



Service Priorities and Programmes Electronic Presentations

Convention ID: 336

Submitting author: Dr C T PANG

Post title: Associate Consultant, United Christian Hospital, KEC

Developing and Delivering Enhanced Emergency Care: Pilot Project for Chest Pain Presented to Accident Emergency Department in United Christian Hospital
CTPang(1), HWNg(1), HMTang(1), KM Li(1), Sin NC(2), Ng WL(3), SM Ting(1)
(1)Accident and Emergency Department, United Christian Hospital, (2)Quality and Safety Office, United Christian Hospital, (3)Department of Medicine and Geriatrics, United Christian Hospital

Keywords:

AED

Emergency Admissions

Chest Pain

Enhanced Emergency Care

Introduction

Undifferentiated chest pain presenting in the Emergency department (ED) is very common. In February 2012, the Emergency Physicians (EPs) and Medical Physicians (MPs) in our hospital collaborated to formulate a chest pain protocol for enhanced emergency care

Objectives

To exclusion of acute coronary syndrome and risk stratification for patient with low TIMI score, and to provide early definitive management and to reduce short stay admissions

Methodology

The protocol incorporates initial clinical history, serial ECG and biomarkers. The protocol features one stop streamlined service from presentation to diagnostic workup in emergency department, early initial intervention by the emergency physician in the ED, a standardized evidence supported protocol, a conjoint care and shared decision making with the medical physician and finally, an expeditious discharge care plan at outpatient

Result

The number of cases recruited were 679, 878, 1053 and 521, in 2012, 2013, 2014 and first 6 months of 2015 respectively. Patients with low TIMI risk score comprised most of the cases recruited (78%). The length of stay is around 12 hours, 85-90% of patient were discharged in AED. 1 patient mortality in AED so far, and less than 10% of AED re-attendance rate with cardiac symptoms as the chief presenting complaint within 28 days