



**Service Priorities and Programmes**  
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**Improving the Effectiveness of Convalescent Bed Booking System in M&G  
Department of United Christian Hospital**

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Prioritize the convalescent needs

Shorten the length of stay

Early hospital discharge

**Introduction**

The convalescent hospitals in Hong Kong play an important role in helping patients through acute to extended care and from hospital to community. However, the long waiting time for the convalescent care lead to congestion in acute hospitals, it was associated with decreased patient satisfaction and increased costs for care. In the meantime, the first-in first-out booking system in United Christian Hospital tends to rigid and intractable. It leads to waste of resources and reduce the efficiency of patient transfer. This program aimed to expedite convalescent hospital transfer and enhance the utilization of convalescent bed usage.

**Objectives**

1)To shorten the waiting time of convalescent care, ensure early recognition and assessment of patients' condition and prioritize the convalescent needs. 2)To shorten the length of stay in acute hospital, provide adequate follow up and home support services.

**Methodology**

This program was undertaken from September to November 2017 at the M&G department of United Christian Hospital. The designated team adopts a triage system to prioritize the patients in the KEC convalescent waiting list. The team using a systemic method to assess patients' medical condition and social support background to early recognise individual convalescent needs. The team also collaborated with community health care service parties, including Integrated Care and Discharge Support (ICDS), Community Nursing Service (CNS), Geriatric Day Hospital (GDH) and NGOs, to enhance early hospital discharge. The primary outcome measures were the percentage of patients who were sorted out from the waiting list of the booking system. And the patients discharged with community service support were also measured.

**Result**

A total of 76 patients were studied in this program. 41 (53.9%) patients were sorted out from the waiting list. These patients discharged from acute hospital with adequate support, including ICDS (21.1 %), CNS (13.2%), GDH (11.8%) and temporary respite care (TRC)(2.6%) respectively. Of the patients, only 32 (42.1%) required convalescent care as schedule with average waiting time of 3.8 working days. This program demonstrates the benefits and implications for practice to improve the quality of care and decrease the unnecessary hospital transferal and enhance the early hospital discharge.