

Quarterly Statistical Report

Integrated Home Care Services (Ordinary Cases)

(to be submitted in triplicate to Subventions Section
collectively through head office of respective agency
with a copy to concerned DSWO
on or before 20th of April, July, October and January)

Name of Unit : _____ District : _____

No. of Integrated Home Care Services Teams (IHCSTs) : _____ (i.e. No. of IHCSTs under the district and agency-based unit)

Name of Agency : _____

Period : From _____ to _____

A. Statistics on Output Standards

For all Output Standards, boxes of "year-end" figures are to be completed by Service Operator at the year-end quarterly report (i.e. January to March) by calculating the statistics from 1st April of preceding year to end of March.

Output Standard 1 : Total number of weighted units of service delivered in a district

(Agreed level of output: _____ WUs in a year) (Note 1)

(Reference output level: _____ WUs in a year) (Note 1)

	Nature of service	Weighting	No. of Service (Month)			No. of weighted units (Weighting x no. of service)			No. of individuals served (Note 2) (Month)		
i.	Personal care service	3				0	0	0	0	0	0
ii.	Simple nursing care service (Note 3)	5				0	0	0			
iii.	General physical exercise	3				0	0	0			
iv.	General household or domestic duties	3				0	0	0			
v.	Escort	5				0	0	0			
vi.	Child minding	3				0	0	0			
vii.	Home respite service	3				0	0	0			
viii.	Environmental risk assessment and home modifications	3				0	0	0			
ix.	Purchase and Delivery of daily necessities	3				0	0	0			
x.	Laundry	1				0	0	0			
xi.	Provision of Meals	1				0	0	0			
xii.	Other Duties (Please specify)	1				0	0	0			
		1				0	0	0			
xiii.	Total (i.e. sum (i) to (xii))	N.A.	0	0	0	0	0	0			
Year-end figure									-		
						Output Standard 1 (OS1) Σ(xiii) for 12			Level of Achievement =OS1/agreed level (%)		

Note 1: Please enter the agreed level of output and reference output level of WUs required to be delivered by the specific IHCST in the serving district.

Note 2: It denotes the no. of persons(s) in a family and one person can receive more than one service at any one time.

Note 3: It refers to cases with care plan agreed between service providers and elders/carers, and monitored by nursing staff or other para-medical staff e.g. P.T. or O.T.

Output Standard 2 : Percentage of total weighted units in providing personal care, simple nursing care service and general physical exercise in a district out of OS1 (Agreed level: 20% in a year)

Month		0	0	0
i.	No. of WUs in providing personal care, simple nursing care service and general physical exercise	0	0	0
ii.	Agreed level of output in a month (i.e. Agreed level in a year in OS1 divided by 12)	0.00	0.00	0.00
iii.	Percentage achieved (i/ii x 100%)	-	-	-
Year-end figure				-
		Output Standard 2 (OS2) Σ (i) for 12 months ÷ Agreed level of output in a year in OS1		Level of Achievement =OS2/20% (%)

Supplementary Information

A. Supplementary Information: Number of cases

Month		0				0				0			
		E*	D*	IF*	Total (E+D+IF)	E*	D*	IF*	Total (E+D+IF)	E*	D*	IF*	Total (E+D+IF)
i.	Total no. of cases b/f from last period				0	0	0	0	0	0	0	0	0
ii.	No. of new cases				0				0				0
iii.	No. of reactivated cases				0				0				0
iv.	No. of re-classified cases** (in)				0				0				0
v.	No. of re-classified cases** (out)				0				0				0
vi.	Total no. of case closed				0				0				0
vii.	Total no. of cases at end of period (i.e. i+ii+iii+iv-v-vi)	0	0	0	0	0	0	0	0	0	0	0	0

* E - Elderly cases : service users who are aged 60 and over
D - Disabled cases : service users who are physically / mentally handicapped / mentally ill
IF - Individuals and families with social need cases : service users who are suffering from ill health or families encounter difficulties arising from social and family reason:

** Re-classified cases : service users who changed from one clientele group to another (i.e.changed among E, D and IF)

B1. Supplementary Information: Number of applications / referrals pending assessment (for Elderly cases only)

Month		0	0	0
i.	No. of applications / referrals pending assessment b/f from last period		0	0
ii.	No. of applications / referrals received			
iii.*	No. of applications with assessment completed and result upon completion of supplementary information form (i.e. 補充資料表_1b)			
	a) provide immediate services			
	b) put on waiting list			
	c) reject application / referrals			
	d) applicant's self-withdrawal			
	Sub-total of iii [(a)+(b)+(c)+(d)]	0	0	0
	*Among sub-total of iii, no. of applicants receive CSSA / OALA			
	*Among sub-total of iii, no. of applicants require MDS-HC assessment			
iv.	No. of applications / referrals pending assessment at end of period (i.e. i+ii-iii)	0	0	0

B2. Supplementary Information: Number of applications / referrals pending assessment (for Disabled cases and Individuals & families with social need cases)

Month		0	0	0
i.	No. of applications / referrals pending assessment b/f from last period		0	0
ii.	No. of applications / referrals received			
iii.*	No. of applications with assessment completed and result as follows:			
	a) provide immediate services			
	b) put on waiting list			
	c) reject application / referrals			
	d) applicant's self-withdrawal			
	Sub-total of iii [(a)+(b)+(c)+(d)]	0	0	0
iv.	No. of applications / referrals pending assessment at end of period (i.e. i+ii-iii)	0	0	0

C1. Supplementary Information: Number of cumulative cases on waiting list (i.e. cases in which assessment has been proceeded and pending service arrangement)

Nature of cases		No. of cases on waiting list														
Month		No. of cases b/f from last month (a)			#No. of cases added to waiting list this month (b)			No. of cases rejected / withdrawn from waiting list this month (c)			No. of cases with service rendered this month (d)			As at end of month Total (e) = (a+b-c-d)		
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
i.	Elderly persons		0	0										0	0	0
ii.	Disabled		0	0										0	0	0
iii.	Family / Social Need		0	0										0	0	0
iv.	TOTAL (i.e. i+ii+iii)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

The figures of i(b), ii(b) and iii(b) in C1 should tally with the figures of iii(b) in B1 and B2 respectively.

C2. Supplementary Information: Number of service requests of cumulative cases* on waiting list by nature of service #
(i.e. cases in which assessment has been proceeded and pending service arrangement)

Nature of Service		No. of service requests of the cases on waitlisting list by nature of service #									
		Nature of case (Month)	Elderly persons			Disabled			Family / Social Need		
			0	0	0	0	0	0	0	0	0
i.	Personal care service										
ii.	Simple nursing care service										
iii.	General physical exercise										
iv.	General household or domestic duties										
v.	Escort										
vi.	Child Minding										
vii.	Home respite service										
viii.	Environmental risk assessment and home modifications										
ix.	Purchase and Delivery of daily necessities										
x.	Laundry										
xi.	Provision of Meals										
xii.	Other Duties (Please specify)										
xiii.	Total (i.e. Sum of i to xii)	0	0	0	0	0	0	0	0	0	

can choose more than one type of requested services according to the applicant's needs

C3. Supplementary Information: Number of cumulative cases* on waiting list [i.e. item C1. Supplementary Information (e)] by the duration of waiting time (i.e. cases in which assessment has been proceeded and pending service arrangement)

Month		No. of cases on waiting list								
		0			0			0		
		E	D	IF	E	D	IF	E	D	IF
i.	< 3 months									
ii.	3 months to < 6 months									
iii.	6 months to < 9 months									
iv.	9 months to < 12 months									
v.	1									
vi.	2									
vii.	3									
viii.	4									
ix.	5									
x.	6									
xi.	7									
xii.	8									
xiii.	9									
xiv.	10									
TOTAL (i.e. Sum of i to xiv)		0	0	0	0	0	0	0	0	0

* refer to the cases which have not yet received any kinds of services from IHCST.

D1. Supplementary Information: Reason for applications being rejected/withdrawn (for elderly person only) (one main reason for one case)

Reason		No. of applications being (for elderly cases only)								
		rejected	withdrawn	sub-total	rejected	withdrawn	sub-total	rejected	withdrawn	sub-tota
		0			0			0		
	Month									
i.	Case requiring intensive care			0			0			0
ii.	Improved self-care ability			0			0			0
iii.	Economically capable			0			0			0
iv.	Other support network available			0			0			0
v.	Hospitalisation / institutionalisation of client			0			0			0
vi.	Death of client			0			0			0
vii.	Client cannot wait			0			0			0
viii.	Service not able to meet client's need			0			0			0
ix.	Fee charged			0			0			0
x.	Loss of contact			0			0			0
xi.	No such service within the unit			0			0			0
xii.	No service provided because of the unit's heavy workload			0			0			0
xiii.	Others (Please specify):			0			0			0
xiv.	#TOTAL (i.e. Sum of i to xiii)	0	0	0	0	0	0	0	0	0

The figures of xiv. in D1 should tally with the figures of i(c) in C1.

D2. Supplementary Information: Reason for applications being rejected / withdrawn (for Disabled cases and Individuals & families with social need cases)

Reason		No. of applications being (for Disabled cases and Individuals & families with social need cases)								
		rejected	withdrawn	sub-total	rejected	withdrawn	sub-total	rejected	withdrawn	sub-total
		0			0			0		
Month										
i.	Case requiring intensive care			0			0			0
ii.	Improved self-care ability			0			0			0
iii.	Economically capable			0			0			0
iv.	Other support network available			0			0			0
v.	Hospitalisation / institutionalisation of client			0			0			0
vi.	Death of client			0			0			0
vii.	Client cannot wait			0			0			0
viii.	Service not able to meet client's need			0			0			0
ix.	Fee charged			0			0			0
x.	Loss of contact			0			0			0
xi.	No such service within the unit			0			0			0
xii.	No service provided because of the unit's heavy workload			0			0			0
xiii.	Others (Please specify):			0			0			0
xiv.	#TOTAL (i.e. Sum of i to xiii)	0	0	0	0	0	0	0	0	0

The no. of xiv in D2 should tally with the figures of ii(c) and iii(c) in C1.

E. Supplementary Information: Waiting time (Note 1) [in days (Note 2)]

Month	No. of New (N) and Reactivated (R) Cases (Note 3)					
	0		0		0	
	N	R	N	R	N	R
Waiting time (days)						
0						
1-4						
5-9						
10-14						
15-19						
20-24						
25-29						
30 or above						
Total	0	0	0	0	0	0
Total waiting time (days) of all cases (Note 4)						
Average waiting time (days) per case (Notes 5 and 6)	-	-	-	-	-	-

Notes:

(1) "Waiting time" refers to the difference between the requested commencement date of service and the date that IHCST starts to provide service.

(2) "Days" refers to calendar days e.g. April 8, 2003 is the requested commencement date of service and April 11, 2003 is the date that the IHCST starts to provide service, the number of calendar days is therefore 3 days.

(3) Total no. of new and reactivated cases should tally with the summation of total no. of new cases and total no. of reactivated cases under A. Supplementary Information (ii) and (iii).

(4) Total waiting time (in days) for new cases = Total no. of days between the requested commencement date of service of new cases and the date that IHCST starts to provide service to the new cases.

Total waiting time (in days) for reactivated cases = Total no. of days between the requested commencement date of service of reactivated cases and the date that IHCST starts to provide service to reactivated cases.

(5) Average waiting time (in days) per new case = $\frac{\text{Total no. of waiting time (in days)}}{\text{Total no. of new cases}}$

(6) Average waiting time (in days) per reactivated case = $\frac{\text{Total no. of waiting time (in days)}}{\text{Total no. of reactivated cases}}$

F1. Supplementary Information: Number of existing cases* with other service requests pending for arrangement

Nature of cases		No. of existing cases with other service requests pending for arrangement											
		No. of existing cases with other service requests pending for arrangement b/f from last month			No. of new cases with other service requests pending for arrangement added in this month			No. of cases whose service requests have been fully met this month			As at end of month Total		
		(a)			(b)			(c)			(d) = (a) + (b) - (c)		
		0	0	0	0	0	0	0	0	0	0	0	0
Month													
i.	Elderly persons		0	0							0	0	0
ii.	Disabled		0	0							0	0	0
iii.	Family / Social Need		0	0							0	0	0
iv.	Total	0	0	0	0	0	0	0	0	0	0	0	0

* refer to the cases which have already received one or more services from IHCST, and pending arrangement for other service requests

F2. Supplementary Information: Number of other service requests of existing cases* pending for arrangement

Nature of Service		No. of other service requests of existing cases# pending for arrangement								
		Elderly persons			Disabled			Family / Social Need		
		0	0	0	0	0	0	0	0	0
i.	Personal care service									
ii.	Simple nursing care service									
iii.	General physical exercise									
iv.	General household or domestic duties									
v.	Escort									
vi.	Child Minding									
vii.	Home respite service									
viii.	Environmental risk assessment and home modifications									
ix.	Purchase and Delivery of daily necessities									
x.	Laundry									
xi.	Provision of Meals									
xii.	Other Duties (Please specify)									
xiii.	Total (i.e. Sum of i to xii)	0	0	0	0	0	0	0	0	0

* refer to the cases which have already received one or more services from IHCST, and pending arrangement for other service requests

can choose more than one type of requested services according to the existing cases' needs

Completed by : _____

Name : _____

Post : _____

Tel. No. : _____

E-mail : _____

Date : _____