A Community Volunteer Service for Discharged Frail Elderly Patients

By Patient Resource Centre, Queen Mary Hospital, Hong Kong West Cluster, Hospital Authority

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Objectives

• To enable older people to continue staying in their familiar environment to achieve the policy objective of aging in place;
• To maintain stable health condition and quality of life of community-dwelling older people;
• To enhance post-discharge support to older patients through collaboration with the medical and welfare sector;
• To provide early/timely support by volunteers in the neighbourhood;
• To reduce avoidable unplanned hospital admissions.
Service Target

- Elderly patients discharge from HKWC

- Reference to HARRPE Discharge Score: 0.17 - 0.29
  (Hospital Admission Risk Reduction Program for Elderly)

- Aged 60 or above lives at home in Central / Western / Southern District
Service Coverage

HONG KONG ISLAND

Kennedy Town
Mount Davis
Sheung Wan
Victoria Park Garden
Pok Fu Lam
Wah Fu

Central
Mid-Level
The Peak
Tin Wan
Aberdeen
Shek Pai Wan
Ap Lei Chau

Ap Lei Chau
Age-Friendly Service Mode (1)
• Collaboration between hospital and social service sector (non-government organizations, NGOs);

• Social worker assess the psychosocial needs of the discharged elderly;

• Volunteers mainly composed of elders, from 13 NGOs were matched according to their place of residence by NGOs;
The “active aging” & “age-friendly” concept were adopted that the retired acted as volunteer to serve the discharged elders;

Volunteers provide good neighbor support, BP monitoring & healthy life-style education etc by home visits or phone contacts;
Governance

1. HKWC Community Service Steering Committee
   • Chaired by Cluster Chief Executive

2. HKWC Community Volunteer Service Sub-Committee
   • Chaired by HKWC Cluster Coordinator (Community Care Services)
   • Members composition
     HKWC CC (PRC)
     HKWC DOM (ICS)
     TWH Service Coordinator (PRC)
     QMH Service Coordinator (PRC)
     Representatives of all NGOs partners
   • Meeting: Quarterly
NGO Partners (1)

- Aberdeen Kai-fong Welfare Association Social Service Centre
- Hong Kong S.K.H. Western District Multi-service Centre for the Elderly
- St. James’ Settlement, C&W District Elderly Community Centre
- The HK Women Foundation Ho Kwok Pui Chun Social Centre for the Elderly
- Caritas HK Services for the Elderly
- The C&M Alliance Wah Kee Church – Christian Chaplaincy Service
- The Diocesan Commission for Hospital Pastoral Care
NGO Partners (2)

- TWGHs Wong Shiu Ching Centre for the Elderly
- C & M A Lei Fook Neighbourhood Elderly Centre
- Mrs Mann Tai Po Rhenish Neighbourhood Elderly Centre
- The Neighbourhood Advice-Action Council, Lei Tung Social Centre for the Elderly
- The Neighbourhood Advice-Action Council, Nga Yin Association Social Centre for the Elderly
- The Salvation Army, Wah Fu Centre for Senior Citizens
Kick-off Ceremony
June 2008
To equip knowledge and skills for service to discharged elderly patients;

5 training courses were held in 2008 to 2010;

344 new volunteers were trained.
Quarterly Volunteer Gathering & Training (1)

To equip the volunteers with necessary knowledge and skills in providing home or telephone visitation service.

- Held on 10 Nov 2008;
- Theme on “Accident & Emergency Service”;
- QMH A & E COS Dr Tong H K gave talk.

- Held on 7 Mar 2009;
- Theme on “Facing End of Life”;
- QMH CP Ms Damaris Hung and Ms Carmen Liu gave talk.
Quarterly Volunteer Gathering & Training (2)

- Held on 9 Jun 2009;
- Theme on “Drug Education”;
- QMH pharmacist, Mr. Howard Wong gave talk.

- Held on 5 Sept 2009;
- Theme on “Flu and Vaccination”;
- HKMA Central, Western & Southern Community Network, Chairman Dr. Yik Ping Yin gave talk.
Quarterly Volunteer Gathering & Training (3)

- Held on 1 Dec 2009;
- Theme on “Nutrition for Chronic Illness”;
- QMH Dietitian Ms. Vivien Yu gave talk.

- Held on 27 March 2010;
- Theme on “Traditional Chinese Medicine”;
- TWGHs Chinese medicine practitioner Dr. Ho Wai Kit gave talk.
Quarterly Volunteers Gathering & Training (4)

- Held on 22 Jun 2010;
- Theme on “Common Eye Diseases and Treatment”;
- QMH Dept of Ophthalmology, Dr. Chan Shun Kit gave talk.

- Held on 18 Sept 2010;
- Theme on “Common Oral Diseases and Treatment”;
- Dept of Health, Dentist, Dr. Cheung Pik Yuk gave talk.
1st CVS Volunteer Recognition Day (1)

- Held on 5 Dec 2009;

- 127 volunteers from 14 NGOs received recognition award;

- 136 volunteers from 12 NGOs completed new volunteer training course held in Sept 2009.
1st CVS Volunteer Recognition Day (2)
NGO Case Referral (4/2008-10/2010)

Cases

n=1300
Mean age = 80.3
Male =54.4% (707)
Female = 45.6% (593)
Over the 90-day FU period

a) No. of A&E attendance
b) No. of A&E admission
   ↓  50%
c) Length of Stay (Days)

n=1104 cases

(Cases joined CVS as at Jul/2010, 54 cases were deceased and 1 case cannot been accessed in CMS.)
Case Sharing (Video)
TNCS Support to CVS (1)

- Protocol-driven telephone triage nursing service was available to support medical problems encountered.

- The age-friendly hotline number (2255 5588) was designed for easy remember.

- Established since Nov 2008 from 09:00 to 18:00 during weekdays;

- 129 cases (as at Oct 2010) had contacted the hotline;
## Main Problem Identified:

<table>
<thead>
<tr>
<th>Problem Identified</th>
<th>No. of Cases (%)</th>
<th>Problem Identified</th>
<th>No. of Cases (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Related Problem</td>
<td>29 (22%)</td>
<td>Fu Appointment</td>
<td>8 (6%)</td>
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<tr>
<td>Advice from TNCS prn.</td>
<td>21 (16%)</td>
<td>Constipation</td>
<td>4 (1%)</td>
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<tr>
<td>Dizziness</td>
<td>8 (6%)</td>
<td>Chest Comfort</td>
<td>7 (5%)</td>
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<tr>
<td>DM Care</td>
<td>8 (6%)</td>
<td>SOB</td>
<td>4 (3%)</td>
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<tr>
<td>Hypertension / Hypotension</td>
<td>7 (5%)</td>
<td>Weakness</td>
<td>4 (3%)</td>
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<tr>
<td>Outcomes of TNCS</td>
<td>No. of Cases (%)</td>
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<td>------------------------------------------------------</td>
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<tr>
<td>Refer GP</td>
<td>2 (2%)</td>
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<tr>
<td>Arrange Early FU</td>
<td>10 (8%)</td>
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<td>Refer CNS</td>
<td>5 (4%)</td>
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<tr>
<td>Health Education and Counseling</td>
<td>92 (71%)</td>
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<tr>
<td>PRN call back for advice</td>
<td>20 (16%)</td>
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<tr>
<td>Total cases</td>
<td>129</td>
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</table>
Conclusions

• Utilizing existing community resources and retired persons’ capital;

• Build up an effective post-discharge supportive age-friendly network for the high risk elderly;

• The significant results of reduction in A&E attendances and hospital admissions were encouraging;

• Identification of “Hidden Elderly” in the community.
Thank you