Abstract Submission

Abstract Title
Exploring the implementation of a multidisciplinary outreach health service model driven by public-private partnership for high-risk nursing home residents in Macao: a multisite, qualitative study

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Two categories of presentations are acceptable. Please choose the appropriate abstract structure:

1) presentations of research findings;

2) presentations of viewpoints to encourage debate and discussions or identify research agendas based on literature, research findings and practical experience.

Structured research paper abstract - no more than 500 words (including no more than 5 references)	
Theme	2. Your research - an opportunity to discuss a range of topics relevant to managing health services and organisations.
Background	Nursing homes (NH) are set to provide quality clinical care to elderly residents who are often at risks of fragility from functional and cognitive impairment, multiple comorbidities and/or complicated medical and pharmacological treatment[1]. Considering NH care being a dynamic process of ongoing assessment, transitions, and adjustment, the quality of such care remains a long-standing challenge, outreach medication program has been approved to be an effective intervention[2,3]. In 2018, an outreach health service model (OHSM) involving a team of specialists and clinical pharmacists from the public sector was launched based on public-private partnership (PPP) aiming to advance NH care for high-risk residents[4]. This study aimed to explore the nature of and the experiences about the outreach service from the perspective of key stakeholders in the NH. The findings may shed light on how to support NH care optimization through a cross-sector approach.
Methods	With purposive sampling, 60 semi-structured interviews were conducted with NH managers, resident doctors and frontline healthcare personnel between February and March 2021 using an interview guide examining their understanding of, attitudes to, and experiences with the OHSM. Interview notes and transcripts were analyzed using content analysis to identify subcategories and extract illustrative quotes.
Results	All particiapnts expressed their concerns for the pressure to provide quality clinical care to the residents and welcomed the support given by the government through the OSHM. The mode of operation was deemed consistent across different NH by which

	a team of specialists in geriatrics, internal medicine, psychiatry, emergency department and physiotherapy, together with clinical pharmacists and nurses, paid visit to the NH once every two months to provide multidisciplinary healthcare services to high-risk residents and to engage in direct communication with the resident doctors and other in-house healthcare staff. The most notifiable benefits of the OHSM included: (1) fostering cross-sector communication and collaboration, (2) promoting multidisciplinary team care, (3) enabling early detection of critical health issues and timely referral, (4) reducing unplanned hospital admission, (5) reducing NH's resources needed for mobilizing residents for doctors' appointment, (6) improving the quality and efficiency of NH clinical care, (7) empowering resident doctors and inhouse healthare staff to contributing to integrative care, and (8) promoting the efficient use of the overall healthcare resources. While some participants were concerned about the increased workload associated with the OHSM, the majority indicated the need for more frequent visits from the OHSM team involving more specialists. For the optimization of the model, the lack of a follow-up communication mechanism between the residents, doctors and the OHSM team, the lack of a data sharing system for keeping track of the residents changing conditions, and the lack of predefined parameters to measure performance were repeatedly mentioned as priority areas of improvement.
Outcomes and implications – including reference to healthcare management	Mobilization of healthcare resources through PPP whenever applicable may improve the clinical care for high-risk NH residents with efficiency. Cross-sector multidisciplinary collaboration plays a significant role in advancing NH care which requires a platform of data sharing and communications. Parameters tailored to the NH setting should be defined for continuous evaluation of the model outcome.
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