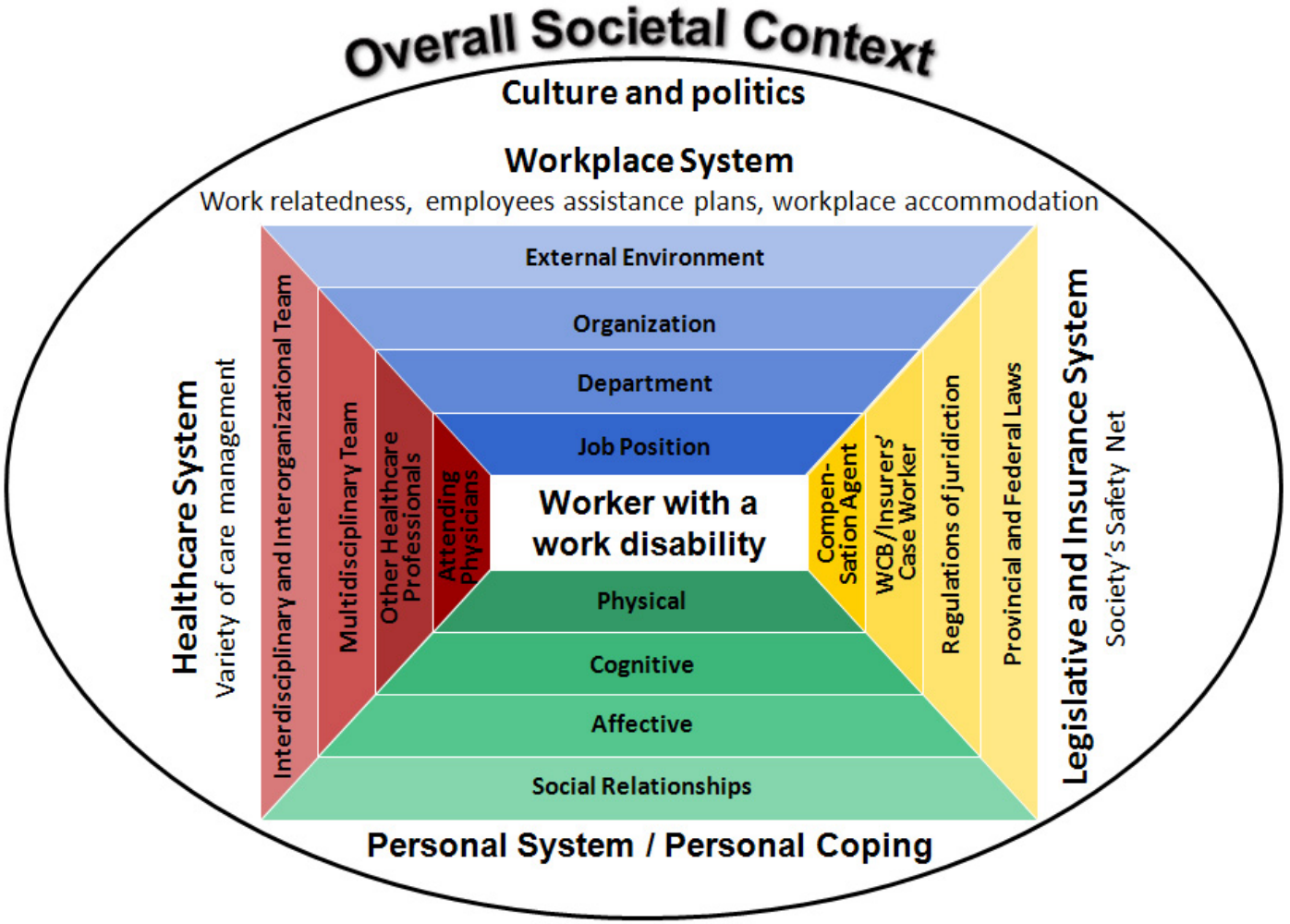
COMMUNITY COLLABORATION FOR WORK INJURY PATIENTS

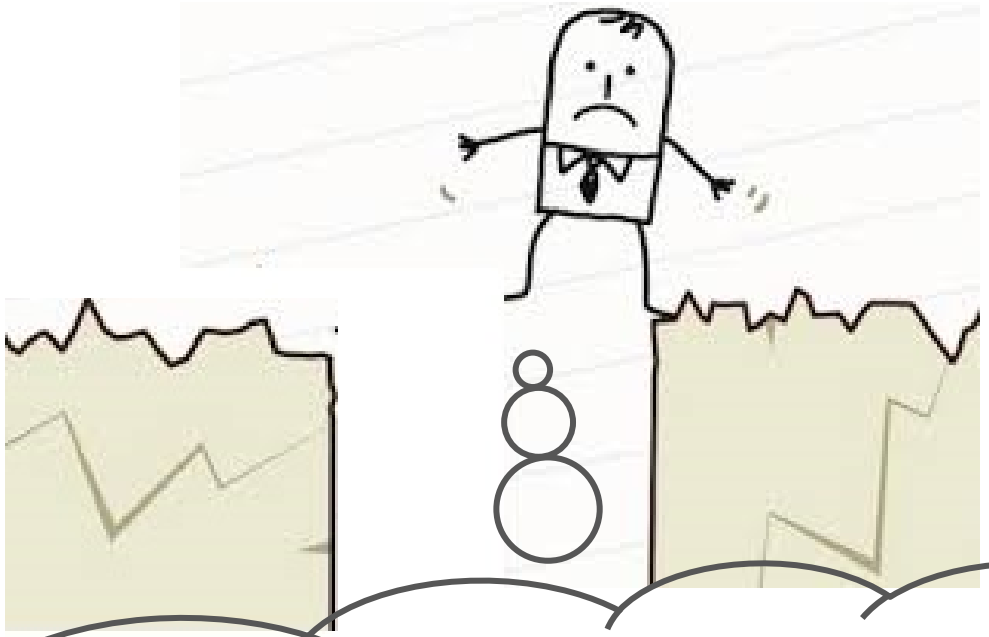
工傷患者- 社區服務機構與醫療機構合作經驗分享

Work Disability Prevention



(Loisel et al, J Occup Rehabil, 2005)

Current Service Gap



Long queueing time !

✖ Employer's involvement !

Lack of coordination !

Compensation focus !

Role of HKWHC

- Successful return to work is a collaborative effort among medical doctors, nurses, therapists, employers, co-workers, insurers, and the IOD workers

- Role of HKWHC
  - To support HA medical doctors in handling workers with IOD or work-related illness, by providing occupational rehabilitation information, &/or psychosocial adjustment after IOD, &/or out-reach service to work-site, in bridging the gap of HA existing occupational rehabilitation services, to facilitate their RTW.

Details of operation

Referral criteria

- IOD or work-related illness
- P/I: within 6 months

Remark

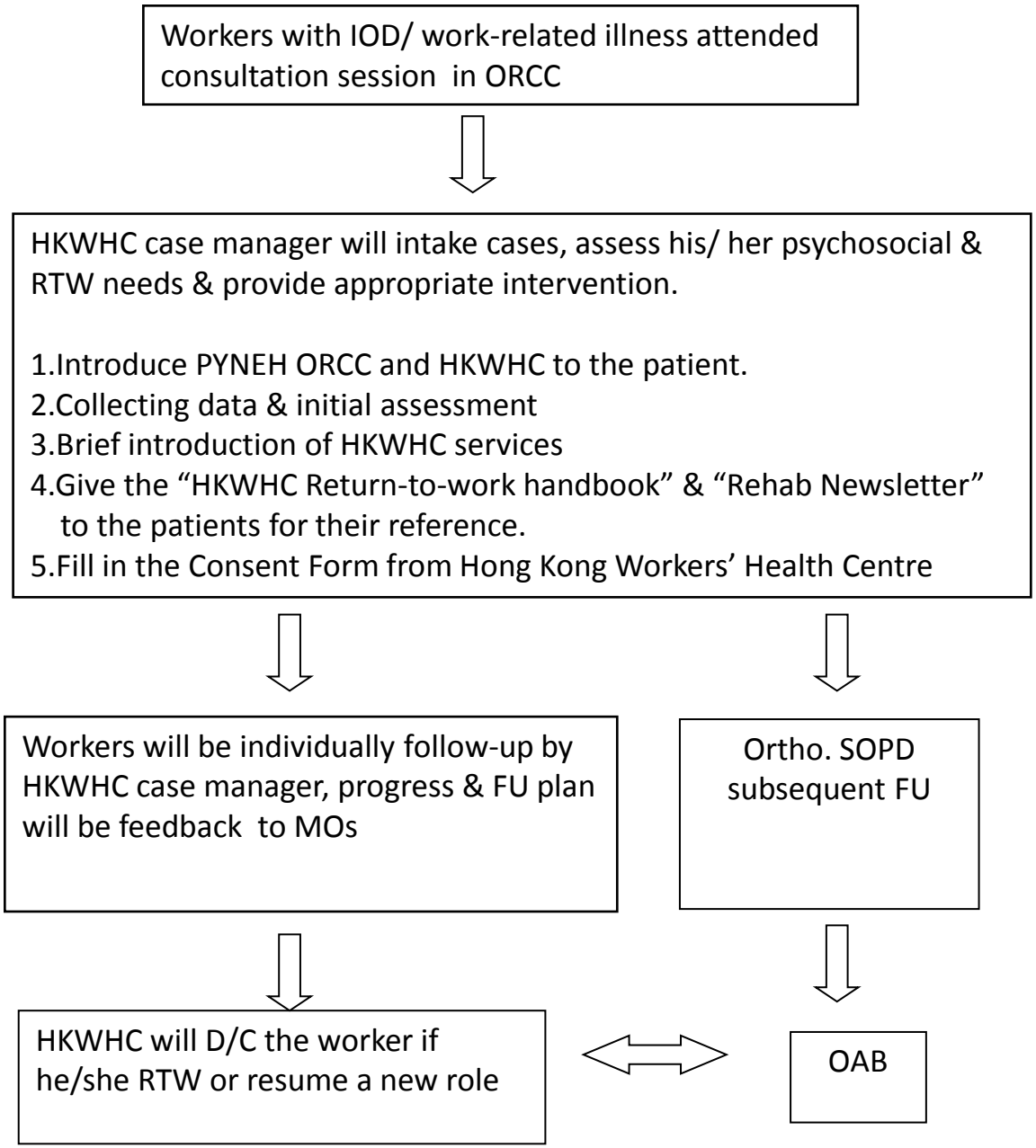
- At the beginning of the collaboration, all IOD cases despite of P/I duration can be referred
- HKWHC case manager will screen & assess if there is community occupational rehabilitation services suitable.

Logistic information

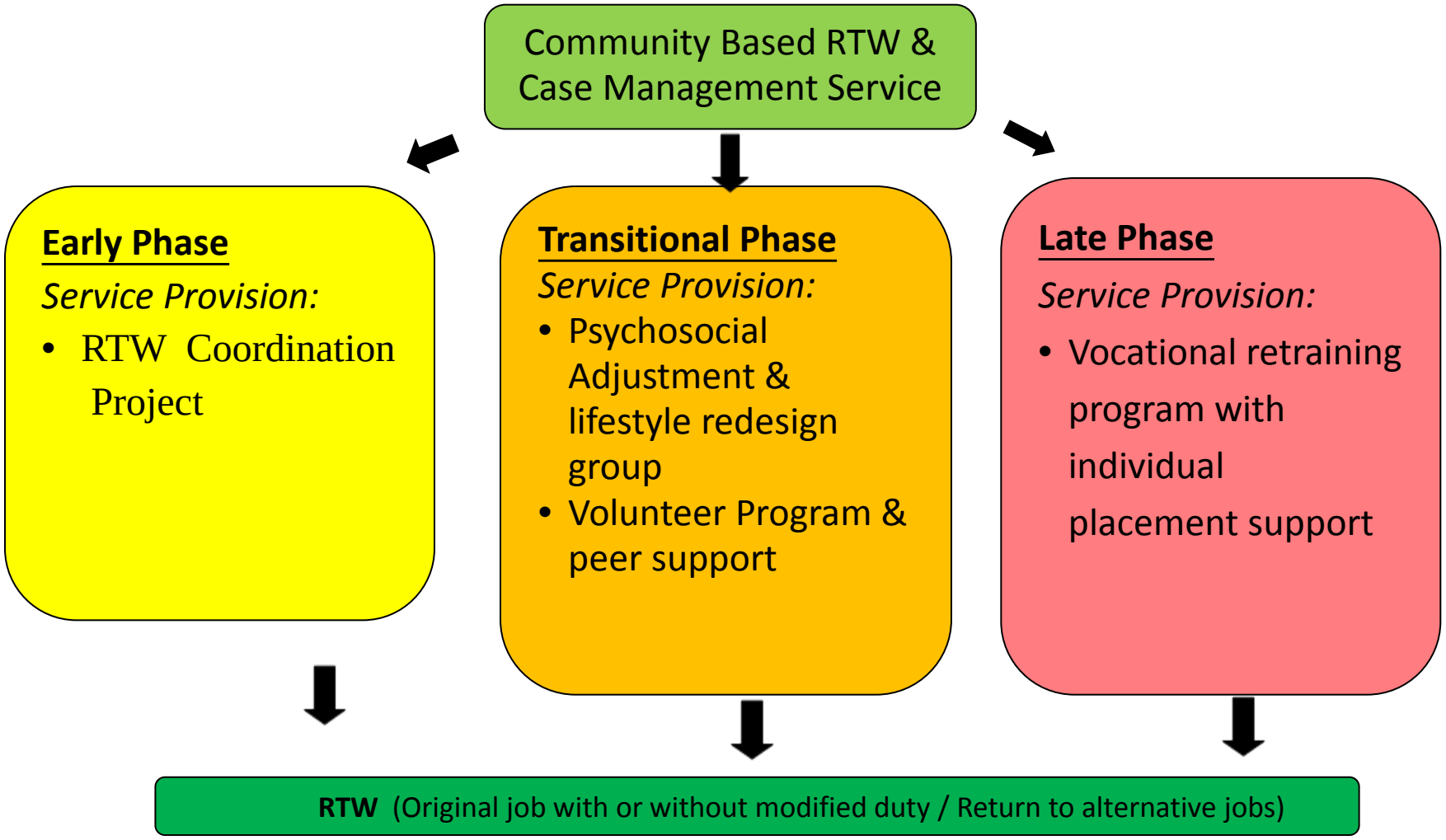
One-off consultation session at PYNEH ORCC

- One session per week
  - Every Wednesday
  - from 1400 to 1730
- Quota
  - 20 to 30mins per interview
  - max. 10 quota per session
- 1 HKWHC case manager station in PYNEH ORCC
- Location
  - PYNEH Specialist Outpatient Block – L3 West

Flow of Case Referral



Protocol of Vocational Rehabilitation



Psychosocial adjustment program

Lifestyle Redesign Group—

Psychosocial adjustment program

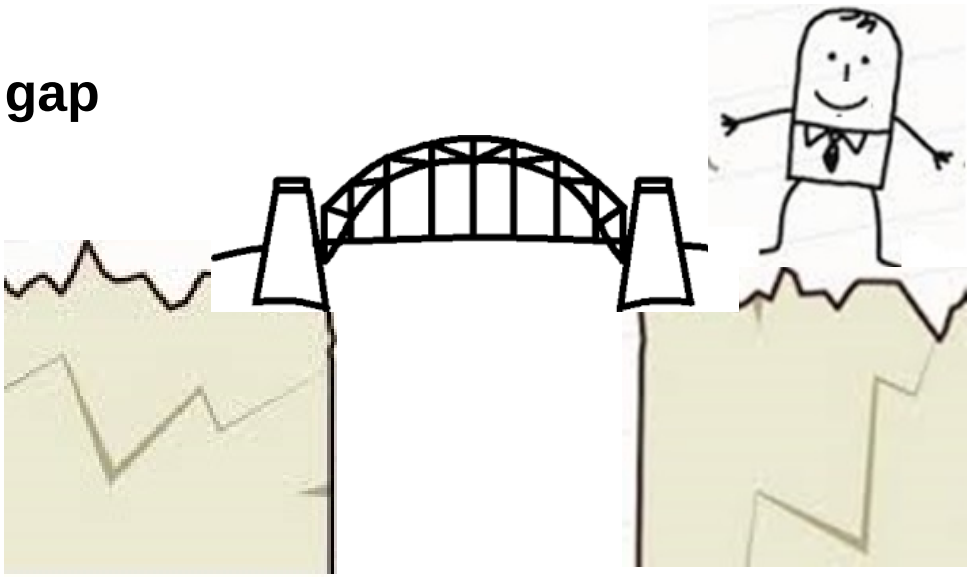
VOLUNTEER PROGRAM

Vocational Resettlement service

Classroom teaching

SUMMARY

1. **Fill the service gap**



2. **Direct and active communications with medical doctors and allied health professionals**

- ☐ **→ rehab treatment and RTW plan**

LIMITATIONS

1. **Cultural deficiency – referral vs**

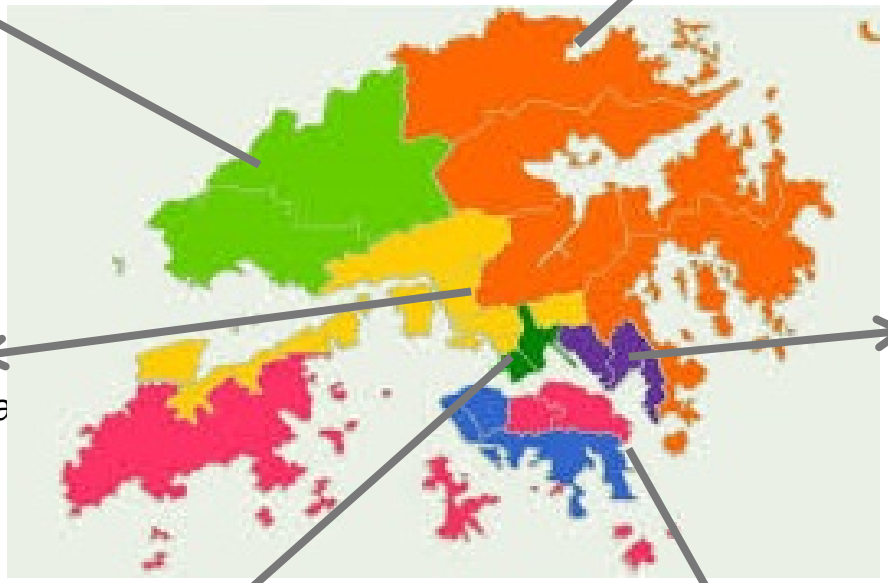
   fluctuation as medical team still does not have the culture

2. **Default appointments**

HKWHC's network

New Territories West Cluster
- MAB promotion service in TMH (From 2006 to 2014)
- Collaboration with TMH's occupational department and Community Service centre from 2006 (Shared-care educational talk in TMH)

New Territories East Cluster
- MAB promotion service from 2006
- Collaboration with PWH+CUHK Orthopedics specialists



Kowloon West Cluster
- Collaboration with CMC' s Orthopedics Department (2011/2012)
- Collaboration with KWH's OT Department from 2006 (Shared-care educational ta KWH)
- MAB promotion service in KWH from 2006 to 2011

Kowloon East Cluster
- Collaboration with UCH' s Orthopedics Department and OT department
- Shared-care educational talk in UCH's OT department (Start from 2006)
- MAB promotion service in UCH from 2006
- MAB promotion service in TKOH from 2010

Kowloon Central Cluster
- Collaboration with QEH's A&E Department (Fracture follow up clinic) (Apr 2013 to Aug 2014)
- MAB promotion service in QEH from 2006 to 2010

Hong Kong East Cluster
- Collaboration with PYNEH's Orthopedics Department from Apr 2010
  - Occupational Rehabilitation Consultation Clinic

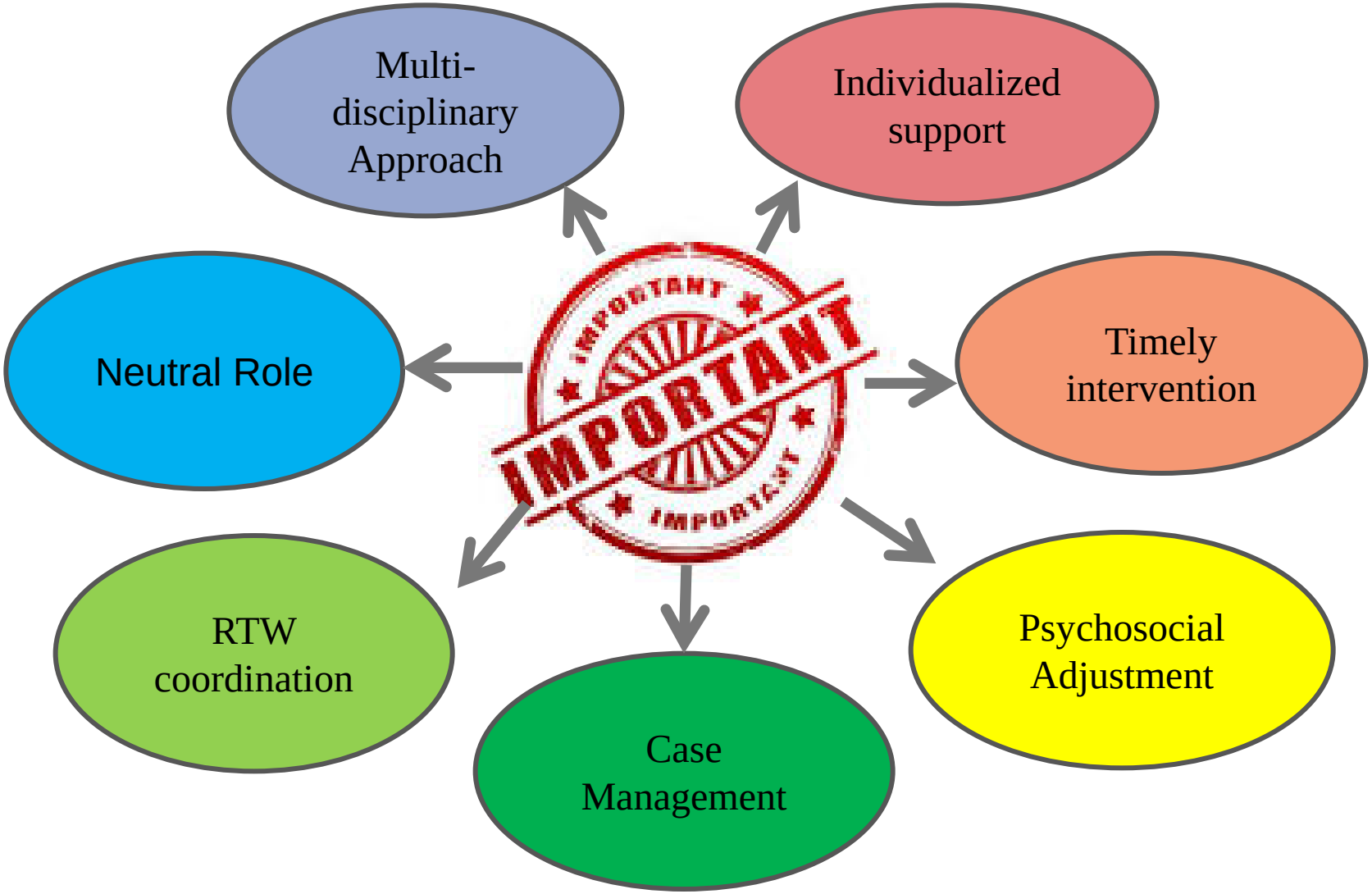
Current collaboration model

Orthopedics & Traumatology Depts		
	PYNEH	UCH
Initial date	4/2010	7/2014
Collaboration model	One-off consultation session / week (1 WHC staff station in O&T Dept)	
Referral systems	• By appointment • Direct referral from OTOR	♦ Direct referral from Ortho Dr.
Cases recruited	Ward : P/I: < 6 months OTOR : Transitional & Late phase	♦ All IOD cases
Networking	Stable	

Current collaboration model

	QEH AED	HKC GOPC
Initial date	4/2013 11/2016 (Restart)	3/2017
Networking	Developing	
Service Introduction to AED Doctors	✓	✓
Collaboration model	One-off consultation session / week in AED FU clinic	Case referral form
Referral systems	Direct referral from AED Doctors	• Direct referral from GOPC's
Cases recruited	P/I: < 6 months	-

Important elements in Work Rehabilitation Service



Thank you ！

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