

Hong Kong West Cluster (HKWC) Community Care Service Team (CCST) Strategic Response to Winter Surge 2010

A CCST (CGAT, CNS, GOPC), A&E, & RCHEs Collaboration Program

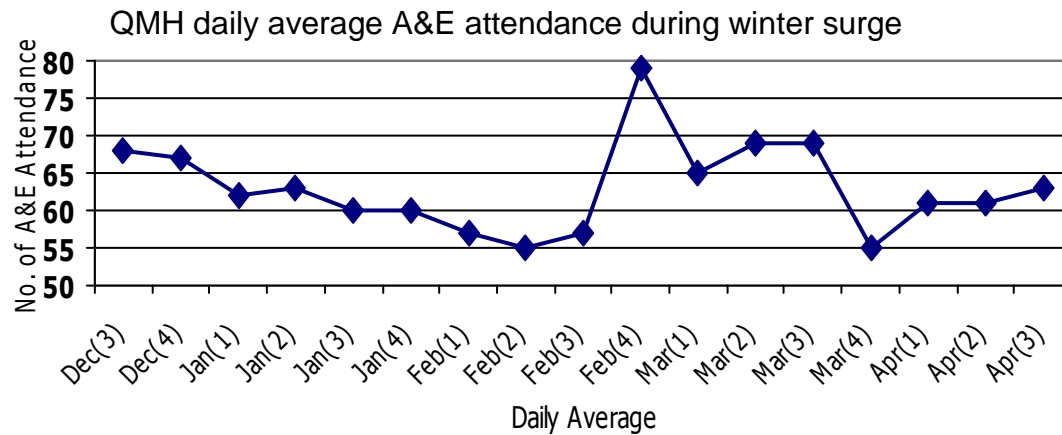
Dr Felix Chan
Dr James Luk
Miss WC Ng



7th June 2011
HA Convention

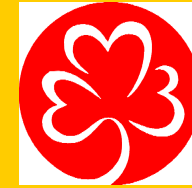
Winter Surge in HKWC

- ◆ The winter surge period usually starts from mid/late Dec (summer surge occurs in mid/late July).
- ◆ Significant increase in A&E attendance and medical admissions.



- ◆ Lead to overcrowded ward, and poorer patient service quality.

Winter Surge Consultation Group (WSCG)

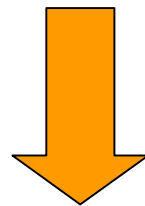


- ▶ The WSCG, led by Deputy HCE (Clinical Services), QMH
- ▶ Members from A&E, Dept of Medicine; cluster hospitals; admin services; GOPC & **Community Care Service Team (CCST)**.

- ▶ Its major functions are:
 - ▶ To generate plan for management of medical case influx.
 - ▶ To mobilize cluster-wide available resources.
 - ▶ To coordinate additional resources allocated from central and monitor the outcome.
 - ▶ To enhance services quality and staff / patient safety.

Winter Surge activation

- ▶ When the daily admissions via A&E, QMH exceeds 65 per day for 3 consecutive days;
 - OR
- ▶ Cluster Director (Quality & Risk Management) gives an advance warning of flu endemic by about 7 – 10 days.

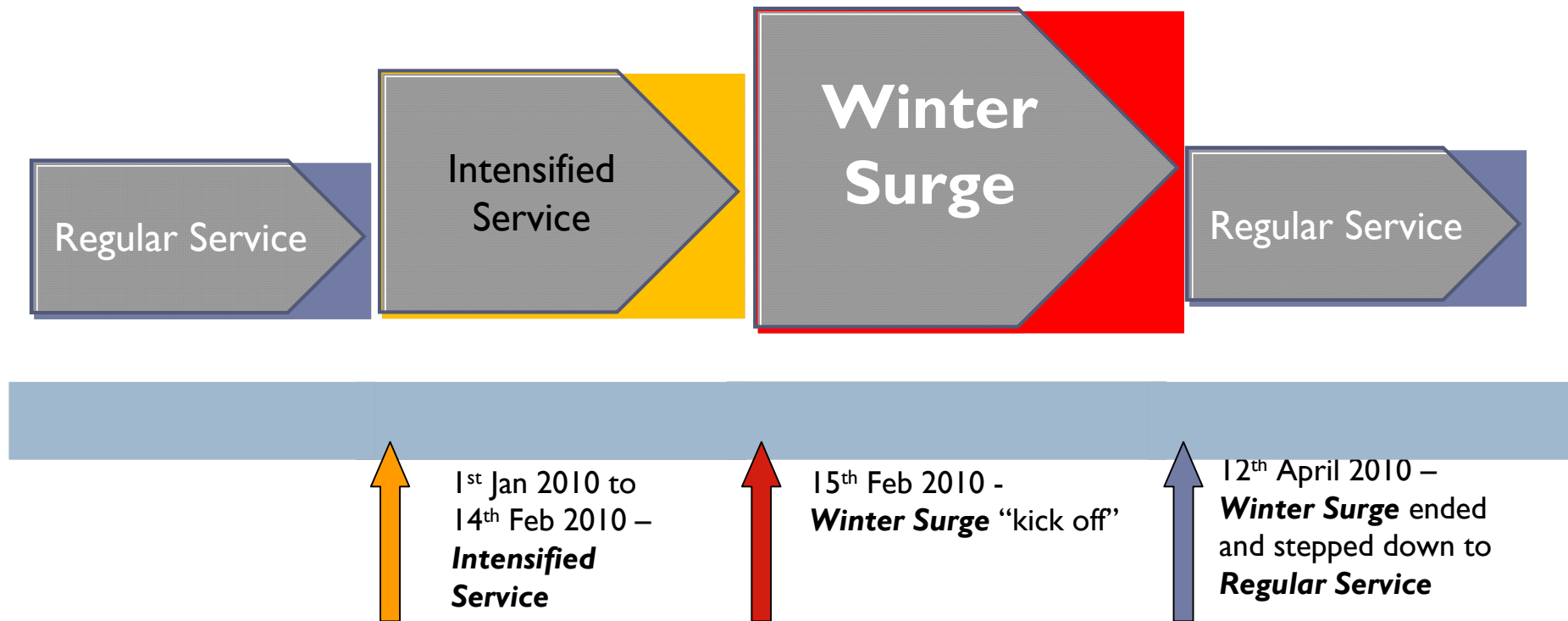


Winter Surge activation

Community Care Service Team (CCST) in Winter Surge (WS)

- ▶ CCST includes CGAT, CNS and GOPC.
- ▶ Via enhancement of community services and strengthening of support to RCHEs, aimed to reduce high influx of medical patients to QMH from RCHEs.

Winter Surge activation in HKWC 2010 Community Care Service Team (CCST)



Intensified Service

Enhancement of Service:

1. Increased Community Visiting Medical Officer (CVMO) RCHEs coverage and visits
 - ▶ ↑30% CVMO RCHEs coverage
 - ▶ ↑ ad hoc CVMO clinic quota
2. ↑10% Community Geriatric Assessment Team (CGAT) Dr's clinic quota per session
3. Collaboration with GOPC
 - ▶ 'Force' GOPC quota- evening clinic

Intensified Service

4. Intensified Elderly Assessment clinic (EAC)
 - ▶ EAC in FYKH for ad hoc medical problem
 - ▶ Clinical admission to FYKH

5. Post A&E discharge follow up within 48 hours
Community Care Nurse (CCN) monitor and FU

6. Infection Control Coverage
 - ▶ ILI surveillance and situation reports in RCHEs

Winter Surge

Winter surge : 15th Feb 2010 to 11th April 2010
(8 wks)

Intensified services continued.

Additional services include.....

Winter Surge

- I. Winter Surge Clinics (on top of CGAT and CVMO intensified service) in office hours
 - ▶ These clinics (once per week) were provided in RCHEs
 - ▶ Community Care Nurses (CCNs)
 - ▶ Pre clinic screening (telephone)
 - ▶ Post Dr's clinic follow up

Winter Surge

2. Infection control coverage enhancement
 - ▶ Situation reports on Sundays and PHs

3. Extend working hours
 - ▶ Extend working hours 18:30 (Mon to Fri)
 - ▶ CGAT clerk and FYKH shroff
 - ▶ FYKH Pharmacy

QMH 24 hr Pharmacy: provide support after 18:30

Winter Surge

Evaluation / Auditing

Deliverables

- ▶ CGAT CVMO / MOs / VMO / CCNs visits and attendances

Outcome results

- ▶ A&E attendance and admission
- ▶ Average LOS and bed days (acute and convalescence hospitals)
- ▶ Cost reduction?

RCHEs satisfaction survey



Deliverables

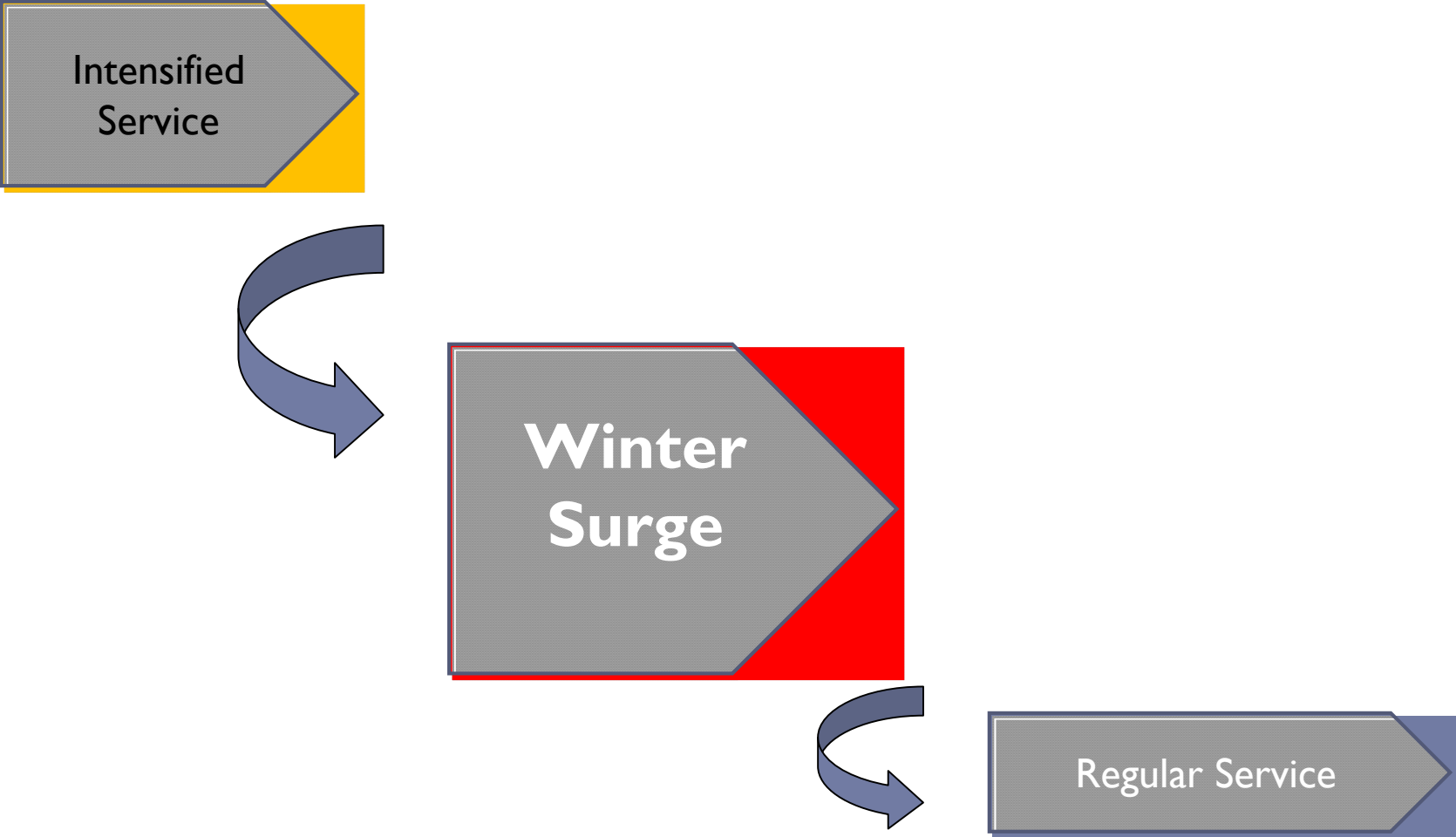


Winter Surge Program 2010

Overall Output of HKWC CGAT / VMO

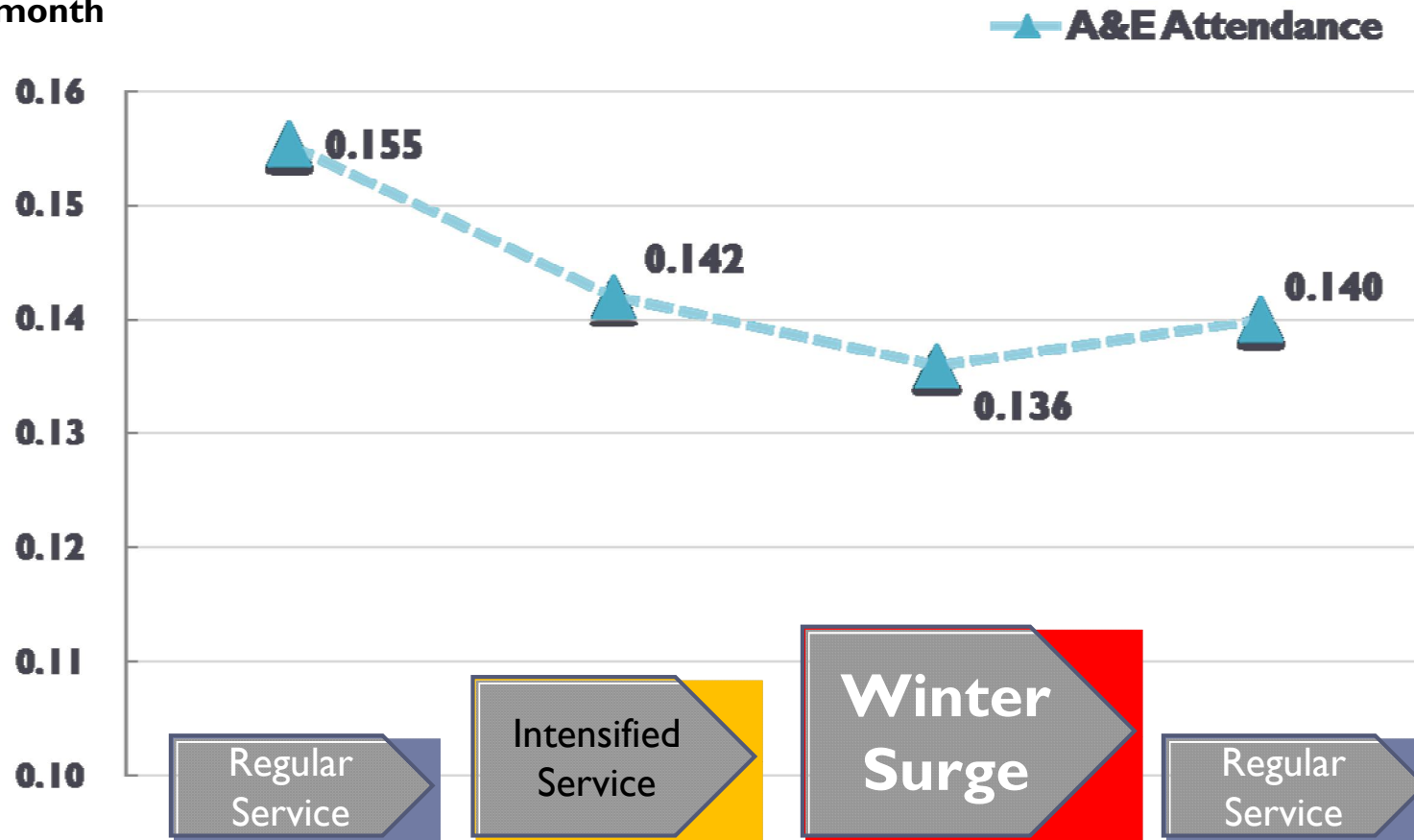
1. **CGAT Dr's clinic**
 - ▶ Total CGAT Dr attendances = 2417
2. **CVMO Clinic**
 - ▶ Total CVMO attendances = 1333
3. **Winter Surge Clinic**
 - ▶ Total doctors attendances = 320
4. **Community Care Nurses**
 - ▶ Telephone Nursing Care Services: 1020
 - ▶ Attendance:997

Outcome results



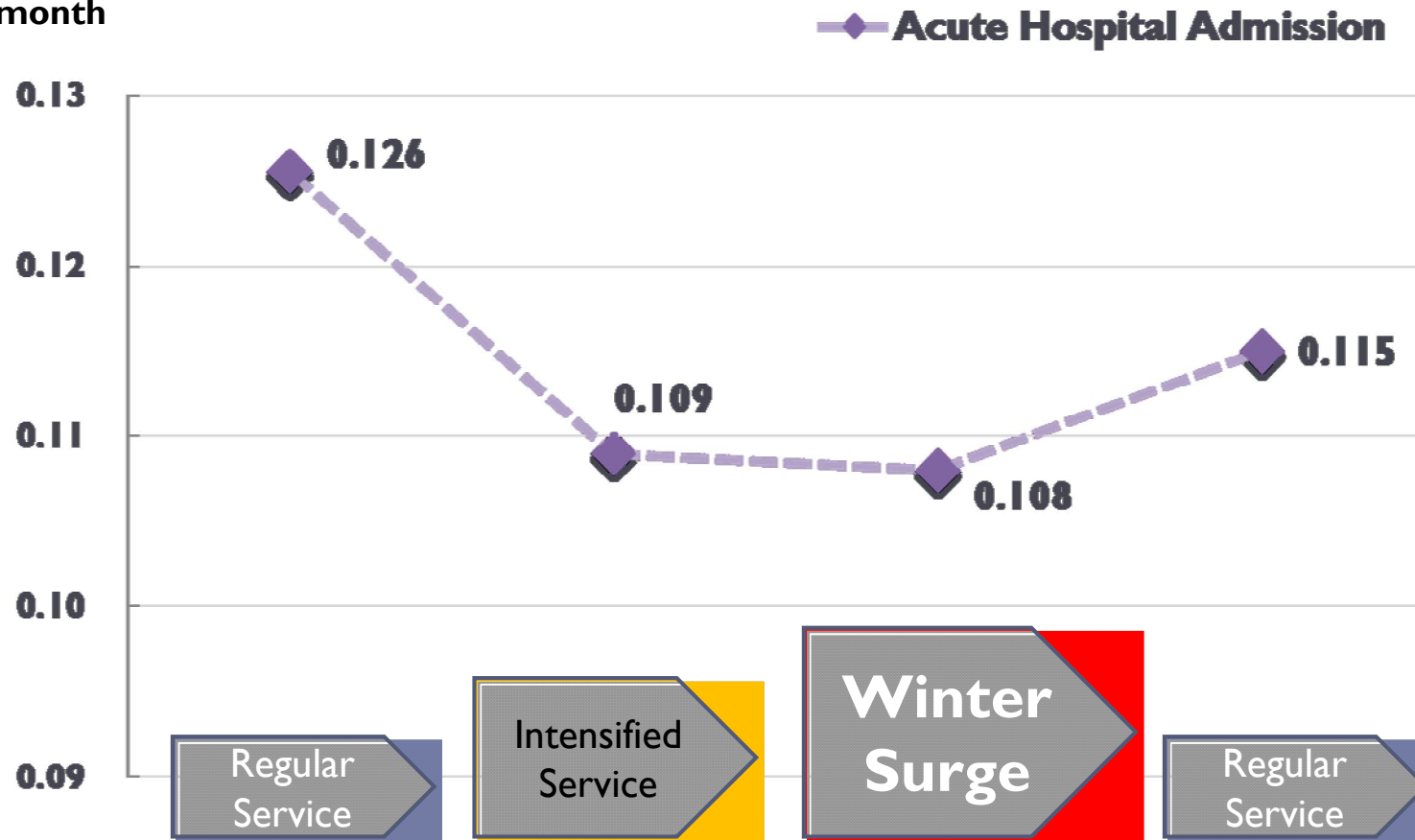
A&E Attendance in HKWC CGAT Covered RCHEs (N=66)

No. per person per
month



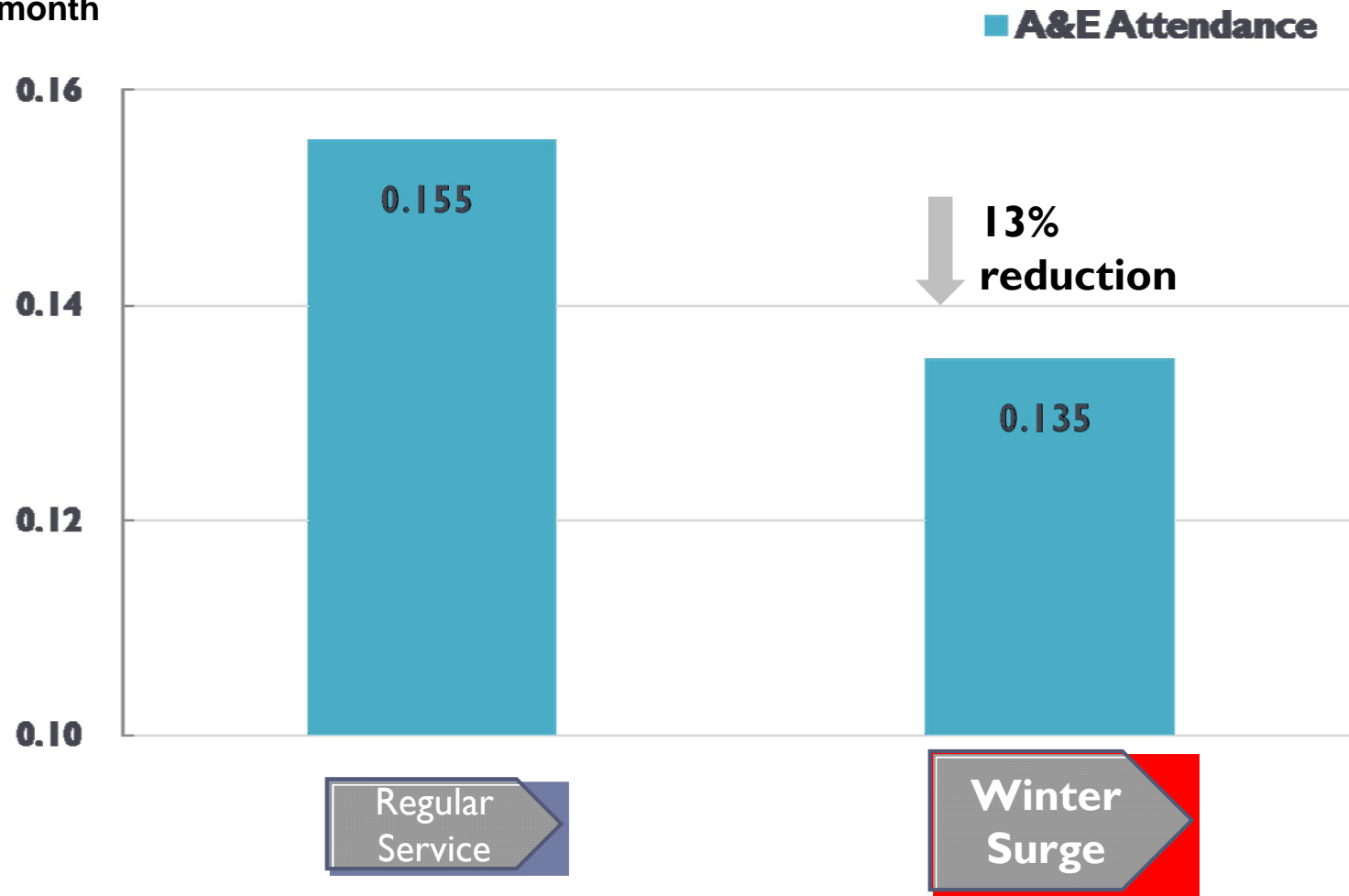
Acute Hospital Admission in HKW CGAT Covered RCHEs (N=66)

No. per person per
month



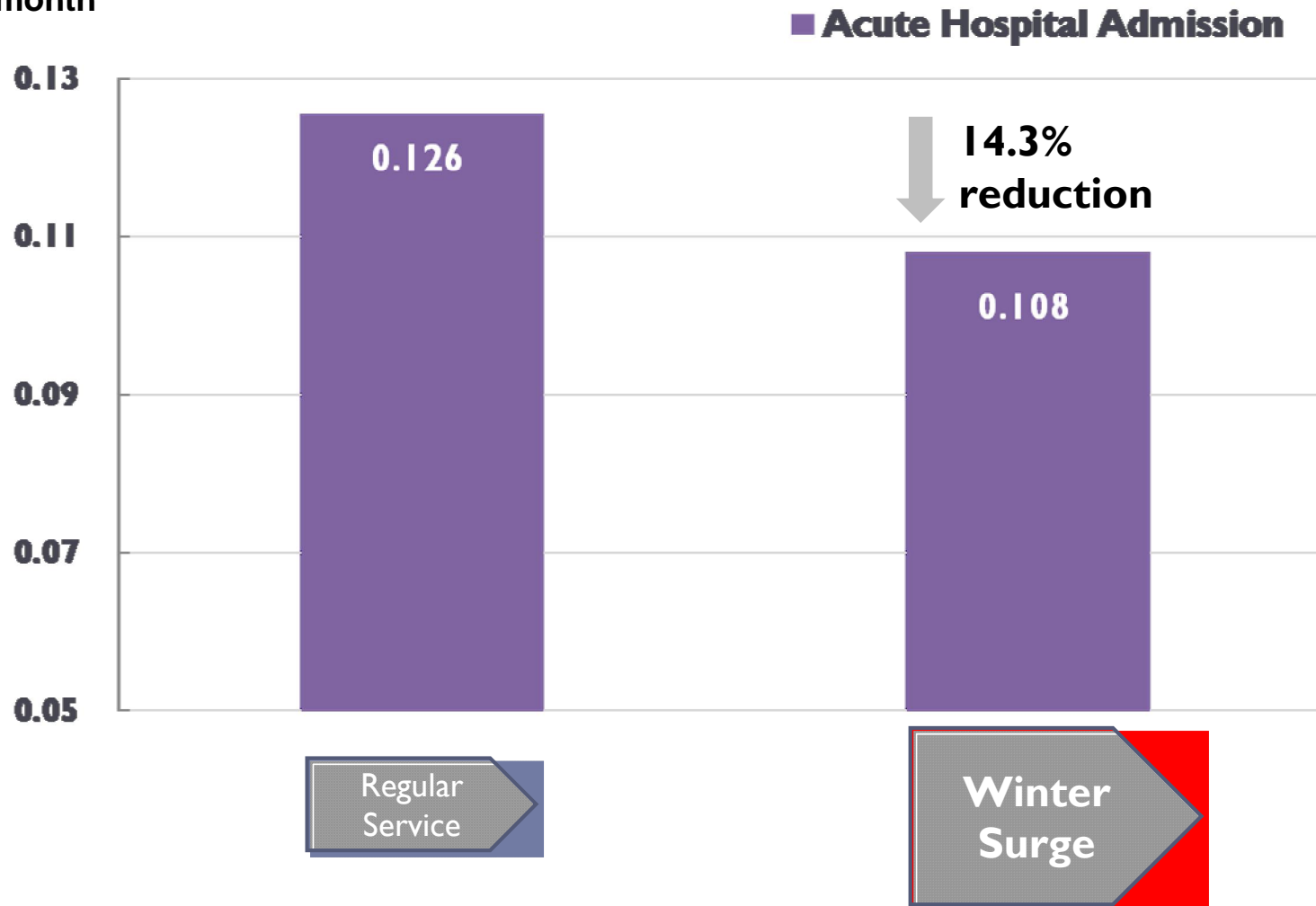
A&E Attendance in HKWC CGAT Covered RCHEs (N=66) – Regular Service and Winter Surge Comparison

No. per person per month



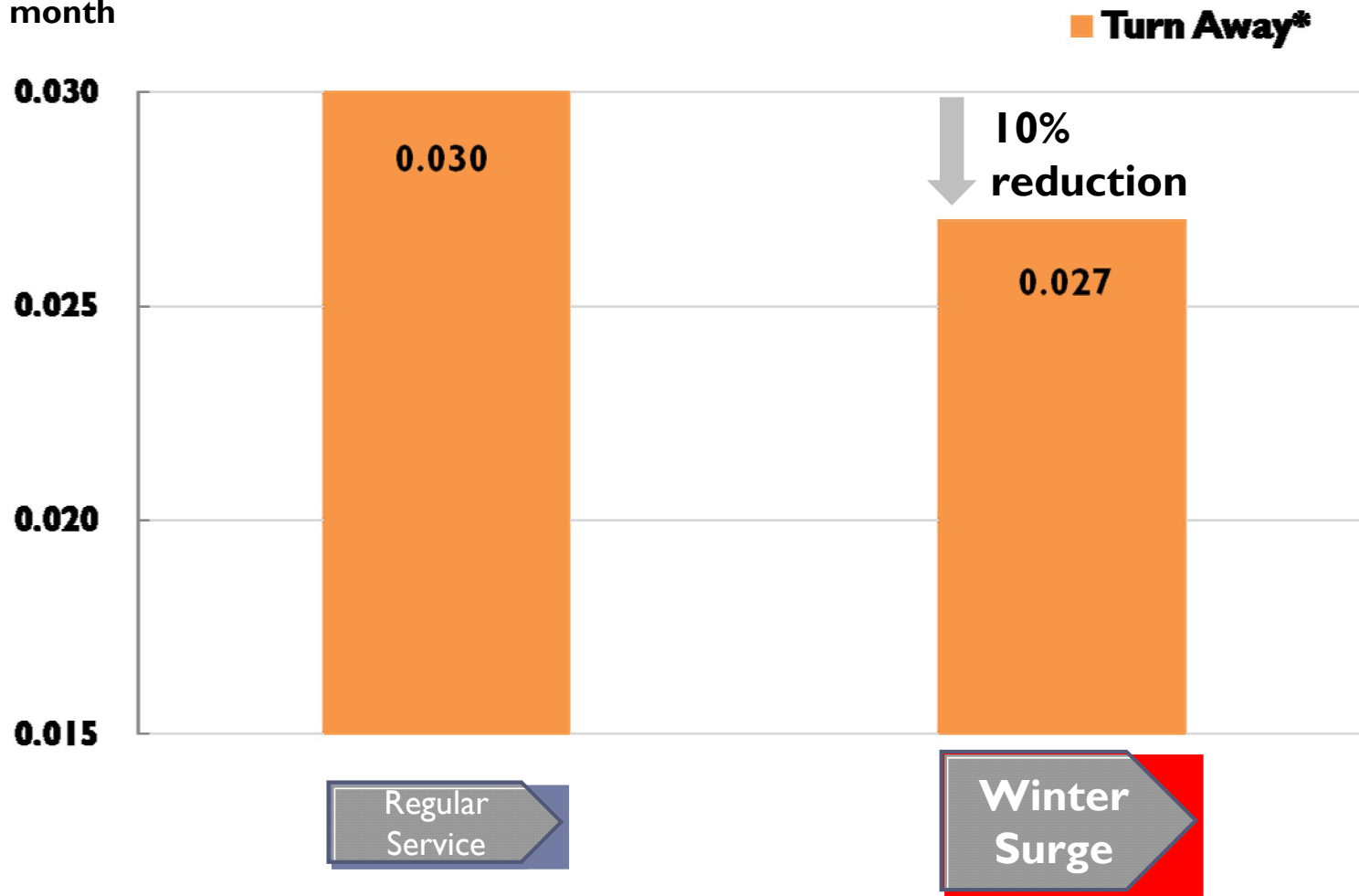
Acute Hospital Admission in HKWC CGAT Covered RCHEs (N=66) – Regular Service and Winter Surge Comparison

No. per person per month

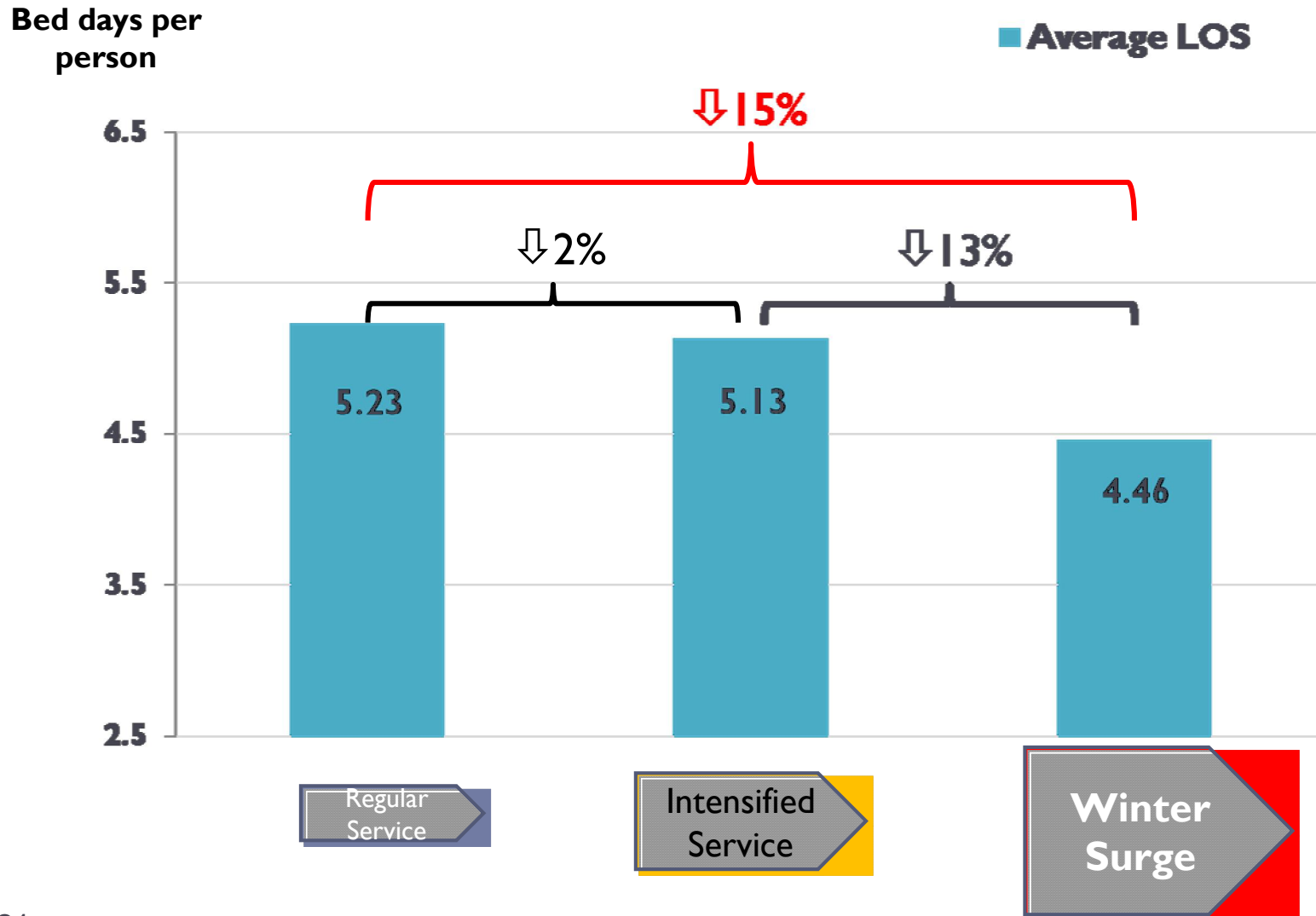


A&E “Turn Away” Cases in HKWC CGAT Covered RCHEs (n=66) – Regular Service and Winter Surge Comparison

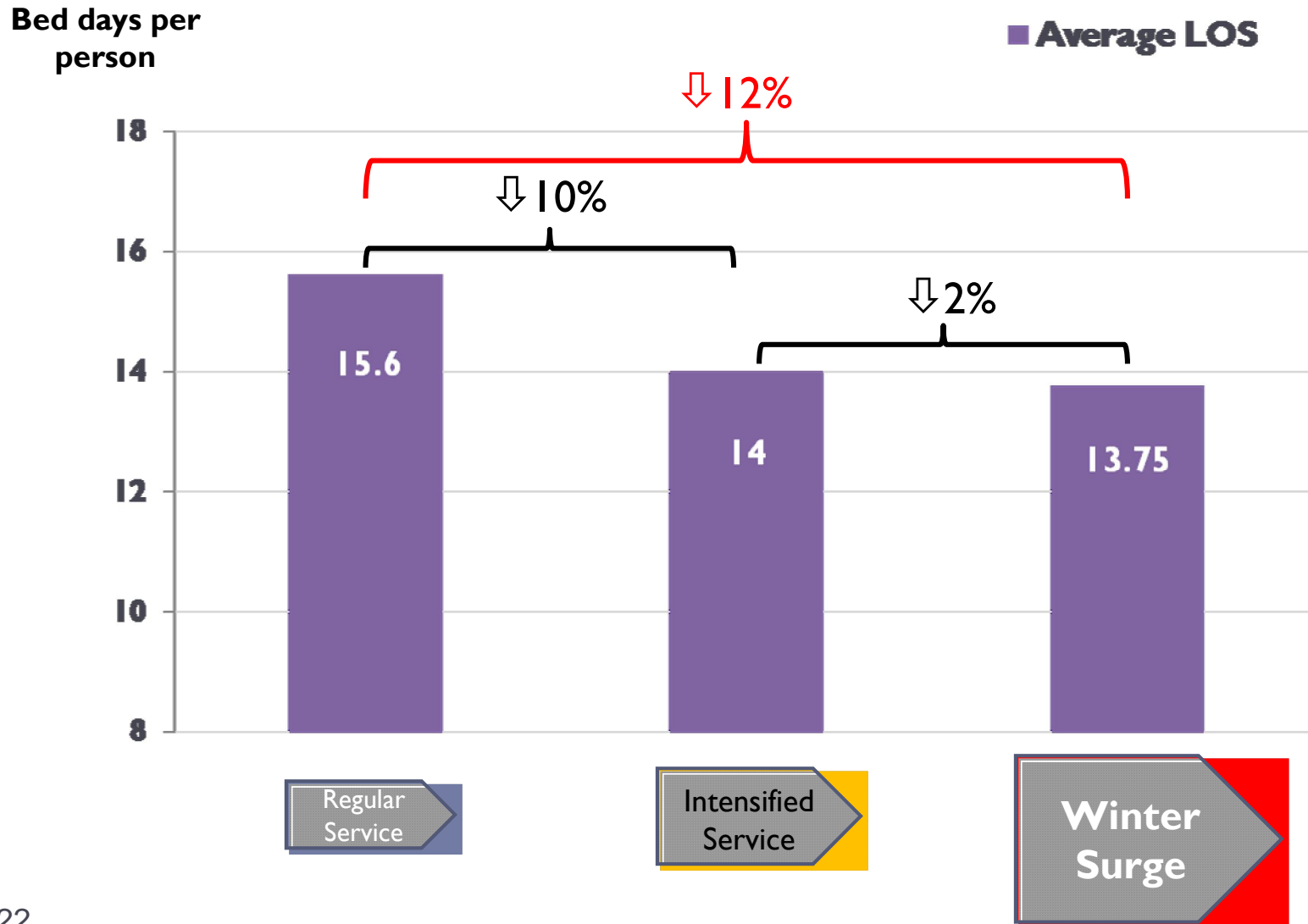
No. per person per month



Acute Hospital Average Length of Stay (LOS) in HKWC CGAT Covered RCHEs (n=66)



Convalescence Hospital Average Length of Stay (LOS) in HKWC CGAT Covered RCHEs (N=66)



Cost reduction (6 weeks winter surge compared with 6 weeks regular service)

- ▶ Reduction in acute hospital bed days
 - ▶ ↓ 4274 to 3613 = 661 days
- ▶ Convalescence hospital bed days (increased quota per day resulting in more admissions, but shortened average LOS)
 - ▶ ↑ from 3550 to 3964 = ↑414 days

Cost per patient day:

Acute hospital HK\$ 3333

Convalescence hospital HK\$ 1740

Cost reduction:

HK\$ = 661 x 3333 – 414 x 1740

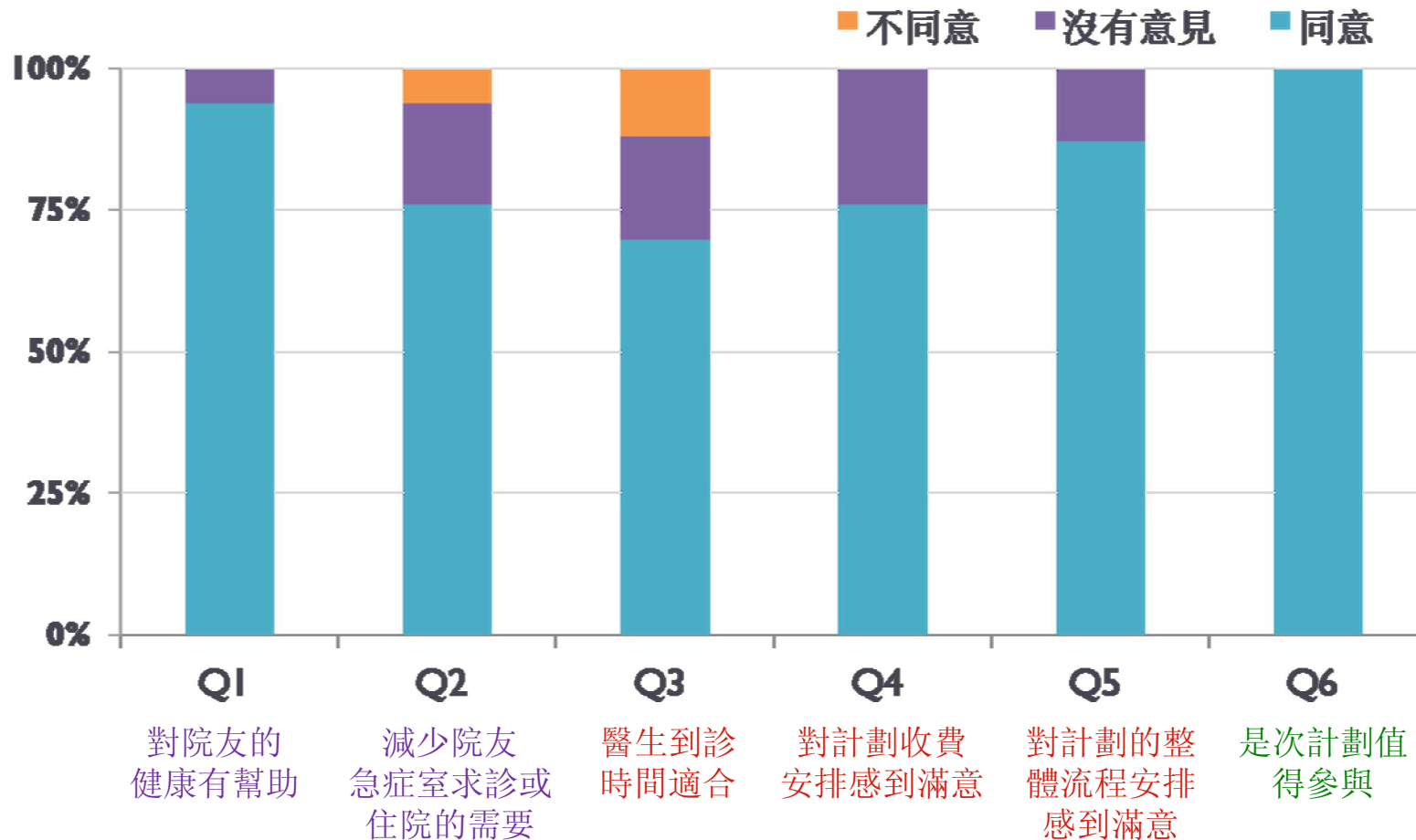
= 1,482,753 (1.5m)

(SHS expenditure HK\$ 12,000; Additional drug cost HK\$ 10,000)

Customer Satisfaction Survey for Winter Surge Clinic – Results

(Response rate: 100%)

院舍對是次計劃之滿意程度



Conclusion

- ▶ Reducing A&E attendance (13%).
- ▶ Reducing acute hospital admission (14.3%).
- ▶ Reducing “A&E Turn Away” cases (10%).
- ▶ Reducing LOS:
 - ▶ 15% in acute hospital
 - ▶ 13% in convalescence hospital
- ▶ Cost reduction in terms of bed days = around 1.5 m.
- ▶ Customer survey – RCHE satisfied with the VWS program and all wish to participate in future VWS program.



THANK YOU
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