



Service Priorities and Programmes Electronic Presentations

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Expanded Ambulatory Service to Reduce Unnecessary Admissions

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Introduction

Population aging resulted in an increasing demand on hospital services. Patients with long-term catheters such as percutaneous nephrostomy tube (PCN), urethral catheter, supra-pubic catheter (SPC) are accumulating; in addition, patients undergo surgery such as urinary diversion, reconstruction of bladder is also requiring a long term medical support. Therefore, ambulatory service is crucial to reduce unnecessary emergency admissions.

Objectives

To avoid unnecessary emergency admissions, readmissions of urology patients especially those patients require long term care.

Methodology

Patients with PCN, urethral catheter and SPC always experience blockage of catheter, leakage of urine, haematuria and insertion site infection. And, patients fail self-catheterization at home or post urological procedure fail to void are not uncommon. They usually attend AED and eventually admit to ward. In order to prevent unnecessary emergency admissions, these patients could contact the Urology Centre for advice. They could receive immediate urological management such as assessment and management of the blocked catheters. If the patients' problems could not be solved in the Centre, then they could directly admit to urology ward without any suffer for waiting a long time at AED.

Result

The service expansion started since 2016. Compare the number of admissions due to PCN related problems in 3Q 2017 was decreased from 114 to 38, which is 66% less as compared with the data in 1Q 2016. In addition, the number of admission due to urethral catheter or SPC related problems in 3Q 2017 was also decreased from 55 to 5 as compared with the data in 1Q 2016, which had a dramatically 90.9% reduction in emergency admission. Furthermore, There were 59% reduction in number of

admission (303 to 123) due to acute retention of urine from 1Q 2016 to 3Q 2017. Majority of the patients with catheter-related problems or post urological procedure complications were discharged directly from the Urology Centre after prompt management. So, the expanding service at Urology Centre could apparently avoid unnecessary emergency admissions due to catheters or post urological procedure complications.