

Funding and Service Agreement¹

Community Rehabilitation Day Centre

I. Service Definition

Introduction

The Community Rehabilitation Day Centre (CRDC) aims at providing a short-term, transitional and time-defined rehabilitation service for discharged patients who had already received medical / allied health treatment and rehabilitation therapy in public hospitals / clinics and are assessed to be in need of continuous rehabilitation service with a view to enhancing their independent living in the community and social integration. Day Care Service for Persons with Severe Disabilities (DC/SD) is also attached to enrich the function of CRDC so as to strengthen the support for people with disabilities and their families.

Purpose and Objectives

2. The specific objectives of CRDC are –
 - to maintain the discharged patients' physical functioning and enhance their self-maintenance by providing professional rehabilitation training service;
 - to strengthen the discharged patients' application of learnt self-care abilities, domestic living and community living skills in their daily living so as to facilitate their integration into the community and to prevent premature institutionalisation;
 - to provide psychosocial rehabilitation services for discharged patients so as to restructure a healthy lifestyle and productive life roles at home, work or leisure activities; and
 - to provide training programmes and educational courses to the caregivers / family members of the discharged patients so as to enhance their caring capacities and self-efficiency.
3. DC/SD aims at strengthening the caring capability of the family through the provision of regular day care such as personal and nursing care, social and rehabilitation services so as to enhance the opportunity of the severely disabled persons to continue living in the community.

Service Nature and Contents

4. The CRDC shall meet the holistic and individual needs of service users by providing a well-planned and co-ordinated range of services facilitative to

¹ This Funding and Service Agreement is a sample document for reference only.

their community rehabilitation. It should work in close collaboration and coordination with the referrers from the Hospital Authority (HA) and other helping agents in the community with the following range of services provided –

- time-defined centre-based training in the form of individual or group rehabilitation training programmes for service users;
- outreaching services to discharged patients who are homebound to provide home-based individual therapy, and professional support on home modification and purchase of rehabilitative equipment;
- training programmes / educational courses / workshops for the caregivers / family members of the discharged patients to enhance their caring capacities;
- supportive services including the organisation of mutual support groups for the discharged patients and public education programmes; and
- day respite care service.

5. The service contents of DC/SD include –

- day care including meal;
- nursing care and intensive personal care including assistance with activities of daily living;
- maintenance programmes on basic living skills; and
- regular activities to meet service users' social and recreational needs, and to enable them to maintain contact with the community.

Target Service Users and Eligibility Criteria

6. The target service users of Rehabilitation Training Service include –

(a) Discharged patients who are –

- aged 15 and above;
- suffering from stroke, neurological, physical impairments or other physical illnesses affecting their functional performance and who are in need of continuous rehabilitation training; and
- referred by medical / allied health professionals of the HA through a standardised referral system as endorsed by the Social Welfare Department (SWD).

(b) Caregivers / family members of the discharged patients as stipulated above. Referrals by social workers or medical staff, and self-application are also acceptable.

7. The target service users of DC/SD are –

- severely mentally handicapped / severely physically handicapped persons (equivalent to those eligible for Care and Attention Home for Severely

Disabled Persons or Hostel for Severely Physically Handicapped Persons), with priority accorded to those who are not applying for residential care services;

- aged between 15 and 59;
- not bed-ridden or requiring infirmary care;
- without severe aggressive behaviour endangering self and others;
- without infectious disease;
- in need of day care service; and
- referred by social workers to CRDC.

II. Service Performance Standards

Essential Service Requirements

8. The Service Operator must comply with the following essential service requirements –
 - The CRDC shall operate 55 hours a week with the core service hours from 8:00am to 6:00pm from Mondays to Fridays, and 8:00am to 1:00pm on Saturdays;
 - The core service hours of DC/SD are from 8:00am to 6:00pm from Mondays to Fridays; and
 - Registered social worker, qualified nurse and qualified physiotherapist and occupational therapist are the essential staff for the service.

Service Output and Outcome Standards

9. The Service Operator is required to meet the service outputs and service outcomes standards according to the Terms and Requirements of Specific Service Unit at **Annex**.

Service Quality Standards

10. The Service Operator shall meet the requirements of the 16 Service Quality Standards (SQSs).

III. Subvention

11. The Service is subvented by the SWD under the Lump Sum Grant (LSG) Subvention System. The Service Operator is required to observe the rules of subvention according to the prevailing LSG Subvention Manual, circulars, other guidelines, management letters and relevant correspondence issued by the SWD. The Government will not accept any liabilities or financial implication arising from the Service other than the amount of subvention as

approved by the SWD. The basis of subvention is set out in the offer and notification letter issued by the SWD to the Service Operator.

12. The amount of subvention has taken into account the personal emoluments, including provident fund for employing registered social workers, qualified professionals and supporting staff, and other charges (covering all other relevant expenses including employees' compensation insurance and public liability insurance) applicable to the operation of the Service and recognised fee income, if any. Rent and Rates in respect of premises recognised by the SWD for delivery of the Service will be reimbursed separately on an actual cost basis.

IV. Validity Period

13. This FSA is valid for a time-defined period as set out at Annex. Should the Service Operator be in breach of any terms of condition of the FSA and fail to remedy the same in such manner and within such time as shall be specified in a written notice from the SWD, the SWD may after expiry of such notice, terminate this FSA by giving 30 days' notice in writing to the Service Operator.
14. Where there is any change to the performance standards within the agreement period, the SWD will seek mutual agreement with the Service Operator and the Service Operator will be required to achieve new requirements in accordance with the specified implementation schedule.
15. Continuation of service for the next term will be subject to the relevant considerations such as the prevailing policy directive, service needs and the performance of the Service Operator. The SWD reserves the right to reallocate the service.
16. The SWD may immediately terminate the FSA upon the occurrence of any of the following events –
 - the Service Operator has engaged or is engaging in acts or activities that are likely to constitute or cause the occurrence of offences endangering national security or which would otherwise be contrary to the interest of national security;
 - the continued engagement of the Service Operator or the continued performance of the FSA is contrary to the interest of national security; or
 - the SWD reasonably believes that any of the events mentioned above is about to occur.

V. Others

17. Apart from this FSA, the Service Operator shall also comply with the requirements / commitments set out in the respective Service Specifications, and the Service Operator's proposals and supplementary information, if any. Where these documents are in conflict, this FSA shall prevail.

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Annex**Terms and Requirements of Specific Service Unit****(I) Validity Period**

This agreement is valid from (dd/mm/yyyy) to (dd/mm/yyyy).

(II) Service Capacity

The average daily attendance for Rehabilitation Training Service is 60 and the capacity of DC/SD is 5 places per day.

(III) Service Performance Standards

The Service Operator shall meet the following service performance standards –

Service Outputs**(a) Rehabilitation Training Service for Discharged Patients**

<u>Service Output Standard (OS)</u>	Output Indicator	Agreed Level
1	Average daily attendance of discharged patients for rehabilitation training programme in a year	60
2	Rate of achieving individual training and support plans ^(Note 1) in a period of 6 months	95%

(b) Occupational Therapy/Physiotherapy Services

<u>Service Output Standard (OS)</u>	Output Indicator	Agreed Level
3	Total number of assessment, individual / group treatment sessions ^(Note 2) delivered by therapists in a year	1 650

(c) Support Services

<u>Service Output Standard (OS)</u>	Output Indicator	Agreed Level
4	Number of sessions providing training programmes / educational courses / workshops for caregivers ^(Note 3) in a year	45
5	Number of sessions providing staff training programmes / workshops / seminars ^(Note 4) in a year	3
6	Number of sessions providing public education programmes on community rehabilitation ^(Note 5) in a year	5
7	Number of sessions providing consultation services to support groups and rehabilitation units in the community ^(Note 6) in a year	45

(d) Day Care Service for Persons with Severe Disabilities (DC/SD)

<u>Service Output Standard (OS)</u>	Output Indicator	Agreed Level
8	Average monthly occupancy rate ^(Note 7) in a year	95%
9	Rate of reviewing care plan ^(Note 8) in a period of 6 months	100%

Service Outcomes

<u>Service Outcome Standard (OC)</u>	Outcome Indicator	Agreed Level
1	Percentage of service users indicating satisfaction with the overall services / programmes delivered to them in a year ^(Note 9)	80%
2	Percentage of carers indicating satisfaction with the overall services / programmes delivered to them in a year ^(Note 10)	80%
3	Percentage of service users indicating objective improvement as reflected from measurable outcome indicators in a year ^(Note 11 & 12)	70%

Notes and Definitions

1. **Individual training and support plan (ITSP)** refers to the plan with clear objectives and measurable outcomes conducive to helping service users to enhance their physical functioning, to strengthen their self-learnt skills and to become more independent in the self-care activities and the daily living, more capable of integrating themselves into the community, and support the families in caring the people with disabilities in the community. **Rate of achieving individual training and support plans** refers to the proportion of plans completed out of a total number of plans provided.

$$\frac{\text{No. of ITSPs completed in the past six months}}{\text{No. of ITSPs provided in the past six months}} \times 100\%$$

2. **Assessment** aims at obtaining profiles of service users' baseline functioning in specific area. Reassessment of service users' functioning level is also included in the counting for the total number of assessment sessions. **Individual / group treatment sessions** refer to all direct and hand-on treatment sessions of not less than 45 minutes conducted either by physiotherapist or occupational therapist to the service users in the centre.
3. **Training programmes / educational courses / workshops** refer to the structured activities conducted for caregivers to strengthen their caring capacities for the discharged patients. **Session** of these programmes should last not less than one hour excluding preparation time and follow-up work.
4. **Training programmes / workshops / seminars** refer to the structured activities conducted for staff of the centre or other social welfare agencies in the community for providing knowledge to the staff so as to enhance their capabilities in taking care of the service users. **Session** of these programmes should last not less than one hour excluding preparation time and follow-up work.
5. **Public education programmes** refer to mass community public education programmes organised on a one-off basis with objectives of promoting community rehabilitation and to enhance public's acceptance towards the service users. **Session** of these programmes should last not less than one hour excluding preparation time and follow-up work.

6. **Consultation services to support groups** refer to the offer of professional advice to cater for the needs of the group members as well as to enhance their substantial development. **Consultation services to rehabilitation units in the community** refer to the offer of professional advice so as to facilitate the service improvement of the rehabilitation units. **Session** of these services should last not less than one hour excluding preparation time and follow-up work.
7. **Occupancy** is counted by head per day and the **rate** is calculated by the following formula:

$$\frac{\text{Total no. of occupancy in a month}}{\text{Total no. of opening day in a month} \times 10} \times 100\%$$

8. **Rate of reviewing care plan in a period of 6 months** is calculated by the following formula:

$$\frac{\text{No. of care plans completed reviewing in six months}}{\text{No. of care plans due for reviewing in six months}} \times 100\%$$

9. **Percentage of service users indicating satisfaction with the overall services / programmes** is calculated by the following formula:

$$\frac{\text{No. of service users indicating satisfaction with the overall services / programmes}}{\text{Total no. of service users having completed the survey / questionnaire in a year}} \times 100\%$$

10. **Percentage of carers indicating satisfaction with the overall services / programmes** is calculated by the following formula:

$$\frac{\text{No. of carers indicating satisfaction with the overall services / programmes}}{\text{Total no. of carers having completed the survey / questionnaire in a year}} \times 100\%$$

11. **Percentage of service users indicating objective improvement as reflected from measurable outcome indicators** is calculated by the following formula:

$$\frac{\text{No. of service users indicating improvement on measurable outcome indicators}}{\text{Total no. of service users having completed the measurable outcome indicators in a year}} \times 100\%$$

12. **Measurable outcome indicators** refer to the assessment tool(s) being used by the referrers or optional assessment tool(s) as recommended by the case manager of CRDC. Optional Assessments include:

- (a) Fugel-Meyer Scale (FM Scale);
- (b) Stroke Impact Scale (SIS);
- (c) Chinese version of the Activities-Specific Balance Confidence Scale (ABC);
- (d) Chinese (Cantonese) version of the Personal Well-being Index (PWI);
- (e) Loewenstein Occupational Therapy Cognitive Assessment (LOTCA);
- (f) Cognistat;
- (g) Revermeal Behavioural Memory Test (RBMT);
- (h) Behavioural Inattention Test (BIT);
- (i) Zarit Burden Interview for caregivers; and
- (j) Others.

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