

Elderly disability prevention service specification

Chinese Society of Gerontology and Geriatrics (✉)

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Preface*

This document is drafted in accordance with the provisions of GB/T 1.1—2020 "Guidelines for Standardisation Work Part 1: Structure and Drafting Rules for Standardised Documents".

Please note that some of the contents of this document may relate to patents. The issuer of this document does not assume responsibility for identifying patents.

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1 Scope

This document sets out the basic principles, service content and quality requirements, service providers and personnel, and evaluation and improvement of disability prevention services for older people.

This document applies to the implementation of disability prevention services by health care institutions and elderly services for older people with intact or mildly impaired capacity.

2 Normative references

The contents of the following documents constitute essential provisions of this document by means of normative references in the text. Where a reference is dated, only the version corresponding to that date applies to this document; where a reference is not dated, the most recent version (including all amendment sheets) applies to this document.

GB/T42195 Specification for ability assessment of older adults

T/CHAA 007 Good health management practice for chronic disease

WS/T 802 The standard for Chinese healthy older adults

3 Terms and definitions

The following terms and definitions apply to this document.

3.1 Elderly disability prevention

Measures to prevent or delay the onset of functional impairment, activity limitation and limited social participation in older people by eliminating or reducing risk factors.

4 Basic principles

4.1 Respect for the elderly and quality services

Reinforcing the concept of positive ageing and healthy ageing, service providers adhere to a sense of service for the elderly and enhance their sense of access, well-being and security in terms of health.

4.2 Preventative approach

We are promoting a shift from a "disease-centric" approach to a "health-centric" approach, moving forward with the prevention of disability among the elderly, providing health services to the majority of the elderly, and expanding the coverage of disability prevention services for the elderly.

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4.3 Needs-led classification guidance

We provide targeted disability prevention services according to the physical functional status, psychological characteristics and personal wishes of the elderly, and choose appropriate methods and approaches when providing prevention services to elderly people with mildly impaired abilities, in order to meet their health needs to the greatest extent possible.

4.4 Local adaptation and scientific leadership

All localities take into account the actual situation to fully mobilize local health service resources and actively use scientific and technological innovations to carry out elderly disability prevention services in multiple ways and forms.

5 Services and requirements

5.1 Functional assessment and screening

5.1.1

Education and mobilization: Through various forms such as health talks, poster postings and online media, the significance of functional assessment for the elderly is disseminated to the elderly and their families, and the elderly are encouraged to go to professional institutions such as medical and health services and medical and nursing institutions for ability assessment.

5.1.2

Older people are assessed in accordance with the requirements set out in the GB/T42195 Specification for ability assessment of older adults.

5.1.3

Based on the assessment results, older people with intact or mildly impaired function are recommended to receive health promotion services such as preventive interventions, while referral services are provided to older people with moderate or severe impairment.

5.1.4

Assessments are carried out every 12 months in the absence of exceptional circumstances, and as soon as the older person's own circumstances allow, in the event of exceptional circumstances leading to a change in capacity.

5.2 Health education on disability prevention

5.2.1 Disability prevention promotion

Awareness-raising on the prevention of disability in older people, including risk factors for disability, management of common diseases and syndromes of old age, prevention of falls, attention to mental health and maintenance of social functioning.

Publicity activities are carried out through thematic activities, video broadcasting, health talks, poster posting, distribution of core information folders and WeChat tweets, etc. The frequency of publicity activities is no less than once per 2 months.

5.2.2 Chronic disease prevention promotion

Publicity on the prevention of common chronic diseases

among the elderly, including the hazards, risk factors prevention and control methods of hypertension, diabetes, chronic obstructive pulmonary disease and osteoporosis, self-monitoring methods for blood pressure and blood sugar, and encouraging regular test of blood lipids, bone density and lung function.

5.2.3 Healthy lifestyle advocacy

Referring to the requirements of the National Healthy Lifestyle Initiative, including smoking cessation and alcohol restriction, salt reduction, oil reduction, sugar reduction, dietary nutrition, appropriate exercise, mental health, oral health, bone health, etc.

5.3 Chronic disease and risk factor management

5.3.1

Strengthening the national basic public health services for the elderly - hypertension and diabetes management and health management for the elderly, monitor blood pressure and blood sugar for the elderly, and give them medication and lifestyle advice in conjunction with blood pressure and blood sugar control, etc.

5.3.2

Referring to the T/CHAA 007 Chronic Disease Health Management Code, health management services are provided to the elderly for major chronic diseases such as cardiovascular diseases, diabetes, cancer and chronic respiratory diseases, and health education and behaviour modification are provided for major behavioural risk factors such as poor eating habits, physical inactivity, tobacco use, alcohol use and poor sleeping habits.

5.3.3

Referring to 4.3.3.2.3 Patient Self-Management Approach in T/CHAA 007—2019 Good health management practice for chronic disease Code, regular self-management activities are conducted for patients with chronic diseases, relying mainly on patients themselves, with the support of their doctors, to solve various physical and emotional problems brought about by chronic diseases in their daily lives.

Note: Chronic disease and risk factor management services should be carried out by health care professionals.

5.4 Physical activity instruction

5.4.1

Teaching older people to master exercises for muscle maintenance and strengthening as well as exercises to enhance balance and flexibility.

5.4.2

Exercises to build muscle strength involving major muscle groups are recommended for older people at least 2 days a week and exercises to build balance at least 3 days a week.

5.4.3

Older people who are unable to do the recommended amount of exercise for health reasons should be as physically active as their functional ability allows.

5.5 Nutritional guidance

5.5.1

Promote nutritional health information for the elderly, including a wide variety of foods, adequate animal foods and soya products, encouraging shared meals, maintaining a good appetite, maintaining an appropriate weight, regular nutritional status assessment, and preventing nutritional deficiencies.

5.5.2

The nutritional status of the elderly is assessed with reference to the WS/T 802 The standard for Chinese healthy older adult, and the results are used to provide guidance to the elderly.

5.5.3

For those with a body mass index (BMI) score greater than 25, control energy intake and increase exercise levels.

5.5.4

Nutritional interventions for older people at risk of malnutrition and who are malnourished, with effective measures to increase energy intake, including choosing foods with high energy and nutrient density, eating more fish, poultry, eggs, milk and beans, eating in a variety of ways, identifying and treating depression, and treating oral diseases. Referral services are available for older people in need.

5.6 Fall prevention

5.6.1

Health education on fall prevention for older people and their families or carers is provided to enrich their knowledge on fall prevention and bed fall, enhance their awareness of fall prevention for older people and help them to establish fall prevention behaviour.

5.6.2

To assess the physiological function, medication use, behaviour and physical environment of older people and to identify risk factors for falls and bed falls.

5.6.3

Based on the results of the fall risk factor assessment, scientific exercise, management of fall-related illnesses and medication, use of fall prevention and bed fall aids, and improvement of fall-related behavioural habits are taken into account in relation to the needs of the elderly themselves.

5.6.4

The environment of older people's homes, communities and institutions is assessed and timely environmental ageing modifications are made to remove fall-related environmental risk factors.

6 Service providers and personnel

6.1 Service providers

6.1.1

Preventative services for the elderly include health care

institutions (including specialist public health institutions) and elderly services .

6.1.2

Service providers should have a functional department or full-time (part-time) staff for health services for the elderly, and establish and implement rules and regulations for disability prevention services for the elderly.

6.1.3

For elderly service providers who do not have health care professionals, the management of chronic diseases and risk factors needs to be carried out by health care professionals or in collaboration with health care providers.

6.1.4

The service provider's environment should be safe and convenient for older people, respectful of personal privacy, clean, quiet, with fresh air and appropriate temperatures, equipped with age-appropriate facilities and equipment, and with space to conduct group activities.

6.2 Service personnel

6.2.1

Encourage professionals from medical and health service institutions and elderly-related institutions to engage in preventive services for the elderly, and those personnel should be trained and qualified in preventive services for the elderly.

6.2.2

Instruction in flexibility exercises and strength training skills can be carried out by professionals in rehabilitation and sports and fitness organizations, who receive uniform training before carrying out the relevant services.

6.2.3

Depending on the needs and resources, local authorities can organize training in the work of professional departments such as centers for disease prevention and control and health care agencies to provide technical guidance and evaluation of disability prevention services for the elderly.

7 Evaluation and improvement

7.1 Evaluation systems

A system for evaluating the quality of disability prevention services for older people should be established.

The evaluation should include self-evaluation, evaluation by service users and evaluation by third party social agencies.

7.2 Content of the evaluation

The evaluation should include the contents of chapters 5 and 6 of this document, including but not limited to whether the system of community elderly disability prevention services is sound, the training rate of service personnel and the training pass rate, whether the service content is complete, whether the service quality meets the requirements, and the satisfaction of service recipients.

7.3 Continuous improvement

Based on the evaluation results, corrective measures and

continuous improvement should be formulated to continuously improve service capacity, service quality and social reputation.

Conflict of interests

The author declares no conflict of interests.

Electronic supplementary material

Supplementary material (the Chinese version of elderly disability prevention service specification) is available in the online version of this article at <https://doi.org/10.26599/AGR.2023.9340002>.