

Creating Synergy for Community Health

Community Involvement in HKEC

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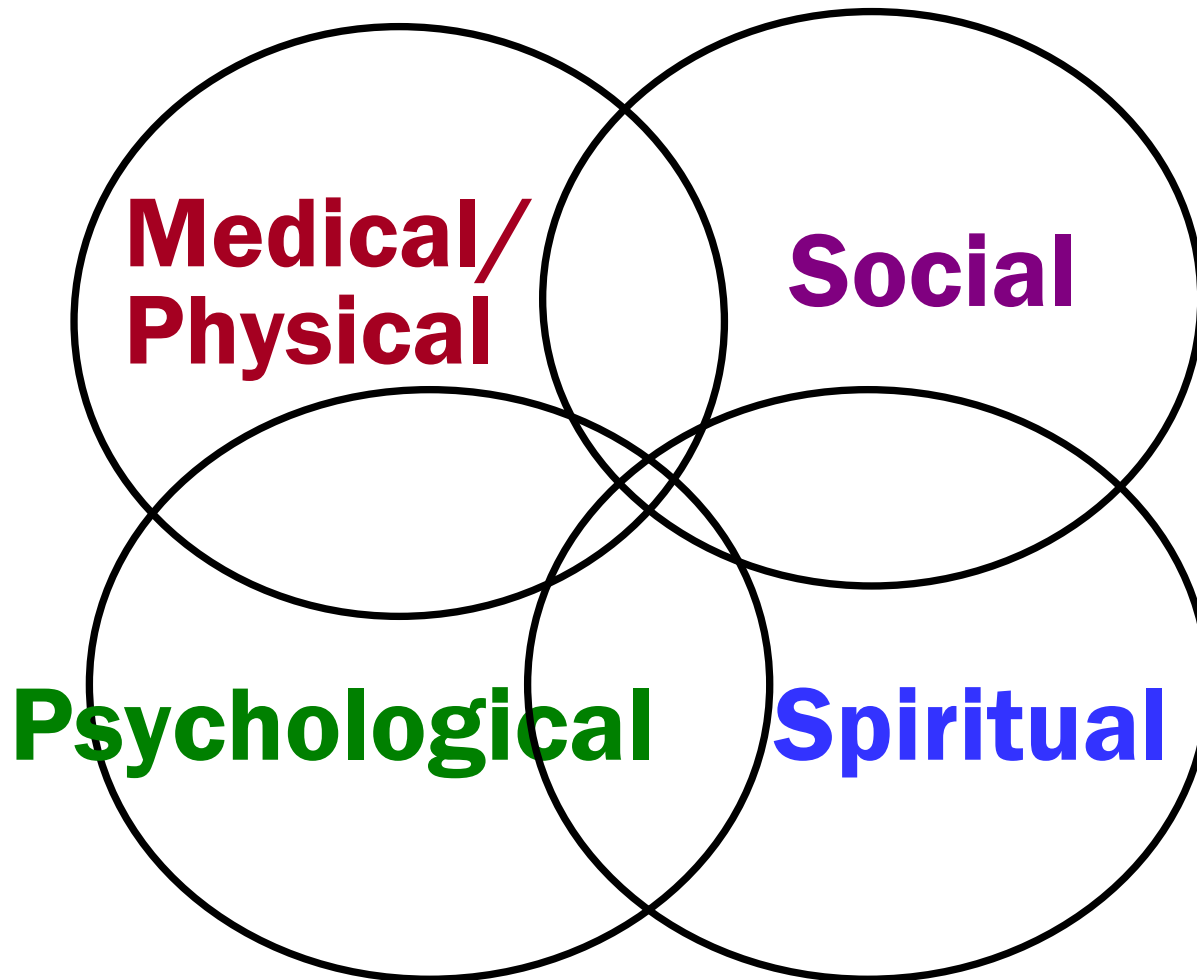
Cluster Chief Executive

14 March 2008

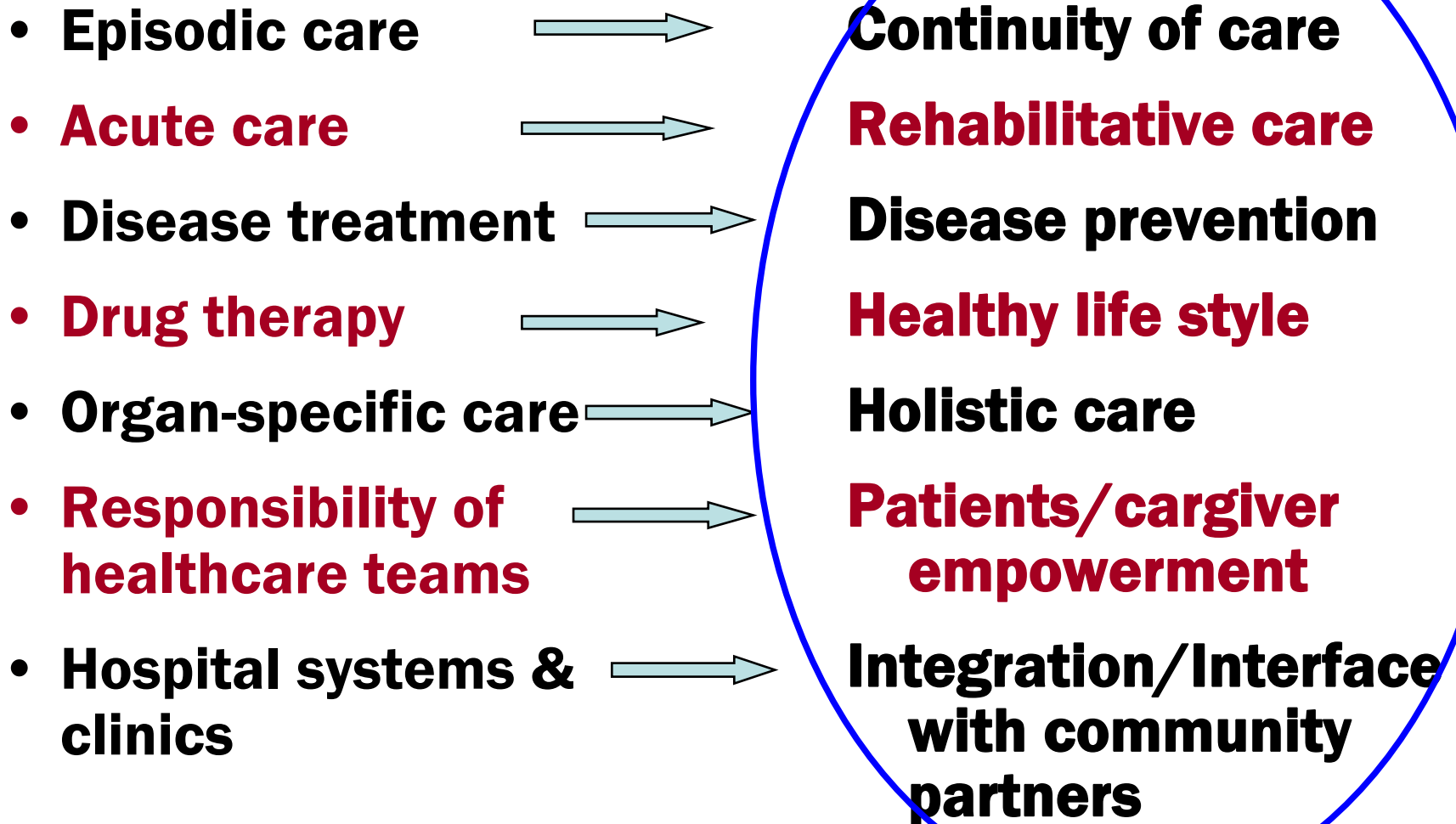
Determinants of a Healthy Community



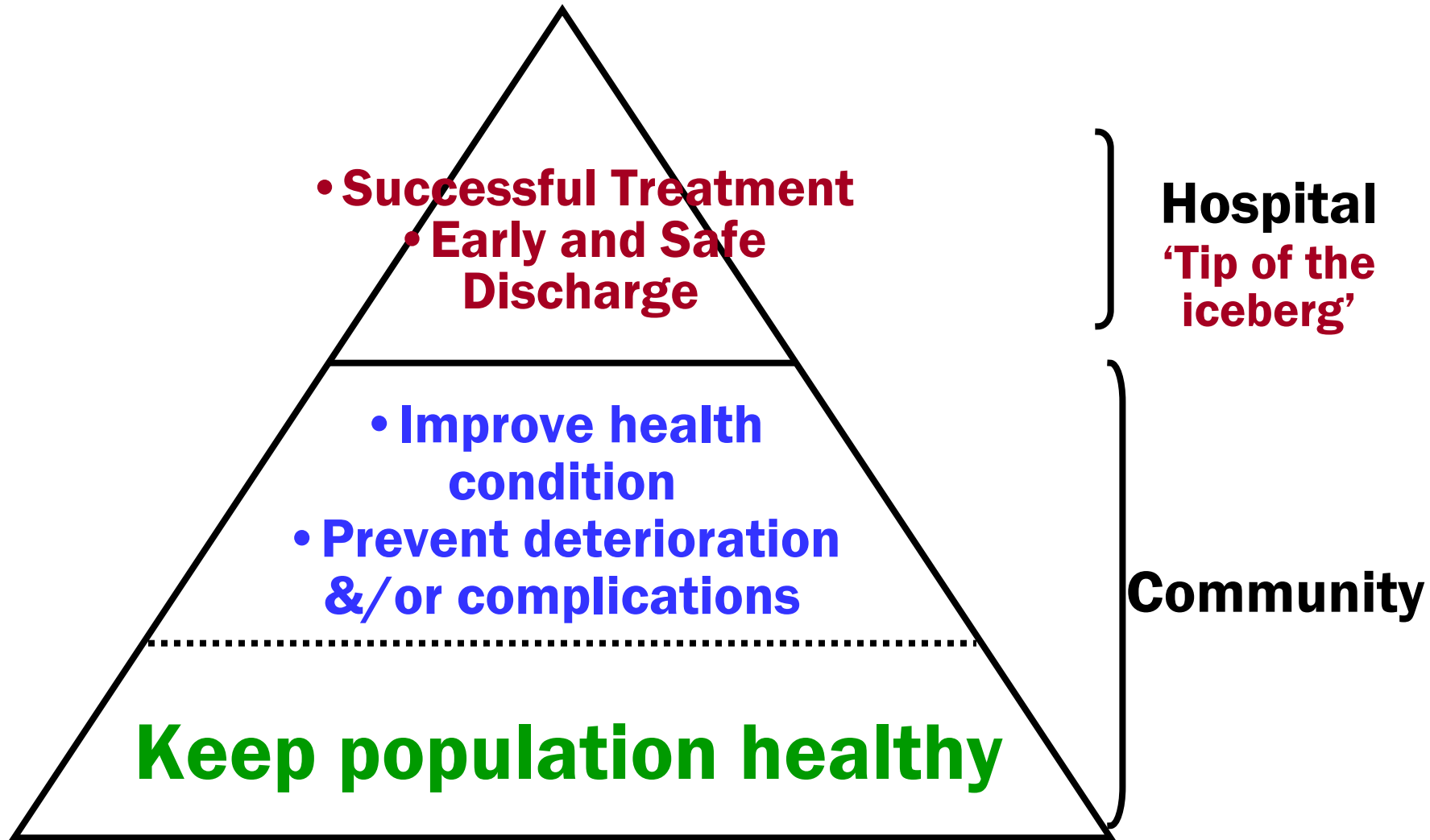
When we are sick



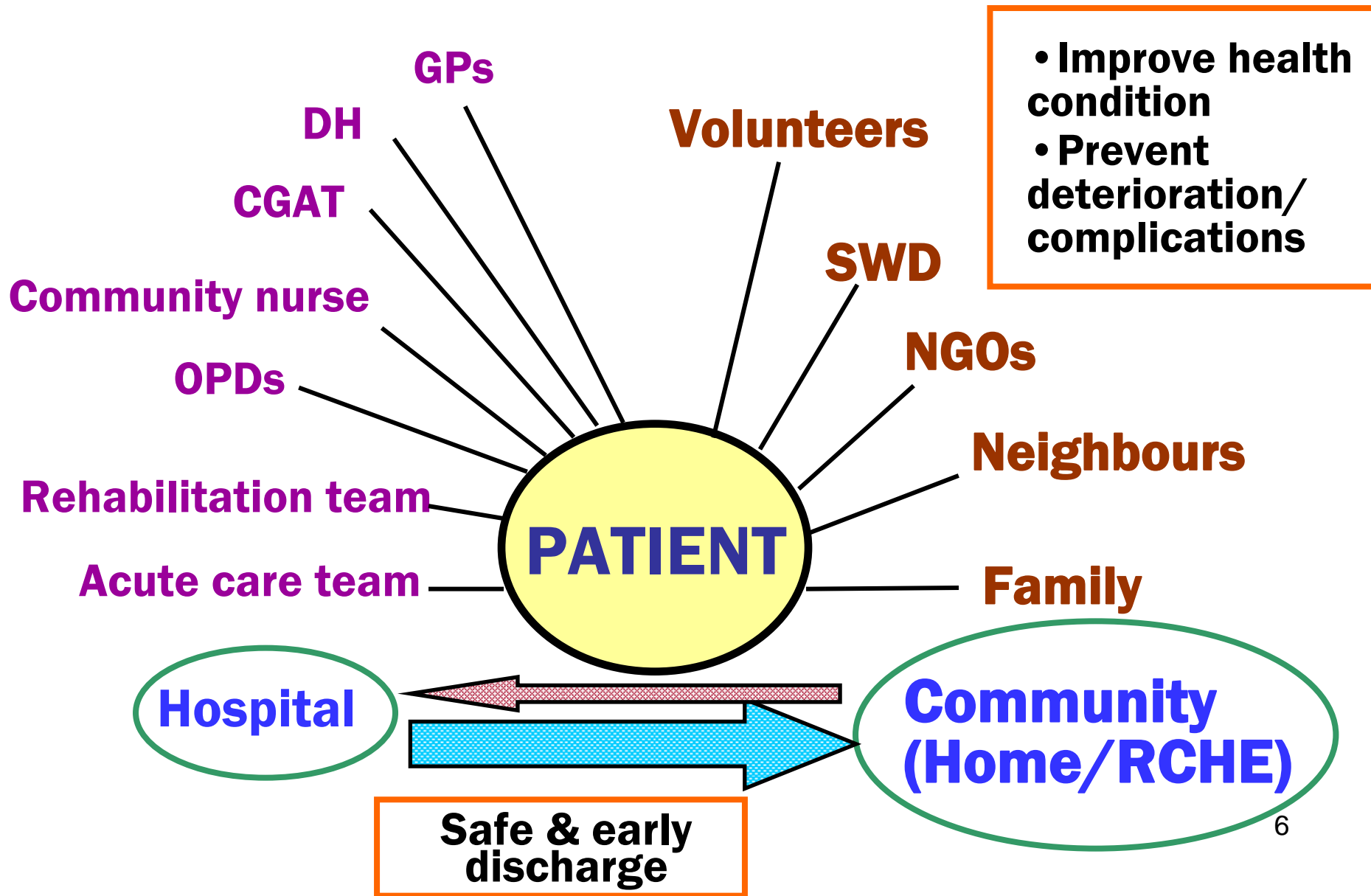
Changing Health Care Needs



How do we see Population Health & Community-Based Care



Healthcare Partners of a HK Patient



Keeping the population healthy

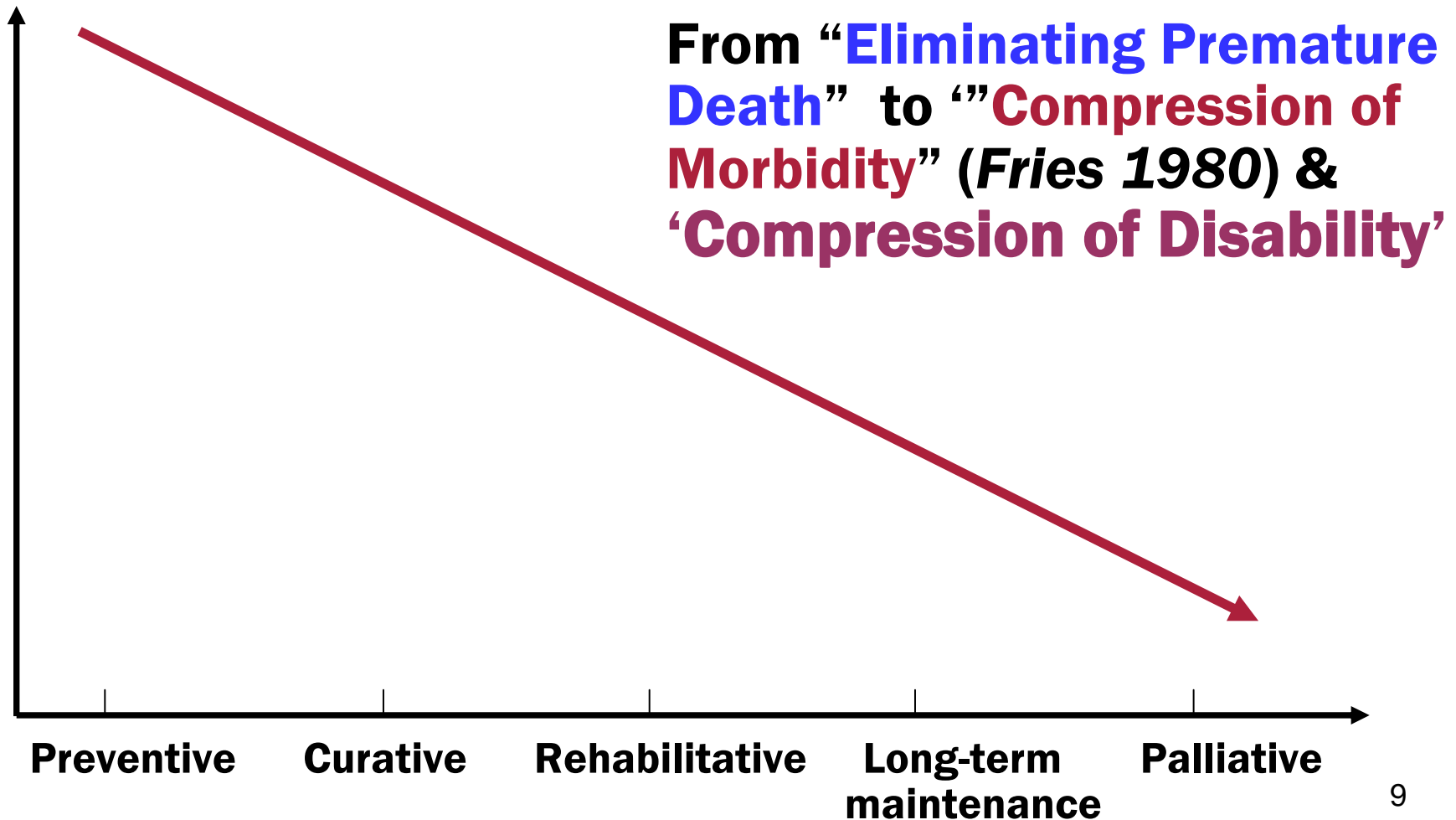
- Healthcare institutions cannot act alone to create healthy communities
- “**Inform, educate and empower people about health issues**” and “**Mobilize community partnerships and actions to identify and solve health problems**” are 2 of ***‘Ten essential Services for Public Health’*** of the **Centres for Disease Control and Prevention (CDC)**

HKEC Hospitals

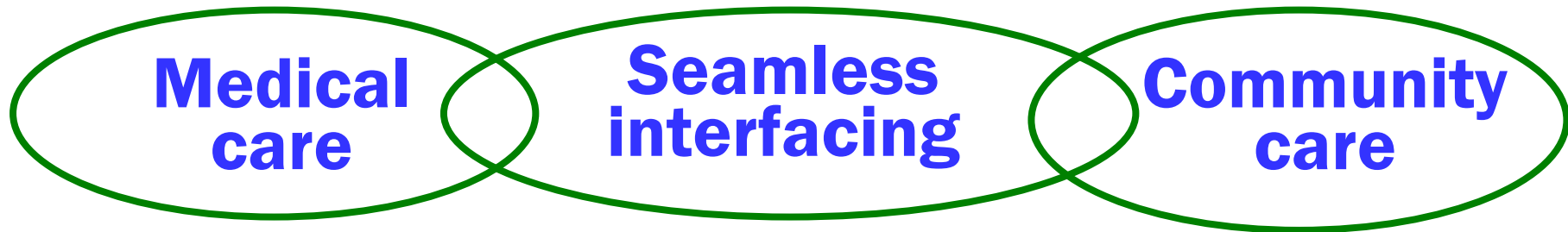
- **Vision & Core value**
 - **United in Caring for the Health of the Community**
- **Mission**
 - In **collaboration** with other healthcare providers and the **community**, we shall ensure appropriate provision of **holistic care** for the Hong Kong East population through an **integrated** and **sustainable** healthcare delivery model

Community Care in HKEC

Focusing on the Continuum of Care



The HKEC Approach to Community Care



- **HKEC hospitals**
- **Dept of Health**
- **Private medical practitioners**

Strategies

- 1. Direct service**
- 2. Empowerment**
- 3. Engagement & Partnership**

- **SWD**
- **NGOs**
- **Formal/ Informal caregivers**
- **Volunteers**

HKEC Journey of Community Involvement : 1

- **Before 1994: Mostly Direct Service + Volunteerism**
 - **Community Nursing Service (CNS)**
 - **Numerous community projects for elderly and chronic diseases**

HKEC Journey of Community Involvement : 2

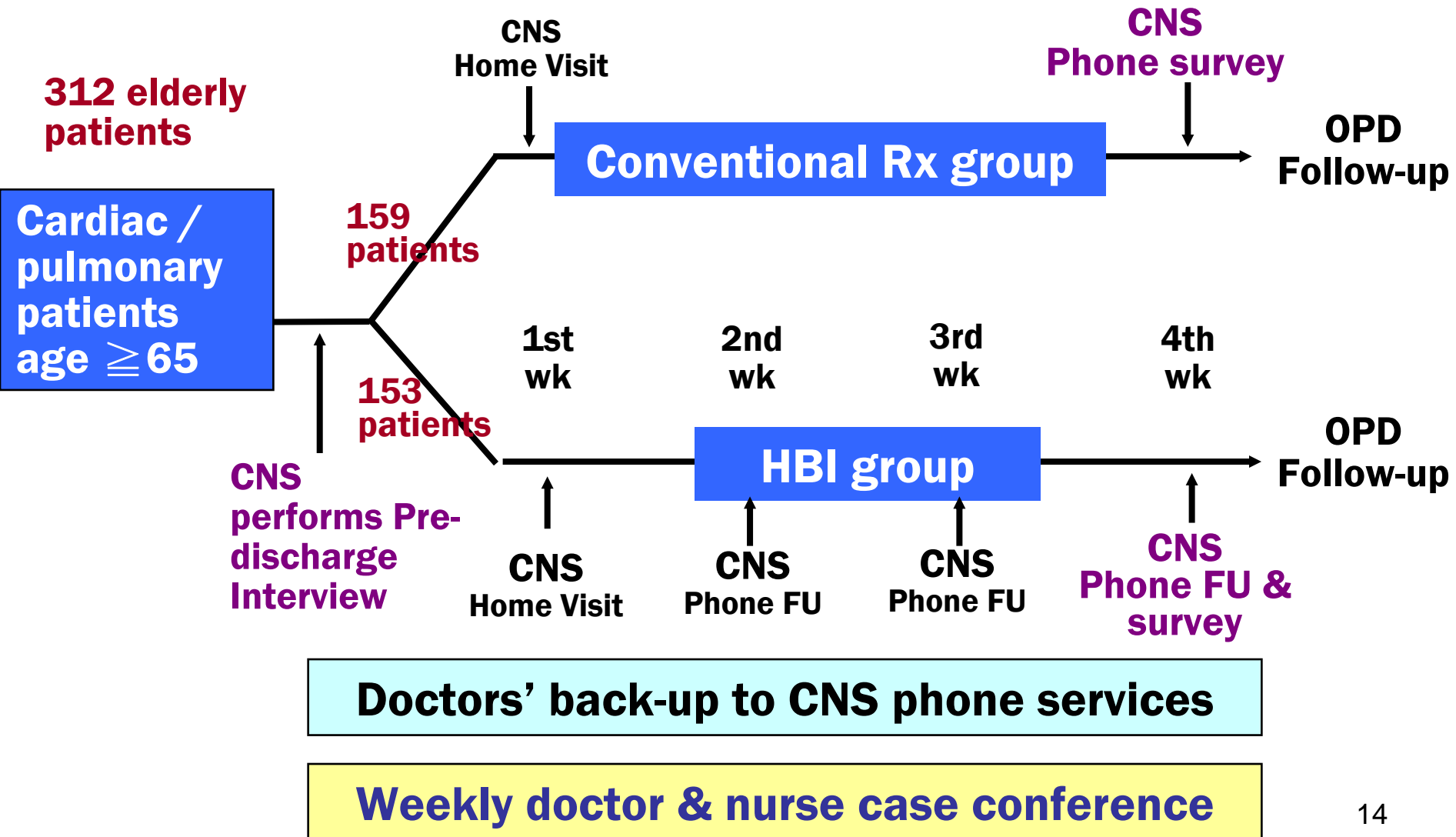
- **1994-2000: Direct Service + Volunteerism + Empowerment programs**
 - **Additional community projects on child care & school health, mental health, cancer care, etc**
 - **Community Geriatric Assessment Team (CGAT) and CGAT nursing team for residential home for the elderly (RCHE)**
 - **Community Psychiatric Nursing Service (CPNS)**

HKEC Journey of Community Involvement : 3

HKEC-Initiated
Post-discharge (virtual) FU & Support
with active participation of
Community Partners

2003 - current

Home-Based Intervention Program (HBI) PYNEH Randomized Control Trial (RCT) 2001-02



Result of HBI Program

- **18.2%** ↓ of all types of **hospital admissions**
- **35.4%** ↓ in total **Length of Stay** for all patients, contributed mainly by reduction in duration of convalescent care
- **No significant** ↑ in **utilization of other health services** except those related to the program like **CNS visits** and **ad hoc clinic visits**

Post-Discharge Follow-Up Program & Telephone Nursing Consultation Service (TNCS) 2003

- Timely **phone assessment** of health status and **post-discharge** problems, to institute appropriate treatment utilizing appropriate health care resources
- Act as **long-term community healthcare resource** for the “high risk” elderly*
- **Intensive back-up by Geriatric Day Hospital, ad hoc SOPD visits, direct clinical admissions + SWD/NGO-operated community health services**

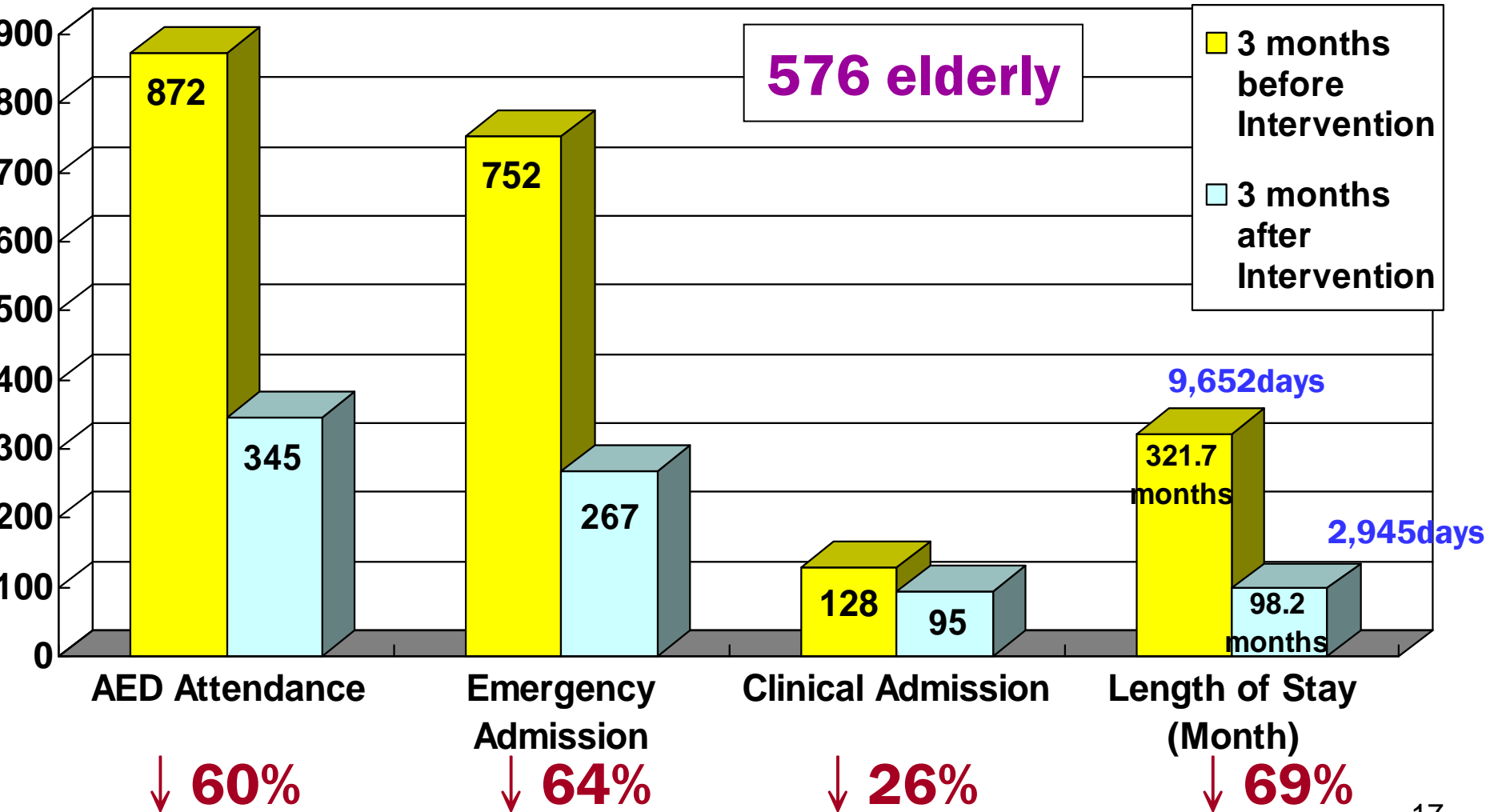
* High Risk Elderly

Any 2 of the following-

- > 3 A&E Admissions per year
- Any 1 of these disease groups: Congestive heart failure, chronic kidney failure, chronic obstructive airways diseases, cancer difficulty in swallowing
- > 3 co-morbidities

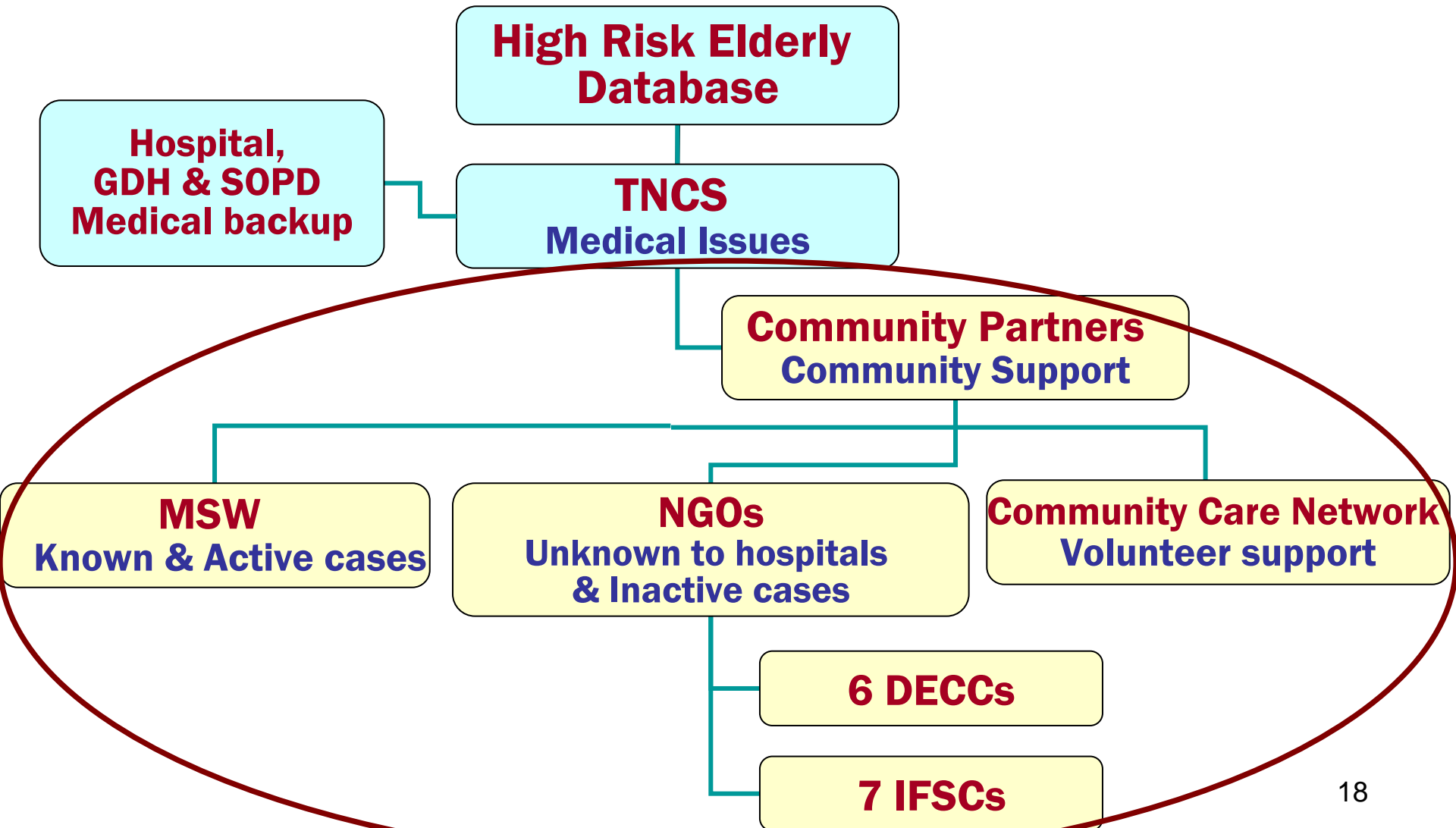
Effectiveness of TNCS

(Jun 2003 – Jul 2004)



HKEC High Risk Elderly Database (Since 2005)

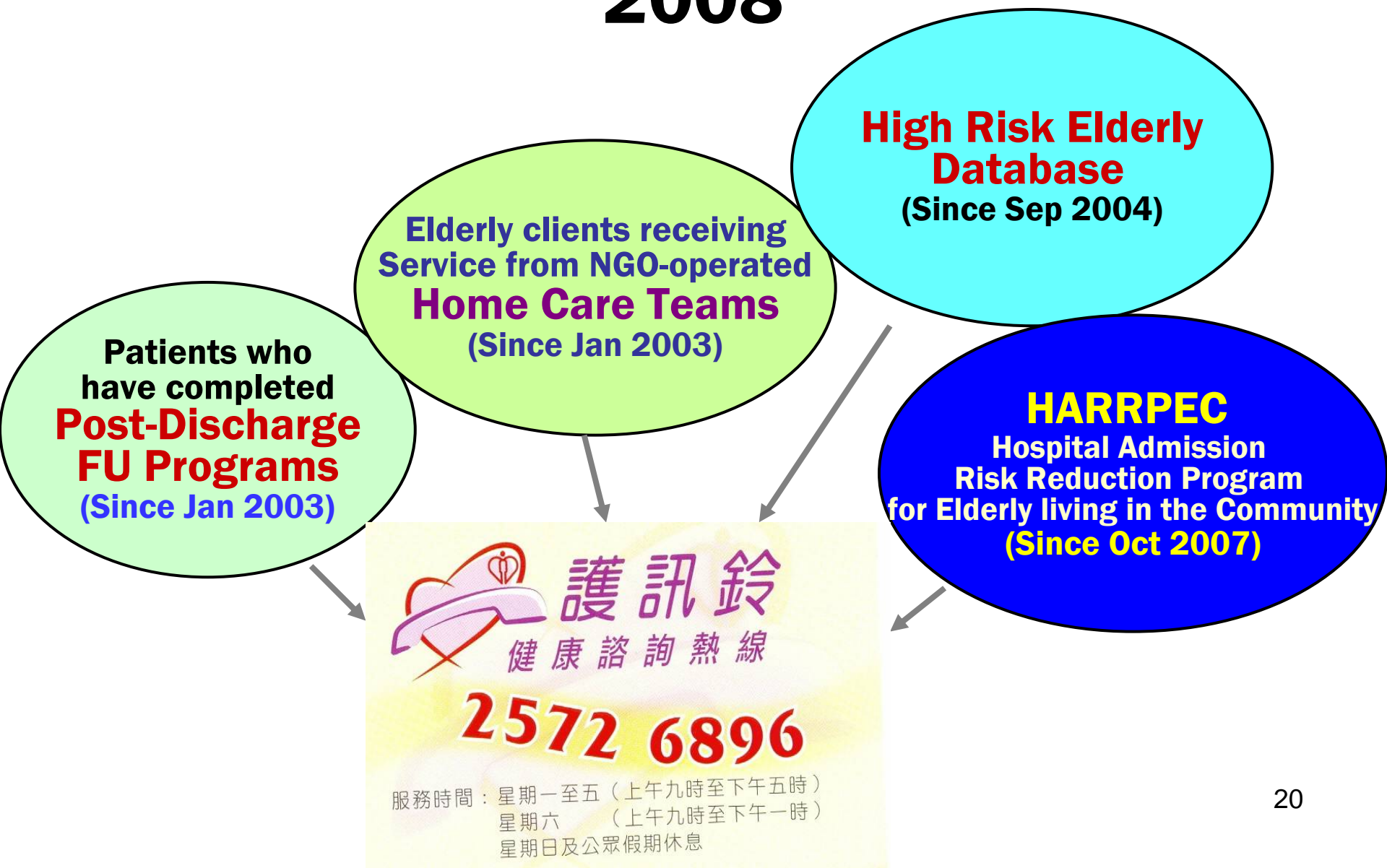
The Power of Networking



Post-Discharge Home Support Schemes Further Evaluation & Development

- **Post-discharge home FU program 2005-6: RCT of 209 high risk patients – ↓ 60% AED and ↓ 68% unplanned readmission rates**
- **TNCS + High Risk Elderly Database (HRED) 2006-7: RCT of 230 high risk patients– ↓ 36% AED attendance AND admissions**
- **Visiting Medical Officer (VMO) scheme 2003-current: 22 part time/full time VMO serving 68 RCHE serving 4846 residents – further ↓ 8% AED attendance**

HKEC Post-Discharge FU Program & TNCS 2008



HKEC Journey of Community Involvement : 4

HKEC Cluster Community Service

Jul 2005 - current

Background: HKEC as service provider

- **Need:** Relatively low acute/convalescent bed-to-population and bed-to-elderly population ratios spurred community services development since **1991**
- **Status as of Apr 2005:** HKEC collaborated with **241** service units of NGOs to co-conduct **48** community projects in **10** specialties/subspecialties, and recruited **1855** volunteers to serve patients in **6** hospitals
- Major integration and governance issues still prevalent, however

Structural change in HKEC Community Service

- **Director of Community Service appointed July 2005**
- **Responsible for ALL community health services within the Cluster**
- **Focus on inter-personal/inter-organizational liaison**
 - **To work as a bridge between 6,000+ HA staff, government units/departments, 200+ NGO/other organizations, and nearly 2,000 volunteers**

Community Health Service Planning Workshop

**Partnering with
Community Care Providers**

**Hong Kong East Cluster
Hospital Authority**

13 August 2005

Our Vision

**“A Healthier Community
in Hong Kong East”**

Outcome of Workshop 13/08/05

4 Strategic Areas for Enhancement

- To strengthen **community health infrastructure** by establishing a **Liaison Office**
- To ensure **quality of care** by defining health outcome indicators, setting protocols/ guidelines, and performing evaluation studies
- To improve **networking and communications** by setting up **7 platforms**, enhancing information exchange and engaging community support for (HRED)
- To enhance **staff training and capacity building** through pooling of resources in the cluster and the community

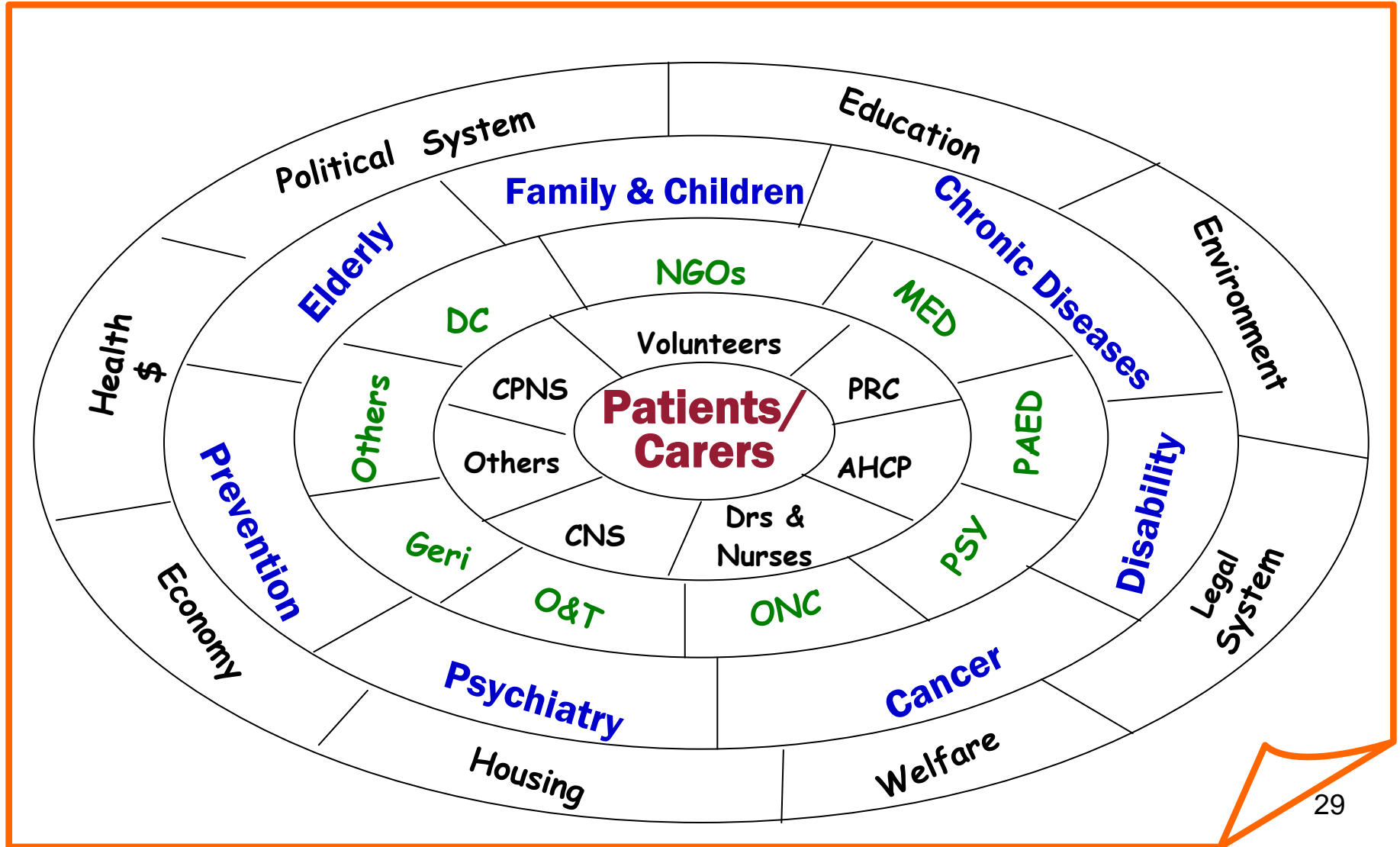
HKEC Community Care Program Our Aspirations

- **Committed staff, leaders & community partners**
- **Structured approach**
- **Multidisciplinary teams**
- **Comprehensive and holistic patient assessment & management**
- **Integrative collaboration with community partners: trust and interdependence to foster new initiatives & research**

Critical Success Factors

- **Appropriate health promotion **skill base****
- **Long term **commitment****
- **Strong **leadership****
- **Strong hospital partnership with community to harmonize into a “**United Front**”**
- **Integration of all facilities + resources of hospitals and community**
- **Non-ambivalent **funding****

“UNITED FRONT” 統一戰線 for Community Service in HKEC



Integration of Cluster Community Service: Continuing Efforts

- **Internal Dissemination**

**HKEC Workshop on
“From Hospital to Community –
Involvement of
Clinical Services in HKEC”**

**Share your views on
Successes & Failures
Obstacles & Opportunities
Saturday 4 March 2006**

HKEC Journey of Community Involvement : 5

- **Community Engagement Seminars**

- **NGO-HKEC Workshop 13 August 2005**

- **HA Convention 9 May 2006**

- **2nd Symposium 23 Sep 2006**

- **3rd Symposium 14 Mar 2008:**



HKEC Journey of Community Involvement : 6 Development of 7 Platforms: I

- **New Community Network Office with 7 Platforms: Chronic Diseases, Elderly, Family & Children, Disabled, Cancer, Mental Health and Health Promotion**
- **NGO representatives actively participate in every Platform with rotating co-chairmanship**
- **All Platforms expected to efficiently function through interacting with a (continually-integrated) network of Clinicians, CNS/CPNS, CGAT, Allied Health Services, GOPC/IC/FMSC, Patient Resource Centres, Volunteers and Chaplaincy Services**

Development of 7 Platforms: II

- 7 Platforms now supported by **Working Groups**, to focus on *Quality of Care, Management Protocols, Communication and Information Sharing, Staff Training and Outcome Evaluation*
- **Key Performance Indicators** being developed, to eventually include indices of health services utilization, hospital staff & community partners participation, and health indicators of the population

HKEC Journey of Community Involvement : 7

HKEC eResources Website

HKEC
“e-Resources”
港島東健康資源網



首頁

聯網資訊

社區協作

出院錦囊

社區資源

資源中心服務

健康學堂

資料搜尋器 | 下載區 | 有用連結 | 聯絡我們 | 網站地圖



歡迎瀏覽

「港島東健康資源網」!

我們會定期更新網頁的內容, 為你提供最新的資訊



▶ 歡迎瀏覽「港島東健康資源網」!

「港島東健康資源網」是一個跨病類社區復康資訊平台。配合「港島東醫院聯網」社區為本服務發展目標，透過本網頁，你可得知港島東多方面的健康資訊，掌握及善用各種社區復康資源。

HKEC Liaison Office

- **Organizational Liaison**
 - **Community Network Office** headed by social worker
- **Patients Liaison**
 - **Extension of Telephone Nursing Consultation Service**



護訊鈴
健康諮詢熱線

2572 6896

服務時間：星期一至五（上午九時至下午五時）
星期六（上午九時至下午一時）
星期日及公眾假期休息

HKEC Journey of Community Involvement : 8

Further partnering initiatives

2004 - Current

- **Partnering with 7 major elderly agencies in Community Involvement & Inclusion Fund (CIIF) project**
 - Expansion of local networks
 - Project funding HK\$ 2Mn from HWFB
 - Sustainable social + health partnerships and health promotion initiatives for sick and well elderly
- **Visiting Medical Practitioner Project in RCHE for Disabled with 8 NGOs**
- **HKJC-sponsored Cadenza Projects with 2 NGOs in application stage**

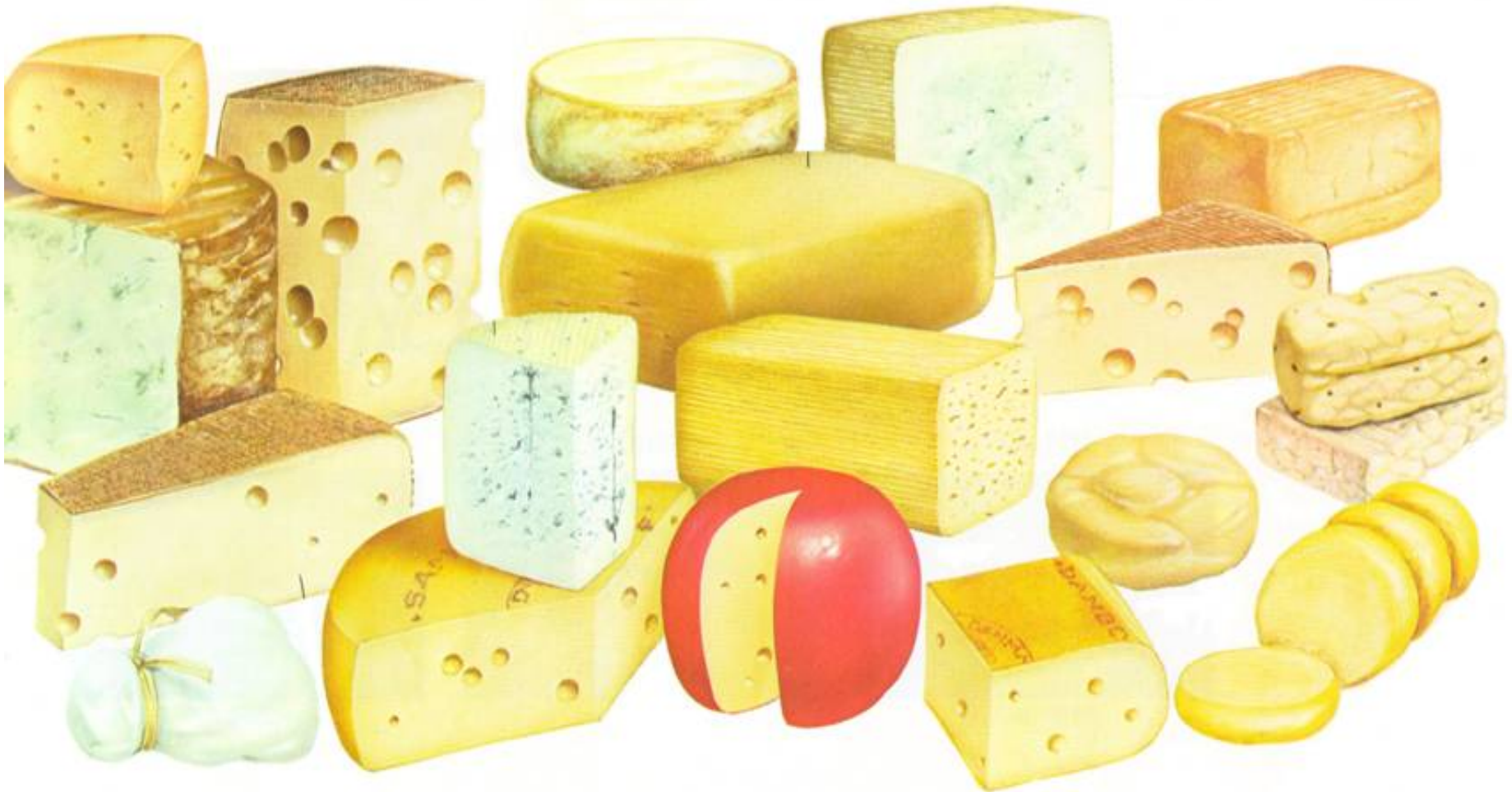
Limitations & Areas for Improvement

- **Service fragmentation still exists**
- **Cultural differences remain among service providers**
- **Further enhancement required in communication and information exchange**
- **Platform for sharing of clinical, social information & expertise needs broadening & strengthening**
- **Primary care support for the community to be strengthened**
- **Unknowns and uncertainties**
 - **Point of care testing & interpretation**
 - **Alternative Medicine: TCM, Acupuncture, etc**

The Current HKEC Community Service Overall Approach

- To **enhance safe and early discharge** from the hospital by establishing a good **community support environment** and utilizing **ambulatory care services** offered by hospitals
- To **keep patients healthy and safe** in the community via **effective referral systems, community rehabilitation/support & 2^o prevention programs, and patient & caregiver empowerment programs**
- To **keep the population healthy** by **collaborative primary prevention programs and early detection of diseases in the community**

Community Engagement and Community-Based Services Where do we go from here?



Community-Based Health Services

The future in partnership

- **Technology-based development** in the community
 - **Electronic Health Record & e-Health**
 - **Community Database Information System**
- **Protocols** to improve referral and care in the community
- **Key Performance Indicators** for structure, process & outcome
- **Cluster- or region-based collaborative Community Health Centre(s)**
- **Collaboration towards Community Health Diagnoses and Public Health Targets towards conversion of HKE to a Healthy City**

The Ideal District-Based Community (Primary) Health Centre: Practical Issues

- **Amidst high density population**
- **Targeted at lower income groups**
- **Easily accessible even to the old/frail/disabled**
- **More user-friendly than hospitals**
- **High community ownership and commitment: Activities are initiated and driven by the community**
- **Low operating costs and low charges for clients**
- **All infection control problems overcome**

Community-Based Health Services

The future: What we need

- **Policy endorsement for Integrated Medical-Social Care services & Socioeconomic approaches to Community-based Care**
- **Policy support for related research**
- **Health care financing**
- **Plans to promote ‘ageing in place’ and address increasing needs for long-term care of the elderly**
- **Changes in mindset, behaviour, work patterns and habits**

Acknowledgments

- **Our valued Community Partners: NGOs, Volunteers, Schools, District Council**
- **Government departments: SWD, HAD**
- **Sponsoring organizations: HKJC, CIIF**
- **PYNEH Hospital Governing Committee:**
 - **The late Dr Raymond Wu, Past Chairman**
 - **Ms Ophelia Chan, Member**
- **Office of the HKEC Cluster Community Service**
- **HKEC cluster Management**

Thank you