼不同。最後用歌曲《想法影響情緒》（圖9），讓院友加深認識到自己的想法如何影響情緒狀態。



5. **放鬆技巧：**運用伸縮球（圖10），配以緩慢及樂句重覆性高的音樂，協助院友專注於呼吸和肌肉放鬆練習（圖11），這一環節幫助院友管理壓力和焦慮，促進整體健康。
6. **樂器探索：**每位院友選一種奇形怪狀的民族樂器（圖12），鼓勵院友先嘗試探索，嘗試用自己的方法令樂器發聲，其間可與組員討論，以激發創造力並增強解決問題的能力。以下是這節的重點：*i.* 認識問題/ 困難所在：第一眼覺得困難的地方；*ii.* 解決處理優先次序：自己嘗試讓樂器發聲的步驟；*iii.* 揀選不同的方法去解難：與組員討論不同的玩法。
7. **即興創作：**續第六節，院友參與將障礙轉化為音樂的活動，促進創意表達，展示挑戰可以轉變為藝術探索的機會，並在即興創作的過程中找到樂趣（圖13）。以下是這節的重點：*i.* 實行解決方案：試用不同的方法讓樂器發聲，聽聽那一種方法會令樂器發出你想要的聲；*ii.* 將困難轉化：用那件奇形怪狀的民族樂器，並用探索得來的方法，奏出美妙的音樂。
8. **享受音樂：**最後，院友一同唱出《拋開苦惱》（圖14）並學會放下擔憂，沉浸在音樂的樂趣中，強化音樂作為舒適和聯結來源的療愈效果。

## 總結

無論是用言語還是音樂來表達情緒，都需要不斷嘗試和練習。在第一節中，院友們對發表意見感到猶豫，不太確定如何用言語或音樂表達自己。但隨著活動的進行，他們逐漸習慣了表達感受，開始與其他組員分享經驗，顯示出用音樂抒發情感的能力。群婆婆曾說：「即使我有時感到害羞，但我仍然願意嘗試。」這反映了音樂治療在提升自信心方面的作用，鼓勵院友勇於參與。芬婆婆在即興合奏後表示：「很爽！」

在社交互動方面，起初有些院友會搶話，但隨著時間推移，他們開始意識到聆聽的重要性。在分享經驗的過程中，他們也成為彼此的支持。玉婆婆提到：「在玩樂器時，我覺得其他人有聽我的聲音，這讓我感到開心。」這強調了音樂活動中獲得社交支持的意義。

在創造力方面，陳婆婆對嘗試新奇的樂器感到滿足，說：「我喜歡嘗試新東西，讓我覺得「好叻」，音樂讓我快樂。」美婆婆則表示：「我喜歡唱歌，這讓我放鬆。」她的反饋強調了音樂在減輕壓力和焦慮方面的有效性。

綜合這些反饋，音樂治療社交情緒小組不僅促進了院友的情感表達，還加強了他們的社交聯繫和自信心。展望將來亦會繼續以音樂的力量，支持院友的情感和社交需求，亦會嘗試將社交情緒小組應用於患有輕度認知障礙症的院友上。



## Music Therapy Services: The Impact of Music Therapy on Social and Emotional Well-Being in Older Adults

### Introduction

Residents face various challenges daily, including physical health issues, difficulties in social interactions, and emotional distress. These challenges not only impact their emotional well-being but may also lead to increased feelings of loneliness and anxiety, ultimately affecting their quality of life. Therefore, addressing these social and emotional needs is crucial, as it directly influences the residents' overall quality of life and mental health.

### The Role of Music Therapy

Music therapy serves as an effective intervention that can help residents maintain or improve their emotional health and promote social interactions, thereby enhancing their quality of life. It provides a safe environment where residents can freely express themselves, whether they are happy, sad, or anxious. Through music, they can release their inner emotions in a non-verbal manner, reducing anxiety and stress.

Music therapy also fosters social interaction. In music therapy groups, residents have the opportunity to connect with others and share their experiences and feelings. This support through music strengthens their relationships and helps them feel less lonely. When residents feel supported, their self-confidence increases, thereby enhancing their sense of self-worth.

Participating in music therapy groups not only stimulates their creativity but also helps them stay positive when facing challenges. Music therapy encourages residents to explore new forms of expression, allowing them to discover their potential in music creation and expression. This achievement boosts their emotional well-being.

### Music Therapy Social Emotional Group

During the period from April 2023 to March 2024, we conducted four music therapy social-emotional groups. Each group lasted for eight weeks, with one 60-minute session per week. A total of 16 residents participated, all of whom had normal cognitive functions. Each session of the social-emotional group followed a different therapeutic plan (outlined below), but all were structured progressively to allow residents to explore different emotions through musical activities and discussions, thereby meeting their needs for emotional expression and social interaction.

**Session 1 - Getting to Know Each Other:** Through the song "This is a Song About You" (Fig. 1) and using visual cue cards (Fig. 2), which include categories such as foods, animals, colors, interests, and flowers, to encourage residents to share their favorite things and the things they don't like. This activity promotes connection and trust within the group.

**Session 2 - Identifying Emotions:** In this session, residents discuss various emotions and relate them to their experiences. The therapist begins with the song "How Are You Today?" (Fig. 3) and invites residents to choose a major chord chime bells (indicating very good/ happy) or a minor chord chime bells (indicating not good/ angry) (Fig. 4) that represents their mood today. The therapist invites them to play the bells together. Afterward, using emotion cards (Fig. 5) to facilitate their sharing of experiences



and feelings. In the last part of the session, all residents select an emotion card and express the chosen emotion through improvisation.

**Session 3 - Expressing Emotions:** In this session, residents practice expressing emotions through music creation, using non-verbal methods. The therapist works with the residents to create a song called "Emotion Mask" (Fig. 6), involving them in writing lyrics to express different feelings. They also use movements to convey these emotions. At the end, the group sings the song and performs the movements together.

**Session 4 - Thoughts Affect Emotions:** This session explores the relationship between thoughts and emotions. Using various scenario cards (Fig. 7), the therapist engages residents in discussions about how positive and negative thoughts (Fig. 8), can lead to different outcomes. Finally, a song "Thoughts Affect Emotions" (Fig. 9), is used to help residents deepen their understanding of how their thoughts influence their emotional states.

**Session 5 - Relaxation Techniques:** In this session, a stretch ball (Fig. 10), is used along with slow, repetitive musical phrases to assist them in focusing on breathing and muscle relaxation exercises (Fig. 11). This activity helps residents manage stress and anxiety, promoting overall well-being.

**Session 6 - Instrument Exploration:** Each resident picks a unique ethnic instrument (Fig. 12) and is encouraged to explore it by trying to make sounds in their own way. They can talk with group members to spark creativity and improve problem-solving skills. Key points for this session are: i. Identifying challenges: noticing what seems difficult at first; ii. Steps to solve problems: trying different ways to make the instrument sound; iii. Discussing different methods: sharing ideas on how to play with group members.

**Session 7 - Improvisation:** Building on Session 6, residents take part in an activity that turns obstacles into music, encouraging creative expression and showing that challenges can be opportunities for artistic exploration (Fig. 13). Key points for this session are: i) Implementing Solutions: Residents experiment with different methods to make the instrument sound, listening to which approach produces the desired sound. ii) Transforming Difficulties: Residents using the unique ethnic instrument and the techniques they have explored, and create beautiful music together.

**Session 8 - Enjoying Music:** In the final session, the residents sing "Pack up your trouble" (Fig. 14) together to learn to let go of their worries and immerse themselves in the joy of music, reinforcing the therapeutic effects of music as a source of comfort and connection.

## Summary

Expressing emotions through words or music requires continuous practice. In the first session, residents were hesitant to share their thoughts, but as the activities progressed, they became more comfortable expressing their feelings and sharing experiences. For instance, one resident, Kwan, shared, "Even though I sometimes feel shy, I am still willing to try," highlighting how music therapy boosts self-confidence. After an improvisational session, Fan also expressed her excitement, stating, "It was so much fun!"

In terms of social interaction, some group members interrupted each other but they gradually recognized the importance of listening. Throughout the process of sharing experiences and discussions, they could support one another. As Yuk mentioned, "When I play the instrument, I feel like others are listening to me, and that makes me happy." showing the social support gained through music and the joy that comes from being heard by others.



Regarding creativity, Chan expressed satisfaction in trying out unique instruments, saying, "I love trying new things; it makes me feel 'capable,' and music brings me joy." This indicates that music activities not only foster emotional expression but also provide a sense of achievement. Mei added, "I enjoy singing; it makes me feel relaxed." emphasizing music's effectiveness in reducing stress and anxiety.

In summary, the music therapy social-emotional group enhanced emotional expression, social connections, and self-confidence. Moving forward, we will continue to use music to support residents' emotional and social needs and explore its application for those with mild cognitive impairment.

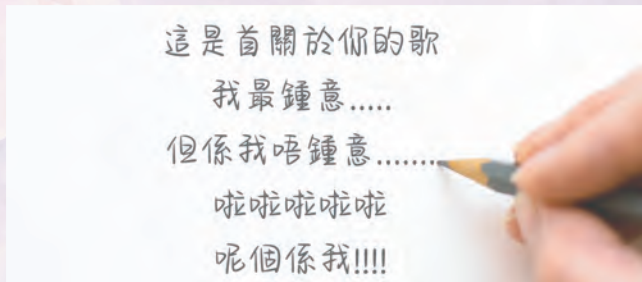


圖1：《這是首關於你的歌》歌詞  
Fig 1: Lyric of "This is a song about you"



圖2：提示卡  
Fig 2 : Visual cue cards

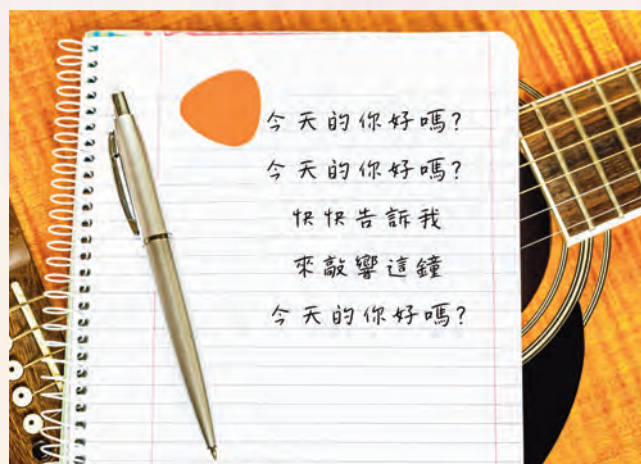


圖3：《今天的你好嗎?》歌詞  
Fig: Lyrics of "How Are You Today?"



圖4：大調鐘聲組合(左) 小調鐘聲組合(右)  
Fig4 : Major chord chime bells (L) Minor chord chime bells (R)



圖5：情緒卡  
Fig 5: Mood cards





圖4：大調鐘聲組合(左) 小調鐘聲組合(右)

Fig4 : Major chord chime bells (L) Minor chord chime bells (R)



圖7：情境卡

Fig 7: Scenario card



圖9：《諗法影響情緒》歌詞

Fig 9: Lyric of "Thoughts Affect Emotions"



圖8：院友提出的正面及負面想法

Fig 8: Residents discussed positive and negative thoughts



圖10：伸縮球

Fig10: Stretch ball



圖11：伸縮球拉伸效果

Fig 11: breathing and muscle relaxation exercises assist with stretch ball





圖12：奇形怪狀的民族樂器  
Fig 12: Unique ethnic instruments



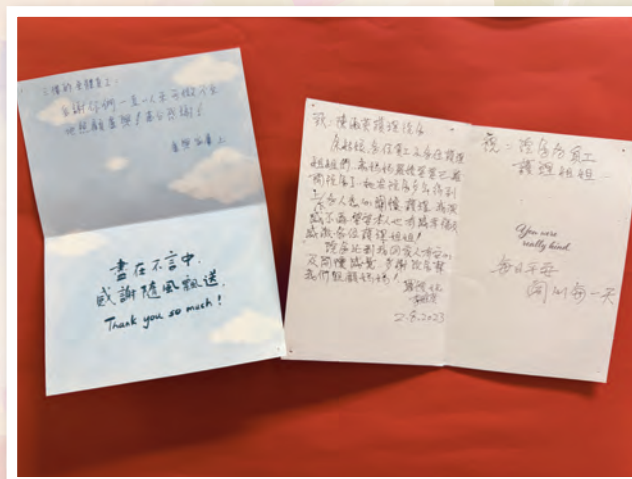
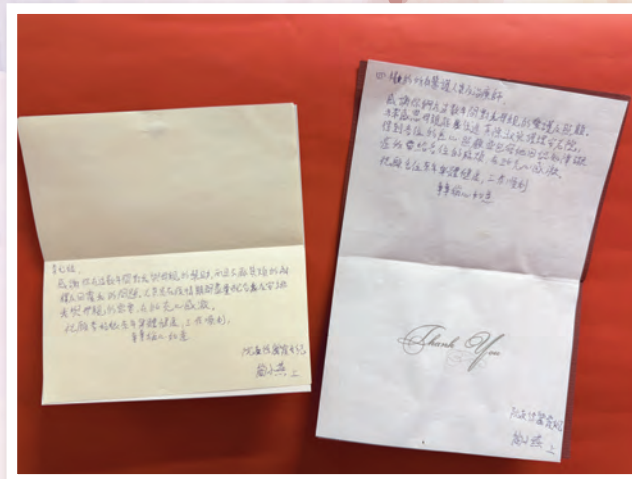
圖13：院友合奏  
Fig 13: Ensemble



圖14：《拋開苦惱》歌詞  
Fig 14: Lyric of "Pack up your trouble"



## 回響 Feedback





致：陳淑英護理院...

原於院各位員工及各位護理  
姐姐妹們，森媽的羅姨婆婆已離  
開這世界了。她在院多年得到  
上各人悉心關懷護理，我深  
感不盡，望婆婆本人也有晚年福氣  
感激各位護理姐姐妹！

院居比到到同家人有安心  
及關懷感，多謝院居幫  
我們照顧媽媽！

2-8-2023

祝：院居各員工  
護理姐姐妹...

You were  
really kind.

每日平安

向山每一天

三得的名醫員工：

多謝你們一直以人本為懷，不至  
地照顧婆婆！萬分感謝！

盧翠雲上

盡在不言中，  
感謝隨風飄送，  
Thank you so much!

致黃陳淑英紀念護理安老院職員：

多謝你們給我們這個  
寶貴實習機會！感謝這  
五天對我們的照顧  
獲益良多！

衷心感謝護老院  
對我們的照顧和  
體諒！我會永遠記  
得這次學習經歷！

感謝你們給予我們這次  
實習的機會！要照顧  
一個老人家已經不容易，更  
何況一整層的老人家！同時  
問你們又照顧我們，  
老人敬佩！感謝這次  
寶貴的學習體驗！感謝你們的照顧！

好多謝你們俾我們這個  
珍貴的學習機會。給我們  
這麼多嘗試的機會，感  
謝你們這星期的照顧！

多謝你們這些天對我們  
的照顧，我們在這裡學到  
了許多，希望這裡的老人家個  
個身體健康，你們工作  
順利！



感謝你們俾我們這次  
學習機會，我們能夠  
運用所學知識，  
別有成就感！祝你們  
工作順利！

(30/6/2023)

(中文大學護理系一年級學生敬上)

多謝你地俾我哋  
咁豐富嘅學習機會  
本都充分認識老人  
院嘅運作，作為我哋  
一間護理系，我真  
係好感謝你哋同  
啲唔明白嘅同事問  
咗啲學校及院友嘅  
意見，多謝你哋！

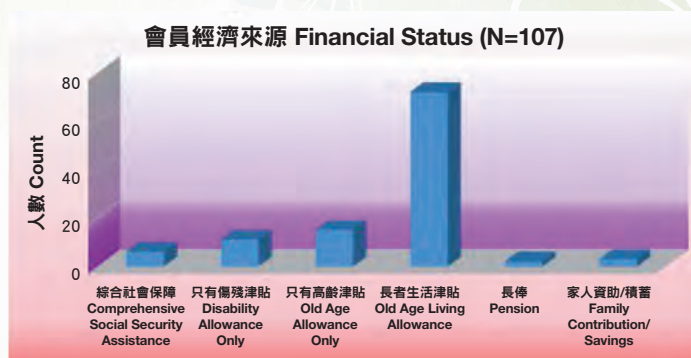
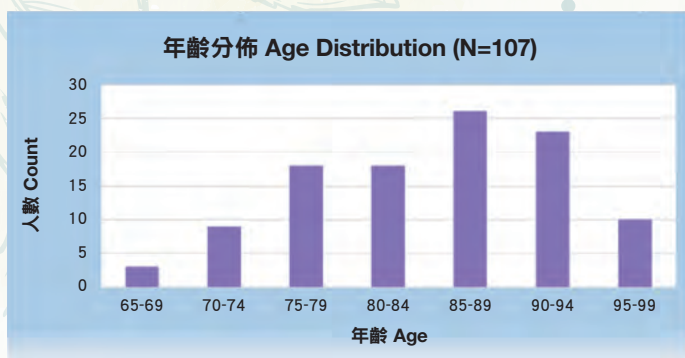


# 長者日間護理服務

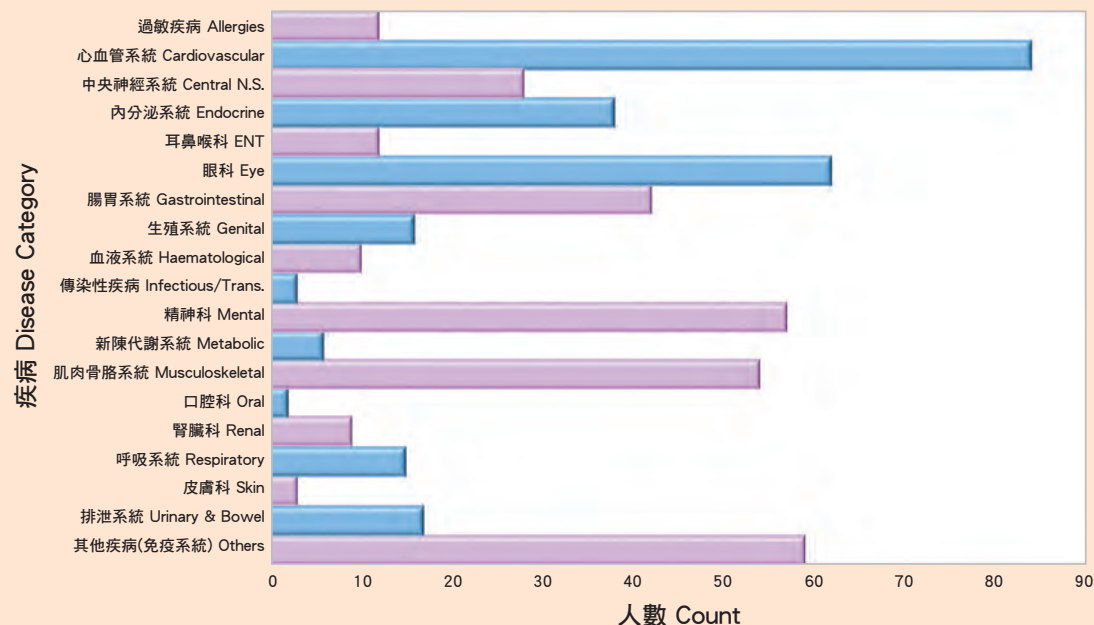
## Day Care Services for the Elderly

### 長者日間護理中心會員資料統計 (截止 2024年3月31日)

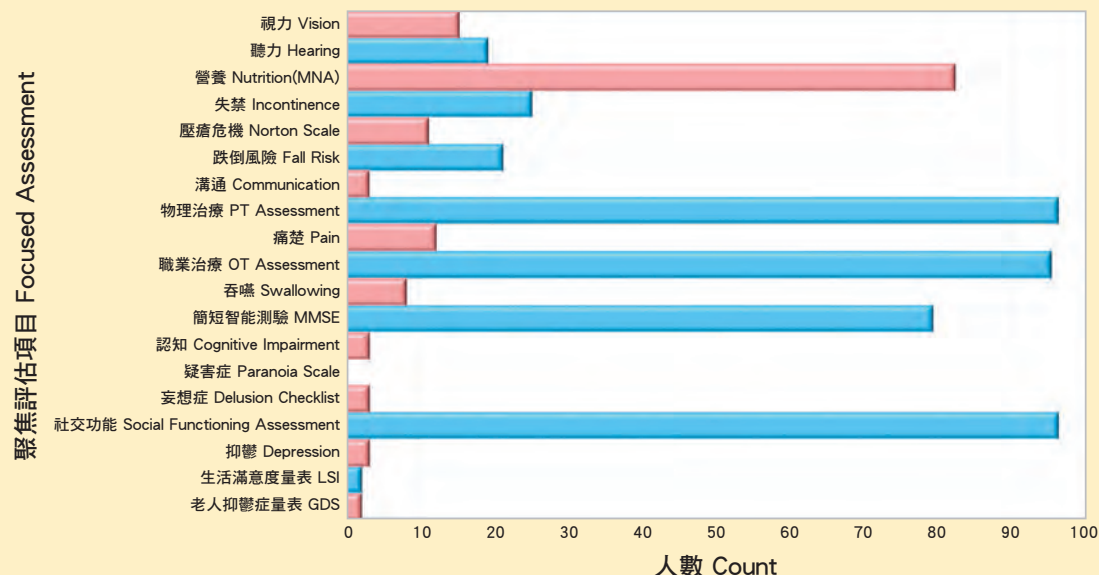
### Statistics of Day Care Centre Members (as of 31 Mar 2024)



### 長者日間護理中心會員病患種類 Categories of Disease Receiving Treatment (N=107)



### 長者日間護理中心會員聚焦評估 Focused Assessments Completed (N=107)





# 油麗長者日間護理中心



點擊觀看油麗中心活動情況

中心自2013年3月27日開始服務至今已達十個年頭，每日平均服務超逾45名標準名額，而4個暫託位亦為不少照顧者舒緩照顧壓力，以回應觀塘區長者對日間中心服務的需要。中心本著「社區照顧」的理念，為體弱長者提供優質的日間照顧、護理、復康及身心發展服務，協助他們保持最佳的活動能力，並支援及協助其護老者，讓長者可以改善生活質素和在熟識的社區健康地生活，達致「居家安老」的目標。

中心首創「蝴蝶照顧模式」，透過全人關懷 (Holistic Care)、積極延年 (Active Ageing)、安居樂群 (Ageing in Place) 及恆毅臻美 (Continuous Quality Improvement) 四方面，以跨專業團隊和電子化的護理系統，連繫地區資源，合力提供「地區為本」式的關懷，提升長者的生活質素，轉化他們的生命猶如蝴蝶般繽紛燦爛。

## 全人關懷-身、心、靈、認知及社交功能

- 由專業護士提供護理服務、健康指導及身體檢查
- 透過物理及職業治療訓練，增強會員的認知及活動能力
- 言語治療服務，改善長者的言語及吞嚥能力
- 由專業社工提供情緒支援、認知訓練及轉介服務



會員參與物理治療訓練

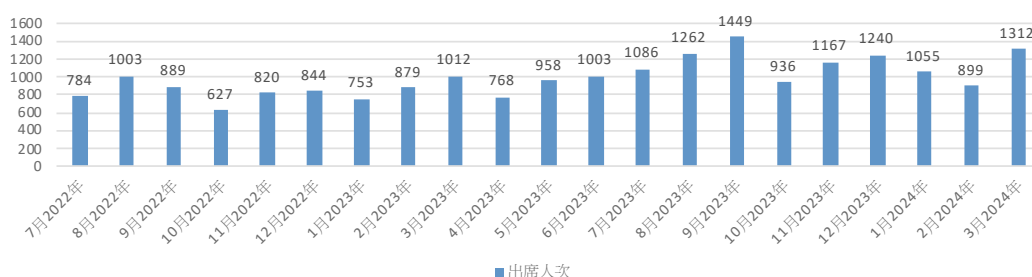


會員參與著力無窮運動訓練

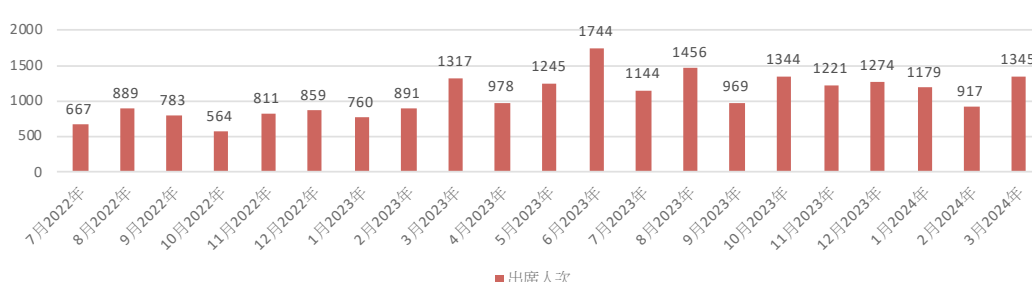


會員參與職業治療訓練

## 日間中心物理治療服務 (人次)

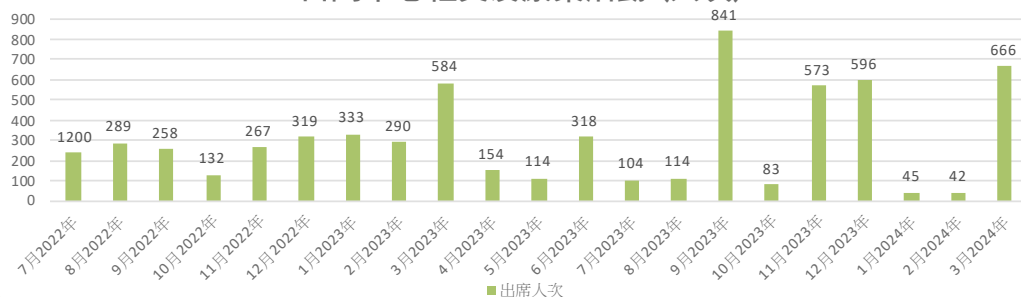


## 日間中心職業治療服務 (人次)





日間中心社交及康樂活動 (人次)



## 積極延年-推動長者參與

- 舉辦多元的社交康樂活動，培養及發掘會員的能力及興趣
- 引入資訊科技產品，讓長者與時並進。



聖誕聯歡會



宣道會興華堂福音粵曲探訪



會員參與言語治療訓練



感官小組



護老者活動 - 音樂治療活動



福建小學探訪 - 會員與小學生合照探訪



立體手工畫



護老者活動 - 急救常識



言語治療師提供職員培訓課程

## 安居樂群-促進長者與家人和樂共處

- 在過去1年舉辦了20次護老者活動，參與人次為440人，當中包括家屬、長者及家傭。

## 恆毅臻美-提昇服務質素

- 定期向員工提供認知障礙症及餵食技巧培訓，提高團隊服務水平
- 加強社會聯繫，擴闊社區支援，增強支援網絡，提升社會凝聚力及關愛。



## Yau Lai Care Centre for the Elderly



Click to watch activities in  
Yau Lai Centre

The center commenced service since 2013, with a capacity of 45 standard placements and 4 respite placements to release the care burden of caregivers. The center adheres to the concept of "community care" and provides quality daytime care, nursing, rehabilitation, physical and mental development services to frail elderly people, helping them maintain their optimal activity ability and supporting and assisting their caregivers. This allows the elderly to improve their quality of life and live healthily in their familiar community, achieving the goal of "aging in place".

The center pioneered the **"Butterfly Care Model"**, which connects community resources through four aspects of holistic care, active aging, aging in place, and continuous quality improvement. It uses cross-professional teams and electronic nursing systems to provide "community-based" care, enhancing the quality of life of the elderly and transforming their lives into colorful and brilliant ones like butterflies.

### Holistic Care

- 👉 nursing services, health guidance and physical examinations are provided by professional nurses
- 👉 enhance members' cognitive and activity skills through physio and occupational therapy training
- 👉 speech therapy services to improve the speech and swallowing ability of the elderly
- 👉 provide emotional support, cognitive training and referral services by professional social workers



會員參與物理治療訓練

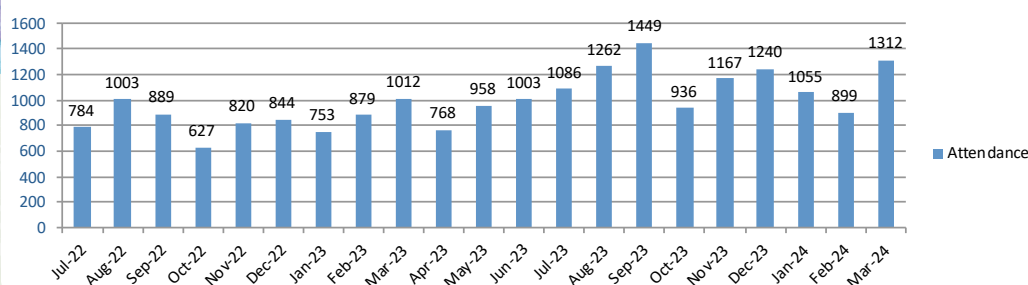


會員參與著力無窮運動訓練

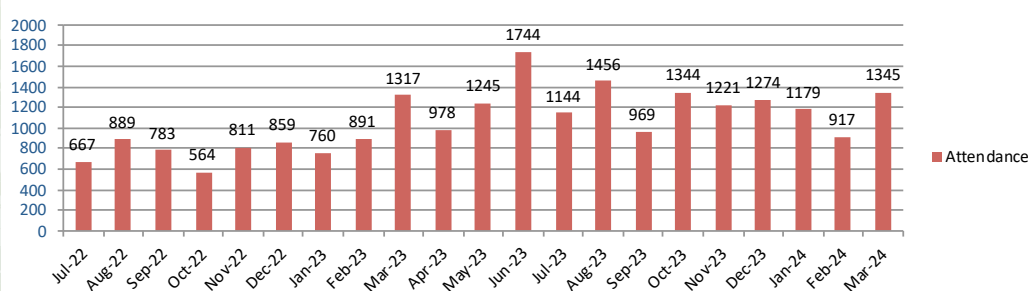


會員參與職業治療訓練

Day Center Physiotherapy Services (Persons)

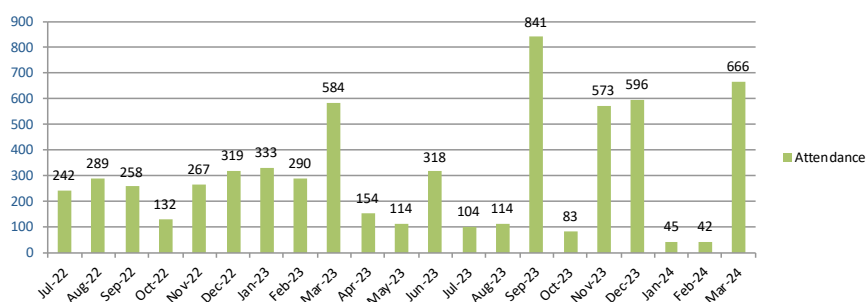


Day Centre Occupational Therapy Services (Persons)





Day Centre Social and Recreational Activities (Persons)



## Active Ageing

- organize a wide range of social and recreational activities to develop the abilities and interests of our members
- introduce information technology products to keep the elderly up to date.



Christmas Party



Visits by district group to enhance community integration.



Members participate in Speech Therapy



Carer activity- Music Therapy workshop



OMI Group Activity



Carer Training- First Aid course



Visit by Primary School



3D Painting

## Aging in Place

- has organised 20 elderly care activities in the past year with 440 participants, including family members, elderly people and domestic helpers.

## Continuous Quality Improvement

- regularly provides training for employees on cognitive impairments to improve team service
- strengthen social ties, broaden community support, strengthen support networks and enhance social cohesion and care.



Speech therapy Training Course for Frontline Workers.



# 油塘長者日間護理中心



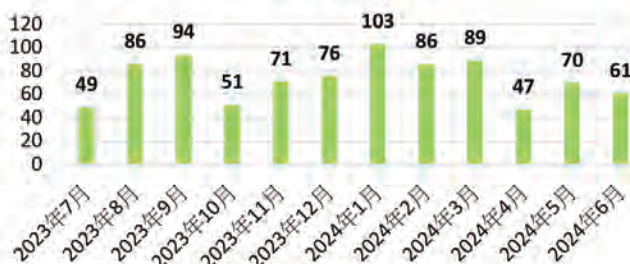
長者社區照顧  
服務券計劃  
Community Care Service  
Voucher Scheme for the Elderly

油塘長者日間護理中心是社會福利署「長者社區照顧服務券計劃」的認可服務單位。為達致長者「居家安老」的目標，中心跨專業團隊於長者的生理、心理及社交方面作出評估，致力為長者度身訂造個人照顧方案，服務涵蓋日間照顧、基本護理、認知訓練、復康治療及社交康樂活動，並支援護老者需要，讓長者可以健康快樂地在社區生活。

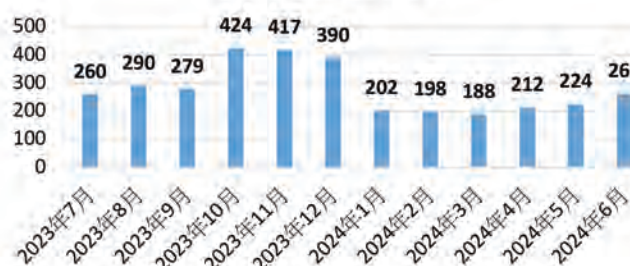
## 服務統計

服務名額：  
服務券20個  
自負盈虧20個

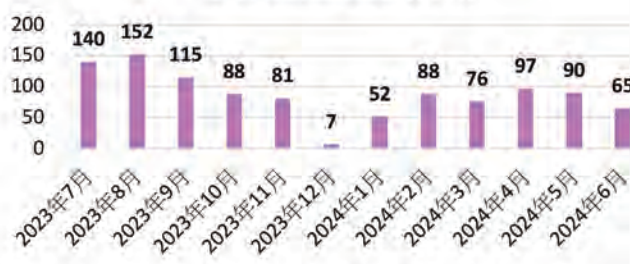
物理治療服務 (人次)



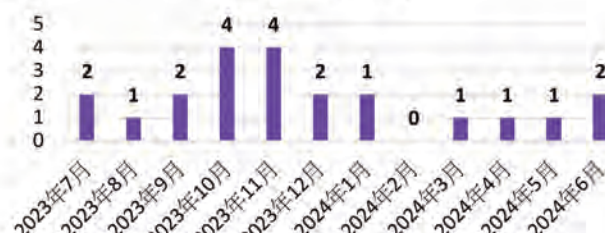
職業治療服務 (人次)



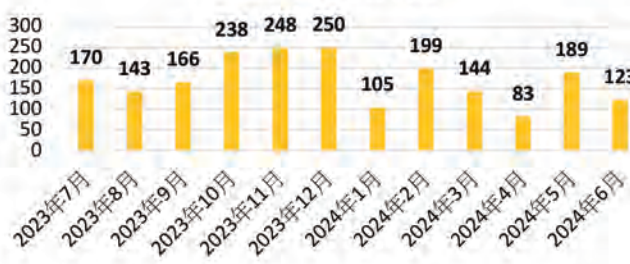
創意藝術治療服務(人次)



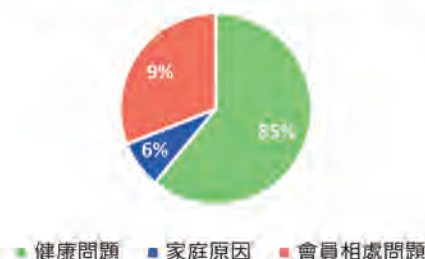
輔導服務 (人次)



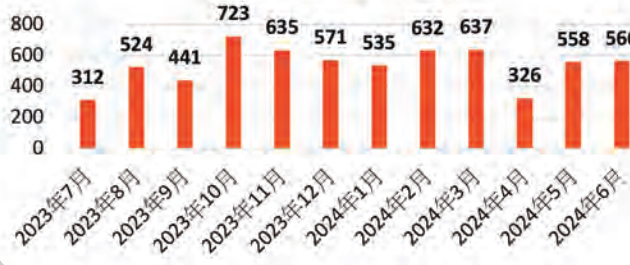
教育性活動 (人次)



7/2023-6/2024會員接受輔導原因



社交及康樂活動 (人次)



製作美食，作為生活化的程序訓練



圖像化小遊戲，激活大腦短期記憶



# Yau Tong Day Care Center For The Elderly



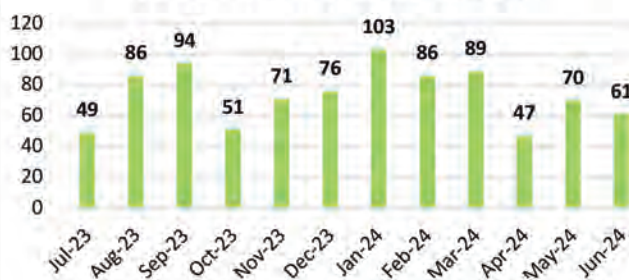
長者社區照顧  
服務券計劃  
Community Care Service  
Voucher Scheme for the Elderly

Yau Tong Day Care Center for the Elderly is a Recognized Service Unit of the "Community Care Service Voucher Scheme for the Elderly" of the Social Welfare Department. In order to achieve the goal of "ageing in place", the center's inter-professional team is committed to tailor-made personal care plans for the elderly. The services cover basic care, cognitive training, rehabilitation treatment and social and recreational activities, and support the needs of caregivers so that the elderly can live healthily and happily in the community.

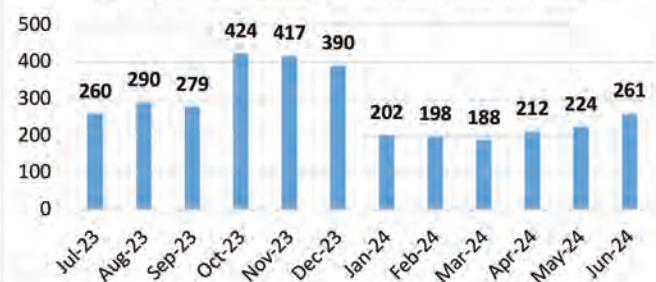
Service capacity:  
CCSV: 20  
Self-financing: 20

## Service Statistics

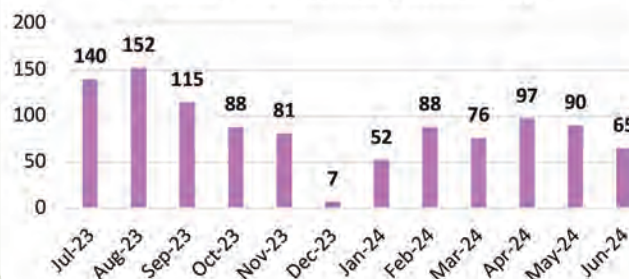
Physiotherapy Service (attendance)



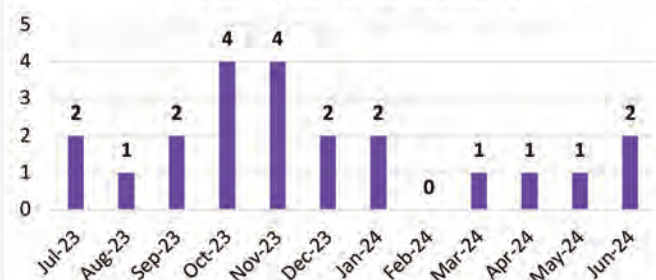
Occupational Therapy Service (attendance)



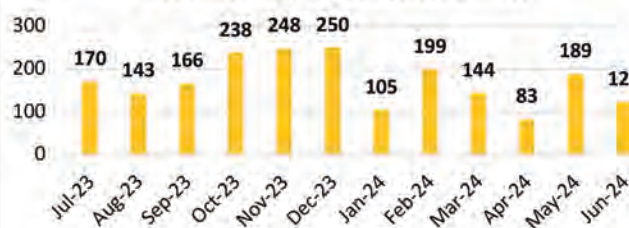
Creative Arts Activities (attendance)



Counseling Service (attendance)



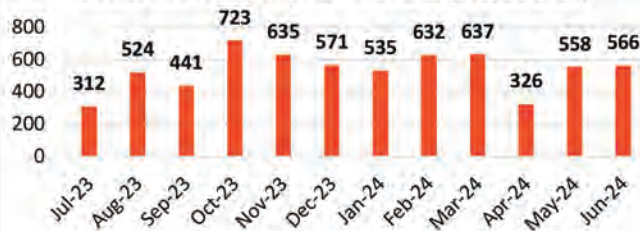
Educational Activities (attendance)



Reasons for receiving Counseling 7/2023-6/2024



Social and Recreational Activities (attendance)



Snack Making as a procedural memory training intervention



Visual Mini-games activate short-term memory



# 第三齡及社區服務

## U3A & Community Services

### 李樹培夫人啟知中心

中心於2009年成立，倡導「自發」、「自管」、「自教」及「自學」的精神，倡導終身學習及健康生活，致力培訓第三齡導師，同時，定期申辦各類基金，安排義工服務，關顧油塘區居民，服務社群。

### 創新多元化課程 實踐「老有所為」精神

中心為會員提供多元化的課程及活動，並培訓超過26位學長，義務協助課程設計或擔任導師。每月舉辦的課程平均超過30個，當中的口琴班、歌唱班、跳舞班、太極班等常獲社區人士讚賞及被邀請出席各類表演，讓第三齡人士積極投入健康及豐盛的生活。

課程類別	課程名稱
電腦課程	手機淘寶班、手機資料減肥班、手機支付寶等
「德」育課程	唱歌學英文、國畫班、書法班、禪繞畫舒壓班、和諧粉彩畫
「智」育課程	珠子首飾班、絲帶繡、絲網花、剪紙興趣班等
「體」育課程	瑜伽、拉筋操、五禽戲暨中國健身氣功班、香薰靜觀瑜伽等
「群」育課程	排排舞班、集體舞班、健康舞、傳統楊式太極班等
「樂」育課程	口琴班、二胡班、國粵語懷舊金曲班、合唱歌班、輕彈淺唱流行曲



禪繞畫舒壓班



和諧粉彩畫班

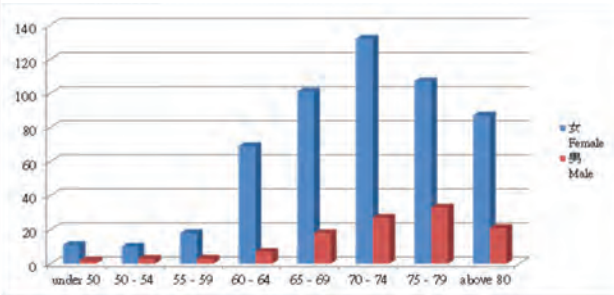


包糰班

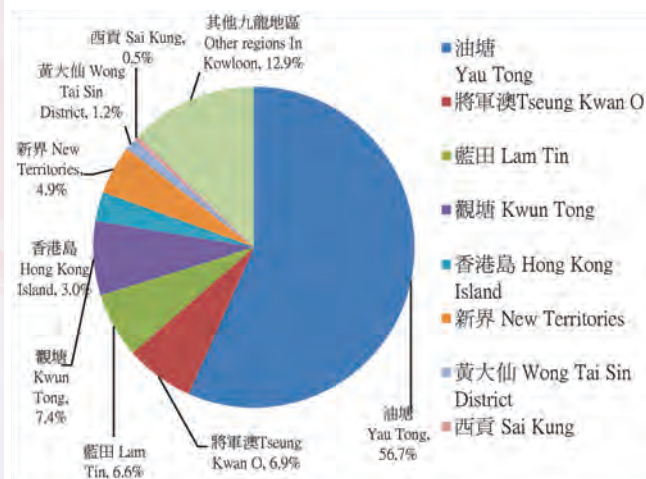
### 中心會員統計資料 (截至2024年3月31日)

會員人數：649位。男：114位；女：535位。

### 會員年齡分佈 (人數)



### 會員居住地區分佈



## Dr. Ellen Li Learning Center

The center was established in 2009, advocating the spirit of "spontaneity," "self-management," "self-teaching," and "self-learning." It promotes lifelong learning and a healthy lifestyle, dedicated to training third-age instructors. At the same time, it regularly applies for various funds and organizes volunteer services to care for the residents of Yau Tong and serve the community.

### Innovative and Diverse Programs to Implement the Spirit of "Active Aging"

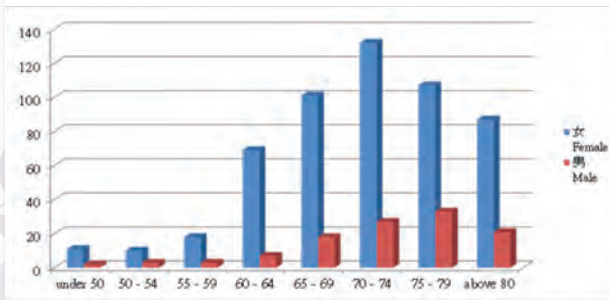
The center offers a variety of courses and activities for its members and has trained over 26 senior volunteers to assist with course design or serve as instructors. Each month, an average of more than 30 courses are held, including harmonica classes, singing classes, dance classes, and tai chi classes, which are often praised by community members and invited to perform at various events. This encourages seniors to actively engage in a healthy and fulfilling life.

Class category	Name of classes
Computer class	Mobile phone (Taobao) class, weight loss info class, Alipay class
Moral Education Curriculum	Singing English Class, Chinese Painting Class, Calligraphy Class, Zentangle Stress Relief Class, Pastel Nagomi Art Painting
Intellectual Education Curriculum	Beaded Jewelry Class, Ribbon Embroidery, Silk Flower, Paper Cutting Interest Class
Physical Education Curriculum	Yoga, Stretching Exercises, Five Animals Play and Chinese Fitness Qigong Class, Aromatherapy Meditation Yoga, etc
Social Education Curriculum	Line Dance Class, Group Dance Class, Healthy Dance, Traditional Yang Style Tai Chi Class, etc.
Aesthetic Education Curriculum	Harmonica Class, Erhu Class, Cantonese and Mandarin Nostalgic Classics Class, Choir Class, Easy Guitar and Pop Song Class.

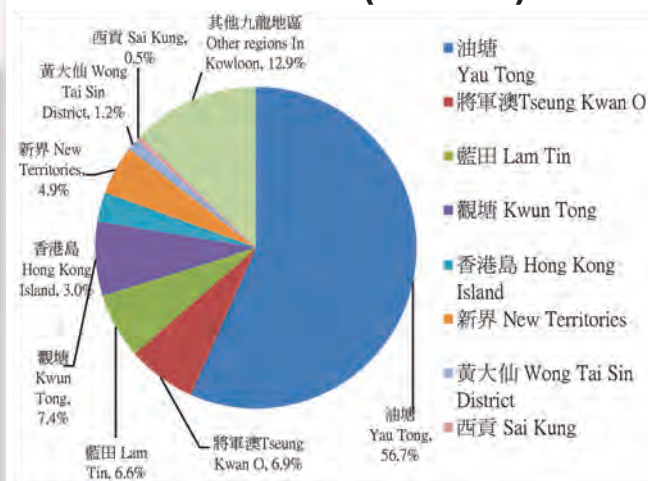
### Center Membership Statistics (as at Mar 31, 2024)

Number of members: 649 Male: 114 Female: 535

**Member Age Distribution (Persons)**



**Member Residence Area Distribution (Persons)**





## 長者數碼外展計劃：「喜」動·網「樂」計劃 (2023-2025)

自2018年起機構獲「數字政策辦公室」贊助舉行長者數碼外展計劃，主要透過培訓長者義工以實體方式讓不同院舍、日間中心和社區長者體驗數碼科技產品。計劃有兩部分，分別是外展計劃及流動數碼外展服務站。

**外展計劃：**目的為提高長者對應用資訊科技的興趣，增加長者的社交互動機會，從而提升他們的生活質素。所用科技設備包括拍拍機、平板電腦、電子鼓及健康手帶等等

服務對象	院舍長者	日間中心長者	家居照顧服務的長者	隱蔽長者
服務人數	980	120	260	260



**流動數碼外展服務站：**旨在主動協助長者使用智能手機和常用流動應用程式，及解答相關的問題。服務地區分佈到港九新界共13區：分別是東區、南區、深水埗、九龍城、觀塘、黃大仙、葵青、西貢、沙田、大埔、荃灣、屯門及元朗





## Joyful Stimulation & Connection Project (2023-2025)

Starting from 2018, Digital Policy Offices sponsored our Club to organize ICT Outreach Programme for the Elderly. The purpose is to promote ICT to various groups of elderly, including elderly living in nursery home, day care centre visitors, homecare service users and hidden elderly. The project divides into two parts, namely outreach programme and mobile booth activity.

**Outreach programme:** The purpose of this programme are to raise awareness and interest among elderly regarding application of information technology, to increase degree of social interaction and enhance the quality of life. Equipment used in this programme included Blazepod/ Tablet/electronic drums and smart watch etc.

Service targets	Elderly home residents	Day care centre members	Homecare service users	Hidden elderly
Number of service users	980	120	260	260



**Mobile booth activities:** Aim at assisting community dwellers to use smartphones and common mobile phone applications, and to answer related questions. The service covered 13 districts in Hong Kong, including Eastern district, Southern district, Sham Shui Po, Kowloon City, Kwun Tong, Wong Tai Sin, Kwai Tsing, Sai Kung, Sha Tin, Tai Po, Tsuen Wan, Tuen Mun and Yuen Long.





## 社區投資共享基金計劃

本年度中心繼續透過社區投資共享基金計劃，服務區內居民，計劃內容如下：

### 銀幸樹 – 認知友善社區共建計劃（第34期 - 0038D-34）： （2022年12月- 2025年11月）

#### 計劃目的：

透過招募及培訓「銀幸大使」，向社區推廣認知障礙友善社區概念，加強社區人士對認知障礙症患者及其家庭的了解；透過不同活動及小組，推動長者及其照顧者參與社區，提升其居家安老的信心及能力；組織「幸福銀髮支援隊」（社區守護員），透過配對探訪以支援輕度認知障礙症患者和護老者的需要；連繫區內持份者組成「社、商、醫」跨界別協作，運用其資源及網絡，回應長者及護老者的需要，共同建立認知友善社區。

計劃服務人數：義工人數：192人 直接參加者人數：1324人



銀幸大使在街站為社區人士進行簡易認知評估



各界義工齊心製作愛心粽子，並探訪區內有需要長者及其家庭



為前線保安及管理人員提供培訓，識別及支援輕度認知障礙症患者和其家人

#### 計劃成果：

1. 建立銀幸網絡：計劃已分別與18個「社、商、醫」跨界別團體結網，逾70名前線及管理人員出席度身訂造的「認知友善」培訓課程，共同推動認知友善社區
2. 商戶實際支持：成功爭取商戶為計劃義工提供購物優惠，以實際行動建設認知友善社區
3. 關愛互助社區：計劃動員超過100位「銀幸大使」和「幸福銀髮支援隊隊員」，向公眾推廣「認知友善」資訊，持續探訪100戶長者及護老者，編織社區互助網絡
4. 切合社區需要：計劃舉辦80次富趣味、生活化的工作坊，回應1,060位長者及護老者需要。超過90%參加者認同計劃能有效提升其對認知障礙症的認識以及紓緩照顧壓力

#### 未來展望：

1. 定期舉行義工和前線人員(包括保安員及售貨員等)培訓，期望能招募及培訓150位義工成為銀幸大使以及培訓120位商戶的前線人員，強化他們應對認知障礙症患者的技巧和相關知識，提升社區支援
2. 建議未來加強與不同持份者(如宗教或民間團體等)的協作，加強其對「認知友善社區」的支持，共建互助支援平台



# Community Investment & Inclusion Fund Projects

This year, the centre continued to serve residents in the district through the Community Investment and Inclusion Fund (CIIF) project, which is as follows:

## CIIF BATCH 34: Silver Wellness: Dementia Friendly Community Scheme (December 2022 to November 2025)

### Objective:

To promote the concept of “dementia-friendly community” and enhance the public’s understanding of people with dementia and their families through the recruitment and training of ambassadors. To facilitate the elderly and their carers in the community to participate in various activities and groups to enhance their self-confidence and capacities to age in place. Besides, volunteers will be matched with families with dementia elderly. To build a dementia-friendly community, stakeholders in the district are invited to form a "community, business and medical" sector to collaborate and leverage its resources and networks in respond to the needs of the elderly and their families.

**Number of people served:** Number of volunteers:192 ; Number of direct participants: 1324



Ambassadors conducted simple cognitive assessment in mobile station



Volunteers worked together to make rice dumplings and visit the elderly and their families in need



To provide training to frontline security guards and management personnel to identify and support people with mild dementia and their families

### Achievements and prospects:

1. Establishment of silver wellness network: The project has connected with 18 community, business and medical cross-sector organizations. Over 70 frontline and management staff have attended tailor-made "Dementia Friendly" training courses to promote a dementia-friendly community
2. Support from merchants: Successfully enlisted merchants to provide discount for volunteers, taking practical actions to build a dementia-friendly community
3. A community full of mutual care and support: The project mobilized more than 100 “silver wellness ambassadors” and "silver support team members", to promote the message of “dementia friendly” to the public. The members have visited 100 households of the elderly and their carers continuously to build a mutual aid network
4. Catering to the needs of the community: 80 workshops have been rendered to 1060 elderly and their families. More than 90% of the participants agreed that the project was effective in raising their awareness of dementia and relieving the stress of caregiving

### Future Prospects:

1. Render regular and continuous practical dementia trainings for 150 volunteers and 120 management and frontline staff
2. Strengthen collaboration with different stakeholders like religious or civil society groups to increase their support for the "Dementia-Friendly Community" and jointly build a mutual support platform



# 2023年度安老服務管理委員會名單

## 2023 Elderly Services Management Committee Membership List



永遠榮譽顧問  
蕭司徒潔  
Permanent Honorable Advisor  
SIU SZE-TO Kit Kitty



當然顧問  
周梁麗芬 (當任會長)  
Ex-officio Advisor  
CHOW Lai Fun Mona



當然顧問  
陸明 (當任主席)  
Ex-officio Advisor  
LUK Ming



主席  
蕭詠儀  
Chairman  
SIU Wing Yee Sylvia



副主席  
陳吳慧珍  
Vice Chairman  
CHAN NG Wai Jane



副主席  
劉健儀  
Vice Chairman  
LAU Kin Yee Miriam

### 常規委員 Members



周熊仁寶  
CHOW HUNG Yan Po  
Erminia



蔡馬愛娟  
CHOI MA Oi Kuen



方陳珮汝  
FONG Theresa



徐劉秀珍  
Lillian CHUI



羅陳雪侶  
LO CHAN Shit Lui



潘洪彩華  
POON HUNG Choy Wah



郭陳賽英  
KWOK CHAN Choi Ying



孫陳佩玲  
SUN CHAN Pui Ling  
Stella



何陳佩蘭  
HO CHAN Pui Lan



馬張蓮嬌  
MA CHEUNG Lin Kiu



郭馬明珠  
KWOK MA Ming Chu



李孫輝  
LEE SUN Hui



陳葉佩坤  
CHAN YAP Pei K wan



鄭穎  
ZHENG Ying

### 顧問委員 Advisor Members

林貝聿嘉  
LAM PEI Yu-dja Peggy

何馮艷仿  
HO Yim Fong Judy

胡郭秀萍  
WU KWOK Sau Ping Ivy

梁靳羽珊  
KAN Yu San

孟顧迪安  
MON KOO Di An Louise

戴呂季玉  
TAI LOO Kwei Yick

李劉蓓蓓  
LEE LAU Pui Pui

蔡鄧月紅  
CHOI TANG Yuet Hung

陳郭靄珠  
KWOK Oi Chu Lucia



## 安老服務單位

[www.hkwcwce.org.hk](http://www.hkwcwce.org.hk)



### 香港中國婦女會 黃陳淑英紀念護理安老院

地址：香港九龍油塘碧雲道六號

電話：2717-1351

傳真：2346-8591

電郵：enquiry@wcsyhome.org.hk

### 香港中國婦女會 油塘長者日間護理中心

地址：香港九龍油塘碧雲道六號

電話：2717-1351

傳真：2346-8591

電郵：ytlv\_enquiry@wcsyhome.org.hk

### 香港中國婦女會 油麗長者日間護理中心

地址：香港九龍油塘油麗邨雍麗樓地下

電話：3996-7533

傳真：3996-7530

電郵：yl\_enquiry@hkwcwce.org.hk

### 香港中國婦女會 李樹培夫人啟知中心

地址：香港九龍油塘高翔苑停車場L3 2號

電話：2775-6226

傳真：2775-6399

電郵：enquiry@ellcentre.org.hk



記憶奪寶

