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3-Year Pilot Service "Geriatrics Support at AED" for Admission Avoidance during Winter Surge in Prince of Wales Hospital

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An increasing number of older people utilizing Department of Accident & Emergency (AED) poses a significant burden to the acute hospital resources. Many of them suffered from chronic diseases leading to hospitalization due to limitation of expertise to manage complex elders at AED. During winter surge there is an access block problem in Prince of Wales Hospital (PWH) with overwhelming bed occupancy of over 114% in Medicine and Therapeutics (M&T) unit. Since December 2014, a collaborated pilot project "Geriatrics Support at AED" among different stakeholders was set up aiming to provide rapid geriatric on site assessment and alternative management options to elderly patients at AED to reduce avoidable admissions, improve patient and caregiver experience in order to achieve our goal - Manage the right patient with the right care in the right place and time.

We target elderly patient in AED category 3 &4 who are waiting for M&T admission at AED. Geriatric screening nurse will identify appropriate patients with frailty assessment. Geriatrician consultation will be provided that aim to provide specialist input and divert suitable patients to right care settings instead of acute hospitalization, i.e., direct home or Old Aged Homes (OAH) with community support for close monitoring together with geriatric fast track clinic follow up in SOPC or GDH (Geriatric Day Hospital); or direct transfer to convalescence Shatin Hospital (SH) for further geriatric specialist care. Some patients who require short stay for medical stabilization will be transferred to Emergency Medical Ward (EMW) with daily geriatric and emergency medicine conjoint care until discharge.

During last winter surge 2016-17, a total of 1040 geriatric nurse screenings at AED were performed. 411 geriatric consultations were provided and 252(61.3%) among them were able to be diverted to other care settings eventually without the need of acute hospitalization. The 28-day unplanned readmission rate was low (8.7%) and the patients that required to stay in EMW instead of M&T was short (ALOS 1.5 vs 5.9 days). During the last three years' winter surge period (2014-2017), we were able to avoid a total of 457 cases for acute M&T admissions.

In This Issue:

Editorial Comments

Access block is a very complex problem. With cross-specialty and multi-disciplinary collaboration, "Geriatrics at AED Front Door" was shown to be an effective strategy to divert suitable elderly patients from AED to other care settings for further management, thereby improving the AED overcrowding situation and reducing the pressure on hospital beds.

Dr Jenny LAM
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Prevention of Tourniquet Retained on Patients: From Safe Link to Anti-Loss Alarm Device

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A "Safe Link" system for the safe use of tourniquet has been introduced and evolved since 2013 in North District Hospital (NDH). The initial design was attaching an elastic string system with one end onto the tourniquet and the other end to the waist belt of the phlebotomist during the blood taking procedure. Retrospective audit on the documentation was performed for the period between July 2013 and January 2014 and the compliance rate was noted to be 100%. However, there were still a few reported cases of retention of tourniquet in the following year. Most of them involved interns who could not be benefited from this Safe Link system. With the support from the hospital management, an Anti-Loss Alarm device ("NUT") from the commercial market was introduced on the tourniquet.

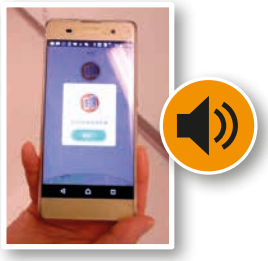
Aim:

The purpose of this anti-loss alarm device is to prevent the retention of tourniquet after blood taking or establishing intravenous cannulation procedures.

Pair-up the "Nut device" with a smart phone via Bluetooth.

Apply the tourniquet with "Nut device" during blood taking procedure.

The staff forgets to remove the tourniquet and leaves it on patient. The cell phone will beep and alert the staff at a certain distance apart.



Result:

During the pilot period (1/7/16 to 31/12/16), there was no reported case of retained tourniquet in NDH. 35 phlebotomists and 30 interns participated in this program during this period. This was a dramatic improvement compared to the number of incident reported (2 cases) in NDH in the preceding 6 months and that reported in NTEC (9 cases) over the whole 2016.

According to the satisfaction survey of using this new anti-loss device, it was welcomed by the staff for its convenience and effectiveness for prevention of retention of tourniquet.

Editorial Comments

The journey of the development of this risk mitigation initiative was inspiring. The idea was generated from the front-line users who encountered the risks and translated into the design and production of the "Safe Link", which further gone through the auditing process and improved into the "Anti-loss Alarm Device" which was proved to be an excellent initiative to help mitigate the risk of retained tourniquet after blood taking.

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CLUSTER SHARING

New Territories West Cluster

Telephone Reminder Service to Patients for Elective Colonoscopy

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In order to prepare for colonoscopy, patients are generally instructed not to eat or drink (nil by mouth) after midnight on the day of procedure. If patients are taking anti-hypertensive drugs, they are allowed to take the medication with sips of water. However, this instruction is sometimes misinterpreted by patients with hypertension, causing avoidable cancellation of colonoscopy.

In Tuen Mun Hospital (TMH), from April to December 2016, about 30% patients with hypertension were found having high blood pressure on admission due to the omission of anti-hypertensive drugs. Among these cases, 10% of the colonoscopies had been cancelled by doctors even drugs were given back immediately. Upon review, the omission of anti-hypertensive drugs was mainly due to patient's misinterpretation of the instruction of "Nil by Mouth", although Chinese reminder for taking medication as usual was made on the instruction note.

In view of this, a telephone reminder service was introduced from January to March 2017 in TMH. Reminder call to the patients was made 2 days prior to the procedure by a nurse. The patients were reminded to have proper bowel and diet preparation, as well as to take anti-hypertensive drugs with sips of water on the procedure day.

The result showed that patients with hypertension that had high blood pressure on admission were significantly decreased from 30% to 10%, and no more colonoscopies were cancelled for this reason. A patient survey on the telephone reminder service was conducted. The result showed that 38% of the patients did not realize that they should take anti-hypertensive drugs as usual on the day of colonoscopy. 95% patients responded that the information given through the telephone reminder services were clear and helpful. 78% patients expressed that the information provided can reduce their worries on taking drugs before the colonoscopy. The telephone reminder service has not only enhanced patient safety, but also reduced extra nursing time in managing patients with uncontrolled hypertension on admission and rearranging appointments.

Editorial Comments

Clear communication between health care workers and patients or their carers is essential to make sure that the care related information or instructions can be readily delivered and well received. The means and timing of communication are two important factors to be considered to make sure that the message has been delivered effectively.

Ms Karen MAK
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CLUSTER SHARING

Kowloon West Cluster

Clinical Pharmacists' Role in Caring for Elderly Home Residents – From Admission to Discharge

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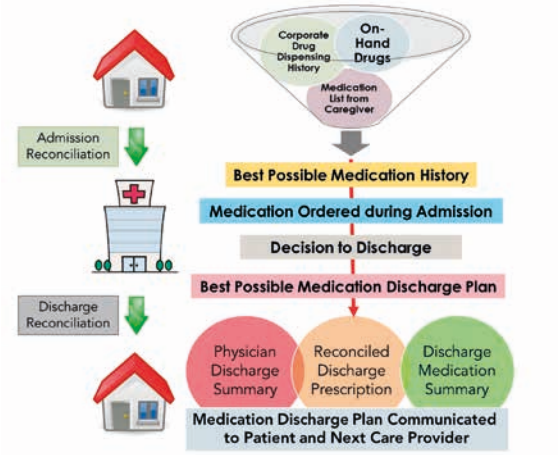
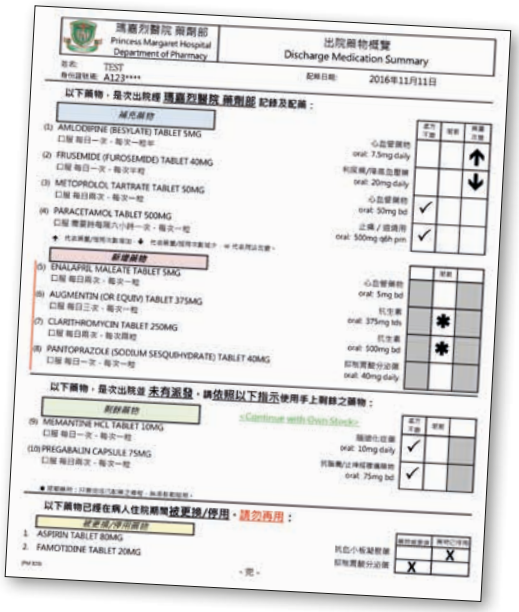


Clinical pharmacists play a pivotal role in providing pharmaceutical care, such as Medication Reconciliation (MR) on hospital admission and discharge, which prevents drug-related problems attributable to incomplete or inaccurate information at transitions of care, especially in the elderly population where multiple comorbidities are common. Since 2014, the MR service targeting elderly home residents has been launched in a Geriatric ward at Princess Margaret Hospital.

Our clinical pharmacists carried out complete reviews to obtain best-possible medication histories, and reconciled the medication orders for target patients after admission and prior to dispensing discharge medications. Prescribers were contacted to clarify missing information and to rectify potential problems, such as omissions, unintentional prescribing, and inappropriate dosage or frequency. The pharmacist interventions were well-received with an acceptance rate of over 98%.

Furthermore, to better convey the reconciled medication discharge plan and to bridge the communication gap between the hospital and elderly homes, clinical pharmacists prepared comprehensive discharge medication summaries to emphasize changes made during the hospitalization. Dosage adjustments, new medications and discontinuations were highlighted with symbols. Dosage instructions and indications of each drug were written in Chinese such that caregivers could easily understand. The summary facilitated the management of discharge medications by care providers, and positive feedbacks were received from the Community Nursing Service and target elderly homes.

The service was presented at the HA Convention, the HA Annual Medication Safety Forum, as well as the KWC Quality and Safety Forum where it received Best Oral Presentation award. The contributions of clinical pharmacists towards improving patient safety via medication reconciliation were clearly demonstrated.


Princess Margaret Hospital
Department of Pharmacy
出院藥物概覽
Discharge Medication Summary

Editorial Comments

Medication error is one of the main contributors to medical incidents in HA, while it may occur when the patient is at home as well. This new service helps to reduce the chance of taking wrong medication when the patient is discharged back to elderly home, and decrease the number of unnecessary re-admission.

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Comments are welcome

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