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Inter-facility Transport Service in Three Emergency Departments in Hong Kong
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Introduction

Among Emergency Departments (ED) of Hong Kong (HK), Inter-facility Transport (IFT) of patient is getting more frequent and mature. Varieties do exist from suburb to suburb and it is desirable to enhance our clinical service through establishment of a common platform for reporting and data analysis.

Objectives

To report and analyze the Inter-facility Transport (IFT) data of Emergency Departments (ED) of Pok Oi Hospital (POH), North Lantau Hospital (NLTH) and Alice Ho Miu Ling Nethersole Hospital (AHNH) in 2015.

Methodology

All IFT cases of POH, NLTH and AHNH EDs in 2015 were retrieved from the databases for analysis.

Result

For POH, most of the cases were transported to Tuen Mun Hospital for further management whereas the major receiving end for NLTH was Princess Margaret Hospital. For AHNH, more than half (55%) of all IFT were to North District Hospital with the remaining to Prince of Wales Hospital. In total, 11676, 7501 and 5638 IFT cases in POH, NLTH and AHNH were analyzed respectively. The predominant age group was 18-65 and gender ratio was approximately 1:1 for all three EDs. Due to different hospital setting, the top three case mixes of IFT of three EDs also varied from each other with the only one in common was neurosurgical emergencies. POH commonly had to transport paediatric and medical cases whereas AHNH tended to transport more patients with gastrointestinal bleeding and surgical problems. As for NLTH, its unique setting accomplished a frequent transport of patients with medical and surgical emergencies. A proportion of these IFT required a specialized transport team; either doctor or nurse-led. In POH, 503 transports (4.3% of all IFT) were led by

nurse-led (10.5%; N=450) or doctor-led transport team (89.5%; N=53). In NLTH, 535 transports (7.1% of all IFT) were led by nurse-led (76%; N=406) or doctor-led transport team (24%; N=129). AHNH EDs accomplished 142 transports (2.5% of all IFT) with medical escorts including 16.2% (N=23) and 83.8% (N=119) led by doctors and nurses respectively. En-route physiological deterioration was not infrequent and the common events included systolic hypotension, desaturation and neurological deterioration. Conclusions: This report provided useful epidemiological information on IFT activities in regional emergency departments and brought insights for manpower training, resource allocation, continuous service improvement; and service planning in new hospitals.