



**Service Priorities and Programmes
Electronic Presentations**

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How efficient in receiving high risk patients at isolation ward? A retrospective review

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Introduction

Isolation Ward of United Christian Hospital takes an important role in handling infectious disease outbreaks in community. Emergence of novel Influenza virus constantly poses pandemic threat worldwide. Therefore, a prompt planning and preparedness is critical for an effective response. In order to review the admission pathway and reduce the potential risk of spread of infectious disease, a retrospective review of the efficiency in receiving FTOCC high risk patients in isolation ward was performed in Jan 2014.

Objectives

1. To analyze the time spent for preparing an isolation room 2. To review and analyze the time used in receiving FTOCC high risk patients from Accident and Emergency Department (AED) to isolation ward 3. To review the admission pathway in speeding up the admission process

Methodology

A retrospective analysis was conducted to all FTOCC high risk patients admitted to United Christian Hospital from October 2012 to January 2014. Patient documents were reviewed and time used in receiving FTOCC high risk patients from AED to isolation ward was measured and analysed.

Result

There were 71 FTOCC high risk patients admitted to isolation ward during the said period. The mean time used to 1. Receive patient information from AED to verify the FTOCC high risk case = 12 minutes. 2. Prepare an isolation room with facilities readily use = 6.5 minutes. 3. Transfer the patient from AED to isolation ward = 22 minutes. 4. Receive initial assessment from nurse of isolation ward after arrival = 0 minute. 5. Receive initial assessment by a Medical Officer = 50 minutes. After reviewing the data, waiting time for patient transferal can speed up to minimize the transmission risk of infectious disease. The patients could receive a more timely and efficient model of care.