



Service Priorities and Programmes
Electronic Presentations

Convention ID: 1022

Submitting author: Dr Anna CHENG

Post title: Associate Consultant, UCH, KEC

An essential IT database for Comprehensive Child Development Service in Kowloon East Cluster

AWF Cheng(1), DSY Wong(2), WY Lee(2), TKW Lee(2), HB Chan(1,2)

1 Department of Paediatric and Adolescent Medicine, United Christian Hospital

2 Information and Technology Department, United Christian Hospital

Keywords:

Database

CCDS

Introduction

Comprehensive Child Development Service (CCDS) is a multidisciplinary and intersectoral service for at risk children who are born to 1) mother with active mental disorders 2) mothers has history of heroin abuse or soft drug abuse within 1 year of expected date of delivery 3) teenage mothers (≤ 18 year of age) at expected date of delivery with poor social support. There is close collaboration among the departments of Adolescent and Paediatric Medicine, Obstetrics and Gynecology, United Christian Hospital and Psychiatry service in Kowloon East Cluster, Department of Health and Social Welfare Department. Maternal and Child Health Centre is the platform for one-stop service for the above target clients. CCDS was first piloted in KEC in 2006 and in full service since 2007.

Objectives

To keep a record of the cases seen in CCDS facilitating the generation of statistical reports to the Labour and Welfare Bureau.

To review the clinical outcomes of the children seen which can guide the service development

Methodology

An electronic database was generated by IT team of United Christian Hospital in 2010 which captures the demographic background of mother and child, birth history of the child, breast feeding history, name of Integrated Family Service Centre social worker if known, dates of first and last consultations. The case will be identified by the child's MCHC number. Each visit can be entered in the "episode" lists. The information stored in each "episode" includes the risk group of mother, a brief content of its management or modification, her smoking or drinking habits, the child's growth and development, events of child abuse and /or neglect, vaccination status and type of caretaker, referrals to other services, e.g., Child Assessment Centre, Integrated family social Service, HA outpatient service, etc. There will be multiple episodes for one case. CCDS Paediatrician enters the data via the UCH web platform. It requires specific user's CORP account and password to log on the system (LAN ID) and the data is

stored in UCH server securely with access logging.

Result

This IT database can keep records of cases which help to have a quick review of the profile of the client, facilitate discussion within the CCDS core team members, enhancing case management with collaborating Non-Governmental Organizations and other social workers of Social Welfare department.

Moreover, it can help generate reports on case numbers of risk groups (new and old), numbers and types of referrals and the specified clinical outcomes of each risk group within the specified duration. This definitely can save a lot of time by manual counting and the result will be more reliable.

(Sample layouts will be shown)

Conclusion:

Ten years has lapsed since the introduction of CCDS in KEC, the accumulated number of high risk cases is increasing. With a well- designed and user friendly database, we can review the work we have done, guide our direction of service and form the basis for future research. This IT tool really helps the clinician in managing these vulnerable children and families.