











東華東院 綜合社區復康中心

# Integrated Neurological Rehabilitation Program in Community – A way to Enhance, Empower and Engage

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## **Background**

Neurological Rehabilitation
Program was shown to have positive health benefits:

- Physical function
- Cardiopulmonary fitness
- Risk factors
- Quality of Life



## Background

#### Community Neurological Rehabilitation

#### Physical effect

- Improve fitness
- Improve mobility function

#### Lifelong effect

- Accommodate the persisting neurological deficits
- Engage the caregivers
- Reintegrate into home and community

#### **Background**

#### **TWEH**

 500 in-patient stroke cases per year

# Integrated Community Rehabilitation Centre (ICRC)

- Multi-disciplinary
- Integrated care pathway
- Continuation of stroke rehabilitation
- Intensive postdischarge training
- 250 new stroke cases each year







# HKEC Stroke Rehabilitation

Stroke patients

**PYNEH** 

**TWEH** 

**ICRC** 

Community









#### ICRC

Intensive post-discharge training

#### Early stage

- Body weight support walking training
- Neuro-facilitation
- Muscle tone control













### **ICRC**

Intensive post-discharge training

#### Late stage

- Walking training
- Strengthening
- Advance balance training













#### **ICRC**

Intensive post-discharge training

- 3-5 times per week
- Average: 3-4 months (~ 20 sessions)
- Residual impairment
- Room for further training
   & improvement



**Community** 



# Traditional Service Model

**Stroke patients** 

Out-patient PT/OT sessions

**Community** 

# New Model of Community Service

**Stroke patients** 

**ICRC** 

Appropriate case are selected to community service

Community Stroke Rehabilitation



# Development of New Model of Community Service

**Goal:** Patient empowerment

Social reintegration

Synergistic input

Ongoing stroke rehabilitation

#### **Program**

- Duration: 1 2 hours per sessions
- Total: 20 30 sessions
- 2 3 sessions per week

## **Community Partner**

基督教靈實協會 靈實日間社區康復中心
Haven of Hope Community Rehabilitation Day Centre
(HOH CRDC)













### **Objectives**

- To address the demand for early community reintegration
- To evaluate the feasibility and improvement of clinical parameters of this community based rehabilitation program



**Stroke patients** 





**Stroke patients** 



Tung Wah Eastern Hospital ICRC









Tung Wah Eastern Hospital ICRC







Haven of Hope

Community Rehabilitation Day Centre





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# Inclusion criteria

- Treatment goal
- Follow-up support
- Caregiver training
- Home modification
- Prescribed aids
- Residual complications
- Agreed for Community rehabilitation

# **Pathway**

- Multidisciplinary Assessment & Conference Goal setting
- III. Appropriate cases are selected



**Stroke patients** 











**TWEH-HOH:** 

mutual supervision & continuous feedback

**Haven of Hope** 







# New Model of Community Service (HOH CRDC)

- I. Centre-base training
- II.Non-centre base training

# New Model of Community Service













#### **Centre-base training**

- Physical & cognitive performance
  - Individual training programs
  - Group training programs

# New Model of Community Service











#### Non-centre base training

- Lifestyle re-engineering
- Community exploration





# Outcome Measurements

(Pre and post HOH CRDC)

- 1) Physical
  Berg's Balance Scale (BBS)
- 2) Functional
  Modified Barthel Index (MBI)
- 3) Social Integration
  Community Integration
  Questionnaire (CIQ)



#### Results

Date 2008 – 2009

No. of patients 59 (20 completed program

for analysis)

Gender (Female) 6 (30%)

Mean Age 57.6 (Range: 36 – 80)

Diagnosis CVA Infarction: 13

Haemorrhage: 5

Mean training duration 30 sessions

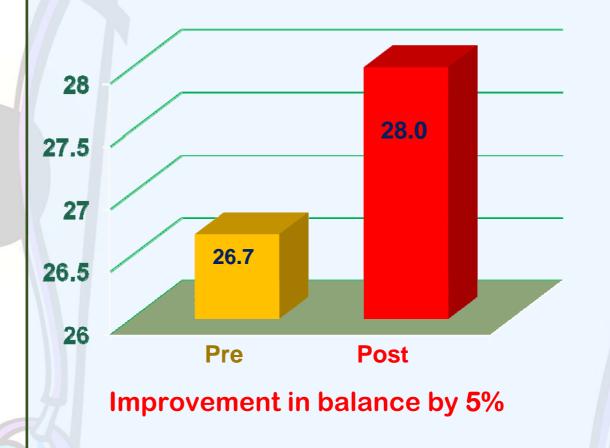
22 weeks

Drop-out Rate 1

Adverse Events (



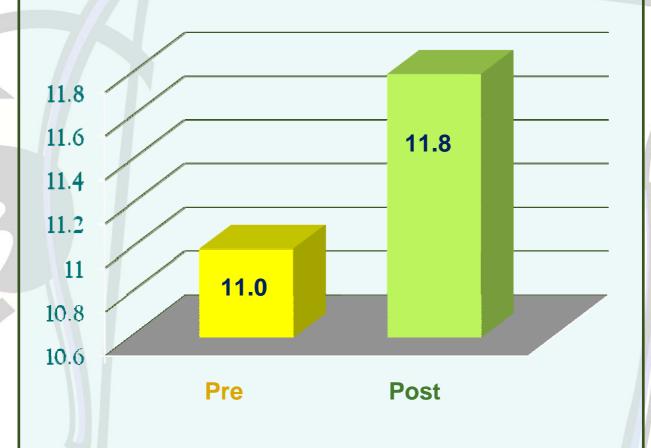
# Physical ability Berg's Balance Scale (BBS total 56)





## **Functional ability**

Modified Barthel Index (MBI total 20)



**Improvement in functional ability by 8%** 



## Social reintegration

Community Integration Questionnaire (CIQ total 29)



Improvement in social reintegration by 24%



# **Cost Implication**

- Active ICRC stroke rehabilitation duration:
   3 4 months (average)
- HOHCRDC community rehabilitation duration:4 5 months (average)

(Other GDH: ~ \$1300 /patient/ session)

Output Honding Hond



# **Cost Implication**

- Active ICRC stroke rehabilitation duration:
   3 4 months (average)
- HOHCRDC community rehabilitation duration:
   4 5 months (average)

(Other GDH: ~ \$1300 /patient/ session)

Output Honor Strain Strain

Cost Effective



## Discussion

#### **3 Win Situation**



- Continuation of rehabilitation
- Early discharge to community
- Social reintegration
- Patient being empowered



- Effective utilization of community resources
- Engaging the community partner



- Seamless stroke care (especially community phase)
- The growing demand is better managed



#### Conclusion

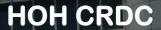
Pilot collaboration between
TWEH/ HOH stroke rehabilitation
is a feasible model in the
provision of rehabilitation in the
community

It could improve health outcomes, provide community integration, while the growing demand is better managed

# Acknowledgement

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TWEH - ICRC









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