



## Service Priorities and Programmes Electronic Presentations

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### **Resources Reallocation - Integration between surgical day and acute wards**

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#### **Keywords:**

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#### **Introduction**

The daily occupancy rate at 12N of three general surgical wards in PWH was 100 -120%. Unfortunately, they still required entertaining both the elective admissions and emergency critical cases from AED. Under these circumstances, staffs were overloaded & could not provide quality of care. Moreover, Patients could not receive prompt services and required to wait for a ward bed up to 6 - 10 hours in sometimes.

#### **Objectives**

1.To relieve the “Bed Tight” situation in the three general surgical wards in PWH. 2.To share the heavy workload of these wards. 3.To maximize the resources by clustering the elective admission. 4.To provide a safe & instant services to patients. 5.To shorten the bed waiting time.

#### **Methodology**

Surgical Ambulatory Care Centre (SACC) in PWH had been set up in October, 2011. Originally, the target group was all surgical day cases, such as endoscopic, radiological procedures, blood transfusion, wean off urinary catheter, intravesicle chemotherapy etc. Patients would be discharged in the same day. In order to relieve the overloaded situation in the acute wards, the resources in SACC had been redistributed to receive the cases who supposed to admit to acute surgical wards, for example, having operation or procedure in the following day and the patients were required to stay overnight after invasive procedure. Due to the complexities of the patient types, specific trainings were provided to staffs. Surgical team doctors and managers had been liaised to streamline the clinical workflow and standardize the clinical practices according to the protocols and guideline. The health care deliver model had been reengineered. A designated nurse would screen and call the client one day before admission to maximize the preparatory work, minimize the non-attendance rate, gain patient’s cooperation and reinforce the health care education.

#### **Result**

From 10/2011 to 1/2014, there were 15510 cases admitted to SACC, the average daily occupancy rate was ~137%, 2260 cases were transferred to general surgical wards, that was 14.6% of total admission. It facilitated the general wards to entertain the emergency cases in the daytime. Besides, the elective patients were transferred

to the respective wards directly from SACC, it greatly reduced the bed waiting time. Staffs expressed that workload and stress had been relieved. They were satisfied with the collaboration between SACC and general wards. In the coming future, SACC will be expanded to meet the service needs.