

## **S1.1**

### **The United Front – An Integrated Collaborative Model for Community Services**

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#### **Introduction:**

In the traditional model, although HA hospitals have ample chances of collaborating with many community social sector partners in providing various categories of services, they often lacked a well-defined structure in both the integration and governance aspects. Fragmentation is the rule and each specialty will look after community services of its own department. Community partners, at the same time, function separately and seldom have concerted efforts in the community settings for any joint projects to promote synergy of effects.

#### **Purposes of the Project:**

The HKEC sees the increasing importance of community services and has determined to re-structure the Community Based Care Services to enhance integration and efficiency. The Vision is to achieve “A Healthier Community.”

#### **Method:**

We established a new and integrated community service model to improve community health through partnership with care-providers. After careful deliberations in various meetings, workshop with 29 community partners and sharing with 70 internal staff, the structure of the HKEC Community Service has been revamped. It becomes a well defined governance and integrated model with the Steering Committee at the top, the Management Committee for execution and monitoring, pivoted upon a Community Network Link Liaison Office (with two arms of organizational liaison and Telephone Nursing Consultation Service patients liaison), and branched out to seven Liaison Committee Platforms including Elderly, Family, Chronic Diseases, Disability, Cancer, Psychiatry and Health Promotion Services. All of these are being supported by an integrated network of Community Nurses, Community Geriatric Assessment Teams, Allied Health Service, Specialists, Family Medicine Clinics and General OPDs, Health Resource Centres and Patient Resource Centres, Volunteers and Chaplaincy Services. The seven Liaison Committee Platforms will each be co-chaired by a clinician and a representative from the community to ensure equal participations. At the same time, 5 important themes are carefully monitored by working groups to look at the Quality of Care, Protocols, Communication and Information Sharing, Resources Development, Staff Training and Outcome Evaluation.

#### **Results:**

Key Performance Indicators are used to evaluate the outcome and we are able to demonstrate that the bed utilization rate is reduced, hospital staff and community partners' participation are increased, and health indicators of the population are improved.

#### **Conclusions:**

The success of the present model depends very much on the successful integration of all facilities and resources from the hospitals and the community. It may take a considerable period of time for all healthcare workers on both sectors to get further harmonized into a “united front”, which is our final goal.