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Project title

Continuum of Care for Orthopedic Patient - From Hospital to Community through Clinical Pathway

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Introduction

A chronic condition can spill over into other aspects of life and disrupt family function. People with lifelong disabilities have complex medical and social needs that are addressed by the hospital and community sectors respectively. The continuum of medical, rehabilitation and social services should be founded on an effective medical-social interface between hospitals and NGOs. The Tai Po Hospital-Prince of Wales Hospital-SAHK collaboration, commenced in 2008, is a pioneer project of such collaboration for orthopaedic patients in the NTE Cluster. The collaboration involves exchange of information and establishment of shared training protocols that are organized into clinical pathways. These clientele-specific pathways provide a platform for healthcare and welfare professionals from hospital and community sectors to manage chronic orthopaedic conditions in a coherent and comprehensive manner via mutually-agreed protocols at different stages along the path to recovery. The Community Rehabilitation Day Centre (CRDC) of SAHK serves as a hub of community-based solution for enabling and engaging orthopaedic patients and their caregivers through networking of suitable community resources with integrated rehabilitation, nursing and social supports.

Objectives

This article shares the experience and concept on the service delivery through hospital to community and the enhancement of service through the collaboration.

Methodology

Patients enrolled into these clinical pathways from January 2012 to December 2012 were reviewed with respect to functional outcome and length of stay.

Result

The average length of service for major types of orthopaedic interventions were 21.5 weeks (Austin Moore arthroplasty); 16.1 weeks (screw-plate); 12 weeks (total hip replacement); and 14.3 weeks (total knee replacement). In addition to lifestyle adjustment and social and community reintegration, patients at SAHK-CRDC were trained to their maximal capacity in terms of functional status. Among the 77 fragility and arthroplasty cases discharged from CRDC during April to December of 2012, significant improvement in Timed-Up-and-Go test ($p < 0.01$, paired t-test) was reported with 51.9% of them had their modified Functional Ambulation Category improved by one level or more upon discharge. Among these discharged cases, 51 were elders and significant improvement in the Elderly Mobility Scale ($p < 0.01$, Wilcoxon signed rank test) was found. The ultimate goal of this pioneer project is to empower the patients and their families in transitioning from professional care to self-management. This, in turn, will reduce the pressure on the hospital system.