

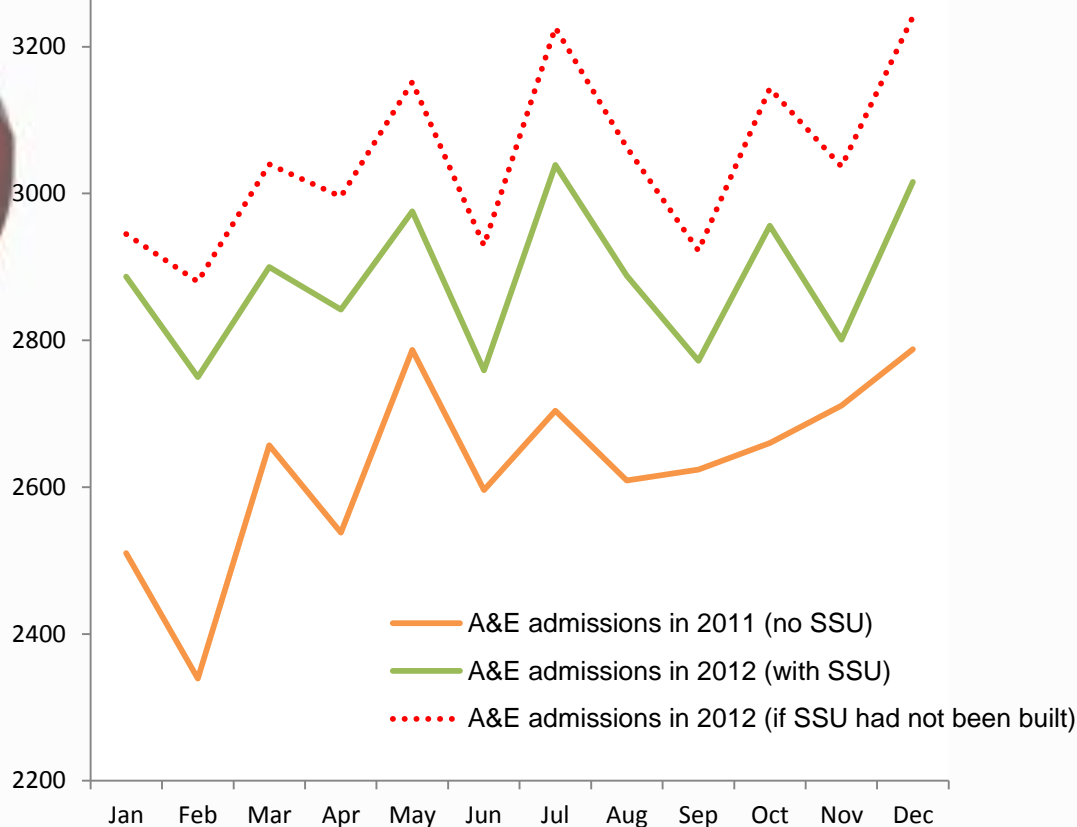
Creation of a Short Stay Unit in the A&E - better patient outcomes, relieves bed crunch



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Changi General Hospital's A&E Department is one of the busiest in Singapore. On average, 460 patients pass through our doors everyday, of which 20% are admitted. The changing demographics of our aging population has exacerbated the demand for inpatient beds. With more elderly patients staying longer, causing high bed occupancy rates of above 90%, there is an urgent need to create an intermediate area for patients who require extended observation & treatment but not prolonged inpatient facilities. The Short Stay Unit (SSU) was created in the A&E as the interim area to site these patients while undergoing short-term treatment (these patients do not stay in SSU beyond 23 hours). Just like a hot-air balloon taking off with the right air and heat conditions, the SSU lifts pressure off CGH's bed crunch and saves precious inpatient beds by functioning as a protocol-driven unit with integrated IT. Overall, the SSU improves patient care and management, bringing benefits to patients & staff.

The SSU serves as a facility to treat and observe patients after A&E consultation without admitting them to inpatient beds. With the inpatient workload increasing from 2011 to 2012, the SSU has saved precious beds, augmenting the hospital's efforts to manage the already-high Bed Occupancy Rate. (refer to graph)



The 9-bedded SSU by the numbers

195

Patients per month
% turned inpatient: **15.9**
% discharged and revisited
A&E within seven days: **3.7**
Data from Jan 2012 to May 2013

Average Bill
\$237

Average LOS
16.25 hrs
Data from Jan to Dec 2012

18 protocols

Each has its inclusion-exclusion criteria and checklist for discharge/ inpatient admission. Most commonly seen:

Low Risk Chest Pain (**37/mth**)
Gastroenteritis (**33/mth**)
Asthma, Cellulitis (**18/mth**)
Data from Jan to May 2013

Benefits

Patients are attended to earlier, and monitored closely by A&E physicians. This has resulted in better patient outcomes, with cost savings to SSU patients (as opposed to staying in the inpatient setting).

The SSU enables the physicians to better manage the workload, offering valuable learning experiences not available in usual A&E environment.

Protocols are driven by the A&E physician-champions collaborating with inpatient teams e.g. the Chest Pain protocol with Cardiology and Clinical Measurement Unit. There is scalability with numbers or types developed.

Conducive SSU

PHYSICAL ENVIRONMENT	Equivalent of a general inpatient ward with air-conditioning Elderly-friendly features e.g. soft flooring, wheelchair-friendly toilet and lighting
IT ENVIRONMENT	Seamless flow of information as the SSU Module is integrated with the main A&E System Protocols are archived and downloadable via Intranet

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