

“First Aid Post”

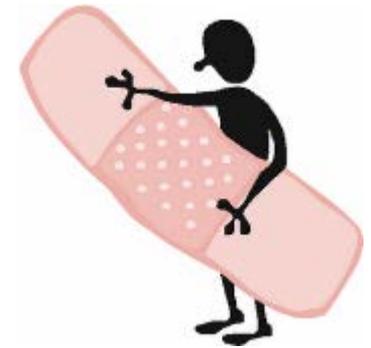
**as a healthcare delivery model:
the gate keeper of the rural area
in Hong Kong**



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Content

- What is a First Aid Post model?
- Medical services in remote area
- Service workflow
- The gate-keeping role with statistics
- Concept of GP/Family Practice
- Features of our health delivery model



What is a First Aid Post (FAP) model?

- A primary care medical facility
- Operated by the Hospital Authority FM Dept
- Lead by primary care health providers
- Located in the remote areas of HK
- Operating 24 hours a day and 365 days per year
- As a “gatekeeper” of the local community



醫院管理局
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HA medical facilities on the outlying islands in HK



Medical services in remote areas

- 6 GOPCs in HK are located on the outlying islands
- KWC:
 - Tai O
 - Mui Wo
- HKEC:
 - St. John's Hospital (AED+GOPC on Cheung Chau)
 - North Lamma
 - Sok Ku Wan (offer 2-day service per week)
 - Peng Chau



Dual role of the clinic

- Many of the outlying island GOPCs have dual service line i.e. **GOPC** service + **FAP** service (First Aid Post)
- Routine GOPC consultations e.g. walk-in and chronic patients plus 24-hour emergency services
- Local patients (walk-in or ambulance cases) were all sent to the local FAP for assessment instead of to urban AED

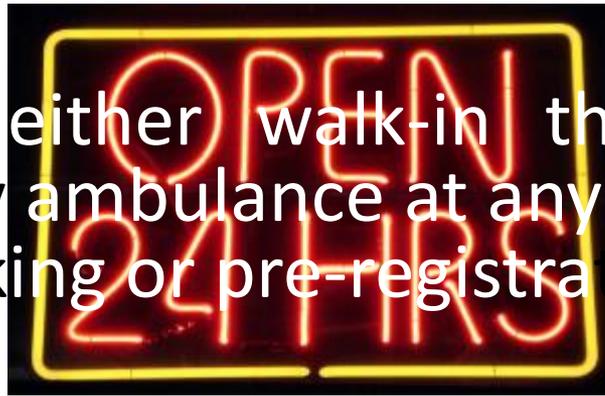
Uniqueness of the outlying islands medical services

- The healthcare service for the local population is mostly provided by the local HA GOPC in the region
- A solo Family Physician taking care of a wide spectrum of patients & health needs (elderly vs infant, episodic illness vs chronic conditions, emergency vs non-urgent etc)
- No A&E Department nearby (except for Cheung Chau)
- A limited access to private medical service
- Role of the “after-hours” care



“After-hours” public primary care in HK

- FAP is the only type of 24-hour primary medical service in HA run by Family Physicians



- Patients could either walk-in the FAP or be transferred-in by ambulance at any time which do not require booking or pre-registration
- Most attending patients were treated and discharged directly from the FAP without need of regional AED referral (as a gate keeping role)

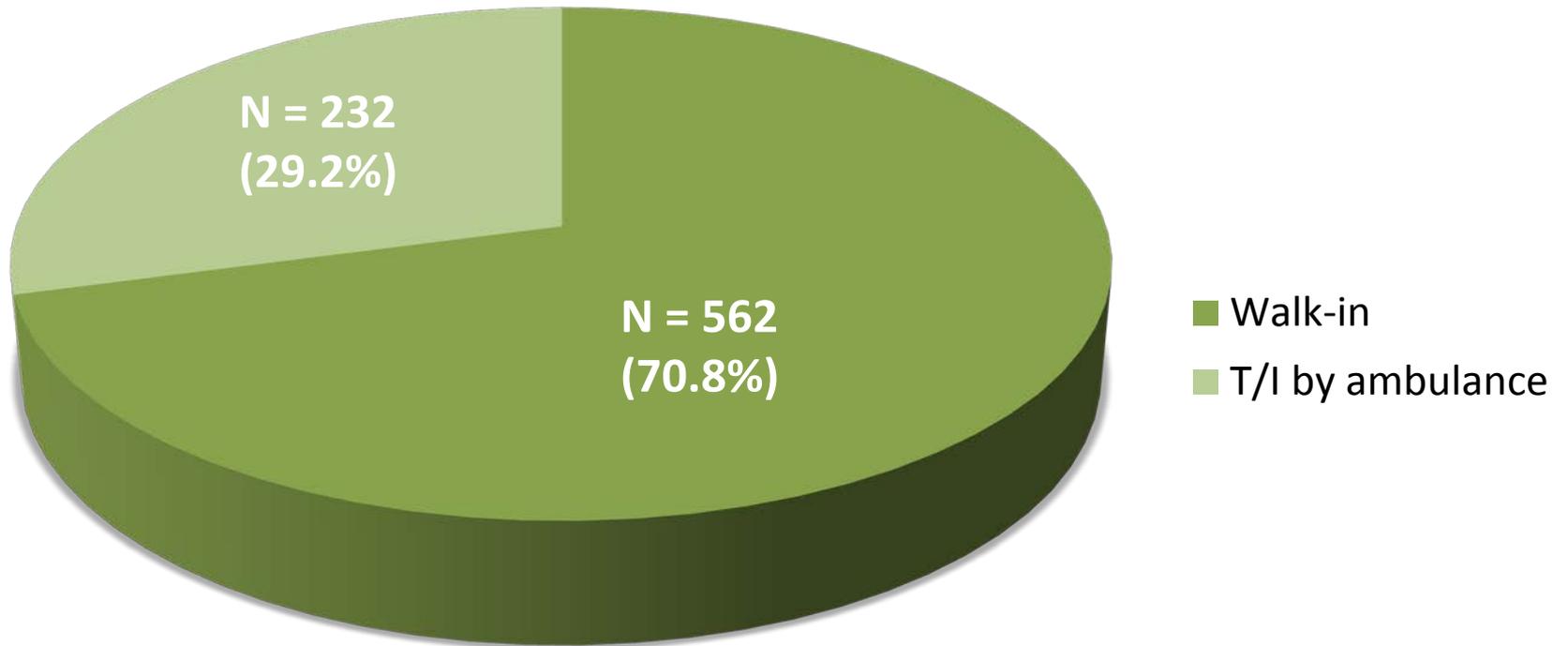
Service workflow



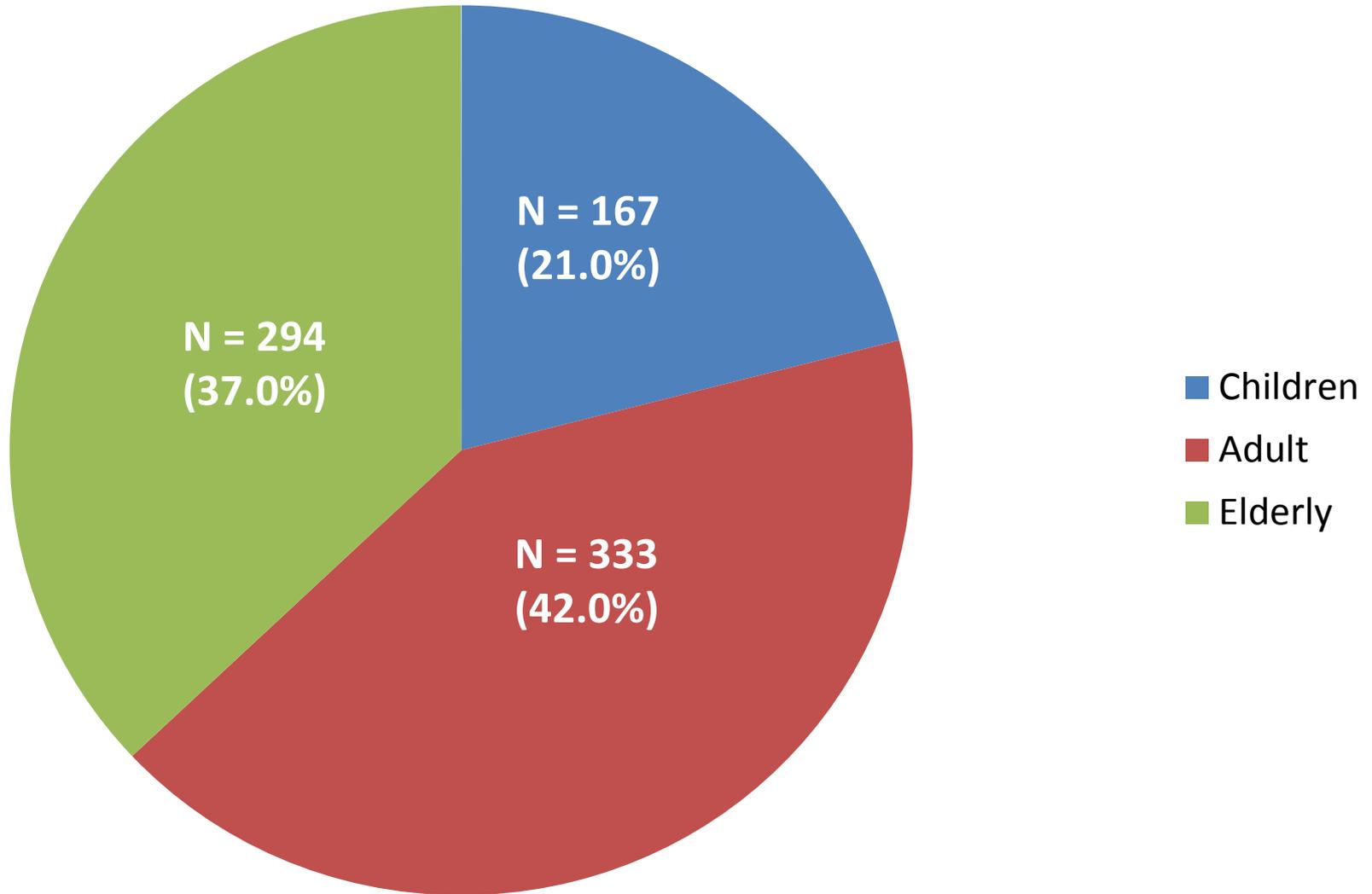
FAP: the gate-keeping role

- One year of FAP data at a single centre on the Lantau Island were reviewed
- Non-office hour attendances (N=794) were included for analysis
- 232 attendances (29.2%) were transfer-in cases by ambulance and 562 (70.8%) were walk-in patients
- Out of the 794 consultations, a majority of 535 (67.4%) were discharged directly from the FAP while 259 (32.6%) required referral to the AED

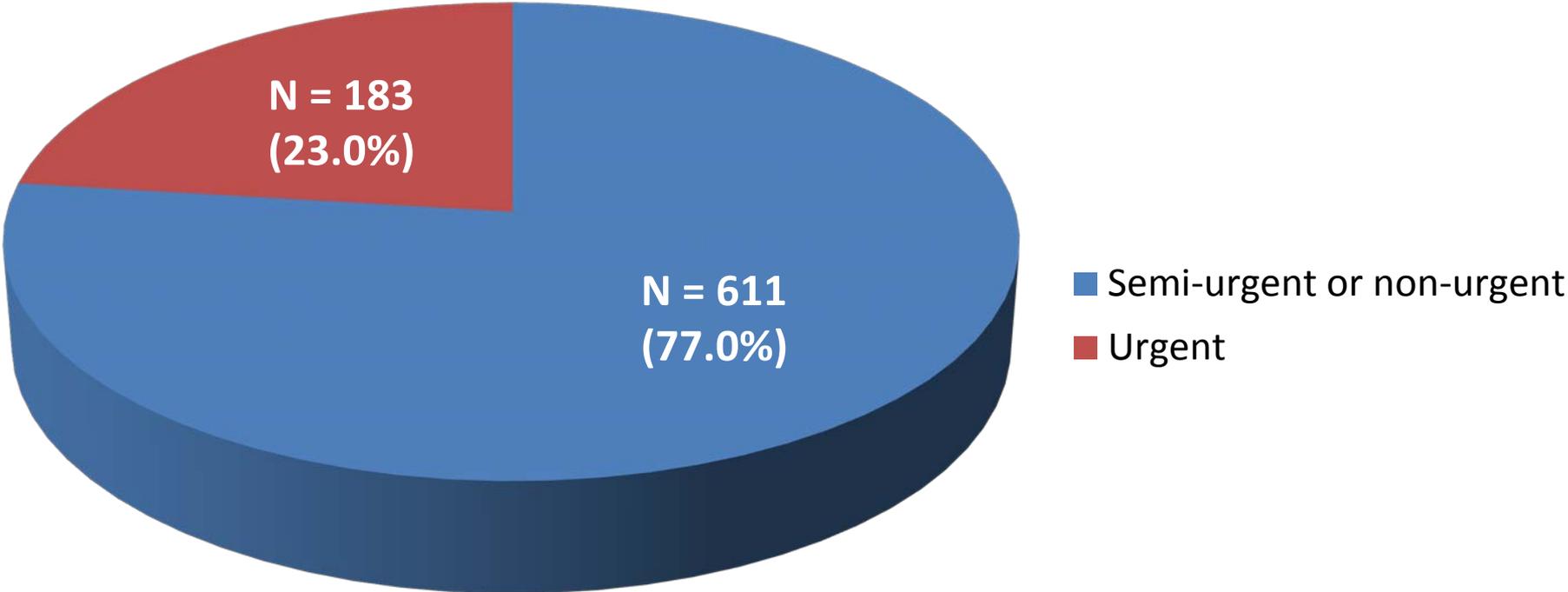
Mode of after-hours attendance



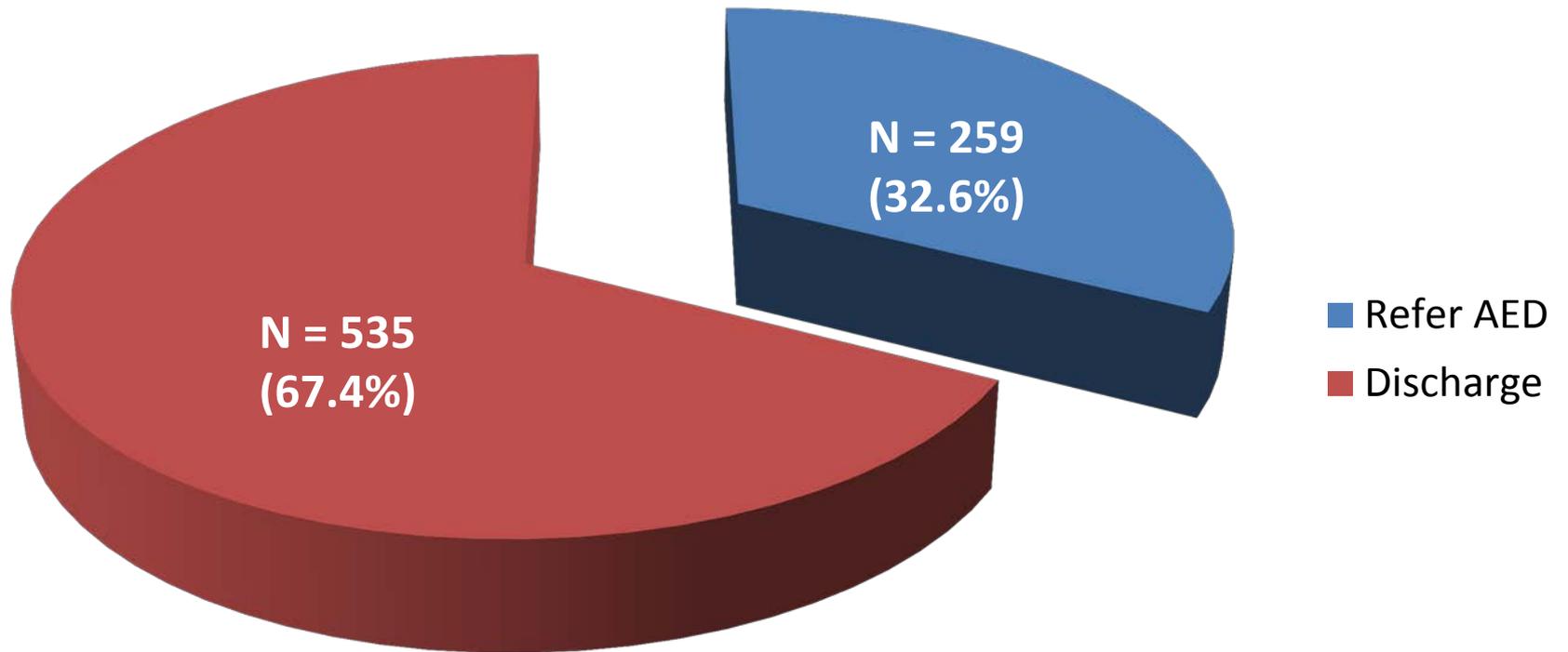
Age distribution



Urgency of the presenting clinical condition



Outcome



Royal Australian College of General Practitioners (RACGP):

Definitions of GP and primary care

I'm not *just* a GP.

I'm your specialist in life.

- GP provides **initial, continuing, comprehensive** and **coordinated** medical care for all individuals, families and communities and which integrates current biomedical, psychological and social understandings of health
- GP is a medical practitioner with **recognised generalist training**, experience and skills, who provides and co-ordinates comprehensive medical care for individuals, families and communities
- GP is the **point of first contact** for the majority of people seeking health care
- In the provision of primary care, much ill-defined illness is seen; the GP often deals with **problem complexes** rather than with established diseases

American Academy of Family Physicians (AAFP): Function of delivery of primary health care

- A **'first-contact'** care, serving as a point-of-entry for patients into the health care system
- Includes **continuity** by virtue of caring for patients over a period of time, both in sickness and in health
- A **comprehensive** care, drawing from all the traditional major disciplines for its functional content
- **Co-ordinatives** function for all the health care needs of the patient
- Assumes **continuing responsibility** for individual patient follow-up and community health problems
- Is a highly **personalized** type of care

Features of our health delivery model

- ✓ Continued care
- ✓ Comprehensive care
- ✓ Community based care
- ✓ Co-ordinating role
- ✓ First point of care
- ✓ Personalized care
- ✓ GP with special interest (GPwSI)
- ✓ GP as the gate keeper



Thank you!

