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Proactive Support Program in Residential Care Homes for Frail Elderly

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Introduction

Community Geriatric Assessment Team (CGAT) provides medical support to residents in residential home care for elderly (RCHEs) by outreach physician and nurse consultation. In 2014, 15% of residents in RCHEs attended Accidents and Emergency Department (A&E) and 10% of residents admitted to Department of Medicine and Geriatrics in United Christian Hospital. Particularly, frail elderly counted for the repeated admissions and attendances. The program targeted frail elderly in RCHEs by providing intensive care by CGAT nurses for early abnormalities detection and interventions.

Objectives

- To reduce A&E attendance of targeted frail elderly.
- To reduce unnecessary admission of targeted frail elderly

Methodology

The frail elderly in RCHEs was identified by Clinical Frail Scale with 7 or above or HARPPE score equal to 3.0 or above. Focused on the target group, CGAT nurses provided intensive care within 28 days. The health assessment provided by CGAT nurses facilitated early abnormalities detection and intervention for deterioration. Frail elderly was supported by coordinated care included collaborating with RCHEs for care and referring to outreach fast track clinic or allied health support if necessary. For evaluation, the episodes of A&E attendance and admission of targeted frail elderly were collected and compared.

Result

Total 66 frail elderly was recruited in the program from 1st June 2015 to 31st May 2016. The average number of care provided was 5.3 per frail elderly within 28 days. Amongst them, 81.8% of targeted frail elderly (n= 54) have no admissions and A&E attendances during the program. For the remaining 12 frail elderly, the episodes of A&E attendance and admission during program were both dramatically reduced 40%

when compared to 28 days before program retrospectively. Owing to the encouraging result in 2015-2016, the program was further sustained from June 2016 to May 2017. The result was also remarkable. In conclusion, the effort of proactive support program for the frail elderly in RCHes by CGAT was resulted significant reduction on both A&E attendances and admissions. Consequently, it relieved part of the workload in hospital, especially in winter surge. With the promising result, it is suggested to sustain the proactive program with extended duration if manpower for CGAT will be enhanced in the future.