

Cognitive Rehabilitation for Elderly Patients with suspected Dementia – A Collaboration Model between Hospital and Community

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Introduction

Elderly with suspected dementia is increasing rapidly in the aging population. Early detection and intervention in dementia care are believed to slow down the memory and functional decline of the elderly. However, the success of rehabilitation depends whether patients can be re-integrated into community for a safe and independent living. A pilot collaboration project on "Cognitive Rehabilitation Program for Elderly with suspected Dementia"(CRE) between the Hong Kong Society for Rehabilitation (HKSAR) and Occupational Therapy (OT) Department in United Christian Hospital (UCH) was launched in March 2007 to facilitate early intervention and to enhance continuity of care and quality cognitive rehabilitation from hospital to community. The purpose of this paper is to share the experience of the collaboration and some of the preliminary results.

Purpose of the Project

1. Provide early intervention to the elderly patients with cognitive impairment.
2. Facilitate the continuity of care and quality cognitive rehabilitation for elderly patients form hospital to community, and
3. Enhance better re-integration and more long-term maintenance and support of patients in the community.

Methods

A share care collaboration model was adopted in the project where HKSAR and OT Department of UCH share the same cognitive rehabilitation protocol. Hospital occupational therapists will provide initial assessment to referred elderly patients on areas of cognitive function, abilities in activities of daily living and psychosocial status. Those patients with indicated needs for further cognitive rehabilitation will be referred to HKSAR according to the protocol after obtaining their consent. The program consists of a total of ten sessions of group cognitive training and psycho-education. There are about 6 patients per each group. Each session will last for about 1 hour and thirty minutes. After completion of the program, HKSAR will continue to provide follow-up support and maintenance for patients as appropriate.

Results

From March 2007 to December 2007, 30 patients had joined the cognitive rehabilitation program. Waiting time for the program had been shortened from average 4 months to average 2.5 months. Excluding those patients who were either admitted to hospital or defaulted treatment during the course of training, 10 patients had successfully completed the program with improved cognitive status. Most of them were able to receive follow-up and maintenance support in the HKSAR. Carer appreciations including donation were received.

Conclusions

From the preliminary results, the present share care collaboration model on " Cognitive Rehabilitation Program for Elderly with suspected Dementia " is able to facilitate early intervention, continuity of care and quality cognitive rehabilitation, community re-integration and more long-term support and maintenance of the elderly patients in the community. Further outcome evaluation for the project would be conducted.