Geriatric Screening at Front Door in Prince of Wales Hospital during Winter Surge- An Highly Effective Way on “Admission Avoidance”

Dr Ho WS(1), Chim CK(2), Dr Hui E(1), Dr Cheung NK(3)

(1) Division of Geriatrics, Department of Medicine and Therapeutics (2) Community Outreach Service Team (3) Department of Accident & Emergency Prince of Wales Hospital

Keywords:
Geriatric screening and triage at AED
Winter Surge
Admission avoidance
Diversion to appropriate care settings
Community support
Fast track clinic follow up

Introduction
An increasing number of older people attending AED especially during winter surge poses a significant burden to our public healthcare system. With an occupancy rate in excess of 120% in medical wards, large numbers of patients requiring admission are blocked in AED. The measure of “Geriatric screening at hospital’s front door” may prevent hospital admissions by diverting their clinical journey to more appropriate care settings.

Objectives
The aim of this pilot service is to reduce emergency admissions through Geriatric assessment and triage in AED.

Methodology
A Geriatric specialist working with a community nurse provided on-site services at AED in PWH from Monday to Friday in the morning from January through March 2015. Senior AED doctors identified potential patients pending admission to medical wards for Geriatric assessment. Suitable patients were selected for admission avoidance by 1) Discharge back home/old age home with early monitoring by community nurses or community geriatric assessment team the following day and subsequently if necessary, 2) Direct admission to convalescence at SH for further care, 3) Admit to Emergency Medical Ward (EMW) for a short stay. Fast track clinic follow up was arranged if indicated.
**Result**

Interim evaluation for the first month was performed. Seventy-five cases were screened in January 2015. The mean age was 85.1 years. Forty-nine (65.3%) were home-dwelling and 26 (34.7%) from old age homes. The most common problems referred were decrease in general condition (20%), heart failure (16%) and dizziness or loss of consciousness (14.7%). Forty-three (57.3%) were not admitted. Among them, 18 (24%) were directly discharged back to their place of residence. Thirteen (17.3%) were directly admitted to SH for further management. Eleven (14.7%) were admitted to EMW for simple management and discharged after an ALOS of 2.33 days (ALOS in medical wards at PWH was 6 days in December 2014). Readmission rate of the 43 subjects diverted from acute hospitalization was 11.6% (43) within 7 days. In conclusion, “Geriatrics at the front door” is an effective model for admission avoidance with good outcome. Further research should be conducted to identify best practices and patient groups that are most amenable to such intervention.