Emergency Medicine Wards – an international perspective

T H Rainer
Representing COC(A&E)
Outline

• Background
• Pressures on the system
• General characteristics
• Development and trends
Role of Emergency Medicine

• Assessment and management of acutely ill and injured patients

ACUTE

• Hospital emergency admission gatekeeping.
Early Days

1989

- Society for Academic Emergency Medicine formed observation medicine committee
Pressures on the system

1983
• <23 hours classified as out-patients
• Hospitals reimbursed at cost

24 Hour Observation Ward

State of Play in 1990s

• Observation Wards, 1991
  – USA 30%
  – Australia 50%
  – UK >90%
  – Canadian >90%
  – Hong Kong 100% (1995)
Names

• Observation Ward
• Short Stay Unit
• Short Stay Observation Ward
• Short Stay Emergency Ward
Characteristics

- Designated areas
- Adjacent to the Emergency Department
- Limited number of beds 2 – 6 beds
- Short stay 2 – 24 hours
- Brief periods of observation
- Brief periods of treatment
- Prevent admission
- Reduce costs
- Precise protocols and gatekeeping
Pressures on the system

- Population growth
- Aging population
- New Technology
- Heightened expectations
- Better informed community
- Chronic conditions
- Overheating hospital systems
- Limited resources

Provisions and Solutions

- **Emergency Physicians**
  - Better trained
  - More competent
  - Priority care
  - Rapid decision making
  - Able to rule in/rule out life threatening conditions

- **Emergency Departments**
  - Gate-keeper.
Development

The role, scope of practice, length of stay and complexity of care has evolved away from the observation of minor cases towards the management of increasingly complex cases.

- Clinical Decision Units
- Chest Pain Units
- Emergency Medicine Wards (EMW).
Age

Feb-08

≥ 81 yrs
155 (37%)

≤ 35 yrs
23 (6%)

36 - 50 yrs
22 (5%)

51 - 65 yrs
60 (15%)

66 - 80 yrs
151 (37%)

Increasing age

More complex
Length of stay (LOS) on EMW

- Increasing LOS:
  - 4 hours
  - 12 hours
  - 24 hours
  - 48 hours
  - 48+ hours

Feb-08

- > 4 days: 27 (7%)
- > 2 & ≤ 3 days: 52 (13%)
- > 1 & ≤ 2 days: 123 (30%)
- ≤ 1 day: 172 (41%)
EMW Admission: Top 10 diagnoses (Jan-08)

Top 10 diagnoses

- CHF: 76
- UGIB: 53
- Hypoglycaemia: 30
- Dizziness/Vertigo: 27
- Head Injury: 23
- Hypertension: 19
- Syncope: 19
- Syncope: 19
- Syncope: 19
- AROU: 16

Number of patients
EMW Admission: Top 10 average LOS (Jan-08)

![Average LOS Chart]

- COPD: 2.35 days
- CHF: 2.22 days
- Musculoskeletal pain: 2.17 days
- Hypoglycemia: 1.9 days
- Dizziness/Vertigo: 1.41 days
- Head Injury: 1.12 days
- Hypertension: 1.12 days
- Syncope: 1.12 days
- AROU: 0.73 days
Distributions of patients with ICPs;
Total = 239 (54% of EMW admissions)
Trends

From

• ‘Areas’ to ‘Wards’
• ‘Adjacent’ to ‘Distant’
• ‘2 – 6’ to ‘28 – 40’ beds
• ‘Short’ to ‘Long’ stay
• ‘2 – 24’ to ‘48 – 96’ hours
• ‘simple’ to ‘complex’ treatment
• ‘simple’ to ‘complex’ protocols
Evidence

Do such developments....

• Prevent admission?
• Reduce costs?