



Side by Side We Share

醫社並肩 關愛共傳

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TWGHs Enhanced Home and Community Care Services(Eastern District)

東華三院改善家居及社區照顧服務(東區)

To evaluate the effectiveness of EHCCS



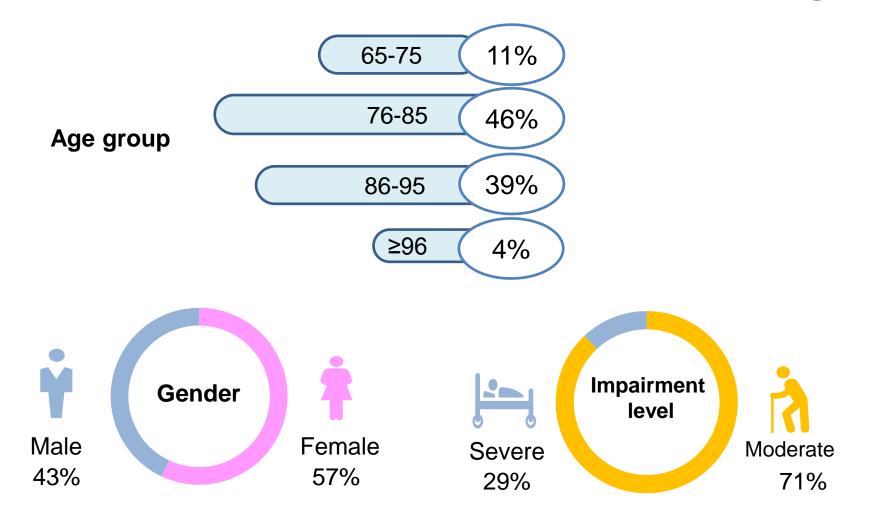
Hospital Utilization Rate

1 year before and after admission

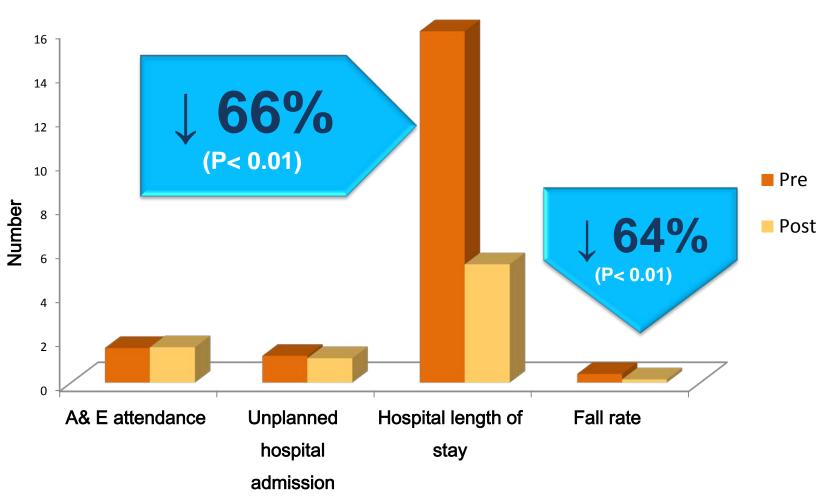
Service users receiving EHCCS with WCHH support for ≥ 1 year

Results

From 1 Jan 2014 to 31 Mar 2018, 84 service users were eligible

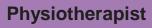


Hospital Utilization



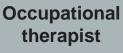
Highlights of Multidisplinary Approach





Multidisciplinary case conference





TWGHs EHCCS(ED) & WCHH

Nurse



Social worker

Pharmacist consultation





Dental services







Chronic Disease Management



Health Monitoring & Education



Health talk to Health workers



Referral to
Allied Health Professionals



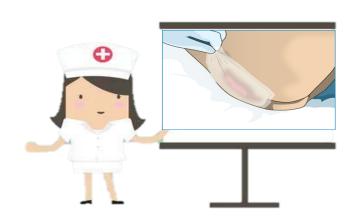
Clinical Admission

Wound management

Community ←→ Hospital



Wound dressing Close monitoring of wound condition



Education on advanced wound care



Special dressing materials

Pre-discharge Planning / Post-discharge Follow-up

Community



Hospital



Pre-discharge assessment (problem solving/ decision making/ care planning)









Arrange follow-up actions with allied health professionals

On-site Carer Training

Social Worker

Community ←→ Hospital

- Liaise with/ persuade service users/family on the <u>need of medical</u> interventions
 - e.g. clinical admission, unplanned admission, medical treatment plan.
- Close partnership with WCHH nurse to carry out appropriate <u>nursing care</u> e.g. wound care, apply funding for deprived cases
- Develop Long term care plan for frail service users/ family with HA (palliative nurse) and WCHH nurse
- ➤ Provide good education to carers/users and avoid unnecessary admission.
- Early detection of case problem and seek appropriate intervention



Physiotherapy

Occupational therapy

Community \longleftrightarrow Hospital

Complimentary Treatment:

Class for client with high rehabilitation potential and client discharged from hospital/day hospital



PT Service in EHCCS

Immediate PT Rx

PT class

Tailor-made Home Exercise

Home Ax & Carer Education

Pain Relief,
Rehabilitation &
Maintenance Exercise









OT Interventions

- One-to-one Individualized Cognitive Training
- Hand Function Training
- ADL training







Onsite Carer Training



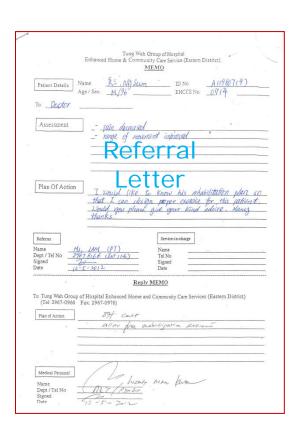
Home Modification



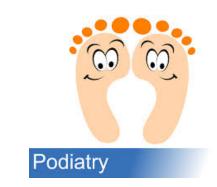




- Communication with Medical & Nursing Professional e.g. Letters on rehabilitation progress
- Communication with Allied Health Professional e.g. P&O about AFO / lower limb prosthetics, dietitian

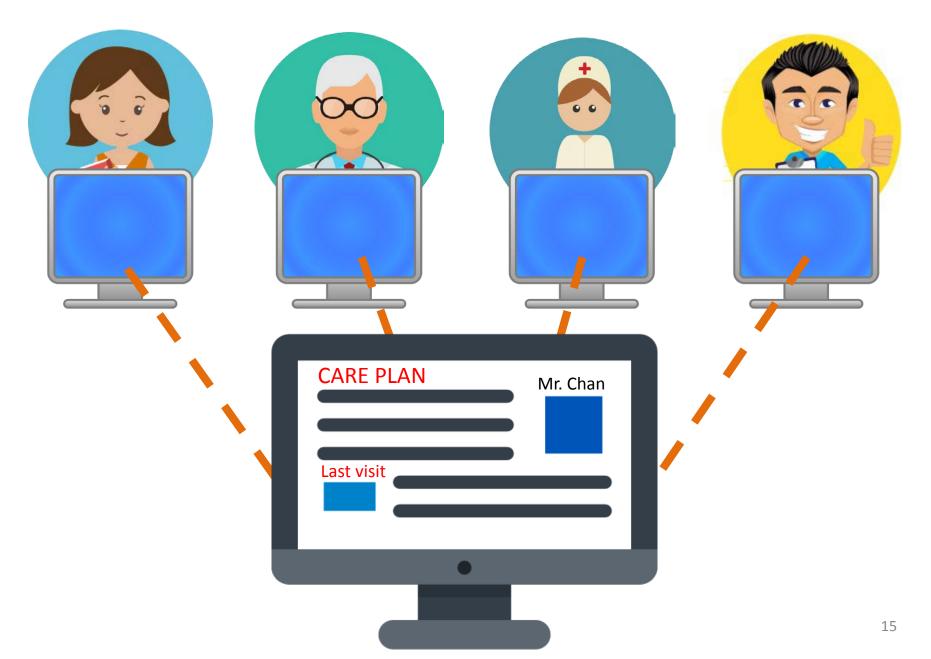








Shared Care Records



服務使用者分享

個案一: 陳先生

患有神經線疾病及關節炎

與兒子及妻同住,妻突然離世。

兒子日間需上班,難以照顧他。

濕疹皮膚→嚴重皮膚潰瘍→發炎



思想負面

無助

頓失照顧

陳先生

- 缺乏知識,以致傷口發炎
- 護理傷口:一條龍服務
- 經東華三院社工聯絡黃竹 坑醫院護士
- 護士即時上門評估
- 諮詢醫院醫生意見
- 及時入院處理傷口

護理傷口:及時介入

互相配合 **社區上門服務** 與 **醫院**





積極面對生活,思想正面,融入社交,發揮所長, 與兒子及朋友關係有所改善。







照顧者分享

個案二:蔡先生70歲

- 與90歲患認知障礙症母親及70歲妻子同住
- 妻子與女傭合力照顧案主及其母親
- 認知障礙、無語言能力、四肢癱瘓、腰背及下肢攣縮、僵硬
- 不能維持坐姿或平卧→需全卧床
- 穿衣及更換尿片困難,關節痛會抗拒照顧→向人吐口水
- 因肺結核入院治療→整個背脊嚴重壓瘡→ 照顧方面難上加難



抗拒照顧 照顧困難

傷口嚴重 照顧壓力

照顧者分享 - 蔡太



傷口大至全個背脊 安排入住黃竹坑醫院處理傷口



照彩光燈加速癒合



鼓勵飲營養奶加速傷口癒合

「疴屎櫈」=沐浴椅





被動運動前服用止痛藥





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