

VALUE-BASED HEALTHCARE CONFERENCE 2024

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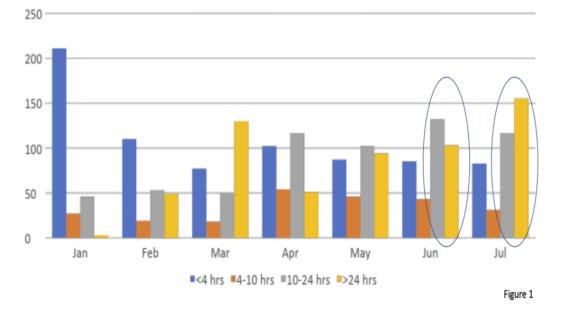
EarLy InTervention for the Elderly (ELITE): Elevating Elderly Care – Every Minute Matters in Acute Hospital

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Background / Problem

- Average length of stay in Singapore has been on the rise
- Contributed by longer length of stay in older adults
- Results in hospital bed crunch with extended ED wait times
- Longer stays also cause hospital acquired disability and increase costs

Waiting Time in Emergency Department for GRM Patients Before Admission (Jan – Jul 2022)



- Many older adults require prolonged admission because of complex medical conditions
- However, there are patients who do not require such prolonged stays
- Proportion of these patients discharged in less than 5 days remain limited.
- Measures to reduce time to discharge for these group of patients would be important in reducing overall length of stay

Aim

To assess the efficacy of a programme of proactive geriatric care interventions "ELITE" in reducing hospital length of stay (LOS) and healthcare costs, while maintaining high standards of quality and safety metrics for elderly patients.

Methods

Inclusion

- Patients admitted to Geriatric Medicine
- Assessed to be dischargeable within 5 days according to the assessing Geriatrician

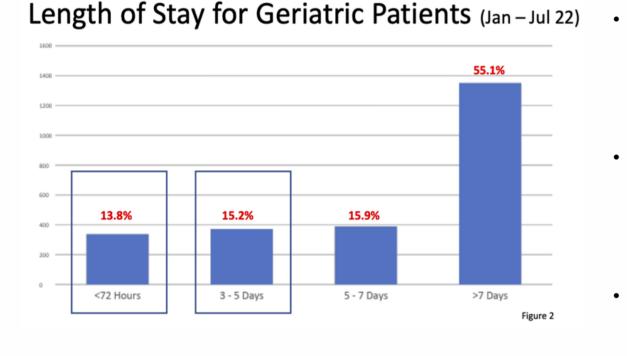
Exclusion

No immediate life-threatening conditions

Intervention:

ELITE: A proactive geriatric care strategy with

- Geriatric Short Stay Unit
- ELITE care workflow
- Adoption of a Collaborative Care Continuum Model



Results

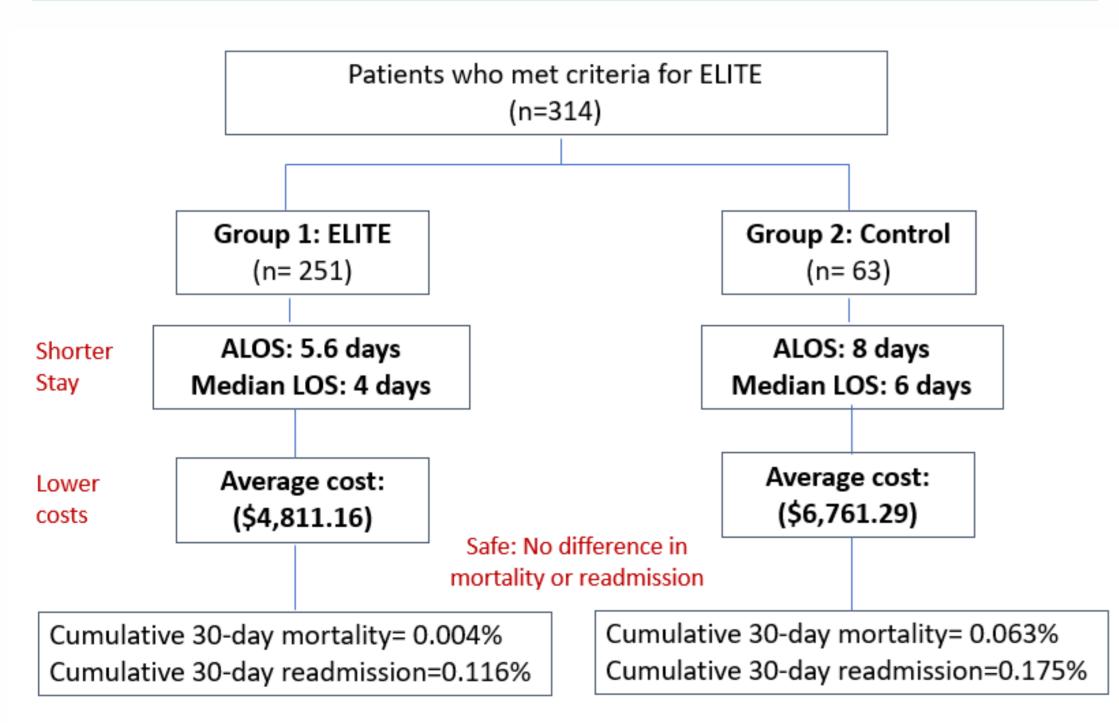


Figure 4: A total of 314 patients fulfilled the criteria for ELITE from Dec 2022 to Mar 2024

Resources/Input **Activities** Output Outcome Definitive medical care Geriatrician/Medical Team CGA begins in ED begins in ED Reduce the LOS of older adults who would benefit Discharge planning initiated from D1 of Time saved in caregiver from early interventions training/discharge Nursing arrangement Time saved in communication between Allied Health (PT/OT/ST) among team members for team members Workflow rearrangement Time saved in rehab and by stratifying patients' MSW function maintenance need (rehab) Safe care for inpatient older adults Leveraging community Early care transition from Community services services to support early hospital to community discharge PT: Physiotherapist; OT: Occupational Therapist; ST, Speech Therapist; MSW: Medical Social Worker;

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)

Conclusion

- Patients in ELITE intervention arm had reduction in length of stay
- Also resulted in lowered healthcare costs per patient
- No compromise on patient safety outcomes including mortality or readmission rate
- Underscores the efficacy of the ELITE geriatric care strategy in hospital settings

Sustainability / Scalability

- Does not require additional resources or finances
- Need paradigm shift in mindset of care
- Early involvement of key stakeholders
- Promote prioritization of activities for discharge

