



## Service Priorities and Programmes Electronic Presentations

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### **To evaluate the service utilization and clinical outcomes for patients receiving Community Psychiatric Service in Shatin Hospital**

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#### **Introduction**

The Hospital Authority has enhanced its community based psychiatric services in recent few years in all clusters. The new service model covers a wide range of support for psychiatric patients. The main focus of the Community Psychiatric Service (CPS) is to provide personalised care for psychiatric patients using a case management approach to facilitate their community re-integration and promoting recovery.

The CPS in Shatin Hospital has followed this new service model since 2011. We would like to evaluate if the new service model is effective in 1) reducing hospital utilisation 2) improving patients' clinical outcome

#### **Objectives**

To evaluate the length of stay and number of admissions 1) one year before the program 2) one year receiving the CPS in Shatin Hospital

To compare clinical outcomes for patients receiving Community Psychiatric Service 1) at the start of the service and; 2) upon termination

#### **Methodology**

Data of patients who has termination of CPS (PCP, Standard CPS & ICT) between 1/3/2016-1/3/2017 are obtained from HAHO IT and CDARS

The service outcome (length of stay, no of admissions) one year before and during the program ( service statistics per 365 days) were compared

The data of BPRS score (mental state) and NEEDS assessment scale during intake and upon termination were also compared

#### **Result**

A total of 1078 cases are included in the data analysis.

Regarding the service outcome, the total episodes of psychiatric admissions has reduced by 33.7% after CPS service. The total length of stay(of all patients) in psychiatric hospital has reduced from 15492 days to 6866 days with reduction by 55.6%. The percentage of patients with no admissions has increased from 56.7% to

77.6% after the service.

Regarding the clinical outcome, 481 paired data were obtained. The BPRS score showed improvement after the program, with reduction from 22.9 to 20.6 (P