

Phase III CGAS/CVMO Collaboration Scheme in HKWC – A Novel Care Model to Reduce A&E Attendance and Hospitalization in Institutionalized Elderly

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Introduction:

The HAHO Phase III Community Geriatric Assessment Service/Community Visiting Medical Officer (CGAS/CVMO) Collaboration Scheme has been implemented in Hong Kong West Cluster (HKWC) since May 2005. Eight private old age homes (POAHs) (total capacity 1,087; average occupancy 86.5%) are invited to participate in the program. One full-time CVMO with CGAT experience is employed for this project.

Purpose of the project:

To examine the effect of Phase III CGAS/CVMO Collaboration Scheme on A&E attendance and unplanned admission of elderly residents in POAHs.

Methods:

The CVMO, under the supervision of Geriatricians, attended each POAH two to three times per week during office hours. A targeted approach was used in which high risk elderly would be given priority to consult the CVMO. These included those with recent A&E attendance, recent discharges from hospitals, repeated A&E attendance and unplanned admissions, having ad hoc medical and medication problems. Both HAHO data and self-reported data from POAH were analyzed.

Results:

A total of 3,105 consultations had been made from May to October 2005 by the CVMO. Comparing with January to March 2005, the HAHO data showed a 17.7% reduction in A&E attendance from April to June 2005, and a 33.9% reduction from July to September 2005 in the eight POAHs. There was also a 12% reduction in unplanned admission from April to June 2005 and 28% reduction from July to September 2005 as compared with January to March 2005. We analyzed the POAH self-reported data for season-to-season comparison between 2004 and 2005. There was 11.6% reduction in A&E attendance and 18.3% reduction in unplanned admission in May to October 2005 as compared with the same period in 2004. On the other hand, the mortality rate was very comparable in May to October 2004 and 2005 (1.46% in 2004, 1.79% in 2005).

Conclusion:

The HAHO Phase III CGAS/CVMO Collaboration Scheme is effective in reducing A&E attendance and unplanned admission. The success of the program depends on full cooperation from the POAHs, commitment of an experienced CVMO, professional support of geriatricians and other CGAT members.