

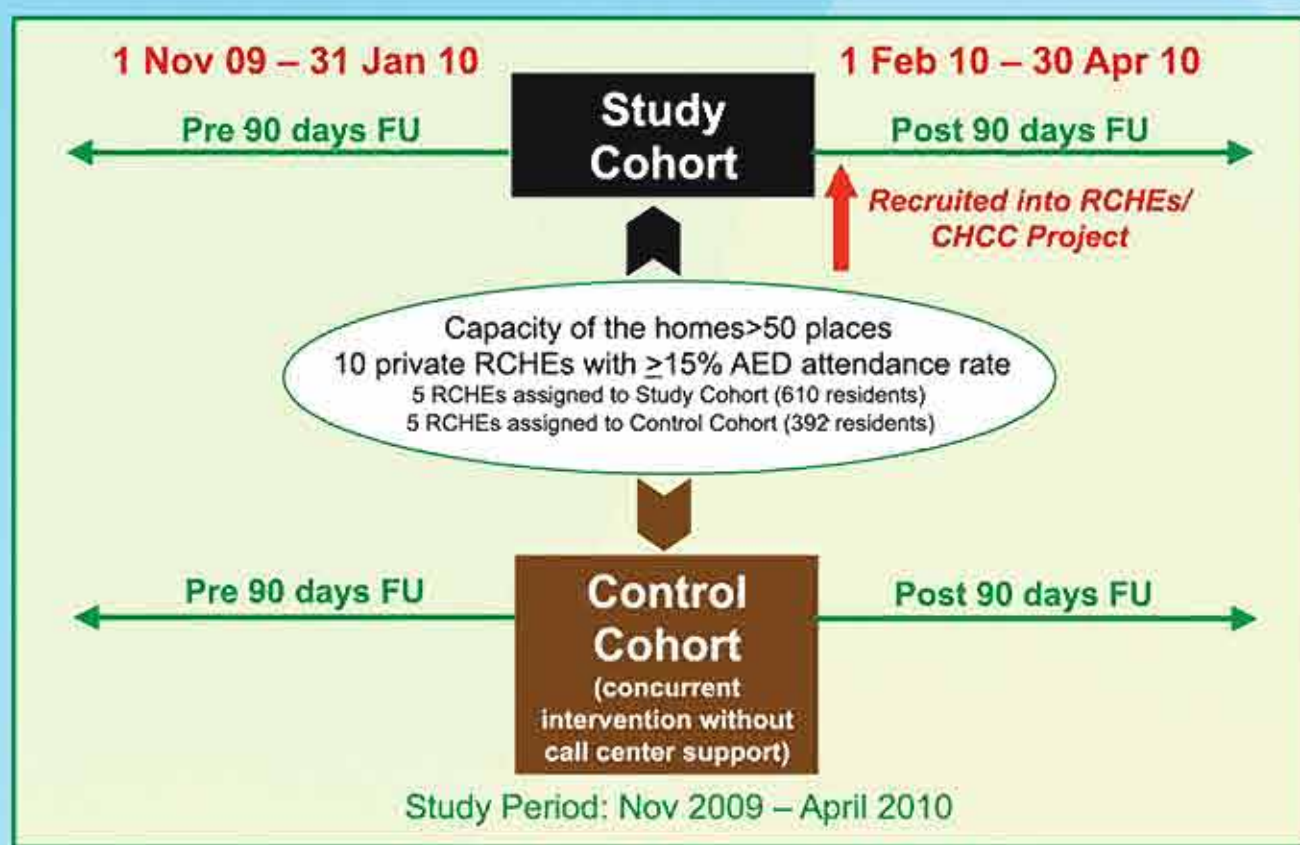
Pilot Study on Introducing Community Health Call Centre Support (CHCC) to Residential Care Homes for the Elderly (RCHEs)

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Objective:

To evaluate the effectiveness of telephone support to RCHE residents at high risk for recurrent emergency admissions in elderly homes in the Hong Kong East Cluster.

Method:



Interventions

- Phone follow-up within 48 hours upon patient discharge from hospital
- Educate RCHE staff to use "Early Symptoms Detection Checklist" and report condition changes to CHCC
- Receive phone consultations from private RCHEs during operational hour of CHCC:
Mon – Sat : 8am – 8pm
Sat / Sun / PH / SH : 8am – 4pm

Results:

Workload

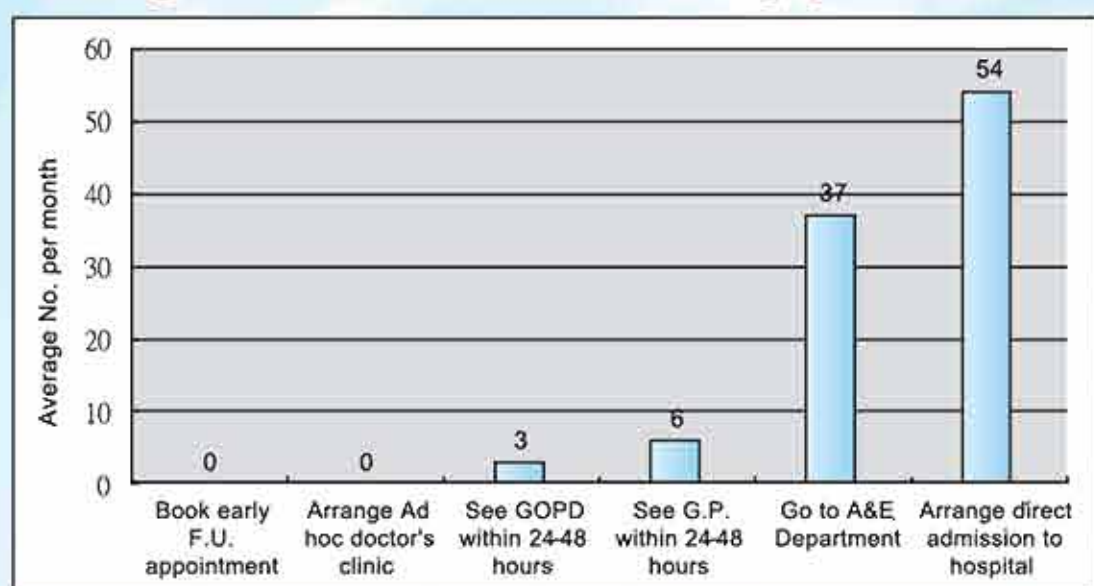
	No.
No. of calls made	773
No. of discharged episodes managed	211
Average duration per call (min)	8.7
No. (%) of calls initiated by nurses	499 (64.6%)
No. (%) of calls initiated by health workers at RCHEs	274 (35.4%)

Outcome Measures

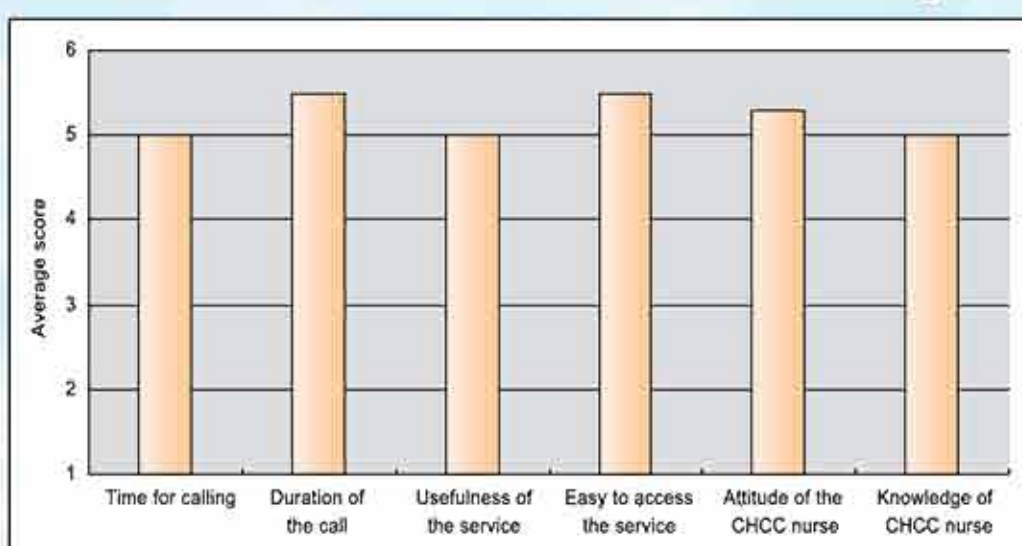
Study Cohort Vs Control Cohort

Over 90-days FU period	Study Cohort (610 residents)			Control Cohort (392 residents)			Change in absolute risk	Change in relative risk
	Pre	Post	Diff	Pre	Post	Diff		
Incident Rate (%)								
AED attendance	17.4	13.8	-3.6	18.5	17	-1.5	-2.1	-13.2%
Emergency admission	14.4	11.1	-3.3	15.5	15	-0.5	-2.8	-20.1%
Non-AED admission	7.3	9.6	+2.3	4.2	9.6	+5.4	-3.1	-24.4%

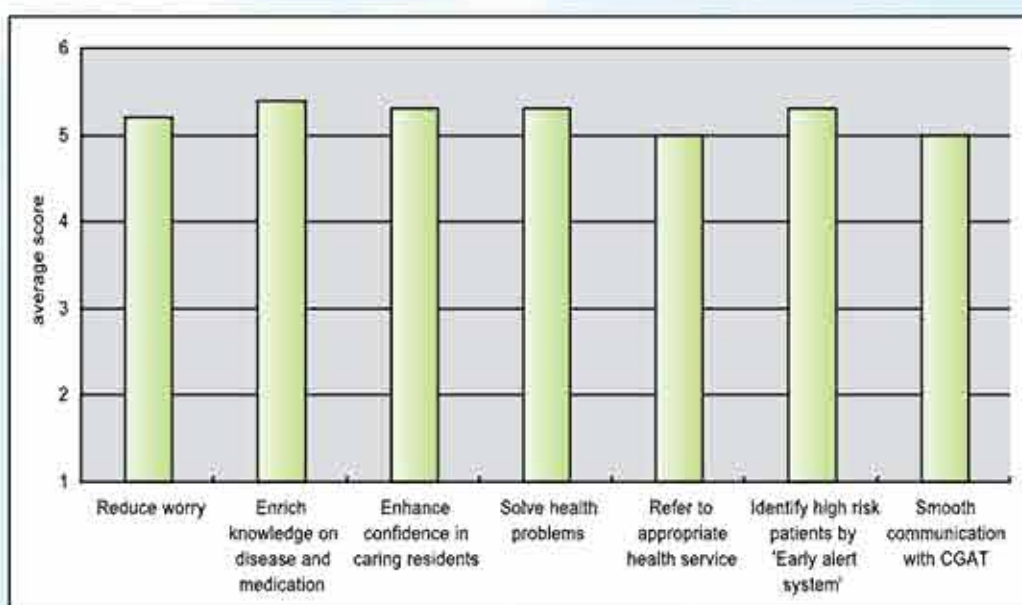
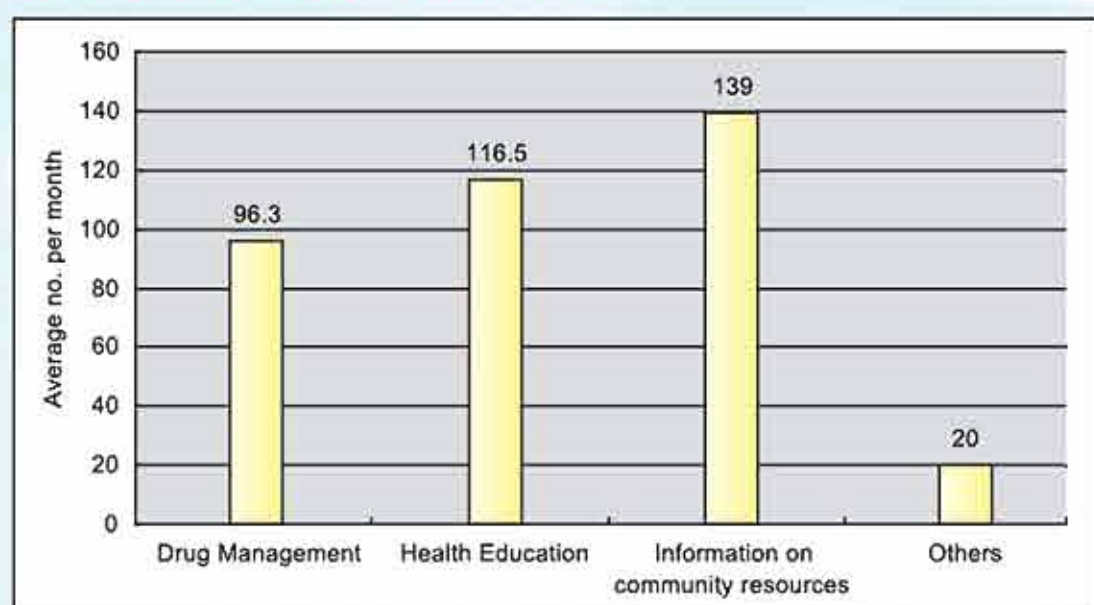
Triage for Medical Support



Clients' Satisfaction Survey



Education Given



Six-point scale questionnaires
Point 1: least satisfied
Point 6: most satisfied

Conclusion:

- Results in 90 days showed improvement in hospital utilization in study group
- CHCC, as a supporter to CGAS, is a workable solution to manage the escalating demands from RCHEs.
- Ability to offer phone consultation after office hour is the most welcomed part of the service

Extension of the pilot:

In order to manage the winter surge, the pilot project was extended to all private RCHEs in HKEC (88 no. with 6191 residents) with some modifications on its service delivery mode in Dec 2010.

