



Service Priorities and Programmes
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Designated Response Team response for the non-hospitalized patient: what have we learnt from the 6 years of services?

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Introduction

Designated Response Team (DRT) evolved to care for the deteriorating non-hospitalized patients within the hospital compound and nearby area in PYNEH since 2008.

Objectives

However the efficacy of DRT has not been tested. It is hypothesized that this group of patient will gain minimal benefit from the A&E physician and nurse participation in the DRT.

Methodology

A retrospective review of all DRT events in the DRT database from December 1st 2008 to December 31st 2013 was performed in PYNEH. The location, age and patient type, caller, reason for calling and activating the DRT, interventions, duration of event and disposition were recorded. Admission diagnosis and length of stay were also recorded.

Result

There were a total of 127 DRT event during the study period, in which 113 (88.9%) required dispatching the team to scene. 123 (96.8%) of the activation were for non-hospitalized patients. The patient consisted of outpatients, visitors, staffs, public transport (taxi) driver and pedestrian. Callers consisted of clerical, allied health professionals, security, ward medical and nursing staffs, relatives of patients and visitors. Reasons for calling were trauma related (22.8%), neurological change (7.8%), cardiac (50.3%), respiratory (3.9%), obstetric (1.5%), mental (2.3%), resuscitation (1.5%) and medical advice and support (9.4%). The mean duration of response was 13 minutes. The most common interventions performed were wound management 16 (12.5%) and administration of oxygen 9 (7%). In contrary, resuscitations were performed to 5 patients (3.9%) at scene. 109 (85.8%) of the patients were taken to the emergency department in which 60 (55%) of the cohort were admitted to hospital and 2 (1.8%) were certified death in the department. Conclusions: Perceived clinical emergencies are common in non-hospitalized patients but majority of them require

minimal emergent interventions. Guidelines of calling and activating the DRT, the combination of team members and protocol driven interventions are worth considering in DRT. It may offer an equally effective and less resources approach in managing this group of patient.