



**Service Priorities and Programmes**  
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**Short Stay Buffer Ward as New Care Model and Measure for Winter Surge in Tseung Kwan O Hospital**

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**Introduction**

A mixed gender buffer ward with 32 beds was set up in February 2017 for category 3-5 A&E admissions, to tackle the winter surge. The target short stay for simple discharge cases is 3-4 days and the remaining complex cases were transferred out to relevant subspecialty care. Different models of triage are also compared to test the effectiveness on quality care and safe patient discharge.

**Objectives**

To test the efficiency of short stay ward and investigate the case mix.

To conduct a self- initiated triage to subspecialty by caring team in last 30 days and compared with the conventional triage by consultation basis in the preceding phase.

The performance of length of stay, unplanned readmission rate were measured.

**Methodology**

The ward was beefed up by existing manpower including 2 junior associate consultants and one senior and received admissions from 8 am til 8 pm everyday. Three phases (each around 30 days with pre-defined admission and triaging out strategies) was divided. The performance parameters and staff feedback on the patient flow was gathered and analysed retrospectively.

**Result**

There was 2645 admissions ( male: 1150, female 1495) in total. The common clinical problems in short stay group were atypical chest pain, pneumonia, chronic obstructive lung disease and congestive heart failure. The length of stay ranged from 4.27 to 4.49 days. 14-17% cases need transferring out.

The two periods of different triaging out to subspecialty care : non consult vs consult were compared. The performance on length of stay (12.81 days vs 15.9 days) and unplanned readmission (12% vs 29%) were better on non-consult model. Also more subspecialty beds utilization (12 vs 6) was also found.