Emergency Medicine Wards – an international perspective

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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 gate-keeping.

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

Graff et al. Observation Medicine. Literature of Emergency Medicine 1992

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

Daly and Cameron. Short Stay units and observation medicine: a Systematic Review. Med J Aus 2003

Provisions and Solutions

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

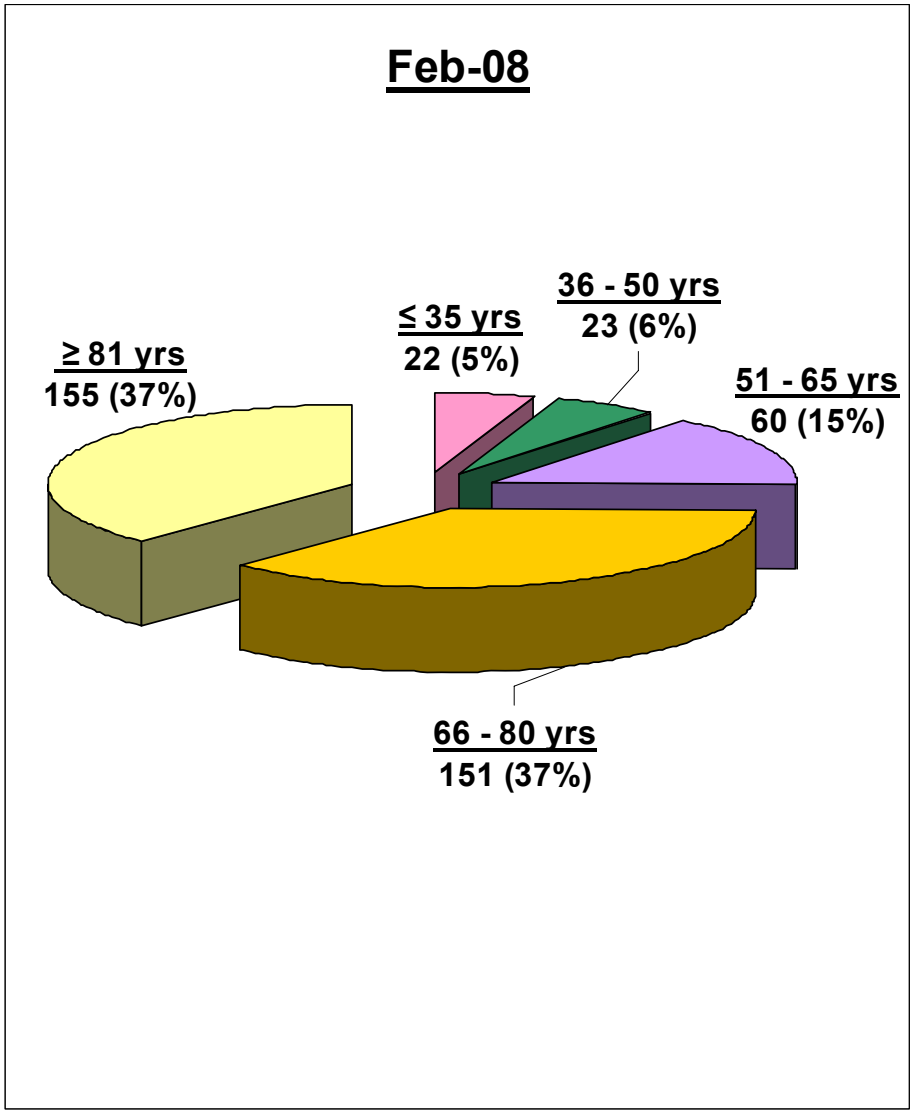
- Emergency Departments
  - Gate-keeper.

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).

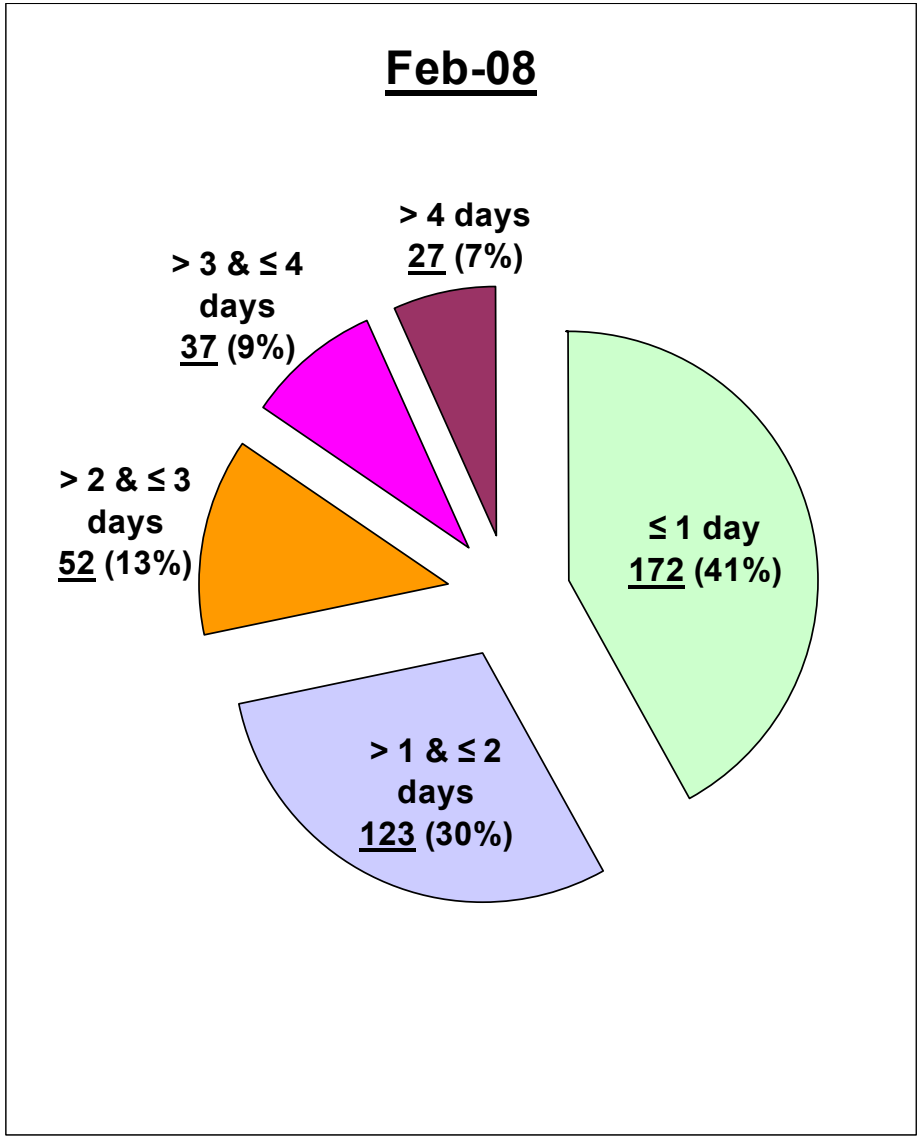
Age



Increasing age

More complex

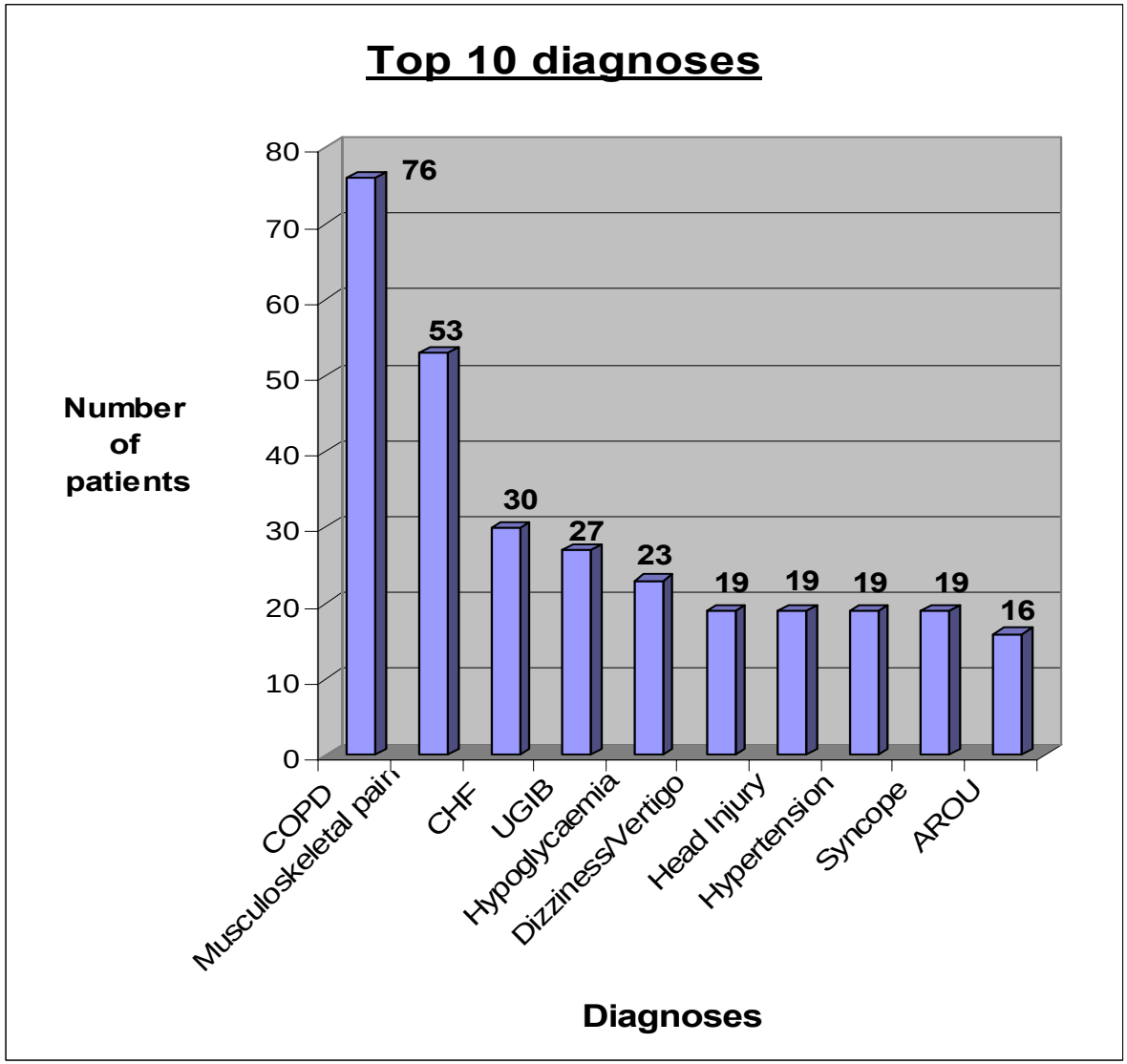
Length of stay (LOS) on EMW



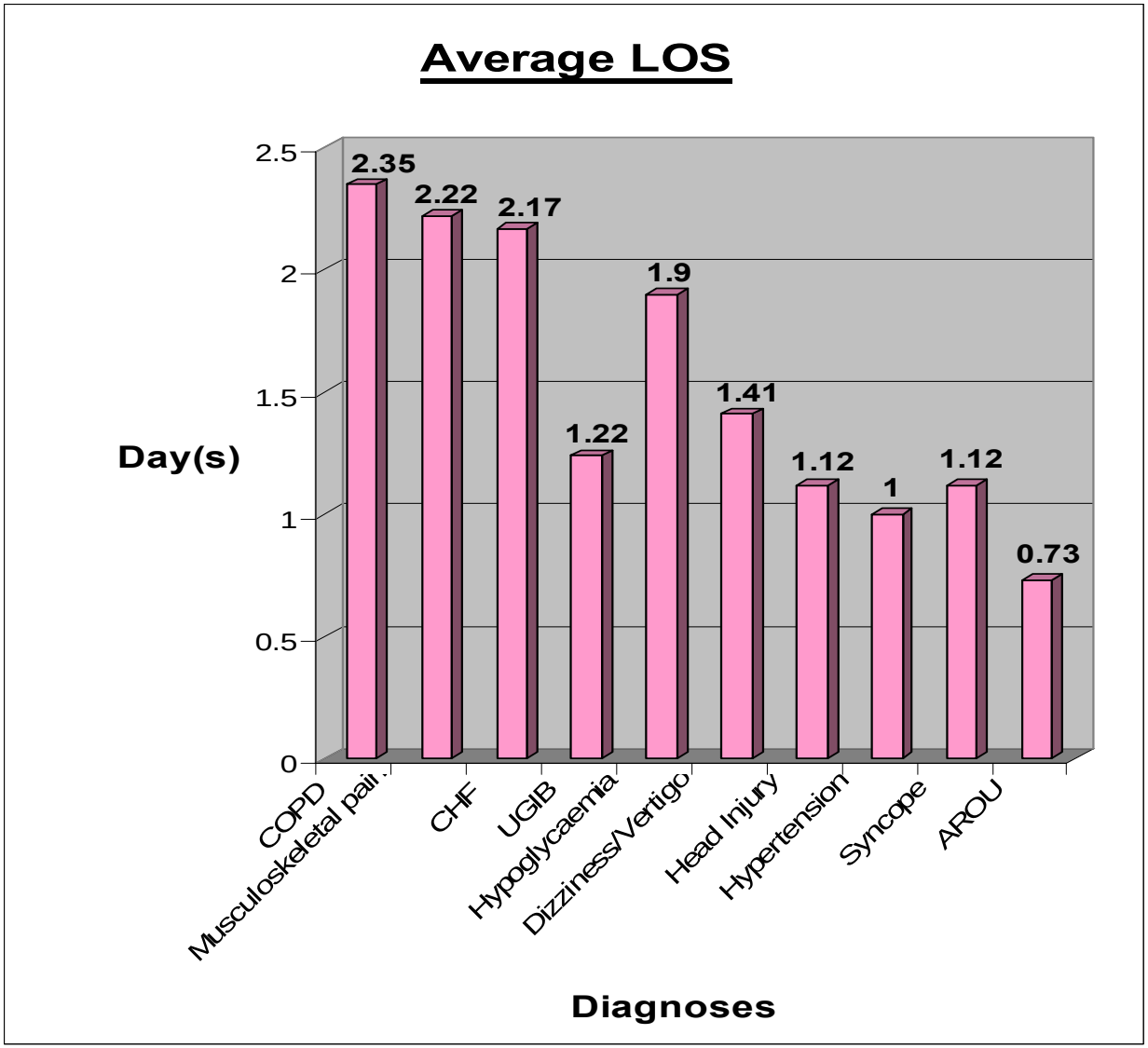
- Increasing LOS:

4 hours
12 hours
24 hours
48 hours
48+ hours

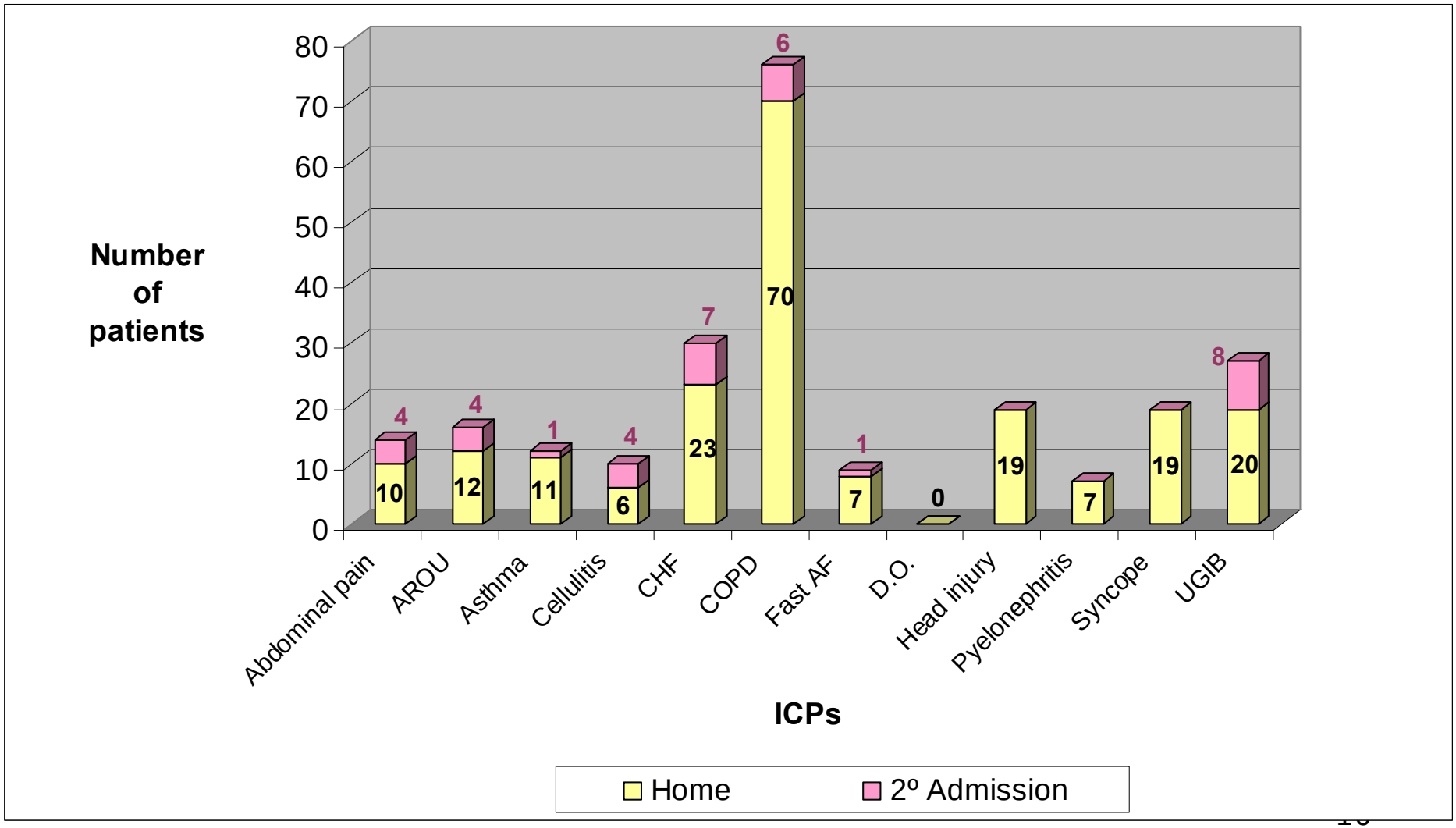
EMW Admission: Top 10 diagnoses (Jan-08)



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



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?