

# **Social and Health Care: the Opportunity of Synergizing**

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- Long history of Collaboration
- Many new breakthroughs and innovative ideas

**Let's start with some creative ideas and successful cases.....**



# Example 1: One Stop Service for Victims of Sexual Violence

- Conduct forensic, medical treatment and counseling service under the same roof so that the victim doesn't have to go to different places and report the traumatic story repeatedly



中心以溫暖的家居式設計，  
為受害人提供有安全感和具  
私隱的環境



風雨蘭定期出版有關性暴力的單  
張和刊物，提升公眾人士和專業  
人士對不同類別性暴力的認識



## Example 2:

# Shared Care Model in Tackling Substance Abuse: Body Check-up and Motivational Interviewing

- Doctor & nurses conducting body check up for substance abusers to alert them to the effect of drugs on their body and to motivate them to quit
- Social worker and medical professional collaborate NOT only on a case referral basis
- Shared treatment plan and intervention strategies (adopting motivational interviewing approach); body check up conducted in youth centre (where the client are) instead of in the clinic

HKCS 'RAM.  
EXPRESS'  
Project



# Example 3: Facilitate Young People with Early Psychosis to Re-integrate into Community

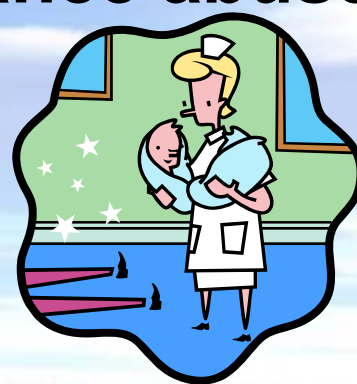
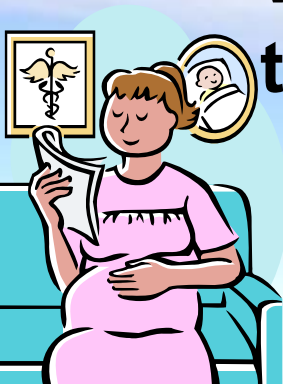
- Joint planning between youth services and early psychosis treatment centre
- Specially designed programmes to facilitate re-integration: social activities, family activities, back-to-school and back-to-work programmes

青山醫院開放日與香港明愛思覺失調中心合作推行有關精神健康之攤位遊戲



# Example 4: Comprehensive Child Development Service

- **Trained Nurse to administer Assessment at MCHC to identify family with more risk factors to facilitate early referral to Integrated Family Service Centre**
- **Collaboration between hospital and social services to work with young pregnant women and pregnant substance abusers to ensure early intervention**





# From Hospital to Home: Seamless Service for High-risk Elderly - Shamshuipo (高危長者出院照顧計劃 – 深水埗)

- Home care staff to identify a group of high risk elderly and inform community nurse – mutual exchange of information and care needs when clients are admitted to or discharged from hospital
- Enhanced communication between home care staff and CNS on high risk cases to ensure seamless care



# Example 6:

## Public-Private Interface - Electronic Patient Record Sharing Pilot Project (PPI-ePR)

### (公私營醫療合作計劃 – 醫療病歷互聯試驗計劃)

- Pilot project among 29 elderly homes and 4 hospital clusters of the Hospital Authority
- Use of information technology to expedite exchange of patients information
- Hurdles to overcome:
  - COST for hardware & software, system maintenance and upgrade
  - Staff to get used to using IT in daily operation



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**電子病歷共享 延續優質醫療**  
Sharing Electronic Patient Record • Sustaining Quality Patient Care

公私營醫療病歷共享 病人得益

- 讓市民和醫生能更有效地溝通
- 可即時查詢病人的醫療紀錄
- 可與醫生預約
- 可與醫生預約

Sharing Electronic Record, Benefits Patients

- Make referrals and appointments faster
- Sharing diagnosis & treatment records
- Patients can bring their own medical records
- Help protect existing electronic data

► 醫術安全  
► 準確準確可靠  
► 病人資料 高度保密  
High-level security for Patient Records

名醫經驗 立即學習!  
Participate Now  
with us today!

希望計劃能與市民  
試改更優質的醫療  
For details please contact  
Hospital Authority Study Centre

2300 6654  
www.ha.org.hk/ppi/epr



# More Examples of Collaboration Projects:

- **Community Project on FALL PREVENTION (太極不倒翁)**
- **Health Promotion Project – Cancer Prevention**
- **One Doctor One Home: to provide health talks and consultation for elderly residential home (eg. Consultation on prevention of infectious disease)**



# Social & Health Care Synergy:

1. Promotion & Outreach
2. Share Points of Service Access and Delivery
3. Joint Treatment Plan – leverage on each other's professional strength
4. Recovery and Sustained Well-being





# Critical Success Factors

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# Top Down or Bottom Up?

- **Bottom Up:**
  - may be more ad hoc
  - Collaboration may weaken with staff changes
  - Need to evolve into policies and system
- **Top Down: Clear policy and direction**
  - Need buy-in of staff, training, sharing of good practices

**START WHEREVER POSSIBLE AND GET THE BALL ROLLING**

# GETTING TO KNOW EACH OTHER

- Regular community based meetings to get to know each other, put names to faces, discuss needs and concerns from social service and medical service perspectives, explore collaboration opportunities

- For example:

regular liaison meetings between elderly service centres and medical and health service units in Shamshuipo – A CRADLE FOR NEW COLLABORATION IDEAS

# COMMUNICATION! COMMUNICATION! COMMUNICATION!

- In many instances, Communication isn't limited to case referral
- Continuous exchange of information and discussion on treatment approach
- Joint planning & evaluation
- Joint training – provide platform to get to know each other and understand each others' perspective .....eg. Mutli-disciplinary training on domestic violence, Conference jointly organized by HK Medical Association on HKCSS on substance abuse



# Issues to Tackle:

- **Mindset & Workload :**
  - Serving the client from a holistic perspective a strong enough driving force?
  - Evidence-based evaluation: need to demonstrate that the results justify the cost input (eg. Reduced readmission rate of elderly after introduction of seamless care and timely exchange of patients' record)

**LET'S CONTINUE TO SHARE GOOD PRACTICES:**

**Demonstrates that ideas can be put into action!**

**Stimulates more ideas!**

**Leading a cultural change!**



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**THANK YOU**