The effectiveness of Geriatric Consultation Programme "We Care" on easing Access Block in Emergency Department

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Introduction
The pressure on medical admission was increasing in view of our aging population. The geriatric consultation programme 'We Care' aims at lowering acute geriatric medical admission through our emergency department by screening on the target group (aged >65 with chronic illnesses) by the geriatric consultation team. Eligible candidates bypass acute medical admission and will be transferred to rehabilitation units or discharged home with community nursing service follow up.

Objectives
The study aims at 1) evaluating the effectiveness of programme "We Care' in lowering acute geriatric medical admission; 2) examine the characteristics and final outcome of those patients after their consultations.

Methodology
Retrospective study on patients who were assessed by Geriatric team in Emergency Medicine Ward from 1 January to 31 December 2014. Demographic information, diagnostic categories, destinations on discharge, initial triage categories, community nursing service referrals and adverse outcomes were surveyed and analysed.

Result
1561 geriatric consultations were made in 2014. Age range from 48 to 103 (mean 81.34, median 82, SD 7.62). The diagnostic categories include: (1) pulmonary diseases (n=417; 26.71%), (2) cardiac diseases (n=425; 27.23%), (3) geriatric related (n=124; 7.94%), (4) neurological related (n=293; 18.77%), (5) diabetic problems
(n=168; 10.76%), (6) terminal malignancies (n=7; 0.45%), (7) electrolyte or input/output imbalances (n=36; 2.31%), (8) non-respiratory infections (n=52; 3.33%) and (9) others (n=39; 2.50%). Rate of reducing acute medical admission is 82.19%, of which 56.37% patients were discharged home and 25.82% patients were transferred to rehabilitation hospital. The rate of adverse outcomes was 1.22% (19 deceased cases within 14 days of discharge).