



Service Priorities and Programmes Electronic Presentations

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To Improve the Quality of Life of Frail Elderly by Reducing Unnecessarily Transfer to Acute Hospital

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Introduction

The aging phenomenon is a global concern and reality. Cheshire Home, Shatin (SCH), ~300 beds, 70% of residents is frail elderly with multiple irreversible comorbidity, poor cognitive function and high dependency. The problem SCH faced is doctor only available in office hour. Deteriorate residents will be transferred to acute hospital receiving invasive treatments. It leads to the inappropriate use of hospital resource and prolong residents' suffering. Residents may die in the unfamiliar environment with strict visiting hours and poor bereavement arrangement.

Objectives

To improve the quality of life of frail elderly by reducing unnecessarily transfer to acute hospital.

Methodology

SCH introduced an early detection of deteriorating patients and interventions system to minimize the number of frail residents transferred out to acute hospital in January 2016. A new observation chart, with color zones divided by triggering points, was developed to facilitate early detection of deteriorating patient. Parameters falling in color zone of the chart would escalate level of care with early interventions. Besides, an additional late afternoon nursing officer round was implemented to find out any abnormalities of elderly. Special attentions were addressed to chesty cases which physiotherapists identified. Moreover, all ill resident identified were recorded in the high risk case handover book to alert staff and facilitate handover.

This system helped to figure out deteriorating case earlier in office hour for doctors to provide prompt treatment, talked to relative on the care plan if further deteriorate. Residents were mostly benefited from not being transferred to acute hospital and receiving respectful non-invasive conservative treatment and care. Comfort room with privacy would be provided to the dying residents and family. An evaluation on the system was done after 4 months of implementation. All identified ill residents within 4 months were checked whether they had been transferred to acute hospital or stayed in SCH to provide conservative treatment. Number of transferred out cases were compared to last year same period to see the trend.

Result

With the help of the system, 68% of deteriorating cases could be early identified, 7 % of them were transferred to acute hospital and 61% of them were treated in SCH. In compared with last year same period, averaged 8 cases per month in 2015 and 5 cases per month in 2016 were transferred out respectively. Further monitoring in this system would make the changes more sustainable.

In summary, numbers of frail elderly transferred to acute hospital were decreased with the help of the system. High quality end of life care service could be offered to the residents. The last journey of residents would be well taken care of.