



## Medical Social Collaboration in the Dementia Community Support Scheme 「智友醫社同行計劃」 - an experience from District Elderly Community Centre (DECC)

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The primary objective of the Scheme is to develop a **medical-social collaboration** model in providing community support services to elderly persons with **mild or moderate dementia** in the early phase...so as to enhance their functional level and quality of life, and relieve carers' burden... Services should be provided in the primary health and **social care settings**.

(Operations Guideline on DCSS, P.4)

# Key Stakeholders in KE Cluster



關愛基金



基督教家庭服務中心  
Christian Family Service Centre



香港聖公會  
HONG KONG SHENG KUNG HUI

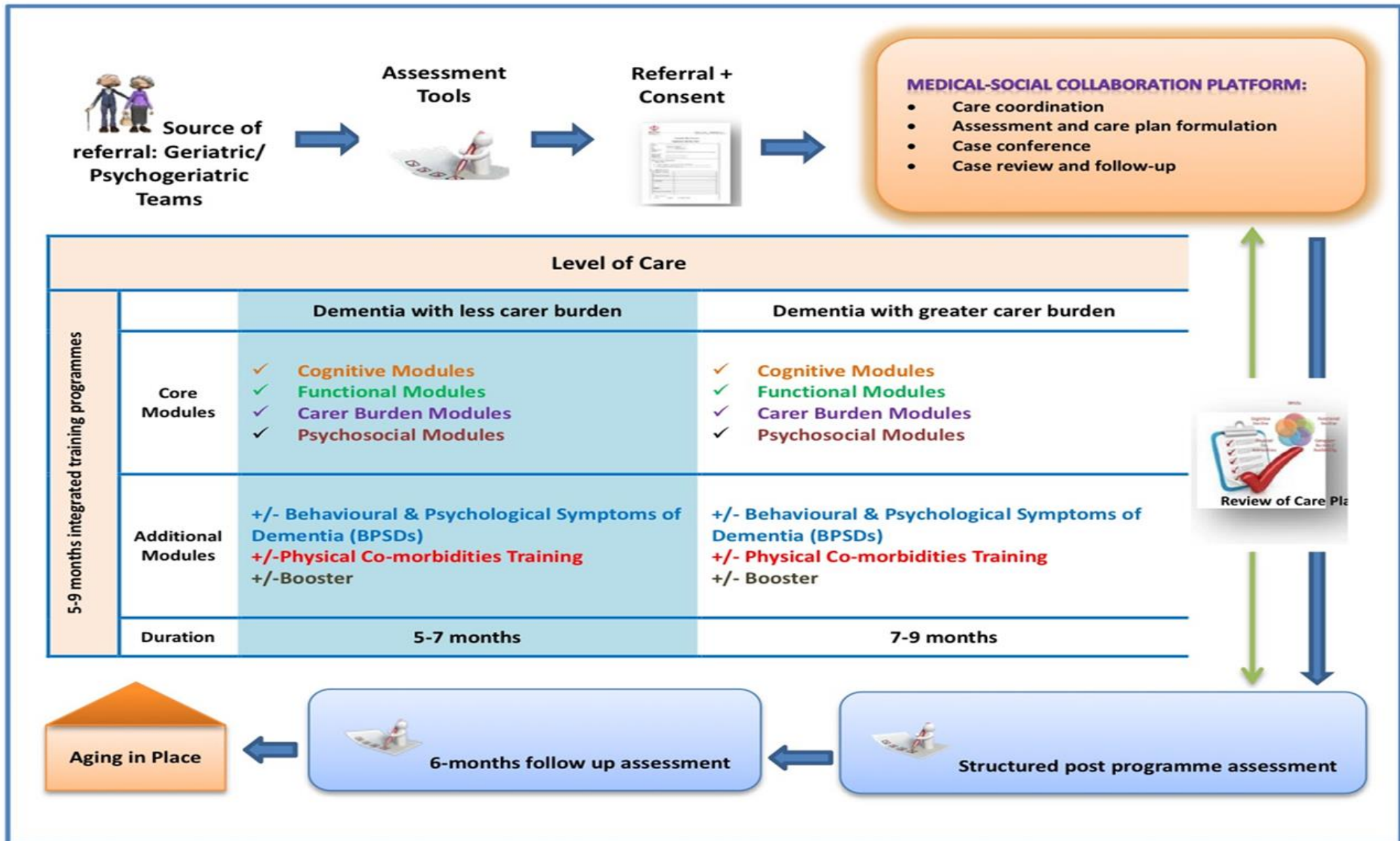


香港基督教服務處  
HONG KONG CHRISTIAN SERVICE



基督教  
靈實  
協會  
HAVEN  
OF HOPE  
CHRISTIAN SERVICE

# Medical – Social Collaboration Model



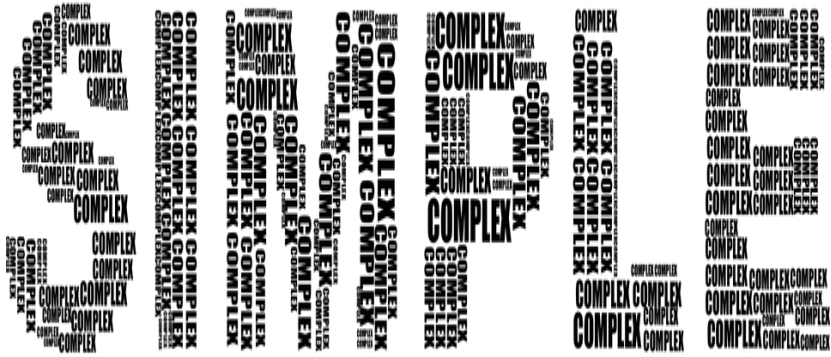


# Programme Design

## Training Modules



# Programme Design



## Simple Case

3 hrs/wk x 16 weeks (48 hours)  
+ 2 hours home visit  
+ 6 hours carers skills training  
= 56 hours

# COMPLEX

## Complex Case

56 hours as Simple Case  
+ 6 hours carers workshop  
+ 6 hours carers intergeneration activities  
+ 6 hours clients intergeneration activities  
= 74 hours



# Global action plan on the public health response to dementia

— 2017 - 2025 —

## Multisectoral collaboration on the public health response to dementia

A comprehensive and coordinated response to dementia **requires collaboration among all stakeholders** to improve prevention, risk reduction, diagnosis, treatment and care. Achieving such collaboration requires engagement at the government level of all relevant public sectors, such as **health (including alignment of existing noncommunicable disease, mental health and ageing efforts), social services**, education, employment, justice, and housing, as well as partnerships with relevant civil society and private sector entities.

# Medical and Social Collaboration







People with dementia not only have to  
feel with their brain problems, but also  
are further threatened by  
*‘prescribed disengagement’*



People with mild-to-moderate cognitive impairment have  
*limited social resources*  
in terms of their social network and  
interact mostly only with close relatives  
and friends.

(Marjolein de Vugt & Rose-Marie Droes, 2017)

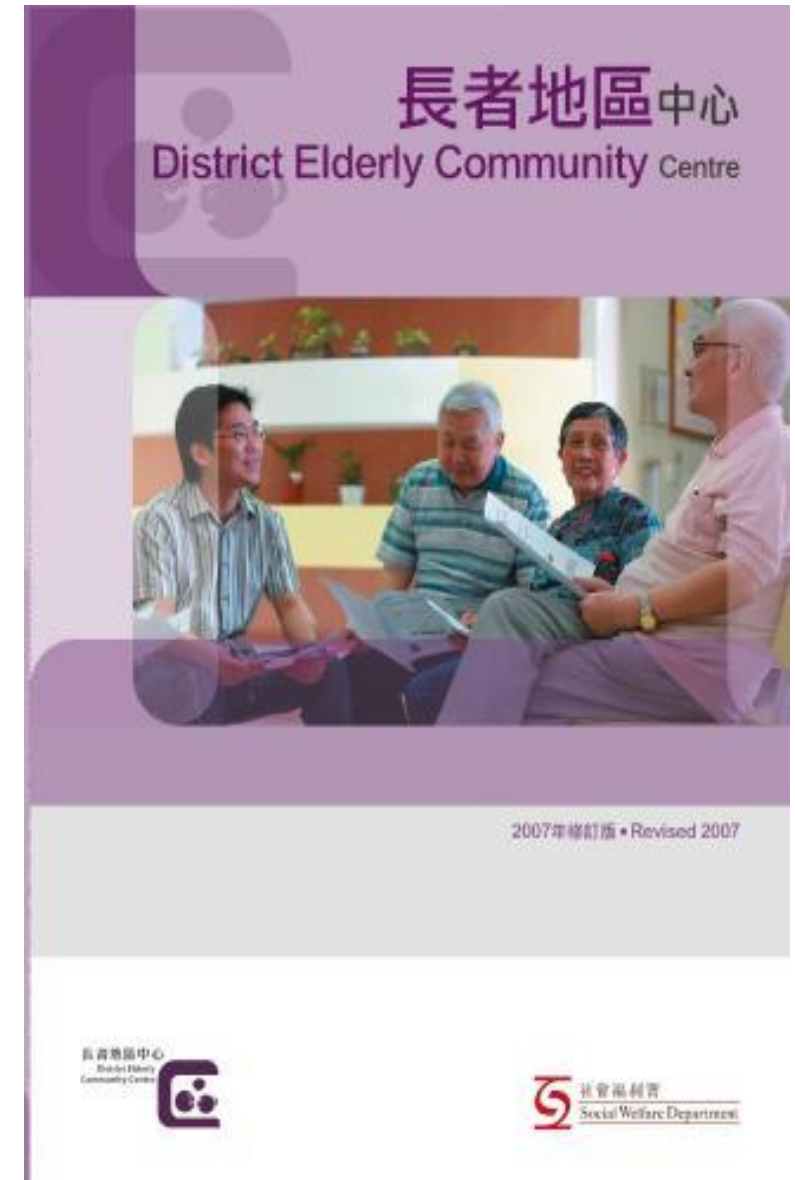
# DCSS program at DECC

## What's a DECC?

- Provides opportunities for older adults to develop new skills, meet new people, and keep active
- Reaches out the vulnerable and socially withdrawn
- Accepts application for long term care facilities

## Characteristic of DCSS program at DECC

- Participants are mainly of GDS 4
- Suitable for DECC setting
- Structured cognitive program
- Establish daily routine at early stage
- Prepare clients to join DECC activity upon completion of DCSS



# Enhance individual's independence

- Carer's education
  - Etiology
  - Development of the disease at different stages
  - Advance Care Plan
- Home Visit
  - Small scale home modification
  - Carer education on handling client's ADL and IADL
  - BPSD handling technique
  - Helper's (maid) education on communication and handling technique

認知障礙問與答

家居環境改善

溝通及照顧技巧

減壓工作坊

行為問題及處理

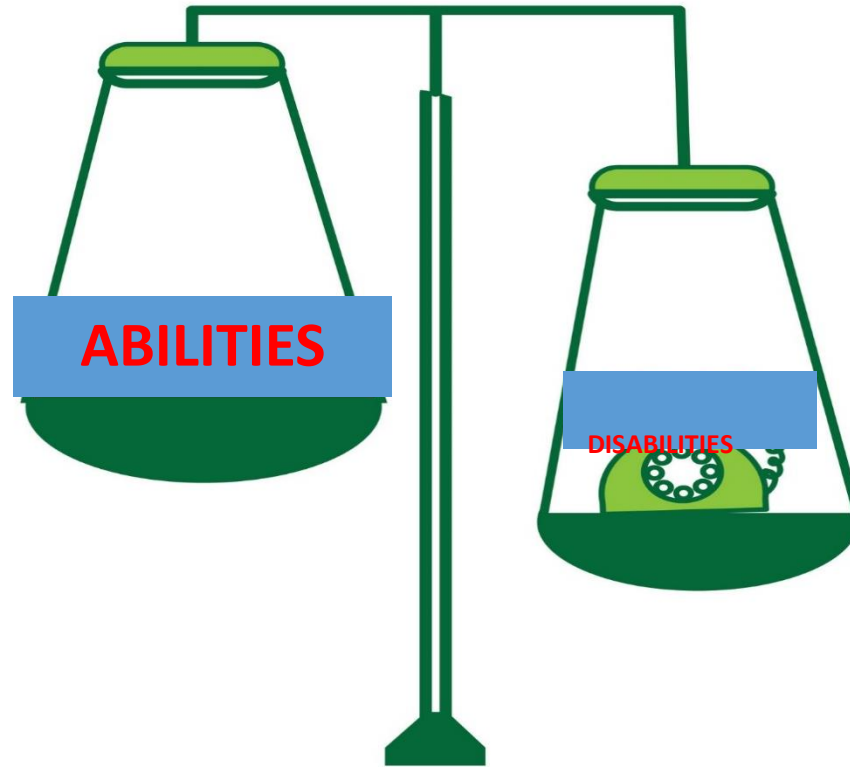
認知退化不同階段



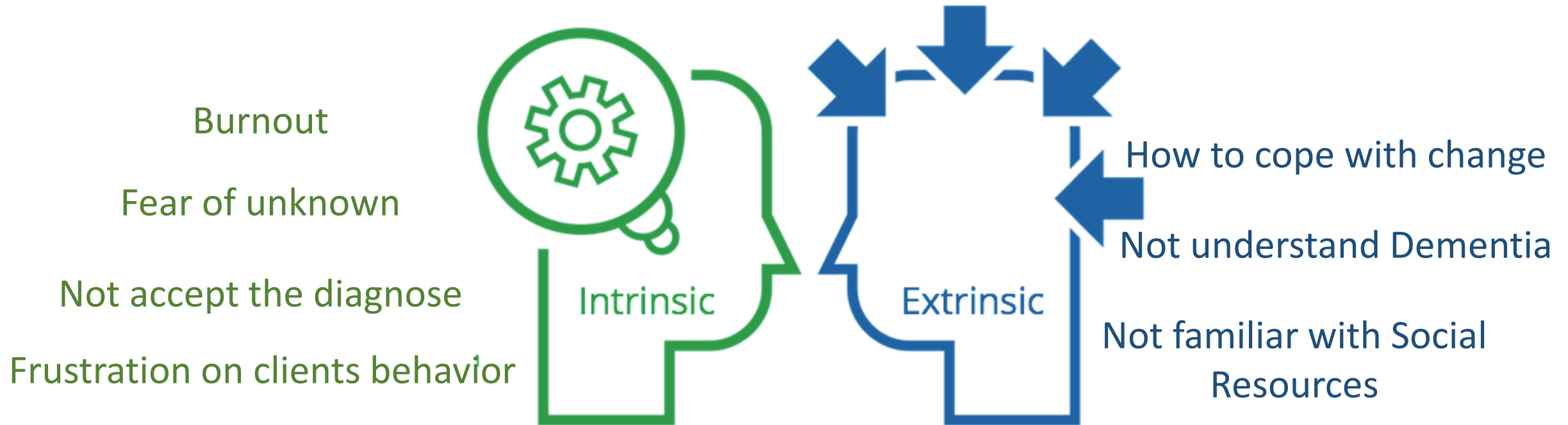
# Enhance individual's independence

Improve self-esteem and self image through cognitive activities

- By engaging client in meaningful activities
- Activities that are easier to accomplish (matches their remaining abilities)
- Allowing them to express their needs and feelings
- Focus on their **ABILITIES** rather than disabilities



# Experience Sharing – Carers Stress



# Experience Sharing – Carers' Feedback

Carers' Stress  
Potential Crisis



Knowledge of Dementia  
Support Network  
Resources Awareness  
Smooth Transition to Community  
Care Services  
Knowledge in Advance Care  
Planning

# Collaborative Care



1. Leadership support
2. Evidence-based approach to medical decision-making
3. Capitalizing on emerging clinical information system
4. Engaging patients and their family carers to improve their care through self-management support and linkages to community resources

(Galvin,JE.,Valois,L., & Zweig,Y,2014)





# Cluster Meeting & Sharing

Governance &  
Support from  
senior  
management

Every 3-4  
months

Knowledge  
sharing of  
NGOs

Evaluation  
and tracking  
of Project



# Capacity Building of DECC



**Health Information Sharing**



**Multi-Disciplinary Approach**



**Community Network & Partnership**



## Learning Points for Collaboration

1. From hospital-centric to integrated person-centered care
2. DCSS program is a vital step in creating joined-up system that puts people first
3. Learning from person with dementia and their carers

**Mutual Trust &  
Respect**

**Role Perceptions**

**Autonomy &  
Interdependence**

**Enhance the role  
of DECC**



**Cross-disciplinary  
communication**

**Restructure  
healthcare division  
of labour**

**Revamp traditional  
mode of service  
delivery**



# References

- Dassen,M.V. & Jeon, Y.H. (2016) Social health and dementia:the power of human capabilities
- Galvin,JE.,Valois,L., & Zweig,Y. (2014) Collaborative transdisciplinary team approach for dementia care
- Taskforce on Dementia Community Support Scheme (2017)  
Operations Guidelines on Dementia Community Support Scheme