HA Convention 2019 - Ambulatory Care for Patients with Influenza and Pneumonia in Accident & Emergency Department in Prince of Wales Hospital

Dr Marcus CK Tai
Associate Consultant
PWH A&E
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Aims of FLU-monia program

To formulate a safe pathway for flu/pneumonia patients to receive treatment in out-patient setting

To avoid unnecessary admission in order to prevent overcrowding of wards

To prevent hospital-acquired infection

To act as a pilot program to develop other ambulatory care in A&E setting in the future
Timeline for PWH

FLU-monia program

- **Summer Surge**
  - 13 July 2017

- **FLU program (2nd phase)**
  - 28 Aug. 2017

- **FLU program (1st phase)**
  - 13 July 2017

- **FLU program (3rd phase)**
  - 28 Aug. 2017

- **FLU-monia program commenced**
  - 1 Aug. 2018
FLU-monia Program Flow Chart (Flu) (Phase 3)

Inclusion criteria
- Non-ambulatory adult patients
- Ambulatory patients ≥ 60 years old with major comorbidities, including but NOT limited to COAD, AMI, asthma and CKD

Exclusion criteria
- Systolic BP < 90mmHg
- Diastolic BP < 60 mmHg
- SaO2 < 92%
- RR > 24/min
- Unstable cardiovascular or respiratory disease
- Immunocompromised patient

Patient attending A&E with ILI symptoms

Suitable patient (Home + OAH)

Yes

Recurring to ‘FLU Program’

± Taking NPA for M gene test and discharging home with medication

Offering follow up according to patient’s condition:
- a) Follow up by COST nurse
- b) Follow up in AED nurse clinic

Giving alert card

If patient re-attends AED with alert card

Escalating level of care by triage nurse

Admission if indicated

(Revised on 29 December 2017)

References
**Inclusion criteria**

- Ambulatory patients ≥ 18 years old
- CURB-65 score ≤ 2

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**Patient attending A&E with diagnosis of pneumonia**

**Suitable patient**

- Yes
  - Recruiting to ‘Pneumonia Program’
  - FU by A&E nurse clinic in 5-7 days to review symptoms and repeat CXR
  - If patient re-attends AED with alert card
  - Escalating level of care by triage nurse

- No
  - Admission if indicated

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**References**

<table>
<thead>
<tr>
<th>Medical ward short stay cases (LOS ≤ 4 days)</th>
<th>Flu cases (13/7/17 - 31/1/19)</th>
<th>Pneumonia cases (1/8/18 - 31/1/19)</th>
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</thead>
<tbody>
<tr>
<td>Medical ward short stay cases (LOS ≤ 4 days)</td>
<td>290 (8.6% can be managed by FLU-monia program)</td>
<td>173 (13.3% can be managed by FLU-monia program)</td>
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<tr>
<td>FLU-monia program cases</td>
<td>288 by NP clinic 39 by COST (92.7% case closed)</td>
<td>121 by NP clinic (81.8% case closed)</td>
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<td>Admitted cases under FLU-monia program</td>
<td>22 (6.7%)</td>
<td>18 (14.9%)</td>
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<td>A&amp;E reattendance with alert card</td>
<td>14</td>
<td>13</td>
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Thank You