Service Priorities and Programmes

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A Novel Journey for Dementia Patients – How ICAC Helps Dementia Patients

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Introduction

An Integrated Cognitive Assessment Clinic (ICAC) was established in Jan 2013 in UCH. It provide a one-stop service for dementia patients through collaboration of doctors, nurses, occupational therapists, physiotherapists and NGOs. Their roles are as follows: Occupational therapists focus on assessment of the cognitive function of the patients and provide cognitive rehabilitation/training. Physiotherapist focus on physical assessment and provide Smartmove training. Nurses focus on the assessment of the cognitive, functional and social aspects, provide counseling and education to patients/ caregivers on disease management and medication advice, provide phone follow up and collaborate with community resources.

Objectives

To demonstrate a person-centred care pathway for dementia patients in KEC.

Methodology

After receiving the referral, it will be screened by doctor and an appointment date within 12 weeks will be given to the patient. In the first consultation, the patient will be assessed by different parties on various domains. The assessment information are grouped as references to doctor for diagnosis. After each session, all cases will be discussed in the case conference to align the care goal and planning. Suitable cases will have cognitive training (cognitive rehabilitation program by OT/ Smartmove/ refer to NGO community-based programs) afterward. Nurses will follow up (by phone) the cases who need medication advice or disease management and provide carer support.

Result

Result: 1. ICAC was established for a year (Jan-Dec 2013), totally 124 new cases was assessed, 70 patients(56.5%) were diagnosed dementia. 2. 31 patients (43.7%) received pharmacological intervention. 62 patients (50%) received cognitive rehabilitation training and 35 patients (28.2%) recruited for smartmove training. 3.

Totally 54 phone follow ups were conducted by nurse, with 27 patients for information/ referral of NGOs. 31 patients for medication advice, 6 patients for disease education and BPSD management. Conclusion: This new collaborative model provided a new pathway in dementia care. Both patient and their caregivers were satisfied and appreciated on this service approach.