HONG KONG

COMMUNITY NURSING SERVICE

Past, Present & Future

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Community Nursing Service & Community Health
Princess Margaret Hospital, Kowloon West Cluster

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Community Specialty Advisory Group

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Community Nursing was introduced in 1967, first through the Yang Memorial Social Services Centre...
Community Nursing was recognized to be an integral part of the medical & health services from 1979...
CNS under HA after 1991

• Decentralised the management to hospitals
• Practice of nursing in patients’ homes
• Continuing care for discharged patients
• Referrals typically for wound care or procedures
Decades’ Changes

- Declining fertility rates
- Increasing longevity
- Ageing Hong Kong population
- High density of living environment
- The hospitalization rate per 1,000 population almost doubles with each 10 years after age 65
Key Challenge

“Enhanced Roles of Community Nursing and Effective Mode of Service Delivery in face of Growing Service Demand?”
Principles of Action

1. Engaging consumers & community as partners
2. Helping people stay healthy & out of hospital
3. Advocating hospital without walls
4. Enabling transformation & improving care
Modernization of Community Nursing

1. Hospital-at-home: Virtual Ward

2. Enhanced CNS Program

3. Estate-based Community Nursing Centres

Since October 2011
1. Hospital-at-home: Virtual Ward 虛擬病房
Hospital-at-home: Virtual Ward

Aims:
1. To reduce avoidable hospitalization
2. To improve care

Targets:
- Patients living with family or carer at home
- High readmission risk (*HARRPE \( \geq 0.4 \))
- Moderate to end stage chronic illnesses
- Complex care and/or end-of-life care

*HARRPE: High Admission Risk Reduction Program for the Elderly to screen for unplanned admission. The score is 0-1, 0.4 = 40% readmission risk.
39 Virtual Ward beds in HK
240 Patients per year
8,400 Home Visits per year
Characteristics

- Multidisciplinary team care
- Extended service hours till 20:00
- Protocol-driven investigations
- Substitutive hospital-at-home interventions
- Regular ward round & case conference
Virtual Ward was Effective

Hospital Utilization (2012-2015)
Pre- & Post- 90 Days of Virtual Ward Admissions

N=749

A&E Attendances: Pre 967, Post 398 (59% decrease)
E-Admissions: Pre 1,178, Post 430 (64% decrease)
Hospital Bed Days: Pre 9,522, Post 4,086 (57% decrease)
“This year was the first birthday I could celebrate, share the joy & happiness with my family at home instead of lying on a bed of the Hospital in the past 3 years. Thank you Virtual Ward.”

Female, aged 65, Motor Neuron Disease
Home ventilator, Tracheostomy & PEG care
Virtual Ward was effective reducing unplanned readmissions and improving patients’ quality of life...

(Leung et al., 2015)
The first ever HK Winner in Asian Hospital Management Award 2012
VIRTUAL WARD

Pioneered a new service model “Hospital-at-home” for better care in Hong Kong
2. Enhanced CNS Program

Support for Patients with Chronic Disease & Early Discharge from Hospital
Enhanced CNS Program includes

1. Case management approach
2. Case identification & risk stratification
3. Partnership working with patients and carers
4. Empowerment on chronic disease management
5. Interface with inpatient services

CNS Liaison Nurse conducting pre-discharge patient assessment in ward
Target Patients

• Newly diagnosed chronic disease(s)
• Unstable health conditions e.g. COPD exacerbations
• Moderate readmission risk (*HARRPE ≥ 0.2)
• Emergency admissions ≥ 2 times in 3 months
• Require advanced nursing interventions
• Program based protocol-driven care

*HARRPE: High Admission Risk Reduction Program for the Elderly to screen for unplanned admission. The score is 0-1, 0.2 = 20% readmission risk.
ENHANCED CNS

3,700 Patients per year

8 Home Visits per patient
Enhanced CNS reduced Hospitalizations

Hospital Utilization (Apr 2012 - Dec 2013)
Pre- & Post- 90 Days of Enhanced CNS Admissions

N=5,807
Enhanced CNS Empowered Chronic Care

Patient & Carer’s Knowledge on Chronic Care (Apr 2012 - Dec 2013)
1st Home Visit vs Last Home Visit, measured by Empowerment Scores

<table>
<thead>
<tr>
<th>Condition</th>
<th>Pre</th>
<th>Post</th>
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</thead>
<tbody>
<tr>
<td>DM (N=2409)</td>
<td>39%</td>
<td>36%</td>
</tr>
<tr>
<td>Cardiac (N=745)</td>
<td>36%</td>
<td>33%</td>
</tr>
<tr>
<td>COPD (N=880)</td>
<td>33%</td>
<td>24%</td>
</tr>
<tr>
<td>Stroke (N=228)</td>
<td>24%</td>
<td>19%</td>
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<tr>
<td>Wound (N=1605)</td>
<td>19%</td>
<td>17%</td>
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<tr>
<td>Indwelling Catheter (N=818)</td>
<td>21%</td>
<td></td>
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<tr>
<td>PEG (N=36)</td>
<td>21%</td>
<td>17%</td>
</tr>
<tr>
<td>Naso-gastric Tube Feeding (N=230)</td>
<td>13%</td>
<td></td>
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</tbody>
</table>
ENHANCED CNS

Successfully enabled and empowered patients & family as partners in care
3. Community Nursing Centre

Foster Community Partnership &

Promote Ageing in Place

Modernization of Community Nursing
Community Nursing Centres were set up in Estates having >3,500 elders in Hong Kong

Shui Pin Wai Estate, Yuen Long
Fu Cheong Estate, Shamshuipo
Yue Wan & Tsui Wan Estate
Chai Wan
Oi Man Estate, Ho Man Tin
The Centres provide

1. Walk-in service for health maintenance
2. Nurse consultation spots for care advice
3. Group therapy for care empowerment
COMMUNITY NURSING CENTRES

60,000 Walk-in attendances per year

769 Customers surveyed, 97% satisfied with the service

372 Patients consulted community nurses & reduced

41% A&E attendances (pre- vs post- 90 days)
“east or west, **home** is the best.”

Community Nursing Centres create modified access for elderly people to healthcare services in their home and community.
Clusters 16 Hospitals 40 CNS Centres

69,552 new patients

861,961 home visits

The changing healthcare needs are the drivers for the reform of healthcare delivery...

39 virtual ward beds serving 240 frail elders

3,700 cases under Enhanced CNS Program

4 Estate-based Community Nursing Centres
HK’s Population is Ageing Fast

The Way Forward

• **Community Care** is set to take on an even more prominent role in the health care system over the next two decades.

• The challenge is to work across boundaries developing an **integrated, patient-centred service** which will transform care for this growing group of people...
Conclusion

**Community Care** is an effective alternative to hospital-based care. “Partnership Working” and “Matching Care to Needs” are keys to our long-term success in healthcare.
The Past episodic care, long-term care

The Present disease management & transition of care

The Future integrative, cross-specialty...

Transforming Nursing Practice in Community Care
References

- Hospital Authority (1997-2013). *Hospital Authority Statistical Reports*.
- The Nursing Services Department of Hospital Authority (2015). *Strategic Plan for Community Outreaching Services*. 
THANK YOU

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