Service Re-engineering in HKE CGAS (2012 – 2013)

HA Convention 2014
Service Priorities & Programmes

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Background

- Ageing frail population
- Unavoidable admissions
- High RCHE staff turnover
- Expansion of CGAT roles
Why we need re-engineering?

**CHALLENGES**

- Can current practice cope with the demand?
  - Evolving challenges of frail terminally ill elderly
- Increase pressure on reducing the use of hospital service by Old Age Home residents
- Daily work becomes routinized
  - Increased expectation from patients/relatives
Our re-engineering objectives

1. To align **focus** on our mission

2. To serve as Bridge between Hospital and Community – **SEAMLESS care**

3. To **restructure** our **team work processes** to handle evolving roles and challenges

**MISSION of CGAS**
To enhance health and quality of life of **elderly** in the **community** by **TIMELY ASSESSMENT** and **APPROPRIATE MANAGEMENT**
Strengthen Team Communication & Roles

CGAT Team

Team organisation
Clear Service Core Values

Develop Competencies “specialisation”

Monitor Performance Statistics & Incidents

Engage Hospital / Partners

CGAT – Organisation Structure

Team Building Camp
Strengthen Communication with RCHEs

- **RCHE**
  - **CGAT Forum** to share best practices + annual plan
  - **Educational talks** on special care
  - Weekly **on-site coaching**
Improve patient-centred care

- Consultant led ward FU round
- Team Visit
- Extended Working Hours
- Regular Audits & high risk case intensive management
- Winter Surge Nurses round and drug refill clinic
Staff training

- In-service training
- Job rotation
- Staff specialization: Named Dr / nurse in different areas (e.g. EoL, IC, OSH, educational talks)
- Regular case conference and sharing
- Senior walk around
Strengthen Team Communication & Roles

Outliers & sub-optimal RCHEs
- Statistics review
  Incidents - RCA

Protocols for Clinical Care

Special roles for staff
- Empower & delegate eg EOL

Performance Statistics
Target outliers!

List Sub-optimal RCHEs

Incidents for RCA

Suspected inadvertent OHA 'poisoning'

- Drug-induced hypoglycaemia
  - Drug-induced hypoglycaemia
  - Urine Toxicology: to PYNEH -> HA Toxicology Lab (PMH)
  - Findings: gliclazide metabolites and metformin detected
  - HA Lab report DH, SWD, HAMO (CGAT) for further investigation
Strengthen Communication with RCHEs

High Staff Turnover

Clear workflows
“Communication Manual for RCHEs”

Simplify instructions
‘Symptom Alert Detection Checklist’

Monitor quality
clinical audits
Improve patient-centred care

- Hospital Ward FU round
  - Consultant led
  - Nurse case FU
- Ad-hoc consultations
- Post D/C review
  - Medication
- EOL care

Using IT for efficient patient care
- video-conferencing
- replaced by iPad

Easier access to bedbound residents
- coverage of RCHEs
  (e.g. Cheung Chau)

75 - 85%
Improve patient-centred care

CQI programs at RCHEs for achieving high standard of care: Proper use of physical restraint at PNH
Staff training

- Monthly lectures
- In-service training
- Special training:
  - e.g. advanced wound care, subcutaneous infusion, CAPD, EOL
- On site lectures for OAH staff
RESULTS

Target outliers and sub-optimal RCHEs for enhanced measures
→ Improving trend of overall AED attendance rate

Team communication improved Patient care at ‘Outlier’ RCHE

- IT: TeleCGAT
- Collaborate: St John Hosp AED and Pharmacy
- Winter Surge: Nurse Round, drug refill clinic
- Nurse Consultant – High risk case

AED Attendance rate

<table>
<thead>
<tr>
<th>Before Intervention</th>
<th>After Intervention</th>
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<td>26%</td>
<td>13%</td>
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- 7 team visits with enhanced nurse input had been paid to 6 homes with exceptionally high admission rate
- Reduction of the overall AED attendance by 10%

Graph showing trend from 2009-10 to 2012-13 with a decrease of 2.3% and 1.4% respectively.
RESULTS – Improved patient care

- 75 sessions of senior walk around in 85 homes (>4500 residents)
- Clinical supervision
- Education to OAH staff
- Support frontline staff

- Reduce No. of restrainer used by 23.2%
- The prevalence of residents being restrained reduced from 30.1% to 10.9% (reduced 19.2%)
RESULTS — Collaboration for Seamless Care

- **CNS**: Combined protocols eg wound, Foley
- **PC / AED**: Collaboration in EoL care
- **Pharmacy / Adm / IT**: Local pharmacy
- **PSCC**: Support service in non-office hour
- **ICT / CHP**: Excellent containment of VRE
What we achieved

1. Improved team communication & alignment for service goals
2. Improved patient care by more systematic service delivery, performance monitoring and quality assurance
3. Strengthen Collaboration with RCHEs & key partners
We value Team Spirit
Acknowledgement

- Dr C P WONG, HKEC Service Director (Primary & Community Health Care), RHTSK Chief of Service (IMS) & Consultant (Geri)
- Dr Carolyn KNG, RHTSK Consultant (IMS) / WCHH Consultant
- Ms Joan HO, RHTSK Department Operations Manager (IMS) / HA Patient Support Call Centre DOM
- All CGAT Doctors, VMO and Nurses
- Dept. of Physiotherapy, RHTSK
- Dept. of Occupational therapy, RHTSK
- Dept. of MSW, RHTSK