

S2.9

A Partnership Program to Enhance Continuity of Community Health Care

WAN Ka Pik¹, LEUNG Yuen Ching², CHUNG Wing Ming³, Winnie CHAN⁴

Hong Kong Sheng Kung Hui Welfare Council¹

Hong Kong Sheng Kung Hui Wong Tai Sin District Elderly Community Center²

The Practising Pharmacists Association of Hong Kong³

Department of Family Medicine & Primary Health Care, Hospital Authority⁴

Introduction:

Hong Kong government proposes a community-focused, patient-centered and knowledge-based health care system that emphasizes preventive health care in the community. Echo to the above belief, our center is seeking different ways to provide quality primary health care for the service users. We emphasize that the health care is a holistic care rather than the treatment alone. Between 2004 and 2005, Hong Kong Sheng Kung Hui Wong Tai Sin District Elderly Community Center (HKSKHWTSDECC) and Hong Kong Sheng Kung Hui Chuk Yuen Canon Martin District Elderly Community Center (HKSKHCYDECC) collaborated with the Practising Pharmacists Association of Hong Kong (PPAHK) to provide a series of talks, seminars, trainings and programs educating social workers, home care workers, volunteers and the elderly people in the Wong Tai Sin Community. Since 2006, Our Lady of Maryknoll Hospital (OLMH) and the Merck Sharp and Dohme (Asia) Ltd. (MSD) also participated into the program to provide the quality health care service to the elderly who suffer from diabetes and hypertension.

Purpose of the Project:

In order to enhance the knowledge and cultivate a positive attitude of self-management and primary health care of the elderly people in the community, the partnership program promoted drug education to the elderly and the caretakers in terms of drug safety, drug compliance and basic knowledge of category of drugs in chronic illnesses.

Material and Methods:

Series of health talks, seminars, programs and trainings were held in the above-mentioned DECCs. Pharmacists taught the elderly people how to store and care to be taken in daily life to avoid the worsening of their disease. Moreover, the counselling sessions were arranged on a one to one basis for the elderly people after they had attended the health talks. Drug compliance plan would be discussed in the sessions.

Results:

Period (year)	Method	Target	Results
2004	Staff training	Social worker and Home care worker	2 sessions 150 persons
	Health talks	Elderly people and care-giver	6 sessions more than 600 people attended
2005	Staff training—Certification course	Staff of private sector and elderly service (social worker, nurse, home care worker)	7 sessions (duplicate: can delete 54 persons) near 350 people attended
	Health talks	Elderly people and care-givers	9 sessions more than 800 people attended
2006	Health talks	Elderly people and care-givers	8 sessions planned (until now 3 sessions were held about 200 people attended)
	Care action in heart diseases (The project starts from September 06 to March 07) (pending)	Patients with hypertension and diabetes	Collaborating team with five parties: 1. WTSDECC 2. CYDECC 3. PPA 4. OLMH 5. MSD

Conclusion:

With sound feedback from the participants, seven different elderly centers had encouraged their members to join our program. Besides, hospitals in the local area e.g. OLMH and some pharmacies e.g. MSD joined actively into the program.