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

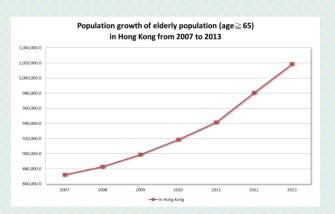
HA Convention 2014
Service Priorities & Programmes

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Ruttonjee and Tang Shiu Kin Hospital

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

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

Strengthen Team Communication & Roles

CGAT Team

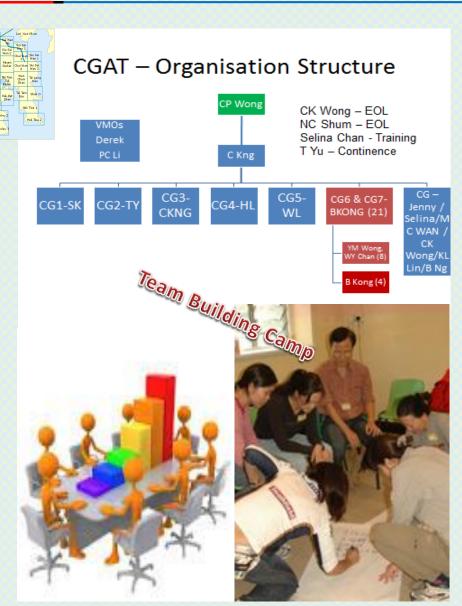
Team organisation

Clear Service Core Values

Develop **Competencies** "specialisation"

Monitor Performance
Statistics & Incidents

Engage Hospital / Partners



Strengthen Communication with RCHEs





RCHE

CGAT Forum to share best practices + annual plan

Educational talks on special care

Weekly on-site coaching



Improve patient-centred care

Consultant led ward FU round

Extended
Working Hours







Team Visit

Regular Audits & high risk case intensive management WINTER SURGE MEASURES

Clute	CGAT	Incress OSAT / VMO Codor Visits	Increase Numing Support and Coverage (e.g. in Collaboration with	Extend CSAS to non-covered CANs temporarily	Keep Track on the Admissions from CRYs by generating dely admission	Arranga had Tradi Clinics	Strengthen "gatekeeping" Punction	Wistor Curao	
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HKEC	RH	for ad hoc consults for of Li cases (2) Ad hocclinic tohomes with Li outbreak	control round to enhanced in the otton control education at private OAH	x	,	,	gate-eping by enhanced viel to homes with high AED attend ance and Asmission rate	Nurses round a	nd
		Plexisting homes) (1) Increase						drug refill clinic	
HKW C	FYK	to the CGAT Drs dister ad Not CVM/O'disto (2) arrange CGAT /VM/O'drvisits during Li outbreaks-	P (existing homes		×	P (existing homes)	x	This take the control of the control	



Staff training

In-service training



Regular case conference and sharing

Senior walk around

Job rotation

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

Strengthen Team Communication & Roles

TOP TEN HOMES (JAN - NOV 2013)



Outliers & sub-optimal RCHEs

- Statistics review

Incidents - RCA

Protocols for Clinical Care

Special roles for staff

Empower & delegate eg EOL



OAH Issues Updated

PNH	Excellent	Good	Adequate	Fair	Inau.
CG2/LG			10 S		-
CG4/BF		24		18	
CG4/KN			100	4	

List Sub-optimal RCHES

Target outliers

Suspected inadvertent OHA 'poisoning'

Incidents for RCA

- o RH hypoglycaemia (HSTIX 1.5)
- o ? Drug-induced hypoglycaemia
- Urine Toxicology: to PYNEH -> HA Toxicology Lab (PMH) Findings: gliclazide metabolites and metformin detected

HA Lab report DH, SWD, HAHO (CGAT) for further investigation

Strengthen Communication with RCHEs

RCHE

High Staff Turnover

Clear workflows

"Communication Manual for RCHEs"

Simplify instructions

'Symptom Alert Detection Checklist'

Monitor quality

clinical audits



Symptom Alert Detection Checklist

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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

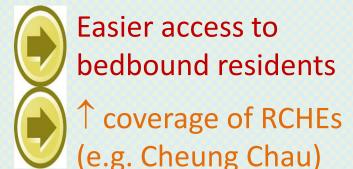
video-conferencing

replaced by iPad



WhatsApp







Improve patient-centred care

CQI programs



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



09/04/2014 09:58

EDUCATIONAL SESSION 125 PNH staffs attended the workshops

ROCE

Staff training

社區資源

醫務社會工作部

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- Monthly lectures
- In-service training
- Special training

e.g. advanced wound care, subcutaneous infusion, CAPD, EOL

 On site lectures for **OAH** staff

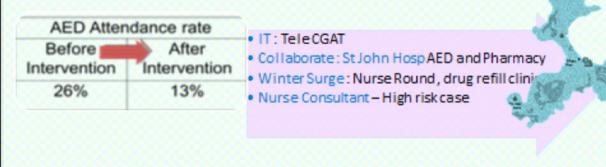


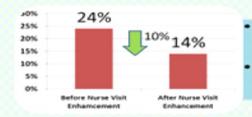
RESULTS

Target outliers and sub-optimal RCHEs for enhanced measures

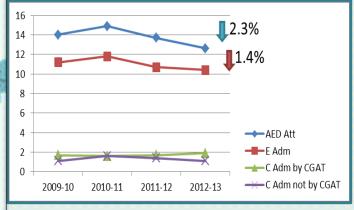
→ Improving trend of overall AED attendance rate

Team communication improved Patient care at 'Outlier' RCHE





- 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%

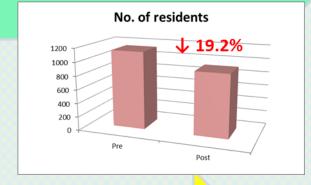


RESULTS – Improved patient care



- 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

CGAT - Challenges

Conclusion

Increasing Demands

Widening Roles



SCOPE OF CARE

VMO

Evolving Roles & Activities

CGAT Dr Clinic 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
- Improved patient care by more systematic service delivery, performance monitoring and quality assurance
- **Strengthen Collaboration** with RCHEs & key partners

We value Jeam Spirit



Acknowledgement

- Dr C P WONG, HKEC Service Director (Primary & Community Health Care), RHTSK Chief of Service (IMS) & Consultant (Geri)
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- Ms Joan HO, RHTSK Department Operations Manager (IMS)
 /HA Patient Support Call Centre DOM
- All CGAT Doctors, VMO and Nurses
- Dept. of Physiotherapy, RHTSK
- Dept. of Occupational therapy, RHTSK
- Dept. of MSW, RHTSK

