



Service Priorities and Programmes Electronic Presentations

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Volunteer-led Home-based Cognitively Active Lifestyle Program (護"腦"同行.樂活在家) for Patients with Cognitive Impairment - A pilot collaborative project

Occupational Therapy Department and Health Resource C

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Introduction

Patients with cognitive decline or impairment often encounter difficulties in managing their activities of daily livings which can affect their independence and increase the burden of care-givers. Those patients referred to OT of Integrated Care and Discharge Support for the elderly (ICDS) team will receive cognitive assessment and rehabilitation at home. To be sustainable of the training effect, emerging studies shows that the patients need to develop a cognitively active lifestyle.

Volunteer-led Home-based Cognitively Active Lifestyle Program (VCAL@HOME) launched in November 2015 is a continuity of the cognitive rehabilitation program provided by OT of ICDS at patient's home environment. The program targets those vulnerable patients identified with cognitive impairments, poor social support and were not feasible to attend out-patient cognitive rehabilitation training. Trained volunteers offer weekly home visits to facilitate the development of a cognitively active lifestyle through providing cognitive stimulated games and activities, and other mind-body activities.

Objectives

To evaluate the effectiveness of volunteer-led home-based cognitively active lifestyle program on cognitive function, mood and quality of life in patient with cognitive impairment

Methodology

The VCAL@HOME collaborative project is divided into three phases: Phase I - Developed home visit content outlines (8 sessions, contents include reality orientation, attention and memory related cognitive-stimulating activities, modified health qigong application), collaborative project promotion in district centers and the recruitment of volunteers. Phase II - (i) Volunteer recruitment: 25 volunteers were recruited from three district centers (Ngau Tau Kok district, Sau Mau Ping East and West district).

2-session of volunteer training was provided by UCH OT department and all volunteers were passed the dementia knowledge quiz and practical test. (ii) Patient recruitment: Living alone or daytime alone patient with cognitive impairments (MMSE score 14-24) were selected from ICDS program. Phase III – Effectiveness of VCAL @HOME is evaluated by standardized outcome measures as follow: (1) Cognitive function – Mini-Mental state Examination (MMSE); (2) Mood – Geriatric Depression Scale (GDS); and (3) Quality of Life – Short-Form 12 (SF-12)

Result

1. From Nov 2015 to Dec 2015, 3 subjects (all females and living alone, MMSE ranged from 15-17, mean age 87.6 years old) were recruited. Each subject received 8 times home-based program in 2-month period. 2. Post-MMSE mean scores increased from 16 to 16.6 3. Decrease in post-GDS mean scores from 8.6 to 6.3 4. Improvement in quality of life by increasing in post-SF-12 mean mental component summary(MCS) score from 30.3 to 42.1 5. Feedback from patients: volunteer visits could minimize their feeling of loneliness and of being neglected. Enjoy joining in the cognitive-stimulating activities. Conclusion Continuity of care in community is important and is one of the direction of HA strategic plan. VCAL@HOME program is a way to bridge patient with cognitive impairment to community partners. Preliminary data showed encouraging and positive feedback from both involved volunteers and patients with cognitive impairment. It is an ongoing project and subjects are continually recruited for larger scale review.