



Service Priorities and Programmes Electronic Presentations

Convention ID: 1044

Submitting author: Mr Edmond YIP

Post title: Physiotherapist I, Princess Margaret Hospital

Service Review of Community Physiotherapy in Princess Margaret Hospital

Yip WT(1), O HH(1), Chan CY(1), Wong WLT(2), Mok YT(1), KW Chui KW (1), Leung YYC(1)

*(1)Department of Physiotherapy, Princess Margaret Hospital, Kowloon West Cluster,
(2)School of Public Health, Li Ka Shing Faculty of Medicine, The University of Hong Kong*

Keywords:

Community

Physiotherapy

Princess Margaret Hospital

Introduction

Community Physiotherapy (CPT) Services in Princess Margaret Hospital (PMH) aims at bridging the service gap between hospital and the society, hence to facilitate early patients discharge and help the patients to reintegrate into the community. The main target groups of patient receiving CPT service are:

1. Elderly patients who have impaired mobility and have difficulties to attend the Physiotherapy Out-Patient Department (OPD) and
2. Patients who are receiving training in Geriatric Day Hospital (GDH) and require CPT service

The referral sources of CPT service are mainly from ward of PMH upon discharge, Specialist Out-patient Clinic (SOPC), General Out-patient Clinic (GOPC) and Community Nursing Service (CNS). CPT Service mainly offers pain relief and pain relieving modalities on loan service, on-site fall risk assessment and care giver education, outdoor mobility assessment, chest physiotherapy, home exercise program plus aids prescription. Moreover, suitable community resources will be introduced and referred if indicated, in order to facilitate patients' social reintegration.

Objectives

To evaluate the Community Physiotherapy (CPT) Services in PMH.

Methodology

Patients who received CPT Services in PMH from September 2015 to May 2016 were reviewed. The outcome measures included Modified Function Ambulation Categories (MFAC) and Elderly Mobility Scale (EMS). The outcomes were retrieved from the e-discharge summary submitted to Clinical Management System (CMS). The pre- and

post- intervention clinical outcome of EMS was analyzed with paired t-test and MFAC was analyzed with non-parametric Mann-Whitney U test.

Result

99 patients (52 males and 47 females) who aged between 39 to 99 years old (mean age is 74.5 ± 12.8) received CPT services were reviewed. Major patient groups were with neurology diagnosis (48.4%), for example stroke and Parkinson's disease, musculoskeletal (23.2%) including hip fracture and joint replacement, deconditioning (7%) and fall (8%). The average attendance of CPT was 2.6 ± 1.5 sessions. The EMS score was improved from 11.57 ± 5.74 to 12.98 ± 5.93 after CPT completed ($p < 0.001$). The median of the MFAC rank was upgraded from Category 5 (supervised walker) to Category 6 (indoor walker). It indicated that there was an improvement in patients' ambulatory status after receiving CPT.

It is suggested that CPT service can help the elderly who have difficulties to attend GDH or Physiotherapy OPD to boost up their physical ability. Further studies on the outcomes like readmission rate of patients, satisfaction survey and stress evaluation of care givers are suggested.