



Service Priorities and Programmes Electronic Presentations

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New Occupational Therapy Services for Patients with Ventilator Support

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Introduction

A Neuro-Spinal Conjoint Ward for patients with ventilator support was set up in MMRC in October 2014 with the aim to provide multi-disciplinary team-based management. Before this service, there was no structured rehabilitation program specific for them in Queen Mary Hospital. There were service gaps identified for management in this new service: (1) activity participation; (2) integration to community and (3) needs fulfillment. The occupational therapist in MMRC provided daily training for these patients and helped them bridge these gaps and improve quality of life.

Objectives

(1) To train up activity participation step-wise from complication management, building up of prerequisites of physical capacity and tolerance to task simulation; (2) to improve their functional ability and reduce care-givers' burden by introducing aids with usage training; (3) to work with patients and family together for the skills transfer; (4) to prepare both patients and family for community re-integration.

Methodology

(1) OT complication prevention program for management of orthostatic hypotension, pressure sore and contracture and joint sit out program; (2) assistive devices and technology prescription and usage training; (3) "Directing Care" training for self-management of patients' own problems and needs and how to ask for assistance in addition to carer training; (4) access to transportation and use of community facilities.

Result

Four cases were admitted from December 2014 to December 2015. Two of them were spinal cord injury (SCI) and two were brain injury patients. All of them were on ventilator support with various physical impairment levels. Only one of them could move his limbs, others were high level tetraplegia. Complication prevention

management, daily prop-up program and training for family were provided to all patients. Aids prescription including call bell, feedback mirror, head pointer, book stand, computer input devices, wheelchair, commode, bed and mattress were provided to the two SCI patients. They also could participate in the joint sit out program and one patient could attend department training. Community re-integration program was provided to one SCI patient and her family for access to the nearby shopping mall and restaurant. Through intensive OT interventions and coordinated team approach, the rehabilitation needs of these patients were tackled much earlier in the inpatient phase, The OT focus on functional domains and the improvement in the rehabilitation pathway resulted in increase in patients' activity participation which further opens up more potential for achieving the ultimate goal of community resettlement.