

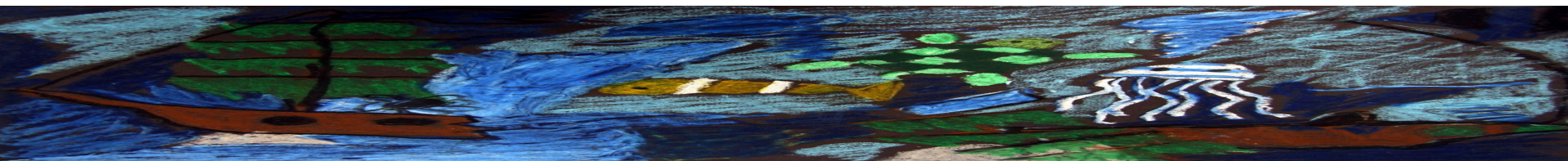


Community Outreach Services Strategies to combat hospital bed crisis during long holidays

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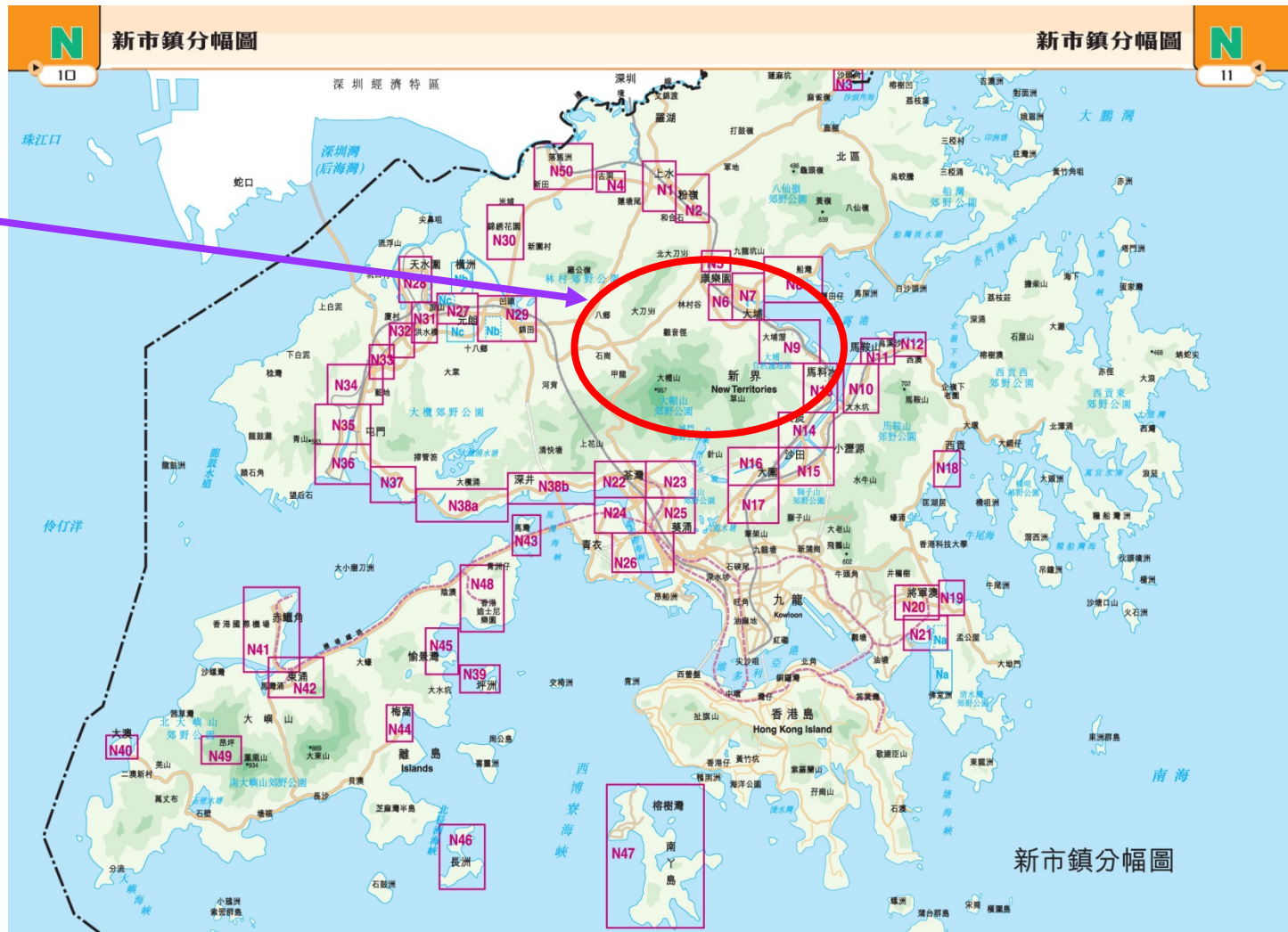
11 May 2010





Catchments Area

Tai Po



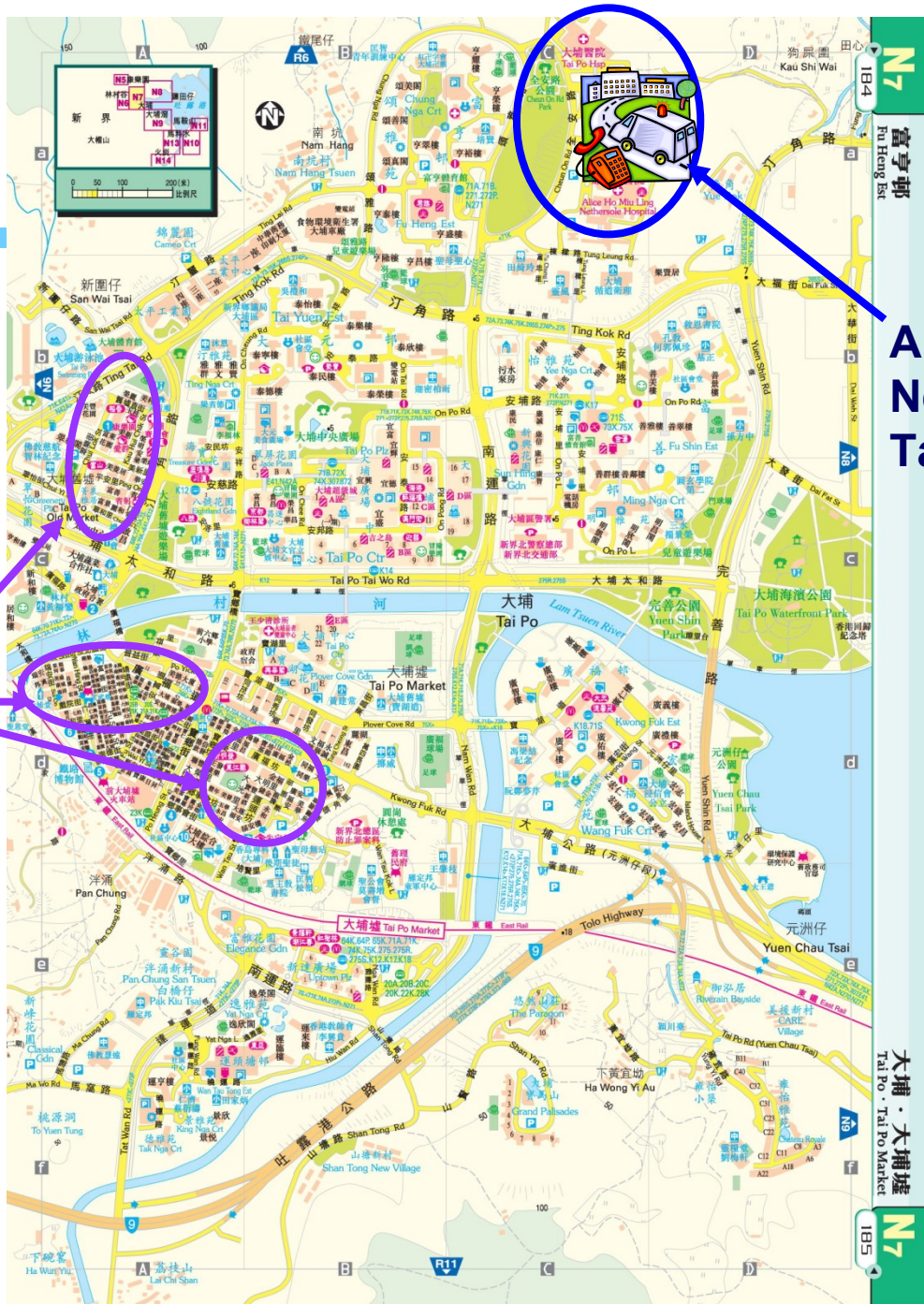


Population :
~300,000

>65 aged : 11%

8 SOAH; 26 POAH

Capacity for aged
home: ~4000



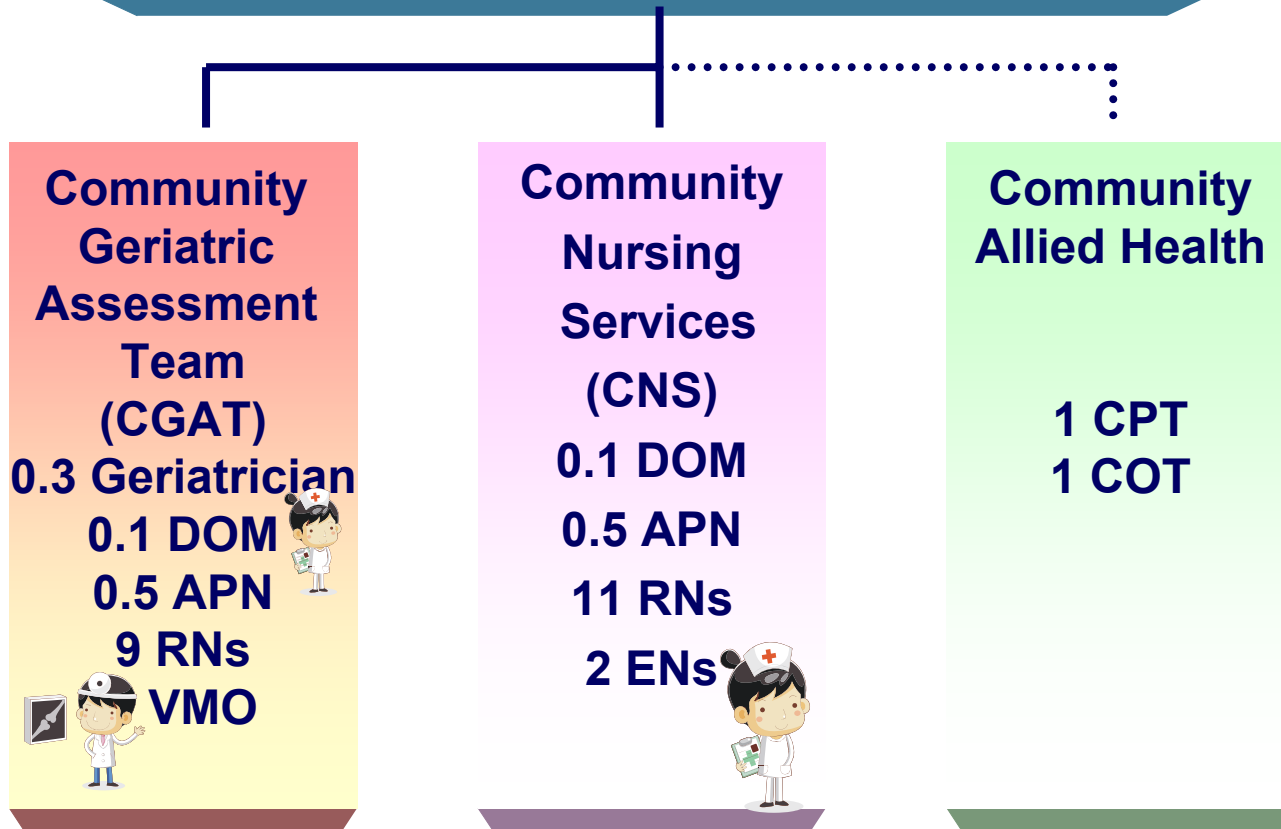
Alice Ho Miu Ling
Nethersole Hospital &
Tai Po Hospital

大埔 · 大埔墟
Tai Po · Tai Po Market



Organizational Chart

Community Outreach Services Team (COST)





Chinese New Year



January 2009						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25 三十	26 初一	27 初二	28 初三	29	30	31

↑ Empty Beds

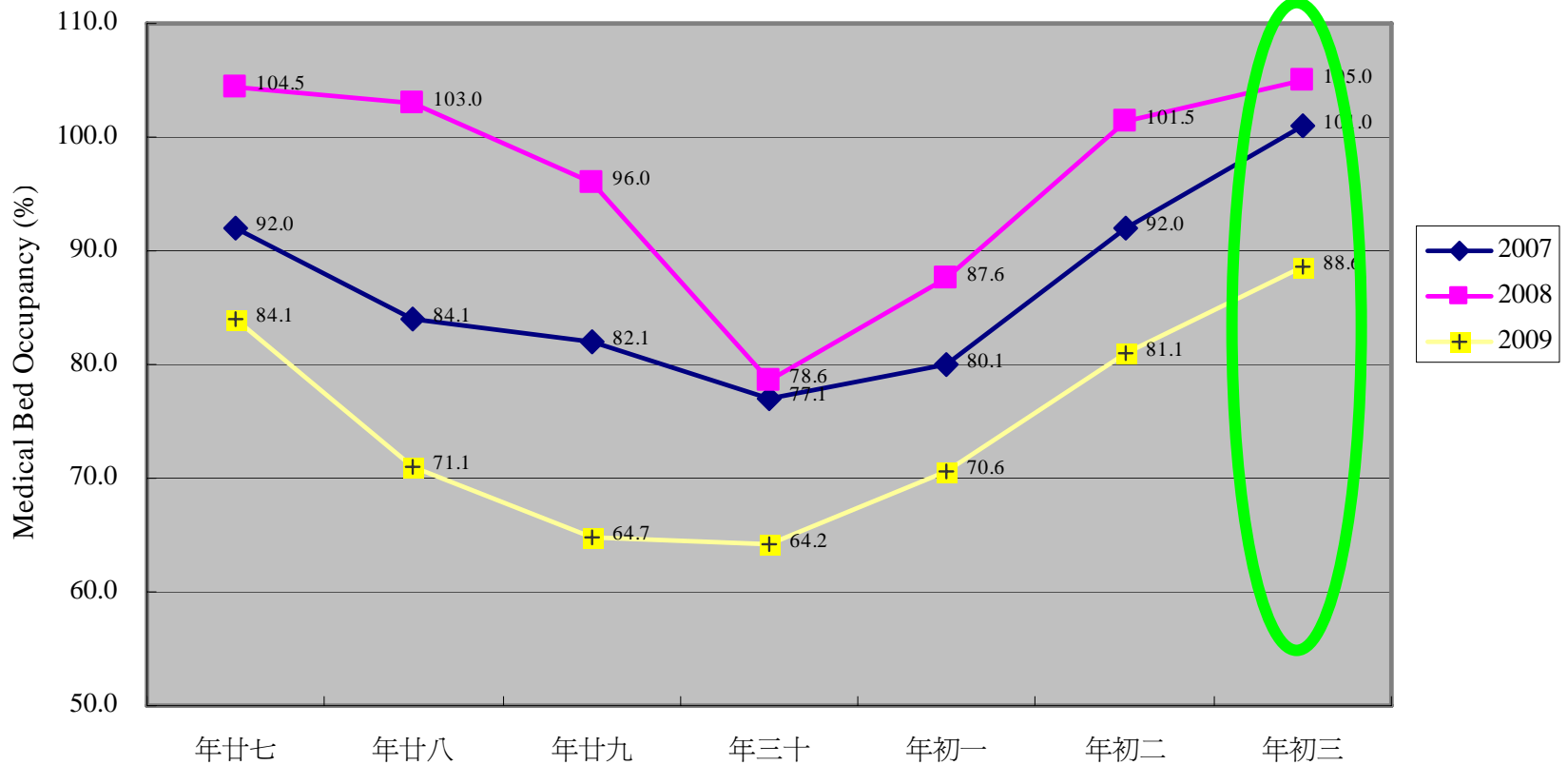
Access block
>>Bed crisis





Historical Data

The occupancy rate of medical wards /AHNH



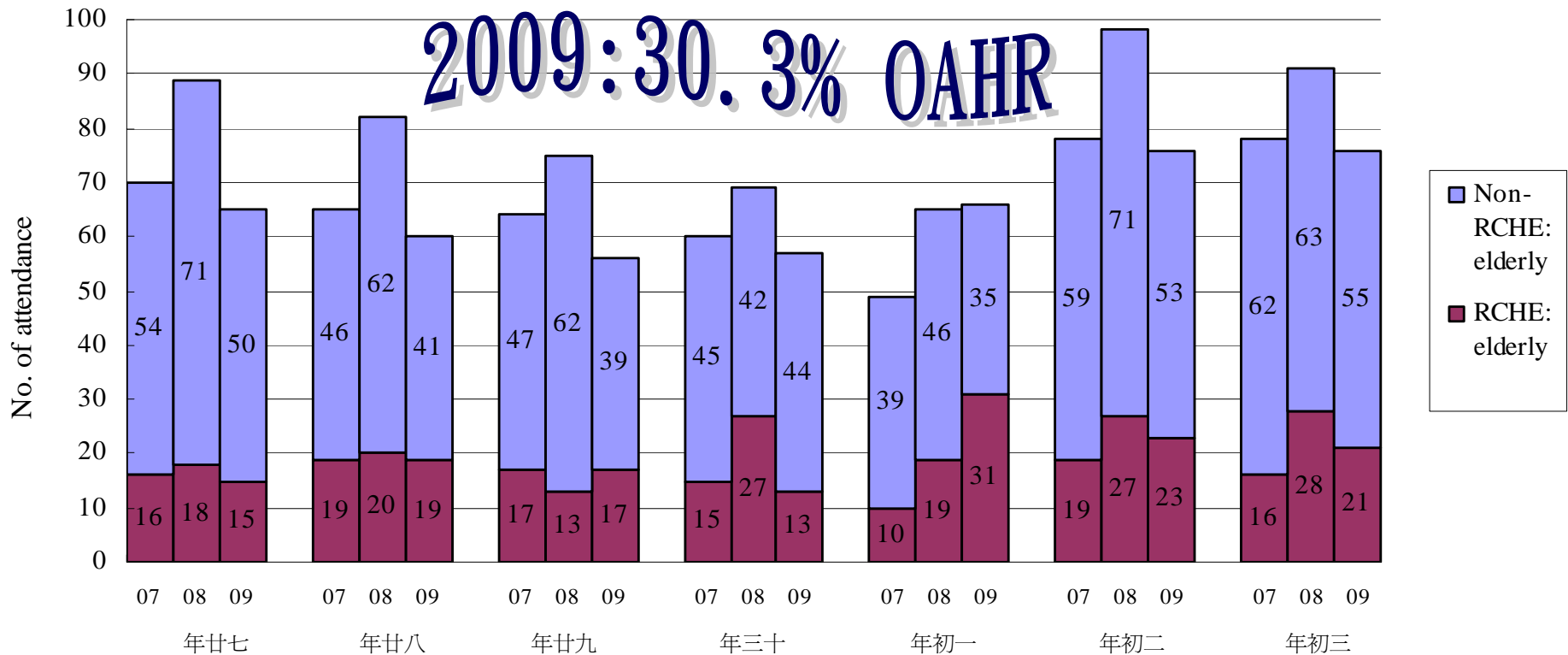


Historical Data



2007-2009 AED Attendance (Equal or more than 65)/ AHNH

2009: 30.3% OADR





Past Experiences

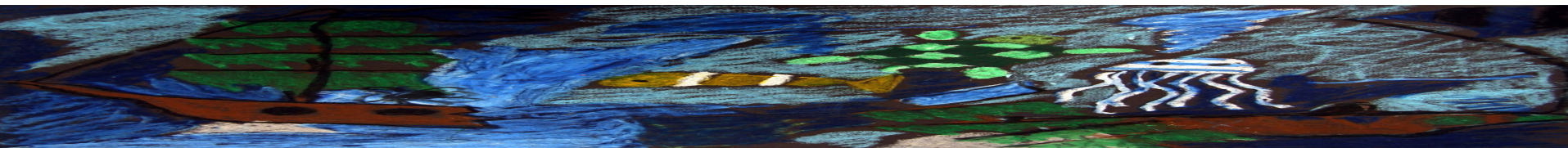
- ↓ Admission rate before long holidays
- ↑ Bed occupancy from 1st day of CNY
- ↑ AED attendance influx from 1st day of CNY
- Frail elderly might be incubating in OAH before CNY
- Some terminal cases admitted stayed only one or two days will be transferred to TPH to empty bed for new admission

Hypothesis: early cater the needs=> enhance utilization of services



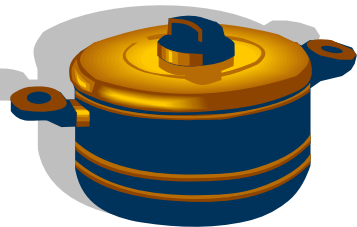
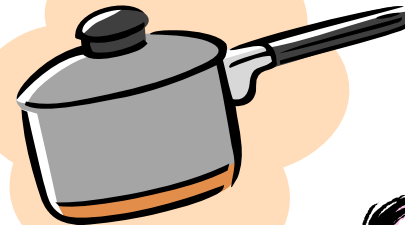
Objectives

- ↓ Emergency admission of OAH residents
- ↓ Influx of AED attendance by OAH residents during long holidays
- ↑ Effectiveness of Hospital services utilization during long holidays

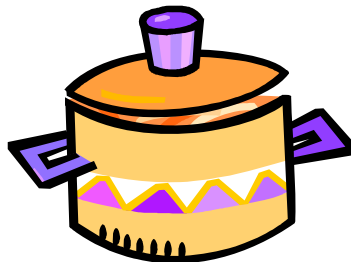
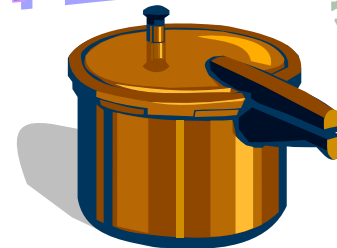




Ten pots with Nine lids



by being SMARTER





Skilled Team · SMARTER Care

- **Safe:** adopting a culture of safety where the goal is to do no harm
- **Measurable:** according to key performance indicators
- **Accessible:** to patient at the right place right time
- **Relevant:** where right care is provided to the right patient
- **Timely:** where waiting time is acceptable
- **Enabling:** for patients to be an equal partner in patient-centered healthcare
- **Respectful:** to patients, provided by competent and considerable staff



Strategies



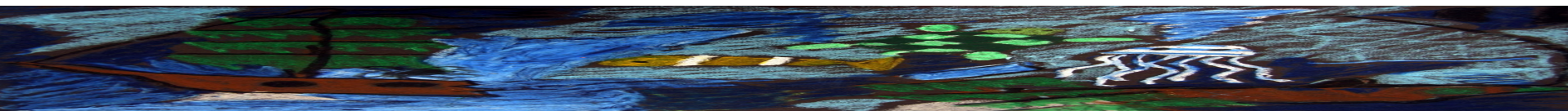
Strategies	Action Plan	Expected Outcome
Safe	Proactive & Prevention interventions	A culture of safe in OAH
Measurable	↓admission rate & A&E attendance, ↑effectiveness of bed	KPI: as objectives
Accessible	Keep elderly staying in Community	To patient at the right place right time
Relevant	Identify target vulnerable patient at OAH	Right care to right patient
Timely	in long holidays	Appropriate time
Enabling	Empower & support caregivers in OAH	To be an equal partner in patient-centered care
Respectful	Deliver services by a team of professionals with common goal	Provided by competent & considerable staff



Methodology



- **Common goal within the team**
- **Enhance Communication with OAH**
- **Enhanced Discharge Support Program**
- **Identifying vulnerable patients**
- **Proactive interventions & support**

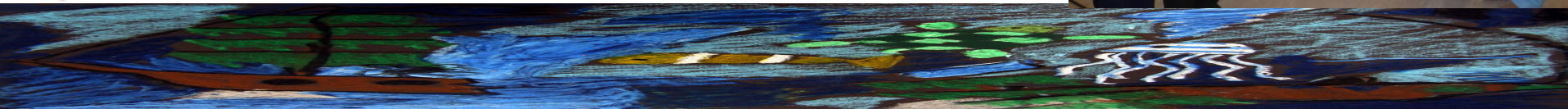




Methodology



- **Common goal within the team**
 - **Nursing Team (CGAT)**
 - **VMO**
 - **Geriatrician**
 - **AHNH & TPH**
 - **AED**
 - **NEATS**





Methodology



- **Enhance Communication with OAH**
 - **Interactive educational talks**
 - 『咳、痰、喘』
 - **Gastroenteritis**
 - **DM care**
 - **26 workshops on Scabies management**
 - **112 Medication Administration Audits**
 - **26 management on NG tube feeding**
 - **Regular bi-annual meeting**
 - **Overall performance**
 - **Infection control measurements**
 - **Communication channel**

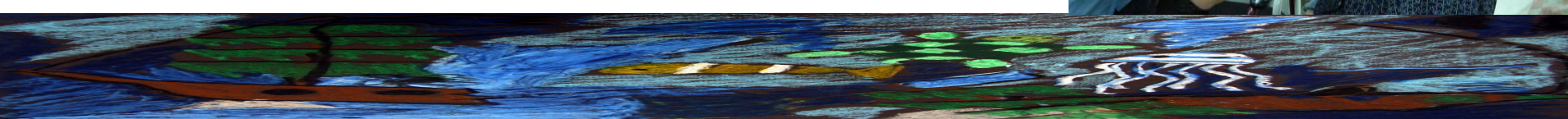




Methodology



- **Early Discharge Aftercare Program**
 - Support all OAHs
 - Review by VMO/ CGAT nurses
 - Next working day upon discharged
 - Telephone support
- **Enhanced Discharge Support Program**
 - Support 3 major SOAHs
 - Weekly visit to targeted homes by Geriatrician of TPH
 - Review patient just discharged from TPH
 - Telephone support

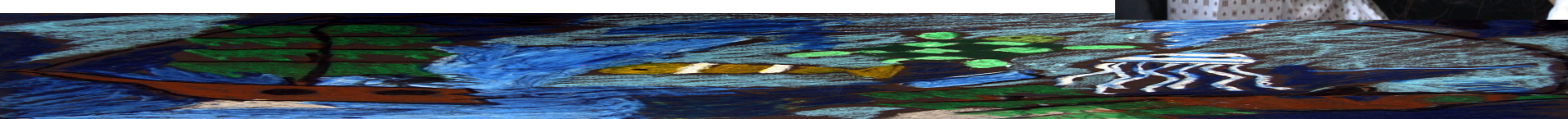




Methodology



- **Identifying vulnerable patients**
 - VMO visits
 - CGAT visits
 - Identify potential admitters, frequent admitters
 - **A name list from M&G, TPH**
 - Just discharged
 - Advanced organ failure
 - Terminal illness

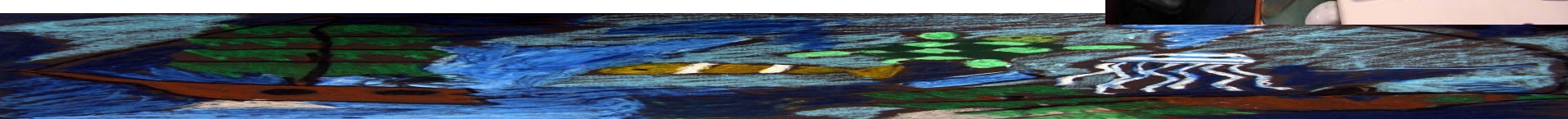




Methodology



- **Proactive interventions & support**
 - **Timely assessment & response**
 - **Intensive visits**
 - **On-site management**
 - **Prepare for clinical admission**
 - **Medical consultation at GDH or GOPC**
 - **Telephone follow up**



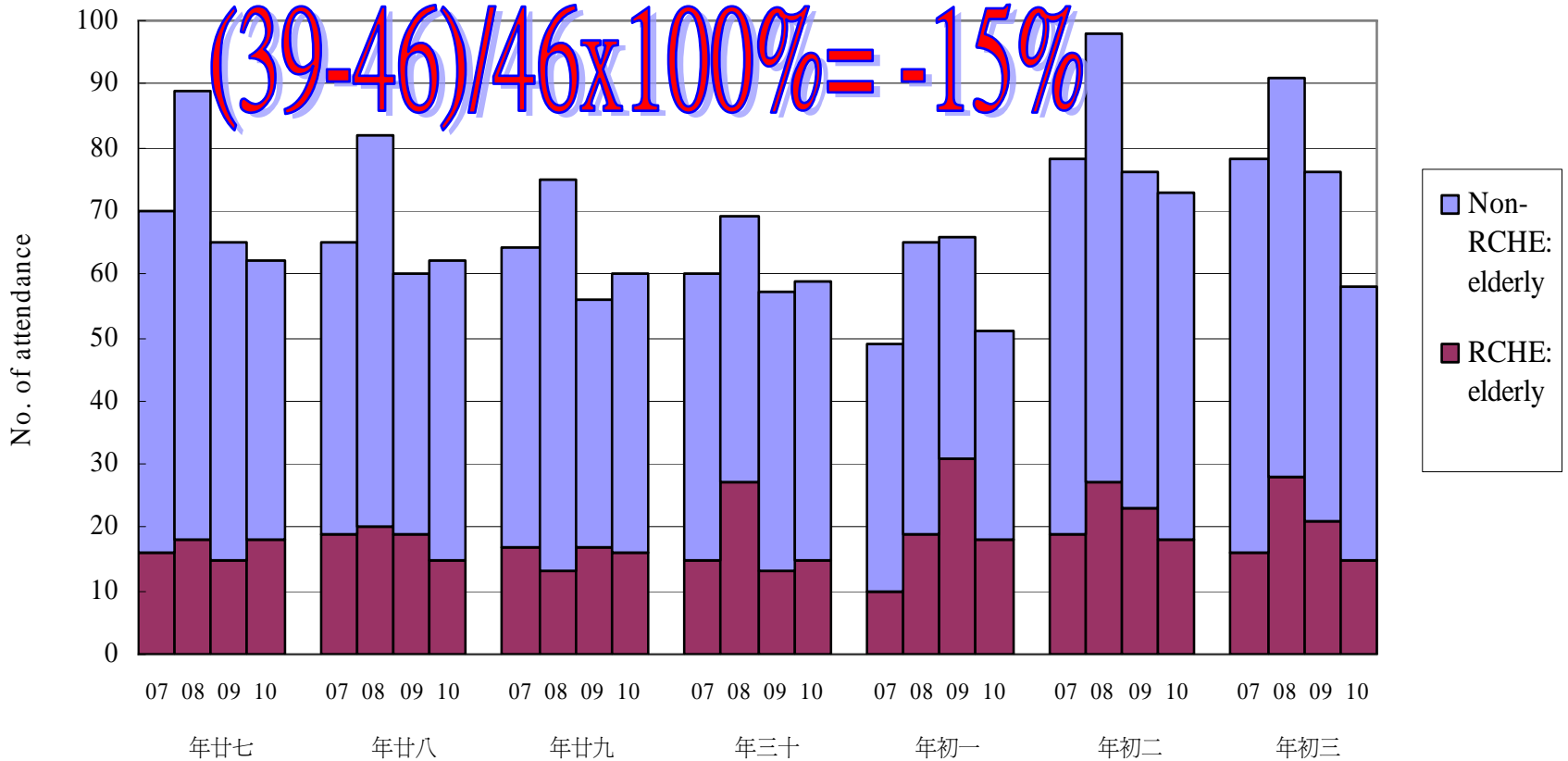


Results



2007-2010 AED Attendance (Equal or more than 65)/ AHNH

$(39-46)/46 \times 100\% = -15\%$

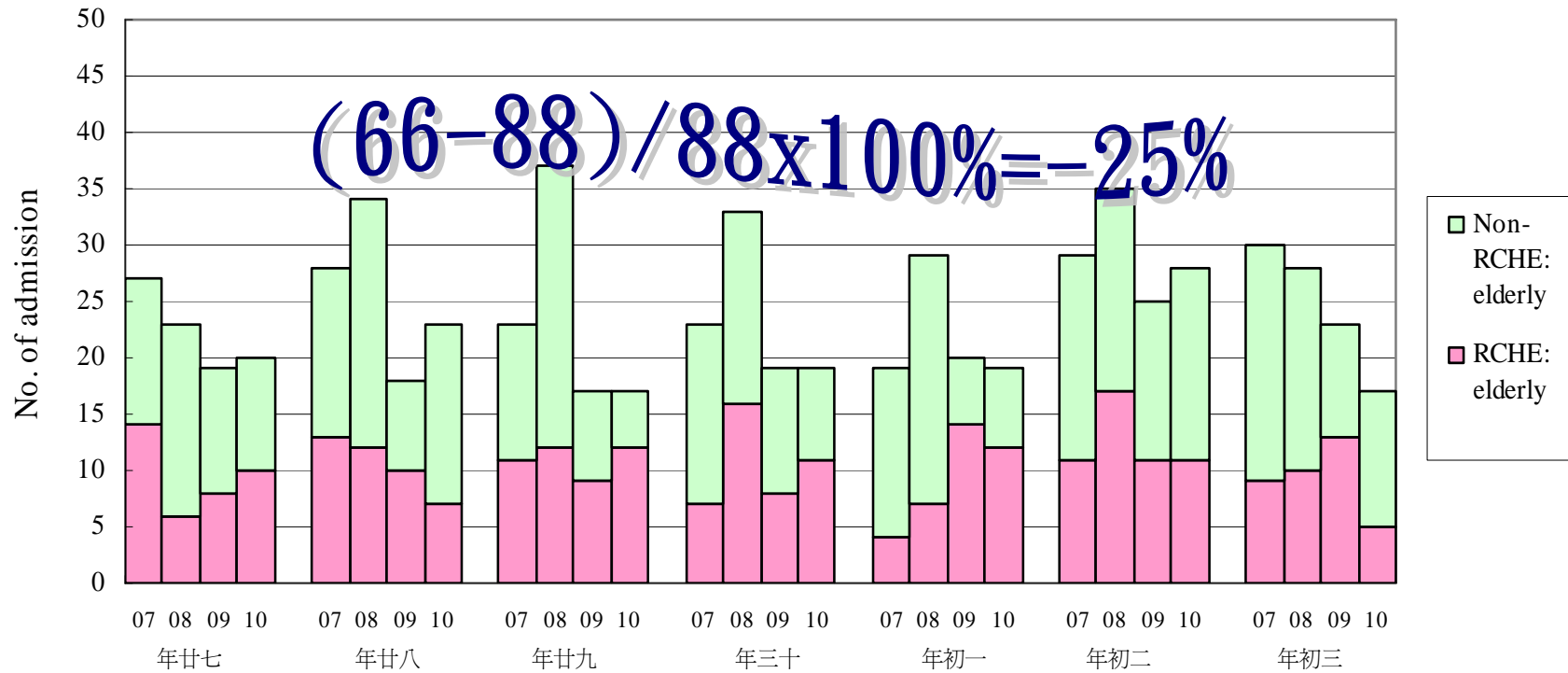




Results



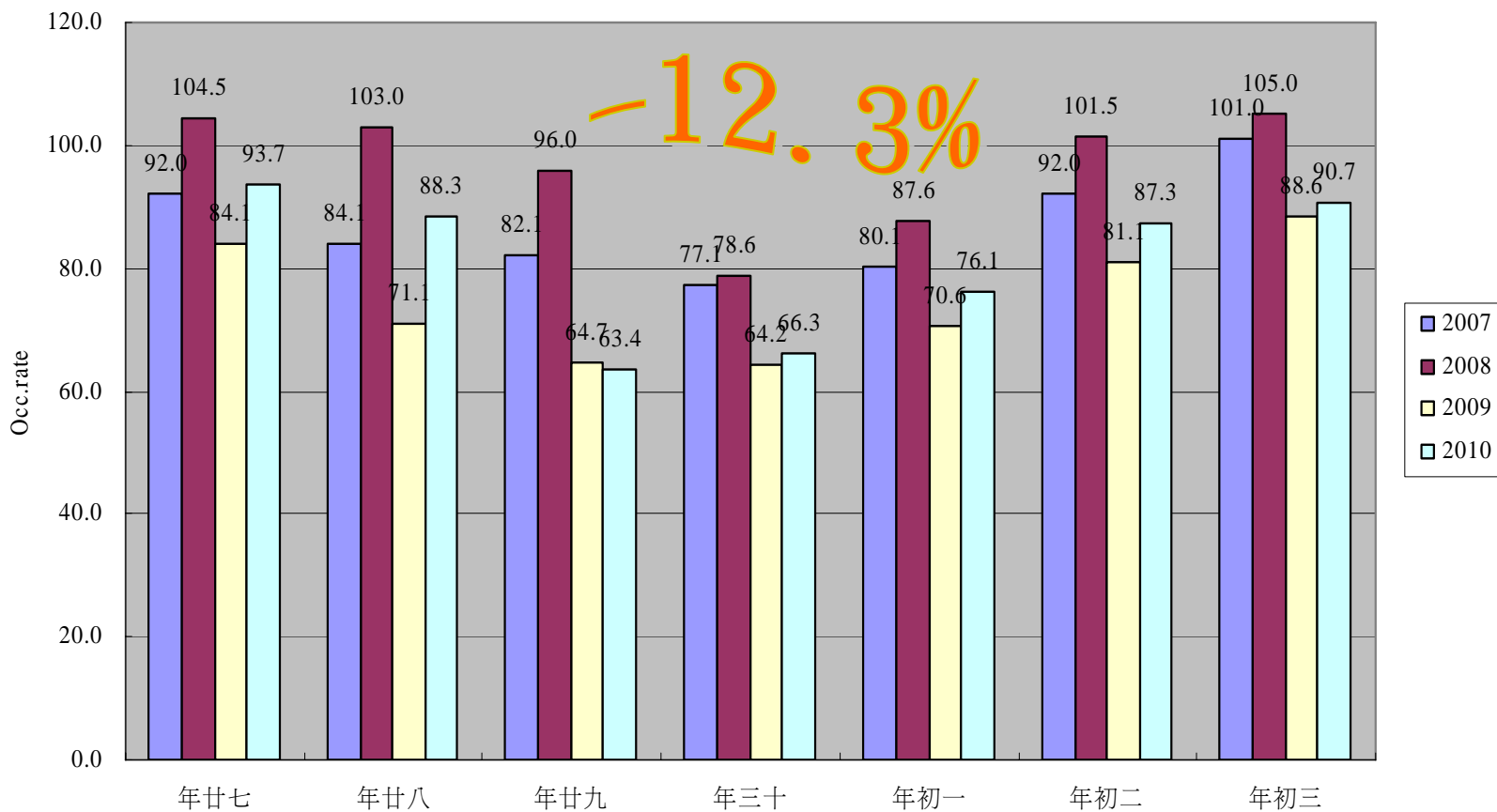
2007-2010 No. of AED Admission to medical wards (Equal or more than 65)/ AHNH





Results

2007-2010 The occupancy rate of medical wards/ AHNH



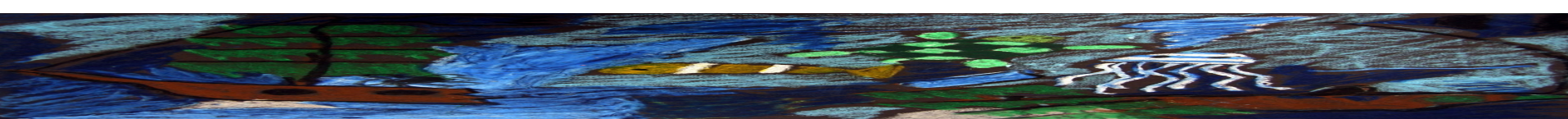


Results

- **Clinical admission**

- **9 patients were admitted to AHNH before the 1st day of CNY**
- **7 in 9 were transferred to TPH before the 3rd day of CNY**
- **2 were back to OAH**

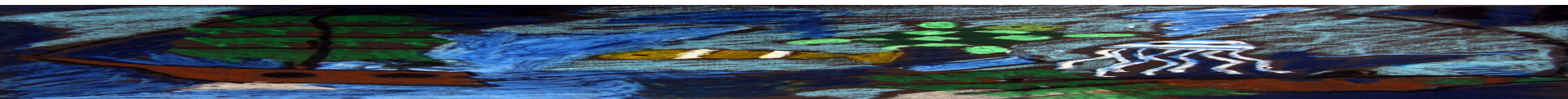
Right patient, right time, right place!!





Intangible results

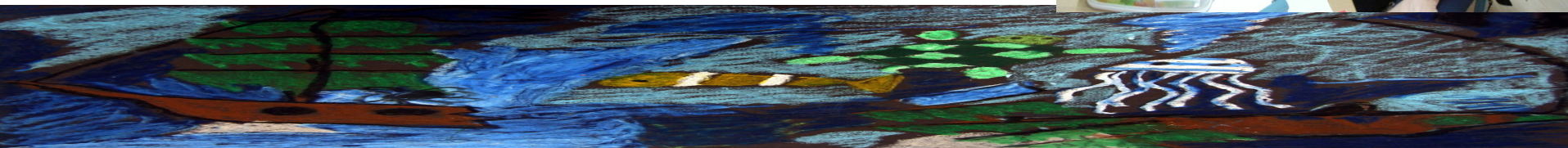
- For the **Patient**
 - Living in a safe environment
 - Adequate Care
- For the **OAH**
 - Awareness
 - Enhance Quality
 - Back up
- For the **Team**
 - Better plan & review for the services
 - Team Spirit
- For the **Hospital**
 - Solution for the surge during long holidays





What's next?

- **Extend** good practice in all long holidays
- Explore ways to launch similar strategies in community dwelling elderly, *not just at OAHs*





Conclusion



- To combat bed crisis
 - Team commitment including cross hospital collaboration and partnerships
 - Enhance communication & support to OAH caregivers
 - Target potential admitters
 - Timely interventions

Innovative Strategies would solve the problem of Access Block





Acknowledgement

Thank you

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- Dr. Emily KUN, COS, M&G, TPH
- Dr. Richard YEUNG, Consultant, AED, AHNH
- Dr. Elsie HUI, Cluster Coordinator, COST, NTEC
- Dr. Beatrice Cheng, HCE, AHNH&TPH





Q & A

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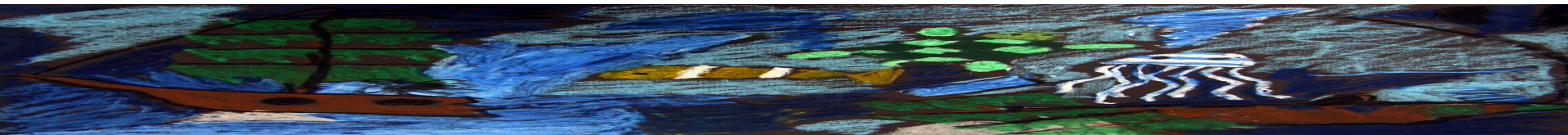
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Keys to Success

- Common goals -- Hospital without wall
 - Community team members including AHNH & TPH
- Committed, Dedicated & Engaged Staff
- Proactive & innovative
- Good Rapport between OAHs & COST
- Well-established network within cluster hospitals
- Support from Top Management





Additional Results

Outcome Comparison

Period	08/09 CNY	09/10 CNY	2010 Easter
Clinical admission	0	9	5
GOPC referred	4	4	0
AED attendance	88	66	
E admission	46	39	
Geriatric Assessment	321	352	388

$(66-88)/88 = \downarrow 25\%$

$(39-46)/46 = \downarrow 15\%$