Service Priorities and Programmes

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Hospital-Community Collaboration Cognitive Training Program (HCCCTP) – A Multi-setting One Stop Cognitive Rehabilitation Service for Patients with Mild Cognitive Impairment (MCI) and Dementia

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Introduction

In the ageing population of HK, the prevalence of dementia (>60 years old) is growing sharply with total number increase from 0.11 million in 2010 to 0.28 million in 2036. The resources and manpower required would be enormous. There is a lack of one-stop service in triaging patient's cognitive function and needs with different rehabilitation resources in HKEC. OT in PYNEH received over 700 referrals from medical Special Out-Patient Department and General Out-Patient Clinics each year. HCCCTP, a one-stop cognitive rehabilitation service, was developed since Jan 2016.

Objectives

To shorten the waiting period, create more intervention session and increase the number of new case recruitment for cognitive rehabilitation in OT of PYNEH
To triage patients according to their needs, rehab potential and cognitive impairment level to appropriate services.
To enhance the support of patients with cognitive impairment in community by Non-Government Organizations(NGOs).

Methodology

Patients diagnosed dementia and referred for cognitive assessment or intervention were triaged according to their Montreal Cognitive Assessment Hong Kong Version(HK-MoCA) score, activities of daily living(ADL) function, motivation and carer support. Patients with HK-MoCA score above cut off for mild neurocognitive disorder and patients with severe cognitive impairment (HK-MoCA<4) would be referred directly to one of the twelve HKEC NGOs for cognitive training services through the HKEC Elderly Platform and HKEC Dementia Network. Patients scored with HK-MoCA below 7th percentile with high rehabilitation needs would be arranged a 24-session weekly cognitive training in OT and referred to HKEC NGOs cognitive training services upon discharge.

Result

From January 2016 to June 2017, the waiting period for out-patient cognitive rehabilitation was significantly reduced from 24 weeks to 2 weeks. The number of new intervention session had been increased from 48 to 96, thus the number of new cases recruited for cognitive rehabilitation was increased to 120 (average 80 per year). The total number of patients triaged and referred to HKEC NGOs cognitive training services was 113 (average 75 per year).

Conclusion

An accurate triage system to identify patient's need with matching to corresponding service and close collaboration with community partners is one of the key in effective management of cognitive problems in our ageing society.