Quality Improvement Conference

Providing early intervention for patients in ED requiring Physiotherapy

Kelly Chan, Kamala Velu, Ng Kai Xin, Lim Kian Chong, Lai Weng Kin, Nurhaslindah Yahya, Charlene Lim, Dr Colin Ong, Ng Yan Jun

LOGO HERE

kx_ng@nuhs.edu.sg

Problem Statement

Reducing hospital admissions through frontloading the Physiotherapy (PT) service and discharging patients from ED. We think this is possible for our selected patients*, that are most amenable to rehabilitation by PT in ED and can be empowered with the right knowledge and self-management strategies to prevent them from re-attending ED.

*Criteria:

Patients ≥65 y.o. with the following primary diagnoses (Dx):

Primary Dx Codes	Diagnosis	
W19, R29.6	Fall / Frequent Fall	
S09.0	Head Injury	
R42, H81.3	Vertigo/ Peripheral Vertigo/ Giddiness	
M54.99, M54.5	Back pain/ Low back pain	
T09.2	Back strain	

Project Aim

We aim to reduce the hospital admission rates by at least 25% (from 68.7% to 51.5%) for patients that meets our criteria* by December 2023.

Туре	Measure
Outcome	Admission rate of patients intervened by PT within ED
Process	No. of patients intervened by PT within ED
Balancing Re-attendance rate of patients intervened by PT within ED	

Lessons Learnt

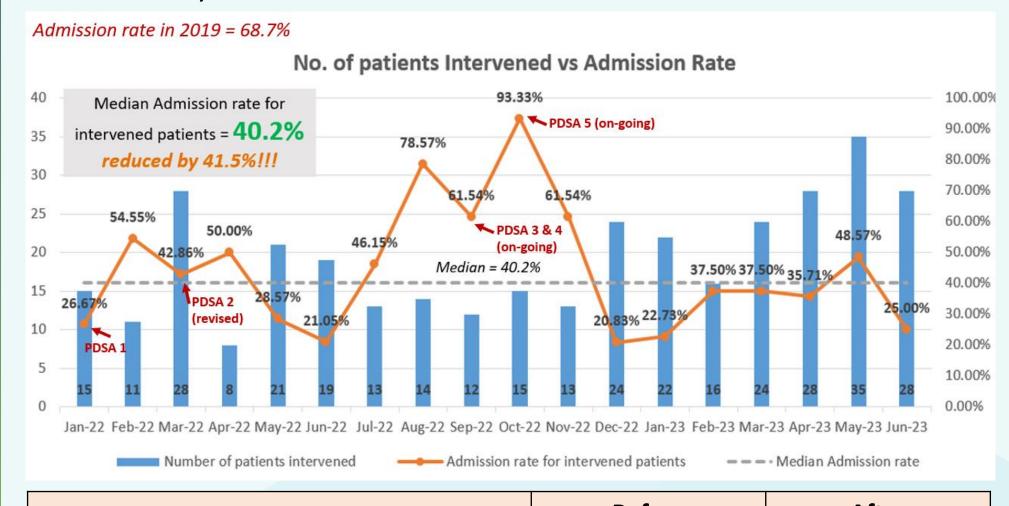
- 1. Be flexible and open minded to develop creative solutions that differs from the conventional methods of delivering care
- 2. Effective use of technology to improve accessibility of information and ensure sustainability
 - Falls prevention Guidelines and post-discharge advices made available online facilitated updating of information and allow easy dissemination to patients and multiple caregivers
 - Video demonstration on how to perform PT assessment guides new nurses/ case managers and reduces time required for repeat trainings

Potential Solutions Change Concept Primary Drivers Secondary Drivers Outcomes S1.1: Improve Caregiver training prior Communication with to discharge caregiver for safe P1: Proper transition of handover Provide Point Of Contact care for safe discharge for clarification S1.2: Effective patient education and knowledge Concise post discharge advice for patients Clear guidelines on falls S2.1: Comprehensive PT prevention and fall Prevent Re-attendance assessment in ED P2: Ensure appropriate recovery disposition of patients intervention S2.3: Holistic Geriatric Establish new workflow for referral to PT based on patient functions Develop function S3.1: Improve Right-siting assessments and tests P3: Enhance postof care suitable for ED setting discharge support and nonitoring for high risk S3.2: Close follow-up with patients Active intervention by ED outpatient PT Case managers appointment

PDSA Cycle	Change Concept	Brief description of PDSA
1	3 & 4	Revision and active distribution of existing guides to patients/ NOKs for better understanding and knowledge retention
2	5 & 7	Establish new workflow for referral to PT (ED/EDTU/SOC) based on patient's functions
3	2,6&7	Improve efficiency and provide holistic care in ED with Case Manager (CM) intervention
4	5 & 7	Facilitate mobility assessment within ED to improve efficiency
5	1 & 7	Training of ED CMs and nurses to ensure sustainability

Outcomes & Impacts

Our project achieved significant reduction in admission rate (from 68.7% to 40.2%) for patients* intervened between January 2022 - June 2023 with no re-attendance (0% 72-hr reattendance).



	Before	After
Median Admission Rate	68.7%	40.2%
Median No. of patients intervened	NA	18
Median Re-attendance rate	2.7%	0%