



The Development of End of Life Care in RCHEs in Hong Kong - Issues of Capacity Building

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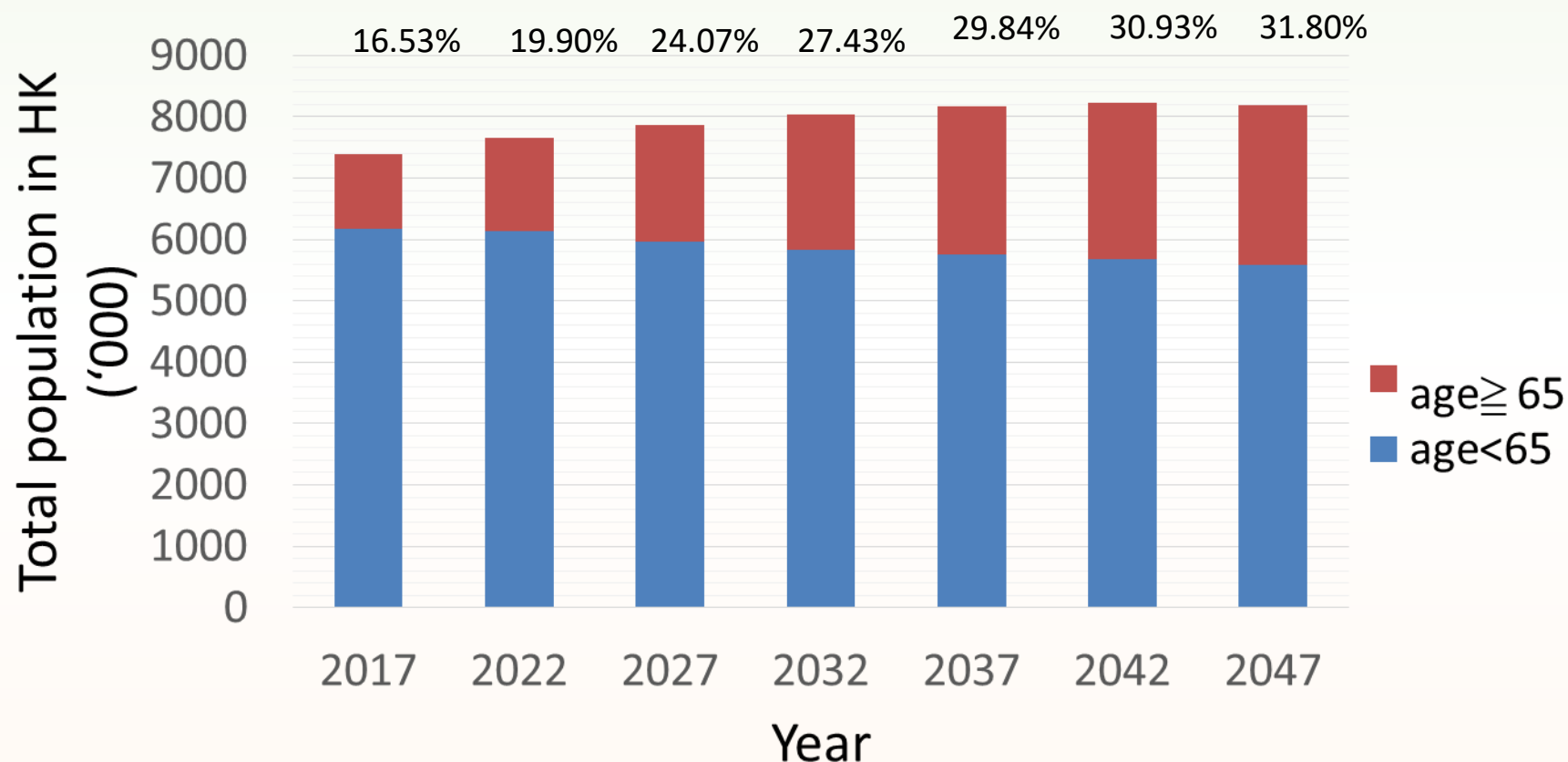
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Hong Kong Association of Gerontology

Rising aging population in Hong Kong



Source: Hong Kong Population Projections (2017 – 2066),
Census & Statistics Department, HKSAR

Health status of older people in the community & in residential homes in HK, 2005

- Community
 - 71.6% - chronic disease
 - 28.3% - 1 disease
 - 21.0% - 2 diseases
 - 11.6% - 3 diseases
 - 10.8% - 4+ diseases
- Residential Homes
 - 95.7% - chronic disease
 - 16.7% - 1 disease
 - 24.4% - 2 diseases
 - 23.1% - 3 diseases
 - 31.4% - 4+ diseases

Source: Thematic Household Survey No 21, October 2005, Census and
Statistic Department, HK

High institutionalization rate of elderly population in HK

	rate
Hong Kong (2009)#	6.8%
China (2008)*	1.0%
Taiwan (2009)#	2.0%
Japan (2006)#	3.0%
Singapore (2006)#	2.3%

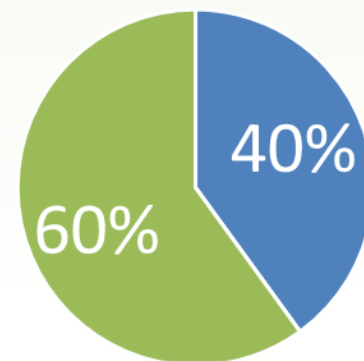
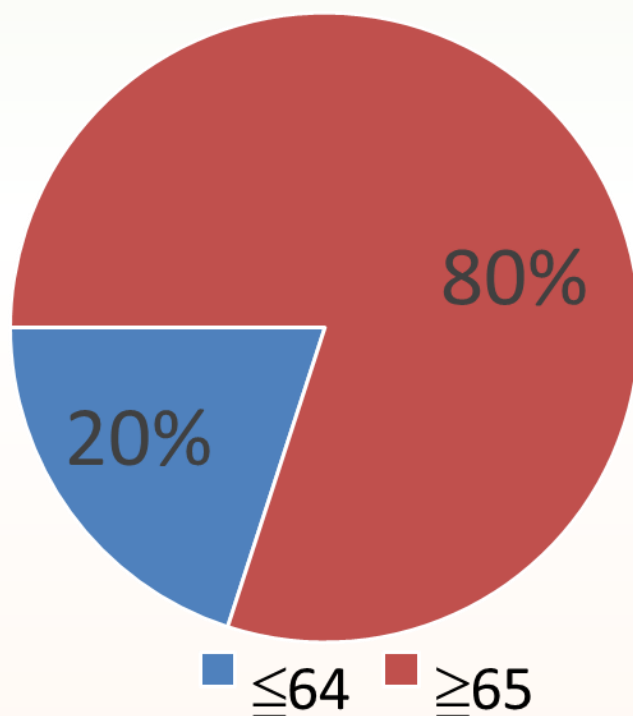
aged 65 or above

*aged 60 and above

Source: Chui. et al (2009). Elderly Commission's Study on Residential Care Services for the Elderly - Final Report

RCHE residents accounts for high % of death in hospital

2014 Hong Kong
46000 deaths



■ RCHE resident
■ non RCHE

Source: Strategic Service Framework for Palliative Care
Hospital Authority, 2017

Survey on Dying Residents in 34 RCHEs in HK

2018 Total number of death 457 (HKAG 2018)

Age at death	average	89.2
	median	90
	range	61 - 109

Stay in RCHE before death	average	5.8 years
	median	4.4 years
	range	8 days – 32.3 years

Principal Diagnosis of residents died (Top 4)	Heart Failure	21.4 %
	Dementia	15.4 %
	Cancer	12.4 %
	Stroke	11.9 %

37.2%

stay in
 RCHE
 for < 3
 years
 before
 death

Survey on Dying Residents in 34 RCHEs in HK

2018 Total number of death 457 (HKAG 2018)

	Death rate of residents per RCHE per year	Health Services Utilization of residents 90 days before death		
		A&E visit	Hospital Admission episode	Length of stay
Maximum	25.0%	3.27	3.09	35.92
Minimum	3.80%	0.67	0.53	2.0
Median	10.87%	1.91	1.71	19.14
Average	11.06%	1.93	1.80	20.10

Principles of a Good Death

- 1.To know when death is coming and to understand what can be expected
- 2.To be able to retain control of what happens
- 3.To be afforded dignity & privacy
- 4.To have control over pain relief & other symptom control
- 5.To have choice & control over where death occurs (at home or elsewhere)
- 6.To have access to information and expertise of whatever kind is necessary
- 7.To have access to any spiritual or emotional *support* desired
- 8.To have access to hospice care in any location, not only in hospital
- 9.To have control over who else is present & shares the end
- 10.To be able to issue advance directives which ensure wishes are respected
- 11.To have time to say goodbye, and control over the aspects of timing
12. to be able to leave when it is time to go, and not to have life prolonged pointlessly

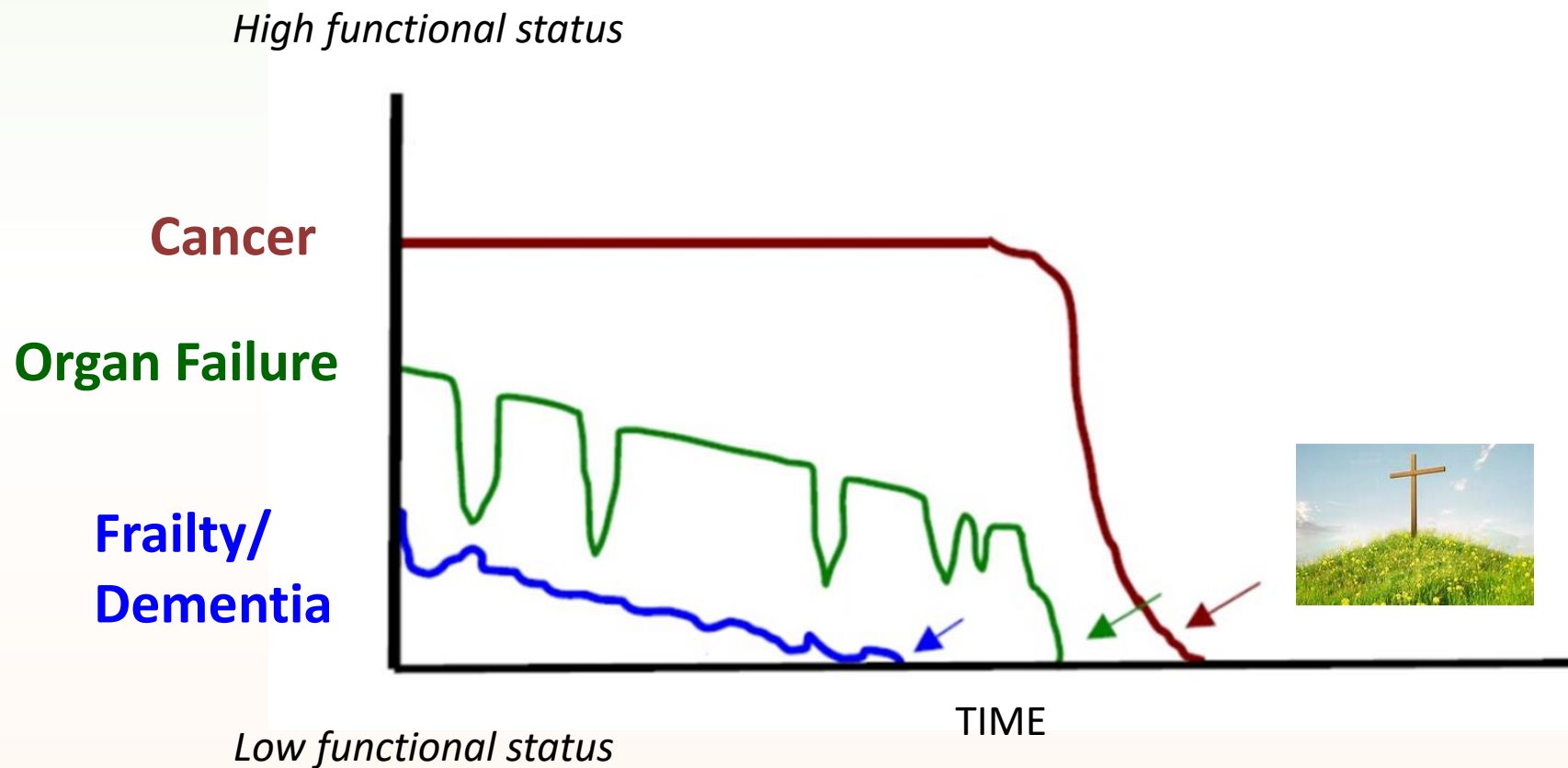
The Future of Health and Care of Older People: The Best is Yet to Come
Age Concern, England 1999

Definition of End of Life Care

General Medical Council, UK 2010

- For those people who are likely to die within the next 12 months
- Include those people whose death is imminent (expected within a few hours or days) and
- Those with
 - Advanced, progressive incurable conditions
 - General frailty and co-existing conditions that mean they are expected to die within 12 months
 - Existing conditions if they are at risk of dying from a sudden acute crisis in their condition
 - Life-threatening acute conditions caused by sudden catastrophic events

Illness trajectory



Murray et al: BMJ 2005; 330:1007-1011

Is it possible to develop End-of-Life Care in RCHEs?

2007-2009

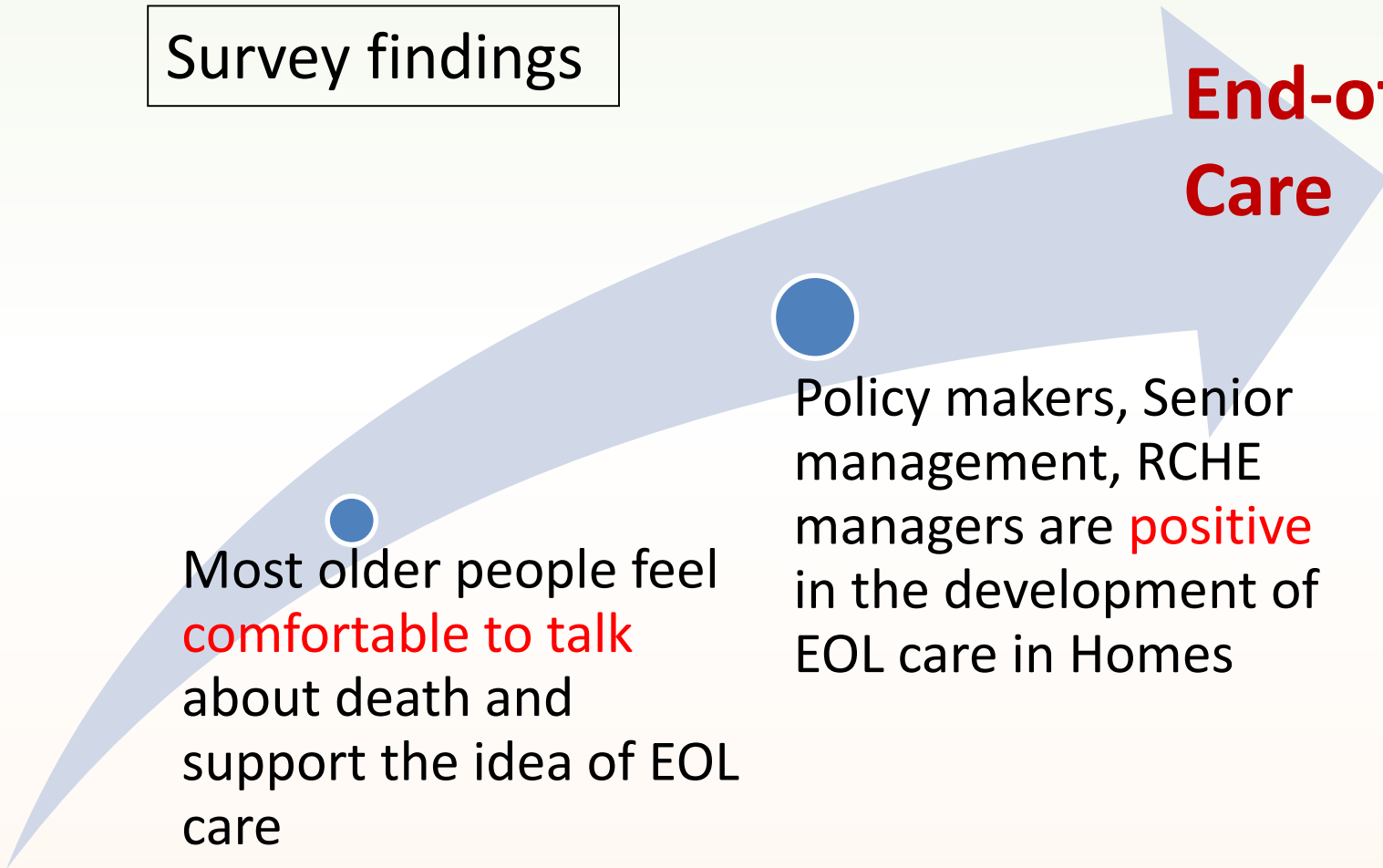
Hong Kong Association of Gerontology (HKAG)
partnered with

- International Collaboration for the Care of Elderly (ICCE) &
 - National Institute in the Care of Elderly (NICE) of Canada
- End-of-Life Care Project for Hong Kong and Chinese Communities

End-of-Life Care Project for Hong Kong and Chinese Communities

Survey findings

End-of-Life Care

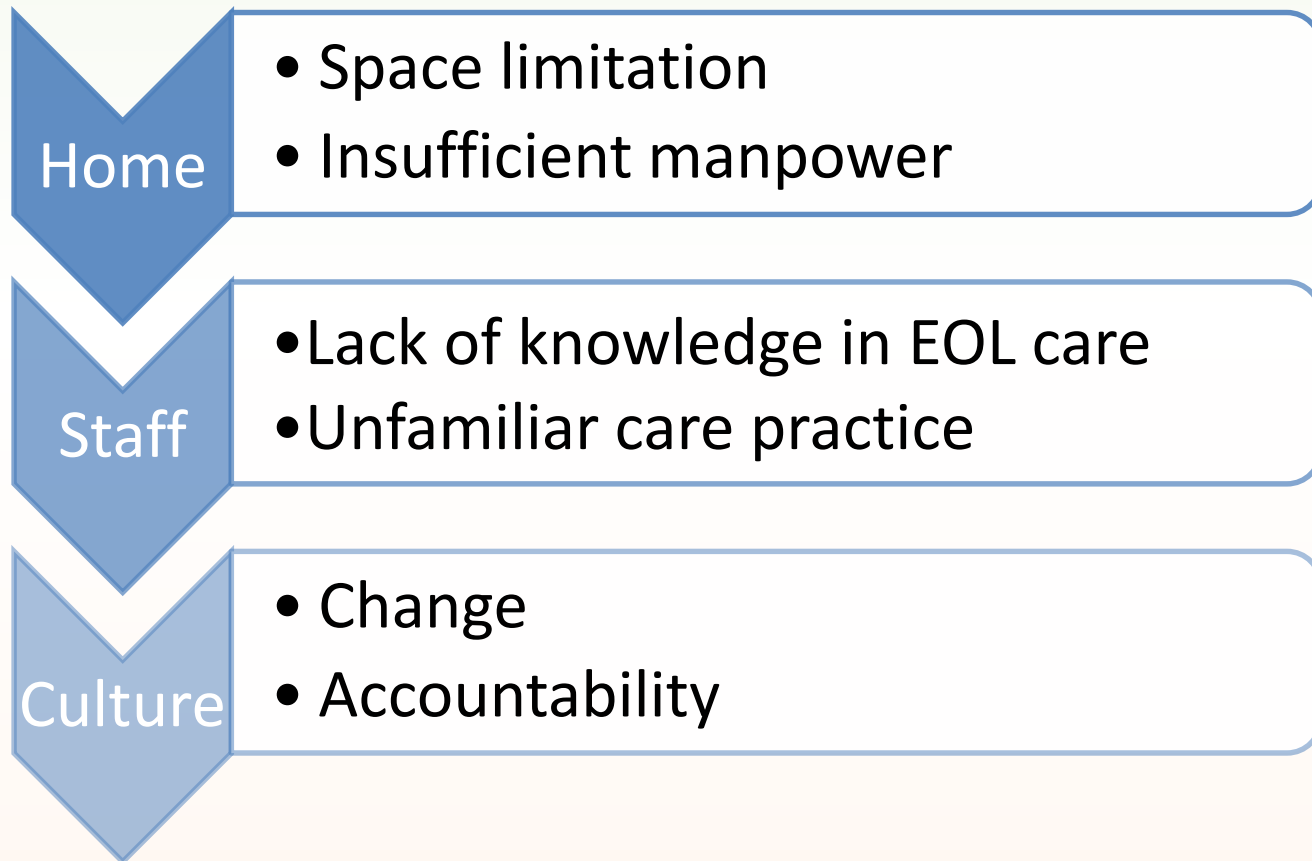


Most older people feel **comfortable to talk** about death and support the idea of EOL care

Policy makers, Senior management, RCHE managers are **positive** in the development of EOL care in Homes

End-of-Life Care Project for HK and Chinese Communities

However.....



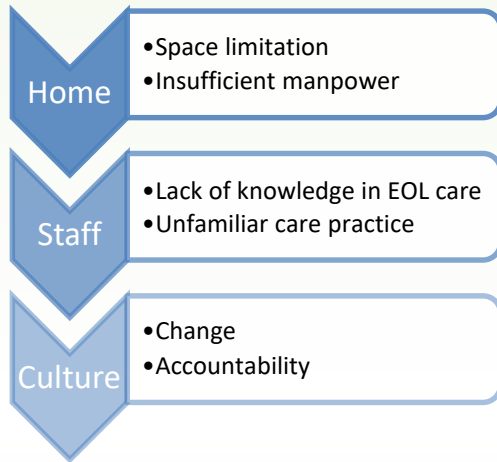
Let's try to develop End-of-Life Care in RCHEs!

2010-2016

HKAG collaborated with Salvation Army Hong Kong & funded by La Caixa Foundation and Bank of East Asia Foundation

- To pilot palliative care service in 6 Residential Care Homes in HK

Palliative care service in Residential Care Homes



Enhanced facilities for end-of-life care

- EOL Room

Staff training

- Knowledge & skill training to all level of staff
- Attitude change in staff

Protocol-based model

- Case identification and referral

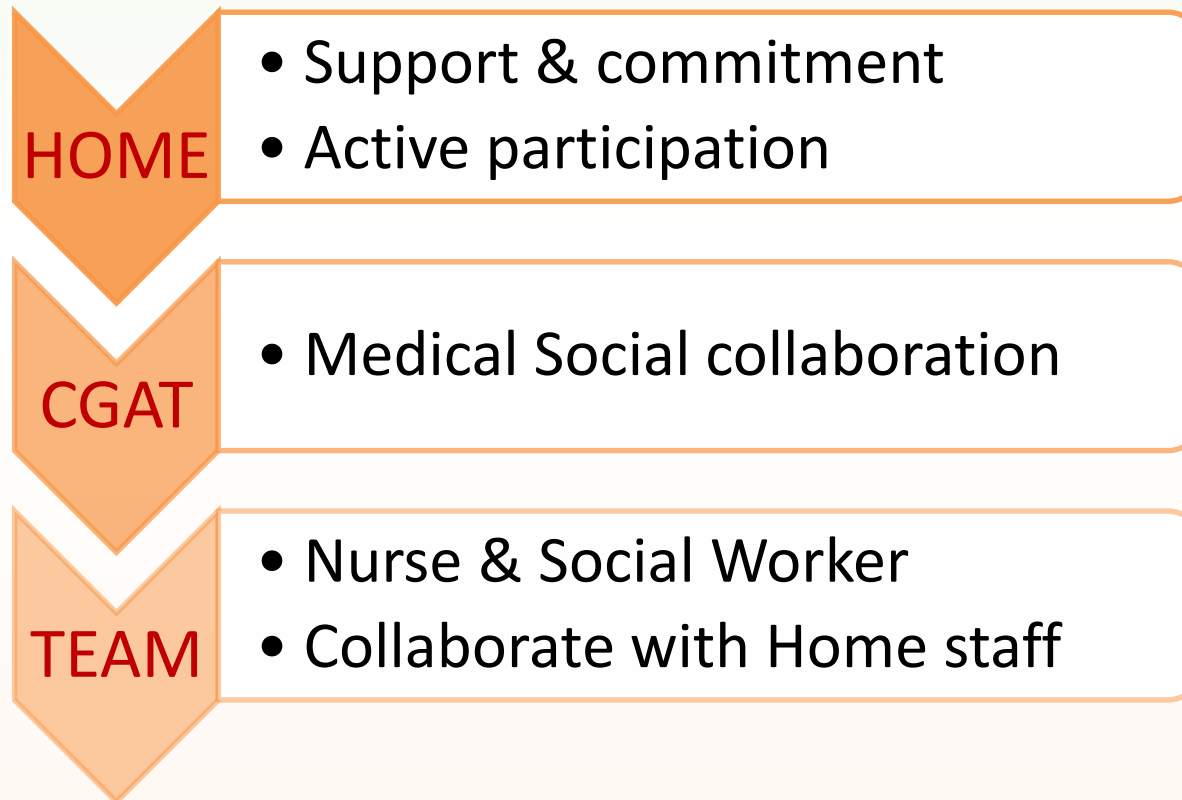
Terminal Care Pathway

- Palliative Care Service
- Care at final days

Bereavement support to family

Palliative care service in Residential Care Homes

Evaluation on Success Criteria



賽馬會安寧頌

JCECC

Jockey Club End-of-Life Community Care Project



JCECC: End of Life Care in Residential Care Homes for the Elderly 2016 - 2021

捐助機構 Funded by:



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JCECC: End-of-Life Care in Residential Care Homes for the Elderly (2016 – 2021)

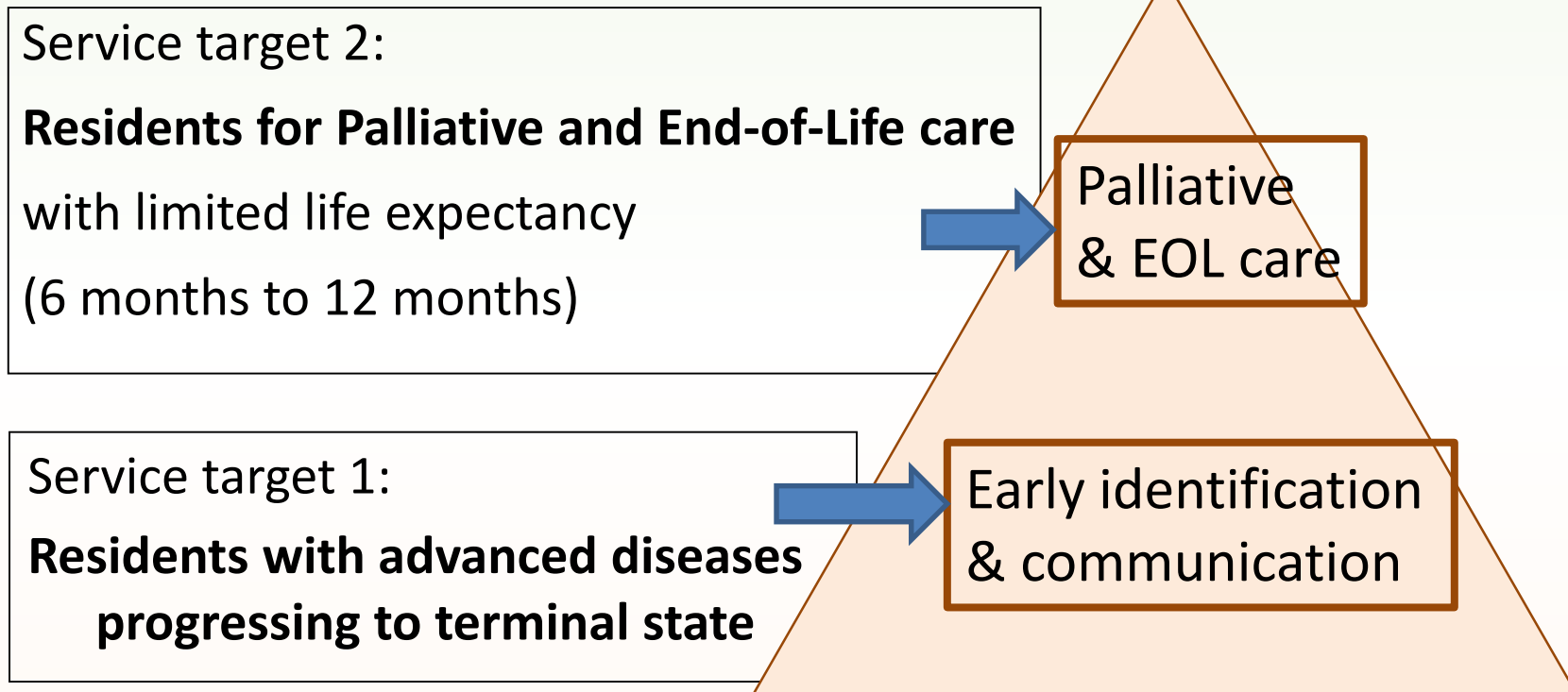
Project Aims

- To develop a End-of-Life (EOL) care model for in care for the terminal ill elders in RCHes
- To serve 48 subvented RCHes on delivering the EOL care services
- To test out the District-based model

Project Components

- 1.Capacity Building of RCHEs in End of Life Support
- 2.District-based EOL team (nurses & social workers)
- 3.Standardized protocol:
 - Case selection & referral
 - Promoting choice of care – die in place; promote wish and preferences at final days (AD, ACP)
 - Symptom management
 - Support to carers + Individualized support during resident's final days in EOL Room,
 - Medical Social interface between RCHE & CGAT
 - Bereavement support

EOL care service model



End-of-Life choice

Option 1: Resident cared in RCHE until expected dying within one to two days; send out to AED

Option 2: Resident cared in RCHE until the last moment and send out to AED

Option 3: Resident cared in RCHE until the last moment and certified death by Project Doctor in RCHE
Only applicable to Nursing Homes & with prior arrangement made with Funeral parlor

Option 4: Resident cared in RCHE and send to Hospital according to wish of resident/family

Project Component

1. Capacity Building of RCHE



**Training & on
site coaching**

**EOL care Room &
equipment**

**Standardized
protocol**

Basic Palliative & EOL care training program in classroom (hours)	
Managerial & Professional staff	12
Frontline staff	7.5

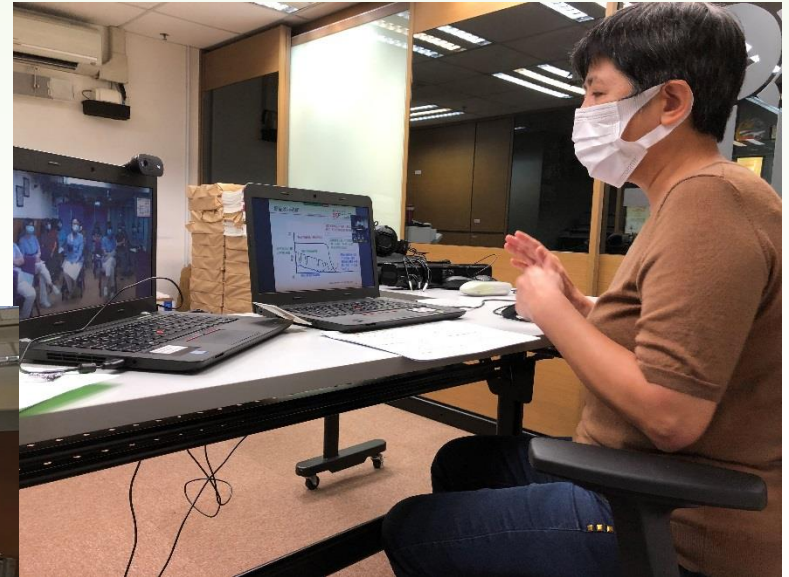
Knowledge & skill transfer *Attitude building*

- Personal experience in death & loss
- Attitude towards death & dying
- Identification of residents nearing end-of-life
- Symptom management
- Psycho-social spiritual care
- Communication skills
- Bereavement counselling skills
- Ethical & Legal issues in end-of-life care

EOL Training sessions in RCHE



EOL Training session via Zoom



Project Component

2. EOL room for residents during final days

- ✓ For family to accompany residents
- ✓ Comfortable home-like environment



EOL room equipped with necessary medical equipment

- Oxygen concentrator
- Suction machine
- BP monitor
- Oximeter
- Ripple bed
- Stethoscope



Project Component

3. Standardized EOL care service protocol

Awareness Building in residents & family through promotion talks

Early identification of residents requiring EOL care

- Referral to discuss the need & plan for end-of-life care service

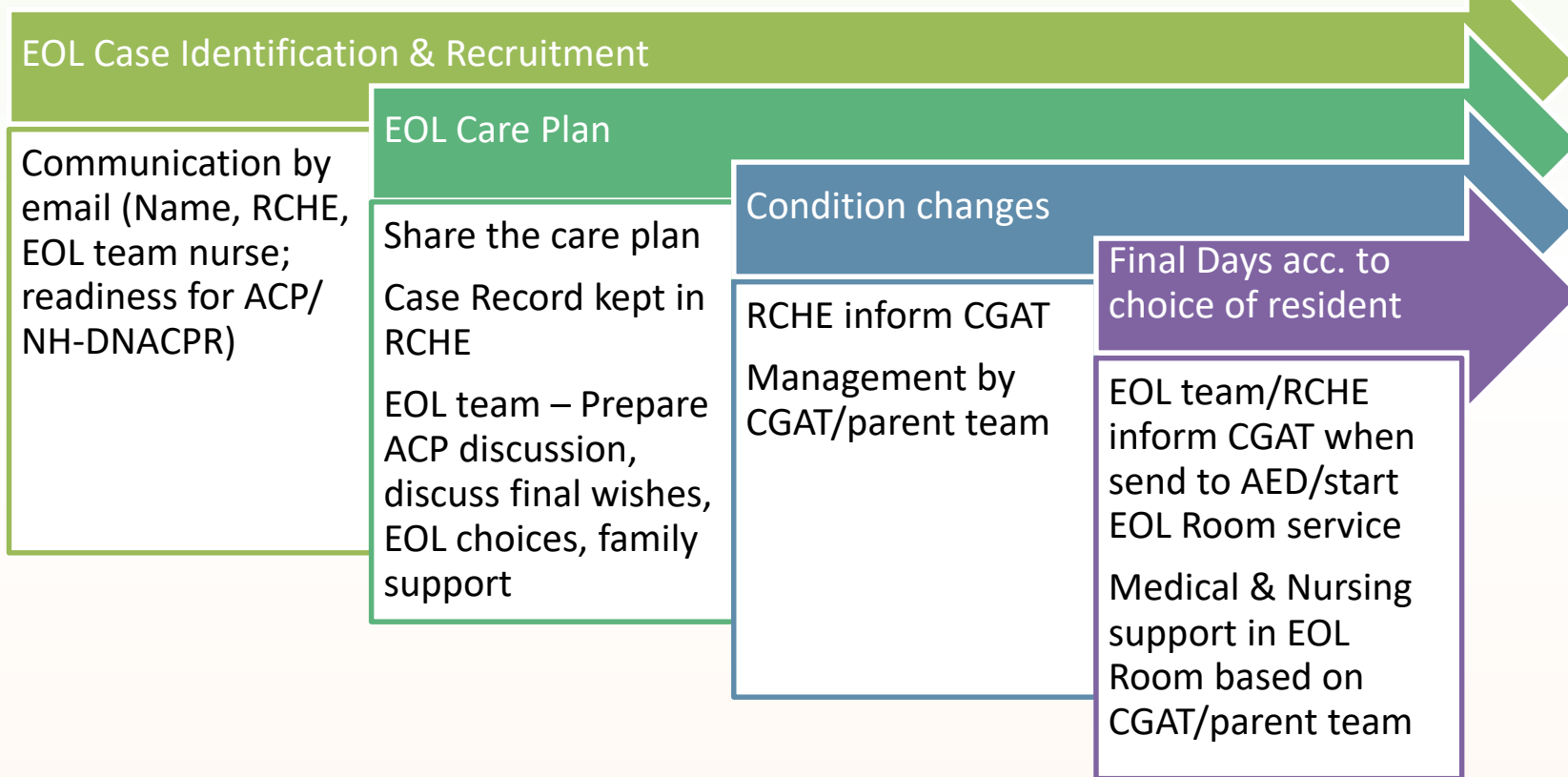
Resident and Family EOL care services

- ✓ Advance Care Planning
- ✓ Nursing Care support
- ✓ Psycho-social-spiritual support
- ✓ Family support
- ✓ Collaborate with CGAT / Parent teams
- ✓ Promoting End-of-Life choice & care of residents in final days

Bereavement counselling to family after residents' death

Collaboration between JCECC EOL team & HA CGAT

Bi-monthly Case Conference together with RCHE staff on need basis

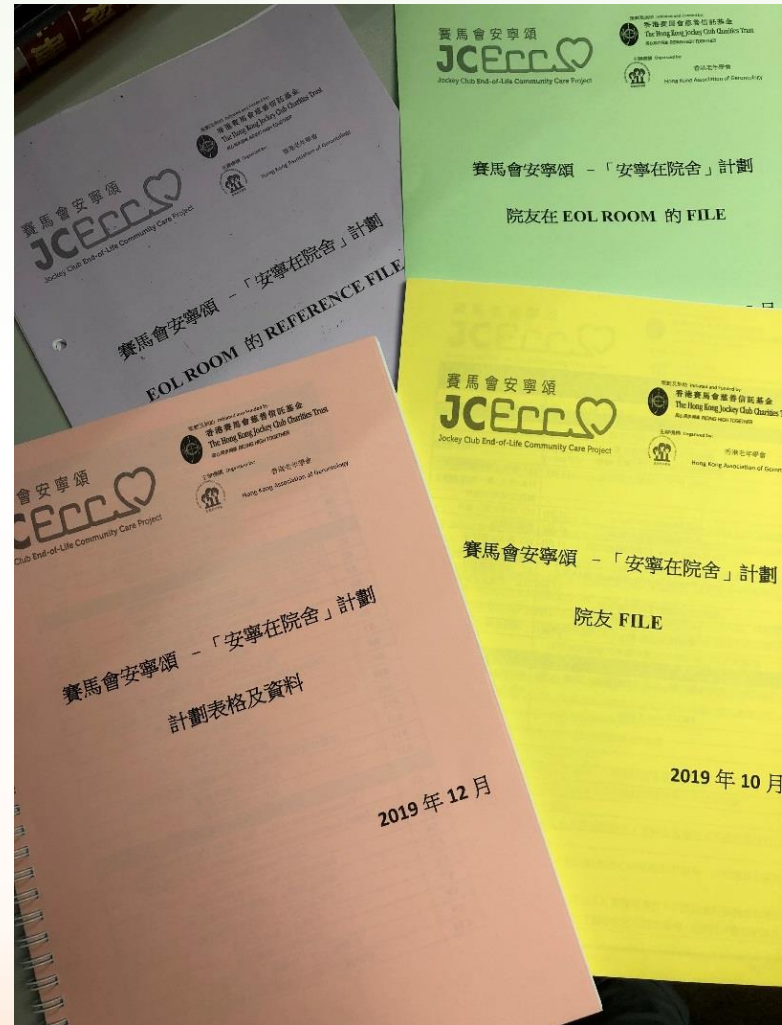


Phone contact between EOL team and CGAT nurse as required

Promotion talks in RCHE



Standardized EOL care service protocol and forms



District based EOL Team

Designated-EOL Nurse & EOL Social Worker

- Regular on site visits to RCHEs
- Coaching & guidance to the RCHE staff
- Close working together relationship & demonstration to RCHE staff
- Ongoing assessment for resident and family and provide resident-centred and family-oriented holistic care
- Enhance collaboration with CGATs and parent medical teams in the care and medical management of residents
- Arrange Medical Practitioners and Private Bank Nurses to provide medical and nursing care support during the imminent death of the terminal ill residents

District based EOL team



EOL team & RCHE staff



Project Component - summary

Capacity building of RCHE -
in care of residents in advanced illnesses, end-of-life stage and at final days

People development Hardware & manpower support

- Staff knowledge & skill training
- Supervised Practicum - putting theory into practice
- Environment improvement - EOL Room for final days
- Medical Equipment for care of resident in EOL Room
- Full day Nursing care support in care of residents in EOL room

Standardized EOL care service workflow

- Promotion and death education
- Identify residents at advanced illnesses
- Discussion on Advance Care Planning and End-of-Life decision
- Provide choices in End-of-Life care
- Collaborate with CGAT/ parent medical teams
- Care of residents at end-of-life
- Care of residents at final days
- Family support services

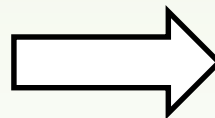
District based EOL team (nurse & social worker)

JCECC: End-of-Life Care in RCHEs

Project output	2016-2018	2019 to 2020
No. of participated Homes	36	48
No. of elderly participants	384	447
No. of family members	2226	1017
No. of RCHE staff trained	2256	1273
No. of visits for ACP	1128	1750
No. of visits for symptom management	5369	9913
No. of counselling & support sessions	4852	9849

Participating RCHEs

(2016-2018) 36



(2019-2021) 48

Kowloon West
15 RCHEs



Kowloon
East
16 RCHEs

Kowloon Central
17 RCHEs

Participated NGOs/ Agencies = 24

- ✓ Caritas - Hong Kong
- ✓ Chi Lin Nunnery
- ✓ Chinese Rhenish Church - Hong Kong Synod (The)
- ✓ Christian Family Services Centre
- ✓ E.T. Investment Limited
- ✓ Evangelical Lutheran Church Social Service - Hong Kong
- ✓ Grace Healthcare Limited
- ✓ Helping Hand
- ✓ Hong Kong Buddhist Association (The)
- ✓ Hong Kong Christian Service
- ✓ Hong Kong Chinese Women's Club (The)
- ✓ Hong Kong Lutheran Social Service, the Lutheran Church – Hong Kong Synod Limited
- ✓ Hong Kong Sheung Kung Hui Welfare Council Limited
- ✓ Hong Kong Society for the Aged (The)
- ✓ Hong Kong Young Women's Christian Association
- ✓ Kiangsu Chekiang and Shanghai Residents (Hong Kong) Association
- ✓ Lok Sin Tong Benevolent Society, Kowloon (The)
- ✓ Po Leung Kuk
- ✓ Pok Oi Hospital
- ✓ Sik Sik Yuen
- ✓ Tung Wah Group of Hospitals
- ✓ Wai Ying Investment Limited
- ✓ Yan Chai Hospital
- ✓ Yuen Yuen Institute (The)

Collaborating Hospital Authority CGAT (2016-2021)



Community Geriatric Assessment Team (CGAT) from

- Yan Chai Hospital
- Princess Margaret Hospital
- Caritas Medical Centre
- Kwong Wah Hospital
- United Christian Hospital
- Haven of Hope Hospital
- Queen Elizabeth Hospital

Results of Capacity Building for Phase 1 - 36 RCHEs

1. EOL training – RCHE Staff knowledge test

Assessment made

- before training session (pre)
- after training session (post)
- one year after training session completed

Staff knowledge test after a year (RCHE=36)

Topics	N	Pre (SD) (T0)	Post (SD) (T1)	After 1 year (SD) (T2)	Pre vs Post	Post vs after 1 year	Pre vs after 1 year
Professionals							
臨終照顧倫理與法律議題	274	2.78 (0.80)	3.53 (0.69)	3.03 (0.80)	0.75***	-0.51***	0.25***
末期病患者不適徵狀處理 (I)	235	2.69 (1.00)	3.74 (0.55)	2.47 (1.02)	1.05***	-1.26***	-0.21*
末期病患者不適徵狀處理 (II)	226	2.54 (0.86)	3.62 (0.56)	2.55 (0.74)	1.08***	-1.07***	0.09
瀕死期徵狀評估及護理	224	2.92 (0.86)	3.83 (0.45)	2.84 (0.91)	0.92***	-0.99***	-0.08
心理社交及靈性需要照顧	224	3.21 (0.90)	3.75 (0.57)	3.45 (0.74)	0.54***	-0.30***	0.25***
預設圓願照顧計劃及照顧 家屬心社靈需要	207	2.77 (0.77)	3.61 (0.65)	2.87 (0.70)	0.85***	-0.74***	0.11
哀傷輔導及處理	241	3.43 (0.65)	3.78 (0.46)	3.38 (0.74)	0.35***	-0.41***	-0.05

p<0.01 *p<0.001

Staff knowledge test after a year (RCHE=36)

Topics	N	Pre (SD) (T0)	Post (SD) (T1)	Follow-up (SD) (T2)	Pre vs Post	Post vs after 1 year	Pre vs after 1 year
Frontlines							
臨終照顧倫理與法律議題	384	2.58 (0.76)	3.47 (0.66)	2.72 (0.80)	0.88***	-0.75***	0.14*
末期病患者不適及臨終徵 狀處理	391	2.74 (0.77)	3.68 (0.67)	2.76 (0.80)	0.94***	-0.91***	0.03
預設圓願照顧計劃及照顧 家屬心社靈需要	361	2.73 (0.70)	3.58 (0.62)	2.83 (0.64)	0.85***	-0.75***	0.10*
與末期病患者及其家屬之 溝通技巧	386	1.60 (0.80)	3.23 (1.07)	1.55 (0.76)	1.63***	-1.68***	-0.05

p<0.01 *p<0.001

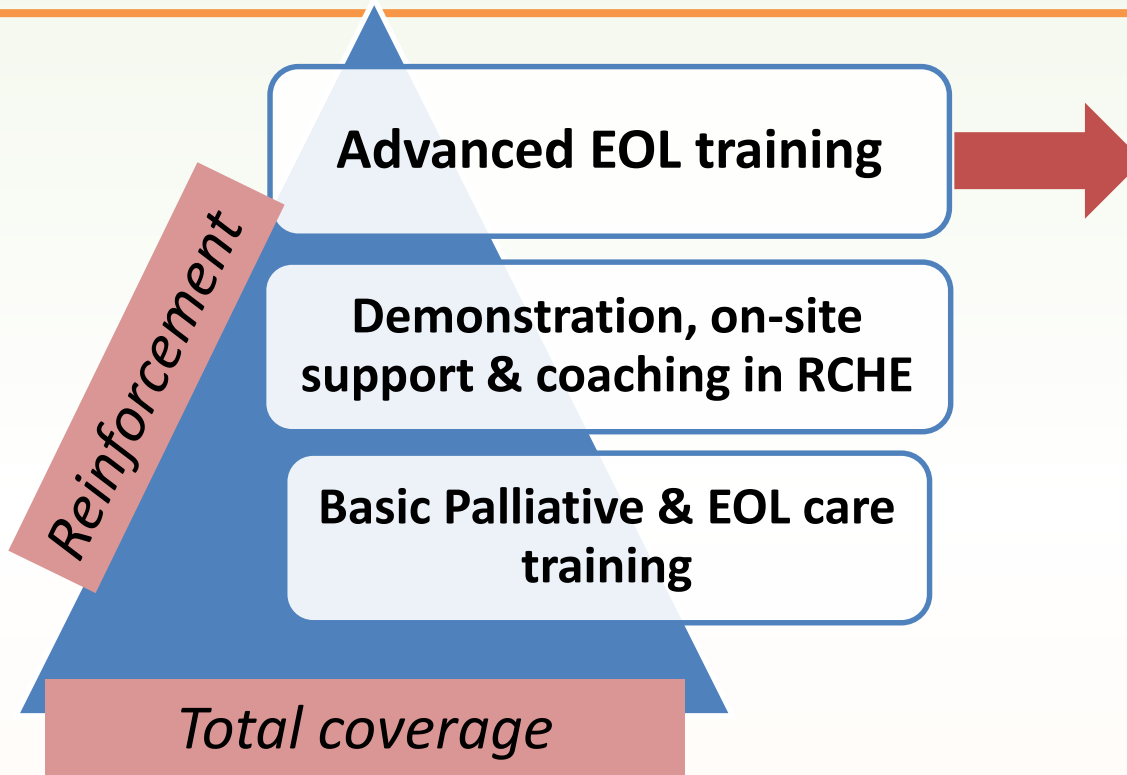
Results of Capacity Building for Phase 1 - 36 RCHEs

1. EOL training – RCHE Staff knowledge test

Significant improvement in staff knowledge after training session

*****Retention of knowledge dropped after one year**

Add - Advanced EOL training



*Knowledge, skill transfer
Using case scenarios*

- Implementation of EOL care service in RCHE
- End of Life care plan & management of residents
- Identification & management of residents in their final days
- Discussion of Advance Care Plan & EOL care planning with resident & family members

Advanced EOL training program in classroom (hours)

Managerial & Professional staff	12
Frontline staff	6

Advanced EOL training

- Organized via on line mode in 2020

Result	Professional staff	Frontline staff
No. of attendance	34 (Nurses - 65% SW, OT, PT – 24%)	40 (Personal care workers – 58% Program assistant & care workers – 25%)
Satisfaction to the program*	4.3 - 4.4	4.4 - 4.7
Completed the assessment (optional)	8 100% passed	24 100% passed

*5-point scale: 1 = very dissatisfied, 5 = very satisfied

2. Staff preparedness for palliative and EOL care

Assessed by a 16-statement questionnaire

- Statements were categorized into 3 components:

- 1.Willingness (W)

- 2.Capability (C)

- 3.Resilience (R)

- 5-point Likert scale from '1 completely disagree', '2 disagree', '3 neutral', '4 agree' to '5 completely agree'

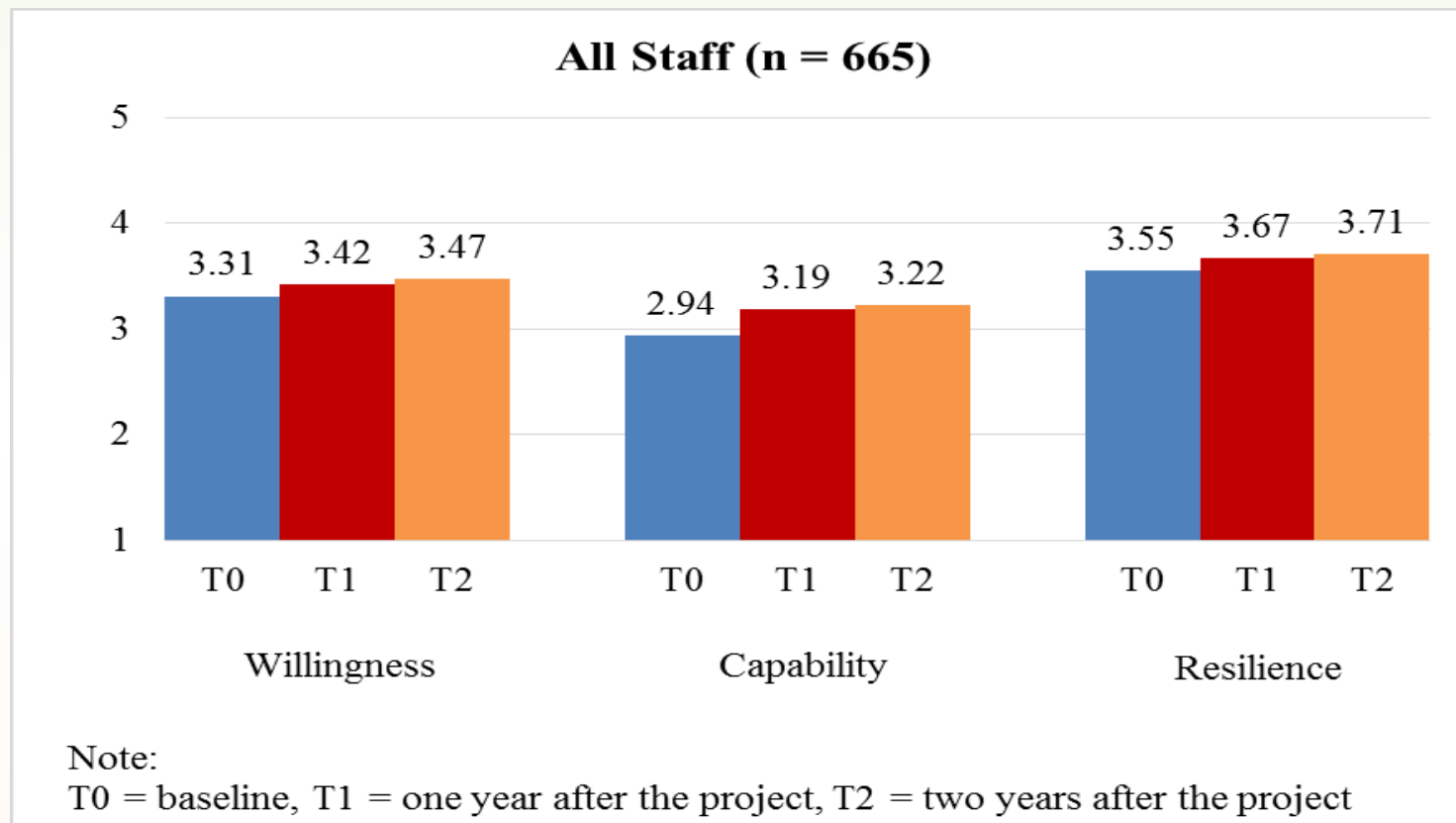
Assessment made

- before EOL service start (T0)

- one year after service implementation (T1)

- two years after service implementation (T2)

Staff preparedness for palliative and EOL care in RCHes (Phase 1)



Significant improvement in staff preparedness

Staff preparedness for palliative and EOL care in RCHEs (RCHE=36)

All staff	T_0-T_1	T_0-T_2
Willingness (W)	Significant increase***	Significant increase***
Capability (C)	Significant increase***	Significant increase***
Resilience (R)	Significant increase***	Significant increase***

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Significant improvement in staff preparedness & sustained after 2 years

Results of Capacity Building for Phase 1 - 36 RCHEs

3. Benchmarking - RCHE EOL service implementation standard

The level of palliative and EOL care provision in RCHEs was measured using the Benchmarking instrument.

The instrument consists of 30 items on EOL care provided by RCHE (palliative care -16 items; EOL care - 7 items; & postmortem care - 7 items)

Assessment made

- before EOL service start (T0)
- one year after service implementation (T1)
- two years after service implementation (T2)

Result of Benchmarking

	Palliative care						EOL care					
	T ₀ %	T ₁ %	T ₂ %	T ₀ -T ₁ % Diff	T ₁ -T ₂ % Diff	T ₀ -T ₂ % Diff	T ₀ %	T ₁ %	T ₂ %	T ₀ -T ₁ % Diff	T ₁ -T ₂ % Diff	T ₀ -T ₂ % Diff
0	32.9	3.0	2.9	-29.9	-0.2	-30.1	41.3	3.7	1.6	-37.6	-2.0	-39.6
1a	5.1	3.4	1.6	-1.6	-1.8	-3.4	0.0	8.2	6.9	+8.2	-1.2	6.9
1b	9.8	12.0	10.2	+2.3	-1.8	+0.4	5.2	6.9	4.9	+1.8	-2.0	-0.3
2	51.2	80.1	84.5	+28.9	+4.4	+33.2	18.7	62.0	70.6	+43.4	+8.6	+52.0
N/A	1.0	1.4	0.9	+0.4	-0.5	-0.2	34.9	19.2	15.9	-15.7	-3.3	-19.0

0 = Neither had written guidelines/policies/procedures/mechanisms nor execution and documentation

1a = Had written guidelines/policies/procedures/mechanisms but no execution or documentation

1b = No written guidelines/policies/procedures/mechanisms but had execution and documentation

2 = Had both written guidelines/policies/procedures/mechanisms and execution and documentation

Result of Benchmarking

	Postmortem care					
	T ₀ %	T ₁ %	T ₂ %	T ₀ -T ₁ % Diff	T ₁ -T ₂ % Diff	T ₀ -T ₂ % Diff
0	11.9	3.7	3.3	-8.2	-0.4	-8.6
1a	1.6	2.9	1.2	-1.3	-1.6	-0.4
1b	6.7	6.9	5.3	-0.2	-1.6	-1.4
2	57.9	64.9	69.0	+7.0	+4.1	+11.0
N/A	21.8	21.6	21.2	-0.2	-0.4	-0.6

0 = Neither had written guidelines/policies/procedures/mechanisms nor execution and documentation

1a = Had written guidelines/policies/procedures/mechanisms but no execution or documentation

1b = No written guidelines/policies/procedures/mechanisms but had execution and documentation

2 = Had both written guidelines/policies/procedures/mechanisms and execution and documentation

Result of Benchmarking

77.2% of participating RCHE had written guidelines/policies/procedures/mechanisms on palliative and EOL care provision in RCHEs and had shown execution and documentation of their services two years (T2) after project implementation.



	Palliative, EOL and Postmortem care					
	T ₀ %	T ₁ %	T ₂ %	T ₀ -T ₁ % Diff	T ₁ -T ₂ % Diff	T ₀ -T ₂ % Diff
0	30.0	3.3	2.7	-26.6	-0.7	-27.3
1a	3.1	4.4	2.8	+1.3	-1.6	-0.3
1b	8.0	9.6	7.8	+1.7	-1.8	-0.2
2	45.2	72.3	77.6	+27.2	+5.3	+32.4
N/A	13.8	10.3	9.1	-3.5	-1.2	-4.7

0 = Neither had written guidelines/policies/procedures/mechanisms nor execution and documentation

1a = Had written guidelines/policies/procedures/mechanisms but no execution or documentation

1b = No written guidelines/policies/procedures/mechanisms but had execution and documentation

2 = Had both written guidelines/policies/procedures/mechanisms and execution and documentation

Health Services Utilization of RCHE residents before death (Year 2020)

	Health services utilization of RCHE residents one year before death n=10208 ^{Note 1} (Total/average per resident)				
	270-365 days before death	181-270 days before death	91-180 days before death	90 days before death	365 days before death
AED visit	6195 (0.61)	6680 (0.65)	8837 (0.87)	21135 (2.07)	42847 (4.20)
Hospital admission episode	5135 (0.50)	5786 (0.57)	8076 (0.79)	26098 (2.56)	45095 (4.42)
Length of hospital stay (days)	47608 (4.66)	55069 (5.39)	77678 (7.61)	279972 (27.43)	460327 (45.09)

Note 1 Hospital Authority statistics for patient with last episode admitted from Elderly Home and aged 60+ and death in HA hospitals (specialty M&G)^ during 2020 (N= 10,208)

Result of Health Services Utilization (March 2016 – March 2021)

	90 days before RCHE residents' death n=10208 ^{Note 1} (Total/average per resident)	90 days before participating residents' death n=387 (Total / average per resident)	Change (%)
AED visit	21135 (2.07)	623 (1.61)	-22.2%
Hospital admission episode	26098 (2.56)	589 (1.52)	-40.6%
Length of hospital stay (days)	279972 (27.43)	5108 (13.20)	-51.9%

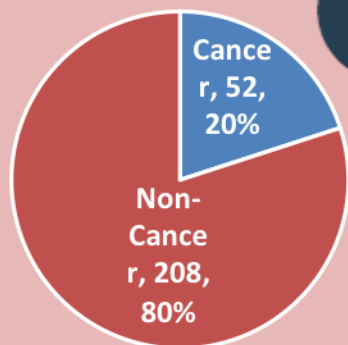
Decrease in visits to A&E, Hospital admissions and length of stay

Note 1 Hospital Authority statistics for patient with last episode admitted from Elderly Home and aged 60+ and death in HA hospitals (specialty M&G)^ during 2020 (N= 10,208)

Benefits to residents and family

Outcomes of Residents Receiving EOL Care Support in RCHE (1 Jan 2019 – 31 Dec 2020)

N=260¹



68.85% with dementia as comorbid or major diagnosis

Mean service duration for deceased patients
5.16 (5.148) months

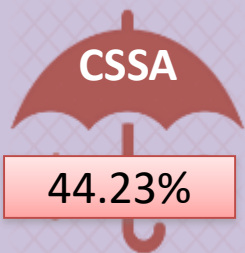
¹ Number of cases collected from HKAG up to 31st December, 2020

Among 260 patients with intake data:



Male
24.23%

Mean age:
89.63 (7.617)
years old



Patients' (n= 148) changes after 3 months:

Unmet information needs

↓ **18.2% ***

Anxiety

↓ **25.5% ***

Physical symptoms

↓ **5.6%**

Depression

↓ **25.6%**

Practical problems

↓ **10.0%**



- Notes.
- Mean values and standard deviations in parentheses of demographics were reported
 - The % changes refer to the mean magnitude of changes among patients.
 - Level of significance was represented as * $p < .05$

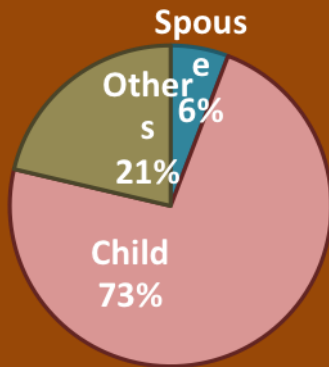
Outcomes of Family Carers Receiving EOL Care Support in RCHE (1 Jan 2019 – 31 Dec 2020)

N=259¹

Mean Age:
58.88 (10.999)



Female
(69.2%)



45.8%
working

¹ Number of cases collected from HKAG up to 31st December, 2020



2.44 (2.313) times visiting patient
per week

100%

bereaved family members (n=122)
reported low risk of grief.

Carers' changes 2 months after service completion (n=122):

Distress facing the
deterioration of patient

↓ 43.3% ***

Distress facing emergent
medical decision

↓ 38.8% ***

Depression

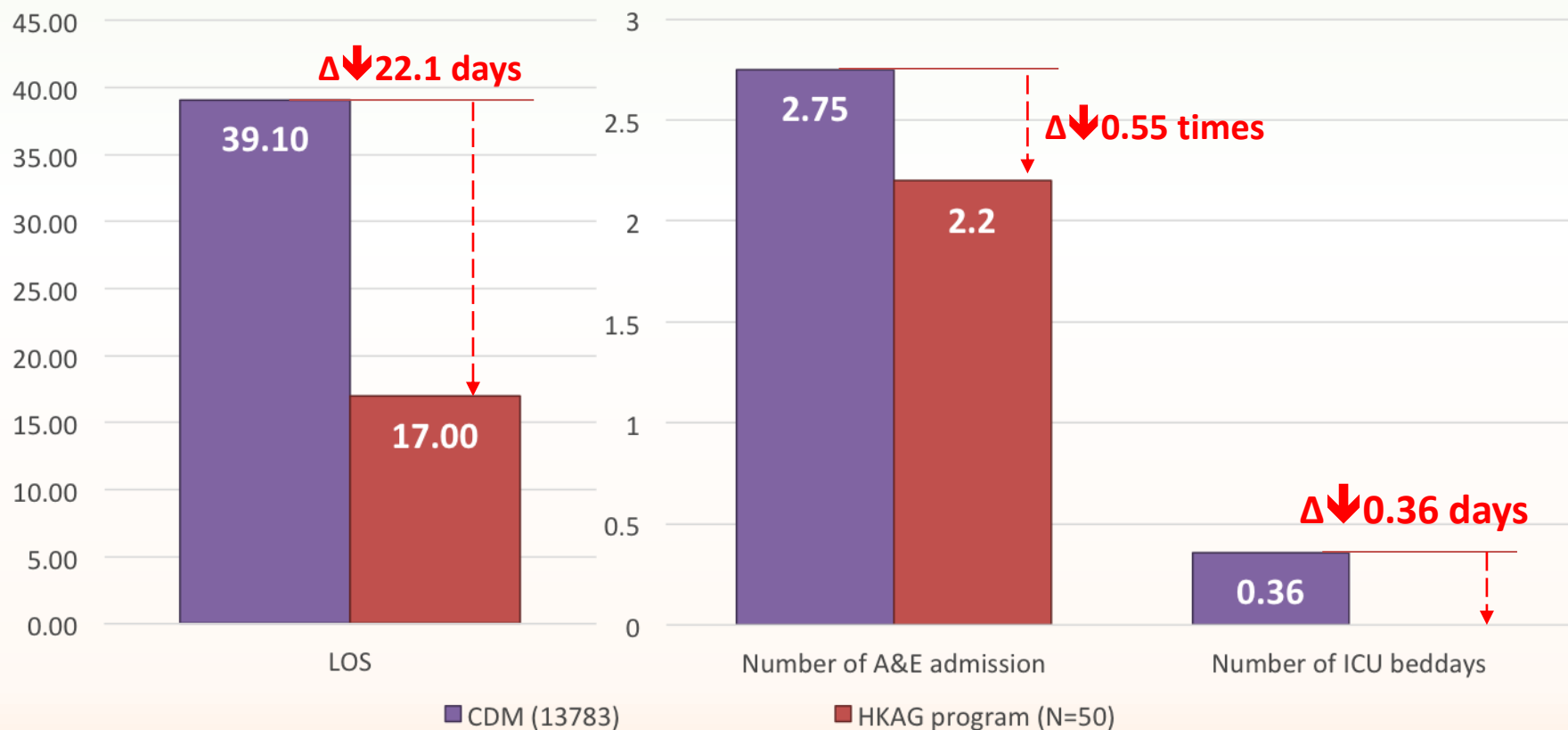
↓ 84.3% ***



- Notes.
- Mean values and standard deviations in parentheses of demographics were reported
 - The % changes refer to the mean magnitude of changes among carers
 - Level of significance was represented as *** $p < .001$

Service Impact on Medical Service Usage in the Last 6 Months of Life (1 Jan 2019 – 31 Dec 2020)

Comparison Between Residents under JCECC and Patients in General in the Utilisation of Medical Services¹ in the Last 6 Month of Life (N=50)



¹ The University of Hong Kong obtained data of the medical services in the last 6 months of life among patients who died of cancer, chronic obstructive pulmonary disease, heart failure, end-stage renal disease, motor neuron disease, and Parkinson's disease from the central database of Hospital Authority. After clinical data mining, the impact of the project on patients' use of medical services was evaluated through comparing with the data of six-month before the death of patients.

Estimated Economic Impact per Resident Receiving EOL Care in RCHes¹



22.1 days =
\$133,042



0.55 times =
\$979



0.36 days =
\$8,784

=



¹ According to Hospital Authority Annual Report 2019- 2020, the cost per A&E attendance and per LOS has updated.

END-OF-LIFE CARE: MOVING FORWARD

Legislative Proposals on Advance Directives
and Dying in Place - **Consultation Report**



Moving Forward

End-of-life Care: Legislative Proposals on Advance Directives and Dying in Place

Food and Health Bureau

July 2020

Ready to provide choice of End of Life Care in RCHES in Hong Kong

- Legislation in place to allow Dying in Aged Homes
- Build Up Capacity in Aged Homes to care for Advance Illness and Dying at Aged Home
- Necessary Medical and Nursing Support for Advanced Illness and End of Life in Aged Homes
- Enhance Medical Social Interface and Public Private Interface

賽馬會安寧頌

JCECC

Jockey Club End-of-Life Community Care Project

Thank
you



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同心 同步 同進 RIDING HIGH TOGETHER

合作夥伴 Project Partner:



香港老年學會
Hong Kong Association of Gerontology