

S1.6

Engaging Medical and Rehabilitation Support for TWGHs Wong Cho Tong Enhanced Home and Community Care Services - the KWH Experience

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Introduction:

To actualize the objectives of “Community Care” and “Ageing in Place” in the Enhanced Home and Community Care Services in Kowloon City - EHCCS(KC), and in view of the specific health needs of frail elders residing in the community of Kowloon City, it is envisaged that a full and comprehensive array of support and care services including medical and rehabilitation care should be rendered in a bid to maintain the frail elders at their maximum level of functioning and to enable them to age at home in a familiar environment. As such, the service operator of EHCCS(KC) – TWGHs Wong Cho Tong Social Service Building, embarked on a new community collaboration model to engage Kwong Wah Hospital (KWH) into the project targeting at enhancing the comprehensiveness and efficiency of medical and rehabilitation support services.

Purpose:

The service operator of EHCCS(KC) and KWH realized the importance of enhancing the coverage, integration and efficiency of medical and rehabilitation support in EHCCS with the ultimate objective of enhancing “healthy ageing in community”.

Method:

The strategy of sharing common problems and goals between the service operator and hospital was adopted in the process of this hospital-community engagement. The central backbone of this enhanced medical and rehabilitation support levered on the Family Medicine (FM) Clinic of KWH which served as the cornerstone of providing medical care and support for the project including screening, consultation, evaluation and monitoring. The FM Clinic also acted as the central relay station for coordination and liaison with Geriatric specialist support and tele-consultation, visiting medical office (VMO) services, nursing services and Allied Health services. Another keystone of this engagement is the full array of allied health support including physiotherapy, occupational therapy, speech therapy, clinical psychology and dietetic services. Linking up all the medical and rehabilitation care services provided by the hospital, the FM Clinic was closely engaged with the service operator and care managers to enhance the home and community care services for frail elders.

Result:

The FM Clinic operated on a fixed sessional basis while other medical and allied health services were provided on a need and referral basis. Key performance and outcome indicators including the number of clients served, the level of functioning and independence, and the overall health status are used to evaluate the outcome of this hospital-community engagement. The interim results after a period of 1 year since service commencement demonstrated that hospital admission in this group of frail elders is reduced, health indicators are improved, and service providers and users are satisfied.

Conclusion:

The interim results depend very much on the successful integration of a full array of medical and rehabilitation support with the community care services. It may take some times for hospital and community partners to become fully engaged to get further into a “harmonized and united front” for betterment of healthy ageing in place for our frail elders.