Intensive support to Community-dwelling frail elderly though partnership with NGO

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Background

Community-dwelling frail elderly is in high risk of functional deterioration due to underlying co-morbidities. This functional deterioration as well as support network breakdown due to caregiver stress frequently leads to aged-home admission. To support these frail elderly in the community, we need to tackle their physical, social and psychological problems through multidisciplinary input. With partnership between health care worker and NGO, a more comprehensive community support can be provided. In the past few years, Queen Elizabeth Hospital Geriatrics Team is providing EHCCS Enhanced Home & Community Care Service to this group of community frail elderly through partnership with local NGOs including Po Leung Kuk Team and Chan Hing Team.

Method

Retrospective analysis of outcome data of EHCCS in the past two years.

Patients profile

Total 155 community-dwelling elderly has been cared by QEH EHCCS over the past two years. Female to male ratio is 1.8. A significant portion of them have poor social support and poor overall general condition: Twenty (13%) of them live alone, and the rest are either living with relative +/- maid. Eighty-five elderly (55%) rely on Disability Allowance +/- CSSA. Twenty-two of them (14%) has Barthel Index BI ≤4 whereas 106 (68%) has BI ≥13. Twenty-nine (19%) elderly are dependent on others in basic ADL. Six (4%) of them are on tube feeding. Twenty-seven (17%) elderly are chair / bed-bounded and 9% has contractures of limbs. Thirty elderly (19%) has cognitive impairment. Eighty elderly (52%) has ≥5 diagnosis and same portion of them (52%) are taking ≥5 drugs.

Workflow

Intensive support is provided through 1) regular Geriatrics nurse visits providing medical monitoring, patient / care-giver education & empowerment; 2) home exercise program tailor-made by therapist; 3) NGO home support; 4) multidisciplinary case conference; 5) Fast tract Frail elderly clinic to support ad-hoc complaint.

Results

Over these 2 years, Twenty-nine (19%) of them died and 20 (13%) were admitted to aged-homes. EHCCS are able to keep 106 elderly (68%) in the community during this period. 119 (77%) elderly has improvement or maintenance of functional state as measured by BI.

Conclusions

EHCCS, through partnership between Geriatrics Team with NGO, is effective in supporting high risk frail elderly in the community, as well as reducing their deterioration and likelihood of admission to aged-homes.