

Early InTervention for the Elderly (ELITE):

Elevating Elderly Care – Every Minute Matters in Acute Hospital

Cheong CY¹, Koh YC¹, Loh WFH¹, Loh C¹, Lim SY², Heng LC¹, Gong ZX³, Goh ZPE⁴, Ng CJ¹

¹Geriatric Medicine, ²Rehabilitation Service, ³Nursing, ⁴Operation Admin

Khoo Teck Puat Hospital

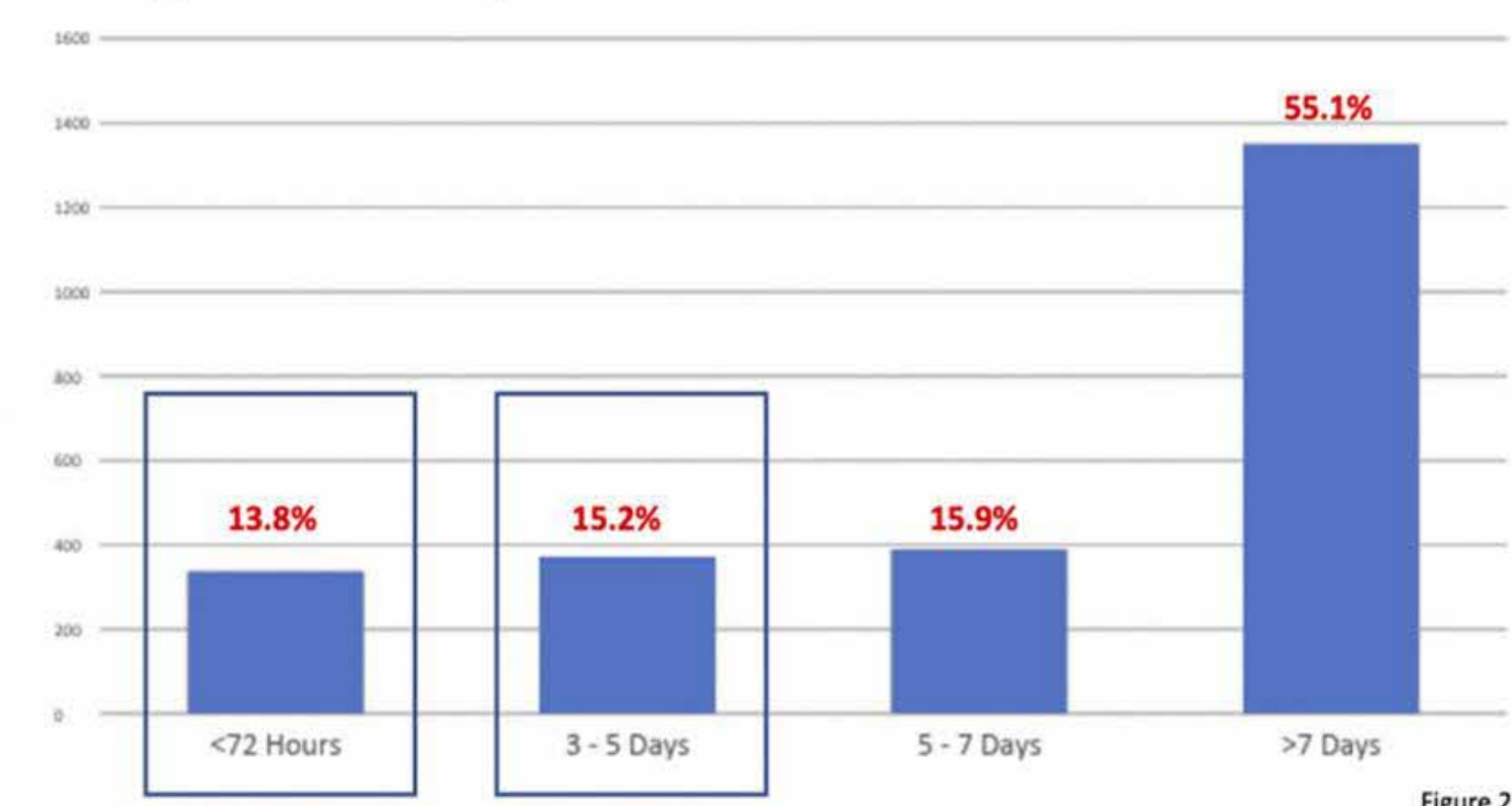
Aim

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 older adults

Background

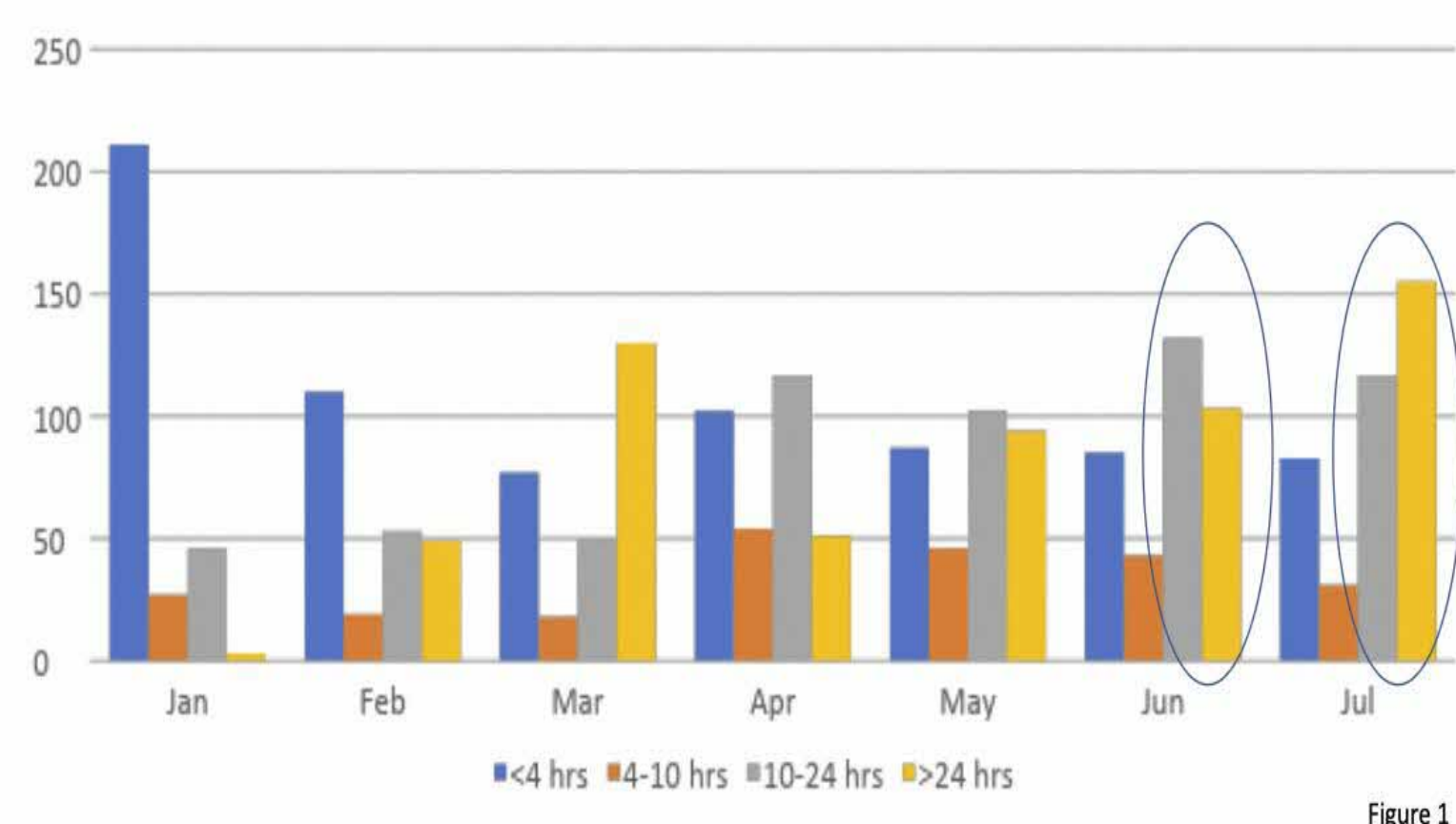
- Average length of stay of geriatric patients in Singapore is on the rise
- This results in hospital bed capacity constraints with prolonged Emergency Department (ED) wait times
- Longer stays also cause hospital acquired disability and increase healthcare utilisation and costs

Length of Stay for Geriatric Patients (Jan – Jul 22)



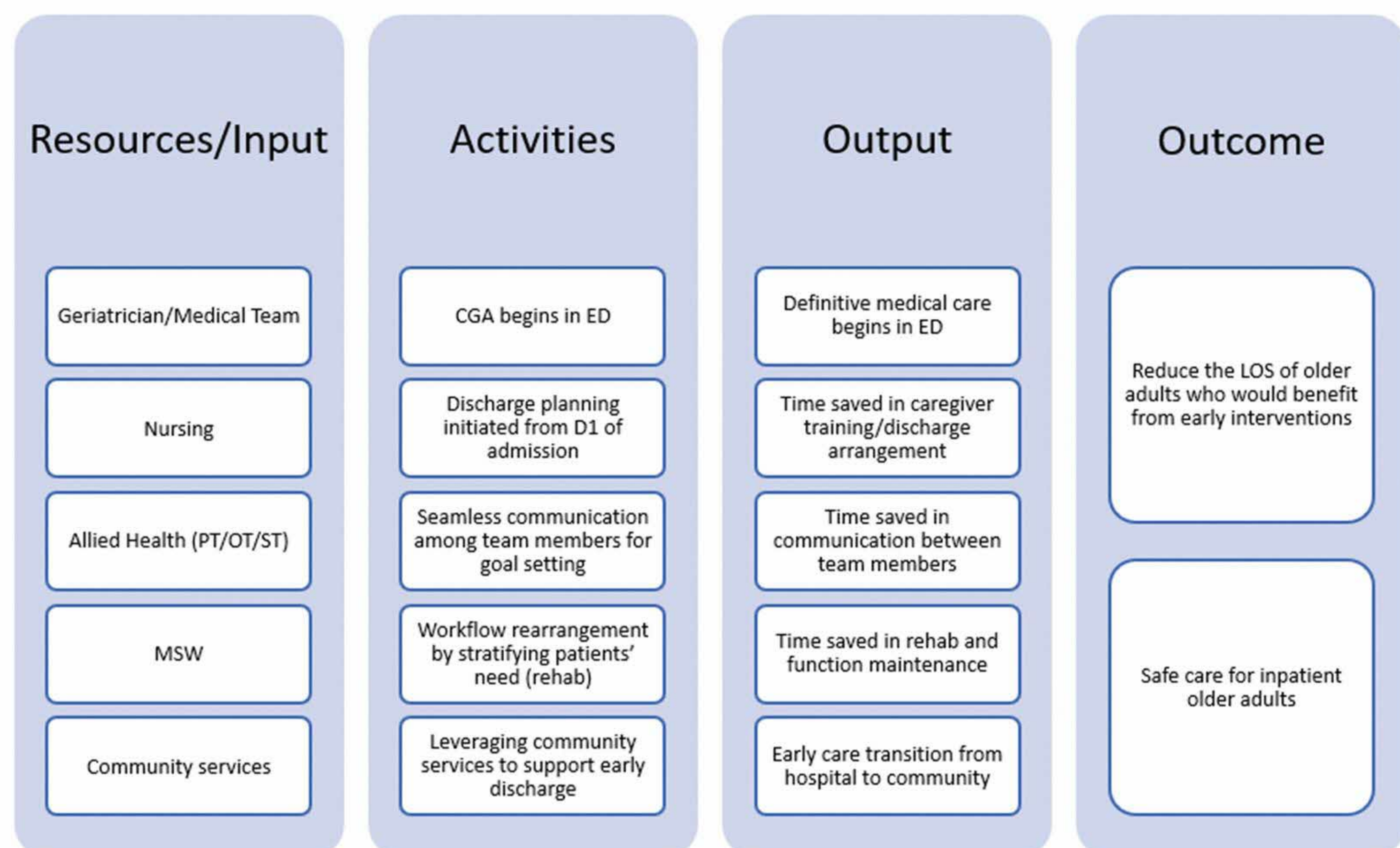
- Many older adults require prolonged admission because of complex medical conditions
- However, there are patients who do not require such prolonged stays
- Proportion of these patients discharged in less than 5 days remain limited
- Measures to reduce time to discharge for these group of patients would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

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



Interventions / Implementation

- 1) Early Intervention upon patient arrival in ED
- 2) Establishment of Geriatric Short Stay Unit (GSSU), to improve work efficiency, enhance communication, establish specific, measurable, achievable, relevant and time-bound (SMART) goals and involve caregivers from admission
- 3) Adoption of a Collaborative Care Continuum Model



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)

Onward 2026

YH Onward 2026

SP1: Assign Patients into Care Streams

ELITE

Assigns pts to GSSU based on early assessment for effective resource utilisation

SP3: Expand Acute Care Beyond Hospital

ELITE's early discharge planning and collaboration with community support services and KTPH@Home ensure patients transition smoothly after discharge

SP4: Manage and Prevent Frailty

ELITE's proactive geriatric assessments and interventions help in managing frailty in promoting early rehabilitation and minimising hospital acquired disability and deconditioning

Quality and Patient safety

Workflow enhances safety by reducing length of stay, lowering complication risk. Regular tracking of metrics allows monitoring of care standards

Results & Outcomes

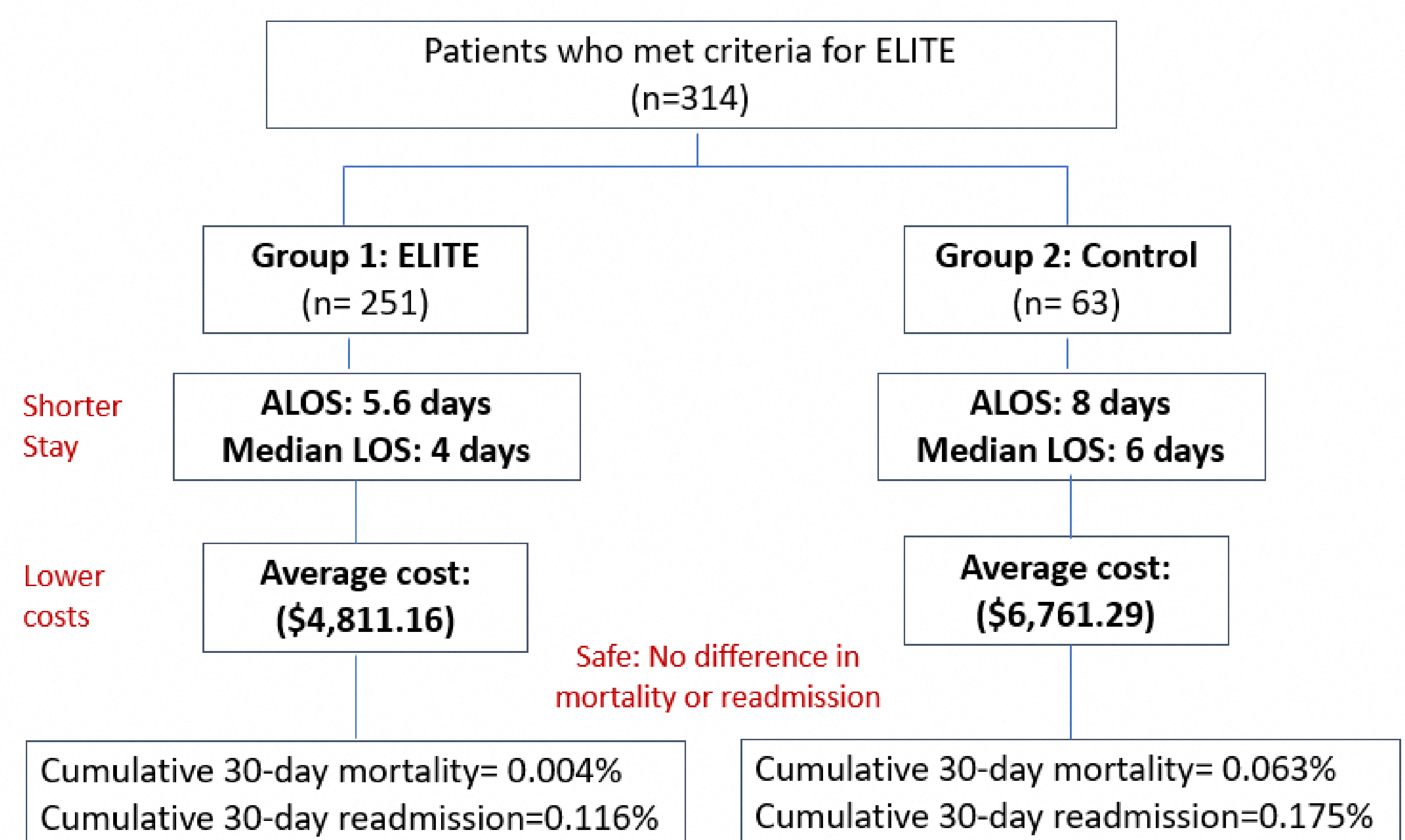


Figure 4: A total of 314 patients fulfilled the criteria for ELITE from Dec 2022 to Mar 2024

Conclusion

- Patients in ELITE intervention arm had reduced length of stay
- This translates to reduced healthcare costs per patient
- No compromise on patient safety outcomes including mortality or readmission rates
- Underscores the efficacy of the ELITE geriatric care strategy in a hospital setting

Team Members

Name	Designation	Department
Cheong Chin Yee	Consultant	Geriatric Medicine
Koh Yiwen Claudia	Senior Consultant	Geriatric Medicine
Harold Lo Wui Foh	Senior Consultant	Geriatric Medicine
Calvin Loh	Resident Physician	Geriatric Medicine
Lim Shin Yin	Senior Physiotherapist	Rehabilitation Service
Heng Li Cheng	Associate Consultant	Geriatric Medicine
Gong Zhixiao	Nurse Clinician	Nursing
Eric Goh Zhi Peng	Assistant Manager	Operation Admin
Ng Chong Jin	Senior Consultant, Head of Department	Geriatric Medicine