



## Service Priorities and Programmes

### Electronic Presentations

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#### **Enhanced Observation Ward - A New Collaborative Care Model**

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#### **Introduction**

Increasing ageing population and growing complexities of medical treatment have increased medical workload over the years, as reflected by the escalating accident & emergency (AED) attendance and admissions and overcrowding of medical wards. On the other hand, though the emergency physician (EP) and internal medicine physician (MP) care for the same patients, there is often little communication and sharing, creating unnecessary workload and an inefficient compartmentalized care model. Short stay admissions, in particular, consumed significant resources and were potentially avoidable with better collaborations between the two specialties.

#### **Objectives**

1. Reduce unnecessary hospitalization to medical ward focusing on short stay admissions  
2. Establish multidisciplinary collaborative care provided by the EP and the MP for patient in the AED enhanced observation ward (EOW)

#### **Methodology**

In this pilot program, 8 beds were assigned as EOW in AED Observation Room. Patients who attended AED and required admission with well-defined disease tracts were screened by EPs. Eligible patients were identified and transferred to EOW. In the EOW, patients were managed by protocol driven guidelines. MPs would perform conjoint round twice per day during the weekdays with the EPs. To facilitate timely follow-up in term of days or weeks, extra quotas in the medical out-patient clinic were created to allow timely post-discharge follow-up.

#### **Result**

The pilot phase of EOW was launched in February, 2012. From February to December, 2012, a total of 2256 cases were admitted to the EOW, representing an average 6.7 cases per day. 84% of the patients were discharged from the AED. There was reduction (14.3% vs. 12.8%) in the portion of short stay cases over total medical admission in year 2011 and 2012 as well as the absolute number of short stay medical admissions. The overall length of stay in EOW was 14 hours. The unscheduled re-attendance rate within 28 days was 5.7%. There was no mortality of the recruited patients during the above period. EOW provides promising platform for

multidisciplinary & integrated care model to through conjoint round by the EP and MP. It reduces “non-value added” short stay admissions. Patient receives one-stop timely conjoint care at the doorway and can be discharged home directly from AED.