Speed Presentation- F-P1.7

Leading Change, Adding Value:
Rapid Response Community Service :
An Alternative to Hospital Stay for Admission
Diverted Geriatric Patients

HA Convention
16th May 2017

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Introduction

- **Geriatric patients** –when experience acute symptoms, seeking behavior to attend the Accident and Emergency Departments(AED)
- **About 38% of geriatric patients**(urgent/semi-urgent)- eventually admitted to medical ward through the ED.
- **Rapid Response Community Team(RRCT)**- introduced to supported Cat 3/4 M&T admission diverted geriatric patients during the winter surge period

Objective

- To establish an **alternative clinical care journey** to frail geriatric patients by provision of **3R community service** through **"Hospital at Home" model** (**R**apid discharge planning**, R**apid discharge support and **R**apid intervention)
- To relieve M&T high bed occupancy during winter surge period
- To reduce unplanned readmission

Methodology

AED FRONT DOOR

Rapid Response Community Team Support Cat 3 & 4 Admission Diverted Geriatric Patients

Target patient
Cat 3/4 geriatric patients in AED Corridor with prescribed admit M&T

RRCT liaison nurse
Assess patient's **clinical condition**, **frailty level**, **discharge needs** then determine for **rapid response support**

Rapid Discharge

Hospital At Home Monitoring

RRCT nurses
Close Symptoms Monitoring
For AF, Syncope, Dizziness, COPD exacerbation, Heart Failure etc.

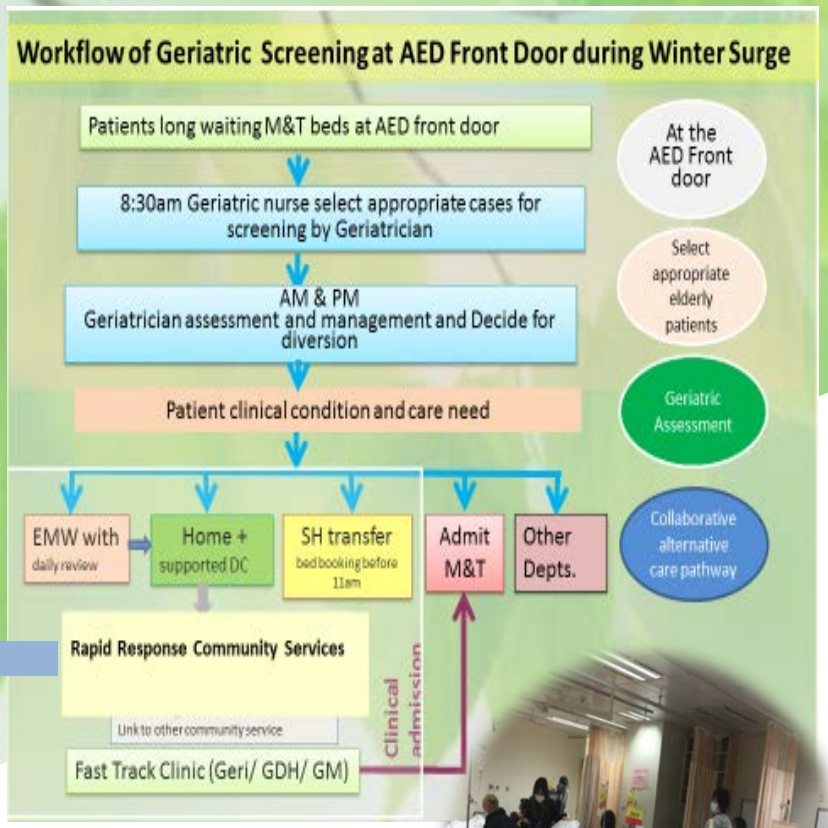
Important to ensure diverted geriatric patients' **drug adherence** and **monitor their response** to treatment prescribed by GDF team

Empower early warni symptoms of relapse self-management & Alerting the early symptoms & what to do

Medical support from GFD Lead Geriatrician for clinical issue via phone and Fast Track Clinic support

Rapid Discharge Support & Rapid Intervention

Diversion Pathway of Geriatric Front Door Team in AED



Leading Change: Rapid Response Community Team 快速外展支援服務

Result

Satisfaction Survey for patient or carer:
direct discharge from ED with RRCT support
2016-17 N=72

Satisfaction
Acceptability

Item No.	Description	Strongly Agree	Agree	No comment	Slightly Disagree	Strongly Disagree	Average
		5	4	3	2	1	
1	Shorten the long waiting in ED for a hospital bed	30.8%	61.5%	3.8%	3.8%	0.0%	4.19
2	Ensure **continuity of care** including treatment, nursing care and follow up	38.5%	61.5%	0.0%	0.0%	0.0%	4.38
3	Ensure **appropriate care, treatment and support given** after discharge back to community	38.5%	61.5%	0.0%	0.0%	0.0%	4.38
4	Reduce the need of urgent care in the ED afterward	19.2%	76.9%	3.8%	0.0%	0.0%	**4.15**
5	**Overall, satisfaction** towards the Geriatric screening at the ED front door service	46.2%	53.8%	0.0%	0.0%	0.0%	**4.46**
6	Geriatric screening at the ED front door program should **be a regular service**	42.3%	46.2%	11.5%	0.0%	0.0%	**4.31**

Outcome

- Total number of patient admission diverted geriatric patients refer to RRCT : **221 [55 (14-15), 70(15-16) and 96(16-17)**
- The unplanned readmission rate: **14.6% , 11.8 % and 6.9%** in 2014-15, 2015-16 and 2016-2017 respectively.
- The relative reduction in unplanned readmission rate in 2016-17 vs 2015-16: **41.5%.**
- Acute hospital LOS saved **: 950 days**

Adding Value : Rapid Response Community Team 快速外展支援服務

Conclusion

RRCT is

- a new community model to support M&T admission diverted geriatric patients
- effective to provide safe discharge support with good outcome in admission avoidance ;
- improves patient flow along the emergency and community care pathway
- improves patient and relative's satisfaction & experience during RRCT support journey

Acknowledge

Geriatrics at Hospital Front Door and
Rapid Response Community Service

Thank You