

# Vocational Rehabilitation Service - An Interfacing Model between Hospital and Community Partner

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## Introduction

Vocational rehabilitation is one of the Occupational Therapy (OT) core services. The return-to-work rate of clients participating in vocational rehabilitation is multi-factorial and often relies on the concerted effort of various service providers in hospital and community. From December 2006, OT Department of United Christian Hospital (UCH) has started collaborating with the community partner – Hong Kong Worker Health Center (HKWHC) to facilitate interface between hospital and community phases of vocational rehabilitation services for early community intervention after discharge from hospital and better service continuity, quality and effectiveness. The purpose of the paper is to share the outcome of the project from December 2006 to October 2007 and the experience of the collaboration model.

## Purpose of the Project

The purpose of this project was to facilitate better service continuity, quality and effectiveness on vocational rehabilitation for patients discharged from hospital to community.

## Methods

In the collaboration, occupational therapists of UCH provide work capacity evaluation and work hardening training to meet the immediate needs of the clients. Upon discharge phase, therapists would explain to the clients the needs and objectives of the collaboration service, conduct joined assessment and case review on the clients so as to establish mutually agreed treatment plan.

The HKWHC staff visit UCH OT department regularly to conduct initial assessment for formulating treatment plan for the clients referred and provide educational classes, such as return to work and compensation educational talk, before discharge. After discharging from the UCH OT department, HKWHC staff would continue providing vocational rehabilitation services if needed, including vocational retraining, work resettlement program, transitional work or volunteer work.

The clients attended the project from December 2006 to October 2007 were reviewed retrospectively. Their demographic characteristics, problematic areas and programs received were retrieved for analysis with the use of descriptive statistics.

## Results

From December 2006 to October 2007, there were a total of 66 clients referred to HKWHC. Among the clients referred to the HKWHC, most of them were not able return to their original jobs, 34% of them suffered from chronic pain and 18% got psychosocial problem in return to work. Intervention by HKWHC showed that 56% of the clients were assessed to have potential to change their jobs through the vocational resettlement program. 22% of them joined the transitional work program like volunteer work while pending for their further adjustment and acceptance of disability. The rest was found to be indicated for further psychosocial intervention and regular follow up.

Feedback from UCH therapists showed that clients were more ready to be discharged and indicated that they were less uncertain and anxious after discharge from hospital as the service arrangement could give them hope for their future work.

## Conclusion

The present interface model of vocational rehabilitation can facilitate the continuity of patients care from hospital to community through more early engagement and intervention.

After implementation of the program for a year, it is expected that more clients could be referred from OT Department of UCH to HKWHC under this collaboration for more effective intervention.