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A 5-year Cross-specialty Collaboration to Reduce the Pressure on Hospital Emergency Beds in Emergency Medicine Ward of Tuen Mun Hospital

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Introduction

The pressure on emergency hospital beds is ever increasing in Emergency Medicine Ward (EMW) of Tuen Mun Hospital (TMH) especially during winter surge period. Child and adolescent (C&A) psychiatric patients admitted into EMW may have a longer length of hospital stay due to limited in-patient consultation sessions from Department of Child and Adolescent Psychiatry (CAP) of Castle Peak Hospital, which are provided on every Monday, Wednesday and Friday afternoon. The consultation waiting time is further lengthened whenever there are long holidays/long weekends. So a focus group is formed to explore the solution to tackle this issue without any additional resources.

Objectives

- 1. To shorten the waiting time for in-patient C&A psychiatric consultation in EMW
- 2. To enhance the bed utilization in EMW so as to reserve more beds for emergency admission
- To lessen the burden on the short-supplied interview room facilities at EMW

Methodology

Through workflow reengineering, a series of kaizen programs between EMW and CAP have been implemented from 2012 to 2017 under existing resources.

- 1. To increase in-patient consultation quotas by means of extra sessions after long holidays/long weekends.
- 2. To decrease C&A psychiatric patients'length of stay in EMW by bed overflow management between EMW and CAP ward during winter surge period in TMH.
- 3. To minimize in-patient consultation demands from Department of Accident and Emergency and EMW of TMH by early discharge of those stable C&A psychiatric patients with adequate social support patients and arranging early out-patient follow up by CAP within 1 to 2 weeks.

Result

After implementing these new workflows with no additional resources, extra in-patient C&A psychiatric consultation sessions were added on 42% of the first working days that followed public holidays/long weekends between 2012-2017 in EMW. As a result the waiting time for C&A inpatient consultation was effectively shortened. With the bed overflow arrangement during the winter surge periods between 2015-2017, on average 10 bed-days per month were successfully reserved for improving the overcrowding situation in EMW. Conclusion

For the past 5 years, this cross-specialty workflow re-engineering collaborative program between EMW and CAP has effectively reduced the pressure on hospital emergency beds.