

Geriatric Support at QEH A&E

Service gap and size of problem in QEH AED

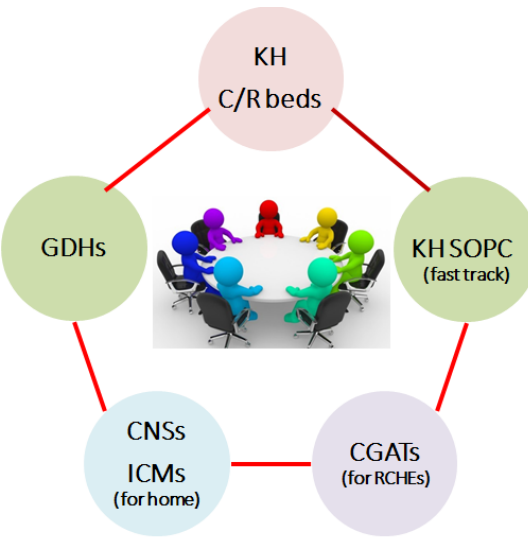
- QEH AED has a **High yearly attendance** (~185,000) & **Highest percentage of elderly patients** (35.7% ≥ 65 years old)
- Frail elderly patients have **more complex needs**
- **Access block** problem is substantial in QED AED



Objectives

1. Provide **comprehensive geriatric assessment** and **early supported discharge** for AED elderlies.
2. **Alleviate AED access block**

Methodology



Geriatric Support in QEHA AED
(QEHA AED: Tel: 3506xxxx Fax: 3506xxxx)
Patient's Gum Label
QEH G1 Frailty unit: Tel: 3506xxxx Fax: 3506xxxx / Case nurse Tel: 3506xxxx

Active Problem(s):

Past Medical History: Social History & Premorbid Function (physical & cognitive):

Assessment:

Problem(s) Identified: Management Plan:

Expected DC date: Doctor name, signature and date:

Home To EMW Frailty Unit To EMW To QEHA Med ward

Advance FU appt.

CGAT Early Support DC QEH: Tel: 3506xxxx Fax: 3506xxxx KH: Tel: 3129xxxx Fax: 2711xxxx KWH: Tel: 3517xxxx Fax: 2171xxxx OLMH: Tel: 3354xxxx Fax: 3354xxxx

CNS: QEHA, KH, KWH, OLMH - their liaison CNS nurse in QEHA

ICM: Frailty unit via PDS (HS/CM)/Other cases (HST only) Tel: 3506xxxx Fax: 3506xxxx DECT: 3506xxxx

Fast Track Clinic: KH RMD (i.e. COPD cases): Tel: 3129xxxx Fax: 2762xxxx WTSB: Tel: 3517xxxx Fax: 3517xxxx KWH: Tel: 2331xxxx Fax: 2331xxxx QEH: Tel: 3506xxxx Fax: 3506xxxx KH: Tel: 3129xxxx Fax: 2194xxxx BHI: Tel: 2339xxxx Fax: 2336xxxx

Direct Adm. To C/R Bed: BH & OLMH: Usual direct admission arrangement KH Gen/Reh: Tel: 3129xxxx Fax: 2711xxxx KH RMD (i.e. COPD cases): Tel: 3129xxxx (9 am to 1 pm and 2 pm to 5 pm, Monday to Friday)



Access block cases in AED observation area
 (Cases pending admission to Med or EMW)



Frailty Unit
 (6 beds in EMW G1)

Edmonton Frail Scale (Chinese)

The Edmonton Frail Scale (LRF Chan, D.C., et al., BMC Geriatr, 2013, 13: p.383)

姓名: _____ 日期: _____

Domain	Item Description	Please circle the suitable item	Remarks
Cognitive	請先想像眼前的圖是一個時鐘。請將數字依序填在正確的位置。同時指出「11點10分」。	完全正確(0分) 不重要的間隔錯誤(1分) 其他錯誤(2分)	Cognitive: - Alert - Confusion
General health	在過去一年，您有幾次到醫院住院？ 通常您如何描述自己的健康狀況？	0次(0分) 1-2次(1分) ≥ 2次(2分) 非常好、很好、好(0分) 普通(1分) 差(2分)	
Functional Independence	在下列幾項日常活動中，有幾項需要他人協助（準備三餐、進廁、交通、打電話、整理衣櫃、洗衣、管理財物、吃藥）？	0 - 1項(0分) 2 - 4項(1分) 5 - 8項(2分)	Premorbid: - Walk with - Wheelchair/ bed bound
Social support	您需要幫助時，您能找到人願意且能夠幫助您嗎？	總是(0分) 有時(1分) 沒有(2分)	- Day/ night time alone - Direct/indirect lift landing/ stairs - Existing NGO services
Medication use	您通常每天需要 5 種或是更多的藥物控制嗎？ (醫師處方藥物 5 種以上) 通常您會忘記服藥嗎？	不需要(0分) 需要(1分) 不會(0分) 會(1分)	
Mood	您最近會感覺到體重減輕、穿衣很比較寬鬆？ 您常感到悲傷或憂鬱嗎？	不會(0分) 會(1分) 不會(0分) 會(1分)	
Continence	您是否有無法控制小便的困擾？	不會(0分) 會(1分)	
Functional performance	請您坐在有扶手的椅子上站起，當聽到「站起」時，請您儘快走向前方有標記處 (3公尺) 再返回椅子 所需時間	0-10 秒(0分) 11 - 20 秒(1分) 超過 20 秒或需要輔助或不願 照(2分)	

總分: _____ / 17

Scoring:
 0 - 5 = Not Frail
 6 - 7 = Vulnerable
 8 - 9 = Mild Frailty
 10 - 11 = Moderate Frailty
 12 - 17 = Severe Frailty

Administered by: _____

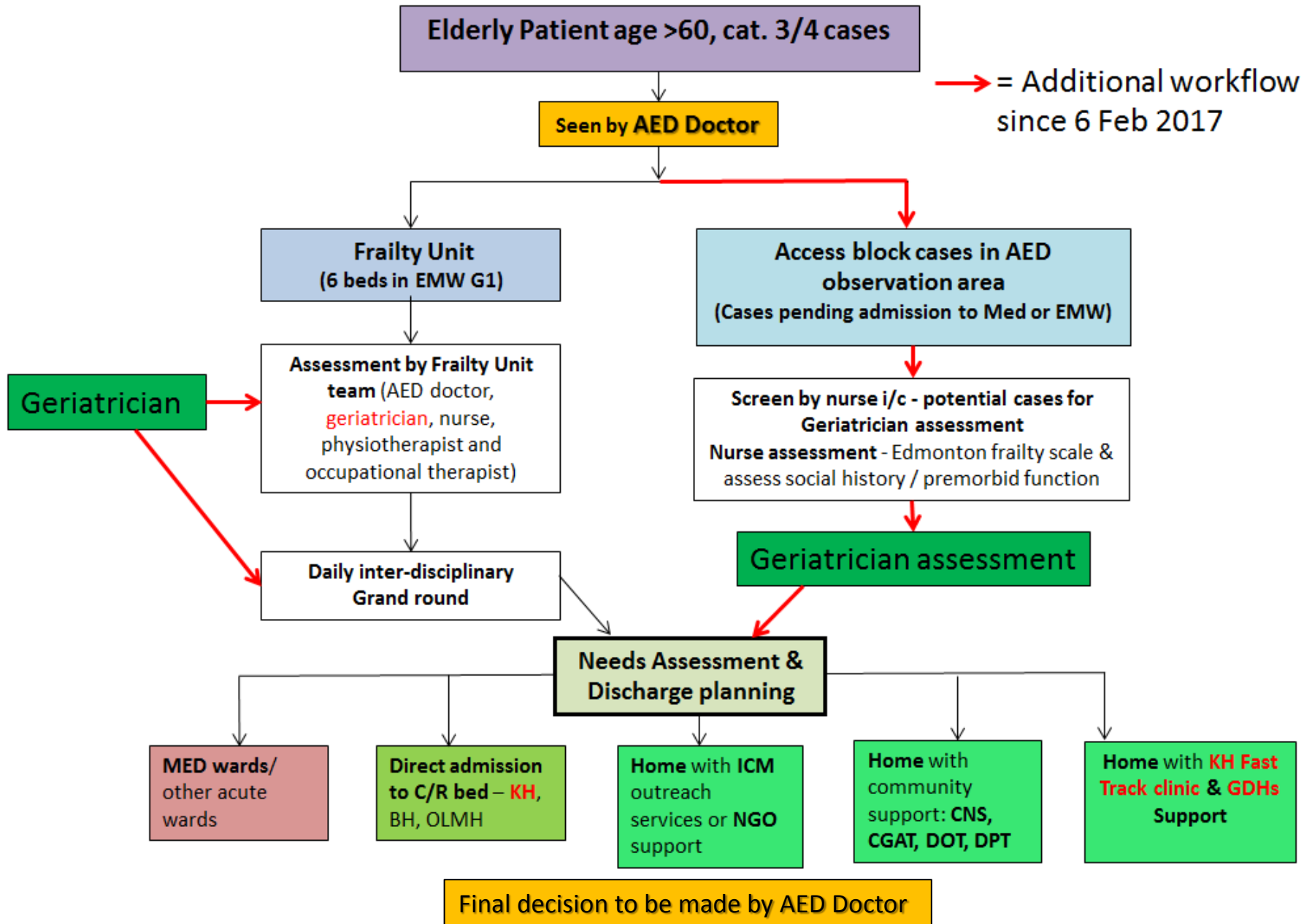
Before implementation, **coordination** of KH C/R beds, KH SOPC, GDHs, CGATs and CNS/ICM

Before implementation, **an assessment as well as referral form** was developed

Geriatrician was deployed from KH to QEHA AED for 4 morning sessions (Feb – May 2017)

Nurse used **Edmonton Frail Scale (Chinese)** to assess frailty for those access block cases

GERIATRICS SUPPORT IN AED Workflow SINCE 6 Feb 2017



Geriatric Support at QEH AED - Results

6 Feb - 5 May 2017 (48 sessions). Total 192 cases assessed.

AED Access block (65 cases)		Frailty Unit in EMW (127 cases)	
Age	80 years old (range 60-96)	Age	83.3 years old (range 62-99)
Female	35 (53.8%)	Female	81 (63.8%)*
Male	30 (46.2%)	Male	46 (36.2%)
Live alone	7 (10.8%)	Live alone	63 (49.6%)*
With carer	45 (69.2%)	With carer	60 (47.2%)
Nursing home	13 (20.0%)	Nursing home	3 (2.4%)
		Homeless	1 (0.8%)
Top 5 Diagnoses:		Top 5 Diagnoses:	
Fall		Fall	
Chest infection		Dementia/cognitive impairment/delirium	
Dizziness/vertigo		Back pain	
Chest discomfort/chest pain		Dizziness/vertigo	
COPD/Asthma/Bronchitis		Chest infection	
49 cases (75.4%) BYPASS Acute MED or other Acute wards admission		115 cases (90.6%) avoided admission to Acute wards	
<ul style="list-style-type: none"> • 11 Direct Home + KH fast track clinic FU • 10 Direct to C/R beds • 28 To EMW 		<ul style="list-style-type: none"> • 74 Home + ICM/GDH/CGAT/CNS support • 15 Home with new OAH • 26 To C/R beds 	

Conclusion

Geriatrician input together with interdisciplinary team effort successfully bypassed acute medical ward admission for AED elderly patients and help to alleviate access block in QEH AED

Yu Teresa(1), Wong Gordon(2), Tam MY(3), Myint Jennifer(1), Yau Jane(2), Ngai Jenny(3), Hung Shirley(3), Wong Agnes(2), Yung Boogie(4), Tsang Cindy(5), Ting KH(1), Lui Natalie(6), Chui Elizabeth(6), Ho Nelly(6), Liu Eva(3), Leung Patrick(2), Ho HF(2), Yeung KS(2), Lo Albert(2)

(1)Department of Rehabilitation, Kowloon Hospital, (2)Accident and Emergency Department, Queen Elizabeth Hospital, (3)Central Nursing Division, Queen Elizabeth Hospital, (4)Department of Physiotherapy, Queen Elizabeth Hospital, (5)Department of Occupational Therapy, Queen Elizabeth Hospital, (6)Community Nursing Service, Kowloon Hospital



九龍中醫院聯網
Kowloon Central Cluster



QEH



KWH



KH



BH



OLMH



WTSH

Thank You!