

# National Quality Improvement Conference

## “No hospitalisation for me!” Sustaining and Improving Singapore’s First Ambulatory Emergency Care (AEC) Service

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### Problem Statement

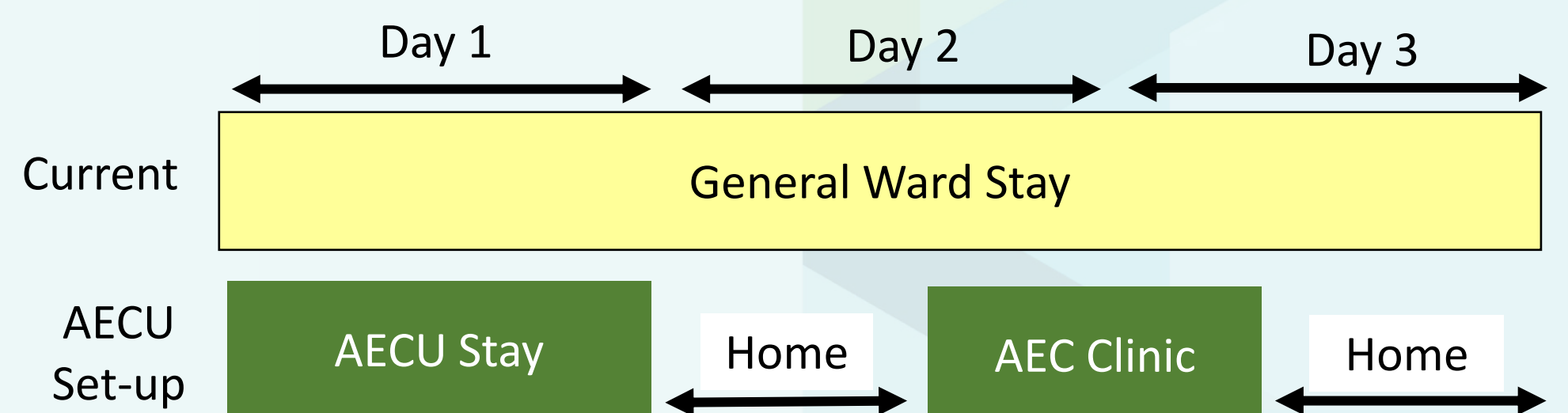
Emergency Department overcrowding is a pressing issue in Singapore, and long wait times for hospital beds are associated with poor patient experiences and outcomes.

In the UK, 10-30% of hospital admissions have been prevented by managing and discharging selected emergency patients the same day, followed by close monitoring through Ambulatory Emergency Care services. This approach has been proven to be safe in the UK, with low readmission rates and an improved patient experience. Could a similar strategy work locally?

### Potential Solutions

#### AEC Service = AEC Unit (AECU) + AEC Clinic (AECC)

Patients typically would have been admitted for 1-3 days for clinical review, tests, and titration of treatment. With streamlined pathways in AEC, patients welcome the cost savings and reduced time away from home, yet they can still access timely care with applicable subsidies.



- Specialist-led care
- Expedited radiological scans & investigations
- Early review by Allied Health
- Patients rest in comfort and privacy at home
- Less exposed to hospital bugs/risks
- Waived patient payable charges for ongoing consults – less barrier to complete acute episode of care as an outpatient

### Project Aim

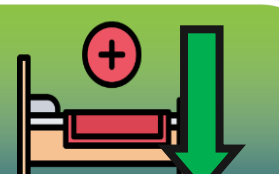
To reduce short-stay General Medicine admissions (with a baseline length of stay of 47 hours) to less than 24 hours by implementing the Ambulatory Emergency Care service.

### Lessons Learnt

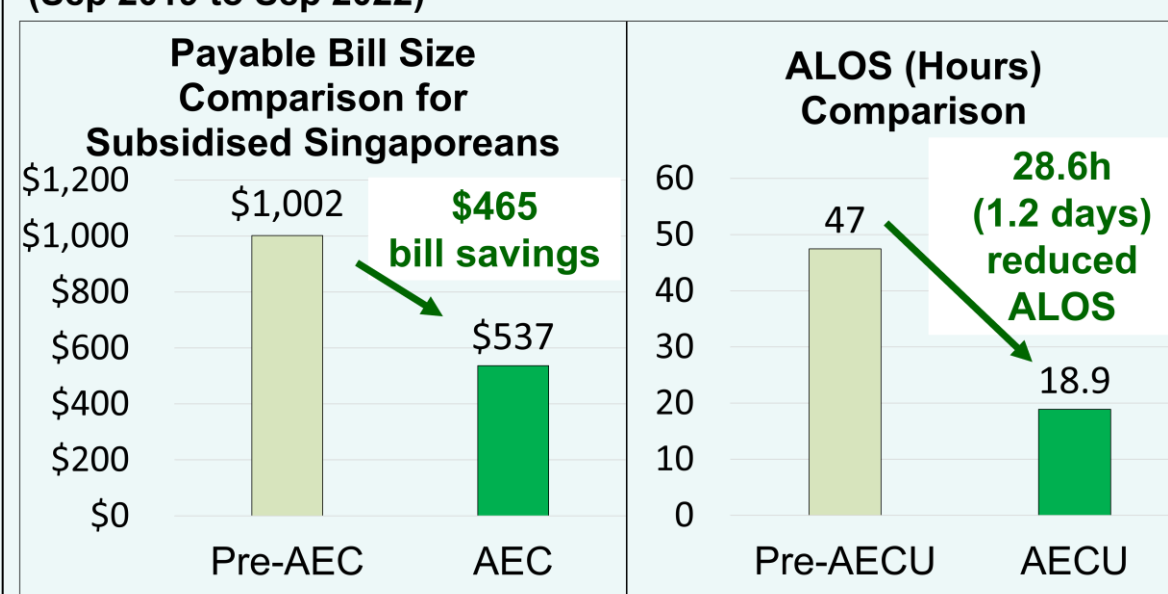
1. Variation in clinician practice & risk tolerance commonly impacts costs and length of stay. Requiring discharge within a day shifts mindsets and practice of clinicians.
2. Monthly review of patients NOT discharged within a day (“failures”) generated discussion & alignment of clinician practice.
3. Support from stakeholders in Emergency Department (the source of referrals), Radiology (for timely scans) and Allied Health (for reviews) was key.



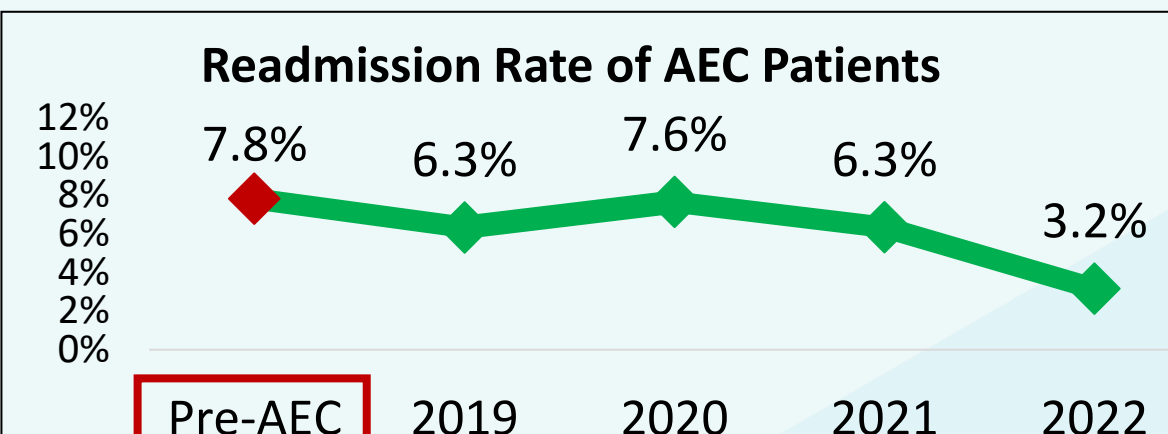
### Outcomes & Impacts



#### Cost Savings and Reduction in ALOS for Patients (Sep 2019 to Sep 2022)



While we kept the service cheaper for patient (**\$465 savings per patient**) with shorter LOS (**reduced by 28.6 hours**), the service remained safe for patients as evidenced by the **low 30-days readmission rates**.



Other hospitals (NUH, CGH, SGH) now planning/piloting AEC services

Partnership with the UK AEC Network to embark on an AEC Accelerator Programme, to ascertain avoidable admissions and expand scope

Monthly Committee Meetings that facilitate continuous feedback to sustain service quality, and for us to review our performance to enable incremental changes for workflow efficiency.

Sustain and Spread

The number of successful cases have increased from ~16/month in 2019 to ~45/month in 2022

Dr Lee Heow Yong, Director, Hospital Services Division, MOH, suggested a workgroup to consider national rollout.