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Resource implications of implementing geriatric consultation service in emergency medical ward

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Introduction

The proportion of elderly patient attending emergency departments has been on increasing trend because of the longevity of population in developed city like in Hong Kong. Many of the geriatric patients are relative fit and healthy, but some of them are fragile and vulnerable, with multiple co-morbidities that require in-patient treatment. The importance of resource implication is always of interest within public health care system, the introduction of geriatric consultation with subsequent transfer of patient from emergency medical ward to rehabilitation hospital can substantially reduce the cost when compared with those that have to stay in acute hospital setting before discharged home.

Objectives

The study aims to compare the different costs of both pathways, our initiative is to demonstrate any positive resource implication analyzing the crude, fixed and variable costs.

Methodology

The study period was from 1/1/2014 to 31/12/2014, patient data were collected from EMW database and they were belonged to either the following two groups: 1. Patients admitted to Emergency Medicine Ward (EMW) operated under Emergency Department (ED) of Alice Ho Miu Ling Nethersole Hospital (AHNH), eventually transferred to its affiliated convalescent hospital — Tai Po Hospital (TPH) after consulted by Geriatricians under “Program We Care”. 2. Patients directly admitted to acute medical ward of AHNH from emergency department. The cost for per patient per stay was calculated by the cost per day in convalescent hospital times the average length of stay. The cost will be compared with these staying in acute medical ward instead. The cost detail was obtained from Hospital Authority Finance Division with regard of year 2014.

Result

Among the 1573 patients admitted to EMW in that period, 403 (25.6%) of them had their admissions detour to TPH after Geriatrician assessment. The total cost saved when comparing with those admitted to acute medical ward was about \$1703.6 per patient per stay summing up to a total of HK\$686,539 in year 2014. To conclude, the resource implicated with the implementation of geriatric consultation service was significant and can promote efficient use of resources.