

Service Priorities and Programmes Electronic Presentations

Convention ID: 454

Submitting author: Ms K P CHENG

Post title: Assistant Social Work Officer, QEH, KCC

Enhanced Medical Social Services in General Out-patient Clinic- Health and social care integration

CHENG KPC(1), LEE M(1), KHK CHAN(2)

(1)Department of Medical Social Services (HA), QEH, (2)Department of Family Medicine and General Outpatient Clinic (GOPC), Kowloon Central Cluster (KCC)

Keywords:

medical social services medical social worker primary health care

Introduction

People encountering psychosocial hardship, such as family relationship, housing and financial problems, are associated with a higher demand for medical care in the primary health care setting. Medical Social Worker (MSW) can help to promote physical and psychosocial well-being and bridge needy patients to appropriate community resources for immediate help. Enhanced Medical Social Services (EMSS) was piloted at Yau Ma Tei Jockey Club Clinic (YMTJCC) since July 2017, with the aim to provide early assessment for patients needing MSW care and make appropriate referrals to community.

Objectives

The objective of this study is to analyze the nature of presenting problems and the effectiveness of intervention in EMSS

Methodology

This is a retrospective study conducted at YMTJCC from July to December 2017. Reasons for medical care at GOPC, nature of presenting problems and the services rendered were reviewed.

Result

30 cases were included in the study. Their mean age was 66.2 and 57% were female. 13% were new immigrants. 70% were suffering from either single or multiple chronic illnesses such as Hypertension, Diabetes Mellitus or Lipid disorder and 33% of them did not require regular follow up in GOPC. The reasons for referring to EMSS were financial problem (46.6%), community care problem (30%), domestic violence (6.6%), mood problem (6.6%), accommodation problem (3.3%), employment and training (3.3%), and family relationship problem (3.3%). 40% were known cases of various social service agencies but required further liaison to ensure services availability. 33% required referrals to various agencies including elderly center (13.3%), Social Security Field Unit SWD (6.6%), integrated family service center (3.3%), integrated home care service (3.3%) and integrated community center for mental wellness (3.3%). 10.7%

only needed community resources information including debt counseling, private old aged home information and services for children with special education need. Each patient was interviewed for 1-3 sessions to have their problems settled. 56% were kept follow up by social service agencies in the community after discharge from EMSS. This study proved that EMSS at primary health care setting can triage and manage a wide range of psychosocial issues effectively and facilitate the integration of patients' health and social care.