

THE ROLE OF COMMUNITY HEALTH CARE TEAM IN THE CARE OF THE ELDERLY

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ABSTRACT

The Community Health Care Team plays an important role in helping the elderly maintain an independent life in the community for as long as possible.

It does this by emphasizing preventive Geriatric Medicine, provision of supportive and care services and ensuring emotional and physical support for carers.

Each member of the Community Health Care team plays an important role and works together as a team to ensure that appropriate services are provided for the varied needs of the elderly in the Community.

In Singapore, Community Health Services for the elderly are provided mainly by the Home Nursing Foundation (HNF). Services available at the moment include domiciliary nursing service, rehabilitation and day care carried out at the Senior Citizens' Health Care Centres and Home rehabilitation programme undertaken by trained Staff Nurses. Close liaison is maintained with the Geriatric Department in Tan Tock Seng Hospital.

Support groups in existence include a Stroke Club and a Carer's group. Respite care is presently provided by certain voluntary Homes on an ad-hoc basis.

The aim of effective community based care for the elderly should be adequate provision of services followed by the effective use of resources.

Keywords: Community services, carers, respite care

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The primary objective in the care of the elderly is to enable old people to maintain independent lives in the community for as long as possible. The Community Health Care team plays an important part towards fulfilling this aim.

The impact of an ageing society, the principles of good Geriatric care, importance of preventive Geriatric Medicine and the Multidisciplinary approach have been highlighted in earlier articles⁽¹⁻⁴⁾.

Community Care of the Elderly should be seen as complementary to Acute Hospital Services and institutional facilities in the overall Care of the Elderly (See Fig 1).

At present, the vast majority of the aged live with their families. They include both the healthy and ambulant aged and the frail. Of the 220,900 aged, only 3,707 or 1.7% are staying in the Homes for the aged (1988)⁽⁵⁾.

The demographic trend is that the number of aged 60 years

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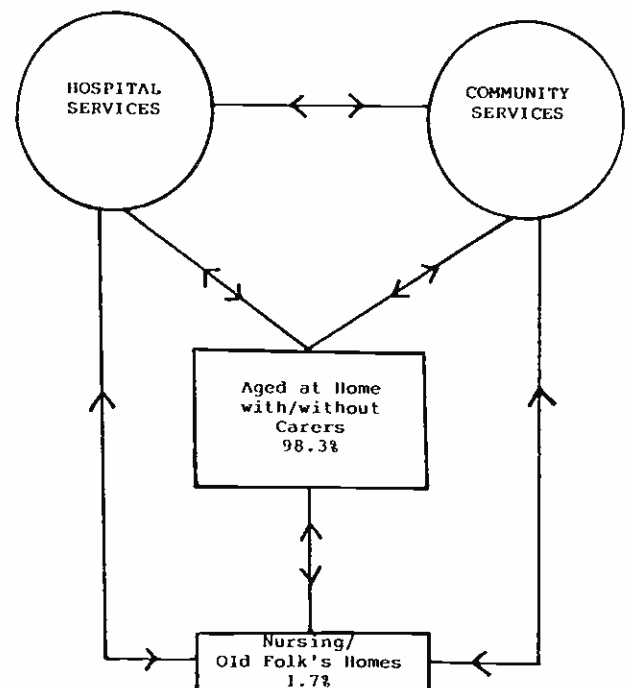
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Fig. 1 — Health Services for the Elderly



to 74 years will increase from 6.5% of the total population (1988) to 18.4% (2030) - a three-fold increase. This is in comparison of the elderly more than 75 years whose number will increase from 1.8% of the total population (1988) to 7.6% (2030) - a four fold increase.

We are therefore dealing with an increasing proportion of the frail elderly in the community.

They are more likely to be suffering from chronic and disabling diseases with resulting handicap of poor mobility and self care.

A community study done in Singapore on the aged 55 years and above found that 2.7% of the respondents ambulate with aids and 0.6% were bedridden. Five percent of the respondents required some assistance in activities of daily living. The dependency in self care and mobility status showed an increasing trend with the older age groups. Utilisation and need for health services (Physician visits during past month) also increased markedly from the age groups 55-64 to the age group 65-74 but dropped among the oldest age group. The latter trend was postulated to be due to poor mobility in this group⁽⁶⁾.

A comprehensive and adequate community health care programme should therefore have three main emphases:

- (1) Preventive Geriatric Medicine
- (2) Provision of supportive and care services to enable the frail aged to live with their families
- (3) Support for carers.

(1) PREVENTIVE GERIATRIC MEDICINE

Community based programmes should include Health education, pre-retirement courses, health screening and more important an active case finding protocol to detect and treat early disabilities. Old people are often afraid of hospitals. There is this inherent fear (not unwarranted) that admission to hospital may mean the end of their independence, death, and even worse, long term institutionalization.

The easy availability of community based services may encourage the elderly to seek early treatment.

(2) SUPPORT SERVICES

Members of the Community Health Care team should include the following (not in order of importance):

- The General Practitioner or Primary Care Physician
- The district nurse
- The community occupational therapist
- The community physiotherapist
- The speech therapist
- The social worker
- The health visitor
- Home help
- The volunteer worker
- The chiropodist

It can be seen from the long list that the needs of the disabled elderly in the community are varied.

The role of the therapists, social worker and chiropodist has been dealt with in an earlier article⁽⁹⁾.

The role of the other team members in the community will be highlighted:

The General Practitioner⁽⁷⁾

He is often the first person a sick elderly will come into contact with.

It is therefore important that the General Practitioner has a basic knowledge of some of the important age-related anatomical and functional changes. Symptomatic complaints of older people have by and large been attributed to normal ageing. It is easy to understand why an attitude of frustration, helplessness, and resignation often pervades the elderly population.

The fact that there are many more available options for the care of the elderly today is still not widely appreciated by the medical community. As with any patient, proper application of

these options depends on an accurate assessment of the problem.

The physician is the "gatekeeper" to health care resources because decisions about which patients need or qualify for services are generally based upon his assessments and recommendations. He should be aware of the resources and services available for the elderly in his community.

Because resources of both the elderly and third-party payers are often limited, the significance of this function cannot be overestimated.

He also plays an important part in promoting preventive Geriatric Medicine by active case finding and health education.

The District Nurse

The District Nurse is often the health professional who comes in closest contact with the sick elderly and his/her family.

Besides basic nursing care, she plays an important role in ensuring that treatment recommended by the other members of the health care team is carried out. Often where therapist staff are lacking, she doubles her role as a therapist.

She works in close liaison with her colleagues in the hospital and the rest of the health care team.

Often, she is the person who is alerted to any change in the elderly's condition and initiates early referral for appropriate care.

The Health Visitor⁽⁸⁾

The Health Visitor is a general nurse who has completed a course of training in prevention and health education. She differs from most other nurses in that she has direct access to patients (and families) without waiting for them to be referred to her.

She is the ideal person to undertake case finding on account of her special training in prevention and health education.

The Home Help⁽⁹⁾

The Home Help plays an important role especially for the elderly who are staying on their own. She undertakes such responsibilities as shopping and domestic tasks, such as cleaning and washing. She may also help old people get dressed and undressed, help them with toileting and grooming and in other intimate personal tasks.

In the United Kingdom, home helpers manage to maintain large numbers of old people in their own home who in other circumstances would be in institutions.

The Volunteer Worker

The volunteer worker may be a lone individual or from a voluntary organization.

Organized use of the volunteer worker enables the effective use of this invaluable resource.

He can be of service in a Day Centre, counselling and visiting services, good neighbour schemes and hospital transport services.

To ensure that the right services are provided to each elderly person with no overlap of care, it is important that the various professionals should work as a team. Accurate assessment of the individual's needs with regular review is also important.

It would be useful to have a central co-ordinating body. This would facilitate communication amongst the various members of the health care team. It will also function as a source of information for elderly and carers on the availability of services.

(3) RELIEF FOR CARERS

The majority of aged in Singapore are looked after by the family.

For the aged requiring high levels of medical or nursing

care, the 1988 figures showed that only 20.8% are in Residential Care⁽⁵⁾. The care burden on the family is therefore tremendous.

With an increasing proportion of the frail elderly and a declining ratio of economically active persons to aged persons in the near future, the care burden on the family will be phenomenal.

To maintain the elderly in the community, it is important to realise that the welfare of the carers has to be considered.

Often, the elderly person ends up in institutional care because the carer has "given up" due to unrelieved stress.

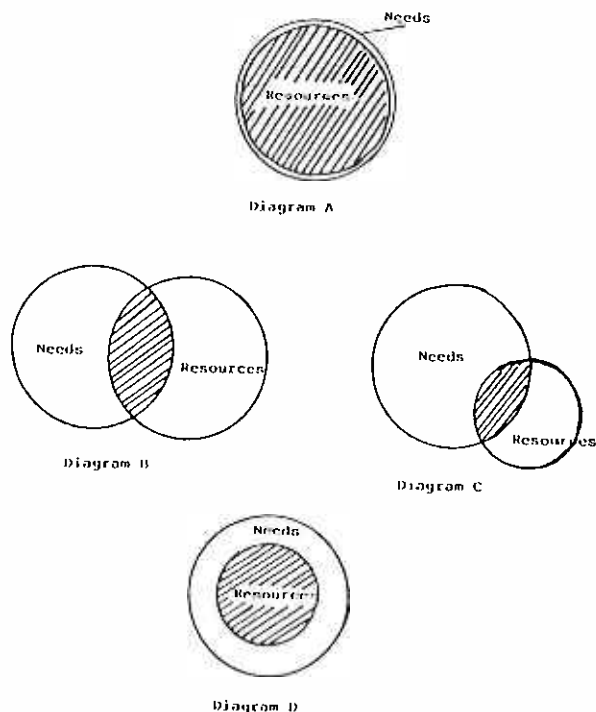
Surveys on carers of the elderly in the community identified a great deal of distress and psychological morbidity among the carers⁽⁹⁾.

Relief for carers can be undertaken in several ways:

- (1) Carers should be offered practical advice on how to care for the elderly at home. Advice can be given while the elderly person is in hospital and reinforced again when the elderly person returns home. Advice as to care of the bowels, skin and bladder, proper transferring techniques and the use of appropriate equipment and aids can be of great help to carers. A "hotline" service is worth considering, where the carers can call for help and practical advice.
- (2) Day Care Centres may provide some respite in the day.
- (3) Regular respite admissions into a Home offers the carers "time-off" and an opportunity to "re-charge the battery", so that they can continue with the stress of caring.
- (4) Support groups such as stroke clubs, the Parkinson's Society and the Carer's group provide emotional, social and practical support for carers and the elderly. They serve also as centres for dissemination of information.

The important role of carers in keeping the elderly in their own homes cannot be overemphasized. It is in the interest of society that attention should be given to the relief of carers.

Fig. 2 — Health Services in the Community: Effective Use of Resources



THE PRESENT SITUATION IN SINGAPORE

In Singapore, organised community based health care for the elderly is provided for mainly by the Home Nursing Foundation (HNF)⁽¹⁰⁾.

The HNF provides domiciliary nursing service for the aged. In addition to this, it also runs Senior Citizens' Health Care Centres which provide rehabilitation, day care and comprehensive health programmes for the elderly.

However, rehabilitation programmes provided are hampered by the lack of trained therapists. At present, the Home rehabilitation programme is undertaken by staff nurses who have undergone a period of training by therapists.

The HNF works closely with the Ministry of Community Development, Singapore Council of Social Services and other voluntary organisations on the provision of community based care for the elderly. Liaison is also maintained with the Geriatric Department in Tan Tock Seng Hospital. Closer liaison with other units involved in the care of the elderly such as medical units and orthopaedic units would be useful.

Support groups in existence include a Stroke Club and a Carer's group.

Respite care is provided by voluntary Homes. However, an organized, subsidized programme for regular respite and the identification of stressed carers in need of such a service is lacking.

Fig 2 illustrates a few scenarios in the use of resources to meet the needs of the community:

Diagram (A) is the ideal situation where resources equal needs.

Diagrams (B) and (C) illustrate the situation where resources available are inadequately utilised or not utilised because they do not meet the needs required.

Diagram (D) should be the aim in a situation of limited resources where resources are targetted at the most needy.

In summary, to build an effective community based care for the elderly, there should be adequate provision of services followed by effective use of resources.

This should be based upon identification of patient's and carer's needs followed by prompt supply of appropriate service. This would require a Co-ordinating Body which:

- (1) Disseminates information
- (2) Targets limited resources at the most needy
- (3) Ensures effective communication and teamwork in the health care team
- (4) Allows close liaison with the Hospital Services.

REFERENCES

1. Choo PWJ, Lee KS, Owen RE, Jayaratnam FJ. Singapore - An ageing society. *Singapore Med J* 1990; 31 : 486-8.
2. Owen RE, Choo PWJ, Lee KS, Jayaratnam FJ. Methodology in Geriatric Medicine. *Singapore Med J* 1990; 31 : 489-92.
3. Lee KS, Owen RE, Choo PWJ, Jayaratnam FJ. Prevention in Geriatric Medicine. *Singapore Med J* 1990; 31 : 619-20.
4. Owen RE, Choo PWJ, Lee KS, Jayaratnam FJ. Geriatric Medicine - The Multidisciplinary Approach. *Singapore Med J* 1991; 31 : 621-3.
5. Report of the Advisory Council on the Aged, Singapore, January 1989.
6. Ray R, Fong NP, Nair A. Health and morbidity profiles of older adults in Singapore and their health care needs. *Ann Acad Med Singapore* 1989; 18 : 635-41.
7. Maguire Gail Hills. ed. *Care of the elderly : A Health Team Approach*. Boston/Toronto : Little, Brown and Co, 1985.
8. Williamson J, Smith RG, Burley LE. *Primary care of the elderly. A Practical Approach*. Bristol : IOP Publishing Ltd, 1987.
9. Jones Dee A, Vetter NJ. A survey of those who care for the elderly at home : Their problems and their needs. *Soc. Sci Med* 1984; 19 : 511-4.
10. Home Nursing Foundation. *Annual Report*. Singapore. 1988/89.