20 Years of Community Geriatric Assessment Service

Dr CP Wong JP
MBBS FRCP FRCPE FRCPG FHKAM FHKCP
Specialist in Geriatric Medicine
Private Practice
Outline

- Geriatric Assessment
- Breaking the Walls
- 20 Years of Evolutions
- The Future
Geriatric Assessment

A multi-dimensional, inter-disciplinary, diagnostic process used to quantify an older individual’s medical, psychosocial and functional capabilities and problems with the intention of arriving at a comprehensive plan for therapy and long term follow up.

Started in 1930 by Dr Marjory Warren, Lionel Cosin and Sir Ferguson Anderson.
Geriatric Assessment

Meta analysis of controlled trials of CGA improves:
- Mortality
- Living condition
- Physical and cognitive function
- Hospital admissions

Best carried out at Home

Community Geriatric Assessment
- Started in Australia in 1980
Community is the Key

There is strong evidence that older people will have better health outcomes if care can be provided in the community, earlier in the course of their illnesses, and immediately upon discharge from hospital.

89 trials including 97,984 persons

↓13% institutionalization; ↓6% hospitalization; ↓10% falls;

↑ physical function

Death rate no change

Beswick et al, Lancet 2008
Ageing Population and Utilization of HA services (2010-2021)

Proportion of HA Service Consumed by Elderly Patients (65+)

<table>
<thead>
<tr>
<th>Year</th>
<th>All patient days</th>
<th>GOPC attendances</th>
<th>SOPC attendances</th>
<th>Projection of HK population aged 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>52</td>
<td>38</td>
<td>33</td>
<td>13</td>
</tr>
<tr>
<td>2016</td>
<td>58</td>
<td>43</td>
<td>38</td>
<td>16</td>
</tr>
<tr>
<td>2021</td>
<td>63</td>
<td>48</td>
<td>44</td>
<td>18</td>
</tr>
</tbody>
</table>

Projection of HK population aged 65+ increased by 3.6x, 2.7x, and 2.4x from 2010 to 2021.
Provision of Residential Care Services for Elders
(Non-governmental Organisations versus Private Sector) (As at 31.3.2015)

715 Homes

73,235 Places

By Private Sectors
50,201 places (69%)

By Non-governmental Organisations (NGOs)
23,034 places (31%)
RCHE Residents: Frail and Complex Needs

Although only around 7% of elderly are living in RCHEs, they are the high volume users of HA services & with complex needs.

<table>
<thead>
<tr>
<th></th>
<th>All Elderly Patients</th>
<th>RCHE residents</th>
<th>Non-RCHE residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>% share of Patient Days (All Specialties)</td>
<td>22% 3x</td>
<td>78%</td>
<td></td>
</tr>
<tr>
<td>% share of Patient Days (Medical)</td>
<td>31% 4.5x</td>
<td>69%</td>
<td></td>
</tr>
<tr>
<td>Unplanned Readmission Rate (All Specialties)</td>
<td>31% 4.5x</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Unplanned Readmission Rate (Medical)</td>
<td>36% 5x</td>
<td>18%</td>
<td></td>
</tr>
</tbody>
</table>
Community Geriatric Assessment Service

Start to formulate a conjoint plan in 1991

- WCHH Complex in Wong Chuk Hang
- CGAT Community Geriatric Assessment Teams

Elderly homes – under SWD Social Welfare Dept

Hospital service – under HA Hospital Authority
Never ending negotiation
1988

Kwong Wah Hospital

Wong Tai Sin Hospital

Tung Wah Hospital

Tung Wah Eastern Hospital

Fung Yiu King Hospital

Pao Siu Loong C&A Home
1993 Results

- 39% SOPD
- 35% AED Attendance
- 28% Unplanned Readmissions
Funding from Govt

1994: Four CGAS Teams – subvented homes
1997-2001: More funding for private homes
2004: VMO additions
2010: Extension of more homes in KWC
Assessment Team Composition

- Geriatrician
- Nurse
- Physiotherapist
- Occupational Therapist
- Social Worker
- Speech Pathologist, Podiatrist, Dietitian
- Regular Team Meeting
Main Roles of CGATs

1. Medical & nursing assessment & treatment for high risk elderly residents in RCHEs
2. Interfacing between the medical and social services
3. Community rehabilitation
4. Ensure that placement arrangements are appropriate
5. Promote care quality of RCHEs e.g. carer training, drug management, nursing care practices
6. Infection control & outbreak management
7. Ensure continuity of care between hospitals and RCHEs
Target Patients

- Frails residents with complex health problems in elderly homes
- Residents just discharged from hospitals
- Terminally ill residents
Aims

- Help residents to stay in the community with good health
- Reduce unnecessary admissions and unplanned readmissions
- Provide better support to terminally ill residents
- Improve quality of service of elderly homes
Key Milestones of CGAS

1994
- Commencement of 8 CGATs firstly to subvented OAHs

1997
- Extension of service to Private OAHs

2003 SARS outbreak
- Provide professional advice on infection control and triage of suspected cases

Post SARS
- A new CGAT/VMO Collaboration Scheme in Residential Care Homes for the Elderly (RCHEs)

At present
- CGATs set up in 15 hospitals
Present Status

- 15 CGAT Teams
- Serves 640 out of 715 Elderly Homes 90%
- Annual attendance 637,800 visits
Impact to the Hospital

28% of all total acute hospital admissions in elderly in 2002

18% now after 13 years of CGAT service

50% cumulative admission rate in 6 months

20% of all OPD clinic attendances
Outcomes

- 54% OPD Clinic FU
- 19% AED Attendance
- 22% Ac Hospital Admissions
- 43% Ac Hospital Bed Days
- 32% Convalescence Hospital Bed Days

A&E Attendance 99-01
Attendance Rate of Residents in all Homes %
Unplanned AED Adm 99-01

![Graph showing data points over time]

- Axis X: Months from Jul-99 to Jul-01
- Axis Y: Values from 0 to 14

Data points:
- Jul-99: 9.12
- Sep-99: 12.92
- Nov-99: 14.74
- Jan-00: 14.43
- Mar-00: 11.60
- May-00: 11.46
- Jul-00: 10.36
- Sep-00: 9.87
- Nov-00: 8.25
- Jan-01: 7.74
- Mar-01: 7.86
- May-01: 7.08
- Jul-01: 7.59
Who have benefited?
Benefits

- Save transport
- Save waiting time
- Save Manpower in Escort
- Save overcrowding of Out Patient Area
- Flexibility in FU
- Seen by designated team
Benefits

- Acute hospital: earlier discharge
- Winter Surge support
- Emergency Room consultation
- As Case Manager for integration of service and drugs
Lessons to Learn

ONE on ONE

Break the Barriers
Lessons to Learn

Patient Centered Care
Are we doing that well?

- Inter-cluster variations
- Paper based records
- Lousy IT adoption
- Mundane routinized service
- Home Operators – HA Staff relationships
- 10% Homes not yet covered
- New homes emerging
Growth Trend of RCHEs (Enrollees)

Total No. of Enrolments

Year


- Extension of CGAS to 66 more OAHs in KWC
- Additional Funding to cover Private RCHEs
- Pilot 4 CGATs
- Additional funding for CGAT/VMO Collaboration Scheme
- SARS

14178
58121

50000
60000
70000
Future Development

- Bench Marks for Services
- IT support
- Care Protocols
- Symptoms Check List
- Cross sector seminars
- Extend into End of Life Service
- Off Hours Services
Using IT for efficient patient care

Conventional Patient Care Initiatives
- Hospital Ward FU round
  - Consultant led
  - Nurse case FU
- Ad-hoc consultations
- New residents screening
- Post D/C review
  - Medication
  - Follow up
- Health education & on site coaching
- Senior team round

Video-conferencing system was replaced by iPad

Easier access to bedbound residents

↑ coverage of RCHEs (e.g. Cheung Chau)

WhatsApp

75 - 85%
Audit program on prevention of Influenza outbreak

- Dec 2013 – May 2014
- 24 itemed audit form

- Biweekly audit (Total no. of audit = 743) to raise the awareness and improve the knowledge of PNH staff in prevention of ILI outbreak

Mean compliance of six audit area:

- Environment: 91%
- Hand Hygiene: 67%
- Mask Wearing: 87%
- Caring ILI residents: 85%
- Cleanliness of staff uniform: 89%
- Individual staff feeding: 92%

Good PNH staff compliance rate
Will Integration Smash CGAT?

Integration of Medicine with Geriatrics
Integration of CNS with CGAT

The Key is:
- Whether Patient Welfare is put well before Politics
- Whether staff are happy in doing their work, instead of working under political pressure
Conclusions

- Hong Kong is the only place on earth with full outreached medical service to all Elderly Homes from Public Hospitals
- Elderly living in Elderly Homes are at a privilege
- One-on-One Seamless Care + Breaking the Barriers + Patient Center Service are Essential
- Don’t let Inter-departmental barrier Rebuild the Walls and Smash CGAT
Thank You

cp@cpwong.com