



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Efficacy of HKWC CGAT Summer Surge Program in reducing A&E attendance among older people living in residential care homes**

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**Introduction**

Community Visiting Medical Officer (CVMO) program has been implemented since 2006 in HKWC. The major role of CVMO is to provide consultation for episodic illnesses of residents in residential care homes (RCHEs). In HKWC, there are 69 RCHEs and there are 2 full-time CVMOs providing services to 36 of them. The program has been shown to be effective in reducing A&E attendance in previous studies.

Marked increase in A&E attendance from RCHEs was observed in June and July 2017 as a result of influenza outbreak and its associated complications. In order to reduce influx of older patients from RCHEs to acute hospitals, the Summer Surge Program (SSP) was carried out between July to September 2017 by HKW CGAT, with additional clinical service provision in non-CVMO covered RCHEs. Special honorarium scheme (SHS) was used to support the SSP without additional manpower.

**Objectives**

To see if SSP can effectively reduce AED attendance

**Methodology**

Compare the AED attendance of CVMO covered RCHE with those of RCHE without CVMO.

**Result**

From 14 July 2017 to 30 September 2017, 39 extra SSP clinics (using SHS) had been conducted with 190 consultations performed. There were also 541 HKW CGAT nurse's phone follow up episodes. To date, since the start of CVMO program in HKWC, the A&E attendance of CVMO covered RCHEs has been constantly and significantly lower than those without CVMO service. However, when the A&E attendance of CVMO covered RCHEs was compared with non-covered RCHEs between May 2017

to October 2017, the difference was only significant in non-SSP period (CVMO covered RCHEs:13.62%±1.25% vs non-covered RCHEs:15.90%±1.03%, difference 2.28%±1.25%; p<0.001) but not during the SSP period (CVMO covered RCHEs:14.92%±1.35% vs non-covered RCHEs:15.31%±1.53%, difference 0.39%±0.26%; p=0.13). It suggested that SSP, which provided additional clinic sessions during weekdays after office hours for episodic illnesses of RCHE residents, was as effective as regular CVMO program in reducing A&E attendance of RCHE residents.