


Pilot Study of an Acute Geriatric Assessment Unit within the ED

ACEM 2019 ASM

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A photograph of a busy hospital emergency department. In the foreground, an elderly patient lies in a hospital bed, looking towards the camera. Behind them, several other patients are in beds, some eating. Medical staff in blue scrubs and masks are moving through the ward. The room is filled with medical equipment, including IV stands and monitors. The text "Is the emergency department the best place for elderly patients?" is overlaid in large blue letters.

Is the emergency department the best place for elderly patients?



2030

1 in every 4 Singaporeans

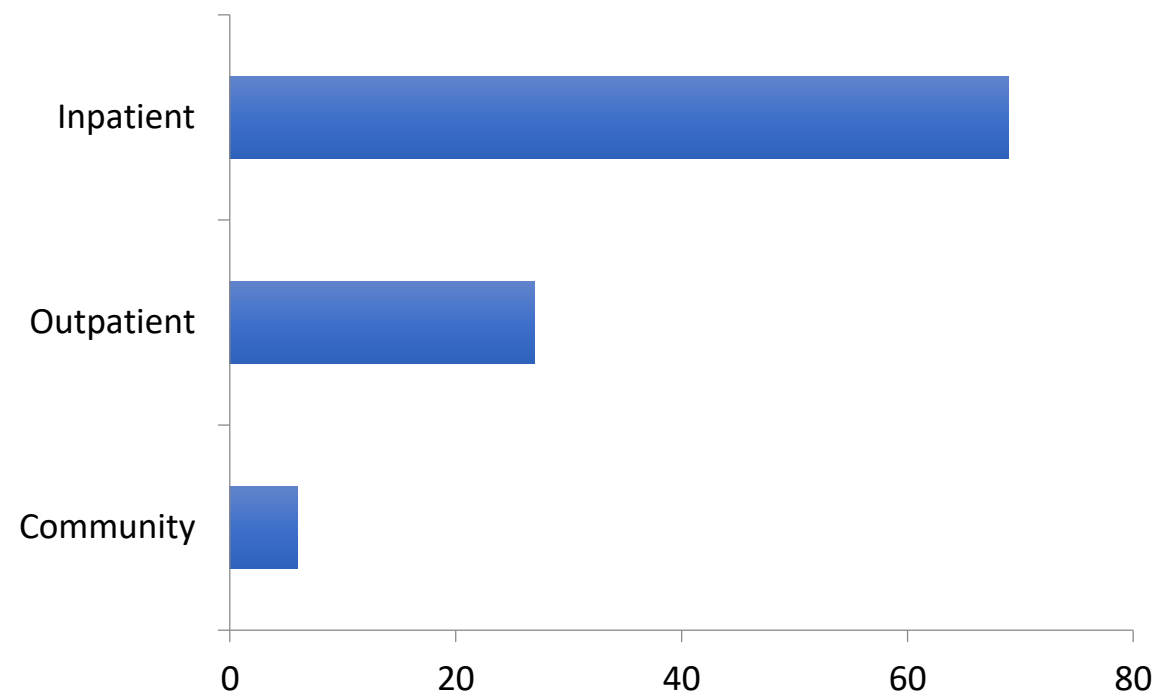
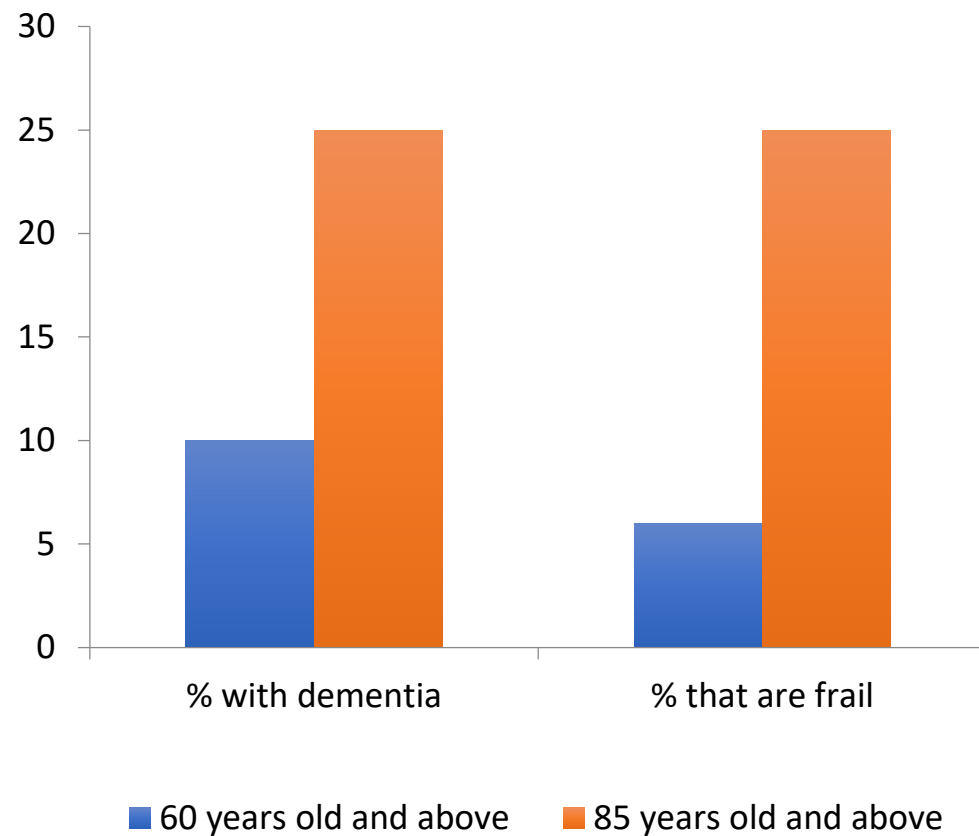


2050

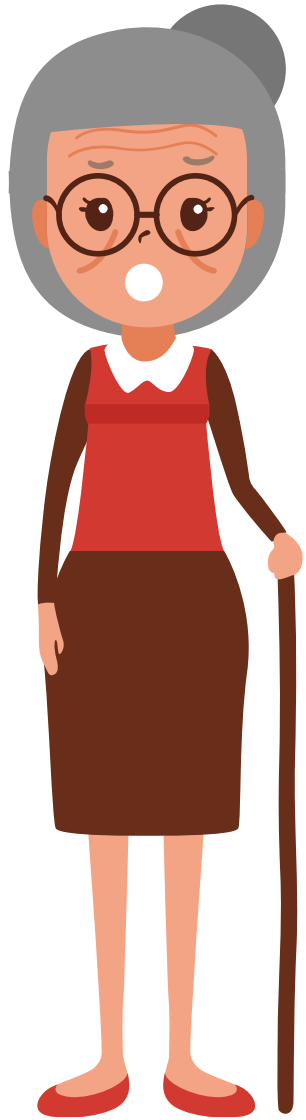
1 in every 2 Singaporeans

Adapt to an increasing load of older persons in the face of this **demographic change**.

Frailty and Dementia in Singapore



Frailty Prevalence in Different Settings



Patient has
multiple co-
morbidities

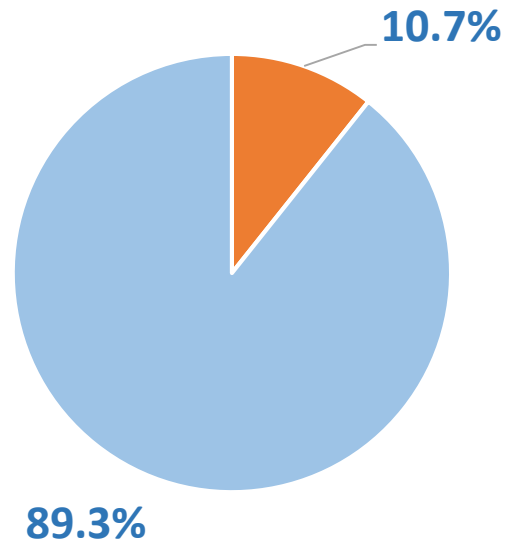
Need for
longer
assessment
duration

Admit in the
interest of
patient safety

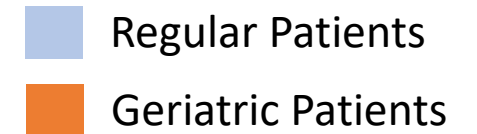
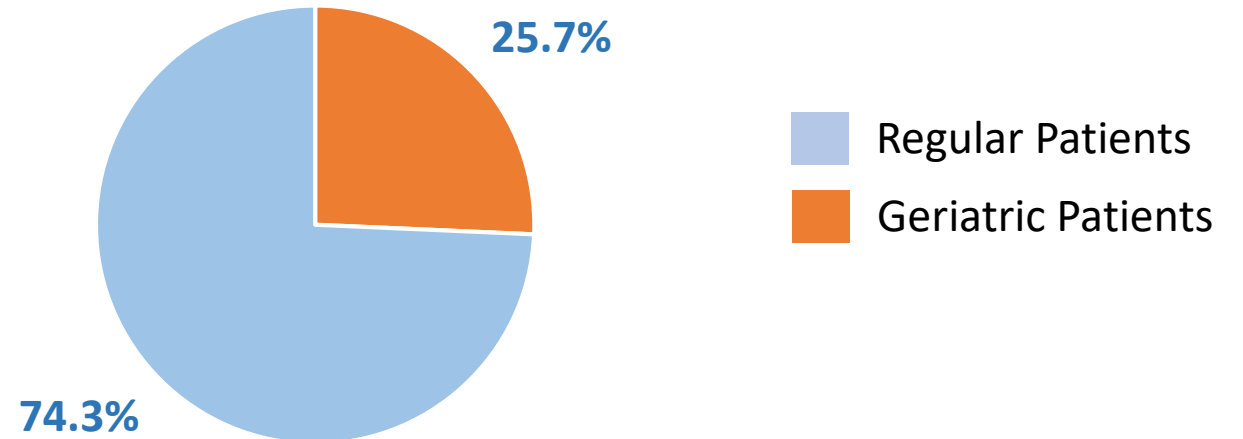
Elderly Attendances and Admissions

KTPH Emergency Department (ED) has a catchment population of 15,000 persons aged 75 and above

Attendance at A&E



Admission from A&E



Key Issues

Gap	Cause	Solution
Elderly patients who could be managed at home are being admitted to ward	Current ED paradigm not conducive for the work-up of complex comorbidities, arrangement of appropriate support services, or for admission avoidance	Geriatric assessment and early intervention by a multidisciplinary team at ED
	Older patients usually have complex presentations due to multiple chronic diseases compounded by social issues	Multi-disciplinary team at observation unit to work-up patients for up to 23 hours; social support services to facilitate confident discharge to home, community, ILTC, Geriatric ERC or SOC
	Time and a concentration of social service support required to sort out such issues, instead of just focusing on acute presentations.	
ED is not elderly-friendly	ED catered for patients <78 years old (92.5% of all attending patients)	Geriatric-friendly design at the GAU

Care Model

- Basic Principles

- Locate the GAU within ED allowing early access to multidisciplinary team
- Engage, support and educate a multidisciplinary team to support ED in managing elderly patients
- Provide an environment conducive for the above to occur
- Develop protocols and processes based on updated and localised recommendations by international Geri and EP professional bodies
- Engage, support and educate community, primary care and ILTC partners in providing quality continued care for elders



Care Model

- Clinical Frailty Scale
- Falls assessment (Timed up and Go test)
- Medication reconciliation
- Confusion Assessment Method Scale

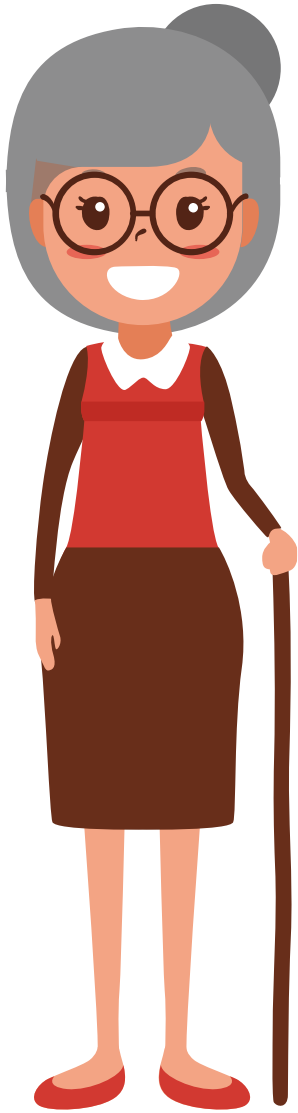
Interventions



- 1 Geriatrician to round every morning
- 1 ED Medical officer to round with the geriatrician
- Geriatric trained Emergency Nurses on roster basis
- 1 PT and 1 OT
- 2 Care coordinators
- 1 Medical Social Worker
- 1 Pharmacist

Staffing





Early assessment of geriatric
issues

Multi-disciplinary team

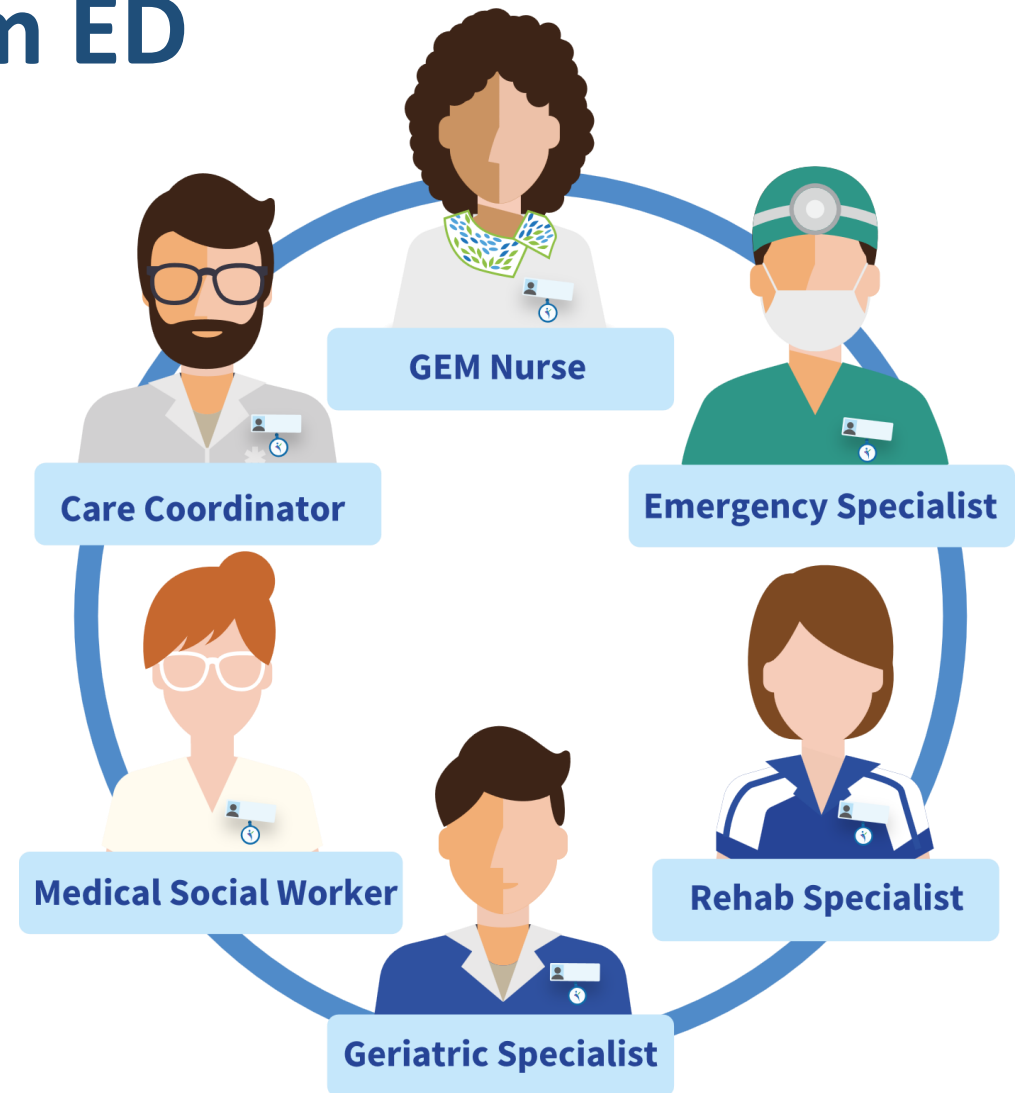
Confidence in discharge

Acute Geriatric Assessment Unit (AGAU)



Discharge Dispositions from ED

- Community Hospital
- GRM Early Review Clinic
- Falls Clinic
- Community Care Team
- Home Medical Team
- Primary care doctor review



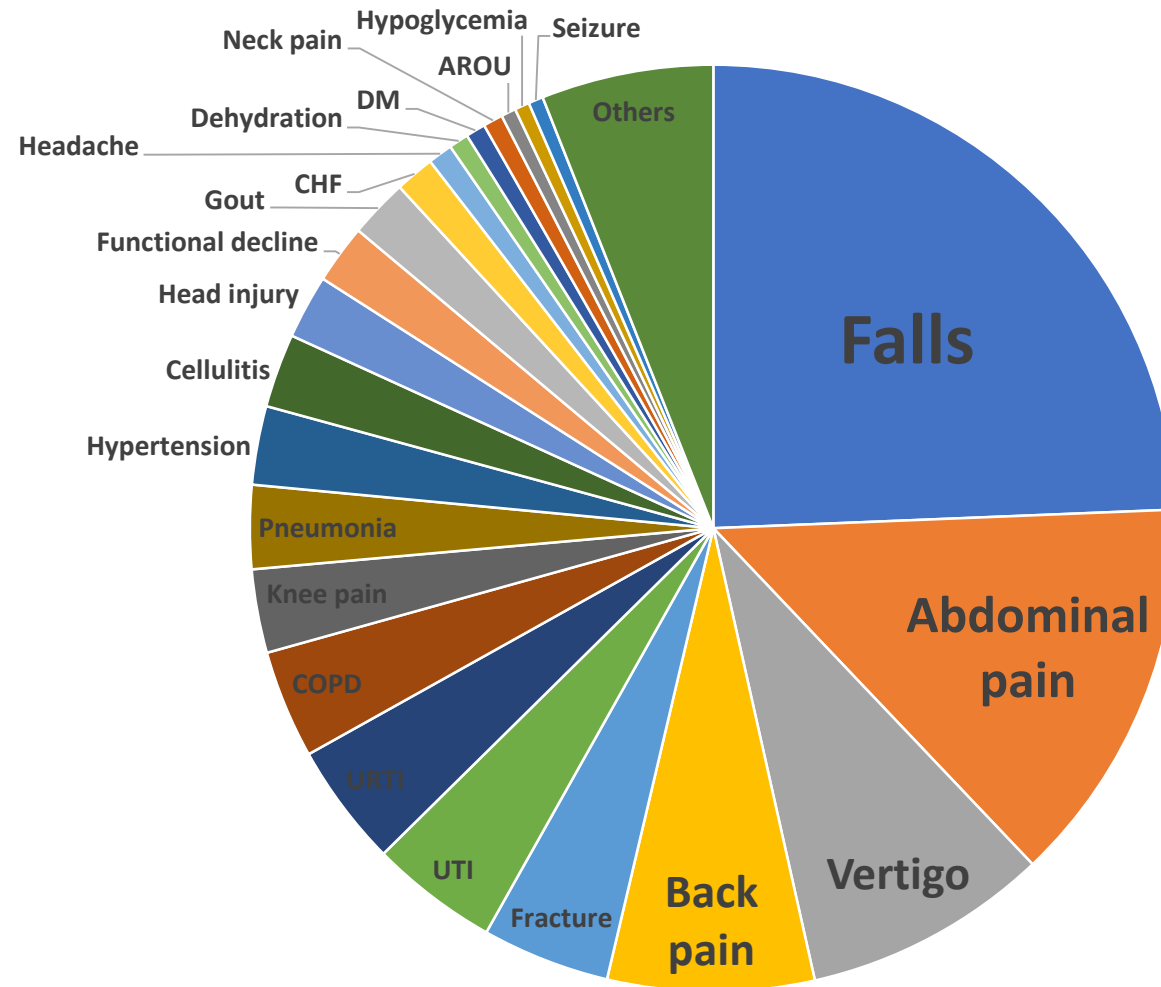
Impact of AGAU 1 Year After Inception

Type of Disposition	No of AGAU cases
Admission to ward	203
Discharge	464

As of 31 Oct 2019



AGAU Admissions by Diagnosis



Role of AGAU in Patient Flow

A value-added
process that
front-loads care



Allows for
quicker turnover
of patients

Role of AGAU in Staff Training and Education

- Number of Geriatric trained ED nurses has increased from 9 (in 2017) to the current 20
- Improved communication between the ED and Geriatric Med team

