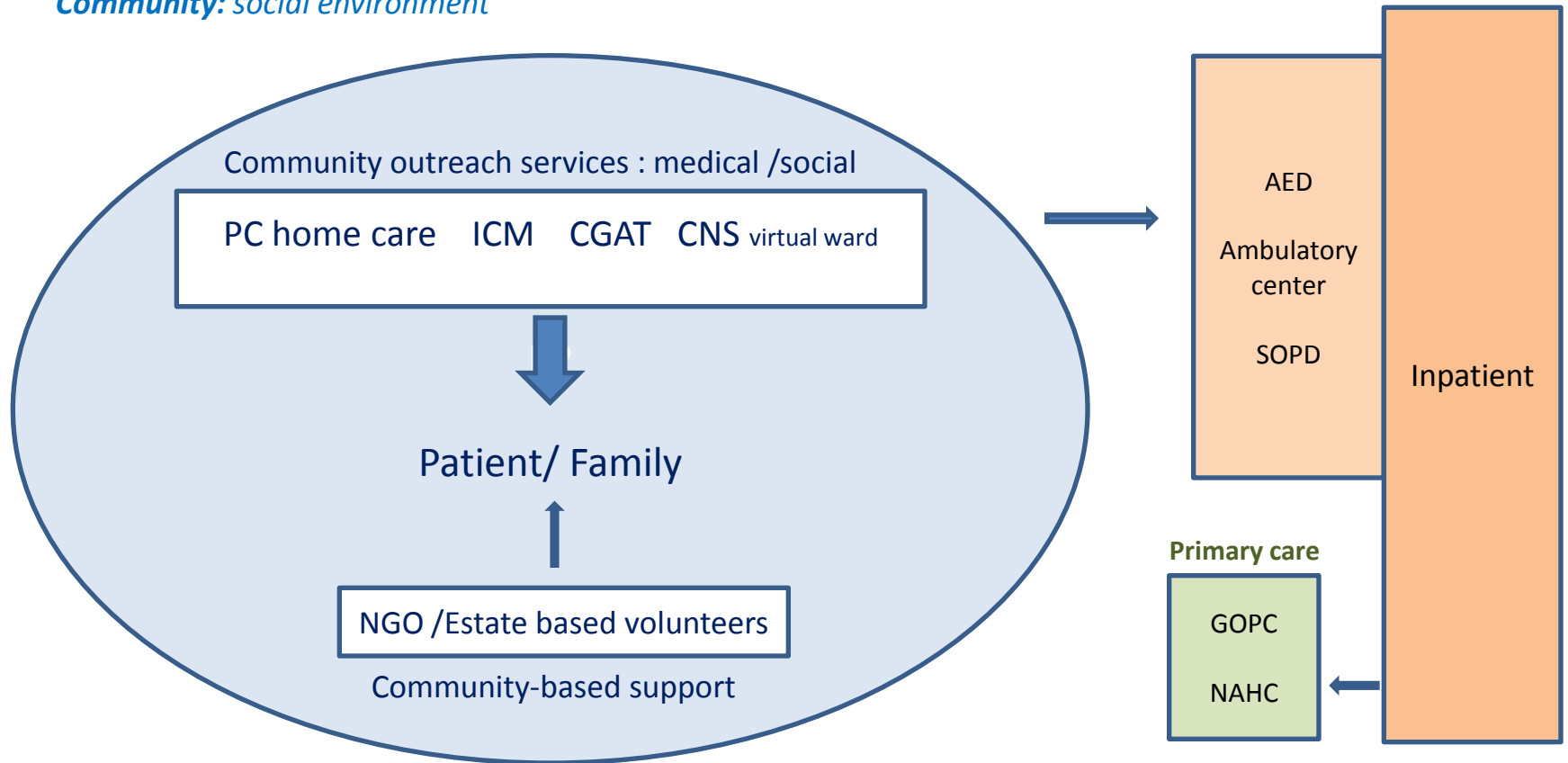


KE Cluster Community Care : Total Community concept

Community : more than a place
Community: social environment



Key successes/ achievements

- Horizontal collaboration of Community outreach services
- Vertical collaboration at community level: volunteers/ NGOs
- Hurdle barriers: Cluster-based Nurse Consultant in Community Care
- Hurdle complexities & boundaries : bundle skills in Virtual ward
- Target at interface between Community & Hospital: AED post-discharge program, Die at home program (AED)
- Target at interface between Community Care & Primary Care

Key Obstacles

- Inadequate medical support in community services
- Underdeveloped support at community-based level
- Interface with parent services, SOPD
- Require more complex skills for more complex cases
- Informal caregivers support & coping
- Staff inadequate understanding towards Community Care
- Logistics : Non-unified charges, Information technology

Suggestions to overcome obstacles

- Provision of full time doctor in CNS
- Address issues of support at community level at policy and implementation level
- Develop an overall plan to care complex medical cases at community
- Develop informal caregiver program
- To include Community Care as part of medical education
- Streamline logistics: charging, IT, etc.

How to achieve Better Integration

- Identify problem of integration at HAHO, cluster & hospital levels
- Identify system, personal, resources or cultural factors
- HEART – set integration as policy & goals
- HEAD – set targets & plan of collaboration
- HAND – address integration at both structure & implementation level
- Cross team exposure to enhance mutual learning