



香港中國婦女會
The Hong Kong Chinese Women's Club

安老服務 年刊 2024



啟發知識 尊長蓄賢

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機構簡介

About us



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，機構在安老服務之發展已涵蓋住宿、長者教育、長者日間護理等多方面。

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。

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。

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。

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

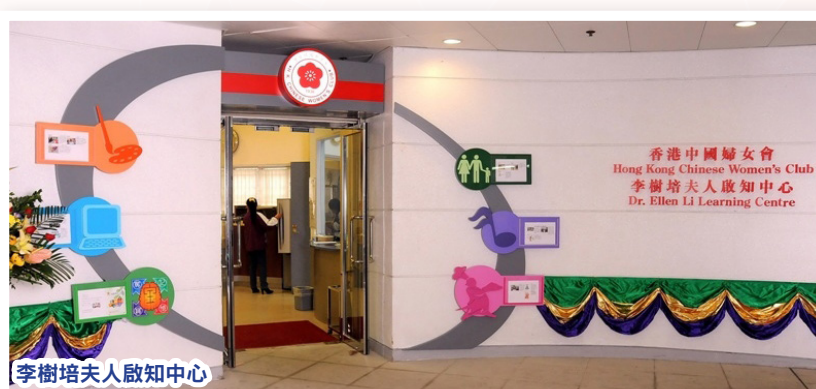
申請人只需致電本院相關負責同事，了解服務細則便可使用。

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，商討使用模式及細節。



黃陳淑英紀念護理安老院
Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged



李樹培夫人啟知中心
Dr Ellen Li Learning Center for the Elderly

機構簡介

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.



油麗長者日間護理中心
Yau Lai Day Care Center
for the Elderly

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-subsidized Services

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

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.

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.



油塘長者日間護理中心
Yau Tong Day Care Center for the Elderly

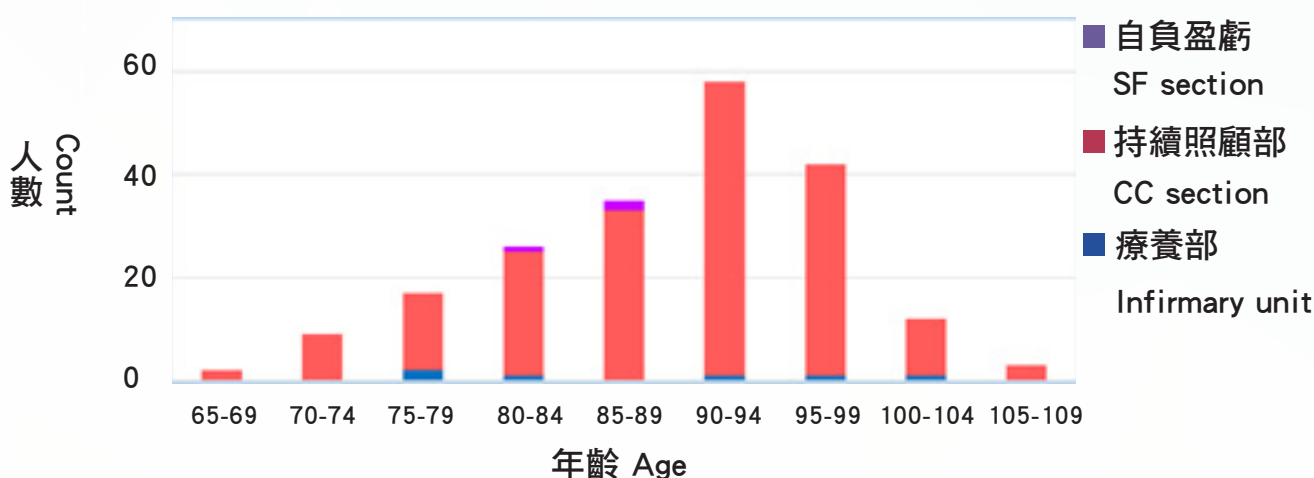
Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged

安老院院友資料統計 (截至2025年3月31日)

Statistics of Elderly Residents (as of 31 Mar 2025)

* 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)

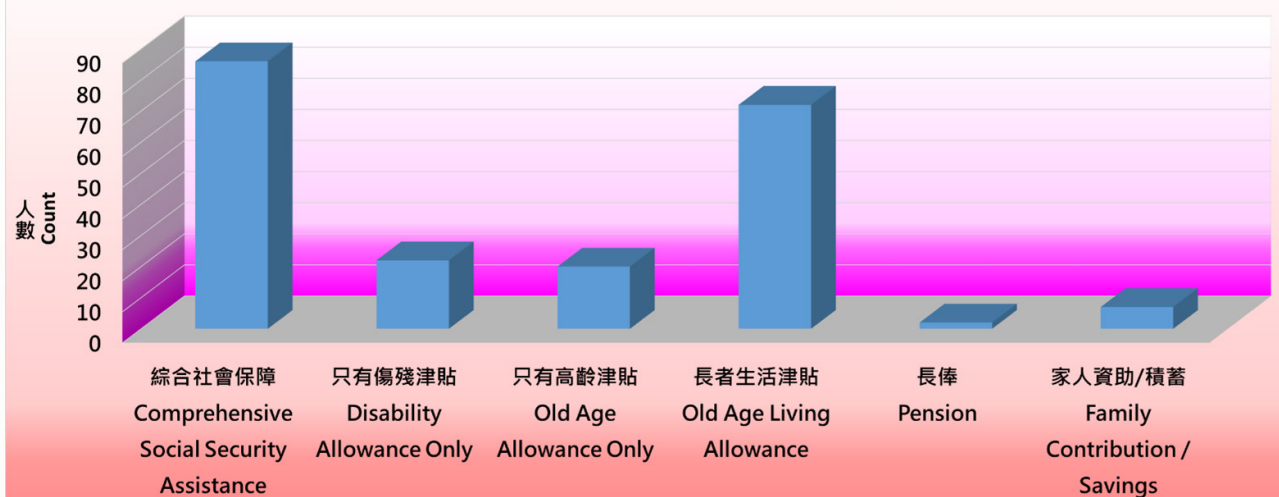
年齡分佈 Age Distribution (N=204)

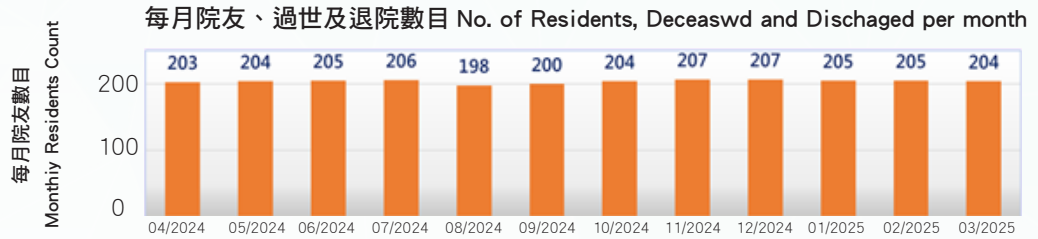


年齡及入住年期統計數字一分部計 Age And Year of Residency Statistics (N=2024)

	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	87.7	n/a	87.7	n/a	102	n/a	75	n/a	3.1
持續照顧部 CC section	89.3	86.0	90.1	98	106	68	68	4.6	5.0
自負盈虧 SF section	85.3	86.0	85.0	86.0	87	86.0	83	0.4	1.1

院友經濟來源 Financial Status (N=204)

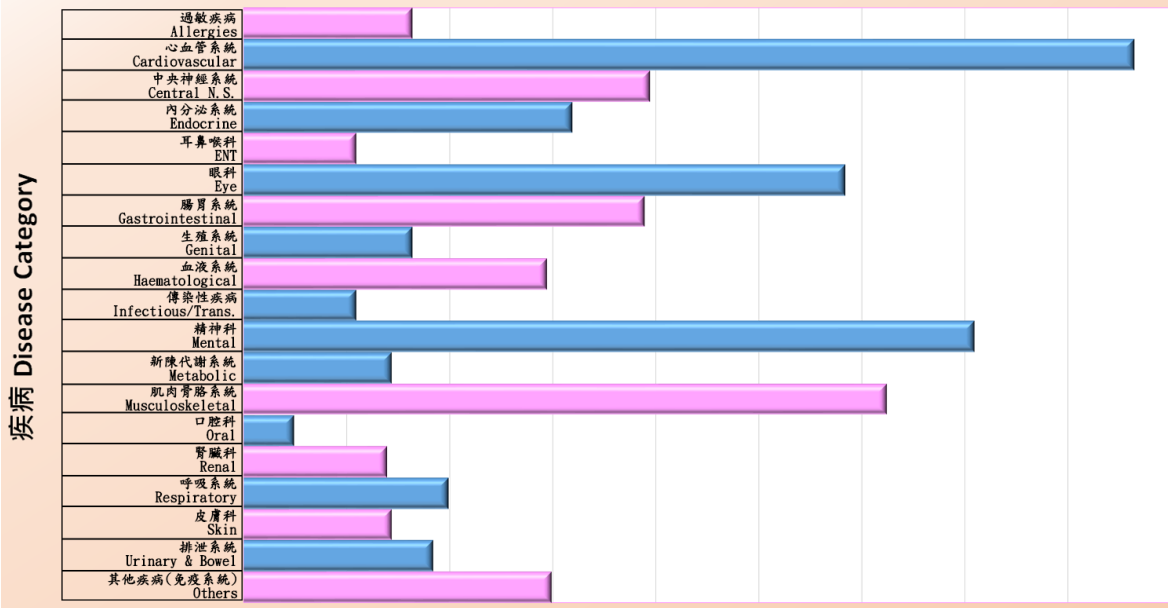




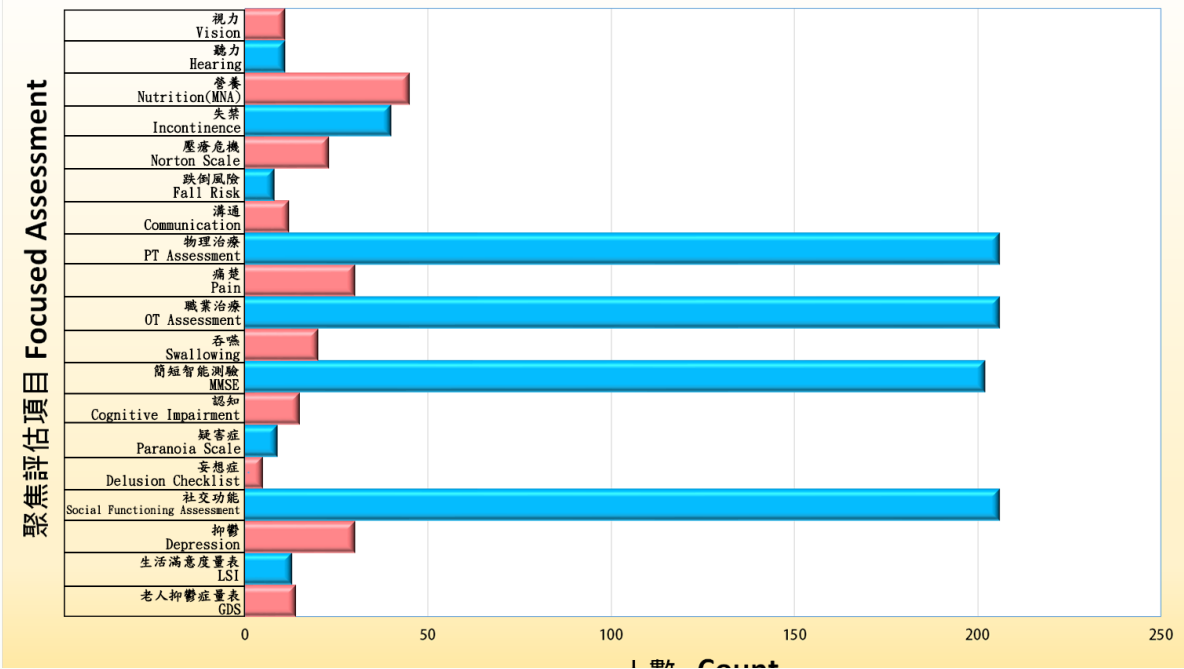
每月院友過世及退院數目 Monthly Deceased & Discharged Count	3	2	1	4	7	2	1	1	2	3	1	3

2024 - 25 年度周轉率 annual turnover rate = $\frac{\text{年度院友過世 + 退院的總數 total deceased and discharged count}}{\text{年度平均院友數目 average resident count}} = \frac{30}{204} = 14.7\%$

院友現接受治療之疾病種類 Categories of Disease Receiving Treatment (N=204)



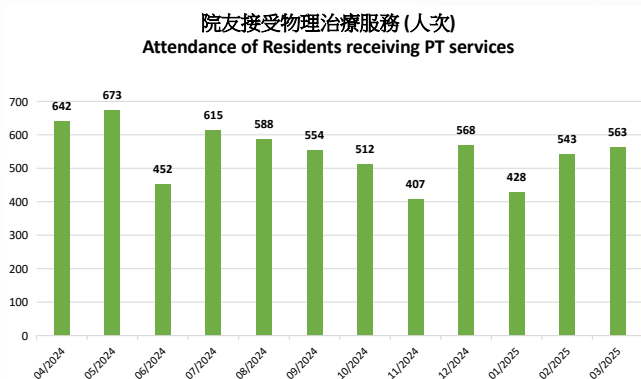
院友接受聚焦評估 Focused Assessments Completed(N=204)



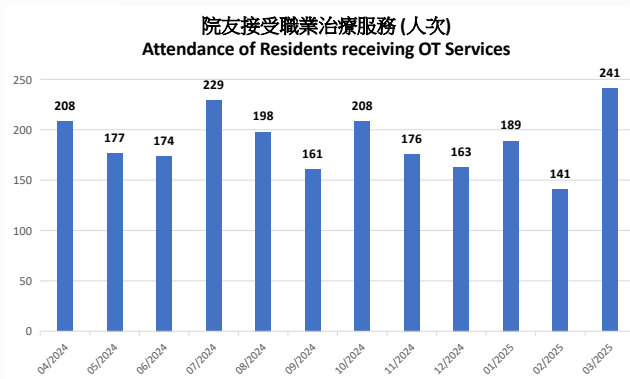
社會服務：活動及服務統計

Social Services: Programs and Services Statistics

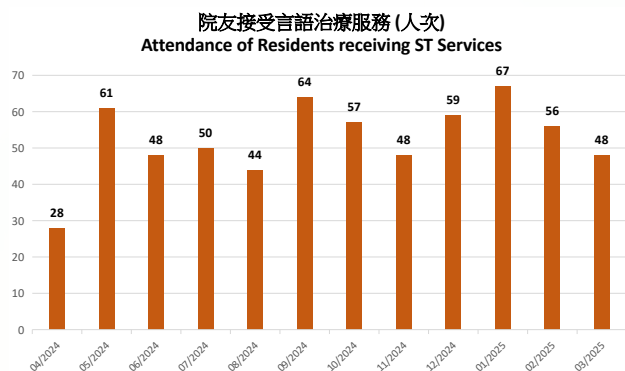
物理治療服務 Physiotherapy Services



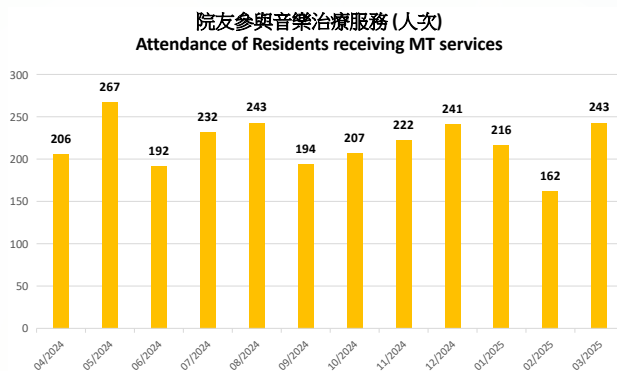
職業治療服務 Occupational Therapy Services



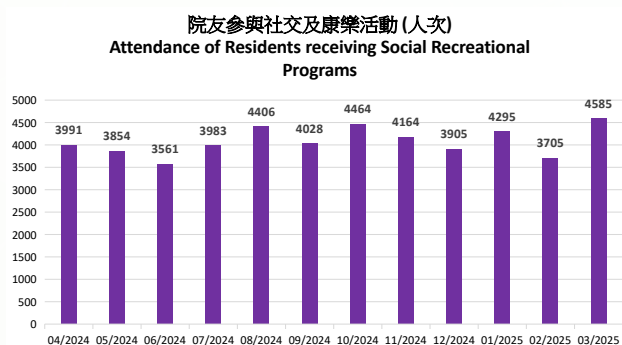
言語治療服務 Speech Therapy Services



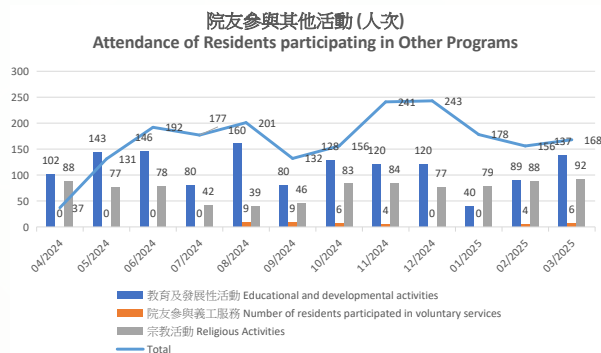
音樂治療服務 Music Therapy Services



社交康樂活動 Social Recreational Programs

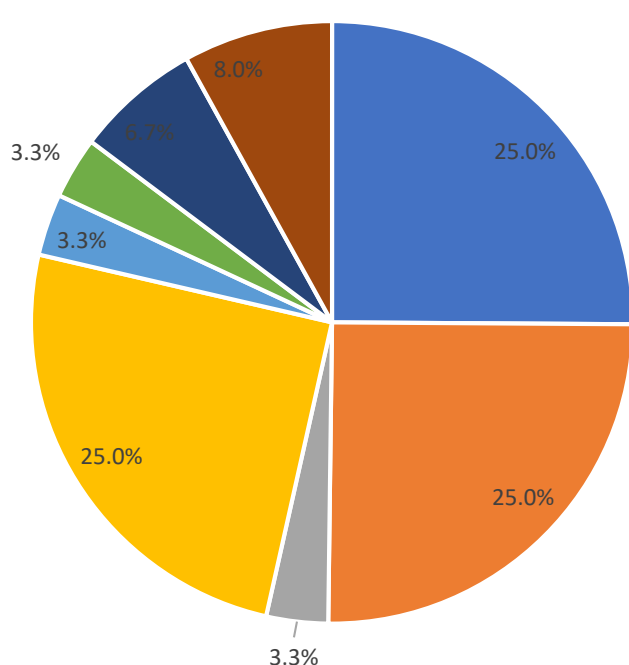


其他活動 Other Programs



輔導服務原因 Reasons for Receiving Counseling Services

院友接受輔導服務原因 Reasons for receiving Counseling Services



- 身體功能轉變 Physical Functions Changes (15)
- 情緒關顧 Emotional Care (15)
- 住院適應 Home Adjustment (2)
- 人際關係 / 社交網絡(與院友) Interpersonal Relationship Difficulties (15)
- 個人衛生 Personal Hygiene (2)
- 院規配合 Home Policy Adherence (2)
- 認知 / 情緒功能轉變 Cognitive/Emotional Functions Changes (4)
- 行為問題 Behavioral Problem (5)



39週年院慶旅行
39th Anniversary Celebration Trip



新春團拜 Chinese New Year Gathering

社會服務：「安寧在院舍」計劃

Social Services: End-of-Life Care Program

本院自 2016 年參與賽馬會安寧頌 - 「安寧在院舍」計劃。現與基督教靈實協會團隊的醫生、護士及社工緊密地合作，提供紓緩及臨終照顧服務，關顧末期病患的院友、支援家屬及培訓院舍職員，讓參與計劃的院友在人生最後日子獲得全人照顧，達致「生時安樂、走時安寧」，有尊嚴地走完人生旅程。

服務內容

院友方面

- 計劃團隊和院舍與院友及其家屬共同參與「預設照顧計劃」之制定及執行，讓院友表達及參與其醫療決定，有尊嚴地離世。
- 團隊護士及社工與院舍職員保持溝通，探望參與計劃院友，持續評估他們的狀況，提供身心社靈全人照顧，讓院友感受被關愛如製作印有女兒相片的咕臣，院友攬著咕臣時像家人時刻陪伴身旁。
- 配合節日，舉行多元化的生死教育活動包括「月滿人生之中秋生命教育活動」、「秋日暖我心下午茶活動」及「五福臨門風車製作活動」。
- 院舍設立「安寧房」，當院友生命進入倒數時，安排入住「安寧房」，讓院友在舒適的環境及摯親陪伴下，圓滿走完人生旅程。
- 醫院管理局社區老人評估小組與院舍及計劃團隊共同合作，關顧晚期院友包括狀況評估及徵狀控制等。

家屬方面

- 團隊護士及社工與家屬保持聯絡及見面，提供支援包括病患知識、協助他們預備及面對親人離世、哀傷輔導及協助處理殯葬事宜。

職員方面

- 提供紓緩及臨終照顧培訓予院舍職員，提升照顧技巧。在院友離世後，關顧院舍職員的情緒。

院友及家屬參與計劃的感受

過去一年，計劃團隊共服務 23 位院友及其家屬。院友及家屬對團隊提供服務及持續地關顧感到很有幫助和支持。

院友何婆婆：「護士張姑娘及社工文姑娘定期探望，同我傾談，關心我，感到開心。」

院友歐陽伯伯：「覺得計劃好，護士張姑娘及社工文姑娘定期來探我，抒解我的心情。」

家屬嚴先生：「每星期護士張姑娘及社工文姑娘來院舍探望母親和做評估，留意母親的情緒和感受，又不時帶些布丁給她吃和預備有趣的玩具與她一起玩，逗她開心。參加計劃後，自己也學會了時不時留意母親的飲食和身體情況。」

家屬阮女士：「每週有護士 / 社工到訪安老院探望和關顧爸爸身心靈的需要，包括指教老爸做運動、做手工、寫書籤等。更會關心家人，令我和家人都十分感動，萬分感激她們的愛心付出，祝願她們繼續發光發熱，將祝福帶給更多院友。」

家屬何女士：「謝謝余姑娘介紹計劃。護士張姑娘及社工文姑娘兩位姑娘是非常有愛心嘅人，我媽媽常常提及她們同佢玩遊戲，媽媽離世後兩位姑娘給家人慰問卡，我非常感謝她們。」

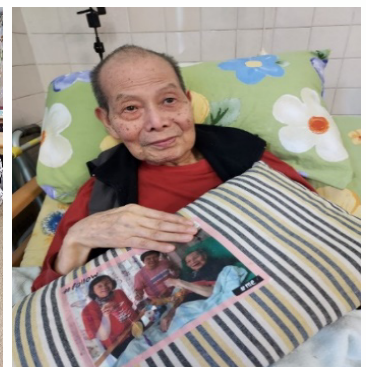
Since 2016, we have participated in Project JCECC, "End-of-Life Care in Residential Care Homes for the Elderly" organized by Haven of Hope Christian Service. By working closely with the project team, we provide palliative and end-of-life care services to residents with late-stage chronic illnesses, while also supporting their family members and training residential care staff. Residents participating in the project receive holistic care services in their final stages, enabling them to complete their life journey with dignity.

Service content

For participating residents, Project services include the provision of palliative and end-of-life care. The Project team, the Home, participating residents, and their families collaborate in the formulation and implementation of "Advance Care Planning," enabling the resident to express and decide on their medical care and treatment preferences. The Project nurse and social worker regularly visit participating residents to provide nursing, psychosocial, and spiritual support and to organize various life-and-death education activities. Besides, a "Comfort Room" has been established in our residential home for participating residents. They can choose to move in during their final days to be accompanied by their relatives. Family members receive medical knowledge, assistance in preparing for and facing the death of their loved one, bereavement care, and funeral support. For residential home staff, training in relief and hospice care is provided, along with emotional support following a resident's passing.

Feedbacks from residents and their families towards the service

In the past year, we have served 23 residents and their families. After participating in the project, residents and their families reported feeling supported and greatly assisted by the project's services. Many family members provided highly positive feedback to the project team and our staff, expressing their appreciation and gratitude for the services received.



院友參加生死教育活動及攬著溫馨咕臣 (Residents participated in life-and-death education activities and hugged a cushion)



護士提供職員培訓及社工向院友介紹計劃 (Nurse provided staff training and social worker introduced the project)

臨床照顧質素指標專題報告

REPORT ON CLINICAL QUALITY INDICATORS

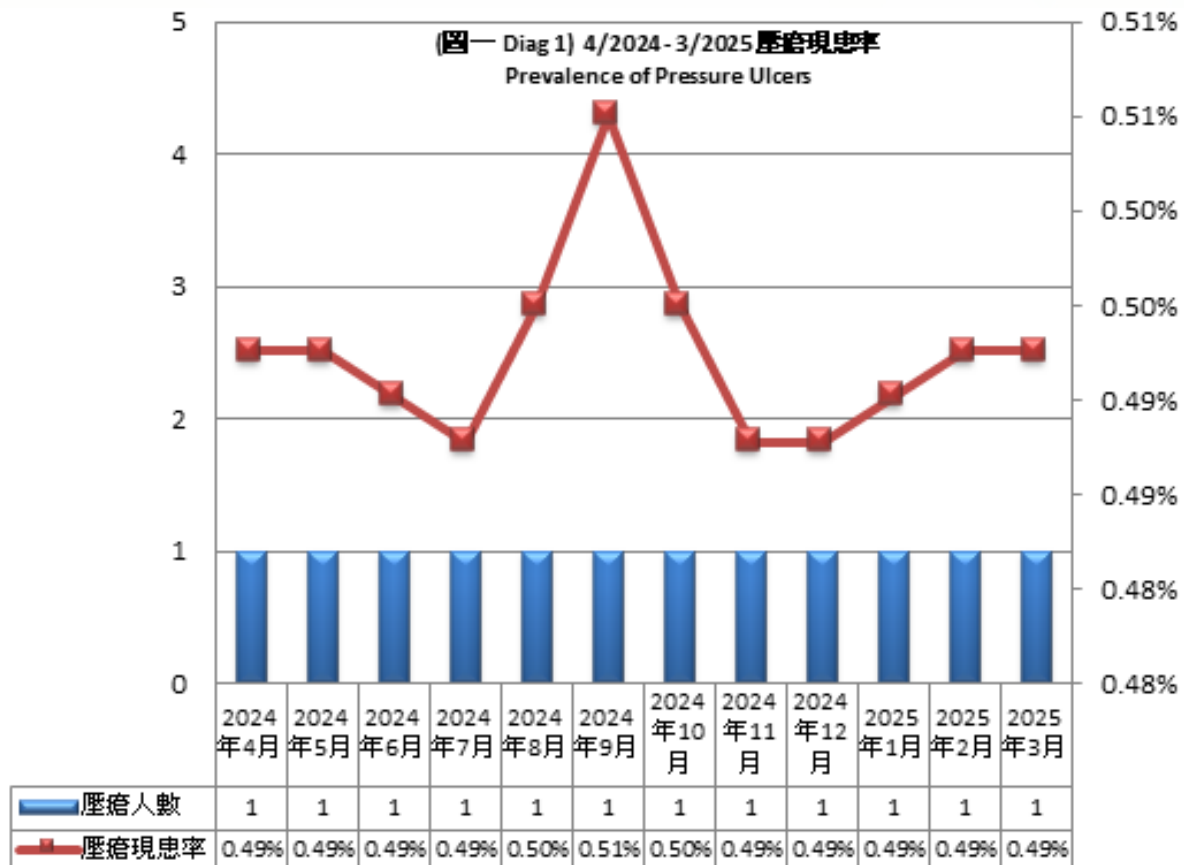
壓瘡

2024年4月至2025年3月壓瘡指標監測檢視及分析

1. 4/2024-3/2025 本院壓瘡現患率全期平均 0.49%，按月只有 1 名患者（圖一）。
2. 全期患壓瘡有 1 人，個案發生於 4/2024，因入住醫院後患有壓瘡，最終經歷了一年清洗傷口，在 3/2025 已經癒合。
3. 患者之位置為骶尾部，活動能力全為長期卧床，壓瘡程度為三級至四級。

預防壓瘡與護理

1. 於處理壓瘡傷口上，本院會按傷口程度及狀況採用不同之敷料及工序，包括親水性敷料 Hydrofiber dressing，含銀親水性纖維敷料 Aquacel Ag Hydrofiber Dressing，海藻敷料 Alginate dressing，及軟棉敷料 Biatain Foam 等，同時增加清洗次數，並配合彩光燈照射程序，以促進血液循環，幫助傷口癒合。
2. 為院友補充營養，經醫生處方，於飲食中加入蛋白粉，增加蛋白質攝取，有助修補組織，促進傷口痊癒。
3. 對體弱卧床之院友加強照護，減低其留醫之機率，期望藉此減少患上壓瘡之機會。



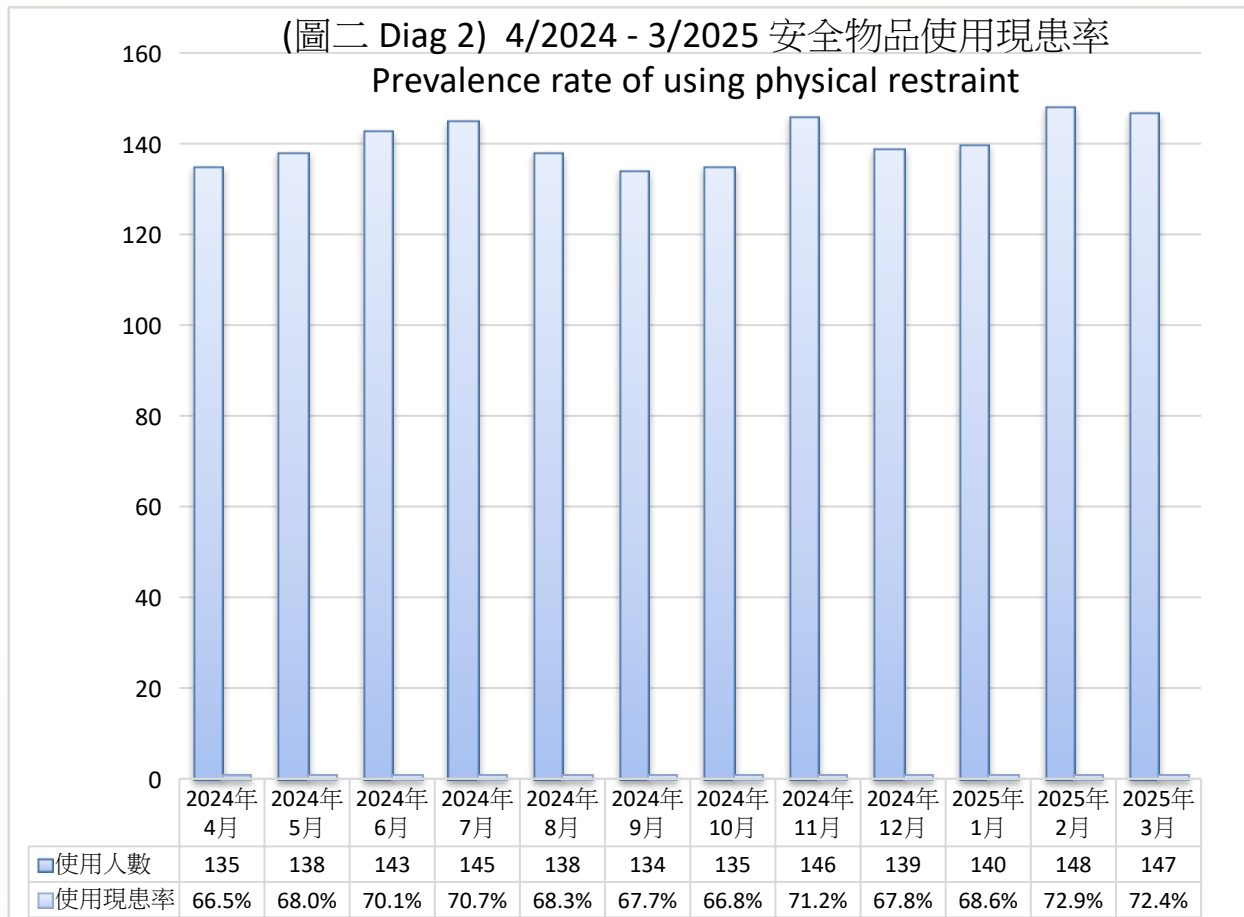
PRESSURE ULCERS

Monitoring, review and analysis of pressure ulcer indicator from 4/2024 to 3/2025

1. The prevalence of pressure sores in our home from 4/2024 to 3/2025 averaged 0.49% throughout the period, with only 1 resident per month (Diag. 1).
2. There was 1 resident who had a pressure sore during the whole period. The case occurred on 4/2024. She developed a pressure sore after being admitted to the hospital. After a year of cleaning the wound, it healed on 3/2025.
3. Location in the sacral area, the residents' mobility was bedridden and the degree of pressure ulcer is grade three to grade four.

Pressure ulcer prevention and care

1. In treating pressure sores, we will use different dressings and procedures according to the severity and condition of the wound, including Hydrofiber dressing, Aquacel Ag, Hydrofiber Dressing, Alginate dressing, and Biatain Foam, etc. At the same time, the dressing frequency will be increased, and the light therapy to promote blood circulation and enhance wound healing.
2. Nutritional supplements are provided to resident. Protein powder is added to the diet upon prescription by the doctor to increase protein intake, which helps repair tissues and promote wound healing.
3. Strengthen care for frail bedridden resident to reduce their chances of staying in the hospital, hoping to reduce the chance of developing pressure sores.



安全物品的使用

2024年4月至2025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 69.3%，平均使用人數為 140 人（圖二），使用種類包括安全背心、盆骨部位固定帶、手帶或手套等等。每月平均新增率約 1.35%，停用比率為 1%（圖三），使用原因為高危易跌，少數為自傷危險及維生治療。由於本院採用最小約束政策，每月對每名使用安全物品的院友舉行個案研討，由專業團隊重新評估約束的需要。

改善措施及行動

- 為減少使用安全物品，本院專業團隊對院友作全面評估：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。
- 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，因此日常不會向有遊蕩行為的院友給予約束物品。
- 晚間提供離床警報器及床邊便椅，職員並會加密巡視，院友睡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。

Use of Physical Restraint

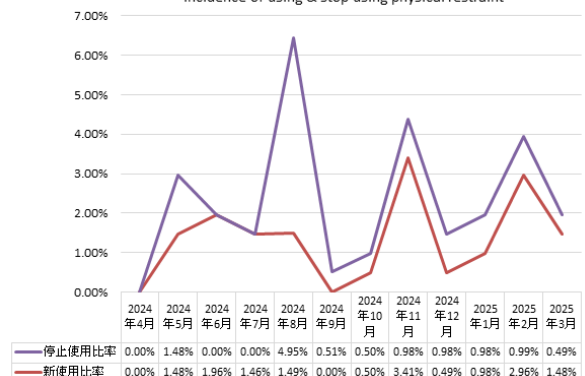
Monitoring, review and analysis of physical restraint usage indicators from 4/2024 to 3/2025

The average prevalence of using physical restraint this year was 69.3%, and the average number of users was 140 (Diag. 2). The types of items used included safety vests, pelvic holder, hand straps or gloves, etc. The average monthly increase rate was about 1.35%, and the discontinuation rate was 1% (Diag. 3). The reasons for use were high risk of fall, and a few were self-injury and life-sustaining treatment. Since we adopts a minimum restraint policy, case discussions are held every month for each resident who uses physical restraint, and the professional team re-evaluates the need of using.

Improvement measures and actions

- To reduce the use of physical restraint, our professional team conducts a comprehensive assessment to our residents: physiotherapists provide residents with muscle strengthening training to prevent falls; occupational therapists use appropriate chairs and assistive devices to improve sitting posture and reduce the use of pelvic belts
- Occupational therapists also provide a variety of treatments and activities for residents with dementia, so we will not give restraints to residents with wandering behavior on a daily basis.
- Provides bed alarms and bedside commodes at night, and staff round more frequently. When residents wake up, they can be alerted immediately, reducing the risk of wandering and falling, and avoiding unnecessary use of restraint.

(圖三 Diag 3) 4/2024-3/2025安全物品發生及停止使用比率
Incidence of using & stop using physical restraint

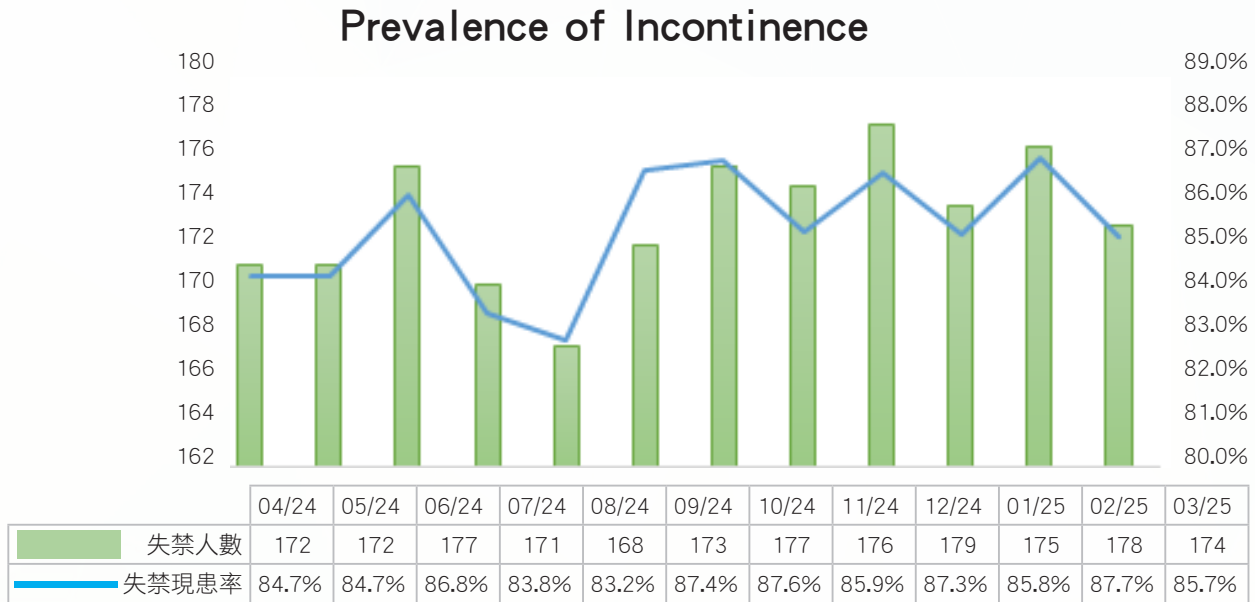


失禁及尿道感染

2024年4月至2025年3月小便失禁及尿道感染檢視及分析

1. 本年度院友失禁現患率為 83.2%-87.7%（168-179 人）（圖四）。
2. 失禁院友中使用導尿管者為 3.4%（6 人）；其餘 96.6% 院友使用紙尿片或紙尿褲。
3. 本年度共有 4 名院友患有尿道感染（圖五），全為女院友。
4. 本年度尿道感染比率為 0.16%。當中使用紙尿片或紙尿褲而患尿道感染比率為 0.14%；使用導尿管者中而患尿道感染比率為 1.39%。

(圖四 Diag 4)04/2024 - 3/2025 失禁現患率



改善措施及行動

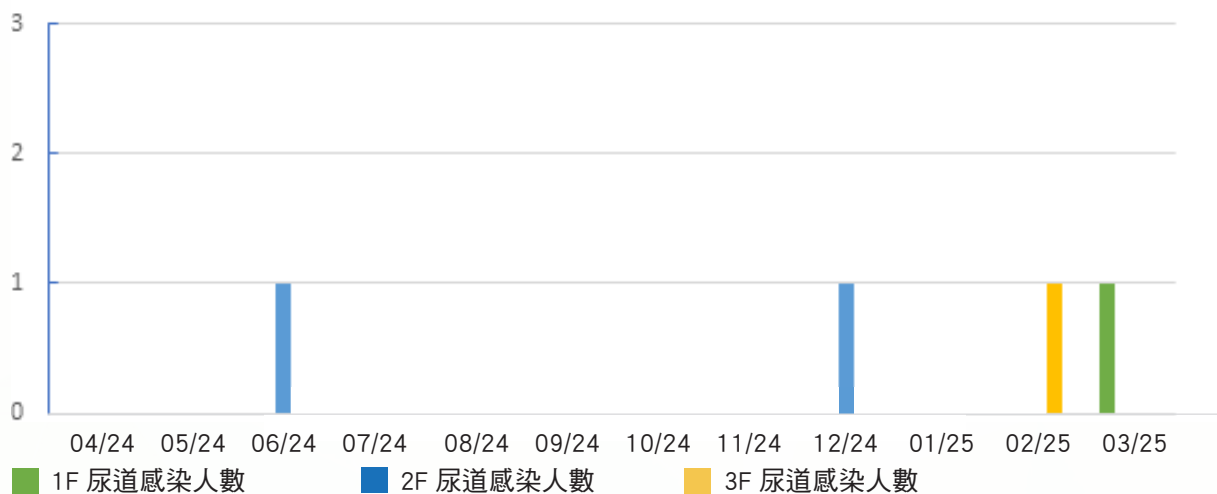
1. 鼓勵院友多喝水，自理能力較弱的院友由職員協助餵水，因疾病須限水院友除外。
2. 加強教育使用紙尿褲或自行如廁的院友，如廁後應從尿道口由前往後至肛門抹拭。
3. 定期培訓及考核護理員更換尿片的知識及技巧，加強感染控制。
4. 定期培訓及考核護士更換導尿管的知識及技巧，以及護理員導尿管護理知識及排空尿袋技巧。

Urinary Incontinence and Urinary Tract Infections

Review and Analysis of Urinary Incontinence and Urinary Tract Infections from April 2024 to March 2025

1. The prevalence of incontinence among residents from April 2024 to March 2025 was 83.2%-87.7% (168-179 people) (Diag. 4).
2. Among the incontinent residents, 3.4% (6 residents) used urinary catheters; the remaining 96.6% used diapers or disposable pants.
3. 4 residents had urinary tract infections this year (Diag. 5), all of them were female.
4. The urinary tract infection rate for this year was 0.16%. The infection rate among those using diapers or disposable pants was 0.14%, while it was 1.39% among urinary catheter users.

(圖五 Diag 5) 04/2024 - 3/2025 尿道感染人數
Number of Urinary Tract Infections

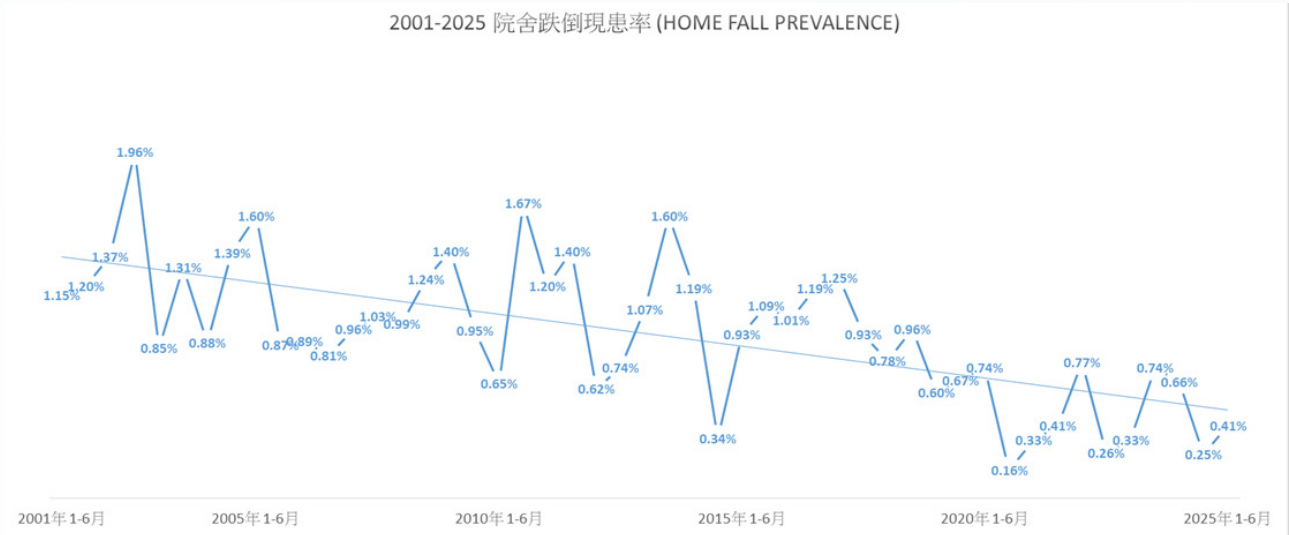


Improvement Measures and Actions

1. Encourage residents to increase fluid intake. Staff assist with drinking, especially for ADL-dependent residents. Residents with medical conditions requiring fluid restriction are excluded.
2. Educate residents who using disposable pants or self-toileting, emphasizing wiping from the urethra to the anus after toileting.
3. Provide regular training for personal care workers. The knowledge and procedure of changing diapers are assessed regularly. Good infection control practices minimize urinary tract infections.
4. Provide regular training and assessment for nurses on urinary catheters insertion. Personal care workers will also be assessed on urinary catheter care and urine bag drainage techniques.

2024-2025 跌倒現況 Current falls in 2024-2025

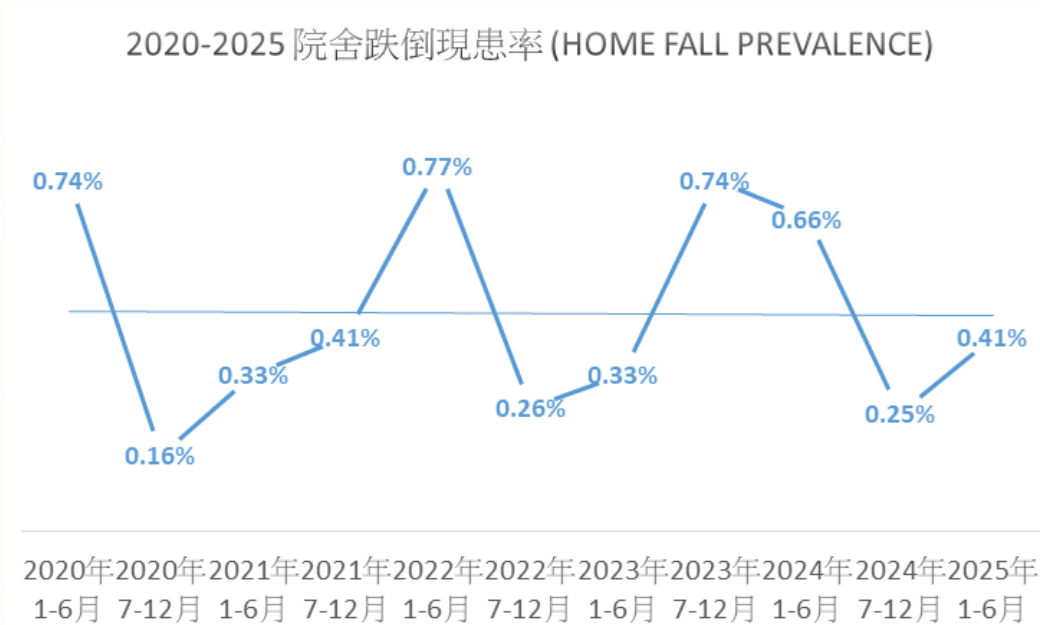
圖一 (Figure 1)



圖一顯示了本院有記錄以來跌倒現患率趨勢一直向下，最近之跌倒現患率分別為 2024 年下半年的 0.25% 和 2025 年上半年的 0.41%，跌倒宗數分別為 2024 年下半年的 3 宗和 2025 年上半年的 5 宗。此兩次半年跌倒數字統計在有記錄以來都是處於極低水平。

Figure 1 shows that the prevalence rate of falls in our institution has shown a consistent downward trend since records began. The most recent fall prevalence rates were 0.25% in the second half of 2024 and 0.41% in the first half of 2025, with the number of fall incidents being 3 and 5 respectively. These half-yearly fall statistics are at an extremely low level historically.

圖二 (Figure 2)



圖二展示了疫情以來的跌倒情況。有鑑於本院自 2010 年以來住院院友行動能力一直下降，當院友行動能力到達長期使用輪椅或長期卧床水平，跌倒均較少出現，所以圖二只拮取了疫情以來的跌倒數據，以對照本院長期跌倒現患率趨勢。結果發現疫前疫後加總的跌倒現患率趨勢為水平，與長期跌倒現患率為下降的趨勢有明顯不同。這顯示本院的跌倒現患率可能已觸底。

Figure 2 illustrates the fall situation since the pandemic. Given that the mobility of residents in our institution has been continuously declining since 2010, and falls are less frequent when resident mobility reaches the level of long-term wheelchair use or being bedridden, Figure 2 only captures fall data since the pandemic to compare with the long-term trend of fall prevalence in our institution. The results show that the combined fall prevalence trend pre- and post-pandemic is flat, which is noticeably different from the long-term declining trend. This indicates that the fall prevalence rate in our institution may have bottomed out.

在院友整體行動能力下降和有效防跌措施（如推薦使用輪椅安全帶等）的雙互作用下，跌倒現患率觸底。這觸底現患率可作為院舍服務的參考指標，因跌倒對養老院的老年人來說是一個常見且嚴重的問題，是安老院舍日常運作的重大威脅。

本院目前防跌背景概述

1. 行動能力觸底：在疫情中長期卧床人數大增，整體行動能力明顯是已觸底。在後疫情時期，隨新院友加入和院友康復長期卧床人數減少，整體院友行動能力已是觸底回升。
2. 輪椅安全帶使用：作為一項最基礎的有需要長者安全保障，嚴格執行使用輪椅安全帶有助防跌，爭取員工反應時間。在政府大削機構資助 7% 的情況之下，合理使用輪椅安全帶將在院舍長者防跌上更顯關鍵作用。
3. 專業間的拮抗作用：如物理治療比著重於最大化住院長者行動力，而護理專業則比較著重於安全考慮，這中間的拮抗作用對住院長者取得生活質量和合理安全的平衡點上作用關鍵。
4. 針灸防跌：本院物理治療十五年來一直提供毫針刺法治療，防跌是其中一項治療目標。多年實踐下來，當中膝關節退化、類柏金遜和下肢循環神經感覺障礙都能受益於針灸治療，促進安全行走，延後、防止跌倒出現。

觸底跌倒現患率的誤差

1. 跌倒個案漏報：因各種情況可能出現之跌倒個案漏報，因基數大低，個案漏報會對跌倒現患率有較大影響。
2. 行動能力超跌：疫情期間，長期卧床人數急增而致整體院友行動能力超跌，由於行動能力和跌倒風險在住院院友中有著正向關聯性，這會把理想狀態下之觸底現患率推往更低水平。

跌倒現患率觸底後的展望

跌倒現患率觸底後回升是合理推測，支持這一推測有以下原因：

1. 疫情期間院友行動能力超跌確實存在。
2. 新入住院友都有較佳的行動能力，而且對院舍生活的適應性各異。

觸底跌倒現患率的維持

要持續這超低的觸底跌倒現患率，本院以為如下：

1. 沒有全方面拒絕與院方合作的超級跌倒者出現，由於目前跌倒基數已是超低水平，一但有此類院友出現會大大影響跌倒現患率向上波動的可能性。
2. 在非跌倒情況下，院友及家人在配合院方個人照顧計劃在行動力上向下調整的合作性。簡單來說如轉為長期使用輪椅的合作性，如能持續進行這種無痛下調院友行動能力有助達成超低跌倒現患率。

Driven by the combined effects of the overall decline in resident mobility and effective fall prevention measures (such as recommending the use of wheelchair safety belts), the fall prevalence rate has reached a bottom. This bottomed-out prevalence rate can serve as a reference indicator for residential care services, as falls are a common and serious problem for the elderly in old age homes, posing a significant threat to the daily operations of elderly care facilities.

Overview of the Current Fall Prevention Context in Our Institution

1. **Mobility has Bottomed Out:** During the pandemic, the number of long-term bedridden individuals increased significantly, indicating that overall mobility had clearly bottomed out. In the post-pandemic period, with the admission of new residents and the recovery of some residents, the number of long-term bedridden individuals has decreased, meaning the overall resident mobility has begun to recover from the bottom.
2. **Use of Wheelchair Safety Belts:** As a fundamental safety measure for at-risk elderly individuals, the strict enforcement of wheelchair safety belt use aids in fall prevention and buys critical reaction time for staff. In the context of a 7% cut in government funding for institutions, the rational use of wheelchair safety belts will play an even more crucial role in preventing falls among nursing home residents.
3. **Inter-professional Antagonism (Balancing Act):** For instance, physiotherapy focuses on maximizing the mobility of resident elders, while the nursing profession places greater emphasis on safety considerations. This antagonism (balancing act) is key to helping resident elders achieve a balance between quality of life and reasonable safety.
4. **Acupuncture for Fall Prevention:** Our institution's physiotherapy department has been providing acupuncture treatment for fifteen years, with fall prevention being one of the treatment goals. Years of practice have shown that conditions such as knee joint degeneration, Parkinsonism, and lower limb circulatory/neurosensory impairments can benefit from acupuncture treatment, promoting safe walking, and delaying or preventing the occurrence of falls.

Potential Errors in the Bottomed-Out Fall Prevalence Rate

1. Underreporting of Fall Incidents: Underreporting of fall cases may occur due to various circumstances. Because the baseline number is very low, underreporting can have a relatively large impact on the calculated fall prevalence rate.
2. Overshoot in Mobility Decline: During the pandemic, the sharp increase in long-term bedridden residents led to an "overshoot" in the overall decline of resident mobility. Since mobility and fall risk are positively correlated among resident elders, this would have pushed the ideal bottomed-out prevalence rate to an even lower level.

Outlook After the Fall Prevalence Rate Bottoms Out

It is a reasonable inference that the fall prevalence rate will rebound after bottoming out. This inference is supported by the following reasons:

1. The overshoot in resident mobility decline during the pandemic indeed occurred.
2. Newly admitted residents generally have better mobility, and their adaptability to residential life varies.

Maintaining the Bottomed-Out Fall Prevalence Rate

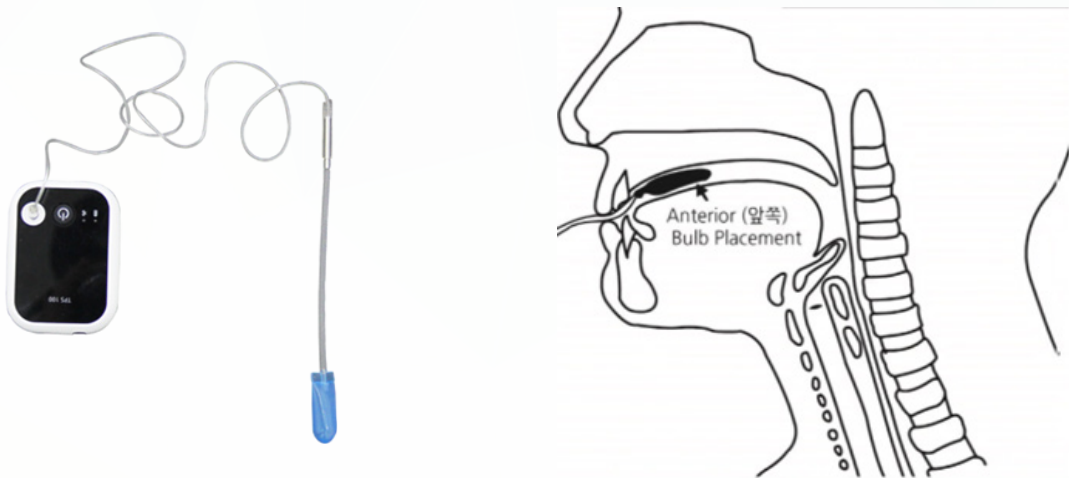
To sustain this ultra-low bottomed-out fall prevalence rate, our institution believes the following are necessary:

1. The absence of "super fallers" (residents prone to frequent falls) who comprehensively refuse cooperation with the institution. Since the current baseline number of falls is already ultra-low, the emergence of such residents would significantly increase the possibility of an upward fluctuation in the fall prevalence rate.
2. The cooperation of residents and their families in adjusting mobility downwards according to the institution's individual care plans, in non-fall situations. Simply put, this refers to cooperation with transitioning to long-term wheelchair use, for example. If this gradual, managed reduction of resident mobility can be sustained, it will help maintain the ultra-low fall prevalence rate.

言語治療服務

Speech Therapy: Swallowing Assessment and Intervention

本年度言語治療部新增應用了更多具研究實證的訓練工具，亦為配合院友偏好並實行國際吞嚥障礙飲食標準 (IDDSI) 轉用了醫院常用的凝固粉牌子。另外亦積極與同業交流，與大學合作，為言語治療學生提供實習機會。而在本院慶祝不同節日時亦繼續提供了各種符合國際吞嚥障礙飲食標準 (IDDSI) 的軟餐供選擇，務求為院友提供一個更安全和舒適的進食環境。



應用更多的研究實證的訓練工具——舌頭肌肉分析及訓練系統

本院言語治療服務新應用了更多具研究實證的訓練工具，例如舌頭肌肉分析及訓練系統，這是一個連接電子裝置的壓力球，研究證實可透過以舌肌按壓口中的壓力球，提升舌肌肌力和口肌控制。

以本院一位 74 歲患有認知障礙症及曾中風的關女士為例，她在本院接受六星期訓練後，口肌壓力由平均 10.5kPa 提升了約 20% 至約 13kPa，成效不俗！儘管關女士患有認知障礙症，跟隨指令相對困難，但因壓力球也可提供生物反饋予院友，可刺激關女士更用力提向上提起舌頭，使訓練相對順利。而電子裝置則可客觀地量度院友的舌肌肌力，使訓練間更了解關女士口肌情況，例如關女士訓練約十五分鐘後壓力明顯轉弱，代表口肌開始疲倦，便可適時休息避免過度操勞。

轉用凝固粉牌子，以配合院友偏好和簡化護理程序

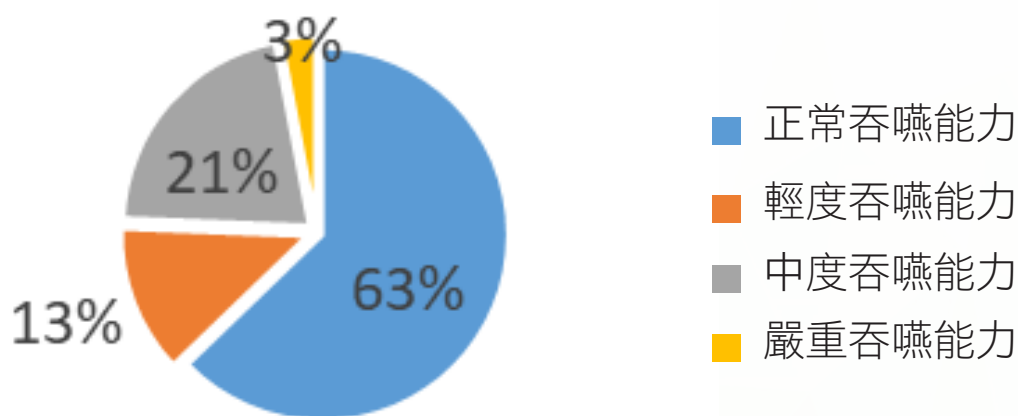
言語治療師在評估患有吞嚥困難的患者在飲用流質時，或會建議使用指定的凝固粉配方和份量，以改變飲料的稠度和流動速度，從而減少誤吸的風險。而凝固粉主要分為澱粉配方和黃原膠配方，其特色和沖調方式各有不同。近年有更多研究指出，黃原膠配方比澱粉配方更穩定、而且使用者表示更容易入口（Yang et al., 2022., Baixauli et al., 2023），而在本院的評估上也找到相同的結果，以一位 90 歲患有認知障礙症及曾中風的黃女士為例，院友在使用澱粉配方時會吐出飲料，也會更常出現誤吸情況，而在使用黃原膠配方後，則願意細口飲用飲料亦減少了誤吸情況。另外，不同牌子的凝固粉和配方的沖調分量也不盡相同。有見及此，本院今年度起正陸續轉用大部份本地醫院正使用的雀巢牌黃原膠配方凝固粉，因院友不時需到醫院覆診，此舉可備免在轉換場所時因使用凝固粉牌子或配方不同而提升失誤風險。

與大學合作——舉辦香港教育大學言語治療實習計劃

本院積極與大學合作，為香港教育大學言語治療碩士學生提供實習機會，也讓院友可獲得更多和更與時並進的評估和訓練機會。每期實習為約八到十星期，可服務約六十位院友。深入評估可更了解到院友的進食和溝通情況，也讓院友更了解言語治療師的工作和他們進食的情況，拉緊雙方關係。

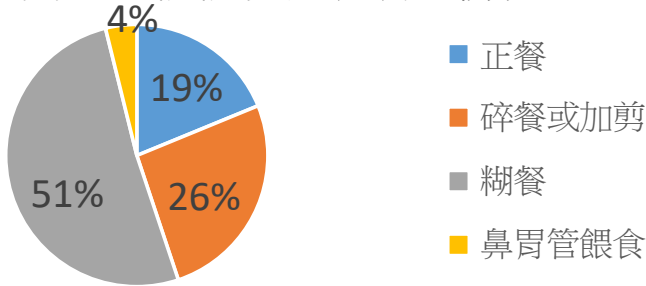
全院院友吞嚥進食情況

圖一 全院院友吞嚥能力情況

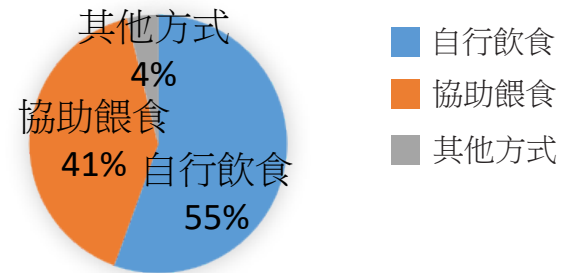


吞嚥能力方面，全院共有約 37% 院友患有不同程度的吞嚥障礙，約 13% 院友屬於輕度吞嚥障礙，約 21% 院友屬於中度吞嚥障礙，約 3% 院友屬於嚴重吞嚥障礙。

圖二 全院院友進食餐類情況



圖三 全院院友進食自理情況



進食餐類方面，全院現時約 19% 院友進食正餐，約 26% 院友進食碎或加剪餐，51% 院友進食糊餐，餘下院友則以鼻胃管餵食。

自理進食方面，全院有約 56% 院友可自行進食，約 41% 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。

This year, the Speech Therapy Department has introduced more evidence-based training tools into daily practice. To align with the International Dysphagia Diet Standardization Initiative (IDDSI) and accommodate residents' preferences, we also switched to a commonly used thickener brand. The department has actively collaborated with universities to provide clinical placements for speech therapy students. During various festive celebrations, we offer IDDSI-compliant soft meals to ensure a safer and more comfortable dining experience for residents.

Applying More Evidence-Based Training Tools — Tongue Muscle Analysis and Training System

Our speech therapy services have recently incorporated more evidence-based training tools, e.g. Tongue Muscle Analysis and Training System (Photo attached in Chinese version). This system utilizes a pressure ball connected to an electronic device. Research has demonstrated that pressing this pressure ball with the tongue muscles enhances tongue muscle strength and oral motor control. Take Ms. Kwan, a 74-year-old resident with dementia and a history of stroke as an example. After six weeks of training, her oral muscle pressure increased by ~20% from an average of 10.5 kPa to about 13 kPa—a remarkable outcome! Despite Ms. Guan's cognitive impairment making it relatively difficult for her to follow instructions, the pressure ball also provides biofeedback to residents. This feedback encourages Ms. Guan to exert more force when lifting her tongue upward, facilitating smoother training. The electronic device objectively measures residents' tongue muscle strength, allowing us to better understand Ms. Guan's oral muscle condition during training. For instance, if her pressure noticeably weakens after about fifteen minutes of training, indicating muscle fatigue, we can promptly schedule a break to prevent overexertion.

Switching brand of thickener to accommodate residents' preferences and streamline care procedures.

Speech therapist assessing patients with dysphagia may recommend specific thickener formulations and dosages when consuming liquids. This alters the beverage's viscosity and flow rate to reduce aspiration risk. Thickener primarily falls into starch-based and xanthan gum-based categories, each with distinct characteristics and preparation methods. Recent studies increasingly indicate that xanthan gum formulas offer greater stability than starch formulas, with users reporting improved palatability (Yang et al., 2022; Baixauli et al., 2023) (References attached in Chinese version). Our institution's assessment yielded similar results. For example, a 90-year-old resident, Ms. Wong, who has dementia and a history of stroke, would spit out beverages when using the starch formula and experienced more frequent aspiration. After switching to the xanthan gum formula, she was willing to drink in small sips and aspiration risk decreased. Furthermore, the mixing ratios for thickening powders and formulas vary across brands. In light of this, our facility has been transitioning to Nestlé's xanthan gum formula thickener—currently used by most local hospitals—since this year. As residents frequently require hospital follow-up appointments, this change minimizes the risk of errors arising from differing thickener brands or formulas during facility transitions.

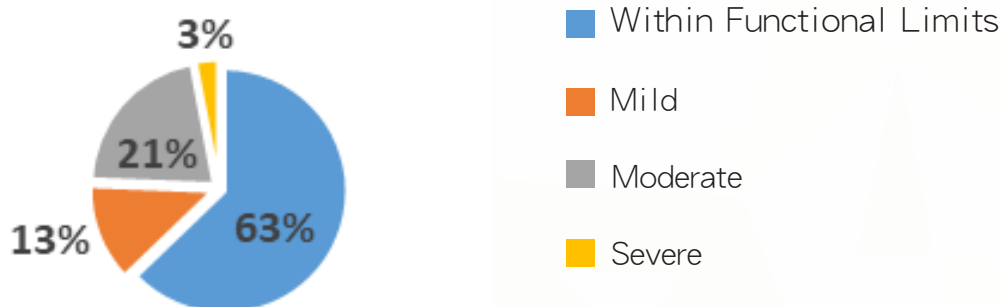
University Collaboration—

Internship Program with The Education University of Hong Kong

The facility works closely with academic institutions such as The Education University of Hong Kong, offering clinical training opportunities for Master's students in Speech Therapy. Each internship period lasts around 8 to 10 weeks, serving approximately 60 residents. The program allows students to conduct in-depth evaluations and interventions, helping residents understand both their conditions and the role of therapists. This not only enhances therapy outcomes, but also builds stronger rapport and trust between residents and therapists.

Home Residents Swallowing ability

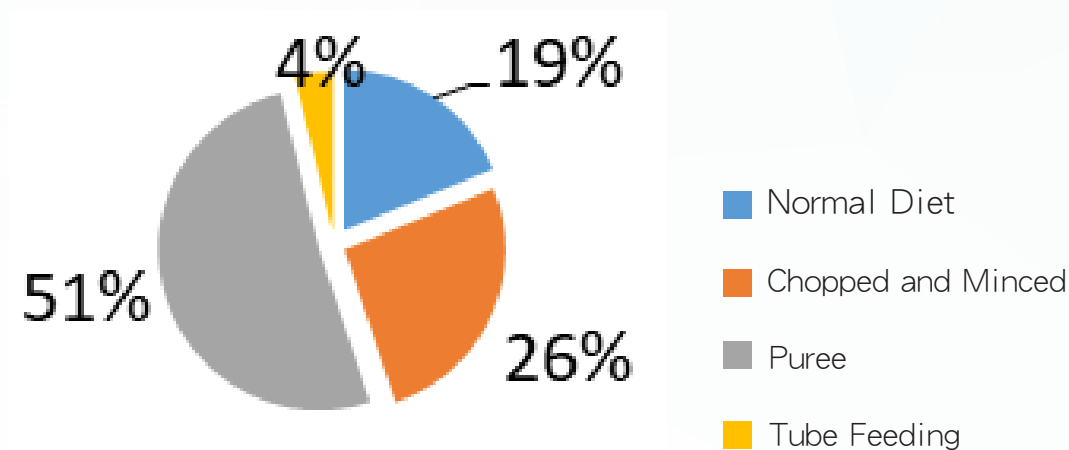
Dia 1. Home Residents Swallowing ability



In terms of swallowing ability, 37% of the residents have levels of dysphagia, 13% of the residents have mild dysphagia, 21% of the residents have moderate dysphagia, 3% of the residents suffer from severe dysphagia (Dia. 1).

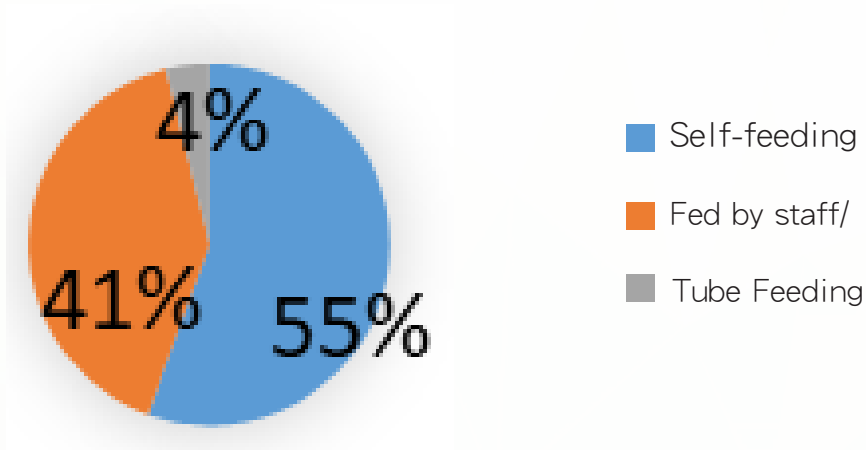
In terms of meal options, 19% of the residents are on a regular diet, 26% of the residents are on chopped or minced diet, 51% of the residents are on a puree diet, 4% of the residents are using tube feeding (Dia. 2).

Dia 2. Home Resident meal option



In terms of feeding methods, 55% of the residents are able to perform self-feeding, 41% are fed by staff/receive feeding assistance if needed, and the rest 4% are fed via tube feeding (Dia. 3).

Dia 3. Home Resident feeding methods



香港版蒙特利爾認知評估五分鐘版本 (HK-MoCA 5-Min) 與教育程度之相關性 The correlation between Hong Kong version of Montreal Cognitive Assessment Five-Minute Version (HK-MoCA 5-Min) and Education Level

自 2024 年 12 月起，本院採用香港版蒙特利爾認知評估五分鐘量表作為院舍住客及日間會員的認知篩查工具。該量表在香港醫院管理局及各長者服務機構獲得廣泛認可，不僅能協調跨專業團隊溝通，更能有效提升早期認知障礙的識別效率（香港中文大學，2018）。但有研究指出，香港版蒙特利爾認知評估五分鐘量表可能更適用於教育水平較高的長者群體（Chiu 等學者，2018）。為此，我們擬探究該量表得分與教育程度的相關性。

在 2024 年 12 月至 2025 年 7 月期間，共有 142 名參與者（包括 136 名院舍住客及 6 名日間護理會員）接受了該量表評估。其中 13 名患有接收表達性失語症的參與者被排除在研究之外。在餘下的 129 名參與者中，68 名已確診認知障礙症的個案由職業治療師進行評估；61 名非認知障礙症的參與者則由個案經理（助理社會工作主任）負責評估（圖 1）。所有評估人員均已完成由香港中文大學舉辦的「HK-MoCA 培訓師證書工作坊」，確保評估標準的一致性。

參與者年齡介於 68 至 106 歲之間，平均年齡 88.8 歲。男女比例約為 1:5，平均教育程度為 4 年。約 81% 參與者的教育程度。相關病史資料詳見下表（表一）。

參加者的香港版蒙特利爾認知評估五分鐘量表得分範圍介於 0 至 27 分，平均得分為 8 分。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) 來分析檢驗量表得分與教育程度之關聯性，統計顯著性水平設定為 P 值少於 0.01。在認知障礙症組別中，量表得分與教育程度之相關係數為 0.318，P 值為 0.008（詳見表二）；非認知障礙症組別則顯示相關係數為 0.335，P 值為 0.008（詳見表三）。兩組數據均達統計顯著水平 ($P < 0.01$)，表明香港版蒙特利爾認知評估五分鐘量表得分與教育程度呈現弱正相關。簡言之，本研究發現微弱證據支持「教育程度較低長者於香港版蒙特利爾認知評估五分鐘量表的得分傾向較低」之現象，反之亦然。結果顯示，香港版蒙特利爾認知評估五分鐘量表適用於本護理安老院的認知篩查，因院友當中超過八成受教育程度在六年或以下。

Our home has been using HK-MoCA 5-Min as the cognitive screening tool for residents and day care members since December 2024, as it has been broadly recognized in Hospital Authority and elderly service units in Hong Kong. It aligns multidisciplinary team communication, and provides effectiveness and efficiency in early detection of mild cognitive impairment (The Chinese University of Hong Kong, 2018). However, HK-MoCA 5-Min was said to be more suitable for elderly with higher education level (Chiu et al., 2018). Therefore, we want to investigate the correlation between HK-MoCA 5-Min and education level.

From December 2024 to July 2025, a total of hundred and forty-two participants (a hundred and thirty-six residents and six day-care members respectively) were assessed by using HK-MoCA 5-Min. Thirteen participants with receptive or expressive aphasia were excluded. Sixty-eight participants who was diagnosed with “Dementia” were assessed by occupational therapist, while sixty-one participants without the diagnosis were assessed by case managers (assisted social work officer) (Figure 1.) All the assessors were trained in the “HK-MoCA Train-the-Trainer Certificate Workshop” held by the Chinese University of Hong Kong.

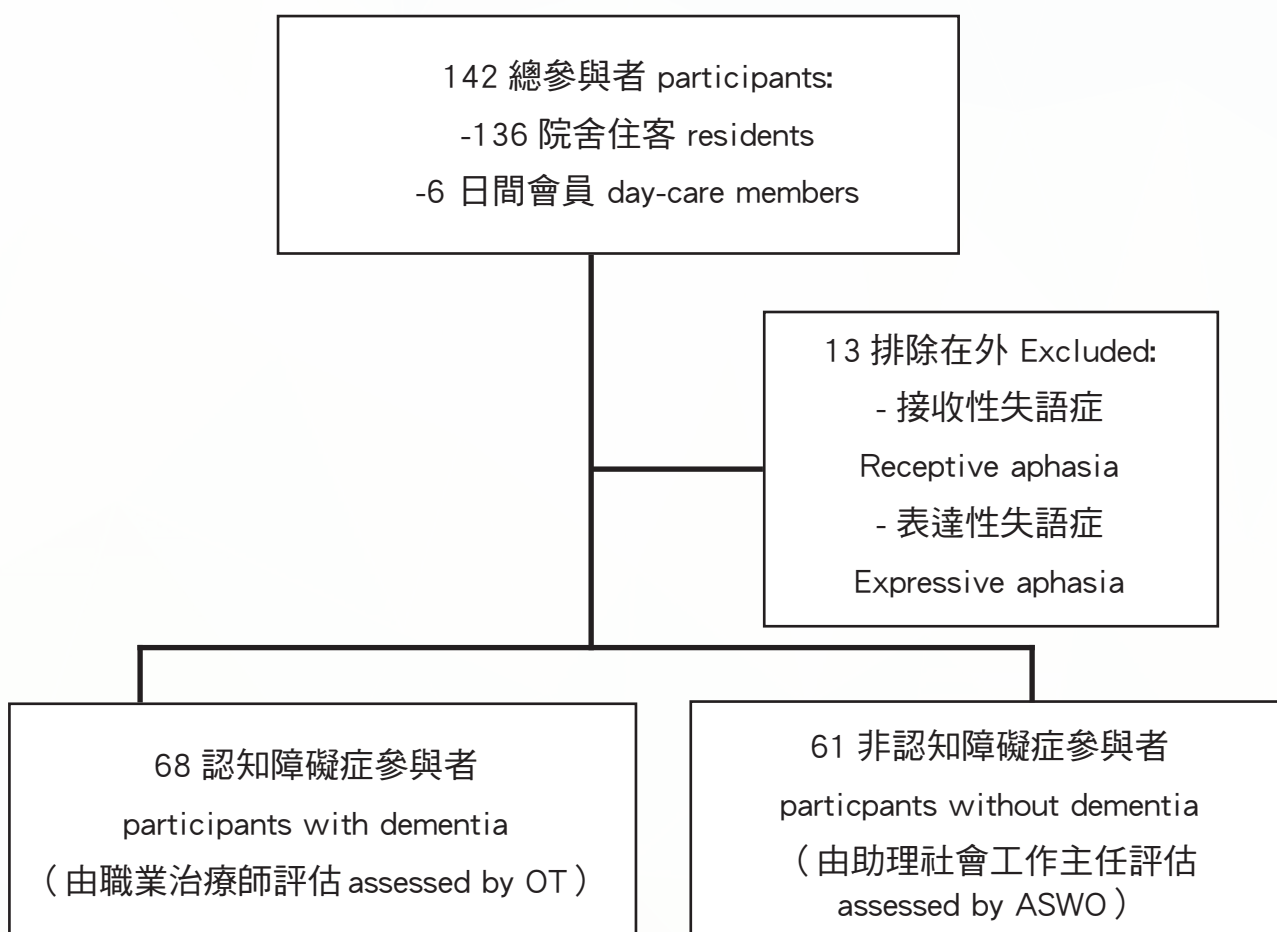


圖 1. 參與者招募流程圖

Figure 1. Flowchart of participants recruitment



The participants were aged between 68 and 106 years, with an average age of 88.8 years. The male-to-female ratio was approximately 1:5, with an average education level of 4 years. Approximately 81% of the participants having an education level equal to or less than six years, and about 19% having an education level between seven to twelve years or more. For medical history, please refer to the table below (Table 1).

疾病 Disease	百分比 Percentage (N = 129)
認知障礙症 Dementia	52.7%
高血壓 Hypertension	72%
中風 Stroke	40.3%
糖尿病 Diabetes mellitus	31.8%
心臟病 Cardiovascular disease	22.5%
癌症 Cancer	10.9
抑鬱症 Depression	9.3%
精神病 Mental Illness	7.8%
帕金森症 Parkinson's Disease	5.4%

表一 參加者的病歷

Table 1. Participant's medical history

The HK-MoCA 5-Min scores ranged from 0 to 27, with an average score of 8. Statistical Product and Service Solutions (SPSS) was used for statistical analysis. Correlation between HK-MoCA 5-Min scores and education level was tested by the Pearson's correlation analysis test. The statistically significant level was set at P-value <0.01. For dementia group, the result showed that the correlation coefficient between HK-MoCA 5-Min score and education level was 0.318, with P-value 0.008 (Table 2). For non-dementia group, the result showed that the correlation coefficient between HK-MoCA 5-Min score and education level was 0.335, with P-value 0.008 (Table 3). The results for both groups are significant, indicating a weak positive correlation between the score of HK-MoCA 5-Min and education level. In short, there is weak evidence to show that elderly with lower education level will obtain a lower score in HK-MoCA 5-Min, or vice versa. The result implies that HK-MoCA 5-Min is applicable for cognitive screening in our home, of which >80% of the residents obtain education level six years or less.



相關性		教育程度
Correlation		Education Level
HK-MoCA 5-Min	r	0.318
	P	0.008

表二 相關系數一覽（認知障礙症組別）
Table 2. Summary of correlation analysis (Dementia group)

相關性		教育程度
Correlation		Education Level
HK-MoCA 5-Min	r	0.335
	P	0.008

表三 相相關系數一覽（非認知障礙症組別）
Table 3. Summary of correlation analysis (Non-dementia group)

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). [Press release]. 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 <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>





敬 中國婦女會
黃陳淑英的護理區主任
首先感謝貴院合人八年多
小水對院各院友全心的愛心
關係照顧至以萬分感激
對貴院合人專業負責的工作
態度致以萬分敬意。可以
預見貴院全必可為華界
的楷模。
李全家屬
9.5.2024

多謝! 黃陳淑英女士
上下員工多年來努力的
付出和細心
照顧我媽媽。
謝謝!
I want to express
my heartfelt gratitude
and say...
Thank You!
宋惠珍女兒
麗女士
15/7/2024

親愛的李姑娘: 😊
今天,當我和家母恭順地在電視室
玩網上遊戲之際,你進來跟我們打
招呼,我深受感動,這看似是一件簡
單的事情,但我看來,這「小事」,早已經
表現出你的關懷及認真工作的態度
因為我們知道作為社工,工作是如此
的忙碌,有行政的工作要兼顧,有小組
要開,亦有無盡的瑣事要處理,但你
仍親自入電視室打招呼,這使我及家
母都感到溫暖,這不是必然的,我想衷心的
向你致謝,也想表達你對工作的敬
重!家母已住院逾四個月了,起初適
應也有困難,但靠你及各姑娘,姐姐
的照顧,情況也穩定下來,雖然家母
有退化症,很多短期記憶也失去,但她
也感受到各人對她的關懷,她時常掛
在口邊「晚年住在這裏,真係上天賜福」
我也有同感,感恩有那麼多的天使在
協助家母,謝謝您! 祝福您
身體健康,工作愉快!
李惠珍
3.7.2024

敬謝好姐妹二搭工友:
感謝您們多年悉心
照顧,您們多年悉心
的日子,讓他平安渡過。
您的專業態度,細心
的照顧,讓作為家人的
我們無任安心。
在此感激萬分,祝願
大家身強體健,工作愉
快。
關悅華的愛人
敬上
20-04-2024

LOVE
JOY

致親愛的雷總監和院長及四樓所有職員：
您們好！母親廖保華在貴院於2012年至2024年接受安老院服務。廖保華在靈實醫院於24日返回天家，安息主懷！
感謝總監把持以院友及其家人為本的理念，領導院舍以愛心和關懷院友與其家人保持聯繫建立良好關係，讓家人不用牽掛可安心放心居住，非常感謝總監和院長。
感謝四樓職員盡心盡力照顧使廖保華身心靈得到愛護和關心，也感謝您們我們亦要持志表揚已離職的朱姑娘、楊麗玲姑娘、黃雪虹姑娘及社工李焯焯姑娘，喜姑娘親切友善的溝通和聯繫也常關心幫助院友及其家人，黃雪虹姑娘對院友隨和友善，悉心關愛投入工作，楊麗玲姑娘對院友親切和藹，細心體貼工作熱誠投入。朱姑娘工作態度誠懇用心盡力對院友細心關愛和樂意與院友及其家人溝通並且耐心聆聽，十分欣賞她的專業態度服務，最深刻的在2年前朱姑娘細心察覺廖保華有中風跡象，送到醫院醫生能在黃金小時為我媽媽注射藥物，留院數天就能恢復，而廖保華人生最後入院也是朱姑娘細心和專業及無私察覺，我們所有家人十分感激朱姑娘永銘於心。朱姑娘的離職不止院舍損失也是院友們損失，在此讓我們所有家人再次向四樓所有職員為院友作出無私貢獻，全賴四樓所有職員長期以來有愛心，耐心無微不至地照顧和關懷幫助我媽媽廖保華得以在院舍安享晚年生活，我們全家以最衷心的感激和無限的敬意，太感謝您們了！

院友廖保華家屬獻上
9月11日 2024年



尊敬的雷總監及安老院院長、蔡姑娘及全體工作人員：
您們好！我是貴院院友李慈欣的六子，特此向貴院全體人員表達我輩衷心的感謝和崇高的敬意。是貴院全體人員以愛心、細心、耐心和和藹的態度照顧長者。
多年前，我媽媽在貴院養老，得到了無數不眠的照顧和專業的護理，貴院還提供了豐富多采的娛樂活動，讓媽媽在閒暇之餘能交到許多老友，度過了許多美好的時光。我媽媽在貴院生活充滿了幸福和快樂，我媽媽非常喜愛貴院和四樓所有工作人員的工作人員。
特別是我媽媽早前因為腰腿痛，同時腰腿痛定痛傷痛，痛苦不能動彈，只能躺在牀上，一動胃口也壞，全身痛，痛得落床，幸得貴院全體人員特別是我四樓護士姑娘和全體職員的關心和細心，細心照顧，日夜辛勤照料，盡心盡力，首任媽媽在貴院護理人員，使身體逐漸康復，並使我的四個月在職，全體職員盡心照顧我媽媽，對此非常感佩，如同家人，勝過關照。
對您們對每一個細節非常重視，讓媽媽感到「像家」一樣的溫暖，也給了她心靈上獲得很大的安慰和陪伴，因此痛楚也慢慢穩定下來，重新獲得活力，腰腿和傷口也漸漸改善，目前我媽媽的精神良好，還能使用輪椅自如地出入到大堂活動和用膳，這都是貴院全體工作人員的愛心和勤勞所得的成果，我們非常感恩貴院全體人員的關心和力量，更感恩您們六子的才華，敬羨樂業，無私奉獻的精神，這一切非尋常所得我們敬佩。
在此，我謹代表我家人，敬表感謝貴院全體人員，特別是我四樓護士姑娘及全體職員，包括個別退休的朱姑娘等。
祝福您們身體健康，工作愉快！
李慈欣家人 敬上
二〇二四年六月六日

香港中國婦女會
黃陳淑英紀念護理安老院
九龍 油塘 碧雲道 6 號
二〇二四年七月廿三日

致：蕭姑娘及院舍一樓工作團隊們，
蕭姑娘、團隊們，您們好！

多謝你們在我媽媽（黃萬勝女士）入住了「香港中國婦女會黃陳淑英紀念護理安老院」院舍接近兩年的時間裡，對她悉心照顧、關懷和提供細心專業服務。照顧她的團隊們經常與我媽媽有說有笑、親親抱抱，令她心靈有著安穩喜悅和在她晚年中能夠安祥渡過。縱使我媽媽在過去幾個月裡多次進出醫院，仍然得到你們的關懷和詢問情況，我們表示感恩和感謝！

畢竟我媽媽年紀已大，身體健康已不大如前，且情況每況愈下。然而我們早有心理準備，但總是擔心和不安。在剛過去七月六日（星期六），她終於以98歲高齡，在我們陪伴中安祥熟睡地離開了。我們明白親有時、聚有時、別有時；更要世界裡仍然能夠感受得到。

在此，我僅代表我家中各成員，向蕭姑娘與及院舍一樓工作團隊們再次表示衷心多謝！

祝願 你們身體健康、工作順利！

黃萬勝女士的六子
劉永成

余姑娘，護士及所有姑娘：
感謝您們各人對母親及其他院友的關心及悉心照顧，使她們能在院舍愉快及豐盛的生活。
再次感謝您們付出的努力。
潘運峰女兒
冼展奇敬上
25/7/24

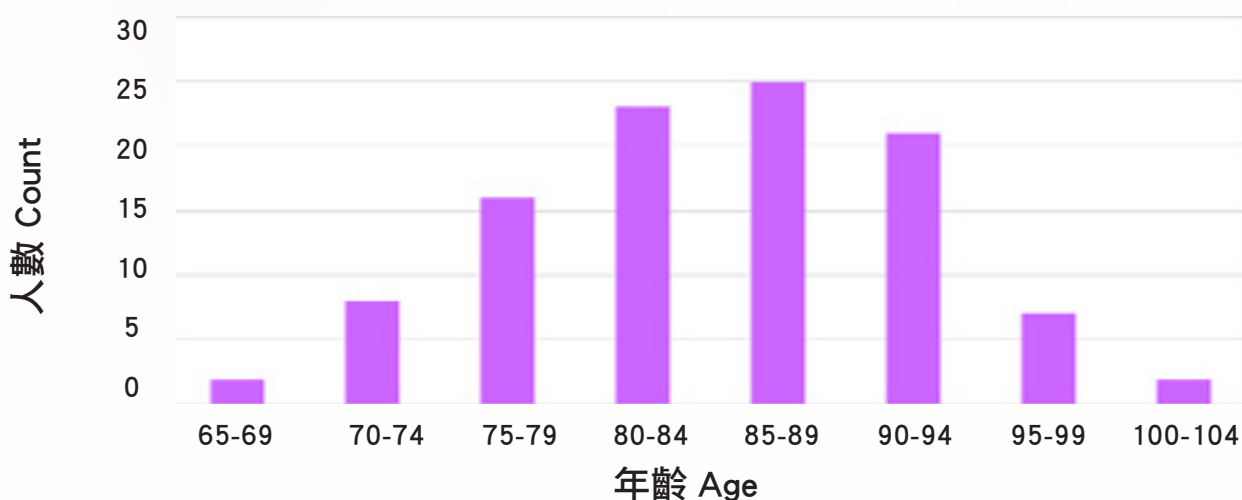
長者日間護理服務

Day Care Services for the Elderly

長者日間護理中心會員資料統計 (截止2025年3月31日)

Statistics of Day Care Centre Members (as of 31 Mar 2025)

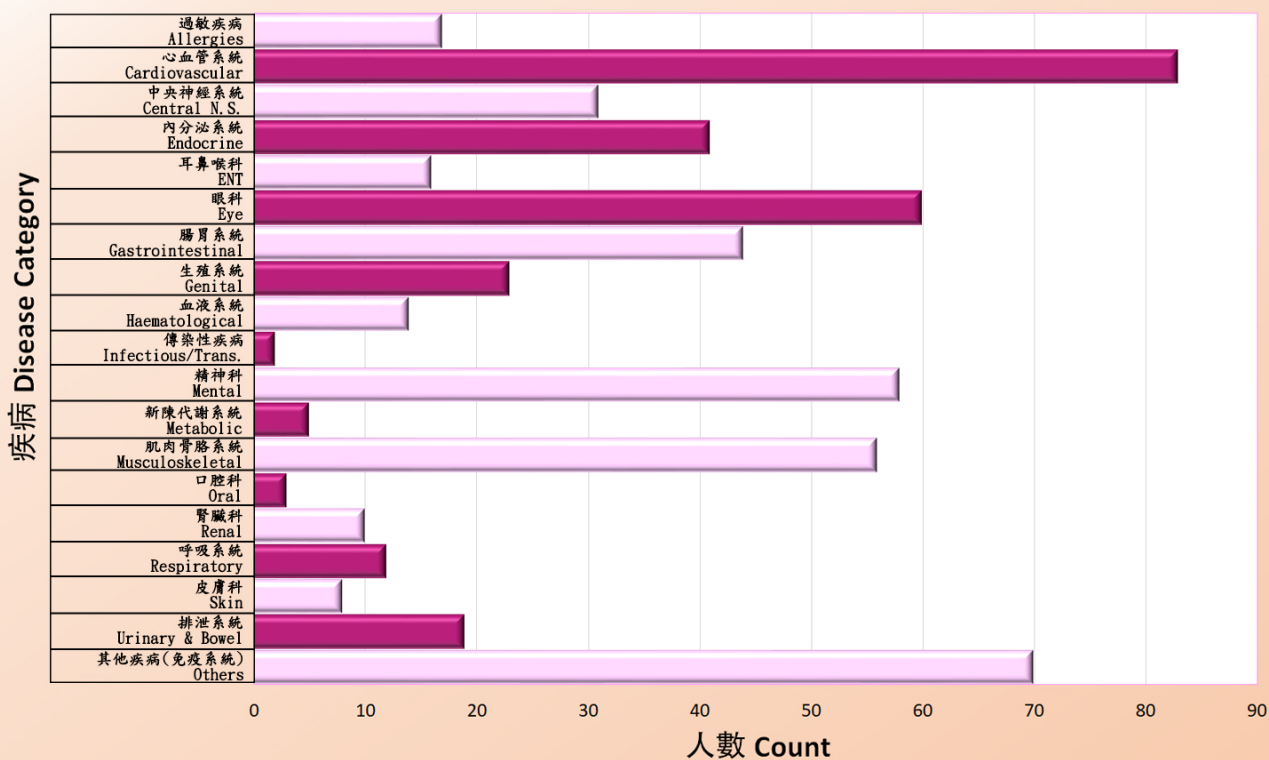
年齡分佈 Age Distribution(N=104)



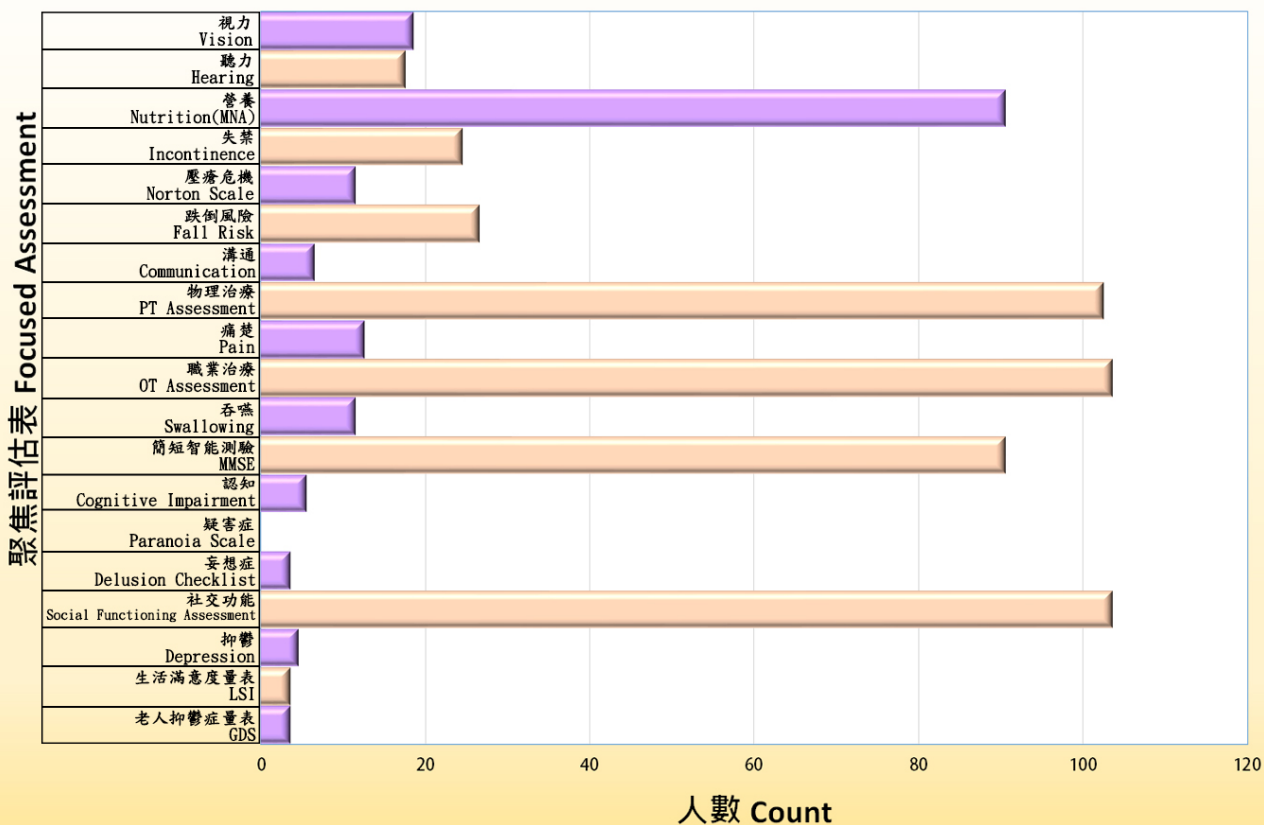
會員經濟來源 Financial Status(N=104)



長者日間護理中心會員病患類別 Categories of Disease Receiving Treatment (N=104)



長者日間護理中心會員聚焦評估統計 Focused Assessments Completed (N=104)



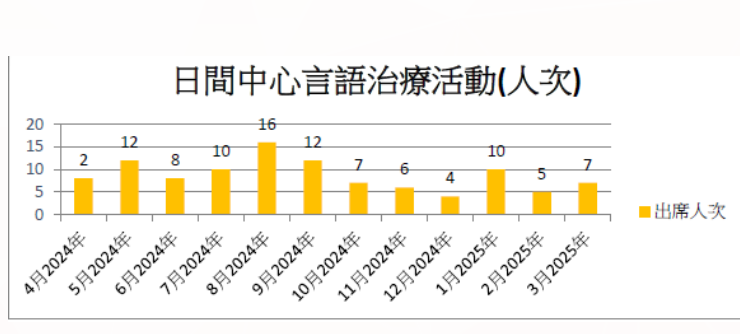
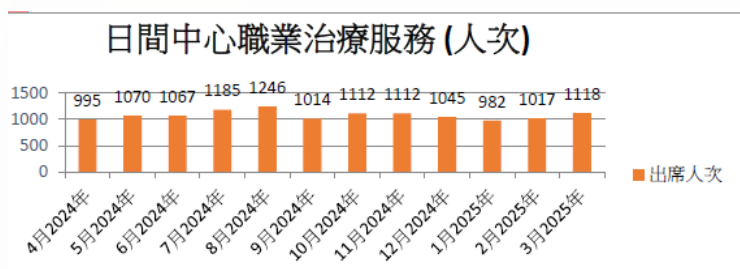
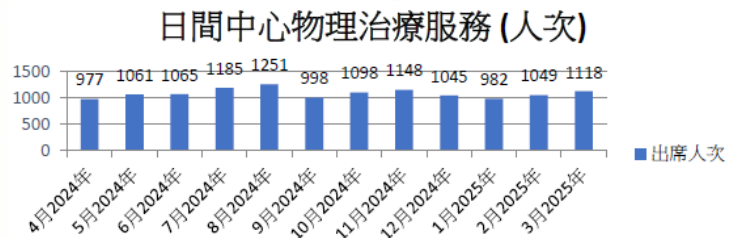
中心自 2013 年 3 月 27 日開始服務至今，每日平均服務超逾 45 名標準名額，而 4 個暫託位亦為不少照顧者舒緩照顧壓力，以回應觀塘區長者對日間中心服務的需要。中心本著「社區照顧」的理念，為體弱長者提供優質的日間照顧、護理、復康及身心發展服務，協助他們保持最佳的活動能力，並支援及協助其護老者，讓長者可以改善生活質素和在熟識的社區健康地生活，達致「居家安老」的目標。

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。

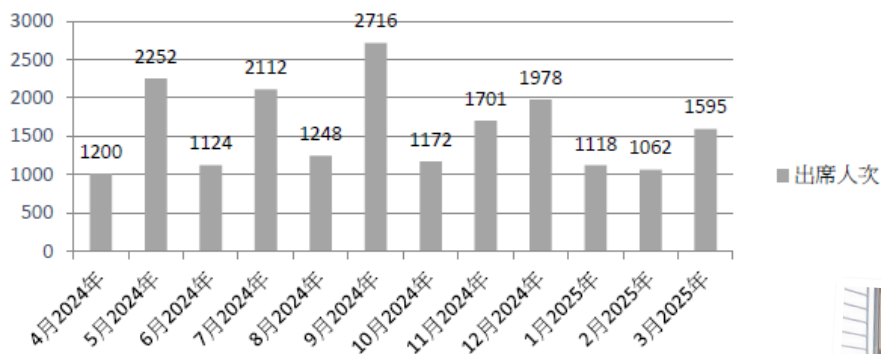


全人關懷 - 身、心、靈、認知及社交功能

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



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。



安居樂群 - 促進長者與家人和樂共處

- 在過去1年舉辦了19次護老者活動，參與人次為1016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餵食、扶抱技巧等培訓，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。

The centre has been providing services since March 27, 2013, providing an average of more than 45 standard quotas per day. The 4 temporary places also help relieve the care burden of caregivers, in response to the elderly in the Kwun Tong district's need for daytime center services. 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, 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 centre 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 in to colorful and brilliant ones like butterflies.

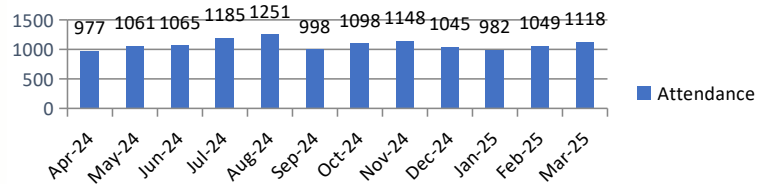


Holistic Care

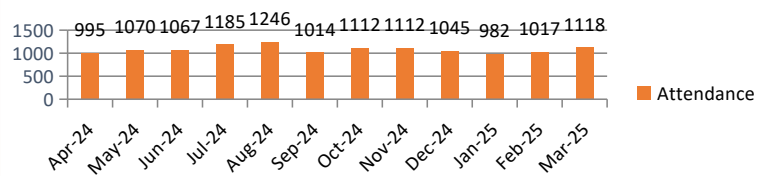
- nursing services, health guidance and physical examinations are provided by professional nurses
- enhance members' cognitive and activity skills through physical and occupational therapy training
- speech therapy services to improve the speech and swallowing



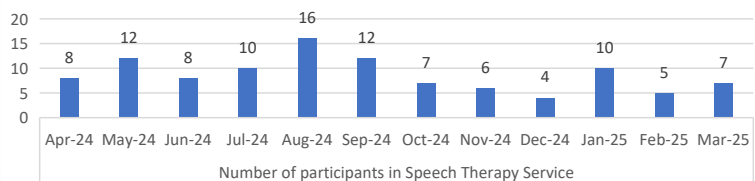
Day Centre Physiotherapy Services(Perssons)



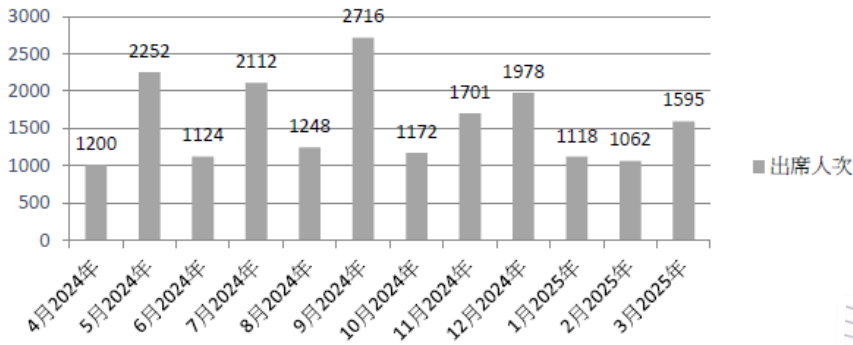
Day Centre Occupational Therapy Services (Perssons)



Day Centre Speech Therapy Services(Perssons)



日間中心社交及康樂活動(人次)



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.



Ageing in Place

- has organised 19 elderly care activities in the past year with 1016 participants, including family members, elderly people and domestic helpers

Continous Quaiity Improvement

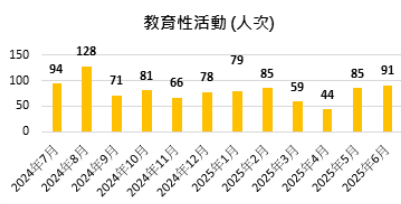
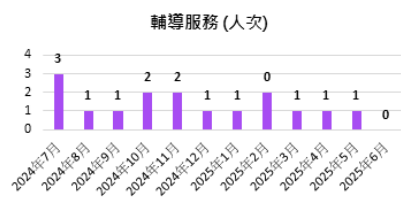
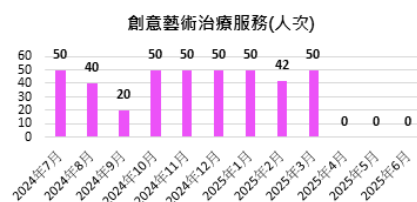
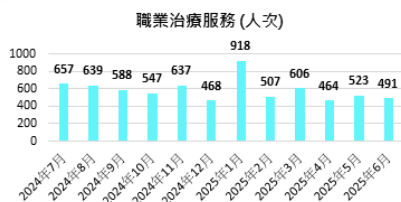
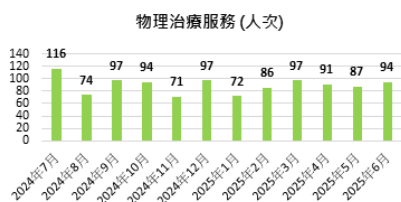
- regularly provides training for employees on cognitive impairments to improve team service
- strengthen social ties, broaden community support, strengthen support networks and enhance social cohesion and care



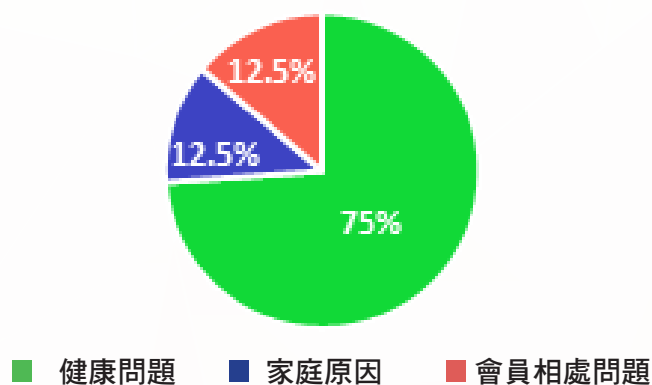
油塘長者日間護理中心是社會福利署「長者社區照顧服務券計劃」的認可服務單位。為達致長者「居家安老」的目標，中心跨專業團隊於長者的生理、心理及社交方面作出評估，致力為長者度身訂造個人照顧方案，服務涵蓋日間照顧、基本護理、認知訓練、復康治療及社交康樂活動，並支援護老者需要；讓長者可以健康快樂地在社區生活。

服務名額：
服務券 20 個
自負盈虧 20 個

服務統計



7/2024-6/2025 會員接受輔導原因



揮臂拋圈，鍛鍊上肢肌力；凝神瞄準，訓練手眼協調



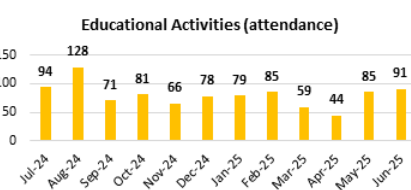
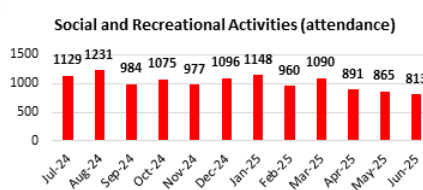
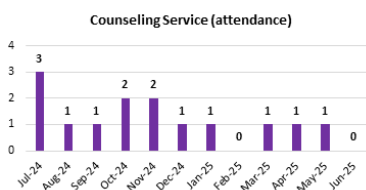
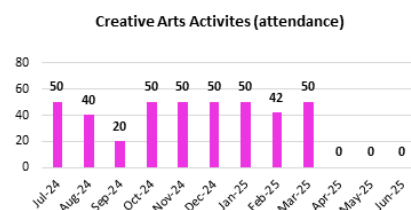
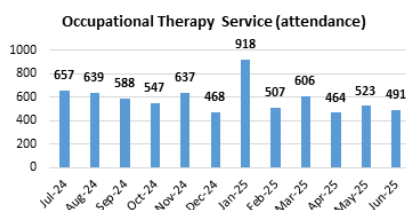
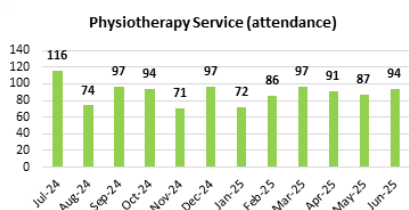
婆婆們活力滿載，專注挑戰拍拍機，眼明手快比反應，歡笑中激發腦活力

Yau Tong Day Care Centre 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 centre'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.

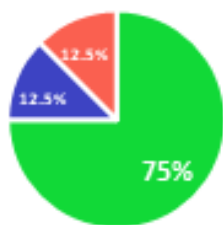


service capacity
CCSV:20
Self financing:20

Service Statistics



Reasons for receiving Counseling 7/2024-6/2025



- Physical Health
- Family Problem
- Interpersonal Relationship



Training upper limb muscle and hand-eye coordination by fun throwing game



Stimulating brain activity by latest geron-technology

第三齡及社區服務

U3A and Community Services

李樹培夫人啟知中心

Dr. Ellen Li Learning Centre

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	CANVA 製作、手機剪片班、短片製作等
「德」育課程	唱歌學英文、國畫班、書法班、開心禪繞畫、沙畫創作班等
「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、六字訣、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

沙畫創作班



柔力球班

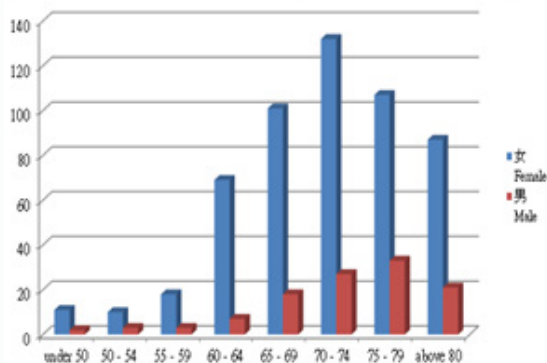


編織班

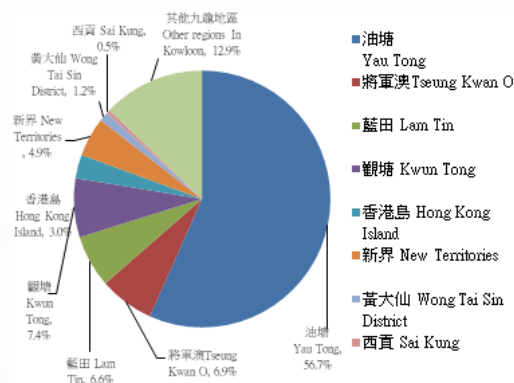


中心會員統計資料 (截至 2024 年 3 月 31 日)

會員人數：649 位。(男：114 位；女：535 位)



會員居住地區分佈



The centre 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

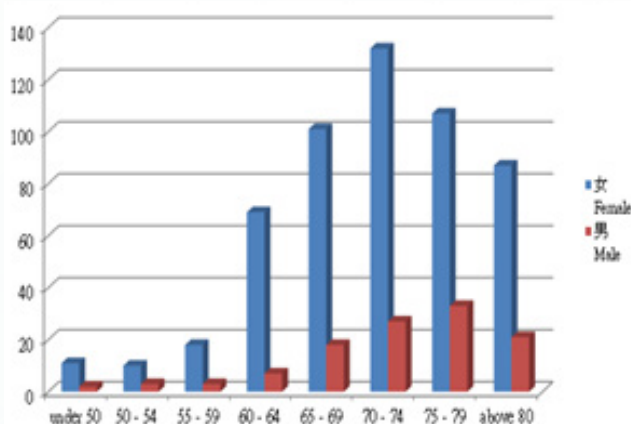
Innovative and Diverse Programs to Implement the Spirit of "Active Ageing"

The centre 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.

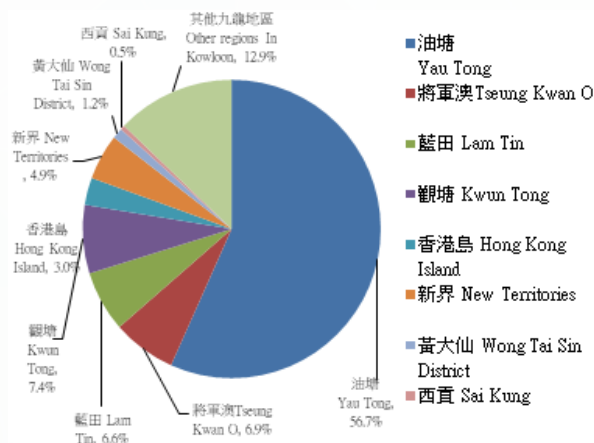
Class category	Name of classes
Computer class	Photo Editing (CANVA) class, Phone Editing class, Video Editing class
Moral Education Curriculum	Singing English Class, Chinese Painting Class, Calligraphy Class, Zentangle Stress Relief Class, Sand Art Class
Intellectual Education Curriculum	Beaded Jewelry Class, Ribbon Embroidery, Silk Flower, Paper Cutting Interest Class
Physical Education Curriculum	Yoga, Stretching Exercises, Five Animals Play and Liu Zi Jue 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.

Member Residence Area Distribution (Persons)

Number of members: 649 (Male: 114 Female: 535)



Member Age Distribution (Persons)



長者數碼外展計劃：「接、觸」：數碼五育計劃 (2025-2026)

ICT Outreach Programme for Elders : REACH — Digital Literacy Skills Enhancement Program for the Elderly (2025—2026)

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，是次計劃推行期為 2025 年 5 月 1 日至 2026 年 12 月 31 日，合共 20 個月。計劃以「德、智、體、群、美」之五育理念，設計數碼學習體驗，提升長者之生活便利性並加強社區連結。透過培訓長者義工外展服務技巧，讓日間中心和社區長者能體驗多元化的數碼科技產品。計劃主要分別是數碼外展活動及流動數碼服務站。

數碼外展活動：

目的是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。所用的科技設備包括：平板電腦、智能健康手帶、Alpha pro 智能訓練系統及 VR 虛擬實景眼鏡等等。



流動數碼服務站：

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。服務地區分佈全港共 14 區，包括：中西區、東區、灣仔、深水埗、九龍城、觀塘、黃大仙、油尖旺、離島、葵青、西貢、沙田、屯門及元朗。



服務輸出量：

參與人數	數碼外展活動		流動數碼服務站	總服務人數
	日間護理中心長者	隱蔽長者	社區長者	
	308	360	12,500	13,168

Since 2018, the organization has run a Digital Outreach Programme for Seniors, sponsored by the Digital Policy Office. The next phase, running for 20 months (May 1, 2025 – December 31, 2026), uses the Fivefold Educational Principles to create digital learning experiences. This aims to enhance daily life convenience and strengthen community connections. By training senior volunteers and offering diverse digital technology access via outreach activities and mobile service stations, the project supports seniors in day centers and the wider community.

Outreach Program:

The goal is to boost older adults' interest in IT application and social interaction, improving their quality of life. Technologies used include tablets, smart health bands, the Alpha Pro System, and VR headsets.



Mobile Digital Service Station:

The service proactively helps older adults use smartphones and mobile applications, providing answers to their questions. It covers 14 districts across Hong Kong Island, Kowloon, and the New Territories, including Central and Western, Sham Shui Po, Kwun Tong, Sha Tin, and Yuen Long.



Service Outputs :

	Outreach Activities		Mobile Service Stations	Total No. of People Served
	Elders at Day Care Centers	Hidden Elders	Community Elders	
Number of Participants	308	360	12,500	13,168

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) (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

計劃成果及展望：



1. 累計成功招募及培訓超過 150 位社區人士成為「銀幸大使」和「社區守護員」，協助向公眾宣傳本計劃服務內容及推廣「認知友善」相關資訊
2. 透過配對家庭，進行電話慰問及關懷探訪，成功支援區內超過 500 戶有需要的長者及家庭，編織社區互助網絡
3. 過去已與 20 多個「社、商、醫」跨界別團體機構合作，協辦各類型活動，例如義工招募及培訓、留住記憶工作坊和護老者同行小組、協作夥伴前線及管理人員培訓等
4. 超過九成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
5. 繼續獲壹加壹文具禮品及玩具有限公司提供優惠折扣予本計劃之義工。

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 200 位義工成為銀幸大使以及培訓 240 位商戶員工，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。



This year, the centre continued to serve residents in the district through the Community Investment and Inclusion Fund (CIIF) scheme, 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" to the community and to enhance the 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 participate in various activities and groups, so as to enhance their self-confidence and ability to ageing in place. Besides, volunteer teams will be formed to support the people with mild dementia and their families through matching visits. Connecting stakeholders in the district to form a "community, business and medical" sector to collaborate and leverage its resources and networks to respond to the needs of the elderly and their families in order to build a dementia-friendly community.

Number of people served:

Number of volunteers:192 ; Number of direct participants:1324

Achievements and prospects:

1. The project has successfully recruited and trained more than 150 community members to become ambassadors, helping to promote the services of the project to the public
2. Successfully support more than 500 elderly and families in need through matching home visits. It is believed that it can effectively build a mutual support network in the community
3. We have collaborated with more than 20 organizations in the "social, business and medical" sectors to organize various types of activities, such as volunteer recruitment and training, memorial and cognitive trainings and carer mutual-support groups, as well as frontline and senior staff training etc.
4. More than 90% of the participants agreed that the program could effectively enhance their understanding of dementia and relieve the stress of caregiving.
5. 1+1 Stationary Gifts & Toys Company Limited will provide discounts to the volunteers.

Future Prospects:

1. Render regular and continuous trainings (including the publics, security guards and sales assistants, etc.), with a view to recruiting and training 200 people living in the community to become volunteers and training 240 staff of merchants, to strengthen their skills and knowledge in dealing with people with dementia and then to enhance community support.
2. In the future, it is recommended to strengthen collaboration with different stakeholders like religious or civil society groups, etc. to increase their support for the "Dementia-Friendly Community" and jointly build a mutual support platform.



2024 年度安老服務管理委員會名單

2024 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

文綺芬 (當任會長)
Ex-officio Advisor
MAN Yee Fun Evelyn



當然顧問

蔡陳蕙婷 (當任主席)
Ex-officio Advisor
CHAN Wei Ting Barbara



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:



潘洪彩華
POON HUNG
Choy Wah



蔡馬愛娟
CHOI MA
Oi Kuen



周熊仁寶
CHOW HUNG
Yan Po Erminia



羅陳雪侶
LO CHAN
Shit Lu



方陳珮汝
FONG Theresa



徐劉秀珍
Lillian CHUI



何陳佩蘭
HO CHAN
Pui Lan



孫陳佩玲
SUN CHAN Pui
Ling Stella



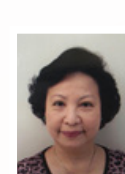
李孫輝
LEE SUN Hui



陸明
LUK Ming



馬張蓮嬌
MA CHEUNG
Lin Kiu



郭馬明珠
KWOK MA
Ming Chu



陳葉佩坤
CHAN YAP
Pei Kwan



周梁麗芬
CHOW Lai
Fun Mona



鄭穎
ZHENG Ying



陳怡安
Joanne CHAN
Yee On

顧問委員 Advisor Members:

林貝聿嘉 LAM PEI Yu Dja Peggy

李劉蓓蓓 LEE LAU Pui Pui

何馮艷仿 HO Yim Fong Judy

孟顧迪安 MON KOO Di An Louise

胡郭秀萍 WU KWOK Sau Ping Ivy

蔡鄧月紅 CHOI TANG Yuet Hung

梁靳羽珊 KAN Yu San

陳郭靄珠 KWOK Oi Chu Lucia

安老服務單位

網址：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：ytv_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



編印日期：12/2025 數量：500本