NTWC – Tuen Mun Hospital

Hospital Accreditation Scheme

Let's work together!

Powerful Display

Dr. Patrick YW Shum

Tuen Mun Hospital

Hospital Accreditation

Tuen Mun Hospital

新界西・醫院聯網

New Territories West Cluster

Agenda

1. Selecting key features of an institution

2. Preparation for action

3. Contingencies

Tell your *own* story of continuous quality improvement !

What are your hospital's characteristics?

- Regional or district
- Specialist-excellence centre
- Rehab or community flavour

TMH-On an average day (31 March 2010), there were

A&E attendances – 682

In-patient service

- Admission – ~~442~~(189via AED)
- Discharges episodes – 492

SOP attendances –2560

GOP attendances – 2451

No. of deliveries – 13

Number of operation done – 49

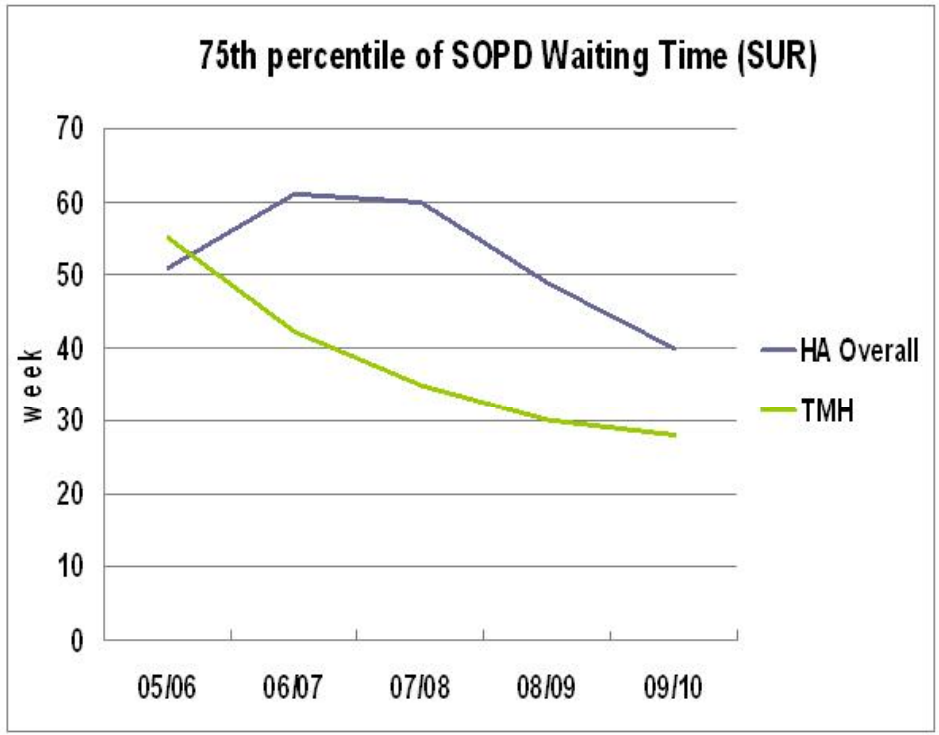
CNS home visit – 220

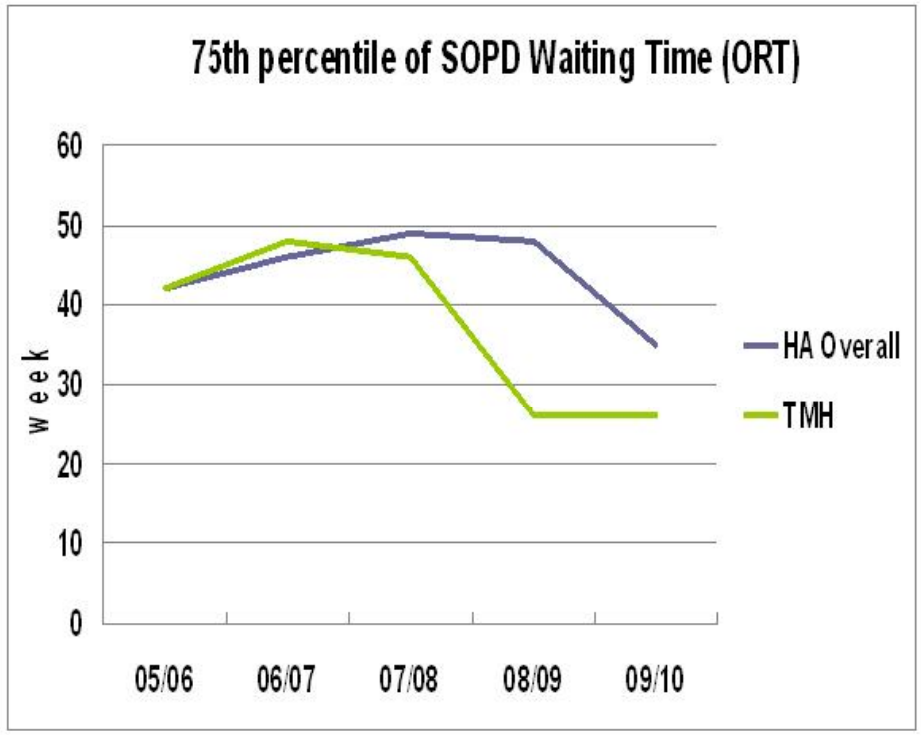
CGAS attendances – 319

Think about your salient features

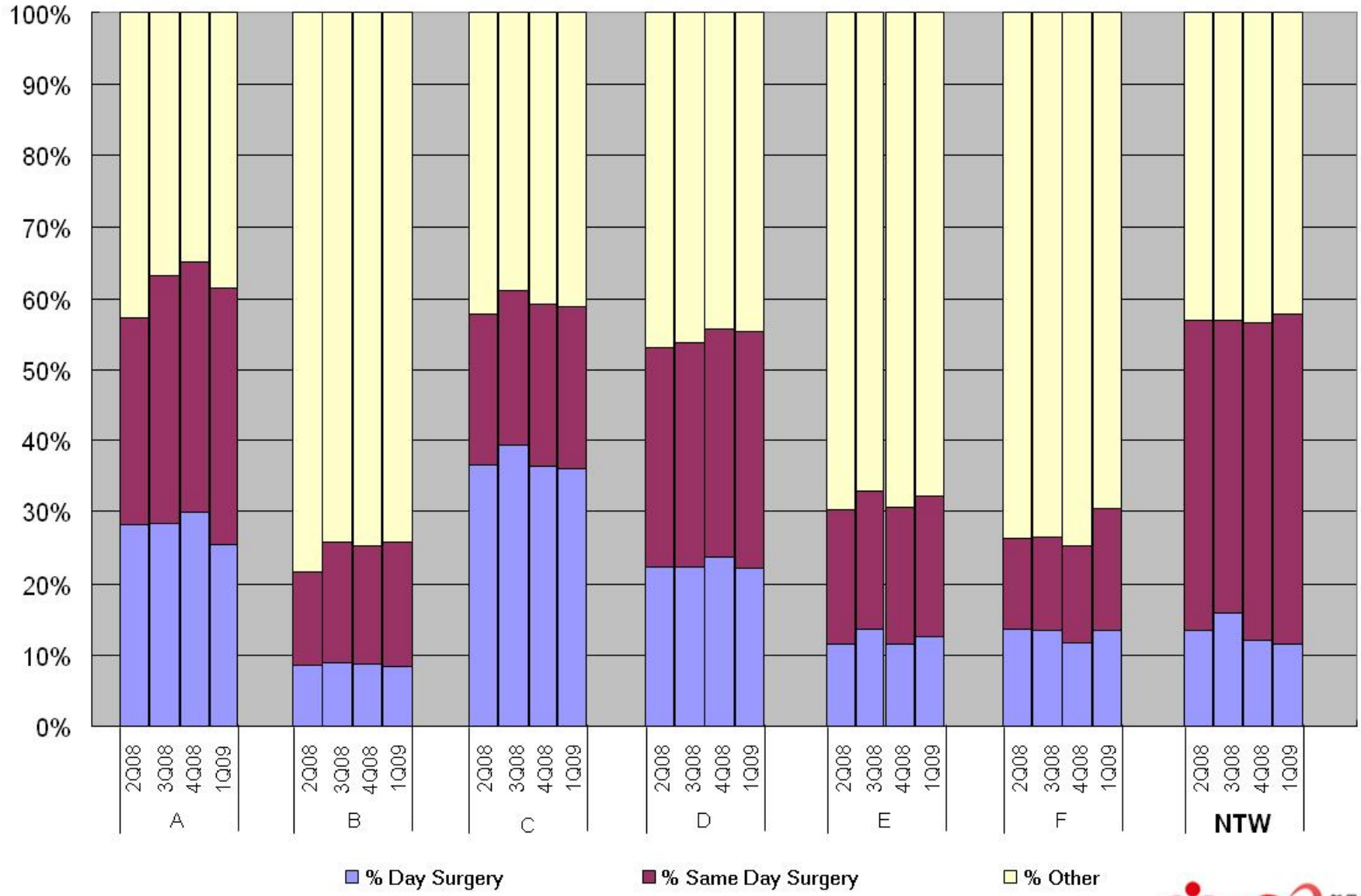
- Unique services and achievements
- Training in specific areas
- Access : waiting time
- Quality improvement programs

KPI – access to service

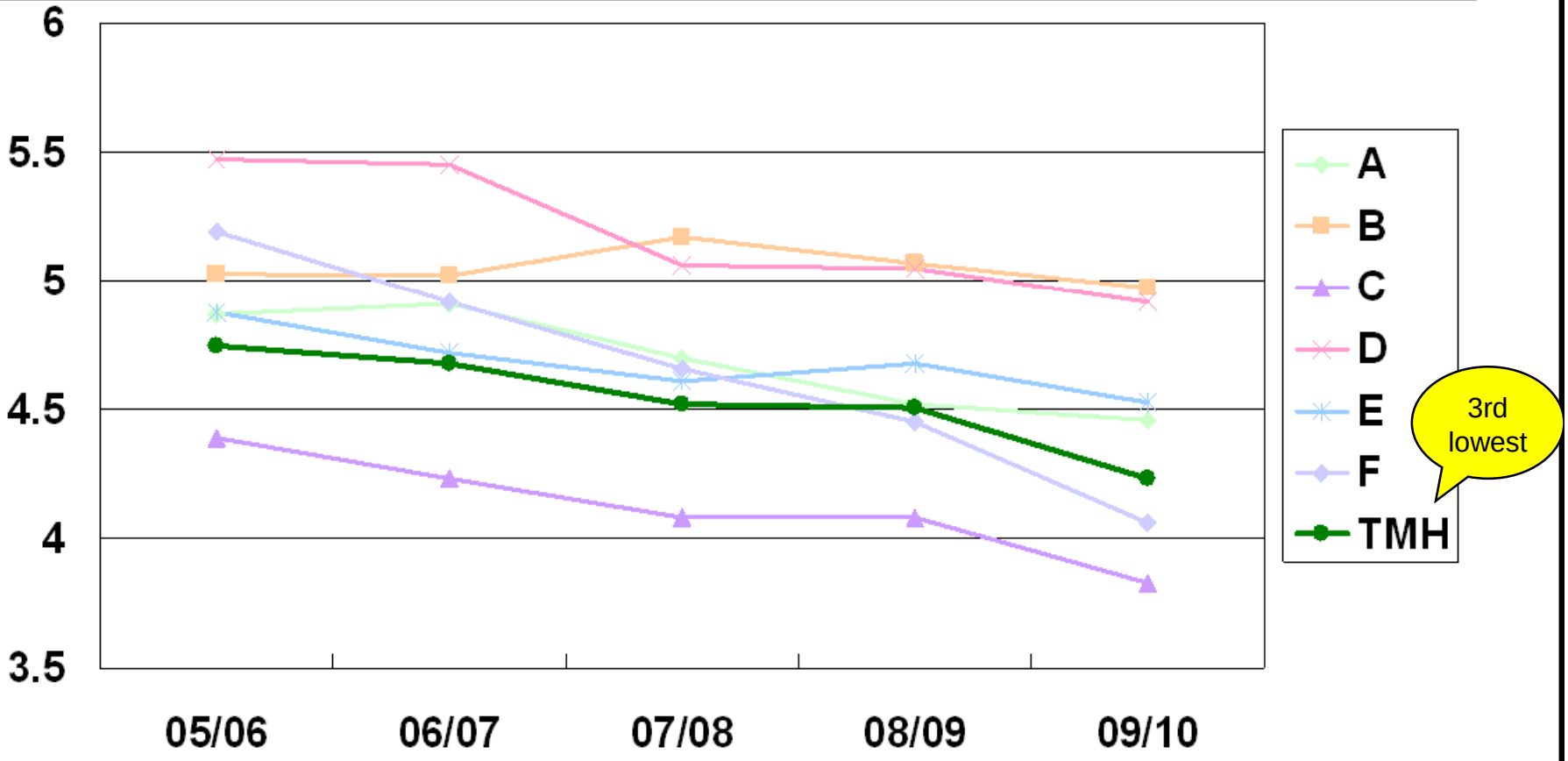




% of Day and same day surgery



Average length of stay of 7 major acute hospitals in HA



History & Objectives of Integrated Patient Care Plans in TMH

- Launched in 2003-04
- Establish good practices for quality and efficiency of care
- Common care model for all hospital professionals, centering on patient's health care needs rather than operational convenience
- Evidence-based protocol, with standardized investigations, treatment pathway and expected duration of stay
- Evaluation of outcome by variance tracking
- Involving patients and families in the care process
- Effective use of resources

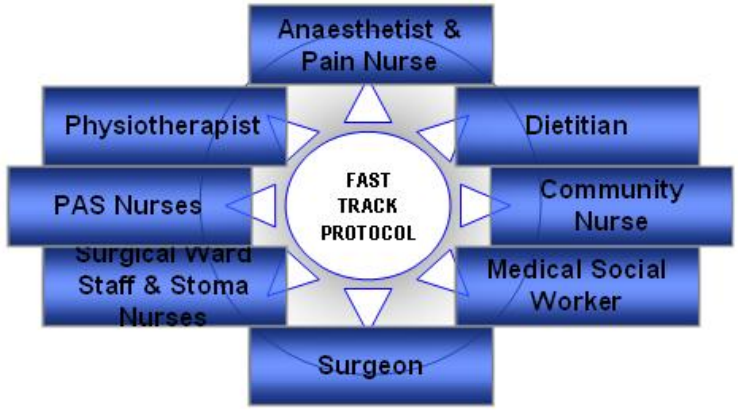
% of stroke patients ever treated in Acute Stroke Units

	Previous periods		Current period
	Report 5 Jul 2008 – Jun 2009	Report 6 Jan – Dec 2009	Report 7 Jul 2009 – Jun 2010
Cluster A	61.0%	58.9%	60.6%
Cluster B	39.2%	42.2%	44.5%
Cluster C	46.8%	50.9%	57.0%
Cluster D	57.4%	60.9%	63.7%
Cluster E	67.7%	73.8%	73.2%
Cluster F	54.0%	56.2%	42.9%
NTWC	33.4%	45.6%	64.6%
Overall HA	**54.6%**	**58.9%**	**60.2%**

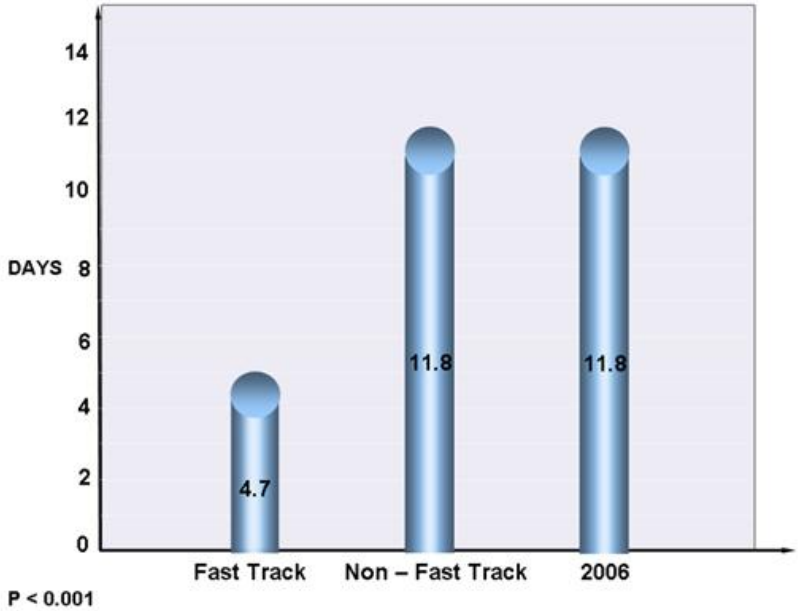
2nd

IPCP – Colorectal Cancer

MULTIDISCIPLINARY APPROACH



Length of Stay (Mean)



P < 0.001

Post-op complications

	Fast Track	Non-Fast Track	Historical Data
Major surgical complications	8 (3.3%)	27 (13.5%)	14 (9%)
Major medical conditions	0 (0%)	11 (5.5%)	6 (4%)
Minor complications	20 (8.2%)	17 (8.5%)	6 (4%)
Others	3 (1.2%)	16 (8%)	0 (0%)
Total	31 (12.7%)	71 (35.5%)	26 (17%)

*p < 0.001

Fast track vs Non-fast track

	Fast Track	Non-Fast Track	Historical Data
Unexpected re-operation*	5 (2%)	19 (9.5%)	9 (6 %)
30 day mortality**	1 (0.4%)	11 (5.5 %)	6 (4 %)

* p = 0.001, ** p = 0.002

Top risks your hospital is facing

10 Clinical Risks

1	Medication - administration (intrathecal + IV + oral)
2	Medication - prescription (allergy + dosage)
3	Mis-identification of patient (consultation + Dispensing)
4	Handling lab result –(lab report filing + miscommunication)
5	Handling of specimen (laboratory)
6	Care of acute deterioration patients
7	Handling of fragile patients
8	Fall
9	Patient choking + ingestion of FB
10	Suicide (in–hospital)

10 Corporate Risks

1	Human Resource Risk	Maintaining a quality workforce (loss of key staff/ workforce planning/ recruitment)
2	Physical Resource risk	Capacity of Facilities (insufficient space and equipment)
3	Financial Risk	Budget Control
4	Physical Resource risk	Congestion in ward (patient overcrowded)
5	Physical Resource risk	Equipment breakdown/ failure
6	Empowerment Risk	Resource Allocation (Insufficient fund for rising demand)
7	Human Resource Risk	Performance (Staff morale/ absence)
8	IT Risk	IT system failure / not able to support changing needs timely
9	IT Risk	IT security/ unauthorized access/ use/ loss of personal data
10	Financial Risk	Cash collection

OWS Monday morning presentation

Presentation of TMH Key Achievements

Lean Journey by Dr. CW Cheng

Multi-disciplinary approach of Seating Intervention in Patient Care by Ms. Nerita Chan

Performance Management System of Accident & Emergency Doctors by Dr. Simon Tang

Community Services by Dr. SY Au

Post-operative Pain Management with Standardized Pain Assessment and Prescription by Dr. PL Chan & Ms. CH Ng

Care of Dying Patients by Dr. WK Sze

End-of-life Care

ESMO Designated Center of Integrated Oncology and Palliative Care

- 2003 : European Society of Medical Oncology accredited oncology centers worldwide based on 13 criteria
- 2008 : TMH one of first two centers in HK successfully accredited
- ✓ TMH model of providing palliative care service is distinct from the traditional free standing hospice model

EOL Care for non-cancer

- 2006 : pioneered the non-malignant PCS
- 2009 : Palliative care unit in Dept of Medicine established for non-malignant disease
- 2010 : start PCS in Department of surgery

EOL Care in Children

- Provided by Dept of Paediatric & Adolescent Medicine
- Collaboration with HK Children Cancer Foundation to provide home care service
- Home death program since 2004

LAST WISH

- Aged 28, chemo-resistant germ cell tumour.
- Exhausted all active oncological treatment.
- Well accepted end-of-life care.
- The young lovers asked for a helicopter trip to symbolically celebrate their love for eternity.
- Challenges: financial support, special oxygen tank, escort.
- RIP 3 weeks after July flight

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Preparation for Action

Hospital Accreditation

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New Territories West Cluster

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TMH 1st Organization-wide Survey by Australian Council of Healthcare Standards

Sept 13-17 2010

Information Sheet for Doctors

Note: This is not an exhaustive list

1.1.1 Patient Assessment

Process indicators specified by eac

- all acute admissions are attende
- when called, supervising doctor
- all inpatients are attended by su

1.1.2 Care Delivery

Ward Congestion

Universal Overflow System for Dema
discharge / transfer plan. Overflow me
(medical & surgical streams).

Guide for supporting staff

目錄:

Informat
Seni

Housekeeping Advices by Infection Cor

		Do (可)
個人	頭髮	-長髮要紮起,避免觸及肩膊
	指甲	-經常修剪
	手錶及飾物	-進入病房後除下手錶及飾
	鞋	-保持整潔
	廚房	-潔布要掛起 -保持清潔
	廚房雪櫃	-雪櫃溫度保持4℃或以下 -定期清潔
		-保持清潔 -潔具要掛好

Let's work together!

REPOR

TU

TIPS

1. Suggested reply for "How
emergency medical assistan
- Hospital guideline has bee
vicinity of the hospital com
- Inform Foreman on 2468 5
pack with defibrillator, an
units according to a detail
- On-site staff to initiate
Training has been organize

2. For hygienic reasons, DO
paper items or paperboa
below drainage pipes of sink

3. Place all oxygen cylinders in a secured carrier, as accidental fall may lead to breakage of the valve and a small "rocket".

TMH Hosp

TIPS

1

1. DO NOT mix non-inflammal
with the inflammable substar
"Yellow Metal Cabinet".

2. DO NOT put non-drug items
Poison or Dangerous Drug Cu

3. Make sure you have an upd
ready to manage the overcrov

TMH Hospit

TMH Resuscitation Call

1 Patient needs Resuscitation in general wards

Needs support from Hospital ResuscitationTeam?

2 Hospital Operator at '0', activate:

Code 22 for Adult patients or **Code 11** for Paediatric patients

(If doctor in-charge not on site, please also inform Operator to call parent team/ on-call doctor)

Use SBAR briefing model

Example:

S Situation
Patient is in _____distress

B Background
Diagnosis/ operation done / age

A Assessment
BP____, SaO2 _____

R Recommendation
Will continue CPR, please come ASAP ……

Quality and Risk Management Division, NTWC

August, 2010

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Rehearsal and pre-visits one month before OWS

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Access to EXIT – partially blocked
Access to fire hose – partially blocked
EXIT
Ecoflac plus 10 x 500 ml
GEL
B-BRAUN
DIA


EXIT出口
EXIT
Remove obstacles, mark yellow line on floor

EXIT blocked by another gate, with 3 other locks

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Contingencies

Food for thought

- Internal cohesion
- Cultural shock
- Information sharing during OWS

Thank you !