



## Service Priorities and Programmes Electronic Presentations

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**Submitting author:** Ms Y H HUI

**Post title:** Nurse Consultant, United Christian Hospital, KEC

### **Increasing renal services by reducing beds**

*Hui YH, Chan WH, Chan KH, Lam WO, Wong SH Renal Unit, Department of Medicine & Geriatrics, United Christian Hospital (UCH)*

*Renal Unit, Department of Medicine & Geriatrics, United Christian Hospital (UCH)*

### **Keywords:**

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### **Introduction**

UCH was the pioneer to initiate Continuous Ambulatory Peritoneal Dialysis (CAPD) in 1980s in Hong Kong with the introduction of "Hong Kong Connection" by Dr. Russell Clark. Our unit promotes rehabilitation through various programs such as Community Rehabilitation Program (CRP) in order to reinforce patients that, despite dialysis, they remain as normal persons. There was rapid growth of Renal Replacement Therapy (RRT) patients by 447.2% from 142 in 1995 to 777 in 2011. To correspond the revamp of the M&G patient service to promote ambulatory care, renal in-patient ward has been moved from S14B (32 beds) to P5D (26 beds) in 2/2008.

### **Objectives**

To cope with the escalating service demand by reducing beds, we strive to maximize operation efficiency & effectiveness through the enhanced service delivery of Renal Ambulatory Care Center (RACC).

### **Methodology**

We refine the scope from in-patient to day-patient service: patients for minor operations or procedures are admitted to RACC. Early discharge for patients with peritonitis and exit site infection was made possible ward follow up and care in RACC. Post Discharge Care Program of Renal Patients has been launched to minimize the un-planned readmission with the existing 24 hours hot-line consultation since 2010.

### **Result**

In-patient admission was significantly dropped by 42.3% from 190/month in 2007 to 109.7/month in 2012. However, dramatic growth of day patient admission by 82.1% from average 200.6/month in 2007 to 365.2/month in 2012 ( $p < 0.001$ ) to RACC for procedures which previously required in-patient service. Ward follow up is also increased by 80.7% from average 35.3/month in 2007 to 63.8/month in 2012 ( $p = 0.00$ ). 92% ( $n=25$ ) of patients preferred to have day patient instead of in-patient service & 80% of patients would like to choose day patient service again in RACC patient survey recently. The provision of renal ambulatory care service makes it possible for the increasing renal services by reducing beds. Most importantly, it minimizes patient's sick role, renal rehabilitation is crucial part in our treatment plan. Refine the scope of service is not only cost effective but also let our patients stay

healthy in the community.