



Service Priorities and Programmes Electronic Presentations

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Person-centered and Value-based approach in reducing hospital access block

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Introduction

With the increasing elderly population and emergency admission , there is the urgent need for service redesign in M&T department to meet the service demand especially with the seasonal flu during winter period. The problem of Access Block - patients waiting at AED department for medical admission beds has been lasted for years in Prince of Wales Hospital.

Objectives

We aim at developing a person- centered culture with value-based approach to find ways of improving productivity and quality of service through a model of ownership in the public sector hospital.

Methodology

Summary of actions 1. Management team leads for direction and vision .Energy is input to staff by Person-centered and Value-based approach. 2. All actions are designed based on principles of: always observe patient safety as priority; balance of service quality, workload and staff healthiness. 3. Investment in staff training and education to promote the change in service redesign. Staff is motivated to engage from the beginning in M&T department structure transformation and to build up positive behavior framework within the department. 4. Appropriate governance in structure and service redesign supporting by transparent policies in bed coordination. There must be clear and accurate guidance for role and responsibility differentiation. 5. A blame free culture is supported and reasonable discussion is encouraged based on logistic data records. 6. Regular reviews and debriefs are conducted to enhance staff communication with active listening so that experiences are learned and shared whenever different situations occur.

Result

Through the Person-centered and Value-based approach to frontline doctors and

nurses, it has demonstrated significant effectiveness in achieving reductions in incidents of conflict. There are positive influences on staffs' behavior and staff responses with flashpoints are avoided. After the implementation in November, 2015, efficiency in patient flow is attended with "0" patient waiting in AED department > 8 hours. The Occupancy rate in M&T wards has been reduced from > 120% to 100% and Overflow cases to non-medical wards has been reduced by 50%. Patient's length of stay is reduced from 6 to 4.6 days. The mortality rate is also reduced from 5.3% to 2.9% when comparing November 2014 & 2015 data.