



## Other Abstracts

# Community Rehabilitation Day Center: A One-stop Transition towards Healthy Living in the Community

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### **Introduction:**

With the new engagement of “Shared Care Model” at the Hospital-Community Interface, patients with life-long disabilities are empowered to realize their wish of a sustainable living and participation in the community. The NTE Community Rehabilitation Day Center is one of the 4 SWD-subservent service units introduced to the market since 2007. Our center commenced service in February 2008 and is targeted at patients who are newly discharged from hospital services and are requiring long-term or life-long rehabilitation follow-up.

### **Purpose of the Project:**

“One-stop” rehabilitation solution for both patients and their caregivers is the branding of our Association in operating this centre. It focuses on integrating the gains obtained from different specialists and consolidating them into a sustainable long-term rehabilitation at home. Post-morbid lifestyle re-construction and psycho-social adjustments to both the patients and their families are highly emphasized. The outcome of the orthopedic patients who were receiving service at the centre during the period from March to August 08 was reported.

### **Material & Methods:**

With our “non-compartmental approach” in service delivery, a case manager (either a physiotherapist (PT) or an occupational therapist (OT) will coordinate and integrate the professional input from different disciplines including OT, PT, nurse and social worker.

The following core services were provided for the service users:

1. time-defined centre-based group or individual training programs;
2. home- / community-based individual programs;
3. caregiver’s educational talks and training programs;
4. networking, follow-up services or referring to other community support services;
5. day respite care service.

### **Results & Conclusion:**

Among 38 patients admitted during the study period, 27 were discharged and completed all the necessary assessments. All patients demonstrated improvement upon discharge as reflected from the Modified Rivermead Mobility Index (MRMI), Elderly Mobility Scale (EMS) and the Up-and-Go Test.