



Service Priorities and Programmes
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From Concept to Consolidation - Nurturing Medical-Social Collaborative Care for Dementia in HKEC

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Introduction

The Dementia Community Support Scheme is a pilot medical-social project to support elderly with mild to moderate dementia through an integrated program at 6 district elderly community centres (DECCs). The aim is to empower dementia persons and carers for 'ageing-in-place'. This study will evaluate the medical-social structures and care processes for achieving person-centred outcomes.

Objectives

1. Describe the needs of persons with dementia (PwD) for care strategies.
2. Employ a framework for the multi-component DECC program for mutual learning.
3. Understand facilitators and barriers for cross-sectoral interdisciplinary collaboration

Methodology

PwD needs and outcomes were captured from a registry with demographic, dementia type, GDS, HK-MoCA, physical frailty, carer burden (ZBI) and prevalence of behavioral and psychological symptoms (BPSD). Other outcomes included satisfaction survey, team rating of benefit and default rate, defined as <5 attendances.

A framework described the 6 domains of the program as cognitive, functioning, BPSD, physical and comorbidities, psychosocial and carer burden.

To understand the facilitators and barriers for medical-social collaboration, a questionnaire was completed by platform members.

Result

235 PwD were recruited up to September 2017, with mean age 80.0 (ranged 60-99) with 87.3% aged between 70 to 89 and 74% female. 99% have mild dementia (GDS 4). 41.7% had Alzheimer's disease while 24.3% had mixed dementia. Average HK-MoCA is 14.9. All were ambulatory except 3% needed wheelchair outdoor. 13 PwD (5.5%) had hearing impairment and 1 had visual impairment. 28.5% scored a high carer burden. BPSD ranged from apathy (23.8%), irritability (14.0%), depression (11.9%) with low prevalence of severe BPSD.

Up to December 2017, 21 patients completed the 5-9 months program, with 29 defaulters due to lack of interest in the training program in 65.5%.

Carer satisfaction survey indicated program enriched their knowledge of caring techniques and community resources to enable aging in place. PwD showed improvement in mood and motivation with greater initiation in activities.

The evaluative framework facilitates mutual learning of different care strategies in the 6 DECCs, ranging from IT facilitated training for higher functioning PwD, skilled psychosocial care for mood disorders, carer and family support backed by organizational resources and individualized care needs for some PwDs. Moreover, it promotes better matching of heterogeneous person needs and DECC capability by HA nurse practitioners.

Facilitators for medical-social collaboration rely on 'continuous learning structures' which promotes active feedback, mutual sharing and focus on person-centred care. It includes consensually agreed case selection, multi-professional skill transfer and an engaging leadership. Gaps in training needs and mismatch of complex needs and practical DECC are recognized for ongoing improvement.

HKEC's journey from program concept to consolidation describes lessons learned in nurturing medical social collaboration. First, comprehensive assessment of PwD forms the cornerstone for case selection and personalized care plan. Second, a framework enabled evaluation of DECC's program delivery for better care planning and future program development. Lastly, strengthening local partnerships relies on structures and processes infused with continuous quality improvement approach.