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## Urgent Care Centre

Emergency Departments (ED) in Singapore are chronically overcrowded. In addition to the growing workload due to an ageing population, the ambulatory section of the ED, or the "P3" section, is also burdened with a significant proportion of low acuity patients who would be better served at an intermediate facility or even primary care.

The Urgent Care Centre or UCC@ Admiralty is the first community-based Urgent Care Centre in Singapore. It is a standalone facility away from the acute hospital, with integrated laboratory and X-Ray services. The UCC also works closely with the local General Practitioners(GPs) and complements the GPFirst program. As a cornerstone of the pre-hospital network in the North, it empowers patients to seek care in the community instead of visiting EDs in the hospitals.

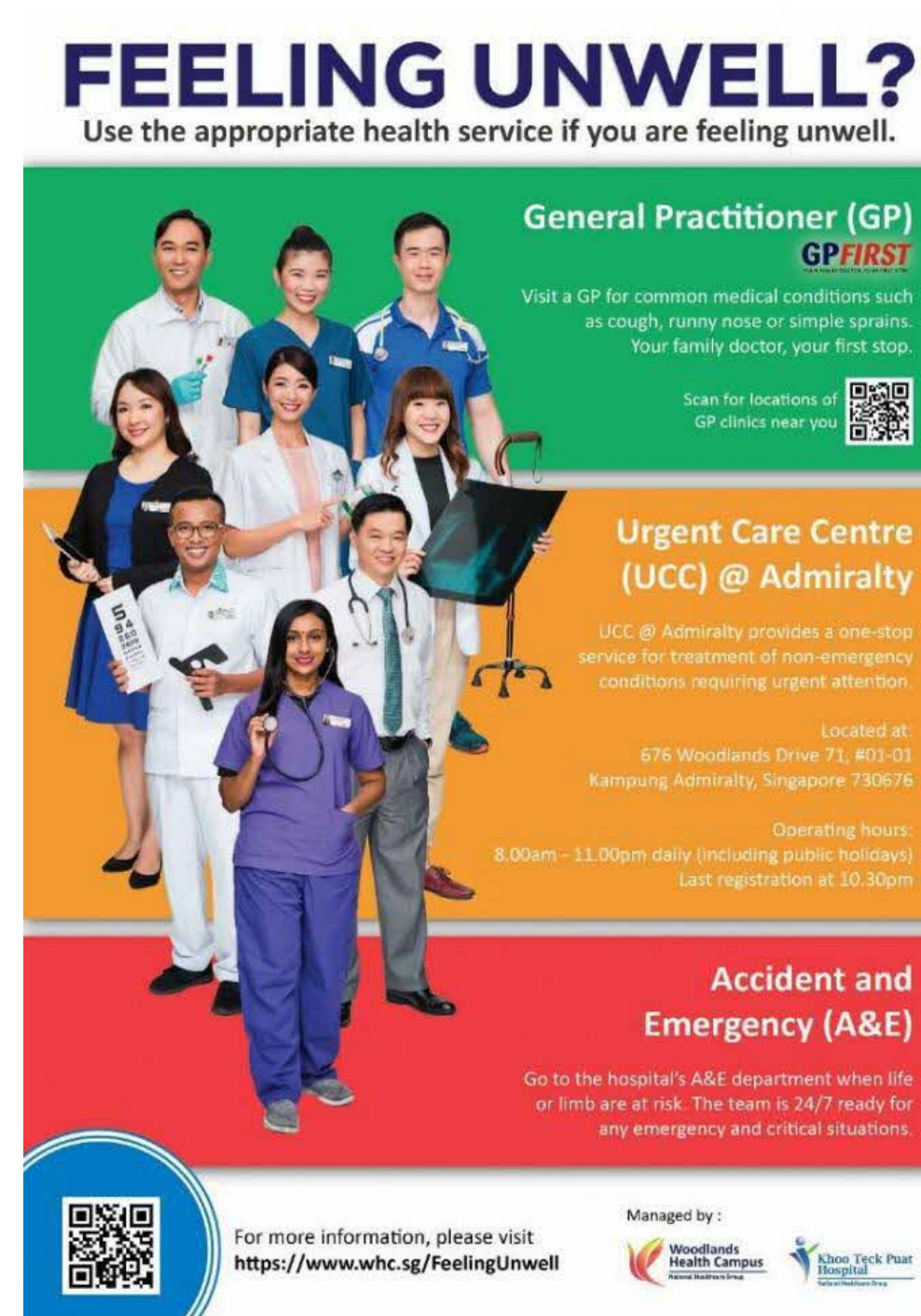
Positioned as a satellite ambulatory Emergency Department (ED -) with facilities similar to ED P3, UCC provides an accessible alternative for the lower acuity P3 patients. This relieves the ED so it can focus on more critical P1 and P2 patients. UCC also acts as a referral centre for primary care as it provides many services that are associated with the ED, e.g. observation facility, minor surgical procedures etc. We also have direct links with partner acute hospitals, for patients who require admission and tertiary management.



## Integrated Comms "Feeling Unwell" Campaign

Urgent Care, being a new concept to many in the community, needed major public education and promotion. To do so, we adopted the traffic light analogy, to illustrate the intermediate position of urgent care.

The integrated "Feeling Unwell" campaign for publicity across various platforms started a month before the opening of UCC and is still on-going. UCC was featured in all mainstream media outlets and social media. In fact, social media is one of the main ways how people come to know of the UCC.



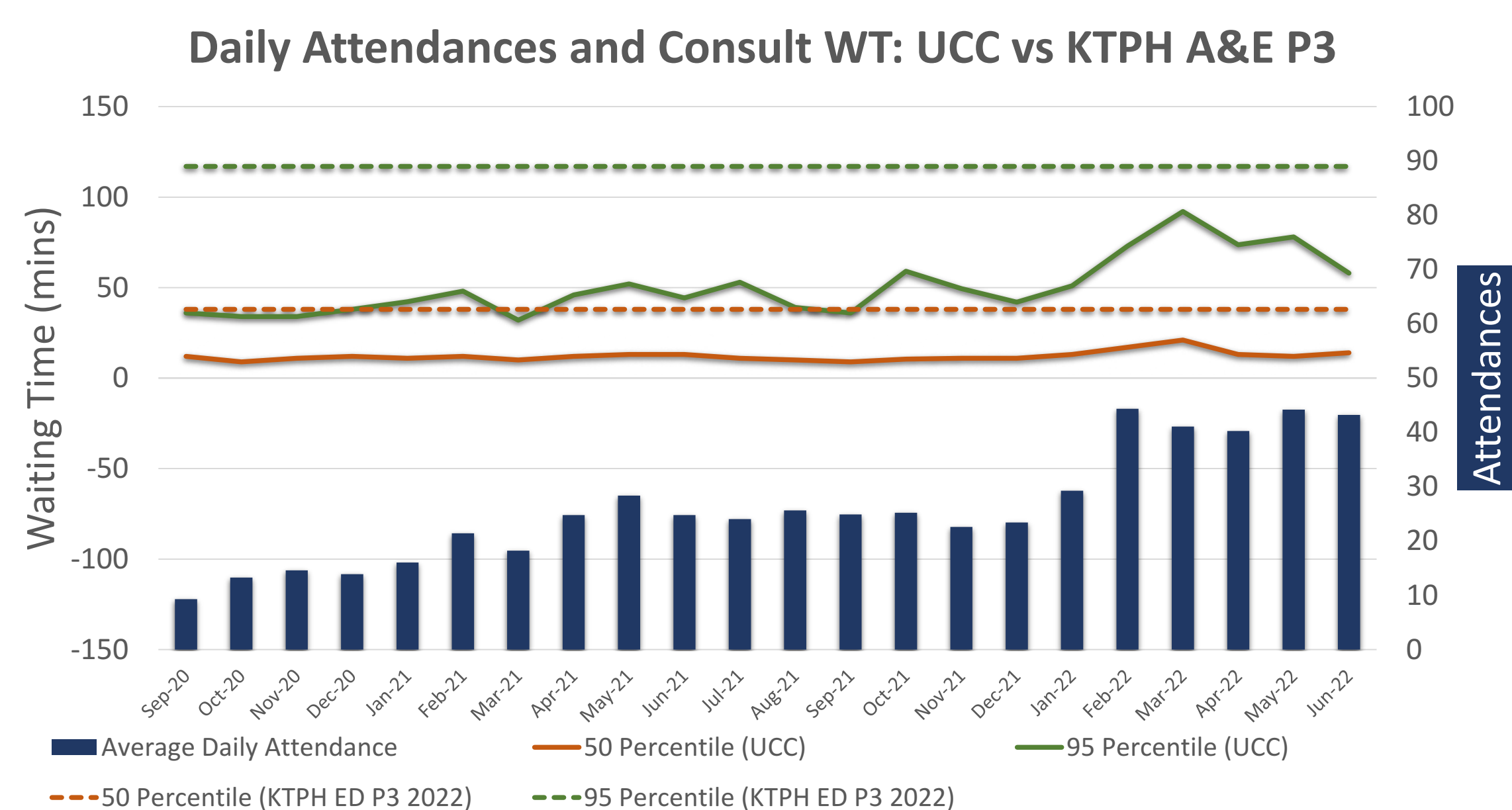
## Overview of UCC operations

Since its opening in Sep 2020 in the midst of the Covid-19 pandemic, UCC has seen more than 15,000 patients and to date, average close to 50 cases per day. More than 99% of these cases are P3 and P4 patients. This is in-line with our care model.

As part of the battle against Covid-19, we have developed various workflows to help free up hospital capacity, e.g. performing PCR for paediatric patients as a regional swabbing centre, direct admission to designated Covid community care & treatment facilities.

On top of the new Covid-19 related workflows, UCC also incorporated new services to enhance its capabilities in order to manage patients within the community instead of referring to ED, e.g. direct access to physiotherapy clinics for musculoskeletal conditions, review clinics for selected patients, outpatient antibiotic therapy services.

Despite the increasing workload, UCC has been able to keep our Waiting Time (WT) low, delivering timely care for patients.



| Top 5 conditions seen in UCC (1 <sup>st</sup> year of operations) |                             |
|-------------------------------------------------------------------|-----------------------------|
| 1                                                                 | Upper respiratory infection |
| 2                                                                 | Chest pain                  |
| 3                                                                 | Low back pain               |
| 4                                                                 | Laceration- injury          |
| 5                                                                 | Contusion                   |

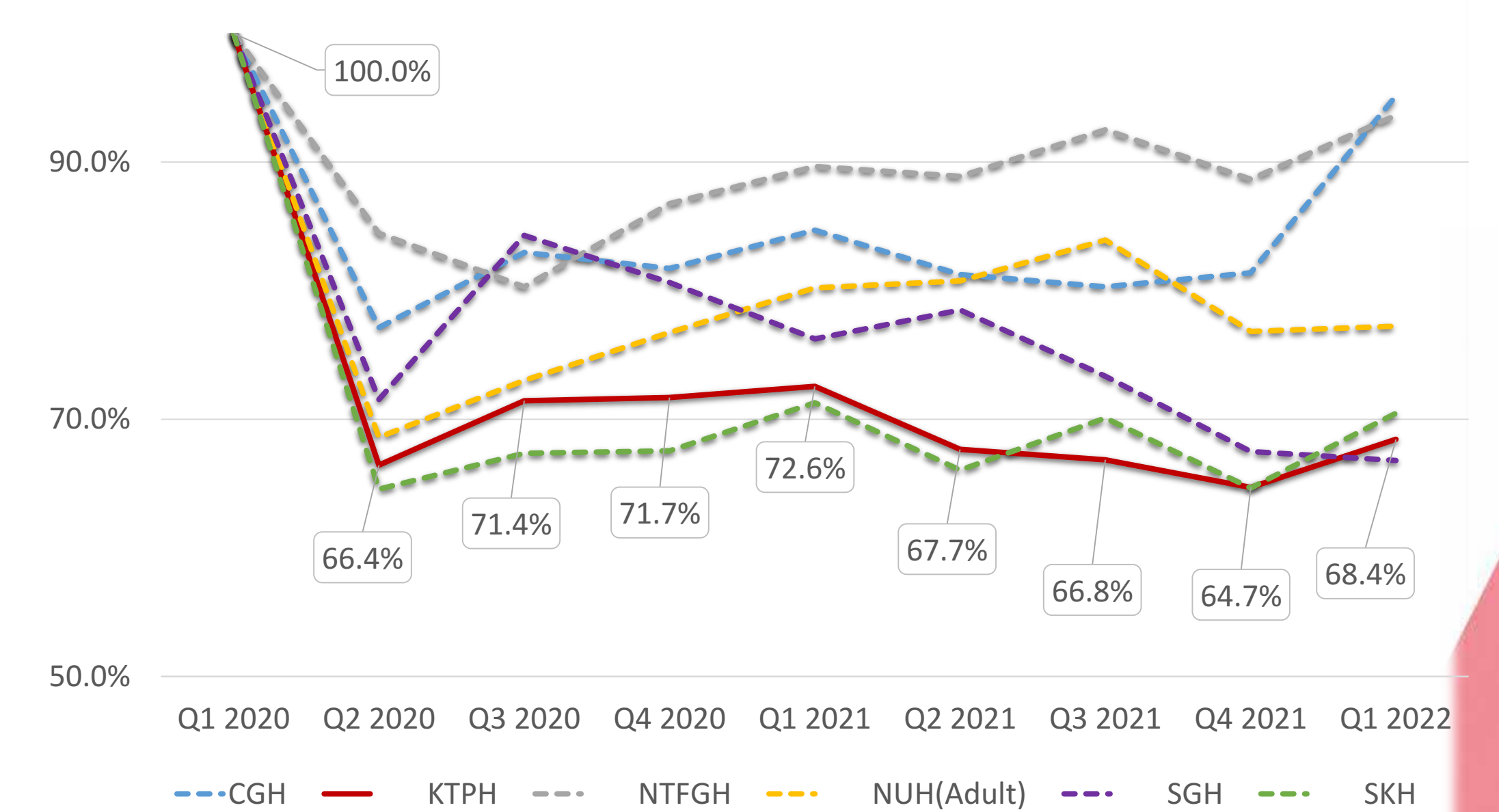
## Impact on ED P3 attendances

The pandemic significantly altered the health seeking behaviour of patients across the board, and ED was not spared. Covid-19 was observed to have significantly altered the pattern of ED attendances across all PHIs in Singapore.

In general, ED attendances dropped sharply for all hospitals at the onset. 2 years into pandemic, while most other hospital ED P3/P4 attendances have largely returned close to pre-pandemic levels, UCC has played a pivotal role in mitigating the return of neighbouring KTPH ED P3 attendances to pre-pandemic levels.

In addition, on average 12% of UCC's attendances are referred from neighbouring GPs. These referrals would have otherwise been sent to the ED.

P3/P4 attendances in all ED (excluding TTSH) as a percentage of pre-COVID time



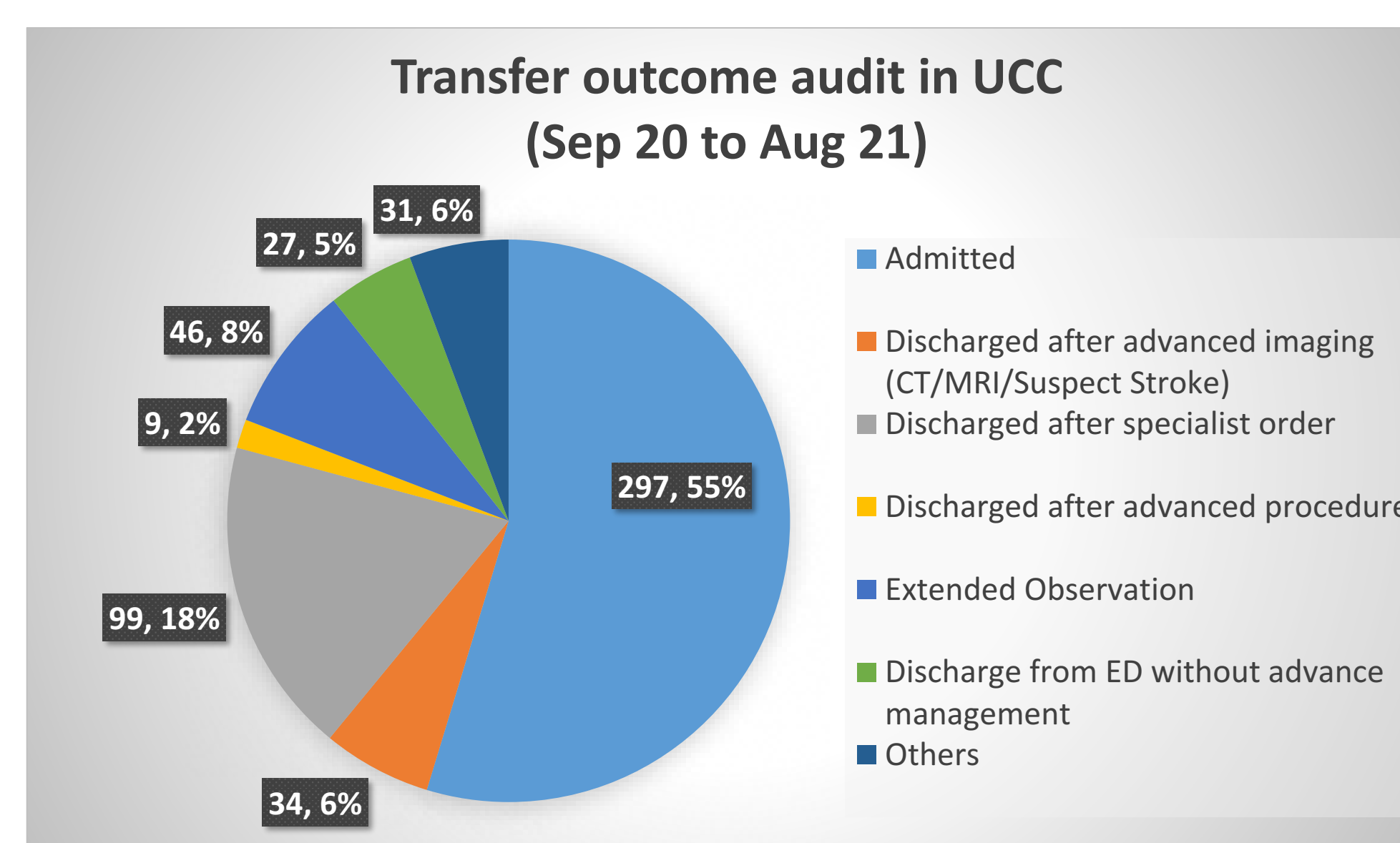
## Conclusion

The model of an off-site UCC is effective in reducing the regional ED P3 attendance. Going forward, there is great potential in scaling this model to other regions on the island.

Multiple UCC's will not only have a greater effect on national P3 attendances, but will also be synergistic in promoting the awareness & growth of urgent care.

## Gate-keeping for ED: appropriate transfers to ED

7% of UCC patients (Sep 20 – Aug 21) were transferred to ED for further management, 55% of the transfers were admitted, with the majority of the remaining requiring tertiary management available only at the ED (e.g. CT Scan, extended observations). All transfers were phone- vetted by the duty ED physician.



## Acknowledgements

- A/Prof Mohan Tiru, Deputy Chairman, Medical Board, WoodlandsHealth
- NC Tham Chui Mun, Assistant Director of Nursing, WoodlandsHealth
- NC Adeline Han, Assistant Nurse Clinician, WoodlandsHealth
- Corporate Communication, WoodlandsHealth
- Strategic Ops Research & Analytics, WoodlandsHealth
- GPFirst and NurseFirst Team, WoodlandsHealth
- Emergency Department, Khoo Teck Puat Hospital
- Admiralty Medical Centre