



Service Priorities and Programmes Electronic Presentations

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Submitting author: Dr Chi Shing PAK

Post title: Associate Consultant, Queen Elizabeth Hospital, KCC

The impact of new workflow (Rapid Assessment & Treatment) on Cat 3 patient service in A&E department, QEH

CS Pak, CW Chau, G Tam, G Wong, HF Ho

Accident and Emergency Department, Queen Elizabeth Hospital

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Introduction

Traditionally, most A&E patients are first attended by A&E trainees. Senior input is limited to patients being admitted or as requested by the trainees. On the other hand, QEH AED is the busiest AED in this territory in terms of total number of Category 1, 2 & 3 patients, which amount to over 270 daily! Despite we have devoted 80-90% of our medical or nursing staff for the care of Cat 1, 2 & 3 patients, the waiting time of Cat 3 patients is still unsatisfactory and the Cat 3 pledge(90% patients seen within 30 mins) is still unattainable. A new workflow was then proposed by COS, consultants & management team to address the issues. The program: Rapid Assessment & Treatment(RAT) All patients triaged as Cat 3 (excluding mental, O&G, or patients under care of dept. protocol e.g. post-chemo fever) will be directed to the RAT area where a team of two senior doctors, two experienced nurses, two phlebotomists, two supporting staff will perform a quick initial assessment, initiate the investigation plan, give necessary urgent treatment, and suggest final disposal plan if possible. The main aim is to provide senior input to most of our Cat 3 patients right from the beginning and to expedite the decision making process.

Objectives

In order to provide insight into the impact of RAT on Cat 3 patients' service, an audit was designed to compare RAT patients with non-RAT patients.

Methodology

All RAT patients registered between 12:00-12:59 hr & 14:00-14:59 hr during the RAT period(Mon-Fri) in August were compared to potential RAT patients registered between the same hours during the non-RAT period(Sat, Sun & PH) in August & September. The various time of RAT patients is compared with the time of non-RAT patients. The following time is included for comparison: time from registration to doctor consultation, time from registration to treatment, time from registration to blood taking, time from registration to final disposal, time spent in RAT area or non-RAT cubicle. The admission & discharge rate in the urgent cubicle was also compared

Result

Total 550 RAT patients & 551 non-RAT patients were selected for comparison. The

overall admission rate was 55.2% vs 55.9%. ($p=0.835$) The performance pledge (seen within 30 mins) was 94% vs 63% ($p<0.001$) The % of total service time >3 hrs was 32.7% vs 40.3% ($p=0.009$) The RAT time vs non-RAT time: The average door to doctor consultation is 16 vs 29 minutes ($p<0.001$) The average door to treatment time is 25 vs 55 minutes ($p<0.001$) The average door to blood taking time is 27 vs 68 minutes ($p<0.001$) The average total service time is 156 vs 177 minutes ($p=0.003$) The average time spent in RAT : 9 minutes vs The average time spent in non-RAT cubicle: 18 minutes ($p<0.001$) RAT vs non-RAT: % of patients with direct admission in cubicle: 37% vs 12.5% ($p<0.001$) % of patients with direct discharge in cubicle: 16% vs 11.3% ($p=0.017$)