Service Priorities and Programmes

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Positive Impact of Home Support Team in Kowloon Central Cluster

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Introduction

Home Support Team (HST) was introduced in Kowloon Central Cluster (KCC) in 10/2011 as one of the major prongs of the Integrated Care and Discharge Support Service (ICDS). Neighbourhood Advice-Action Council is the service provider of HST which enables timely social support to elderly patients at risk of readmissions after discharge from HA hospitals. The majority of clients had HARRPE scores ≥ 0.2 (signifying a 20% risk of unplanned readmission within 28-days) and were recruited actively by Linked Nurse. Others were recruited by open referrals.

Objectives

A retrospective analysis of the program was conducted to evaluate the effectiveness of HST in reducing post-discharge hospital service utilization of their clients.

Methodology

The study period was from 1/10/2011 - 30/9/2012. Comparisons were made on clients for events with respect to 3 time frames: 28- day, 90-day and 180-day (events pre-hospital admission vs. events post discharge). The following outcomes were evaluated 1) Emergency Department (AED) attendance rate 2) Medical admission rate 3) Hospital Length of Stay (LOS) Paired t test was used for the analysis with $p<0.05$ being significant.

Result

There were 334 clients within the 12-month study period eligible for analysis. 10 patients died; 324 clients were recruited for analysis. Among them, 289 and 158 clients were followed up long enough for the 90-day and 180-day analysis respectively.

The number of AED visits was reduced significantly by 51.6% ($p<0.001$) and 32.0% ($p<0.001$) using the 28-day and 90-day study period (pre-admission and post-discharge) respectively. Admissions to medical department was reduced by 48.1% ($p<0.001$) and 20.5% ($p=0.012$) for the 28-day and 90-day study period. LOS was also reduced by 38.9 % ($P=0.001$) for the 28-day study period i.e. 5.06 days (28 days pre-admission) vs. 3.52 days (28-days post-discharge). The service provided by the HST in KCC provides effective post-discharge support to frail elderly. It reduces the hospital service utilizations of patients with a sustained reduction in 1) AED attendance up to 90 days 2) Admissions to medical department up to 90 days 3) LOS up to 28 days