



**Service Priorities and Programmes**  
**Electronic Presentations**

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**Additional VMO services during long holidays in relieving pressure of AE department and MG wards**

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**Introduction**

During long holidays such as Chinese New Year and Easter holidays, most of the general practitioners were closed. Only designated GOPC and AE services were available. In Shamshuipo, there was no designated GOPC opened during long holidays. When the elderly from old age homes felt sick, the old age home staff would send the elderly to AE department for medical consultation. Therefore, there was an increased workload and attendance of AE department and bed occupancy of MG wards. In order to relieve the pressure of AE department and MG wards, VMO services were provided during long holidays. Outreaching visits would be provided to selected old age homes and provide medical consultation to elderly in need.

**Objectives**

1. Treat and stabilize the episodic problems of elderly. 2. Reduce the avoidable AE attendance and hospital admission. 3. Monitor for any infectious disease outbreak in old age homes.

**Methodology**

Three additional half day VMO visits were provided to selected old age homes during Easter Holidays and The National Day. The criteria for selection of old age homes were: 1. high bed capacity; 2. high admission rate; 3. high volume of frailty. Old age home staff was asked to review all elderly at the morning on the date of visits. If there was any elderly felt sick, the old age staff would fax the name list to CGAT office. After receiving the name list, the clerical staff would prepare the medical record for follow up. Then the VMO would visit the old age homes and provide medical consultation to the elderly in need. If there was any prescription of medications, the old age home staff would collect medication from CMC Pharmacy immediately.

**Result**

Three sessions of VMO visits provided, eight old age homes were served with forty-one elderly seen by the VMO. Eight (19.5%) out of these forty-one elderly had fever or signs and symptoms of chest infection with antibiotics prescribed. Seven elderly (17%) complained cough with co-trimoxazole or MES prescribed. Two elderly (4.8%) complained poor oral feeding with advice given. One elderly (2.4%) had signs and

symptoms of congestive heart failure with lasix prescribed. While the rest of elderly might complained some minor problems with treatment or advices given. According to the chief complaints of elderly, their problems might be semi-urgent and non-urgent. In order to evaluate whether the AE department pressure was relieved, 7-day AE attendance was reviewed. There were six elderly (14.6%) attended AE department within 7 days. Therefore, the additional visits might relieve the pressure of AE department. In review the 28 MG admission, there were thirteen elderly (31.7%) had unplanned MG admission, and 8 (19.5%) of them admitted related to the same medical problems. This pilot initiative demonstrated that providing VMO visits during long holidays might relieve the immediate pressure of AE department and MG ward. However, it might have a minimal effect in reducing 28 days MG admission, it may be due to the frailty of elderly. It was recommended that an earlier CGAT follow up should be arranged for reviewing the medical condition of the elderly.