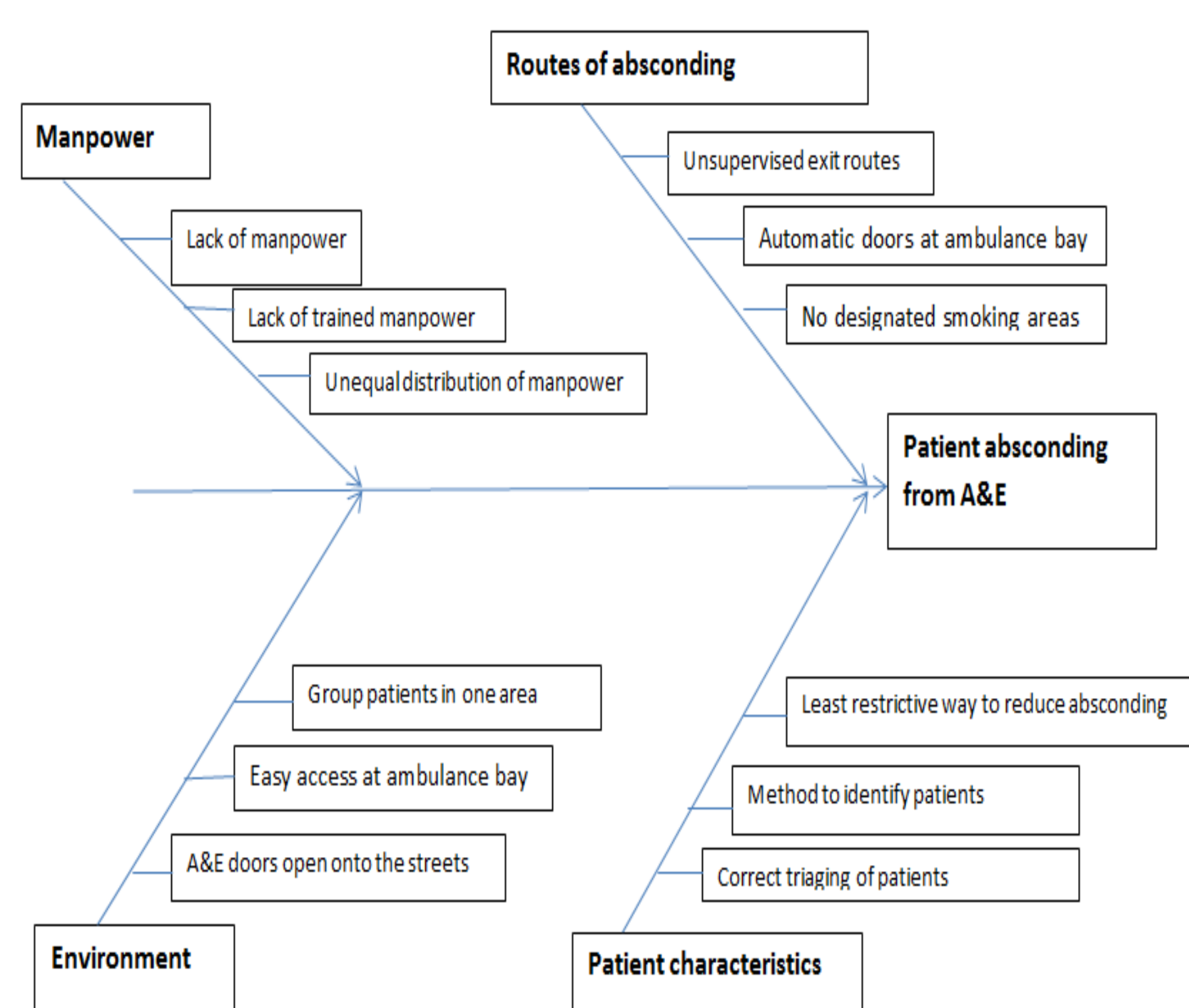


To reduce the number of vulnerable patients from absconding from A&E

The demographic of inpatients in the hospitals have changed over the recent years, with increasing numbers of elderly patients¹. The prevalence of dementia in Singapore is 10% among the elderly >60 years of age in Singapore, and the risk of dementia increases with increasing age².

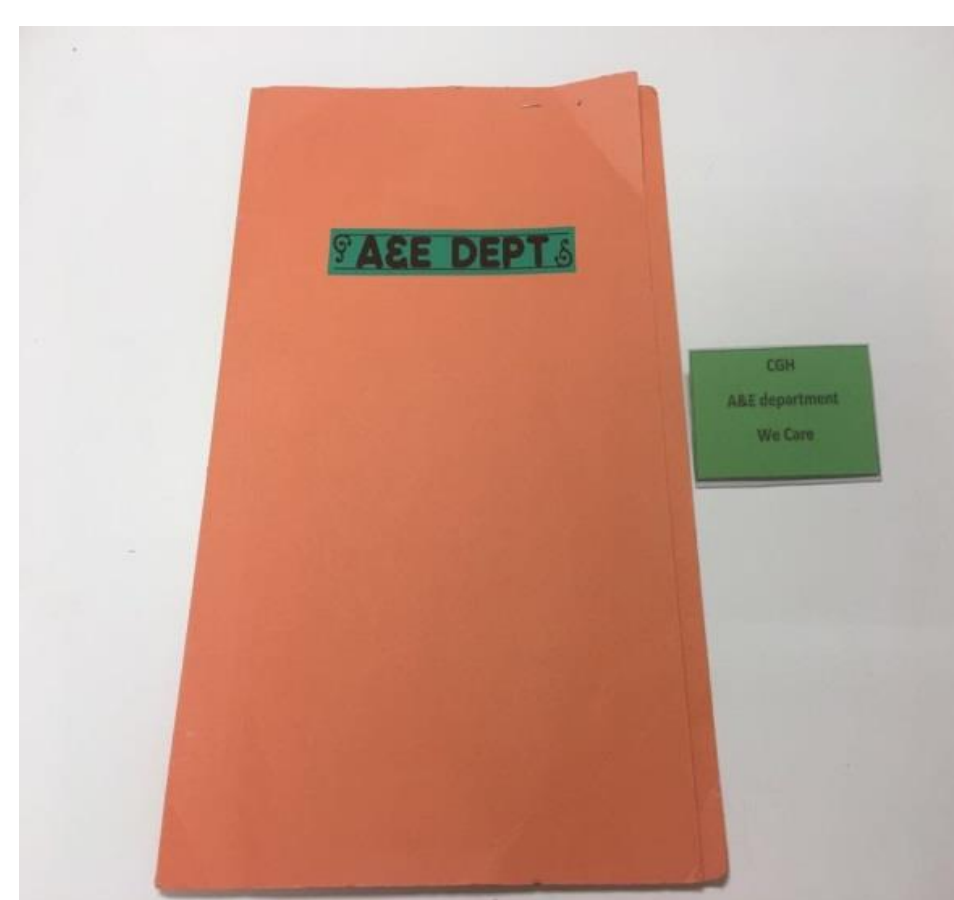
The unique feature of the A&E department in CGH is that its doors open directly into the main street which makes it easy for the patients to abscond. The project aims to allow early identification of the elderly >65 years of age who are confused, and provide a safe environment in A&E to reduce patient absconding while getting medical attention.

A work group, led by a Geriatrician, consists of A&E nurses and staff from Operations division. Ways were developed to identify the patients with cognitive problems in A&E to reduce the risk of them absconding while awaiting medical attention using Plan-Do-Study-Act (PDSA) methodology.



PDSA 1

Put an orange file on the patient's table with a green tag clipped on the patient's pyjamas.



Tag/pyjamas can easily be removed and the orange file can be easily misplaced.

PDSA 2

Once patient is assessed as disorientated, they are tagged with a purple wrist tag.



Some patients hide their wrist tags under their long sleeve shirts, or poor visibility of the tags from a distance making it sometimes difficult for staff to identify and stop them if they attempt to abscond.

PDSA 3

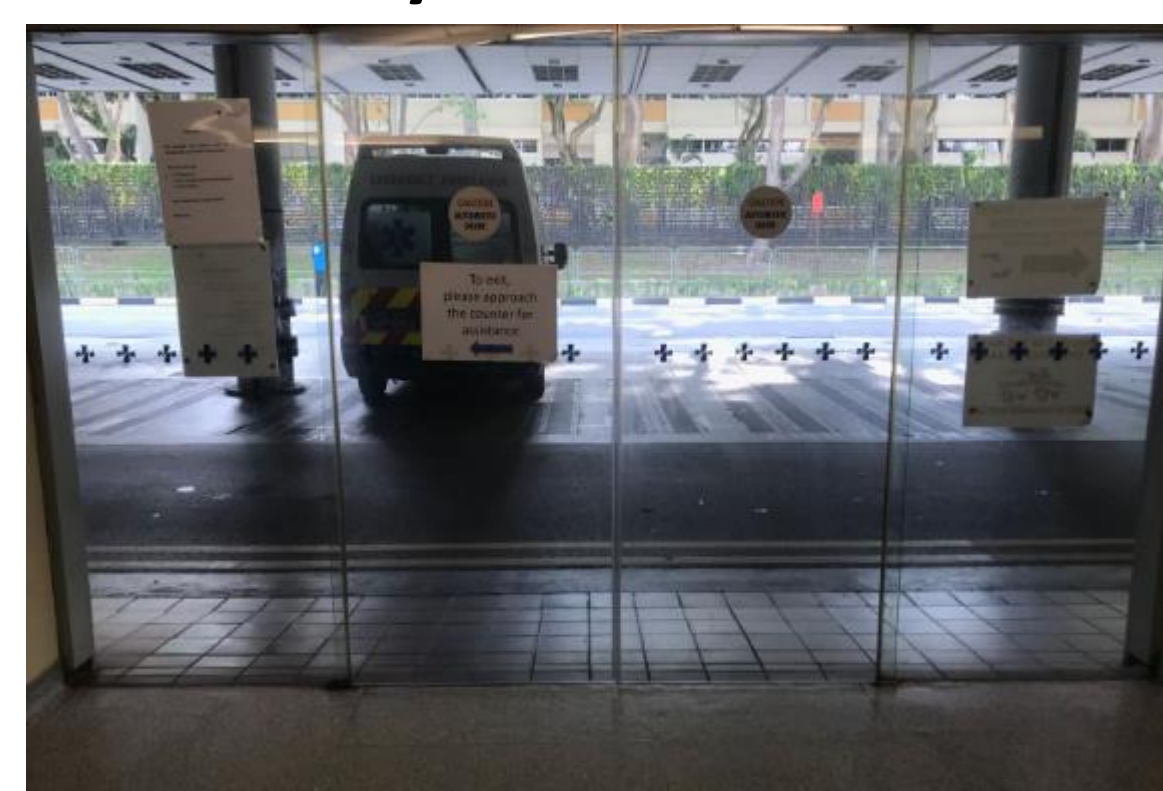
Identify doors which opens easily out to main street and turning the doors into 2 way card accessed controlled doors. Thus making it difficult for patients to leave the premise



Data collected showed that no patients absconded from these 2 way card access controlled doors

PDSA 4

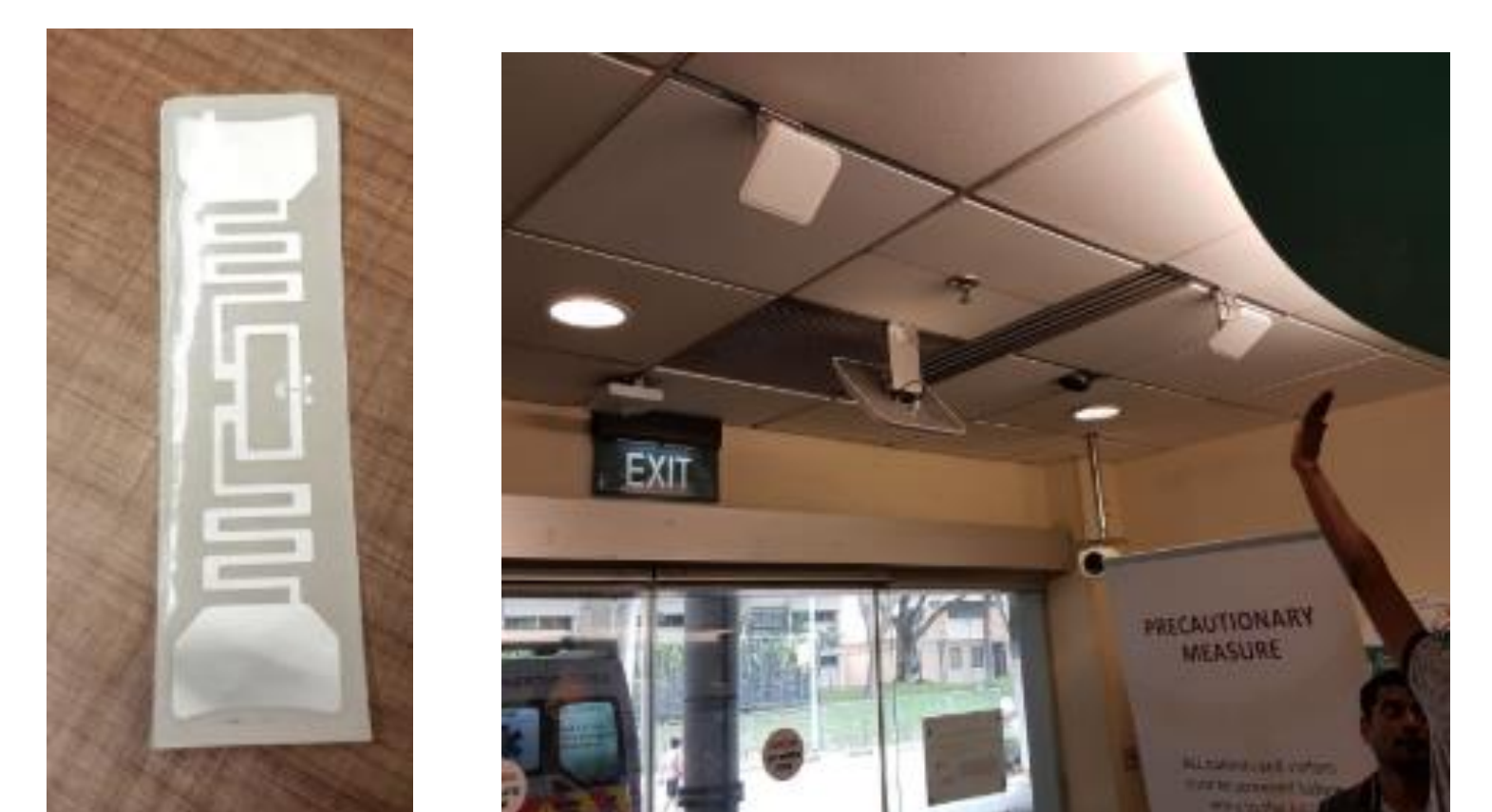
Prevent A&E patients from leaving through the ambulance bay door easily by setting it to one-way sensor door



Data collected showed that no patients absconded from the ambulance bay exit.

PDSA 5

Installation of Passive RFID solution in A&E



Project is still in the early preparation stage. But we have received positive feedback and the nurses welcome the use of technology to ensure the safety of patients

In a busy department like A&E where the waiting time is long, patients have the autonomy to seek medical attention elsewhere, if they choose to do so. However, if they are in the A&E department unaccompanied, and if they have an underlying cognitive impairment, it is the duty of the hospital to ensure that they are well cared for in a safe environment. The team also had to weigh the balance between tighter security system where throughput will be delayed and the patients' safety. The interventions the team put forward utilized technologies where there cost is taken into consideration and additional manpower requirement is also considered.

References:

1. MOH annual report 1990-2000. MOH website 2010-2014.
2. Subramaniam M et al. prevalence of Dementia in people aged 60 and above: Results from the WISE study. J Alzheimers Dis. 2015; 45(2):1127-38.