



Service Priorities and Programmes Electronic Presentations

Convention ID: 709

Submitting author: Ms Esther NG

Post title: Advanced Practice Nurse, PMH, KWC

Auto-pass extended care bed booking

Ng S Y (1), C B Law(1), Tang M K(1), Tai L K(2), Yip C H(1), Lo L F(2), Au K K(1), Tsang W M(1), Cheung C C(1), Kan W Y(1)

1. Department of Medicine and Geriatric (M&G), Princess Margaret Hospital (PMH) 2. Lai King Building (LKB), Princess Margaret Hospital (PMH)

Keywords:

1. Extended Care Bed (ECB)
2. Bed booking system

Introduction

Extended care beds (ECB) of Lai King Building (LKB), Our Lady of Maryknoll Hospital (OLMH) and North Lantau Hospital (NLTH) serve as a large resort for relieving the great demand of acute medical beds in PMH. Previously, ECB coordinators needed to manual input the transfer list in excel table, send email and fax admission list to receiving hospitals at least twice daily for communication. Moreover, other associated problems were typing error, time gap and time consuming during daily communication through multiple phone calls. Premature and inappropriate booking were also resulted due to first-book-first-transfer expectation leading to increase ad-hoc cancellation of transfer, most probably related to unstable patient condition. NEATS transfer for case replacement then became late in evenings.

Objectives

- (1) To reduce time consuming manual work of the ECB coordinators and ward staff.
- (2) To allow ward staff to review real time status of patient transfer schedule in EBBS.
- (3) To accomplish 100% fulfillment on daily transfer quota.
- (4) To minimize ad-hoc cancellation of ECB booking.

Methodology

The IT revamp of Bed Booking System for Extended Care Bed (EBBS) was implemented: (1) One-stop on line application criteria on ECB booking. (2) Direct ward allocation by LKB. (3) Self-case cancellation/deferral and substitution by booking ward. (4) E-fax of patient transfer list to OLMH and NLTH.

Result

Result: (1) Cancellation of scheduled booking decreased by 95 % indicating appropriate booking. (2) Ad hoc deference of transfer decreased by 97 % to improve bed usage (3) Transfer back due to change of condition reduced by 46% reflecting safe criteria setting (4) Total waiting list cases deducted by 60% demonstrating high turnover (5) Occupancy rate of LKB bed reduced by 5% showing good teamwork and motive (6) Man-hour of the ECB coordinators and ward staff reduced from 180 minutes to 10 minutes. (7) 95% NEATS transfer achieved in morning for early bed

vacation for new admissions (8) 100% Staff satisfaction on improved workflow of the ECB booking and transfer.

Outcome: The EBBS was fully rolled out in all departments in November 2017 and maximized workflow efficacy by ensuring appropriate bookings had met safe transfer criteria, allowing self-declaration of the readiness of patient transfer in advance, preserving autonomy for self-substitution of patient in the booking ward and fulfilling daily quota of transfer by NEATS in early morning. The auto-pass bed booking system is thus effective in the full utilization of ECB, reduction of staff workload and improvement of mutual cooperation and communication.