

# **A challenge of transferring non-ambulant patients from Accident and Emergency Department back to Siu Lam Hospital after consultation beyond Non-Emergency Ambulance Transfer Service operation hour in Hong Kong**

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## **Background**

SLH is the only hospital in HK serving patients with severe intellectual disability aged 16 or above. 90% of patients are non-ambulant with complicated physical comorbidity. The time spending in waiting for transferring back to SLH from AED/TMH are ranging from 2 hours 30 minutes to 8 hours 40 minutes. Patients became irritable, anxious & agitated after a long waiting time in AED and staff were difficult to manage the patient in an unfamiliar environment, even the wards in SLH were affected the already stringent manpower situation. A task force group was developed to tackle the challenge.

## **Objectives**

To explore concerns of staffs and needs for transportation of the patients in SLH.

To explore alternative means of transport for transferring back the non-ambulant patients of SLH after consultation in AED/TMH.

## **Methodology**

FADE cycle was adapted.

**FOCUS:** Identification of causes of the problem

To examine obstacles and expectations of staff from SLH by conducting questionnaire survey via focus group meetings and interview.

To visit both sites of SLH and AED/TMH so as to understand geographical constraints and physical-psychosocial needs of patients

**ANALYSIS:** To proceed data analysis; To study practice of similar organization for benchmarking

**DEVELOPMENT:** Exploration of alternative solutions

To explore possibility of suitable places to provide “transit” stay in TMH and alternate means of transportation.

**EXECUTE:** To affirm feasible solutions; To propose and execute the workflow and solutions

## **Results:**

The total number of attendance of SLH patients in AED/TMH during 01 July 2013 to 30 June 2014 was 468, among them 414 patients were admitted. Hence, total number of patient that were NOT admitted and need to be transferred back to SLH was 54, among them with 25 patients (5.3%) were beyond Non-Emergency Ambulance Transfer Service (NEATS) operation hour and need special arrangement of transportation back to SLH.

The Focus Group meetings with different ranks of staff (total 17 representatives) in SLH were held on 4 July 2014. Long waiting time, inadequate support to escorting staff and SLH ward staff were their concerns. The representatives expected to shorten the waiting time for transportation and gain support during the transit moment. Finally, the representatives recommended options of transportation; provision of appropriate support to patients and staff during transit and betterment of in-house medical service coverage in SLH. A “Flowchart” was compiled and alternate means for transportation and other options were suggested: The patient will be kept in Room 38 in AED/TMH for NEATS till next day or admitted to Emergency Medicine Ward (EMW) in TMH for NEATS if medical problems grounded; Private Ambulance; Ordinary Taxi and Diamond Taxi.

## **Conclusion**

The captioned issue is a long time challenge to SLH. Although the affected cases were not in large number, it still incurred much grievance and confrontation among colleagues in SLH and AED/TMH. Together with the resources implication of extra manpower usage and trimming down the workforce in ward, it may easy to develop a huge fire just because of this little spark if the problem is kept unsolved.