

Ambulatory Care Physician (ACP) in Emergency Medical Ward (EMW)

- Evolution or Revolution?

[ACP–A&E share care pilot program]

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Introduction

- Approximately 50% of patients attending Accident & Emergency Department (AED) of QEH are classified under the specialty of medicine. One third of those might require hospital admission for further care.

Traditional Model

- Traditional model of hospital-based patient care not only results in
- overcrowding of medical wards,



- detrimental effects on patient care as a result of long doctor work hours,



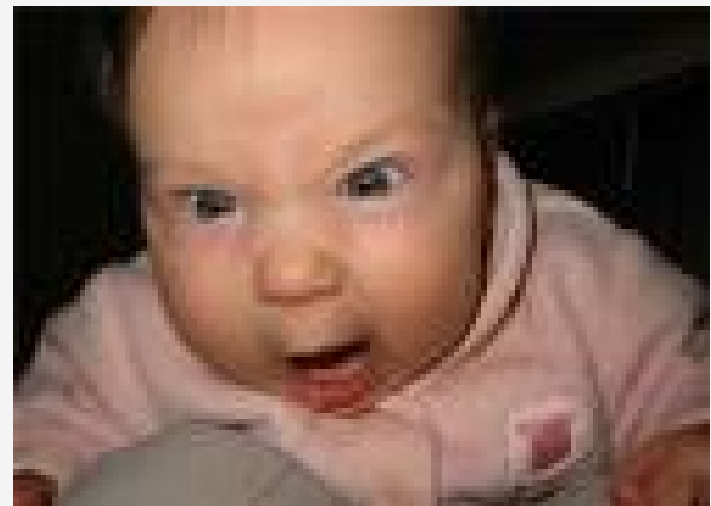
- increase in infectious risk



- but also dilution of healthcare resources.



- Patient satisfaction is seriously compromised.



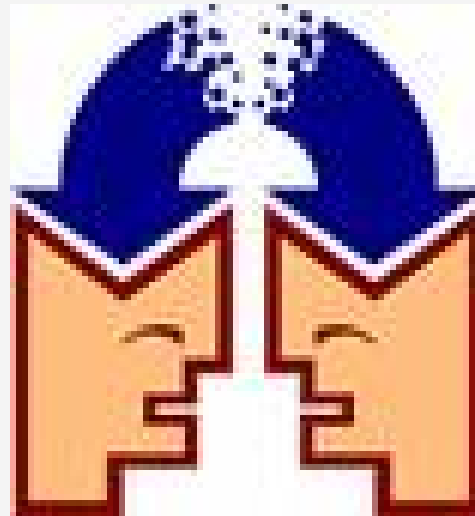
The New Model

- New model of care delivery needs to be explored to cope with future sustainability. Department of Medicine and A&E collaborated to explore the feasibility of a new in-patient care model.
- The ACP - A&E share care pilot program was implemented in January 2009 and has undergone trial for one year.
- This paper is to report our findings.

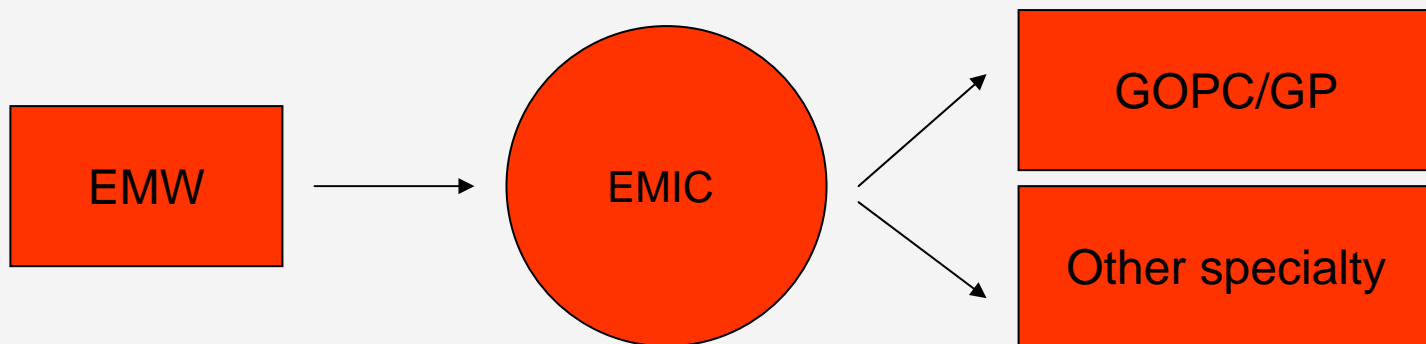
- An ACP specialist from Department of Medicine is assigned to EMW of AED to assist daily routine ward round for most of the medical patients every morning.



- Opportunity for bilateral on-site communication between Emergency Physician (EP) and ACP is created with a view for joint management and possibly skill transfer in the long term.



- An EMIC (Emergency Medical Integrated Clinic) is also set up on each Wednesday afternoon by the same ACP for continuation of post-discharge medical care. Patients are then either discharged back to community (private or public) or triaged to other specialties/subspecialties if needed.



Objectives

- 1) To assess the magnitude of emergency medical admission reduction from EMW.
- 2) To evaluate the efficacy of EMIC in terms of reduction in Specialist Out-patient referral.
- 3) To assess possibility of skill transfer between EP and ACP

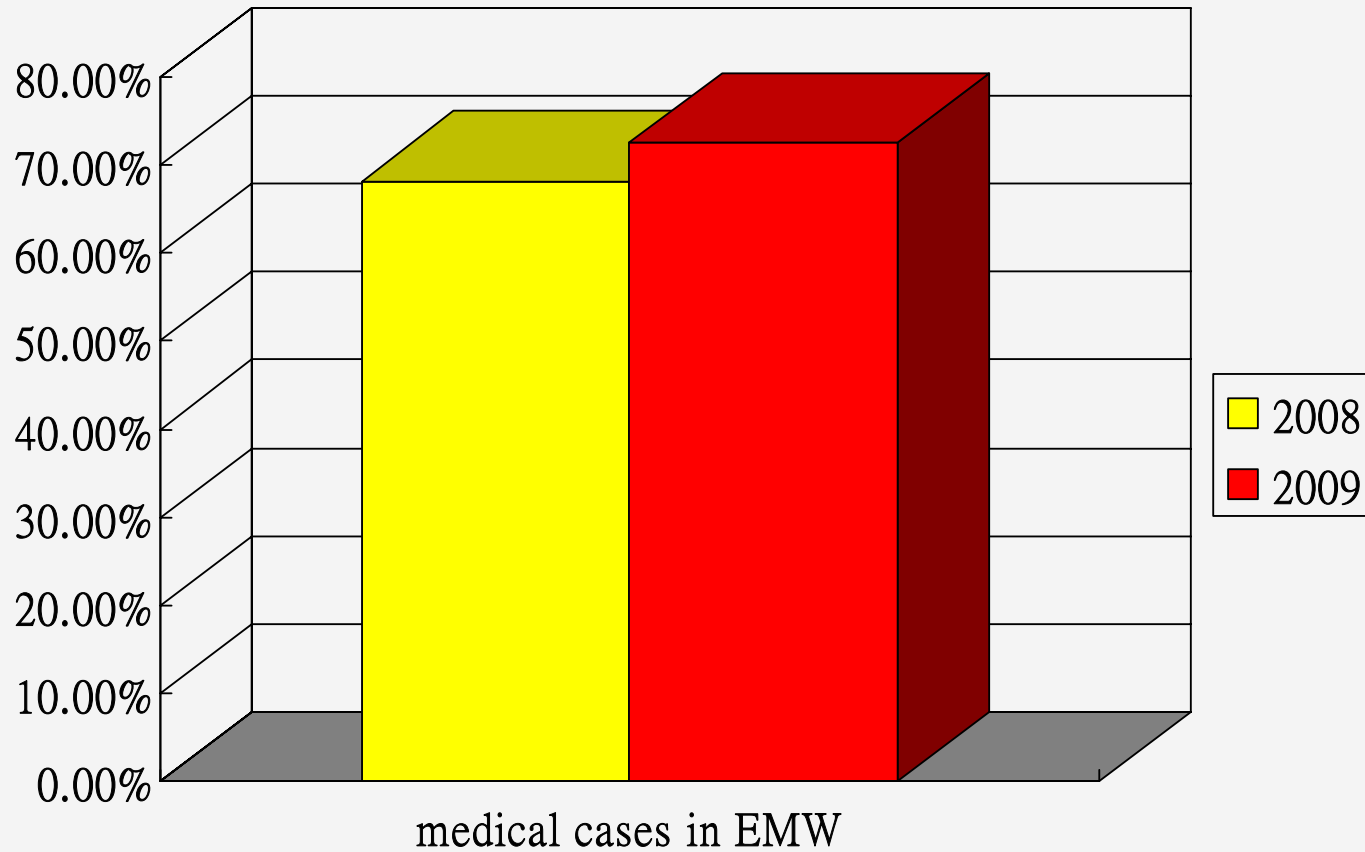
Methods

- This is a retrospective observational study.
- Patients who were admitted to EMW from January to December of 2009 were analyzed. Data were compared with the same category of patients during the same period in 2008.
- Data were extracted from CDARS.

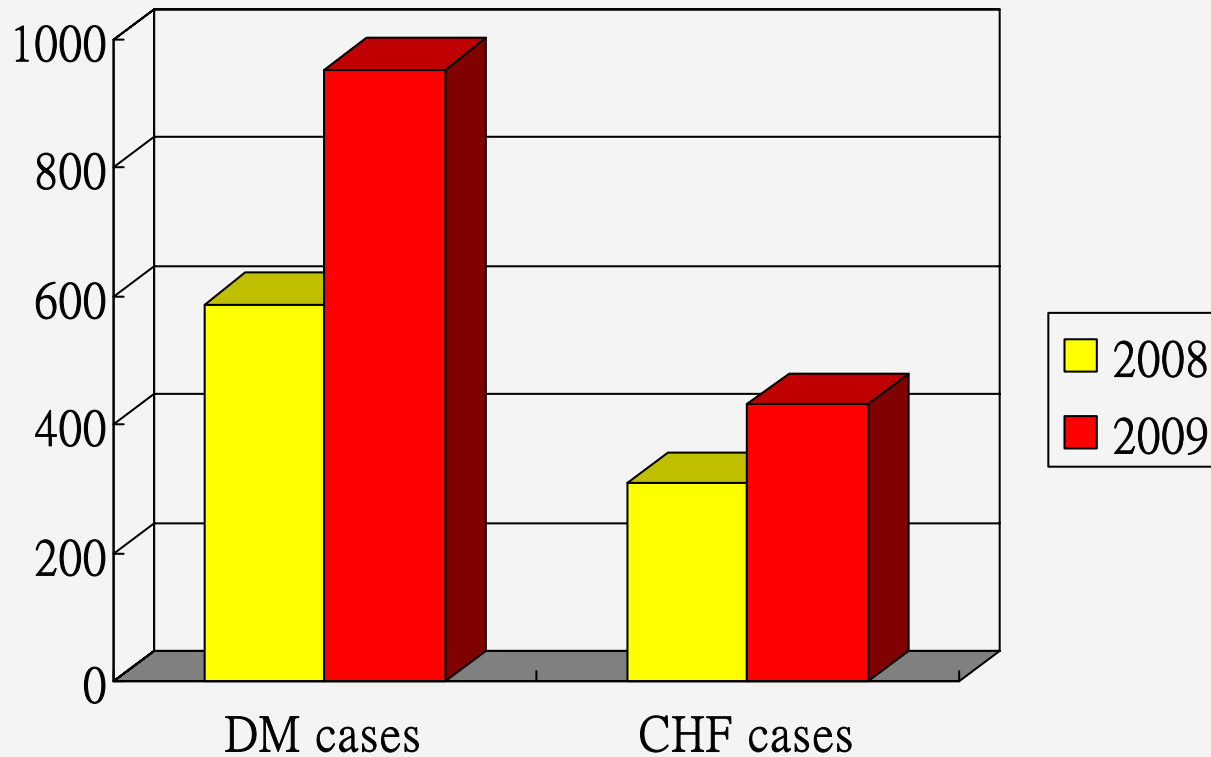
Results - medical cases in EMW

- Medical cases admitted to EMW were increased and more complicated due to advantage of having a medical specialist in the program.

Results - medical cases in EMW

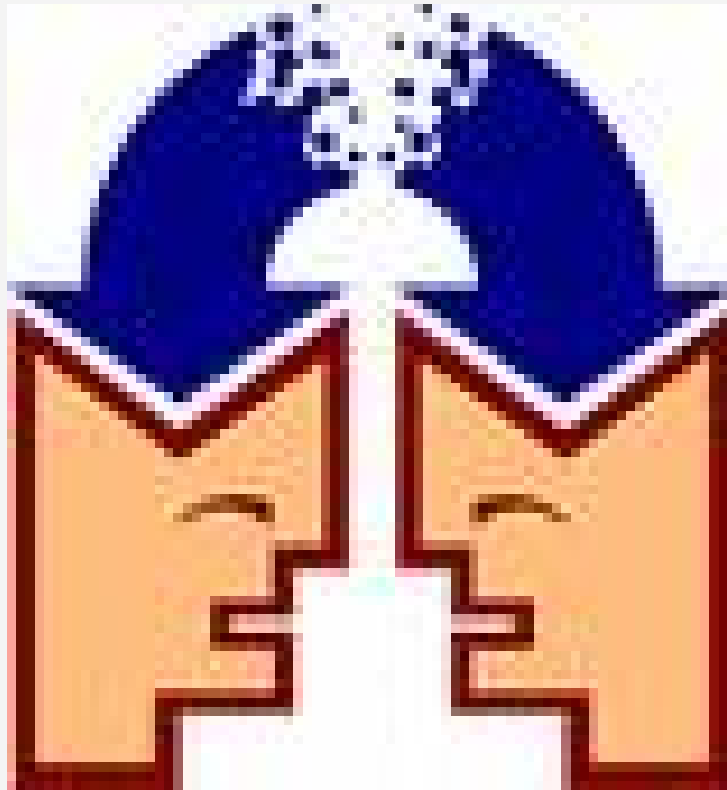


Results - medical cases in EMW



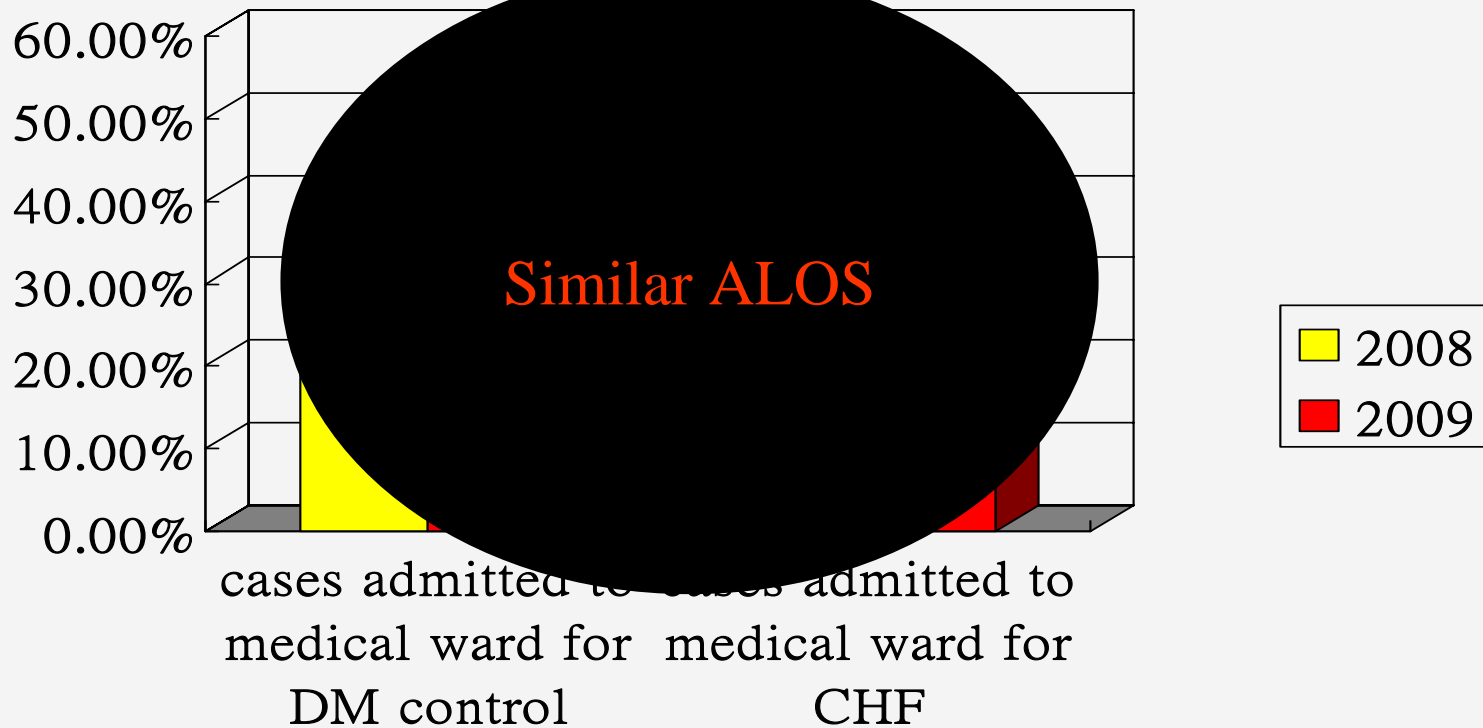
Result - skill transfer

- Skill transfer could be felt and observed.



Result - skill transfer, example

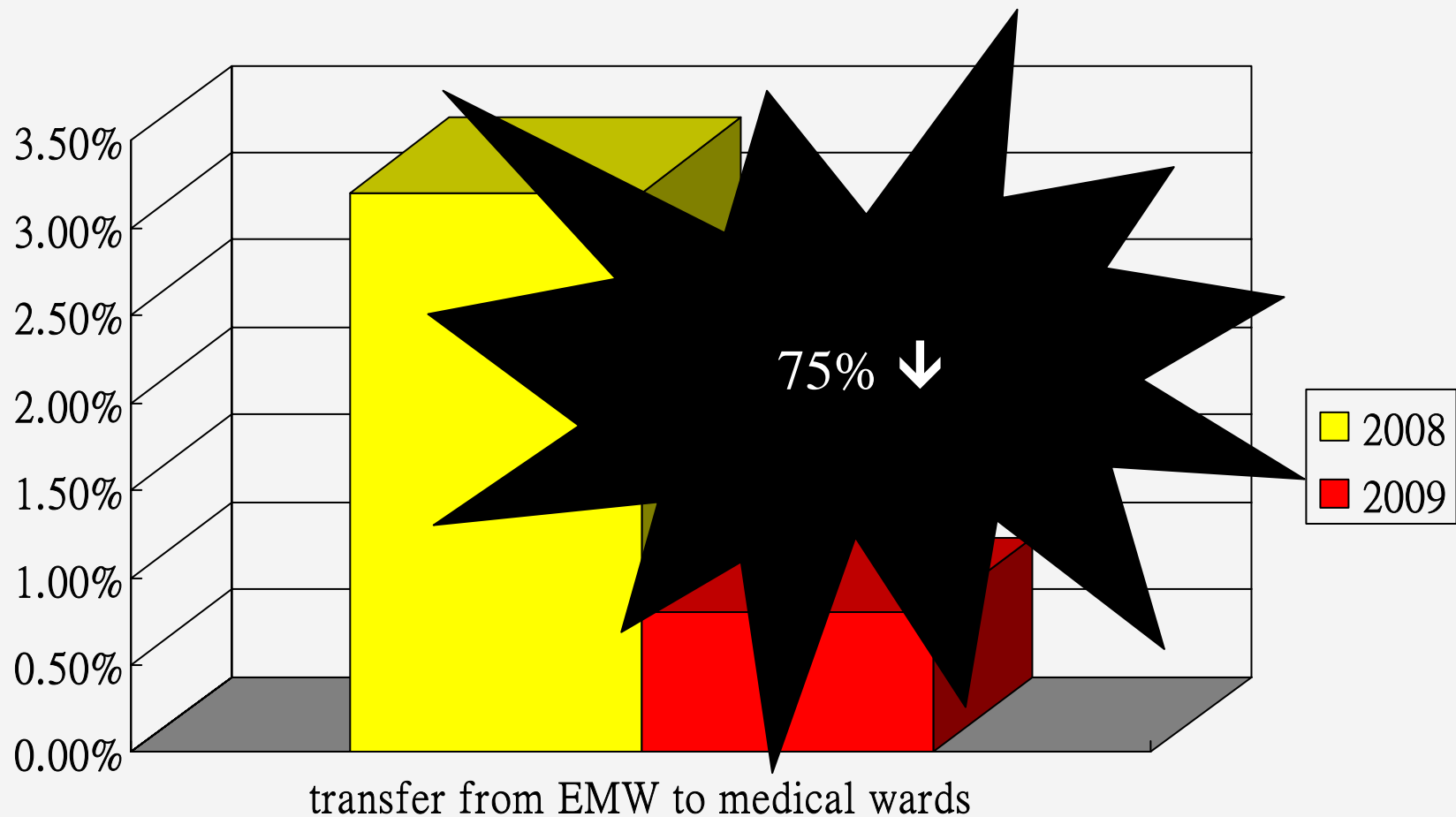
- Under the concerted effort of EP and ACP



Result - skill transfer, example

- EP also transfer more subacute medical cases to convalescent hospital just like an ACP .
- ACP learns more non - medical skill from EP eg ultrasound of abdomen or kidney etc.

Result - rate of transfer from EMW to medical wards

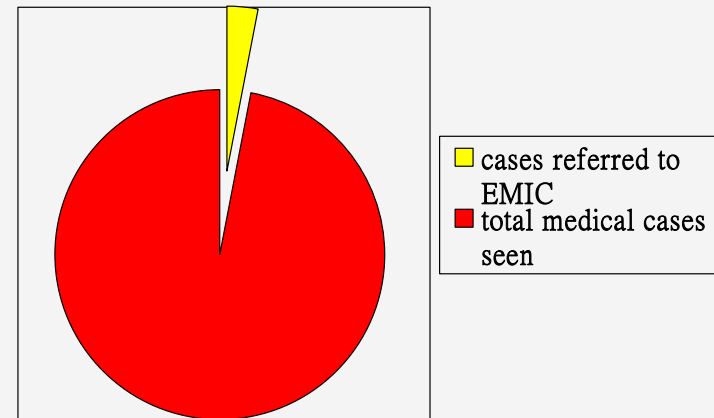


Result

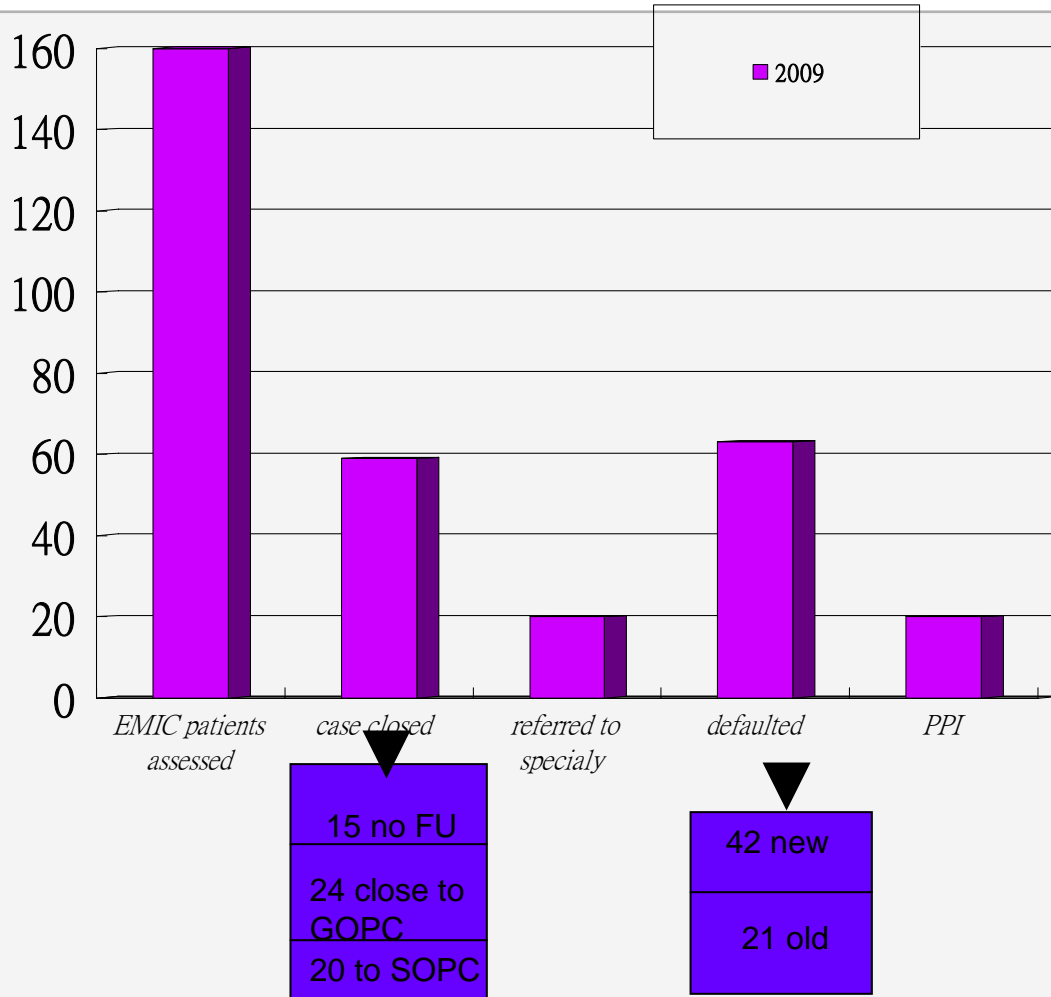
	2008	2009	improvement
Discharge to convalescent hospital	5%	7.9%	58% ↑
The re-admission from BH back to QEH within 7 days		0.56% (2/353)	
The mortality within 48hrs after transfer out to BH		0	
Readmission rate within 7 days after discharge to home	1.9%	0.29%	84% ↓
The mortality within 48hrs after re- admission		0	
ALOS	20.1hrs	20hrs	

Result - EMIC data

- A total of 232 (232/7475, 3%) patients were referred to EMIC by ACP after discharge from EMW.





EMIC Data



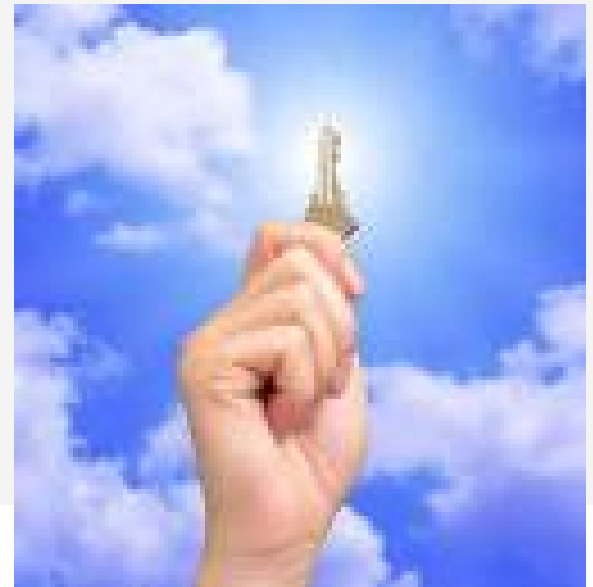
Result - DNR in EMW

- DNR was successfully pioneered for 23 patients in EMW : a few patients were certified dead in EMW while most of patients were transferred to convalescent hospital through EMW for comfort care

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- Direct transfer of patients with DNR order from EMW, AED to convalescent hospital would
 - save the limited resources in the acute medical wards for more acutely ill patients.
 - Avoid unnecessary transfer between wards/specialties.
 - avoid risk of discrepancy in communication by different disciplines.
 - bridge patients to be transferred to convalescent hospital directly.

Conclusions

- Under the concerted efforts of ACP and A&E staff, ACP-A&E share care program further reduced emergency medical admissions, helped to relieve congestion in the medical wards, and facilitated the turn-over of EMW in AED.



- EMIC provides efficient post discharge specialist step down care and at the same time, triages patients who need timely tertiary care.
- ACP acts as a bridge between Medical Department and AED - facilitate the conduction of various protocols for treatment of medical patients in the AED.

- Directly initiate DNR for indicated patients in AED/EMW can reduce unnecessary transfer and bridge patients to be transferred to convalescent hospital.

ACP-A&E share care program

Revolution!

Win!

Win!

Acknowledgement

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Thank You!

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Jules

