



Service Priorities and Programmes
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Resource implication of Geriatric consultation service in Emergency Medicine Ward

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Introduction

Hong Kong is having a significant prevalence of geriatric patients who usually require admission to the medical ward after presentation to the health care system through emergency departments. The geriatric consultation program in emergency medicine ward (EMW) aims at lowering acute geriatric medical admission.

Objectives

This study aimed at analyzing the impact of the geriatric consultation service on saving acute health service resources by diverting suitable geriatric patients to convalescent hospital directly from EMW.

Methodology

Geriatric consultation service was provided at the AHNH EMW every weekday morning. Eligible patients were referred to the Geriatric Consultation Team (GCT) in the study period. Demographic information, diseases case mix, venue of discharge, address of patients, community nursing service (CNS) referrals, adverse outcomes were recorded. The duration of their convalescent hospital stay was retrieved from the CMS/ePR retrospectively. The average inpatient costs per patient day of both acute medical and convalescence bed in the study period were retrieved from "Specialty Costing Information Package" from Hospital Authority Finance Division. The data was analyzed.

Result

2063 geriatric consultations were referred for GCT in EMW. Acute medical admission was evaded in 88.7% of all consultations with 1119 (54.2%) patients were discharged home and 711 patients (34.5%) admitted to convalescent hospital (Tai Po Hospital). The average length of stay of the geriatric patient admitted to convalescent hospital was 9.8 days. In 2012/13, the average inpatient cost per patient day in TPH convalescence service was HK\$1784 while that in AHNH acute general medical

service was HK\$3632. There was a net saving of an average inpatient cost HK\$1848 per patient day for each convalescent hospital admission, or a total cost of HK\$12.9 millions for 711 eligible elderly patient in the study period. Conclusions: Geriatric consultation service in EMW can provide comprehensive geriatric assessment and choose suitable geriatric patients for convalescent hospital admission, leading to an effective reduction of acute geriatric hospital admission rate and resources in healthcare system.