

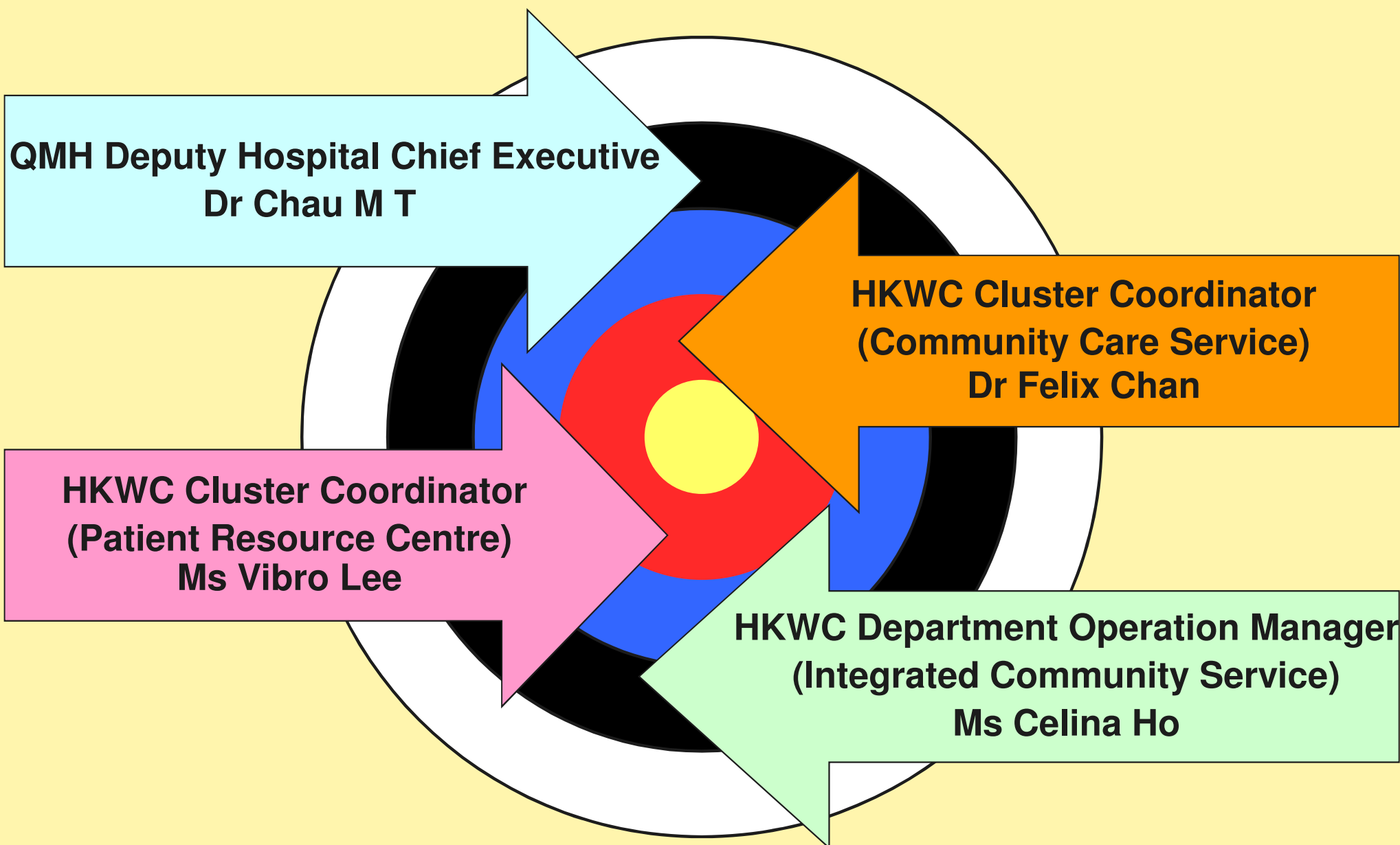
A Community Volunteer Service for Discharged Frail Elderly Patients

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

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Inter-Departments Collaboration Project





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**





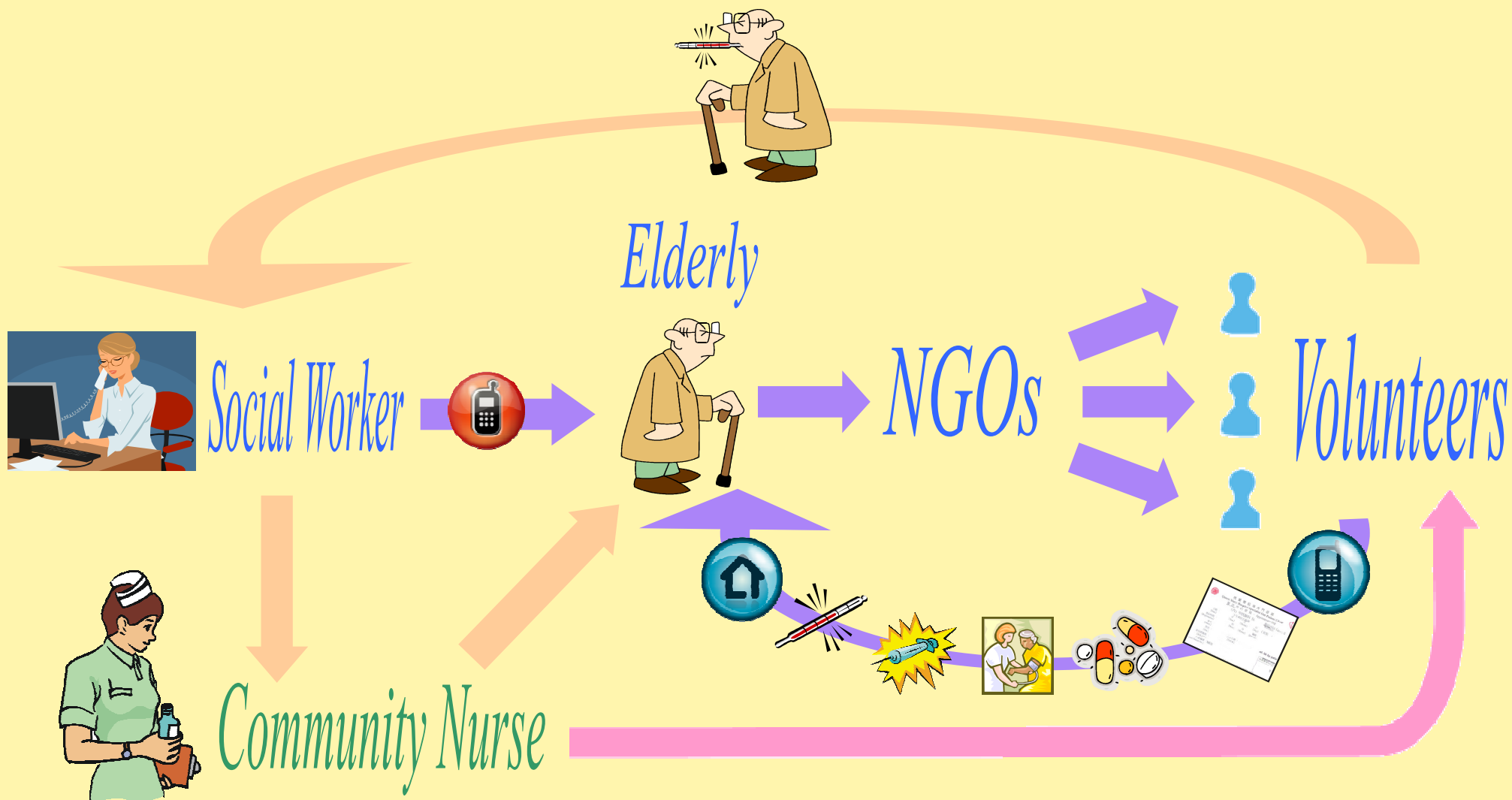
Service Coverage

HONG KONG ISLAND





Age-Friendly Service Mode (1)





Age-Friendly Service Mode (2)

- 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;





Age-Friendly Service Mode (3)

- 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



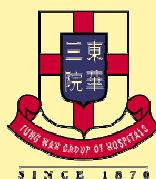
NGO Partners (1)

- 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





New Volunteer Training

- 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.

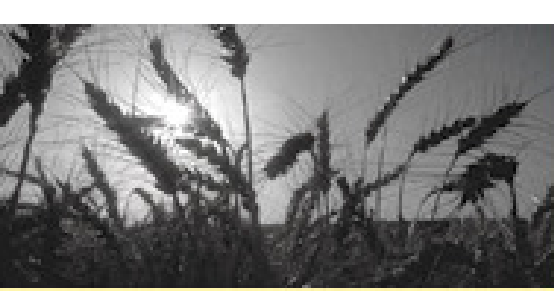


Quarterly Volunteer Gathering & Training (2)

- 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.





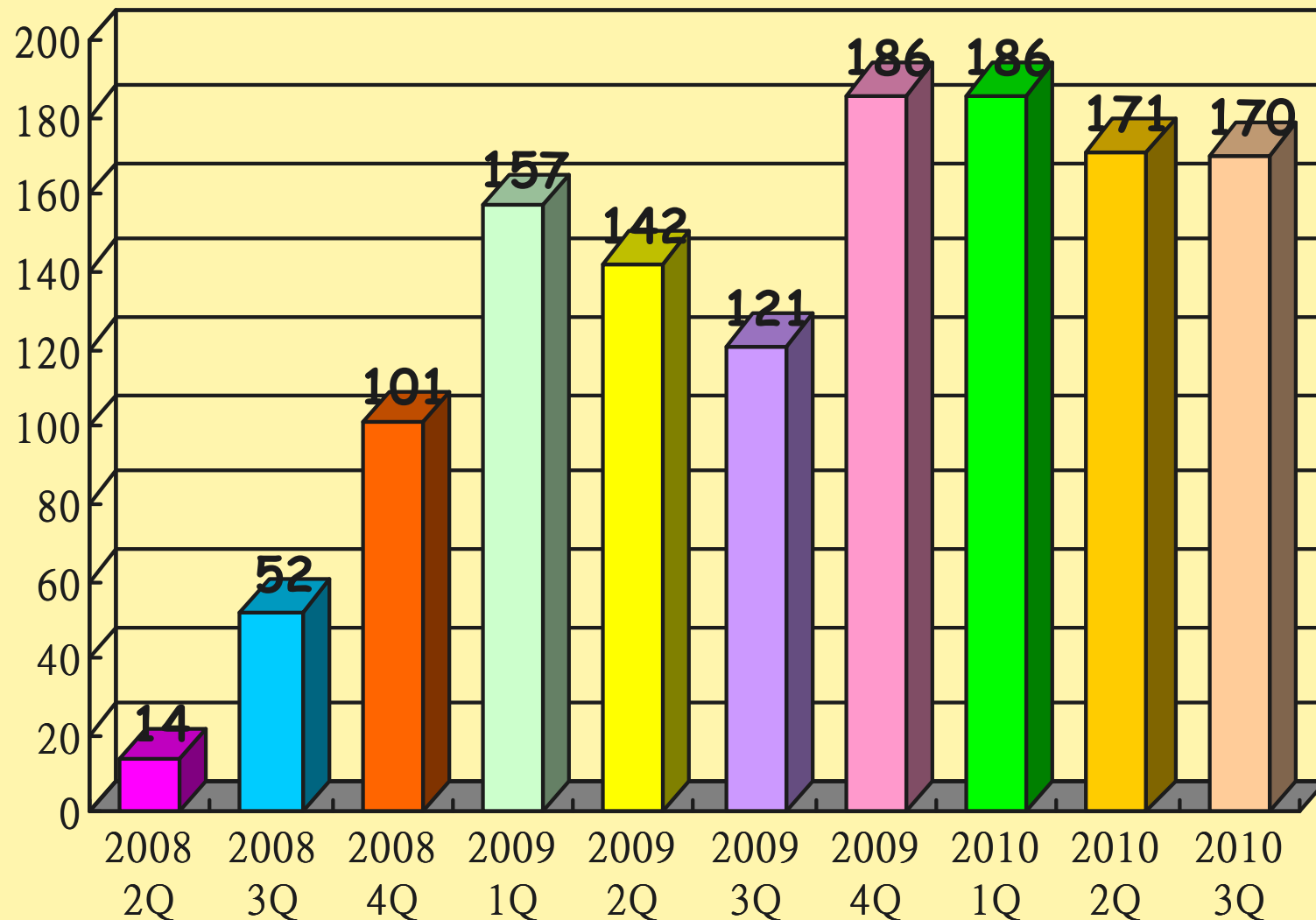
1st CVS Volunteer Recognition Day (2)





NGO Case Referral (4/2008-10/2010)

Cases



n=1300

Mean
age =
80.3

Male
=54.4%
(707)

Female
= 45.6%
(593)

Month



Pre- & post 90 days Hospital Utilization

Over the 90-day FU period

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

↓ 50%

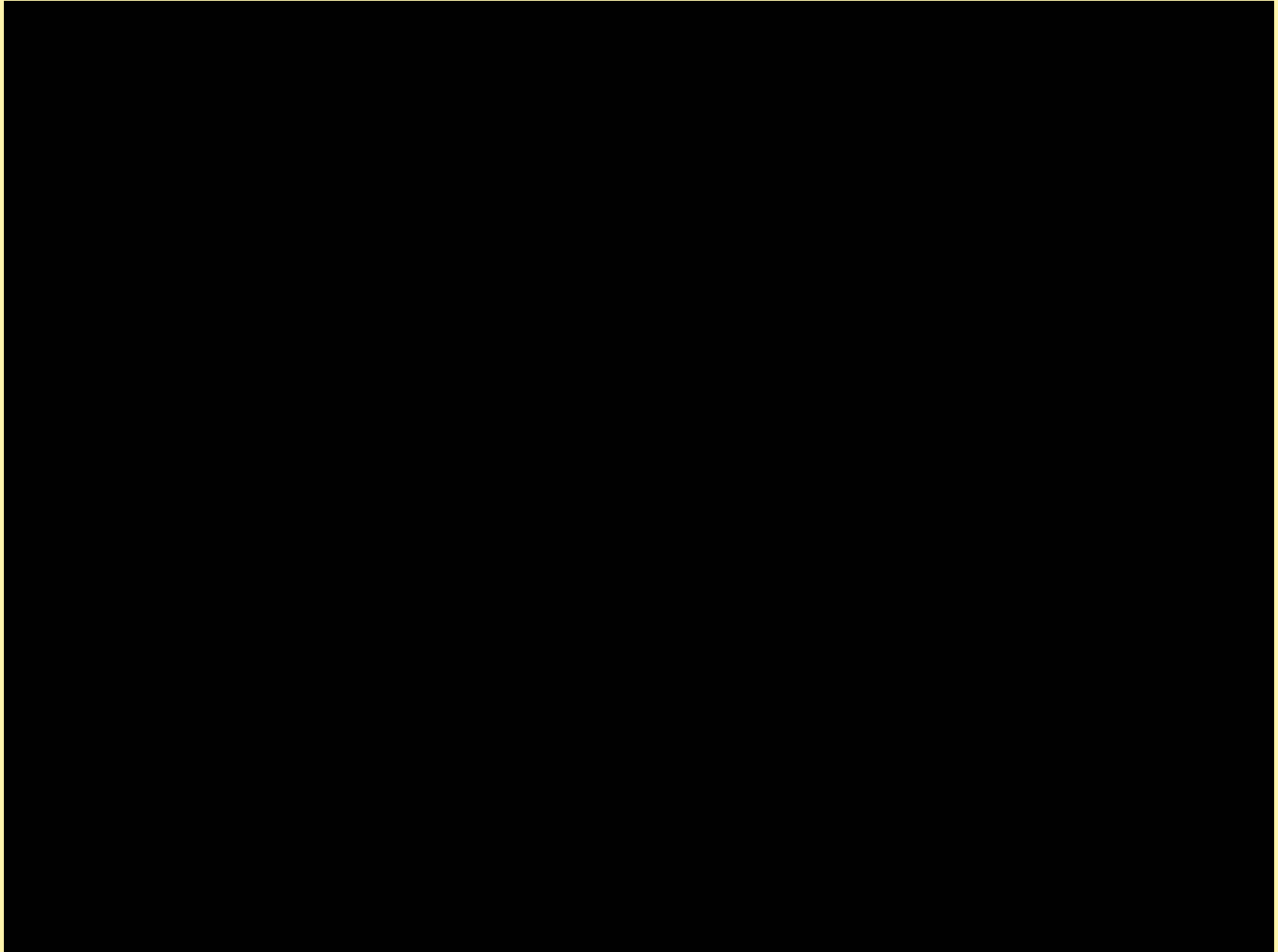


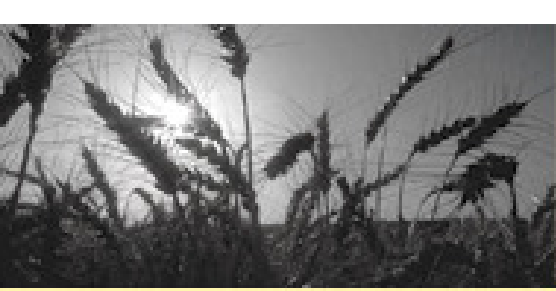
n=1104cases

(Cases joined CVS as at Jul/2010, 54 cases were deceased and 1 case cannot be 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;





TNCS Support to CVS (2)

Main Problem Identified:

Problem Identified	No. of Cases (%)	Problem Identified	No. of Cases (%)
Drug Related Problem	29 (22%)	Fu Appointment	8 (6%)
Advice from TNCS prn.	21 (16%)	Constipation	4 (1%)
Dizziness	8 (6%)	Chest Comfort	7 (5%)
DM Care	8 (6%)	SOB	4 (3%)
Hypertension / Hypotension	7 (5%)	Weakness	4 (3%)



TNCS Support to CVS (3)

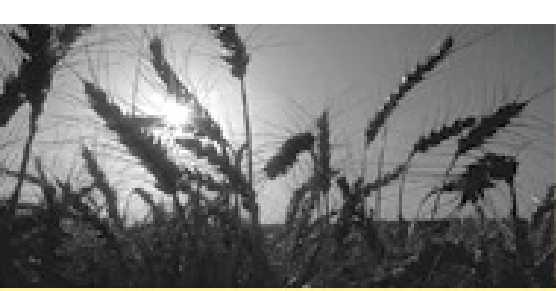
<i>Outcomes of TNCS</i>	<i>No. of Cases (%)</i>
Refer GP	2 (2%)
Arrange Early FU	10 (8%)
Refer CNS	5 (4%)
Health Education and Counseling	92 (71%)
PRN call back for advice	20 (16%)
Total cases	129



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