Service Re-engineering in HKE CGAS (2012 – 2013)

HA Convention 2014
Service Priorities & Programmes

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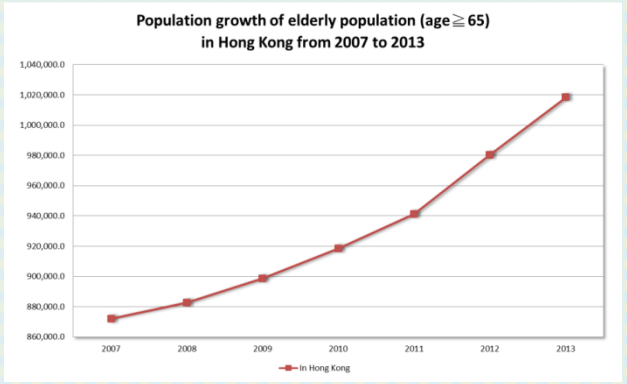
Background

- Ageing frail population
- Unavoidable admissions
- High RCHE staff turnover
- Expansion of CGAT roles



Why we need re-engineering?

CHALLENGES

Can current practice cope with the **demand**?

Evolving challenges of frail terminally ill elderly

Increase pressure on reducing the use of hospital service by Old Age Home residents

Daily work becomes **routinized**

Increased **expectation** from patients/relatives

Our re-engineering objectives

1. To align **focus** on our mission

MISSION of CGAS

To enhance health and quality of life

of **elderly** in the ***community*** by

TIMELY ASSESSMENT and

APPROPRIATE MANAGEMENT

2. To serve as Bridge between Hospital and Community – **SEAMLESS care**

3. To **restructure** our **team work processes** to handle evolving roles and challenges

Structure

Strengthen Team Communication & Roles

CGAT Team

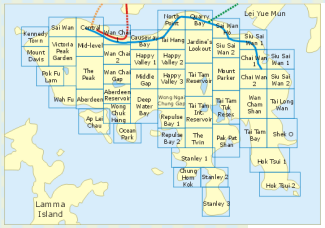
Team organisation

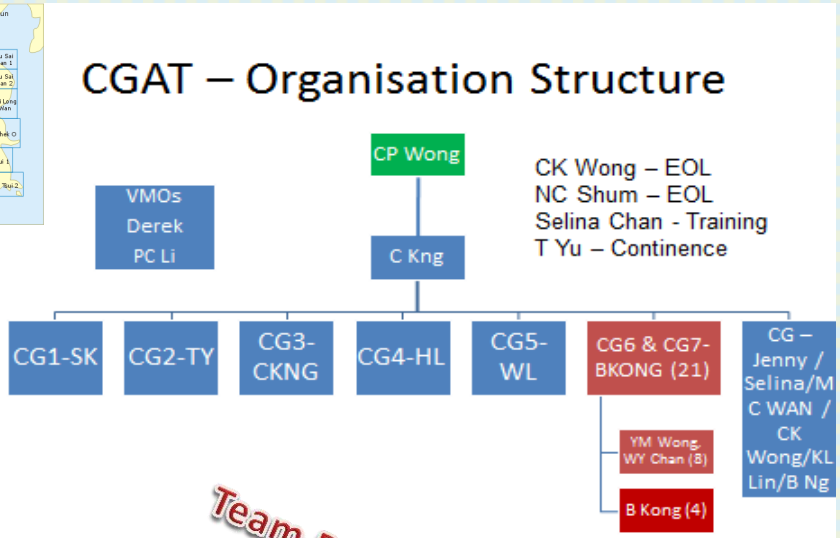
Clear **Service Core Values**

Develop **Competencies** "specialisation"

Monitor **Performance** **Statistics & Incidents**

Engage Hospital / Partners





Team Building Camp

Structure

Strengthen Communication with RCHEs

RCHE

- **CGAT Forum** to share best practices + annual plan
- **Educational talks** on special care
- Weekly **on-site coaching**

Structure

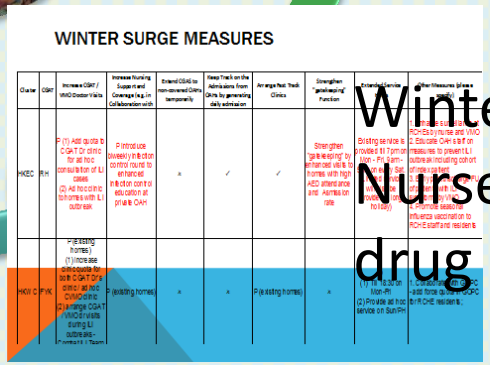
Improve patient-centred care

Consultant led ward FU round

Extended Working Hours

Team Visit

Regular Audits & high risk case intensive management



Winter Surge Nurses round and drug refill clinic

Structure

Staff training

In-service training

Job rotation

Staff specialization: Named Dr / nurse in different areas (e.g. EoL, IC, OSH, educational talks)

Senior walk around

Regular case conference and sharing

PROCESS

Strengthen Team Communication & Roles

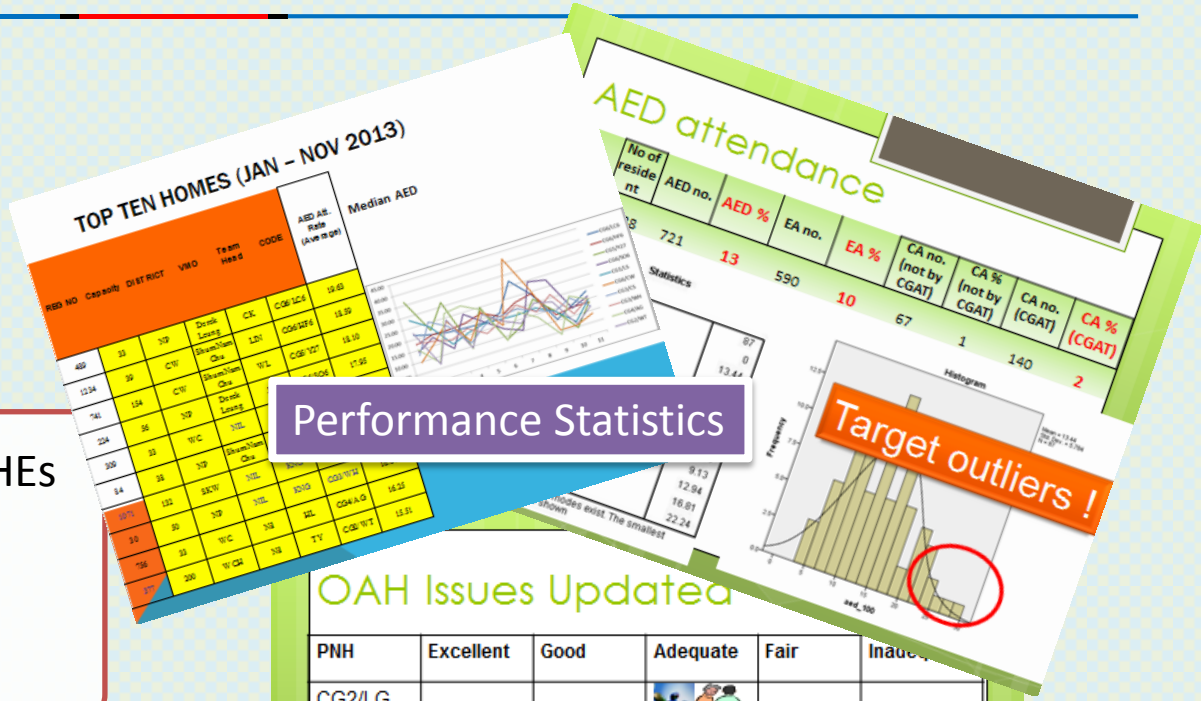
CGAT

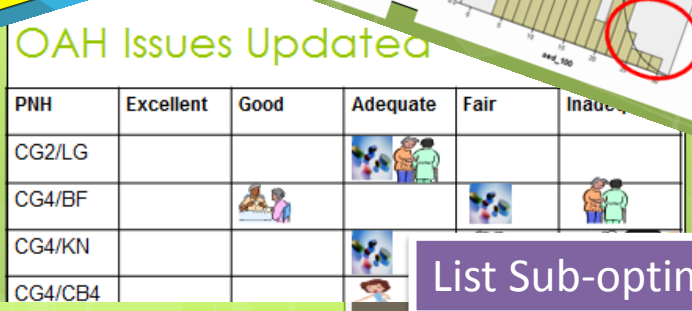
Outliers & sub-optimal RCHEs
- Statistics review

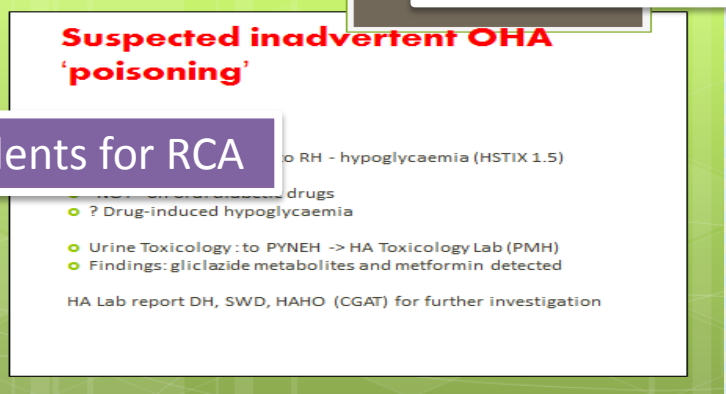
Incidents - RCA

Protocols
for Clinical Care

Special roles for staff
– Empower & delegate eg EOL







PROCESS

Strengthen Communication with RCHEs

RCHE

Clear workflows

"Communication Manual for RCHEs "

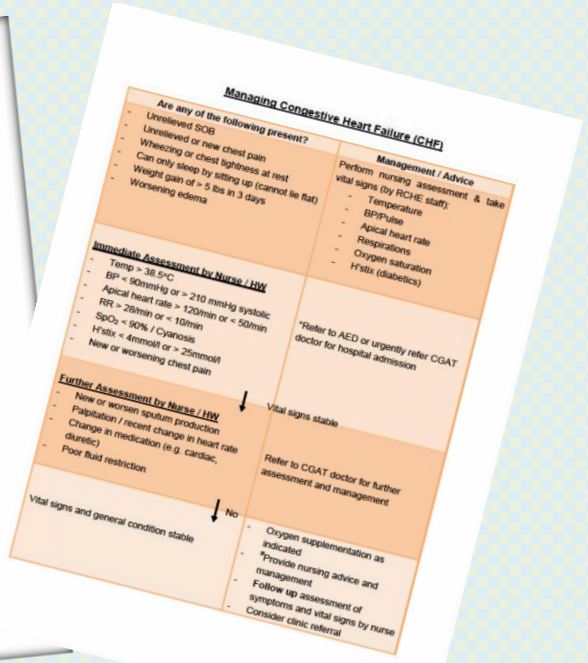
Simplify instructions

'Symptom Alert Detection Checklist'

Monitor quality

clinical audits

High Staff Turnover



Symptom Alert Detection Checklist

PROCESS

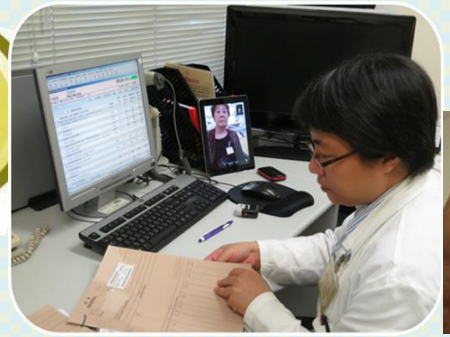
Improve patient-centred care

- Hospital Ward FU round
  - Consultant led
  - Nurse case FU
- Ad-hoc consultations
- Post D/C review
  - Medication
- EOL care

Using IT for efficient patient care

video-conferencing

replaced by iPad



WhatsApp

Easier access to bedbound residents

↑ coverage of RCHEs (e.g. Cheung Chau)

75 - 85%

PROCESS

Improve patient-centred care

CQI programs

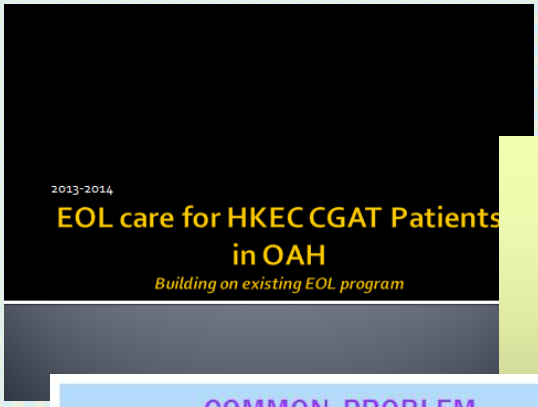
CQI programs at RCHEs for achieving high standard of care: Proper use of physical restraint at PNH

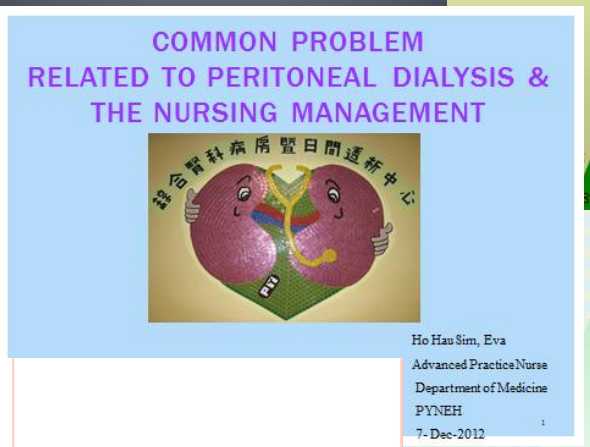
PROCESS

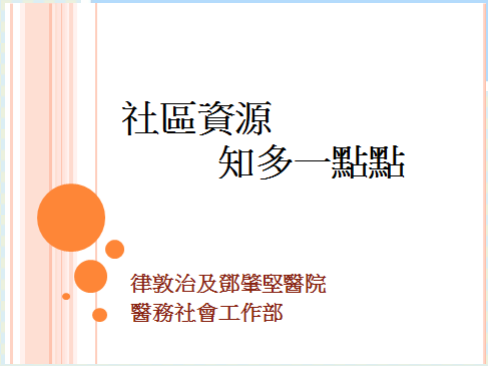
Staff training

- Monthly lectures
- In-service training
- Special training

  e.g. advanced wound care, subcutaneous infusion, CAPD, EOL
- On site lectures for OAH staff







RESULTS

Target outliers and sub-optimal RCHEs for enhanced measures

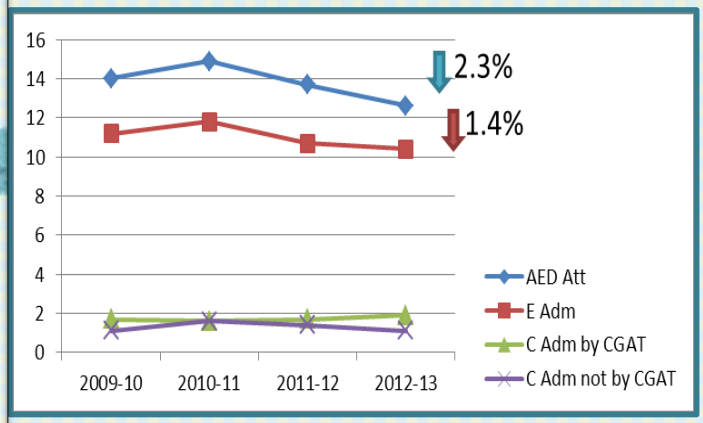
→ **Improving trend of overall AED attendance rate**

Team communication improved Patient care at 'Outlier' RCHE

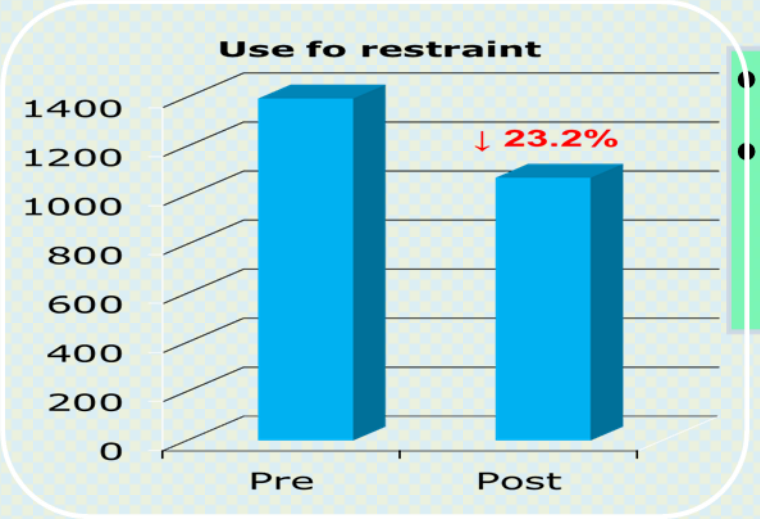
AED Attendance rate	
Before Intervention	After Intervention
26%	13%

- IT : Tele CGAT
- Collaborate : St John Hosp AED and Pharmacy
- Winter Surge : Nurse Round, drug refill clini
- Nurse Consultant – High risk case

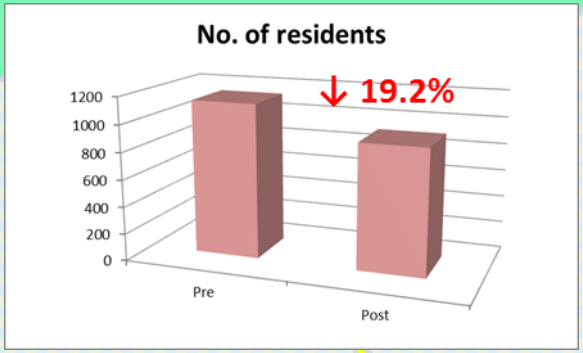
- 7 team visits with enhanced nurse input had been paid to 6 homes with exceptionally high admission rate
- Reduction of the overall AED attendance by 10%



RESULTS – Improved patient care



- Reduce No. of restrainer used by 23.2%
- The prevalence of residents being restrained reduced from 30.1% to 10.9% (reduced 19.2%)



75 sessions of senior walk around in 85 homes (>4500 residents)

-clinical supervision

-education to OAH staff

-support frontline staff

RESULTS – Collaboration for Seamless Care

- CNS: Combined protocols eg wound, Foley
- PC / AED: Collaboration in EoL care
- Pharmacy / Adm / IT: Local pharmacy
- PSCC: Support service in non-office hour
- ICT / CHP: Excellent containment of VRE

Conclusion

CGAT - Challenges

Increasing Demands **Widening Roles**

SCOPE OF CARE — *Evolving Roles & Activities*

CGAT Dr Clinic
VMO
Case conference
Clinical admission
CIWL assessments
Nurses round & coaching
New case screening
Post D/C review
Intensive case management
Health talk

Consultant led Ward Follow up Round
Operational Team meeting
Tele-CGAT-medicine
Medication reconciliation
Infection control –Outbreaks, MDRO, V
Clinical Audits
CQI programs
Winter Surge measures
EoL Care

What we achieved

1. **Improved team communication & alignment** for service goals
2. **Improved patient care** by more **systematic service delivery, performance monitoring** and **quality assurance**
3. **Strengthen Collaboration** with RCHEs & key partners

We value Team Spirit

Acknowledgement

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