

National Quality Improvement Conference

Ambulatory Care in Emergency Surgery (ACES): Reducing Admissions and Length of Stay for Surgical Patients

Lee JW., Lim W.W., Shobhit S., Ong Y.J., Kang M.L., Lee C.C., Lee N.L., Wong S.M., Tew C.W., Goo J.T.T

lee.jingwen@ktp.com.sg



Problem Statement

- There has been substantial increase in Emergency Department (ED) attendance and demand for hospital beds during the COVID-19 pandemic, increasing overall healthcare costs and wait times for patients.
- Acute surgical conditions contributes to a significant portion of the GS department workload, with about 2500 patients/year admitted via the ED, of which around 1360 patients or 54% were discharged within 72 hours (2021).

Project Aim

- Assess, diagnose and treat patient, with early discharge within 24 hours
- Reduce inpatient emergency surgery admissions: 80% patients to be discharged home from ACES
- Improve overall patient experience: ALL patients to receive senior clinician review – at least 85% within 4 hours / 75% within 2 hours

Lessons Learnt

- Proper patient selection is crucial for safe ambulatory emergency surgery care and outpatient procedures.
- Early access to senior doctors for decision making and diagnostics in ED with definitive plan and resources are required to convert inpatient to ambulatory outpatient procedures. Regular communication and huddles between different clinical services is important for regular feedbacks to improve the processes and experience for patients.
- The implementation of Telehealth and Integrated Network Centre (THINK) is an integral part of the post-discharge monitoring, easier access and acceptability for patients and cost savings for both health care providers and patients.

Potential Solutions

Set up in June 2022, ACES aims to enhance outpatient and ambulatory care, streamline workflows and reduce inpatient admissions for suitable patients

1a. Conditions

1. Uncomplicated diverticulitis
2. Colitis
3. Mallory-Weiss tear
4. Biliary colic
5. Gastritis

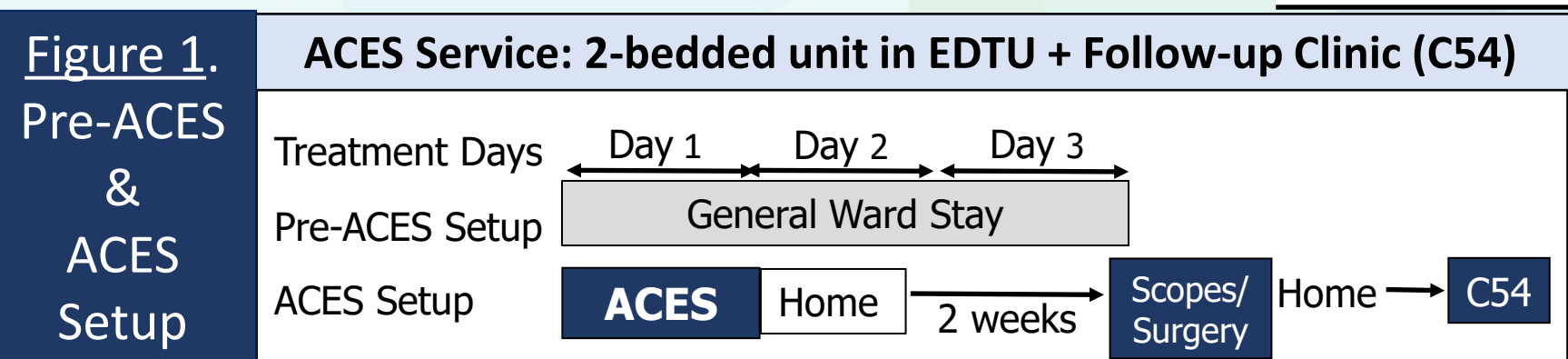
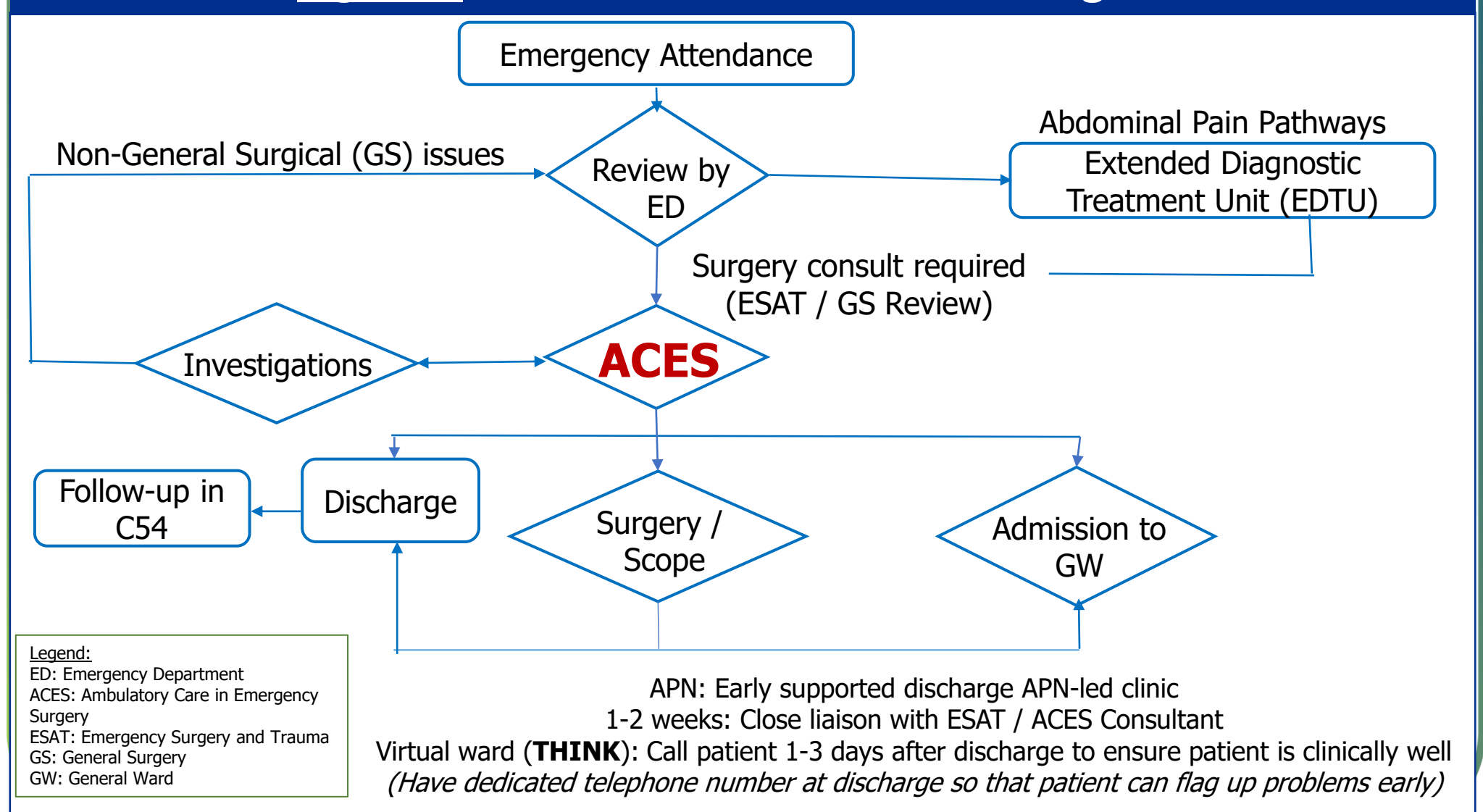


Figure 2. KTPH ACES Referral Flow Diagram



Outcomes & Impacts

