

### 3. Integrated Neurological Rehabilitation in the Community “A Way to Enhance, Empower and Engage”

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#### Introduction:

Stroke is one of the leading causes of death and long-term disability. Each year, TWEH receives 500 cases of in-patient stroke rehabilitation. In Hong Kong East Cluster, the multidisciplinary one-stop service hub ICRC in TWEH plays an important role in the continuation of stroke rehabilitation after patients discharged from in-patient phase. Therefore the demand for the service especially community is substantial.

#### Objectives:

To address the demand for community reintegration and to evaluate the feasibility and clinical improvement of hospital–community partnered service model in neurological rehabilitation.

#### Methods:

In 2008, stroke rehabilitation community engagement between TWEH and HOHCRDC is enacted. After the intensive post-discharge ambulatory training in ICRC for 1 to 2 months, eligible cases are selected in the multidisciplinary case conference and referred to HOHCRDC for community rehabilitation. The characteristics and goals of the HOHCRDC program are patient empowerment, social reintegration and synergistic input from various professionals. Centre-based training is tailor-made with an emphasis on patient's physical and cognitive performance, together with individual and group training programs. Non centre-based training and functions focuses on lifestyle re-engineering and fosters the engagement of community exploration of individuals with their family members including day camps; funfair; visits and volunteering works. Continuous supervision and evaluation enable a two-way communication between ICRC and HOHCRDC. The outcome measurements include physical aspect present as Berg's Balance Scale (BBS) and Barthel Index (BI) and social integration domain being reflected by Community Integration Scale (CIQ).

#### Results:

From 2008-2009, 59 stroke cases were enrolled in the community program, nearly all of them complete the program uneventfully. Twenty cases were analyzed in the program. The improvement in mean score of BBS, BI and CIQ are 6%, 8% and 24% respectively after the community program. The results show promising improvement in physical and social integration aspects at the time of discharge from HOHCRDC. It is evident that the newly-launched program not only streamlines the community neurological rehabilitation process but also allows flexible budget allocation and was beneficial to the family relationship remodeling.

#### Conclusion:

The hospital-community partnership stroke rehabilitation program is a feasible model which is clinically beneficial in physical and social integration including the family members of individuals, and is evident in cost saving.