

Outreach Service for Children in Special Schools

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Introduction

A mental journey of what disabled children need to do in attending outpatient clinics in hospitals would easily envisage the difficulties they have to face in dealing with such a simple task. Help is required with every single step from dressing up, bathing, traveling etc...just to name a few. Needing to wait in a strange outpatient environment and receiving bombardment with unusual noises add extra burden to their already heightened anxiety even before they are seen by doctors. Our Outreach service to special schools/institutes for disabled children was established in 1996 charged with the basic ideas of seeing these children in their familiar environment thus relieving them of all the hardship of traveling and avoiding all the anxiety-generating factors just mentioned.

Purpose of the Project

The service aims to achieve a win-win situation for all involved parties. Parents are satisfied not because they can save on traveling expenses, they are happy to see their children not under stress when they are seen by doctors in the clinics. Doctors would find examining these children easier because they are seen in their familiar environment. The service provides a platform for participation, information exchange, and direct consultation for school staff, parents and the visiting doctors. A multidisciplinary approach of patient management at the community level with participation from all involved parties can thus be achieved.

Material & Methods

Four special schools/institutes are regularly visited under the scheme. The team size has grown from a one-man band to a team with four members, each fulfilling a different role in the service. Two doctors are responsible for the daily clinical activities and planning of the service; whereas another doctor and a nurse participate in the organization and provision of regular educational activities for parents and school staff. Consultation documentations are entered into the hospital CMS system electronically through telephone linkage. Direct telephone consultation between school nurses and team doctors was also set up for urgent situations.

Results

The service is a win-win scenario for all involved parties, i.e. patients, parents, special schools/institutes and hospital. The benefits and success of the service can be grouped into the following categories;

1. To achieve the concept of "hospital without frontier" through the establishment of Outreach Clinics at the institutions level, telephone hotline for parents & childcare workers and training to staff of these institutions.
2. To reduce avoidable hospitalizations and SOPD attendance by direct consultations and telephone hotline service.
3. To reduce parental and patients' anxiety and traveling expenses by obviating their need for transportation to hospital.
4. To achieve better patient care through training to childcare workers of these institutions.
5. To adopt a multidisciplinary approach of patient care at community level with participation from parents, teachers, paramedical staff.
6. To promote cooperation and communication between hospital and community partners.
7. To promote better public understanding and tolerance to disabled children / people through public community programmes and open talks.

Conclusions:

Outreach service to special schools for the handicapped provides a coordinated service with the community partners to achieve better healthcare for disabled children. The service promotes the concept of "hospital without frontier" and adopts a multidisciplinary approach of patient care at community level. Responses from parents and schools are positive with satisfactory feedbacks. Hospital also benefits from the lesser requirement for hospital admission and attendance.