香港復康會
The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network

Crossing the boundary: Collaborative approach in Patient and Carer's Empowerment

(June 7, 2011)

Ms. Phyllis Chau, Senior Manager (Rehabilitation), HKSR

The CRN's story of crossing the boundary

I. Why there is boundary?

II. The urges to cross the boundary – the birth of CRN

III. Level one interfacing: The Networks

IV. Level two interfacing: The Linkages

V. Level three interfacing: The Partnership

VI. How far we're reaching the "integration level" of interfacing?

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

I. Why there is boundary?

Health care in Hospital:

Welfare services in Community:

Like “Men are from the Stars while women are from the Venus”: with different languages, values, guiding principles and practices.

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Hospital is a castle

(Dr. F K IP, COS, O&T, PYNEH, presented a paper called, “The Great Wall and the Castle” – can we cross the moat?, at the HKEC Symposium on community Engagement –VI in April, 2011)

◆There is a Strong Great Wall;

◆Protect the dwellers;

◆Well defined the power;

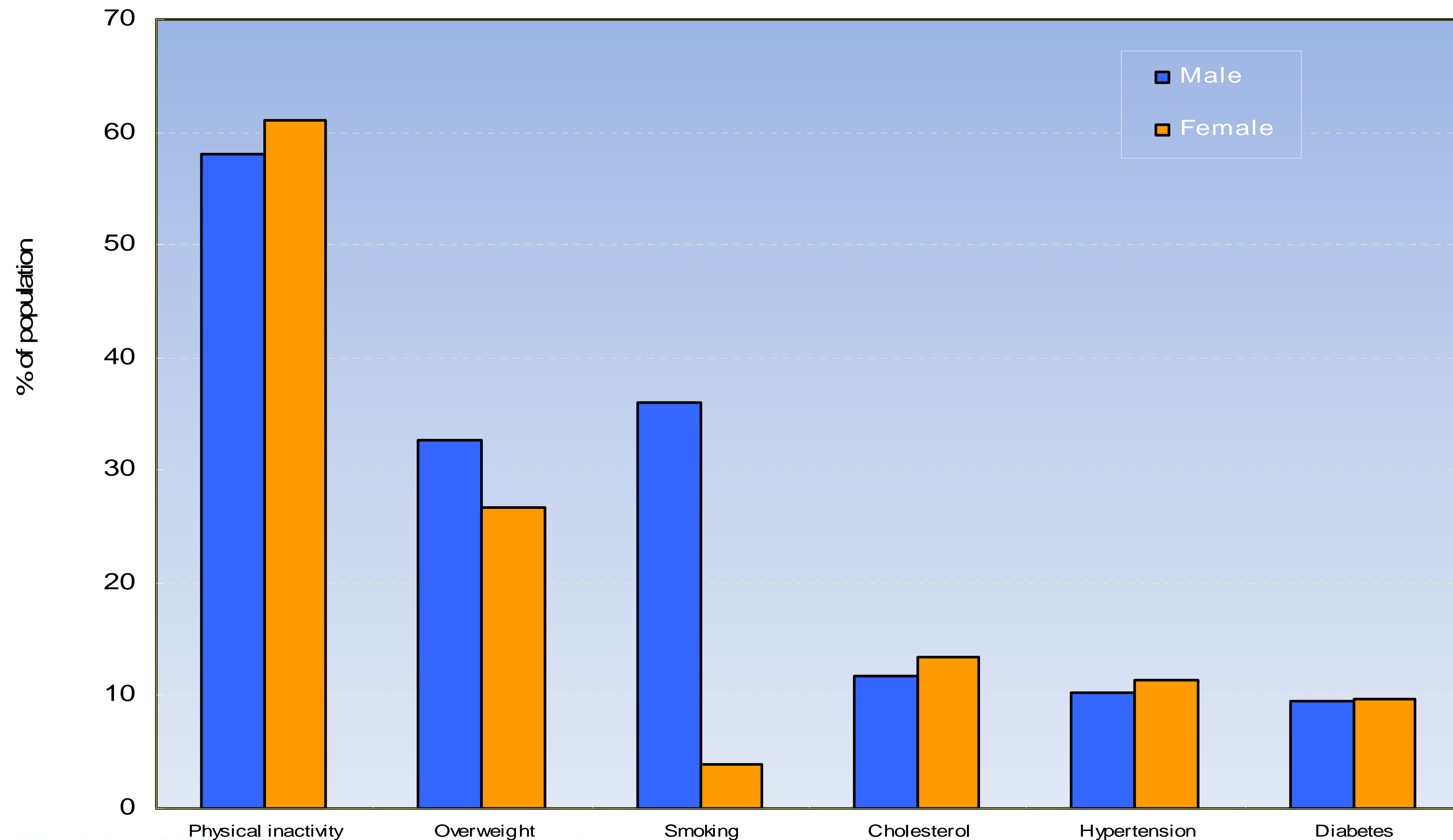
◆Not everyone got the permission to enter …

◆“My patients”, not “our patients”

香港復康會
The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

However, managing chronic disease is not a pure sciences, it involves the social sciences.   Chronic disease risks are behavioral factors.



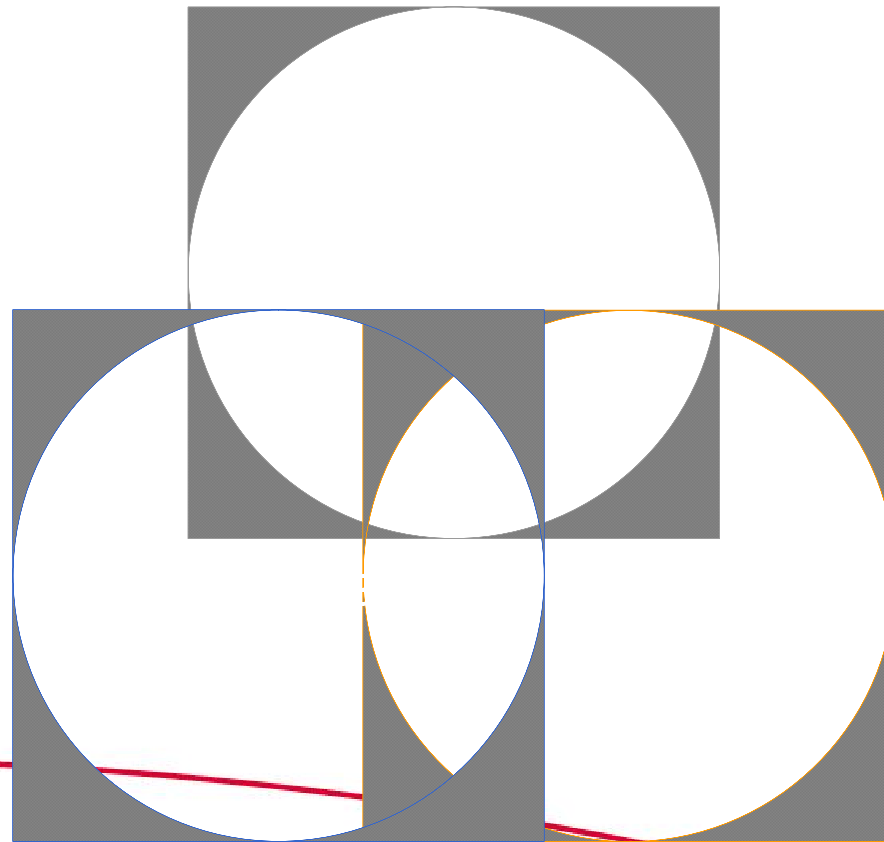
Source: Janus ED 1997

香港復康會
The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network
© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

II. The urges to cross the boundary – the birth of CRN

There were a group of pioneers in 1994, giving birth to CRN. It is born to cross this health-care and social-welfare boundary.

A new concept came out: the holistic care



香港復康會
The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

III. Level one interfacing: The Networks

Gate opened:

- information can flows in;

Interfacing:

- Set up display boards;
- Set up information counter;
- Distribute pamphlets and flyers;

香港復康會
The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Levels of Interface	Components of Interface		
	Resources	Governance and Operation	Services
Network	shared information	NIL	NIL

Why we can’t go further?

Perceived role of community partners as “optional”: “Anyone wants to have birthday party, please go.” “Non-scientific”

Mindset of ownership of patients care: It is the duty of clinicians and health care units in the hospital.

Again, “Men are from the Stars while women are from the Venus”: with different languages, values, guiding principles and practices.

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Evidence-based of CRN Interventions

Outcome Studies

- DM Self-Management Program
- Chronic Disease Self-Management Program
- Rheumatoid Arthritis Self-Management Program
- 「心情新角度」情緒管理課程
- Stage of Change in Self-Management of Chronic Disease

~ more than 30 EBP projects were conducted

For details, please visit http://www.rehabsociety.org.hk/93.0.html

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Physicians believe their training did not adequately prepare them in treating people with chronic conditions

- Coordinate in home and community services (66%)
- Educate patients with chronic conditions (66%)
- Manage the psychosocial aspects of care (64%)
- Provide effective nutritional guidance (63%)
- Manage chronic pain (63%)

National Public Engagement Campaign on Chronic Illnesses
Physicians Survey, conducted by Mathematica Policy Research Inc. 2001

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Level two interfacing: The Linkages

Gate opened + bridges built:

- Patient Resources Center & Community Services Division
- Set up chronic illness platforms and panels to communicate;
- Collaborate with various interfacing services and programs

Interfacing:

- Interfacing workflow;
- Referral mechanism;
- Pre-discharge program for the stroke patients;
- Co-organized Tai Chi exercise with renal unit;
- Joint health talks with rheumatology unit; so on…

香港復康會
The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

港島東醫院聯網
社區復康延展計劃

胸肺科 - 轉介表

病人姓名：________________（中） **機密**

________________（英）

性別：__________ 年齡：__________

電話：__________（日）__________（夜）

至：機構名稱	電話號碼	傳真號碼	由：以下醫院轉介	
☐ 香港復康會社區復康網絡 - 康山中心	2549 7744	2549 5727	**東區尤德夫人那打素醫院** ☐ [illegible]姑娘(呼吸科) ☐ 病房：__________ ☐ 專科門診	**東華東醫院** ☐ [illegible]姑娘（病房經理） ☐ 病房：__________ ☐ 專科門診
☐ 聖雅各福群會	28313254	3422 3694		

診斷（必需註明）：________________________，轉介至以下機構 / 醫院：

機構 / 醫院名稱	建議參與之項目（在空格加上✓）			
	運動復康訓練（物理治療、職業治療）	飲食、營養及體重管理	自我管理課程/情緒管理課程	病人互助組織
香港復康會社區復康網絡 - 康山中心	▨	▨		▨
聖雅各福群會（✕）	▨		▨	▨

（✕）☐ 先轉介至「[illegible]」接受健康評估一次（費用 HK$55.00） 電話：2162 6400 傳真：2162 6401

~ 病人同意轉介至以上機構 / 醫院接受復康計劃，請安排評估及跟進。 ~

轉介者簽名：__________ 轉介者印章：__________ 電話：__________ 日期：__________

☐ **病人同意**

- 將個人資料（姓名、年齡、性別及電話）由本院轉介至上述指定復康機構作跟進，參加活動與否最終由病人決定。
- 是項活動要自願參與性質之運動訓練，請參加者注意自己的身體狀況，並作適當安排。
- 參加者需負責自身安全，如活動過程中出現任何損失、意外或傷亡，主辦機構及有關職員均無須負上任何責任。

簽名：________________ 日期：__________

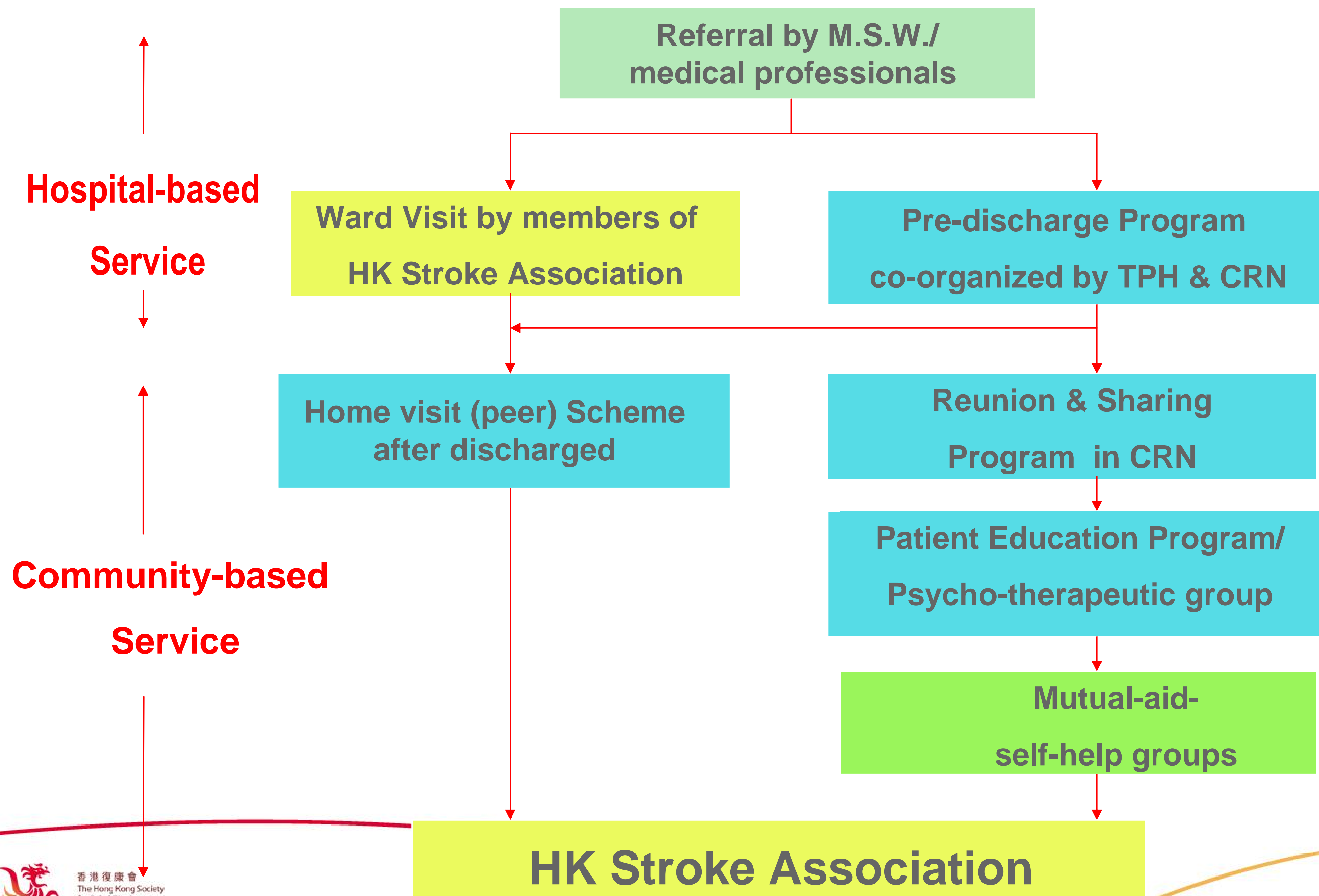
☐ 病人已口頭上答應 日期：__________

港島東醫院聯網
社區復康服務 ~ 胸肺科 - 轉介確認書

致：____________（病人姓名），你已於__________（日期）轉介至以下機構/醫院：

機構名稱	運動復康訓練	飲食、營養及體重管理	自我管理課程/情緒管理課程	病人互助組織

Example With Tai Po Hospital (Stroke Team):



香港復康會
The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Levels of Interface	Components of Interface		
	Resources	Governance and Operation	Services
Network	shared information	NIL	NIL
Linkage	shared information	overseeing committee	single & multiple projects

However, we face:

◆The efforts go as the enthusiasm of individual practitioner. “Community partnership & collaboration is just a voluntary work, I can’t push my junior”

◆The services projects may be single or multiple but never mandatory

◆Always gone away when there is “change in personnel”

香港復康會
The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Perceived role of community partners as “supplementary”:
“Value added supplements to the patients care”
“But may not be my priority when I am overwhelming by huge workloads”
“Out of sight, out of mind”
“Yes, it’s good…But…”

Mindset of ownership of patients care:
Community partner is valuable to us as they can share the work, but the clinicians and medical health care units have the role to oversee & monitor.

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

But crisis (危) brings opportunity (機)

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Trends of Mortality, Morbidity & Disability Rates

Kenneth Manton
Scientific Director, Center for Demographic Studies, Medical Research Professor Duke University

香港復康會
The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Institute Of Healthcare Improvement (IHI) Dr. Don Berwick

"The current care systems **cannot** do the job… the acute care system cannot manage chronic illness… Global disease burden has shifted to chronic condition whereas health care systems have not.

"Trying harder will not work.*"…we cannot work any harder*

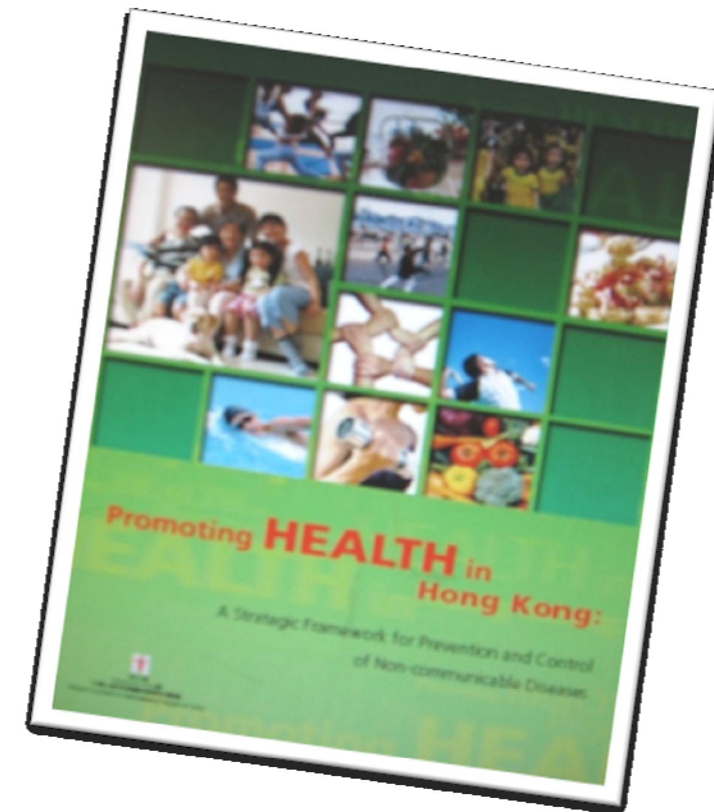
"Changing care systems will."… *we must change the system*

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Promoting Health in Hong Kong: A Strategic Framework for Prevention and Control of Non Communicable Disease (Department of Health, 2008)

Problems of preventing & control of NCD:

- Rapid ageing population;
- Change in population health risk profile (rise of central obesity & hypertension);
- It takes time & joint efforts of the government, community & individual to bring the attitudinal and behavioral change in avoiding NCD risk factors



What is need:

- To establish a cost-effective prevention & control strategies in combating NCD

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

A Strategic Framework for Prevention and Control of Non Communicable Disease

Partnership: draw together the strengths from various sectors with different knowledge & skills

Environment: Link health promotion & disease control with total environment, e.g. healthy restaurants

Outcome-focus: monitoring the health outcomes

Population based-intervention: emphasis on whole population for collective health benefits

Life-course approach: addressing health from womb to tomb

Empowerment: for those working in health & non-health sectors to equip with knowledge and skills in health promotion & disease control, including behavior modification, early detection, etc

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Level three interfacing: The Partnership

Gate opened + bridges built + friendship developed

- Patient Empowerment Program (PEP) born in 2010
- Hospital Authority (Health and Food Bureau) is inviting NGOs to share the patients' empowerment education via bidding

- Six out of seven cluster have been kicked off now, closer intimate relationship is expected
- Mandatory & legitimate to refer and interface

Interfacing:

- Shared data base: PPI-ePR;
- Training of the NGOs on the medical knowledge;
- Shared responsibility on patients recruitment and referrals;
- Acknowledge the generic components on disease management

The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network
© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

For Patient Empowerment Program, patient referral is now a kind of doctor's "prescription"!

計劃背景

為加強病人對慢性疾病的認識，提升自我照顧能力，醫院管理局（醫管局）與社區非牟利機構攜手，推行「病人自強」計劃。

Background

To further enhance patients' knowledge and ability in self-management of chronic diseases, the Hospital Authority (HA) will collaborate with non-governmental organisations to launch the Patient Empowerment Programme (PEP).

目的

- 加強病人對疾病管理的知識，提升自我照顧能力，預防各種併發症
- 進一步加強基層護理和疾病預防服務
- 加強與社區機構在病人護理上的合作

Objectives

- Enhance patients' knowledge and ability in self-management of chronic diseases so as to prevent possible complications
- Further enhance primary care and disease prevention
- Enhance collaboration between the HA and community organisations on patient care

查詢

「病人自強」計劃(新界東聯網)辦公室
電話：2632-1603
地址: 新界沙田威爾斯親王醫院臨床醫學大樓10樓124003A室

夥伴機構:
香港復康會
電話：2636-0666
地址: 新界沙田威爾斯親王醫院職員宿舍B座10樓B室

Enquiry

PEP Cluster Programme Office (New Territories East Cluster)
Tel: 2632-1603
Address: Rm 124003A, 10/F, Clinical Science Building, Prince of Wales Hospital, Shatin, NT

Partner Organisation:
The Hong Kong Society for Rehabilitation
Tel: 2636-0666
Address: Flat B, 10/F, Staff Quarter B, Prince of Wales Hospital, Shatin, NT

「邁步健康路」慢性疾病管理計劃
Chronic Disease Management Programme

「病人自強」計劃
Patient Empowerment Programme

計劃由2010年3月開始
Launch Date: March 2010

預約便條 編號： PEP/DM/10/013_12 第 二 節	醫院管理局 香港復康會社區復康網絡 **病人自強計劃 - 預約便條** 地址：沙田威爾斯親王醫院職員宿舍B座10樓B室 電話：2636066
轉介病科： ☐ 糖尿病 ☐ 高血壓	日　期：**2011年6月2日 (星期)** 登記時間：上午**10**時**15**分 地　點：沙田威爾斯親王醫院職員宿舍**B**座**10**樓**B**室 電　話：**26360666** （敬 請 準 時 出 席）

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Levels of Interface	Components of Interface		
	Resources	Governance and Operation	Services
Network	shared information	NIL	NIL
Linkage	shared information	overseeing committee	single & multiple projects
Partnership	shared information & staff	shared governance	current & new projects/ services

Perceived role of community partner as "stakeholders":
"Dancing together" "Our PEP" "Our Project" "Our Patient"…

Mindset of ownership of patients care:
Community partner is the expert of behavioral change while the clinicians and medical health services is the expert of clinical management.

香港復康會
The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Congratulations to this paradigm shift!

Yes, the role of community partner has been successfully transformed. Let's give a big hand & render a salute to …

those who sacrifice their personal times, put their efforts working together with the community partners, building "networks", "linkages" and "partnerships" in the process of interfacing.

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

VI. How far we're reaching the "integration level" of interfacing?

Levels of Interface	Components of Interface		
	Resources	Governance and Operation	Services
Network	shared information	NIL	NIL
Linkage	shared information	overseeing committee	single & multiple projects
Partnership	shared information & staff	shared governance	current & new projects/ services
Integration	shared information, staff & funding	shared leadership & governance	expanded & new services

香港復康會
The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Integration means what? When Two are in One?

Will one day the prince (the welfare services in the community) make the gate opened, get the bridges built, developed friendship with the beloved one and finally get into the castle and marry the princess (the health care in the hospital)?

Will one day "the community" marry "the hospital"?

香港復康會
The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

What does a long term and stable relationship require?

Sharing

(information, resources, responsibility, ownership);

Respects

(appreciation & recognition, equal footing & equal say);

Honesty

(you are NOT taking advantages over me);

Trust

(simply you believe in me)

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.

Don't walk in front of me, I may not follow.
Don't walk behind me, I may not lead.
Just walk beside me and be my friend.
(Albert Camus)

THANK
YOU

香港復康會
The Hong Kong Society for Rehabilitation
社區復康網絡
Community Rehabilitation Network

© 2004 Hong Kong Society for Rehabilitation. All rights reserved.