



## Service Priorities and Programmes Electronic Presentations

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### **A Proactive Cross Department Cluster Collaboration to Facilitate Early Patient Transfer for Rehabilitation from Acute to Rehabilitation Hospital**

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#### **Introduction**

The major source of admissions to TWEH is patients from PYNEH transferred for rehabilitation after acute management. Early arrival of patients facilitates multidisciplinary team assessment, communication of care plan and earlier initiation of rehabilitation activities. On the contrary, late arrival during off-duty hours where the limited medical and paramedical healthcare support results in delay of patient therapy and there is also increased burden on scarce medical manpower.

#### **Objectives**

Prior to intervention, only 3% and 13% of patients from PYNEH could arrive at TWEH before 12 noon and before 2 pm respectively. Majority 84% came between 2pm till 8pm. Our objective was to improve more efficient patient care by increasing transfer rate before 2 pm.

#### **Methodology**

Actions implemented since July 2015 to improve the situation included: 1.Cross hospital department heads meeting to establish proper communication channel for intervention and feedback 2.Increased daily allowable early admission bed quota to facilitate the advanced preparation for patient transfer early in morning 3.Reshuffled bed reporting mechanism to notify colleagues in acute setting of the available early-bed status in a timely manner 4.Adjusted flexibility to maximize release of early-bed quota the day before transfer 5.Liaised with NEATS for regular arrangement of early transport 6.Develop clear workflow to cascade message for the handling colleagues 7.Direct communication between frontline colleagues of different hospital departments on reporting vacant beds during weekend and holiday

#### **Result**

Post intervention, these strategies resulted in two fold improvement, such that current patient arrival time improved to 7% and 26% before 12noon and 2pm respectively. However, 9% patients were still transferred between 6pm to 8pm which was similar to the old figure. The situation occurred when transfers exceeded 10 cases per day. This

suggested the rate limiting factor was inadequate transportation services. Further collaboration and cross unit partnership, including negotiation with transport services will pave the path for increased efficiency and improved delivery of rehabilitation services for patients.