

Pilot Project on Acute Admission Area for emergency medical admission in United Christian Hospital

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Waiting in Emergency Medical Admissions (3 Ws & 2 Ds)

- **Wait** for a period of time from AED for admission to medical ward
- **Wait** to be seen by doctors in ward
- **Wait** for investigations and treatment to be done before clinical decisions made
- **Delay** in management plan as a result of above delay
- **Delay** in the appropriate treatment

Objectives of Pilot AAA project

- ❑ To collect the information about admission process
- ❑ To investigate the feasibility and effectiveness of the Acute Admission Area for emergency medical admissions
- ❑ To recommend outcome indicators
- ❑ To give recommendations on future operations of Acute Admission Area

Methodology

- ❑ **The project was funded by UCH from September 2008 – March 2009**
- ❑ **A Nursing Officer (SD) was appointed for 6 months to perform the pilot project**
- ❑ **Phase I:**
 - Baseline study – 22/9 to 10/11/08**
- ❑ **Phase II:**
 - Pilot one Acute Admission Bed in AED with the support from AED**
 - from 1/12/08 to 23/1/09**

Phase I: Results (1)

- ❑ Total of 3320 cases admitted during this period of 50 days
- ❑ Female 1548 (46.6%) Male 1772 (53.3%)
- ❑ Mean age 72.5 (SD 15.3)(Range 18-106)
- ❑ Length of Stay – Mean 5.83, Median 4.0

Phase I: Baseline Waiting time Result (2)

Event	Time needed from AED admission (mean)
Ward admission	26.4 min
Intern	65.2 min
MO	84.4 min
First blood sample	161.9 min
First IV line / cap	168.7 min
First dose antibiotic	193.1 min

Phase II: Pilot Acute Admission Bed (1/12/08 – 23/1/09; 2pm -9pm)

- One observation bed in AED used for the Pilot Acute Medical Admission
 - Patient & relatives were informed about the change of location of admission
 - Selected patient once admitted will be seen by medical staff as early as possible
 - Procedures in Pilot Admission Bed: Nursing & Medical assessment, investigations – blood, ECG, X-Ray, IV line, first dose A/B, stat dose medication
 - Patients were transferred back to parent ward after completion of admission process and intervention
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Phase II: Data collection

- ❑ Similar items collected during baseline study
- ❑ Documentation of the admission process
- ❑ Satisfaction survey from users – patients, relatives and nurses 30 for each group

Phase II: Results (1)

- A total of 95 cases was admitted through the pilot acute admission bed
- Another 200 cases with similar conditions admitted during this period was selected as a comparative group

Phase II: Results (2)

Event	Baseline study (mean) (min)	Pilot study (mean) (min)	Improved Percentage
Doctor attendance	84.43	14.46	82.9%
First blood sample	161.90	36.86	77.2%
IV line / cap	168.70	36.86	78.2%
First dose antibiotic	193.10	48.89	74.7%

Phase II: Results (3)

	Control N=200	Pilot N=95
Age (yr)	74.24	76.57
Overall LOS (day)	5.13	4.72
Chest pain LOS (day)	3.78	2.5
Infections LOS (day)	5.5	4.5
COPD LOS (day)	4.23	4.0
Fluid accumulation LOS (day)	5.37	5.58
Decreased GC LOS (day)	5.79	8.67
Others LOS (day)	5.88	3.83

Phase II: Results (4)

Patients' & Relative's Satisfaction survey	Pts' views	Relatives' views
1) Enable patient earlier recovery	Most possible 80%	Most possible 80%
2) Satisfy MO attending time	Very sat 46.67% Sat 53.33%	Very sat 46.67% Sat 50%
3) Satisfy Early nursing assessment	Very sat 56.67% Sat 43.33%	Very sat 60% Sat 40%

Phase II: Results (5)

Patients' & Relatives' Satisfaction survey	Pts' views	Relatives' views
4) Satisfy nursing care	Very Sat 66.67% Sat 33.33%	Very Sat 60% Sat 40.00%
5) Satisfy treatment time in Acute Admission Area	Very Sat 36.67% Sat 60%	Very Sat 26.67% Sat 70%
6) Satisfy better doctor attendance compared with previous admissions	Sat 96.30%	Sat 95.45%

Phase II: Results (6)

Nurses' Satisfaction survey	Nurses' views
1) Relieve of ward nurses workload because seen by doctor already	Most possible 43.33% Possible 56.67%
2) Earlier nursing assessment, investigations relieve workload of ward nurses	Most possible 50% Possible 46.67%

Conclusion: The Pilot AA project

- ❑ Improved significantly in patient care quality on time to be assessed by medical & nursing staff and related intervention compared with baseline study
- ❑ Demonstrated possible achievement in the Length Of Stay of patients recruited
- ❑ Patients, relatives and staff members all showed very positive response to the new practice and also improved their satisfactions
- ❑ Form the basis for future developments in the handling of emergency admission through re-engineering the admission process for hospitals

Thank You



Questions and Answers