

Enhanced Home and Community Care Services for the Elders (EHCCS)

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Introduction:

The majority of our elders prefer home care to institutional care and most families in Hong Kong are prepared to care for their frail elders at home. According to the HKSAR policies, one of the mission of Social Welfare Department (SWD) is to assist the elders to remain living in the community as long as possible. Therefore the EHCCS, which is the home care service contracts between SWD and Non-government Organization (NGOs), was developed. EHCCS aim to provide tailor-made support to individual elders to meet their needs living at home. The CGAS team was invited by NGOs of HKE and Wan Chai to run the service since September 2001. With the multi-disciplinary support, it was revealed that positive outcomes of the program were achieved.

Purpose of the Project:

EHCCS were designed as an integrated form of services for frail elders with the aim of enabling them to age at home.

Objectives of EHCCS are:

1. to enable elders to achieve and maintain an optimal level of functioning and independence in the community.
2. to educate on the necessary skills to adapt to changing health status
3. to prevent premature and inappropriate admission to hospital and residential care.

Material & Methods:

151 subjects were recruited by April 2002 into this CQCEI program. The focus-analyze-develop-execute (FADE) cycle was used as a framework of this program. Multidiscipline professionals assessed clients' individual needs on regular basis, then developed care plans for interventions such as health progress monitoring, educational training, skills transfer, rehab aids recommendation, environmental modification, drug modification, direct admission and social activities etc. A 'pre-test' vs 'post-test' design was employed. Outcome data which were collected six months after receiving services were compared with that before commencing the services, so as to evaluate the cost effectiveness of the program.

Results:

It was found that after receiving the services for six months, there is an overall reduction in AED attendance by 21% ($p>0.05$), reduction in emergency admission by 38% ($p<0.05$), reduction of hospital LOS by 65% ($p<0.05$). Moreover, the general health status, such as mobility, ADL activity, fall incidents, pain control, continence, problem of constipation, sore management and cognitive function of the elders were improved.

Conclusions:

The home care enhancement program, which was implemented by multidiscipline, was proven to be cost-effective and is a comprehensive elderly service. It enhances elderly to age at home, reduce the expenditure in institutional care as well as the use of hospital bed.