

Organizer/主辦機構:



Effects of a health-social partnership transitional care model (HSP-TCM) for post-discharged elderly: A randomized controlled trial

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Objectives of the Project

1. Develop a **health & social partnership transitional care (HSP-TCM)** delivery model that enhances the quality of care provided to the discharged elderly
2. Reduce the **re-admission rate** of elderly

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Study Objectives

Specifically, we ask:

1. Does the HSP-TCM reduce **hospital readmission**?
2. Does the HSP-TCM increase **perceived health outcomes** (quality of life and self-efficacy)?
3. Does the HSP-TCM increase **satisfaction** with care?

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Background Information

28-Day Readmission Rate

Hospital Authority: 11.1%(2009)
9.3% (2006)
7.1% (2000)

Mean rate for medical patients: 15%

Rate for patients with history of readmissions: 36%



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Cause of Readmissions

1. *Patient-related factors*

- Age
- Functional scores
- Public financial assistance
- Social support
- Previous number of readmissions

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Cause of Readmissions

2. *Disease-related factors*

- Chronic medical conditions
 - respiratory
 - cardiac
 - ill-defined conditions
 - such as dizziness and fluid overload

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Cause of Readmissions

3. *System-related factors*

Discharge destination
Length of stay
Plan for discharge



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Health-Social Partnership Transitional Care Model (HSP-TCM)

HSP-TCM based on the concept of '**social capital**' that refers to:

1. Elderly patients
2. Families of elderly patients
3. Health sector
4. Social sector

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Health-Social Partnership Transitional Care Model (HSP-TCM) Essential elements

1. **Synergize** the 'shared-care' effect of health & social collaborative relationship - Nurse case manager with support of volunteers, social service and medical consultations
2. **Protocol-driven intervention**
 - Training of team members, including case managers and volunteers
 - Post-discharged intervention tools
3. **Regular case reviews** – clinical and health-social conferences

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Intervention

28-day intervention program : 2 home visits + 2 phone calls

Services provided:

1. Health assessment
2. Health education
3. Home safety assessment
4. Medication adherence and management
5. Diet adherence
6. Patient empowerment – contracted goals
7. Health-social system support



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Outcome measures

1. Health care utilization
2. Quality of Life
3. Self – efficacy
4. Satisfaction

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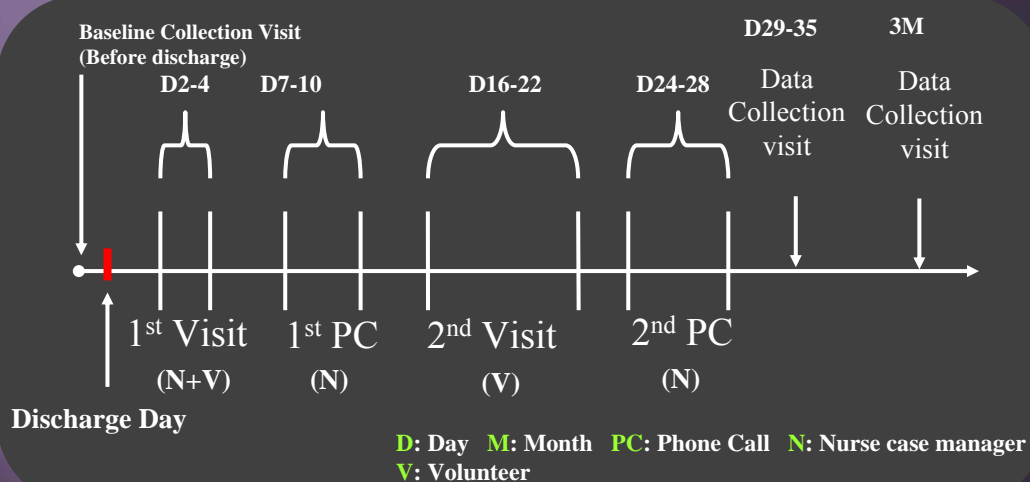


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Intervention and data collection plan



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Instruments – Drug Adherence

藥物管理檢查表 (第一次家訪)

病人姓名: _____ 檔案編號: _____ 日期: _____

評估事項	情況
1. 知道定時、定量服用所處方的藥物	<input type="checkbox"/> 知道 <input type="checkbox"/> 不知道
2. 需要別人預先準備需用藥物及份量	<input type="checkbox"/> 不需要 <input type="checkbox"/> 需要
3. 藥物儲存地方環境	<input type="checkbox"/> 清潔、乾爽 <input type="checkbox"/> 存放不當
4. 藥物標籤	<input type="checkbox"/> 清楚 <input type="checkbox"/> 不清楚
5. 藥物包裝 (例如: 包裝完好、開口緊閉)	<input type="checkbox"/> 是 <input type="checkbox"/> 不安當
6. 不同的藥物分別裝在不同的藥袋/藥盒中	<input type="checkbox"/> 有 <input type="checkbox"/> 沒有
7. 沒有儲存 a) 過期藥物 b) 不知名藥物	<input type="checkbox"/> a) 沒有 <input type="checkbox"/> a) 有 <input type="checkbox"/> b) 沒有 <input type="checkbox"/> b) 有
8. 知道如何處理服藥後可能出現的不適 (例如: 嘔嘔)	<input type="checkbox"/> 知道 <input type="checkbox"/> 不知道
9. 了解藥物使用方法 (例如: 口服/吸入等)	<input type="checkbox"/> 了解 <input type="checkbox"/> 不了解
10. 如服用中成藥及中藥必須與醫生處方藥物相隔至少 2 小時	<input type="checkbox"/> 知道 <input type="checkbox"/> 不知道
11. 藥物份量足夠下次覆診前服用	<input type="checkbox"/> 足夠 <input type="checkbox"/> 不足夠
12. 沒有服用醫生處方藥物以外成藥	<input type="checkbox"/> 沒有 <input type="checkbox"/> 有

請你話俾我知, 你會唔會嗰服用處方藥時出現下面嘅情況 (填上最適當的號碼)

情況	從來唔會	好少會	有時會	經常會	好多時會
1. 我自己會改變食藥嘅份量	5	4	3	2	1
2. 我唔記得食藥	5	4	3	2	1
3. 我停咗食藥一段時間	5	4	3	2	1
4. 我覺得唔舒服先會食藥	5	4	3	2	1
5. 我決定食少一次藥	5	4	3	2	1
6. 我會減少食藥次數或份量	5	4	3	2	1
7. 我會盡可能避免食藥	5	4	3	2	1
8. 我只會在有需要時才定時服用處方的藥物	5	4	3	2	1
9. 我會每天都定時定量食藥	5	4	3	2	1

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Instruments – Food Safety

膳食處理檢查表 (第一次探訪)

病人姓名: _____ 個案編號: _____
義工姓名: _____ 日期: _____

評估事項	情況
1. 食物 (例如: 罐頭) 放在適當陰涼的地方	<input type="checkbox"/> 有 <input type="checkbox"/> 無妥善存放
2. 雪櫃調校溫度至大約攝氏 4 度	<input type="checkbox"/> 溫度正確 <input type="checkbox"/> 溫度過高 <input type="checkbox"/> (不適用-無雪櫃)
3. 雪櫃清潔情況令人滿意	<input type="checkbox"/> 滿意 <input type="checkbox"/> 不滿意
4. 未食用的生肉類切成足夠每餐份量, 存放在冰格	<input type="checkbox"/> 有 <input type="checkbox"/> 沒有
5. 容易變壞或未立即食用的食物放於雪櫃	<input type="checkbox"/> 有 <input type="checkbox"/> 沒有
6. 雪櫃內的食物妥善用食物盒/保鮮紙包好	<input type="checkbox"/> 有 <input type="checkbox"/> 沒有
7. 生的食物和熟的食物分開儲存, 熟食放在雪櫃上層	<input type="checkbox"/> 存放正確 <input type="checkbox"/> 存放不正確
8. 知道正確溶解食物方法	<input type="checkbox"/> 正確 <input type="checkbox"/> 不正確
9. 吃剩的食物徹底翻熱才可食用	<input type="checkbox"/> 有 <input type="checkbox"/> 沒有
10. 清楚食物標籤上有食用日期	<input type="checkbox"/> 清楚 <input type="checkbox"/> 不清楚
11. 沒有存放過期的食品	<input type="checkbox"/> 有 <input type="checkbox"/> 沒有
12. 沒有存放已變壞的食品	<input type="checkbox"/> 有 <input type="checkbox"/> 沒有
13. 長者能示範正確洗手方法 (滾發洗手單張)	<input type="checkbox"/> 能夠 <input type="checkbox"/> 不能夠
14. 煮食前洗手 (備註: _____)	<input type="checkbox"/> 有 <input type="checkbox"/> 沒有
15. 接觸生熟食材之間有洗手 (備註: _____)	<input type="checkbox"/> 有 <input type="checkbox"/> 沒有
16. 把生和熟的食物分開處理, 以免造成交叉污染 (例如: 分開生熟用的砧板)	<input type="checkbox"/> 有 <input type="checkbox"/> 沒有 備註: _____

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Instruments – Home Safety

家居安全檢查表 (第一次家訪)

受訪者姓名：_____ 檔案編號：_____
 義工姓名：_____ 日期：_____

評估事項	評估時的情況	
1. 衫袖長度	<input type="checkbox"/> 適中	<input type="checkbox"/> 不適中
2. 褲子長度	<input type="checkbox"/> 適中	<input type="checkbox"/> 不適中
3. 合尺碼的地鞋或鞋	<input type="checkbox"/> 有	<input type="checkbox"/> 沒有
4. 在高處或高櫃上擺放常用重物	<input type="checkbox"/> 有	<input type="checkbox"/> 沒有
5. 能夠安全從高櫃或高處取放物品	<input type="checkbox"/> 能夠	<input type="checkbox"/> 不能夠
6. 隨意把地布或舊衣服放在地上而容易引致絆倒	<input type="checkbox"/> 有	<input type="checkbox"/> 沒有
7. 枱角或尖角的地方裝有防撞膠	<input type="checkbox"/> 有	<input type="checkbox"/> 沒有
8. 室內地毯有防滑膠底「知有」		
a) 門口	<input type="checkbox"/> a) 有	<input type="checkbox"/> a) 沒有 <input type="checkbox"/> a) 不適用
b) 浴室	<input type="checkbox"/> b) 有	<input type="checkbox"/> b) 沒有 <input type="checkbox"/> b) 不適用
c) 廚房	<input type="checkbox"/> c) 有	<input type="checkbox"/> c) 沒有 <input type="checkbox"/> c) 不適用
9. 室內光線充足「足夠令使用者清楚附近環境」		
a. 廳	<input type="checkbox"/> a) 足夠	<input type="checkbox"/> a) 不足夠
b. 房	<input type="checkbox"/> b) 足夠	<input type="checkbox"/> b) 不足夠
c. 浴室	<input type="checkbox"/> c) 足夠	<input type="checkbox"/> c) 不足夠
d. 走廊	<input type="checkbox"/> d) 足夠	<input type="checkbox"/> d) 不足夠
e. 廁所	<input type="checkbox"/> e) 足夠	<input type="checkbox"/> e) 不足夠
10. 走廊裝有夜明燈	<input type="checkbox"/> 有	<input type="checkbox"/> 沒有
11. 屋內沒有雜物堆放在通道上	<input type="checkbox"/> 是	<input type="checkbox"/> 不是
12. 屋內沒有存放過重易燃物品, 如報紙, 火水, 石油氣等	<input type="checkbox"/> 是	<input type="checkbox"/> 不是, 請列明: _____
13. 插座無負荷過重並妥善使用地板及處理電線	<input type="checkbox"/> 是	<input type="checkbox"/> 不是, 請列明: _____
14. 有安裝平安鐘或救命鐘並運作正常	<input type="checkbox"/> 有	<input type="checkbox"/> 沒有
15. 廚具擺放妥當, 例如刀子、煲、黏板等	<input type="checkbox"/> 是	<input type="checkbox"/> 不是, 請列明: _____
16. 火爐附近無存放易燃物品	<input type="checkbox"/> 是	<input type="checkbox"/> 沒有, 請列明: _____
17. 洗手間的環境能夠使長者安全使用		
a. 地面乾爽, 不易令人滑倒	<input type="checkbox"/> 是	<input type="checkbox"/> 不是
b. 淋浴位置放置防滑墊	<input type="checkbox"/> 有	<input type="checkbox"/> 沒有
c. 安裝扶手於絕落位置	<input type="checkbox"/> 有	<input type="checkbox"/> 沒有
18. 床位和燈飾的距離少於 3 呎	<input type="checkbox"/> 正確	<input type="checkbox"/> 不正確
19. 屋內窗戶及窗花沒有鬆脫或損壞	<input type="checkbox"/> 是	<input type="checkbox"/> 不是

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Instruments – Home Visit Follow up

第一次電話跟進記錄

受訪者人姓名：_____ 性別/年齡：_____
 受訪者電話：_____ 檔案編號：_____
 入院原因：_____ 出院日期：_____

日期：_____ (日/月/年)
 時間：由 _____ 至 _____
 傾談內容：
 家居安全 _____
 膳食管理 _____
 藥物處理 _____
 健康、疾病及徵狀等管理 _____

備註 (包括義工與受訪者所定的共同協定目標):

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Instruments – OMAHA

		Problem classification					Intervention				Problem rating for Outcome		
DOMAIN	Problems or Concepts	Actual problem (Briefly describe the patient's needs & strength)	Modifiers		Problem rating			Categories 1. Teaching, guidance, & counseling 2. Treatments & procedure 3. Case management 4. Surveillance	Target(s) & Client-specific information	DATE	Knowledge (1-5)	Behavior (1-5)	Status (1-5)
			Health promotion Actual or Potential	Individual; family; or community	DATE	Knowledge (1-5)	Behavior (1-5)						
Physiological	18. Hearing												
	19. Vision												
	20. Speech and language												
	21. Oral health												
	22. Cognition												
	23. Pain												
	24. Consciousness												
	25. Skin												
	26. Neuro-musculo-skeletal function												
	27. Respiration												
	28. Circulation												
	29. Digestion-hydration												
	30. Bowel function												
31. Reproductive and urology function													
32. Urinary function													

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Research code : _____ OMAHA System for case management Date of discharge: _____

		Problem classification					Intervention				Problem rating for Outcome		
DOMAIN	Problems or Concepts	Actual problem (Briefly describe the patient's needs & strength)	Modifiers		Problem rating			Categories 1. Teaching, guidance, & counseling 2. Treatments & procedure 3. Case management 4. Surveillance	Target(s) & Client-specific information	DATE	Knowledge (1-5)	Behavior (1-5)	Status (1-5)
			Health promotion Actual or Potential	Individual; family; or community	DATE	Knowledge (1-5)	Behavior (1-5)						
Health related behavior	33. Nutrition												
	34. Sleep and rest patterns												
	35. Physical activity												
	36. Personal care												
	37. Substance use												
	38. Family planning												
	39. Health care supervision												
	40. Medication regimen												

Concepts and Ratings of the Problem Rating Scale for Outcomes:

Concepts	1	2	3	4	5
Knowledge: Ability of the client to remember and interpret information	No knowledge	Minimal knowledge	Basic knowledge	Adequate knowledge	Superior knowledge
Behavior: Observable responses, actions, or activities of the client fitting the occasion of purpose	Not appropriate behaviour	Rarely appropriate behavior	Inconsistently appropriate behavior	Usually appropriate behavior	Consistently appropriate behavior
Status: Condition of the client in relation to objective and subjective defining characteristics	Extreme signs/symptoms	Severe signs/symptoms	Moderate signs/symptoms	Minimal signs/symptoms	No signs/symptoms

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HSP-TCM: Project Evaluation

Design - A randomized controlled trial

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Subject Recruitment

Inclusive criteria

- Aged 60 or above
- Discharged home
- Lives alone, with spouse or daytime alone
- Lives within the service area of the community centers involved in the study

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Subject Recruitment

Exclusive criteria

- Not communicable, either physically disabled or non-Cantonese speaking
- Discharged to nursing home or hospice care
- Emotionally unstable
- Bed ridden
- Cannot be contacted by telephone
- Being followed up by specific disease management programs

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Sample Size

- Readmission rate as the primary outcome indicator Naylor et al. (2004)
- 40% improvement, significance level =5%, power =80%, then the sample size for the study was 246 (NQuery, 2000)

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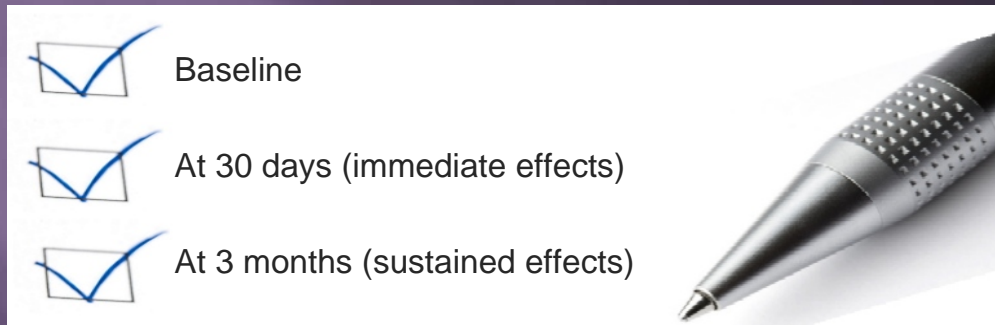


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Data Collection



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Statistical Analysis

- Chi-square test and independent t -test to compare the background characteristics of study and control two groups.
- Independent t -test to compare the mean scores of each outcome measure between groups at each time period.
- One-way Analysis of Variance (ANOVA) repeated measures to examine differences of the outcome measures while controlling for some of the variables

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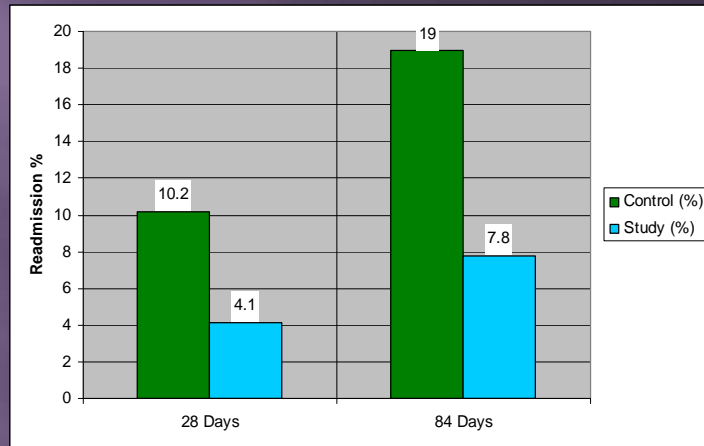


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Readmission Rate Within 28 and 84 Days



Readmission Rate	Control (%)	Study (%)	Chi-square
28 Days	10.2	4.1	$\chi^2 = 7.75, p = 0.005$
84 Days	19.0	7.8	$\chi^2 = 14.9, p < 0.001$

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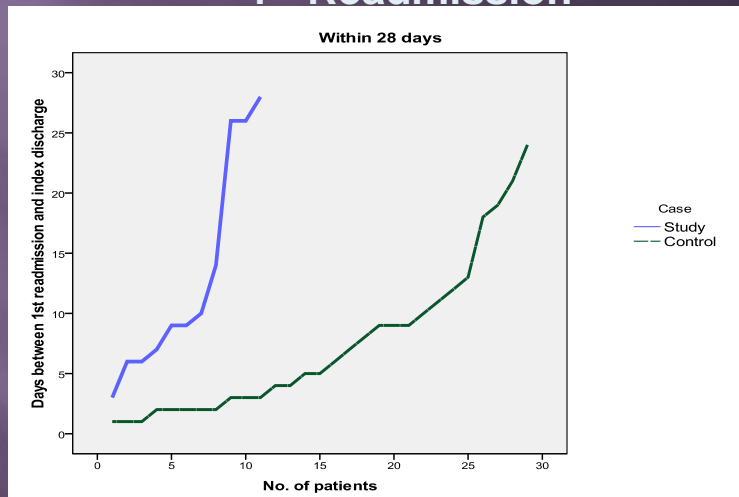


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Days Between Index Discharge and 1st Readmission



Average Days	Control	Study	t-value
	n	n	(p-value)
Overall ⁺⁺	29	11	2.20 (0.034)
	Mean (SD)	Mean (SD)	
	7.5 (6.4)	13.1 (9.2)	

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Health Care Expenditure

Based on the **28** days readmission rate:

- Readmissions: **11 intervention** & **29 control**
- Average length of stay: 4.4 days
- Average daily cost: \$3650
- Total cost reduction: **\$289,080** ($\$3650 * 4.4 * 18$)

Based on the **84** days readmission rate:

- Readmission: **21 intervention** & **54 control**
- Average length of stay: 4.4 days
- Average daily cost: \$3650
- Total cost reduction: **\$529,980** ($\$3650 * 4.4 * 33$)

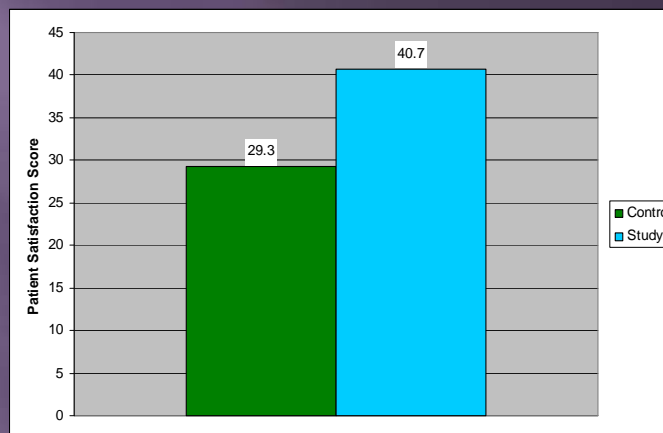
In 2008/09, the actual unit cost per day for general (acute and convalescent) patient is HK\$3650. (Source: HA Annual Plan 2010-2011)

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Patient Satisfaction



Patient Satisfaction	n	Control Mean (SD)	n	Study Mean (SD)	t-value (p-value)
Overall ^{††}	267	29.3 (8.9)	254	40.7 (7.3)	15.9 (<0.001)

^{††}. Range from 0 to 55, the higher the score, the more satisfied the patient is

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Quality of Life

The research data showed that the quality of life of our clients have improved significantly in all aspects of the SF36 measures



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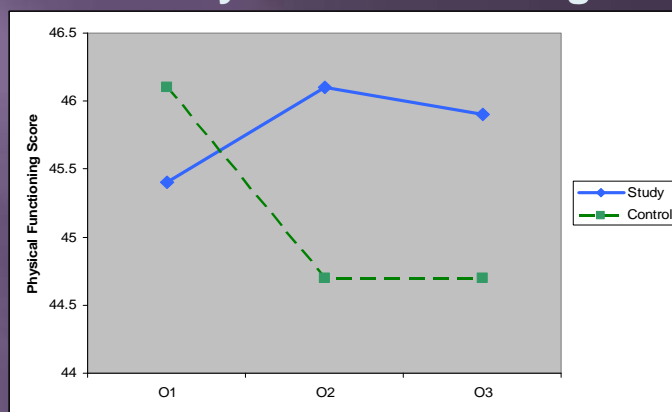


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Physical Functioning



Physical Function	n	Control Mean (SD)	n	Study Mean (SD)	F(p-value) ^{a,b}
O ₁	284	46.1 (8.6)	270	45.4 (8.1)	0.2 (0.652)
O ₂	263	44.7 (9.2)	251	46.1 (8.0)	12.0 (0.001 **)
O ₃	233	44.7 (9.8)	231	45.9 (8.6)	7.4 (0.007**)

^a, at O₁ adjusted by gender; ^b, at O₂ and O₃ adjusted by O₁ and gender;
**, Significant at p<0.01

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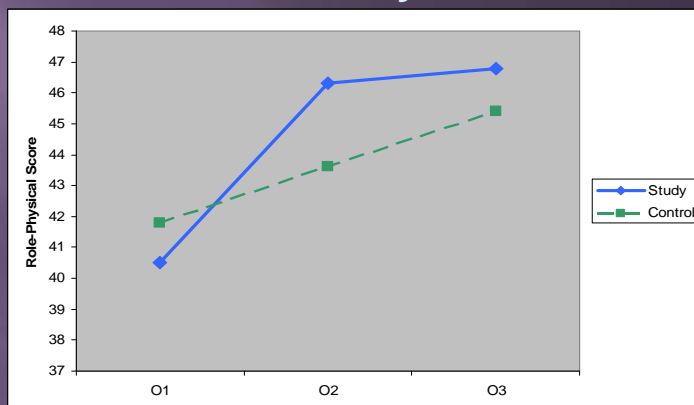


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Role-Physical



Role-physical Score	n	Control Mean (SD)	n	Study Mean (SD)	F(p-value) ^{a,b}
O ₁	284	41.8 (13.9)	270	40.5 (14.0)	0.54 (0.461)
O ₂	263	43.6 (13.4)	251	46.3 (12.4)	11.3 (0.001 **)
O ₃	233	45.4 (12.4)	231	46.8 (11.9)	3.9 (0.048*)

^a, at O₁ adjusted by gender; ^b, at O₂ and O₃ adjusted by O₁ and gender;

*. Significant at p<0.05; **. Significant at p<0.01

Organizers 主辦機構:

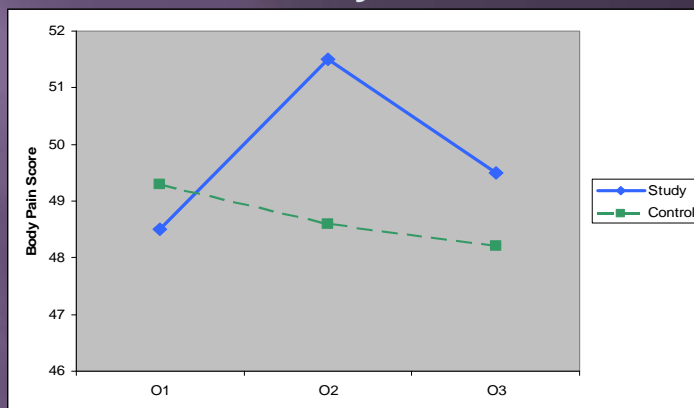


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Body Pain



Body Pain	n	Control Mean (SD)	n	Study Mean (SD)	F(p-value) ^{a,b}
O ₁	284	49.3 (12.9)	270	48.5 (13.0)	0.1 (0.751)
O ₂	263	48.6 (12.9)	251	51.5 (11.5)	2.69 (0.007**)
O ₃	233	48.2 (12.8)	231	49.5 (12.3)	4.3 (0.040*)

^a, at O₁ adjusted by gender; ^b, at O₂ and O₃ adjusted by O₁ and gender;

*. Significant at p<0.05; **. Significant at p<0.01

Organizers 主辦機構:

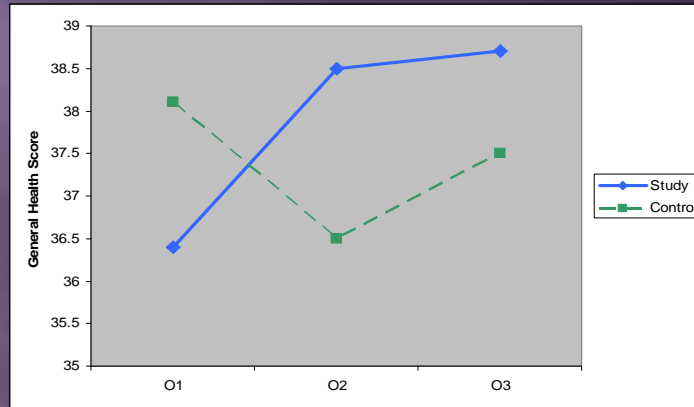


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General Health



General Health	n	Control Mean (SD)	n	Study Mean (SD)	F(p-value) ^{a,b}
O ₁	284	38.1 (10.1)	270	36.4 (10.1)	2.48 (0.116)
O ₂	263	36.5 (10.6)	251	38.5 (9.4)	12.5 (<0.001**)
O ₃	233	37.5 (10.2)	231	38.7 (9.9)	6.0 (0.015*)

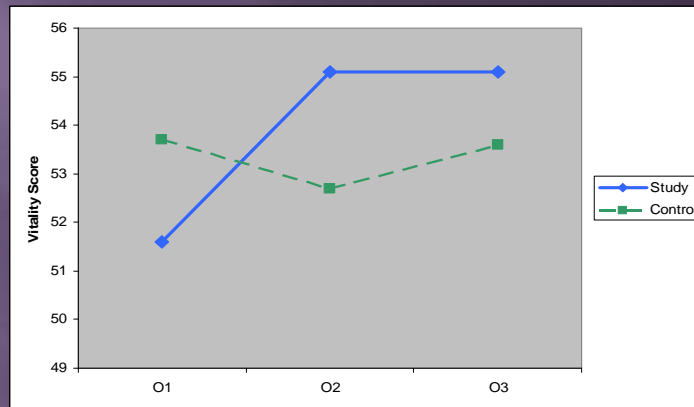
^a, at O₁ adjusted by gender; ^b, at O₂ and O₃ adjusted by O₁ and gender;
 *, Significant at p<0.05; **, Significant at p<0.01

Organizers 主辦機構:



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Vitality



Vitality Score	n	Control Mean (SD)	n	Study Mean (SD)	F(p-value) ^{a,b}
O ₁	284	53.7 (12.6)	270	51.6 (11.8)	2.16 (0.142)
O ₂	263	52.7 (12.0)	251	55.1 (11.5)	14.4 (<0.001**)
O ₃	233	53.6 (12.4)	231	55.1 (10.6)	7.6 (0.006**)

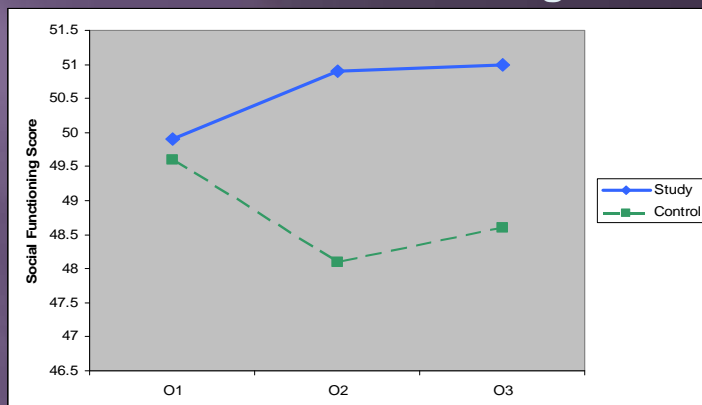
^a, at O₁ adjusted by gender; ^b, at O₂ and O₃ adjusted by O₁ and gender;
 **, Significant at p<0.01

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Social Functioning



Social Functioning	n	Control Mean (SD)	n	Study Mean (SD)	F(p-value) ^{a,b}
O ₁	284	49.6 (11.2)	270	49.9 (10.9)	0.29 (0.593)
O ₂	263	48.1 (11.9)	251	50.9 (10.7)	9.5 (0.002**)
O ₃	233	48.6 (12.2)	231	51.0 (10.6)	6.5 (0.011*)

^a, at O₁ adjusted by gender; ^b, at O₂ and O₃ adjusted by O₁ and gender;

*. Significant at p<0.05; **. Significant at p<0.01

Organizers 主辦機構:

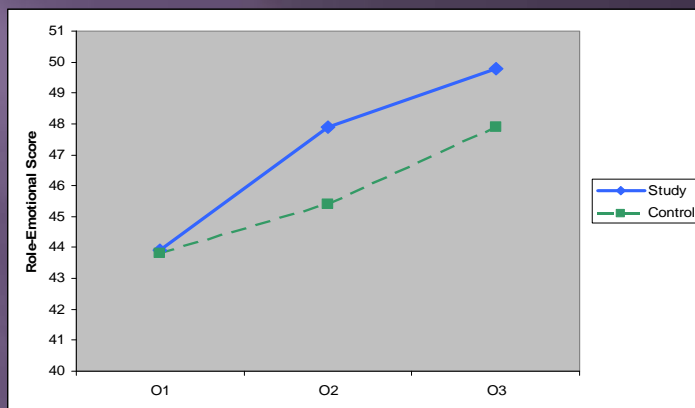


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Role-Emotional



Role-emotional Score	n	Control Mean (SD)	n	Study Mean (SD)	F(p-value) ^{a,b}
O ₁	284	43.8 (16.2)	270	43.9 (16.0)	0.23 (0.636)
O ₂	263	45.4 (14.4)	251	47.9 (12.6)	6.6 (0.010*)
O ₃	233	47.9 (12.8)	231	49.8 (10.9)	4.9 (0.027*)

^a, at O₁ adjusted by gender; ^b, at O₂ and O₃ adjusted by O₁ and gender;

*. Significant at p<0.05

Organizers 主辦機構:

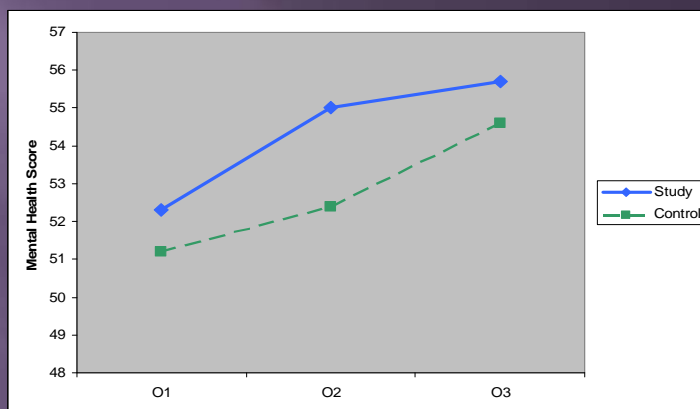


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Mental Health



Mental Health	Control		Study		F(p-value) ^{a,b}
	n	Mean (SD)	n	Mean (SD)	
O ₁	284	51.2 (13.5)	270	52.3 (11.9)	2.17 (0.141)
O ₂	263	52.4 (11.9)	251	55.0 (10.6)	8.31 (0.004**)
O ₃	233	54.6 (10.4)	231	55.7 (10.7)	1.31 (0.253)

^a, at O₁ adjusted by gender; ^b, at O₂ and O₃ adjusted by O₁ and gender;

** Significant at p<0.01

Organizers 主辦機構:

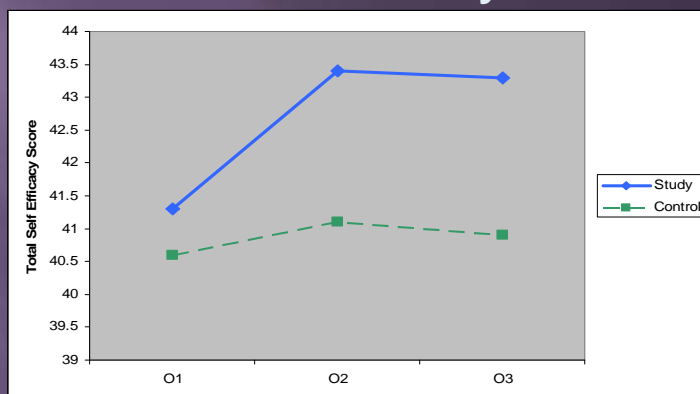


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Self Efficacy



Total Self Efficacy ^(c)	Control		Study		F(p-value) ^{a,b}
	n	Mean (SD)	n	Mean (SD)	
O ₁	284	40.6 (12.6)	270	41.3 (12.0)	1.09 (0.297)
O ₂	263	41.1 (12.8)	251	43.4 (11.9)	6.1 (0.014*)
O ₃	233	40.9 (13.4)	231	43.3 (12.4)	5.3 (0.021*)

^a, at O₁ adjusted by gender; ^b, at O₂ and O₃ adjusted by O₁ and gender;

^c, range from 6 to 60, the higher the scores, the higher self-efficacy

* Significant at p<0.05;

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Volunteer Achievements

- Number of volunteers recruited: 251
- Completed Training: 164 (65%)
- Passing rate: **97%**
- Number of service provided: **881**
- Volunteer training was provided by PolyU, QEH and Salvation Army
- During the home visits, our volunteers were able to **help improve** the quality of life of our clients.
- The experience during the service was extremely **rewarding and meaningful** to our volunteers



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Health-Social Partnership Transitional Care Model 4C Features

1. **Comprehensiveness** - the case manager conducts a **systematic assessment** of patients' condition, and is responsible for **anticipating** a patient's needs and facilitating the **transition** to post-acute care.
2. **Continuity** - ensured by **regular**, **active** and **sustained** follow-up.

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Health-Social Partnership Transitional Care Model 4C Features

3. **Coordination** - the case manager operates **across a spectrum of care** in collaboration with **physicians, nursing specialists and other members** of the health and social care team to respond to patients' needs; managing and negotiating care with multiple providers, managing illness and psychosocial support and coping.
4. **Collaboration** - occurs not only among **health and social care** professionals, but between the provider and the patient as partners; **empowering patients** to assume responsibility for their own health

Organizers 主辦機構:



Conclusion

1. Produces **evidence** of the effectiveness of a health-social partnership transitional care (HSP-TCM) model
2. **Structured protocols** for the delivery of HSP-TCM model
 - **patient** assessment and intervention protocols
 - competence for the **case managers**
 - training manual and competence evaluation of the **volunteers**
3. **Replication and sustainability**

Organizers 主辦機構:



Limitations of the study

- The effectiveness of the HSP-TCM model may be confined to those who are less sick and more stable in the illness trajectory
- The study is conducted in one regional hospital only

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Deep appreciation to

CADENZA: A Jockey Club Initiative for Seniors

The Salvation Army & partnering social service centers

Queen Elizabeth Hospital

The Hong Kong Polytechnic University

Our volunteers and clients

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