



Service Priorities and Programmes Electronic Presentations

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Role of Patient Resource Centre in Maximizing the Outcome of Tripartite with Clinical Partners and Patient Associations – Using Chronic Illness as an Example

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Introduction

Community Partnership was addressed by Hospital Authority in rendering patient-centered service. Clinicians used to look for long term stable support to chronic ill patients but may find plenty but fragmented services in the community. Whereas patient associations embraced rich resources in peer experience and provided a supportive network in the community. They were devoted to serve and eager to contact more patients in hospital. Thus Patient Resource Centre (PRC) acted as an important interfacing role to set up linkages with clinical partners and community resources and to strengthen partnership so as to make better use of existing resources for quality patients' service & discharge support.

Objectives

- 1.To consolidate communication platform to work together for patients' benefit and enhance understanding of all parties e.g. expectation, roles, strength and resources.
- 2.To strengthen collaboration via referral system, services and training
- 3.To promote "Partnership" and "Tripartite" to achieve a Win-Win-Win Situation for patients, clinical partners and patient associations.

Methodology

- 1.To collect updated patient needs via (a) meeting with clinical partners, (b) PRC services e.g. empowerment programs, Patient Support Station and brief counseling.
- 2.To conduct regular assessment about patient associations' competence & service matching.
- 3.To formulate agreeable referral mechanism from hospital to patient associations
- 4.To enhance peer volunteers' competence by peer volunteer trainings
- 5.To organize Service Meeting (by Specialty) among clinical partners, PRC and patient associations for deep communication, service evaluation, planning and contracting.
- 6.To organize Joint Patient Association Forum so that clinical partners,

PRC & patient associations share common goals, gave feedback to overall service enhancement and celebrate together achievement over a year. It also boosted up mutual learning among patient associations.

Result

By 2012-2015, 3 Joint Patient Association Forums (Chronic) were organized and by 2014 – 2015, 6 Service meetings were conducted. 20 chronic ill patient associations and 11 Specialty from 4 Clinical departments were engaged. Key factors of PRC to maximize the outcome of Tripartite include proactive attitude, professional sensitivity to patient needs, clinical perspective and suitability of collaboration at this stage, organization skills and strategy.