Service Brief on Community Occupational Therapy Service

**Abbreviation:** COT

**Objective:** The objective is to provide occupational therapy service in the clients’ living environment through evaluation, advice training and monitoring on the performance of daily living tasks at clients’ home, work and social areas. The service also helps clients overcome dysfunction due to environmental obstacles by advice on adaptation and provision of assistive device. Through the clients’ successful performance of daily living tasks at home and at work, clients and carers are helped to regain confidence and the sense of mastery of their environments.

**Programme:**

1. Home based training, including training in Activities of Daily Living (ADL) and Instrumental ADL such as daily routine planning, use of home appliances, baby care, money concept and handling budget.
2. Community based training, mainly on generalisation and skills transfer of learned techniques to clients’ daily life.
3. Environmental design and home modifications.
4. Prescription and training on use of assistive devices.
5. Family education on patient care.
6. Building up resources network to support clients’ specific needs.
7. Referring to other appropriate services.
8. Public education on living and coping with disability in the community.
9. Consultancy service to other health care professionals.

**Staffing:** The service is mainly provided by occupational therapists who are hospital based as the COT service is viewed as a continuation of the in-patient programme for the purpose of facilitating discharge and resettlement.

**Referral Channel:** Referrals by medical practitioners or other health care professionals in hospitals or community settings are accepted. Referrals would be triaged according to urgency and the clients will receive direct reply from the COT centre for follow-ups.

**Clientele:** For most hospital centres, clients are mainly in-patients and those who require post-discharge COT follow-up service. These patients may be suffering from stroke, hip fracture, or more chronic problems such as brain injuries and rheumatoid arthritis. For Rehabaid Centre, the majority of clients are those already living in the community.
Service Brief on Community Nursing Service

Abbreviation: CNS

Objective: The mission of the CNS is to provide quality nursing service to people in their own environment, usually at home, as an integral part of the total health care delivery service. The service is operated through a network of nursing centres and stations serving patients according to the geographic location of their residence with the following objectives -

1. to provide high-quality, holistic and individualised nursing care for patient-clients with altered health status in their home environment;
2. to provide nursing care that aims towards maximising self-care and positive resolution of patient-clients’ health care problems to facilitate their re-socialisation and re-integration into the community;
3. to promote the participation of carers in the nursing treatment or rehabilitation process of patient-clients;
4. to ensure effective communication with other members of the health care and rehabilitation team to facilitate the co-ordination of services and co-operative working relations with other medical and health, and community services; and
5. to develop high-quality nursing services through training and continuing education for community nurses at all levels.

Scope of Service:

1. Home nursing care - to provide patient care by means of skilled individualised nursing care to patient-clients and families.
2. Special nursing care - to identify health care problems in the community and provide special care programme for patient-clients.
3. Health education - to provide individualised health education to patient-clients and carers and groups.
4. Consultation - to provide consultative services to support and assist nursing and allied health staff and carers in addressing complex problems in home care.
5. Liaison and co-ordination - to liaise and co-ordinate with other community services to enable the effective delivery of care to patient-clients.

Staffing: As at December 1998, there were 277 community nurses and 60 community psychiatric nurses serving in the Hospital Authority.

Referral Channel: Referrals by medical practitioners but may be initiated by nurses, allied health professionals and the clients themselves.

Clientele: Patients who require nursing care within the scope of service and cannot receive such care in out-patient setting.
Service Brief on Domiciliary and Community Physiotherapy Service

Objective: The service aims at providing physiotherapy home programs to maintain or restore patients’ mobility and physical ability so as to facilitate their re-integration into the community. Domiciliary service can shorten the patients’ hospital stay by supporting the rehabilitation process at home and in the community.

Programme:

1. Assessment, evaluation and design of physiotherapy home program to maximise clients’ physical and functional capacity to cope with environmental limitation at home.
2. Education and advice to related personnel, e.g. relatives/carers or other health care workers, for appropriate physical management of the patients and related matters such as oedema, pain, dyspnoea, chest infection, immobility, stress etc.
3. Liaison with other health care professionals in relation to treatment planning and resource management.
4. Health promotion and disease prevention program to public.

Referral Channel: Referrals can be initiated by medical practitioners or, under certain other circumstances, by other health care professionals. Referrals would be triaged and attended according to urgency of condition.

Clientele:

1. Pre-discharge patients identified for early but safe hospital discharge.
2. Post-discharge patients scheduled for regular monitoring of progress and home program.
3. Home-bound patients, in particular the elderly, disabled individuals at the acute episode of their disease, and people with chronic disease or extensive disabilities.
4. Transitional dependent patients with identified service gap(s).
Service Brief on Patient Resource Centre

**Abbreviation:** PRC

**Objective:**

1. To empower the patients and their families in facing with health challenges.
2. To promote the concept of mutual help and self-help.
3. To arouse public awareness on health consciousness.
4. To advocate the concern of the patients and their families on their rights.
5. To improve patient service in the aspect of psychosocial care and the quality of life of discharged patients.
6. To encourage community involvement in hospital services.
7. To act as a bridge between the community and hospitals.

**Programmes:** The programmes provided by PRC are mainly on information dissemination, health education, support to patient self-help groups, volunteer training and direct patient support services.

**Clientele:** Theses services are mostly provided to hospital in-patients and out-patients with various chronic diseases, their family members as well as the general public.
Service Brief on Community and Patient Health Resource Centre

Role - Community Partnership in Health

1. The establishment of the Hospital Authority (HA) InfoWorld, a community and patient health resource centre (CPHRC), in the HA Building in mid-1998 serve as a springboard for the HA’s collaboration with patient self-help groups and the community in the health care process. It is also a gateway for people with visceral disability and the public to obtain information concerning health and the HA.

2. HA is committed to providing a patient focused service. The CPHRC, among other HA initiatives to play the role of patient advocate, is instrumental in understanding patients’ needs and expectations through continuous liaisons and collecting patients’ feedback for service enhancement.

3. The community has a major role to play in treatment and rehabilitation process. The CPHRC serves as a focal point for health education activities to empower people with visceral disability, their family and the community at large with the knowledge and skills to take up patient care and look after one’s own health. To prepare the way for the full scale operation of the CPHRC, a number of pilot health activities were launched on a regular basis to promote health, prevent diseases and enhance public awareness of health issues. All of these activities were well received by the community.

4. The CPHRC organises health education programmes in collaboration with patient self-help groups, health care professionals, volunteers, patient resource centres and community organisations. Theses programmes facilitate the individual and the community to join hands with the HA to become effective partners in health.

5. As a facilitator and co-ordinator of patient activities, the CPHRC can facilitate organisation of these events by providing support particularly in terms of venue and facilities, as well as co-ordinating support form health professionals.

Facilities

6. The CPHRC has three major components, namely Health Exhibition Centre, Community Activity Rooms and Health Information Bureau -

   (a) **Health Exhibition Centre** - an exhibition gallery displaying various thematic topics on health care services, health and major diseases. A network of interactive computer terminals would be installed to facilitate the visitors to explore and learn in an inspiring and interesting way further topics relating to health and health care.

   (b) **Community Activity Rooms** - a range of multi-purpose rooms equipped with audio-visual facilities for the organisation of lectures, workshops,
presentations, courses and other activities on health-related topics. As a communal focal point where patients and the public interface, the centre provides venue and support for patient groups to conduct their member activities and other community health promotion programmes.

(c) **Health Information Bureau** - a library where the public can have access to HA information including agenda, minutes and papers of its Board and Committees; annual reports, work plans, publications and other related information of the HA and its hospitals, as well as books, journals, audio-visual materials and CD-ROMs on health topics.

**Operation**

7. Purposely built for the community, the funding required for the establishment of the CPHRC mainly comes from community sponsorship. It is a centre to meet the needs of the community.

8. Volunteer support will be essential for the operation of the CPHRC. To live out the concept of community partnership in health, volunteer programmes will be developed to solicit support from staff, patients, general public, corporations and community organisation etc.