Hong Kong West Cluster (HKWC) Community Care Service Team (CCST) Strategic Response to Winter Surge 2010

A CCST (CGAT, CNS, GOPC), A&E, & RCHEs Collaboration Program

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HA Convention
Winter Surge in HKWC

- The winter surge period usually starts from mid/late Dec (summer surge occurs in mid/late July).

- Significant increase in A&E attendance and medical admissions.

- Lead to overcrowded ward, and poorer patient service quality.
The WSCG, led by Deputy HCE (Clinical Services), QMH

Members from A&E, Dept of Medicine; cluster hospitals; admin services; GOPC & Community Care Service Team (CCST).

Its major functions are:

- To generate plan for management of medical case influx.
- To mobilize cluster-wide available resources.
- To coordinate additional resources allocated from central and monitor the outcome.
- To enhance services quality and staff / patient safety.
Winter Surge activation

- When the daily admissions via A&E, QMH exceeds 65 per day for 3 consecutive days;

  OR

- Cluster Director (Quality & Risk Management) gives an advance warning of flu endemic by about 7 – 10 days.
Community Care Service Team (CCST) in Winter Surge (WS)

- CCST includes CGAT, CNS and GOPC.

- Via enhancement of community services and strengthening of support to RCHEs, aimed to reduce high influx of medical patients to QMH from RCHEs.
Winter Surge activation in HKWC 2010
Community Care Service Team (CCST)

Regular Service

Intensified Service

Winter Surge

Regular Service

1st Jan 2010 to 14th Feb 2010 – Intensified Service

15th Feb 2010 – Winter Surge “kick off”

12th April 2010 – Winter Surge ended and stepped down to Regular Service
Enhancement of Service:

1. Increased Community Visiting Medical Officer (CVMO) RCHEs coverage and visits
   - 30% CVMO RCHEs coverage
   - ad hoc CVMO clinic quota

2. 10% Community Geriatric Assessment Team (CGAT) Dr’s clinic quota per session

3. Collaboration with GOPC
   - ‘Force’ GOPC quota - evening clinic
4. Intensified Elderly Assessment clinic (EAC)
   - EAC in FYKH for ad hoc medical problem
   - Clinical admission to FYKH

5. Post A&E discharge follow up within 48 hours
   - Community Care Nurse (CCN) monitor and FU

6. Infection Control Coverage
   - ILI surveillance and situation reports in RCHEs
Winter surge: 15\textsuperscript{th} Feb 2010 to 11\textsuperscript{th} April 2010 (8 wks)

Intensified services continued.

\textit{Additional services include..........}
Winter Surge

1. Winter Surge Clinics (on top of CGAT and CVMO intensified service) in office hours
   - These clinics (once per week) were provided in RCHEs
   - Community Care Nurses (CCNs)
     - Pre clinic screening (telephone)
     - Post Dr’s clinic follow up
2. Infection control coverage enhancement
   - Situation reports on Sundays and PHs

3. Extend working hours
   - Extend working hours 18:30 (Mon to Fri)
     - CGAT clerk and FYKH shroff
     - FYKH Pharmacy

QMH 24 hr Pharmacy: provide support after 18:30
Evaluation / Auditing

Deliverables
- CGAT CVMO / MOs / VMO / CCNs visits and attendances

Outcome results
- A&E attendance and admission
- Average LOS and bed days (acute and convalescence hospitals)
- Cost reduction?

RCHEs satisfaction survey
Deliverables

Intensified Service → Winter Surge
Winter Surge Program 2010
Overall Output of HKWC CGAT / VMO

1. CGAT Dr’s clinic
   - Total CGAT Dr attendances = 2417

2. CVMO Clinic
   - Total CVMO attendances = 1333

3. Winter Surge Clinic
   - Total doctors attendances = 320

4. Community Care Nurses
   - Telephone Nursing Care Services: 1020
   - Attendance: 997
Outcome results

- Intensified Service
- Winter Surge
- Regular Service
A&E Attendance in HKWC CGAT Covered RCHEs (N=66)

No. per person per month

Regular Service
Intensified Service
Winter Surge
Regular Service

A&E Attendance

0.16
0.15
0.14
0.13
0.12
0.11
0.10

0.155
0.142
0.136
0.140
Acute Hospital Admission in HKW CGAT Covered RCHEs (N=66)

No. per person per month

<table>
<thead>
<tr>
<th>Service</th>
<th>No. per person per month</th>
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<tbody>
<tr>
<td>Regular Service</td>
<td>0.09</td>
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<tr>
<td>Intensified Service</td>
<td>0.109</td>
</tr>
<tr>
<td>Winter Surge</td>
<td>0.126</td>
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<tr>
<td>Regular Service</td>
<td>0.115</td>
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Acute Hospital Admission
A&E Attendance in HKWC CGAT Covered RCHEs (N=66) – Regular Service and Winter Surge Comparison

No. per person per month

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<thead>
<tr>
<th></th>
<th>Regular Service</th>
<th>Winter Surge</th>
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<tbody>
<tr>
<td>A&amp;E Attendance</td>
<td>0.155</td>
<td>0.135</td>
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<tr>
<td>13% reduction</td>
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13% reduction in A&E Attendance from Regular Service to Winter Surge.
Acute Hospital Admission in HKWC CGAT Covered RCHEs (N=66) – Regular Service and Winter Surge Comparison

No. per person per month

- Regular Service: 0.126
- Winter Surge: 0.108

14.3% reduction
A&E “Turn Away” Cases in HKWC CGAT Covered RCHEs (n=66) – Regular Service and Winter Surge Comparison

* RCHE residents attended A&E without acute hospital admission
Acute Hospital Average Length of Stay (LOS) in HKWC CGAT Covered RCHEs (n=66)

Bed days per person

- **Regular Service**: 5.23
- **Intensified Service**: 5.13
- **Winter Surge**: 4.46

- **Average LOS**
  - ↓ 15%
  - ↓ 2%
  - ↓ 13%
Convalescence Hospital Average Length of Stay (LOS) in HKWC CGAT Covered RCHEs (N=66)

Bed days per person

- Regular Service: 15.6
- Intensified Service: 14
- Winter Surge: 13.75

↓ 12%
↓ 10%
↓ 2%
Cost reduction (6 weeks winter surge compared with 6 weeks regular service)

- Reduction in acute hospital bed days
  - \(\downarrow 4274 \text{ to } 3613 = 661 \text{ days}\)
- Convalescence hospital bed days (increased quota per day resulting in more admissions, but shortened average LOS)
  - \(\uparrow \text{ from } 3550 \text{ to } 3964 = \uparrow 414 \text{ days}\)

Cost per patient day:
- Acute hospital HK$ 3333
- Convalescence hospital HK$ 1740

Cost reduction:
- HK$ = 661 \times 3333 - 414 \times 1740
- \(\approx 1,482,753 \text{ (1.5m)}\)

(SHS expenditure HK$ 12,000; Additional drug cost HK$ 10,000)
Customer Satisfaction Survey for Winter Surge Clinic – Results (Response rate: 100%)

院舍對是次計劃之滿意程度

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<thead>
<tr>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
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<tr>
<td>對院友的健康有幫助</td>
<td>減少院友急症室求診或住院的需要</td>
<td>醫生到診時間適合</td>
<td>對計劃收費安排感到滿意</td>
<td>對計劃的整體流程安排感到滿意</td>
<td>是次計劃值得參與</td>
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院舍對是次計劃之滿意程度
Conclusion

- Reducing A&E attendance (13%).
- Reducing acute hospital admission (14.3%).
- Reducing “A&E Turn Away” cases (10%).
- Reducing LOS:
  - 15% in acute hospital
  - 13% in convalescence hospital
- Cost reduction in terms of bed days = around 1.5 m.
- Customer survey – RCHE satisfied with the WS program and all wish to participate in future WS program.
Thank You