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A Frailty Care Unit for Elderly Patients in Emergency Medical Ward (EMW): A Pilot Study

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Introduction

In Hong Kong, the number of elderly (Age 65+) continues to increase and the demand on healthcare service will continue to rise. The in-patient patient days in HA hospitals for Age 65+ has increased progressively from 48.8% to 51.3% from 2011 to 2015 and the relative risk for unplanned readmission is 68%.

The Frailty Care Unit for elderly took reference from the UK & Australia. The care model can help to cope with the increasing healthcare demand of the aging population and relieve the pressure on emergency service and medical in-patient bed. The safe transition from hospital to home care would also be ensured.

Objectives

(1)Formulate an effective strategy to identify the health care needs and offer coordinated care in hospital for frail elderly, (2)Ensure patient receive right level of care at right time with adequate support, (3)Avoid deconditioning due to prolonged hospitalization, (4)Relieve the pressure on emergency service and medical in-patient bed

Methodology

A 6-bed Frailty Care Unit was set up in an EMW with 4 major components: Comprehensive geriatric assessment & care planning, multi-disciplinary interventions, early discharge planning and post discharge tele-care.

The pilot study was conducted between 14th December 2015 and 31st December 2016. Patients who were aged 60+, suffering from the medical illness were recruited, such as 1) acute deconditioning due to an acute illness; 2) increasing fall with balance deficiency; or 3) post- discharge community support services required due to inadequate social support / live alone, OR inability to manage healthcare needs after discharge.

Result

Results:

A total of 354 subjects were recruited from 14 December 2015 to 31 December 2016. Their mean age was 84 years old. Their average length of hospital stay was 2.1 days.

The functional status of patients could be maintained without further deterioration.

The unplanned readmission within 28 days was 11.3% which was lower than those being discharged from EM ward with similar age range (15.0%).

Conclusion:

The Frailty Care Unit is effective in shortening the length of stay of frail elderly patients without increasing the unplanned readmission rate.

By rapid assessment, rapid intervention and proactive discharge planning, patients can be treated and back to community as soon as possible.

This new care model helps to relieve the pressure on emergency service and medical department and reduce the risk of complications due to prolonged hospital stays.