



Service Priorities and Programmes
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Reducing Emergency Admissions during winter surge through Community Geriatric Assessment Team support in Accident and Emergency Department in United Christian Hospital

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Introduction

Residents from Old Age Homes (OAHs) are usually frail with multiple co-morbidities. They are prone to exacerbation of the underlying chronic illnesses. The admission rate of them attending Accident and Emergency Department (AED) is high as they are much frail than other presented to AED, especially during the winter surge. The Community Geriatric Assessment Team (CGAT) which looks after this group of patients in their homes is in a better position to assess and decides whether they require admission or not so as to reduce the admissions from AED especially during winter surge period.

Objectives

To reduce OAH resident hospitalization by Kwun Tong CGAT through extending CGAT service in AED after office-hour during the winter surge period.

Methodology

During 2012-2013 winter surge a Special Honorarium Scheme (SHS) was set up to enable CGAT nurse and doctor to provide support to OAH residents attending AED after office-hour (1730 – 2000 on weekdays, 1400 – 1800 on Saturdays). CGAT nurse screened OAH residents presenting with medical problems for CGAT doctor to attend, except those requiring resuscitation. Should cases not be able attended by CGAT doctor due to time constraint, they were seen by AED colleagues. Basic blood test, ECG, radiological investigations might be performed. Cases were arranged hospital admission if deemed necessary. Direct supported discharge was arranged for suitable cases from AED with treatment given by CGAT. Early follow-up by CGAT nurses, doctors or Community Visiting Medical Officers (CVMO) would be arranged. Blood test, radiological results and clinical condition were reviewed during follow up. Clinical admission could be arranged upon the early follow-up for those not improving with the treatment or after reviewing the investigations which required hospital management.

Result

From 24/12/12 to 12/5/13 winter surge period, 571 OAH residents attending AED

were screened by CGAT nurses. 435 cases were medical problems. CGAT doctors managed to see 308; 112 were arranged supported discharge (36%). Conclusion CGAT could provide supported discharge with early follow-up for OHA residents attending AED so as to reduce hospital admission. Clinical information provided by CGAT nurse might help AED colleagues to discharge cases more readily.