



Service Priorities and Programmes
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Workflow improvement for enhanced service collaboration with the community in treatment of psychotropic substance abusers

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Introduction

The Kowloon East Substance Abuse Clinic (KESAC) provides psychiatric treatment to psychotropic substance abusers with psychiatric complications (such as drug-induced psychosis and cognitive impairment) and/or psychiatric co-morbidities (such as depression and personality disorder). This group of clients often carries complex clinical needs requiring both clinic-based medical input and community-based psychosocial intervention. They are also a group of 'difficult-to-engage' clients with unpredictable treatment adherence. It requires a close collaboration and working relationship between the clinic-based service and NGOs including Counselling Centres for Psychotropic Substance Abusers (CCPSA)

Objectives

To enhance the collaboration with one of the community service partners in treatment of psychotropic substance abusers

Methodology

The KESAC had discussion meetings with the Evergreen Lutheran Centre (CCPSA), revised the referral pathway, and developed an enhanced collaboration with each other. In the past, referrals of clients to the Counselling Centres would be facilitated in the clinic, then clients would need to approach the social workers in the community on their own later for the intake assessment. With the improved workflow, the psychiatric out-patient clinic in United Christian Hospital would serve as a point of intervention. A direct, clinic-based intake of the referred cases by social workers will be facilitated with on-site support at the out-patient clinic. Cases under the shared care from both services will be discussed monthly in the case conference. Training of staff in the counselling centres on the assessment of psychotropic substance abusers was offered

Result

The workflow was implemented in-phase since 2013. In 2013, a total of 16 patients were interviewed at the clinic and later on successfully follow-up in the community by the social workers. Their mean age is 34 years with 10 of them are male. Ten of them (62.5%) are suffering from psychosis, while the others are diagnosed with depression, anxiety disorder and adjustment disorder respectively. For the primary drug of abuse, 5 of them use stimulants-type drugs like methamphetamine (31.25%) and cough mixture (31.25%) respectively, while the others use ketamine (18.75%) and sedatives (18.75%). Under this referral model, the communication between the services and the continuity of care to patients had been enhanced. The workflow was regularly reviewed for ongoing communication and further improvement. We appreciate this enhanced collaboration and agree that it is beneficial to both the patient care and service development. It can also help facilitate early engagement, continuity of care, and long-term support of the patients in the community