Quality Improvement Conference

EarLy InTervention for the Elderly (ELITE) Elevating Elderly Care – Every Minute Matters in Acute Hospital

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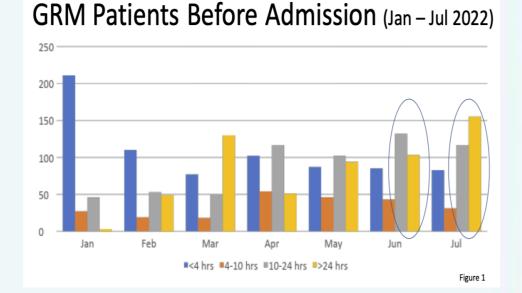


Problem Statement

Geriatric patients are experiencing prolonged wait times in the emergency department (Figure 1), which is not ideal as their advanced age often necessitates more immediate medical attention.

These extended waiting periods can lead to heightened discomfort, worsened medical conditions, and increased stress for the patients and the healthcare staff.

Addressing this issue is paramount to ensure that our elderly patients receive the prompt care and attention they require for their well-being.



Waiting Time in Emergency Department for

Length of Stay for Geriatric Patients (Jan – Jul 22)



The prolonged wait times for geriatric patients in the Emergency Department are attributed to a shortage of inpatient beds, exacerbated by the increased complexity of their medical conditions, necessitating longer length of stay (Figure 2).

Project Aim

Many elderly patients with complex medical conditions require prolonged hospitalisations for extensive evaluations across multiple specialties. However, a streamlined hospital stay may benefit a certain group of older patients, minimising the risk of functional decline and the hazards of prolonged hospitalisation.

The objective of our project was to evaluate EarLy InTervention for the Elderly (ELITE), a program dedicated to delivering prompt and high-quality care to eligible geriatric patients from December 2022 to August 2023.

Lessons Learnt

Our evaluation highlights ELITE as a viable and cost-saving alternative to standard care for a specific group of older adults. The findings demonstrated reduced hospital stay without disparities in readmissions or mortality rates compared to conventional care.

As we move ahead, we need to keep in mind that Quality Improvement initiatives require time and may not yield immediate results. It is essential to consistently evaluate our progress, adapt as necessary, and maintain a continuous commitment to enhancing the quality of care for geriatric patients.

Acknowledgement: YH Care Flow Implementation Office

Potential Solutions

Inclusion criteria:

- 1. Geriatric patients with no immediate life-threatening conditions
- 2. Assessed to be dischargeable within 5 days according to the assessing Geriatrician

Resources/Input **Activities** Output Outcome Geriatrician/ Definitive medical care Reduce the LOS CGA begins in ED Medical Team plan begins at ED of older adults who would Time saved in caregiver Discharge planning was benefit from Nursing initiated from D1 of training/discharge early admission arrangement interventions Allied Health Seamless communication Time saved in among team members for communication between (PT/OT/ST) goalsetting Workflow rearrangement Time saved in rehab & MSW Safe care for by stratifying patients' function maintainence need (rehab) inpatient older adults Early care transition Leveraging the community Community from hospital to services to support early Services discharge community

PT: Physiotherapist; OT: Occupational Therapist; ST, Speech Therapist; MSW: Medical Social Worker; CGA: Comprehensive Geriatric Assessment; ED: Emergency Department; LOS: Length of Stay

Figure 3: Logic model for EarLy InTervention for the Elderly (ELITE)

