Alternative Care Services Pathway (ACSP)

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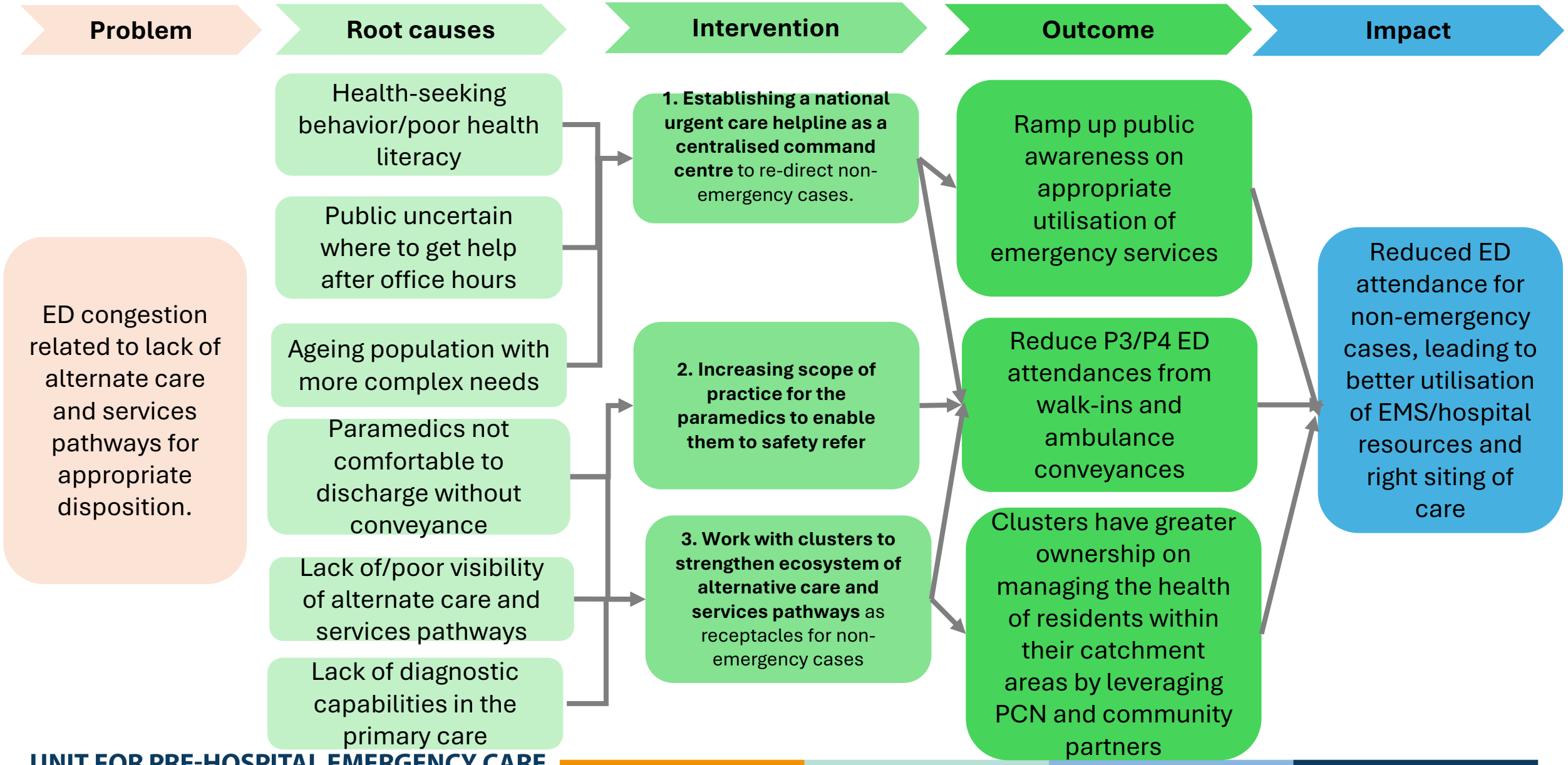
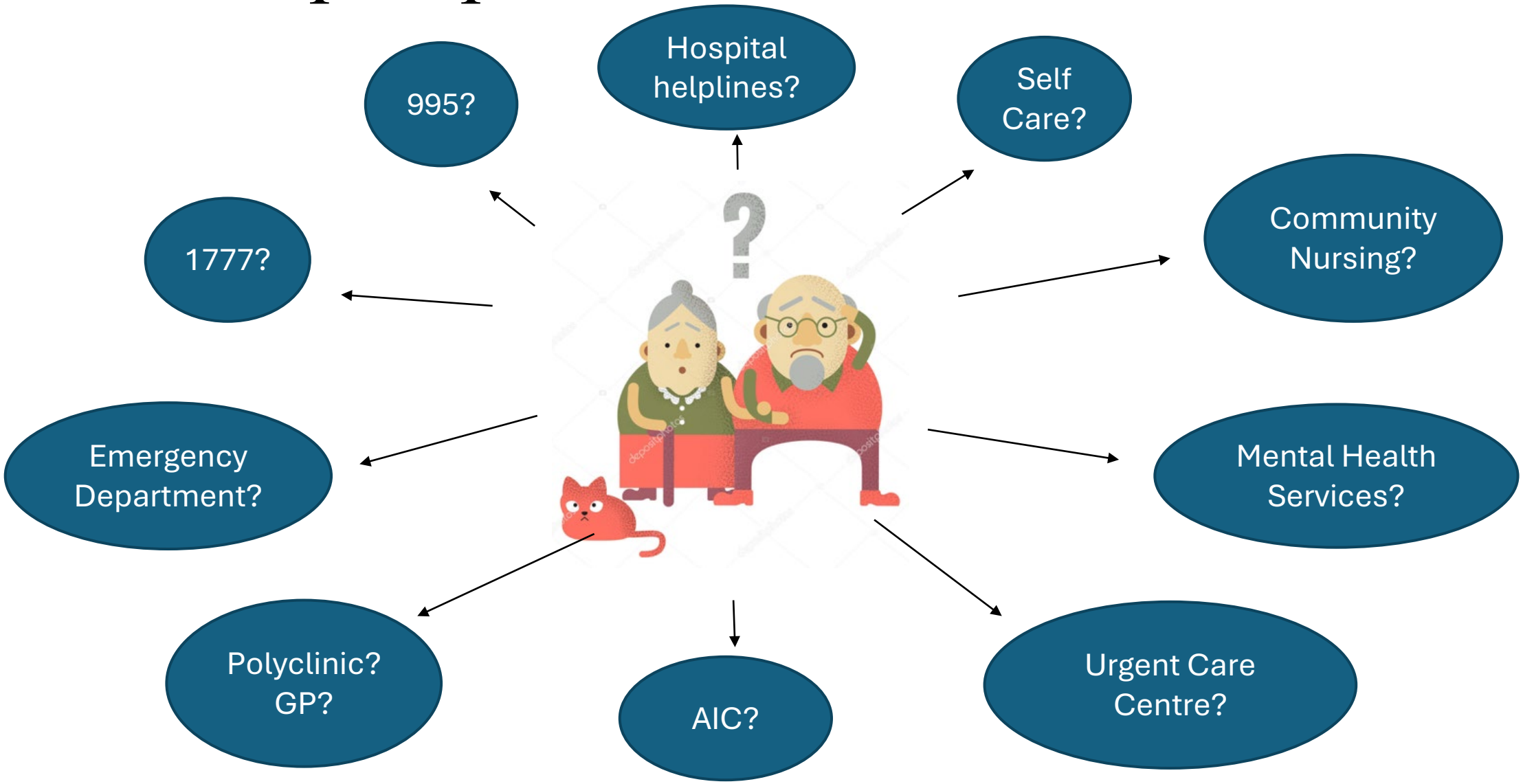
MOHT | MOH OFFICE FOR HEALTHCARE TRANSFORMATION

UNIT FOR PRE-HOSPITAL EMERGENCY CARE UPEC

Theory of change: Alleviating congestion in the ED



Patients perspective



Background work…

- 2021-2022: MOH HSD UPEC workgroup to conceptualise the ACSP
- 2022: Launch of NurseFirst helpline
- 2025: UPEC-MOHT collaboratively working on the national scaleup of NurseFirst
- 2026: Development of ACSPs and Virtual ED

Proposed concept/ interventions

Emergency Department

Hear & refer for dispatch

Telehealth, First aid & Self-care advice

Medical transport

995

Hear & refer to NF

Hear & treat

Nurse First

Hear & refer

NUHS National University Health System

Regional Health Systems

- GPFirst program
- Polyclinics /GP partners
- Community Nursing
- Hospital @home / MIC
- Hospital 2 home
- Specialist Outpatient Clinic
- Existing chatlines (eg:KKH CE chatline, Careline)
- Eaglecare for NH

SingHealth Defining Tomorrow's Medicine

National Healthcare Group Adding years of healthy life

See & convey

Alternative conveyance (eg: UCC)

See & treat & d/c

See & treat & refer

Community services

- Via AIC
  - Day Care
  - Physiotherapy
  - Social Services (Meal Delivery, Befrienders)
  - Senior Activity Centre
  - Medical Escort etc
- Community Mental Health team

Enablers
- OMC
- OMNI

Virtual ED

Programs/ Regional Health System	NUHS	NHG	SingHealth	IMH
Emergency Department				
Urgent healthcare		Woodlands Urgent Care Centre		
Telemedicine initiatives	AH Virtual Care Centre*	- Woodlands chatline* - KPTH chatline for discharged patients	- Paediatric KKH Chatbot - CGH Careline	Tele consult with suicidal patients in the ED to prevent transfer to IMH
Primary healthcare	GP First, DOT in SGH			
Elderly care initiatives	Enhancing Advance Care Planning, Geriatric Care and End of Life Care (EAGLECare) programme			
Hospital- community initiatives	- NUHS@Home* - Hospital to home	- Hospital@home - Hospital to home	- Hospital @home - Hospital to home	
Community initiatives by the RHS - *Good to map where these community health posts and nursing posts are located and their contact nos and functional hours, such that non urgent patients who are already known to them can be referred there.*	Community health post in every constituency by FY2025. Currently there are 27 health posts - Telehealth and telemonitoring	There are 31 community nurse posts and 63 community health posts	- Community falls prevention outreach - Community geriatric services - COPD, Heart failure, Parkinson and Chronic pain conditions can be managed in the community	Community Mental Health Intervention team
	Community health posts			
	Community nurse posts			
	Community palliative team			
	Preventative health with volunteers and peer support groups (Community of Care)			
	Chronic disease management in the community			

Unanswered questions

- Which patient groups should these ACSPs be targeted at?
- How can we connect these patients to the right care in the community to RIGHT SITE their care and avoid ED conveyance and/or admissions?

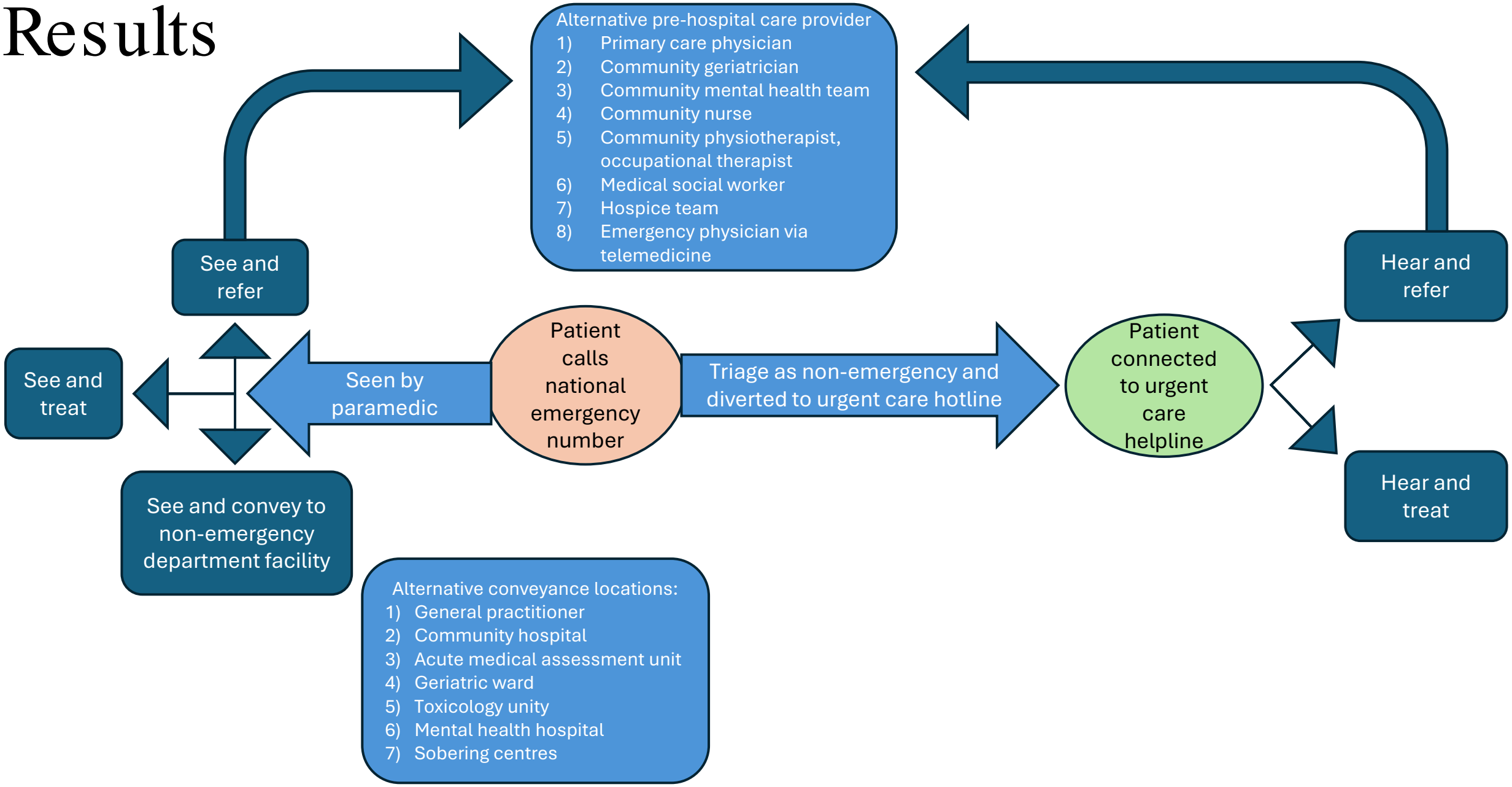
Scoping review: What are alternative care options for patients calling the ambulance?

Results

Patient group	Service	Region, Country
Geriatric/ patients >65years old	Referral Service, Secondary triage system	Victoria, Australia
	Extended Care Paramedics for long term care patients	Halifax, Canada
	Community weekend frailty and falls response service	Dublin, Ireland
	Direct conveyance to Geriatric ward	Stockholm, Sweden
Elderly living in residential facilities	Aged Care Emergency (ACE) program	New South Wales, Australia
	Telemedicine service within a independent senior living community	California, USA
Hospice patients	Mobile Integrated Hospice Healthcare (MIHH) program	California. USA

Patient group	Service	Region, Country
Mental health (including chronic alcoholism)	Referral Service, Secondary triage system	Victoria, Australia
	Paramedics convey patients to Missenden Assessment Unit (MAU) (23)	Sydney, Australia
	Paramedics convey patients to Behavioural Health Centre (41)	California, USA
	Paramedics convey patients to Community Mental Health Centre (42)	North Carolina, USA
Acute poisoning	Telephone triage advice provided by the New Zealand National Poisons Centre (NZNPC) for the public and health professionals (3)	New Zealand
Acute alcohol intoxication	Sobering centres	USA
Frequent attenders	Advanced Provider Response Unit (APRU)	Los Angeles, USA
	Community Integrated Health Program (CIHP)	Louisiana, USA
Known epileptic patients with seizure	NHS ambulance services	UK

Results


Alternative pre-hospital care provider
1) Primary care physician
2) Community geriatrician
3) Community mental health team
4) Community nurse
5) Community physiotherapist, occupational therapist
6) Medical social worker
7) Hospice team
8) Emergency physician via telemedicine
See and refer
Hear and refer
See and treat
Seen by paramedic
Patient calls national emergency number
Triage as non-emergency and diverted to urgent care hotline
Patient connected to urgent care helpline
See and convey to non-emergency department facility
Hear and treat
Alternative conveyance locations:
1) General practitioner
2) Community hospital
3) Acute medical assessment unit
4) Geriatric ward
5) Toxicology unity
6) Mental health hospital
7) Sobering centres

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NHS Scottish Ambulance Services

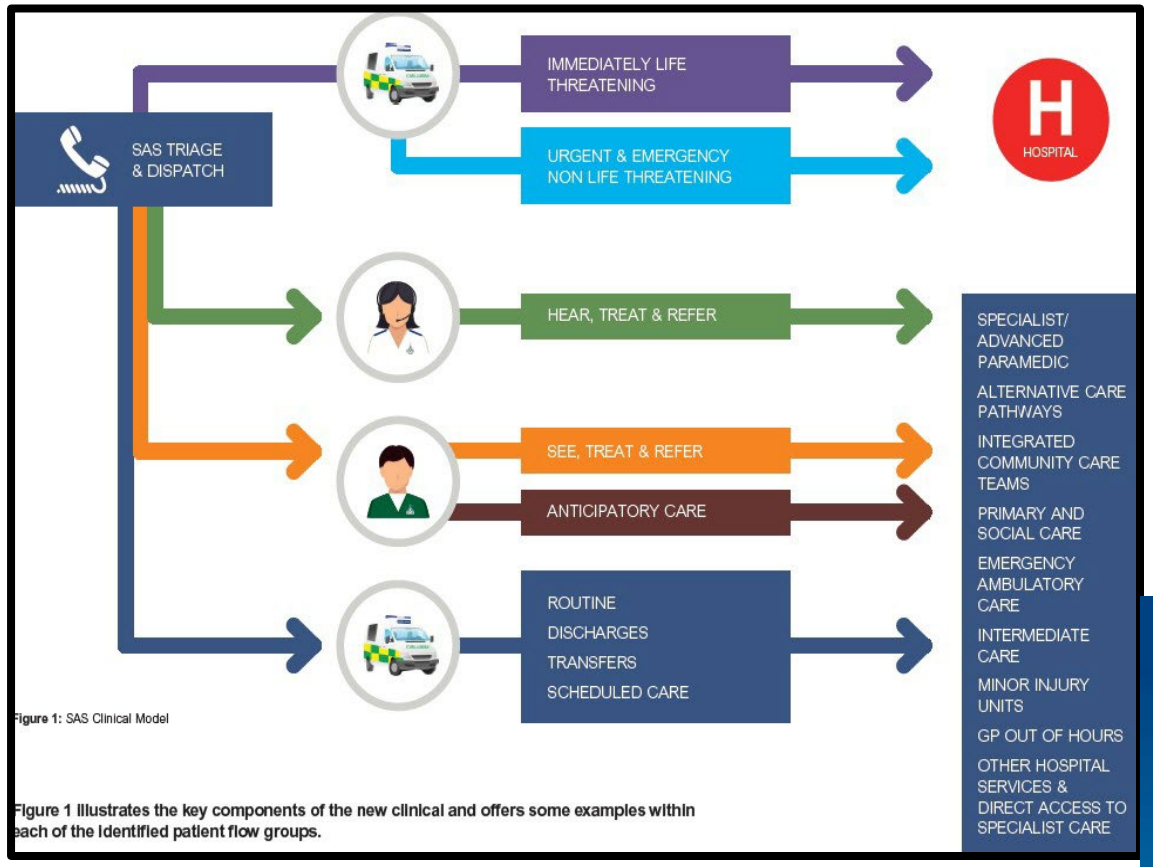


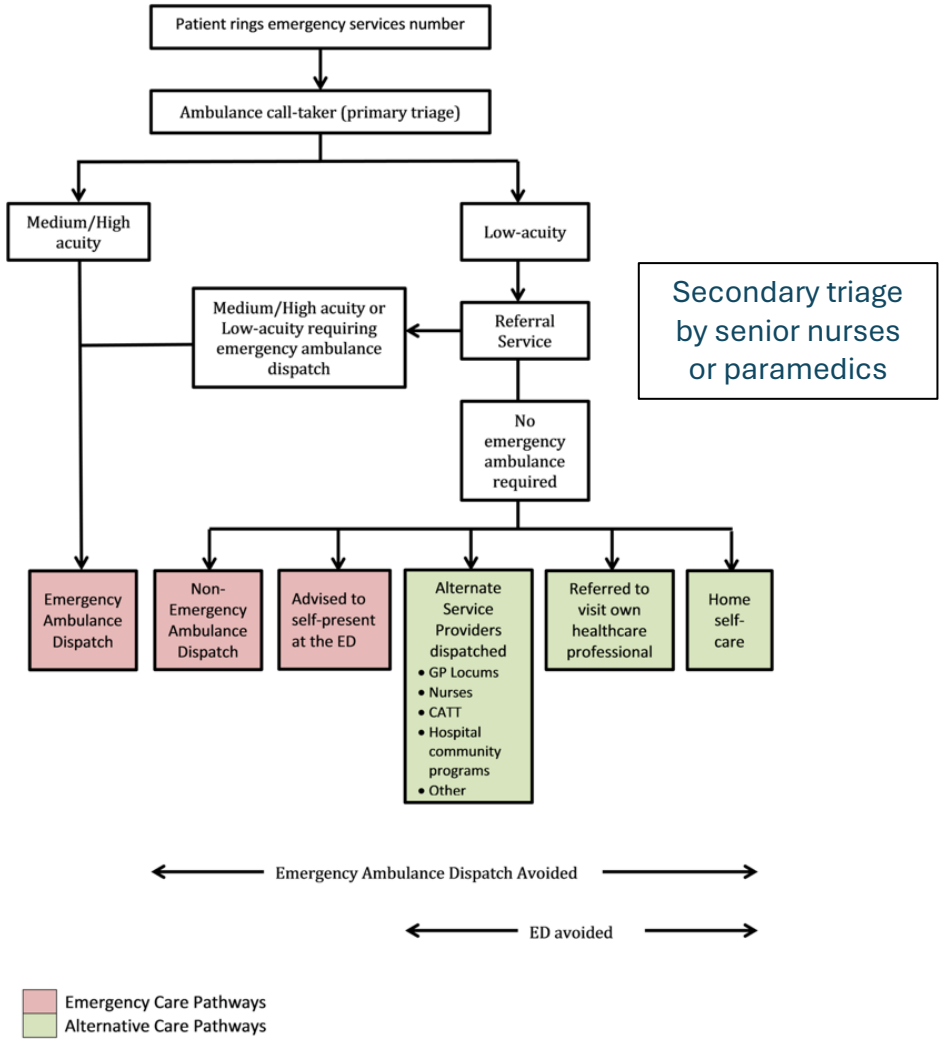
Figure 1: SAS Clinical Model

Figure 1 illustrates the key components of the new clinical and offers some examples within each of the identified patient flow groups.

999 for emergency services

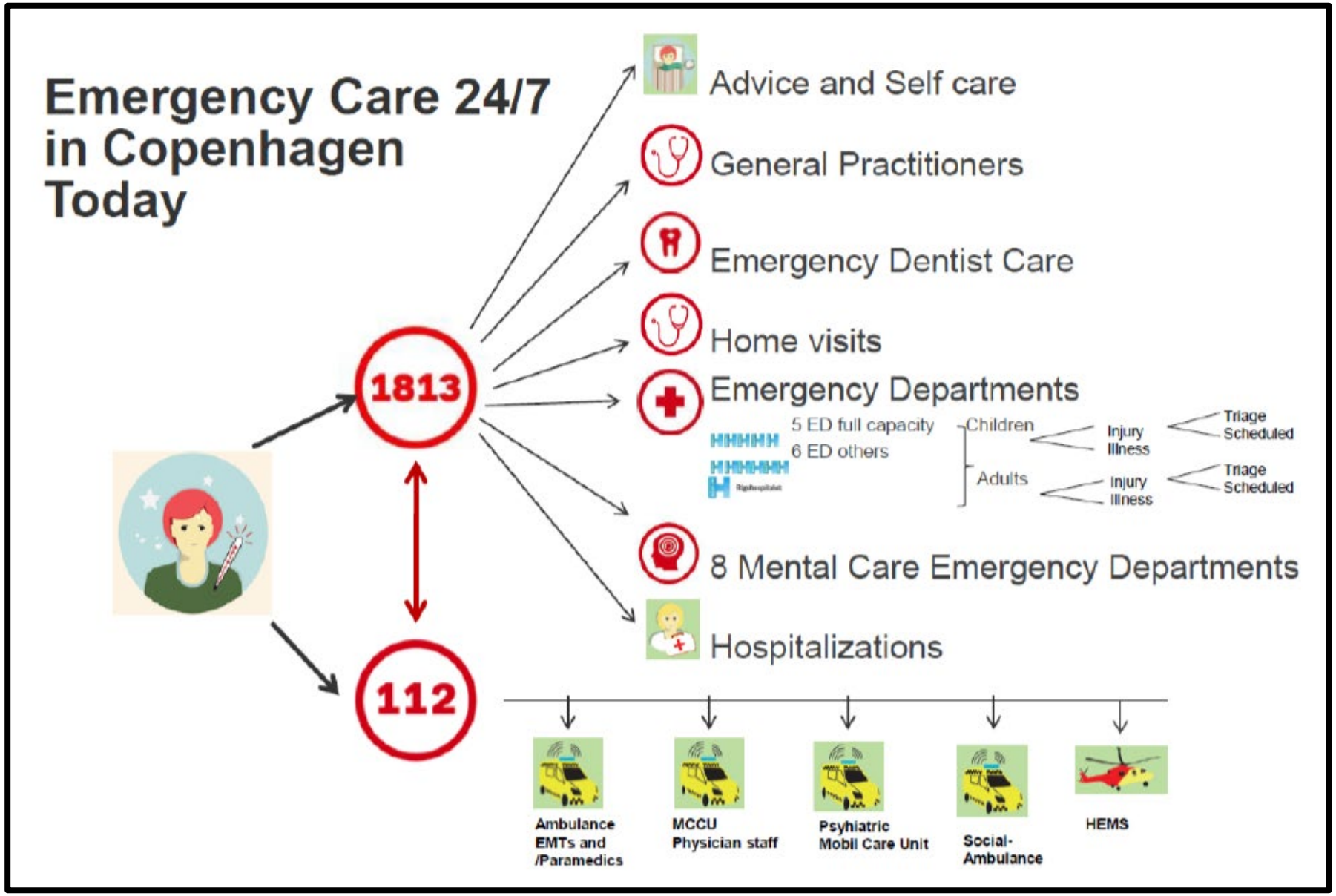
111 for non-emergency services

Victoria Ambulance Services



Secondary triage by senior nurses or paramedics

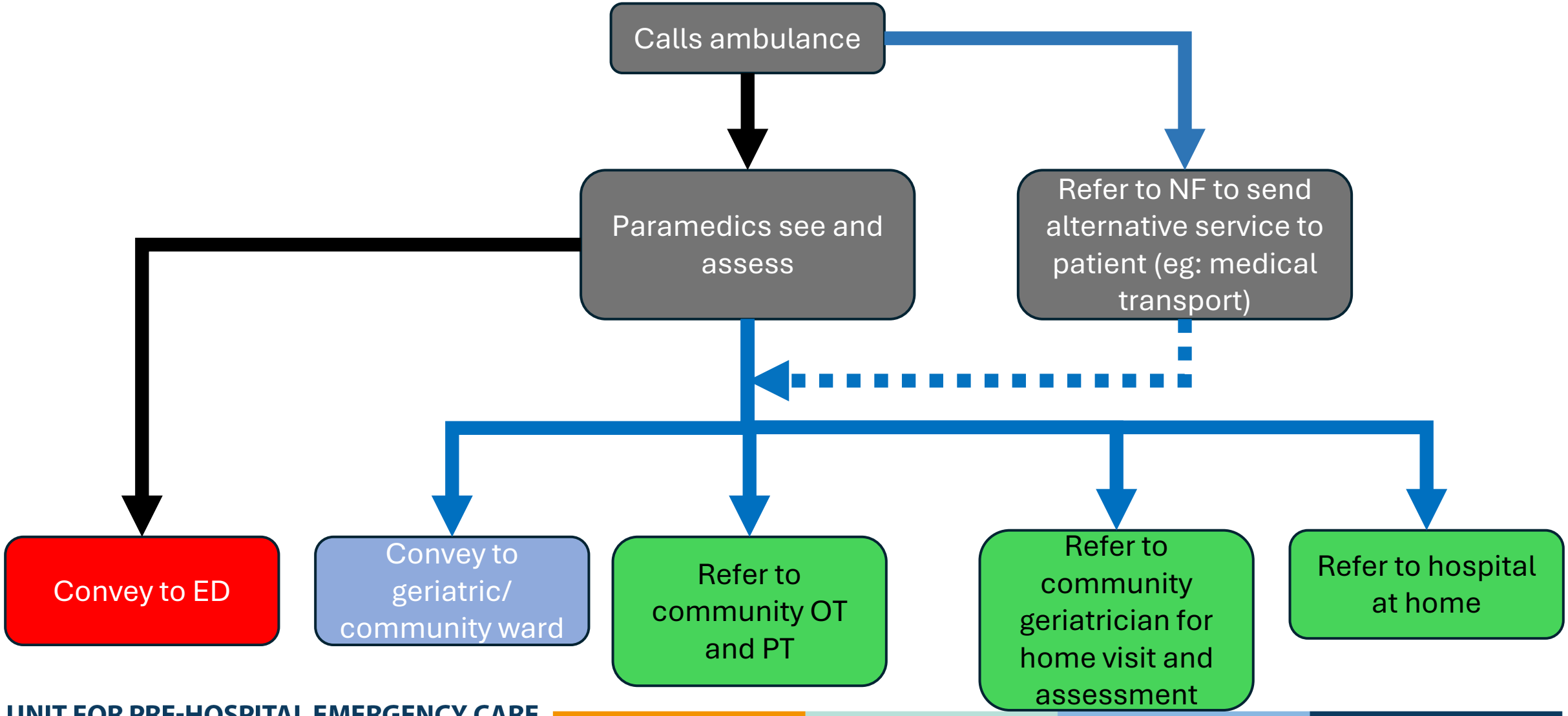
Copenhagen


Emergency Care 24/7 in Copenhagen Today
1813
112
Advice and Self care
General Practitioners
Emergency Dentist Care
Home visits
Emergency Departments
5 ED full capacity
6 ED others
Children
Adults
Injury
Illness
Injury
Illness
Triage
Scheduled
Triage
Scheduled
8 Mental Care Emergency Departments
Hospitalizations
Ambulance
EMTs and
/Paramedics
MCCU
Physician staff
Psyhiatric
Mobil Care Unit
Social-
Ambulance
HEMS

Scenario 1

- *Mdm X is a 70 year old lady who lives with her husband alone in a 3 room HDB flat. Due to severe knee osteoarthritis (for which she already is on follow up with the Orthopaedics doctor), Mdm X has not been leaving her house much. Over time she deconditions and has difficulty getting up from a seated position. One day, she accidentally misses the stool and falls onto the floor with no head injuries. Her husband, 80 year old Mr Y, is frail and unable to lift her up back to her chair or bed. They do not know who to call for help as their only child is currently working overseas. They know this is not an emergency but only know of '995' as the number to call if they need help. Hence they call 995. The paramedics arrive and assess Mdm X and conclude this is not a medical emergency but she needs help nonetheless. But they do not know of any other options but to bring her to the ED.*

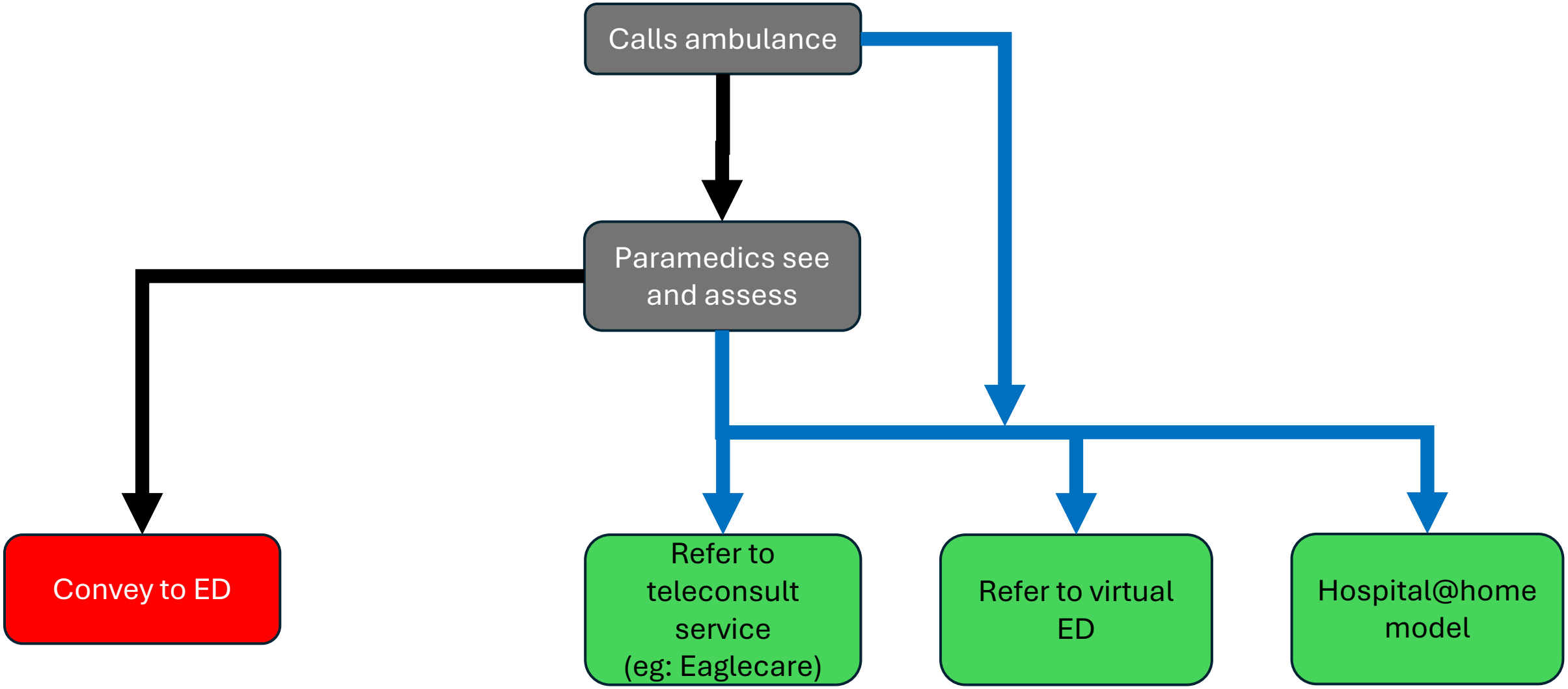
Elderly at home (see and refer pathway)



Scenario 2

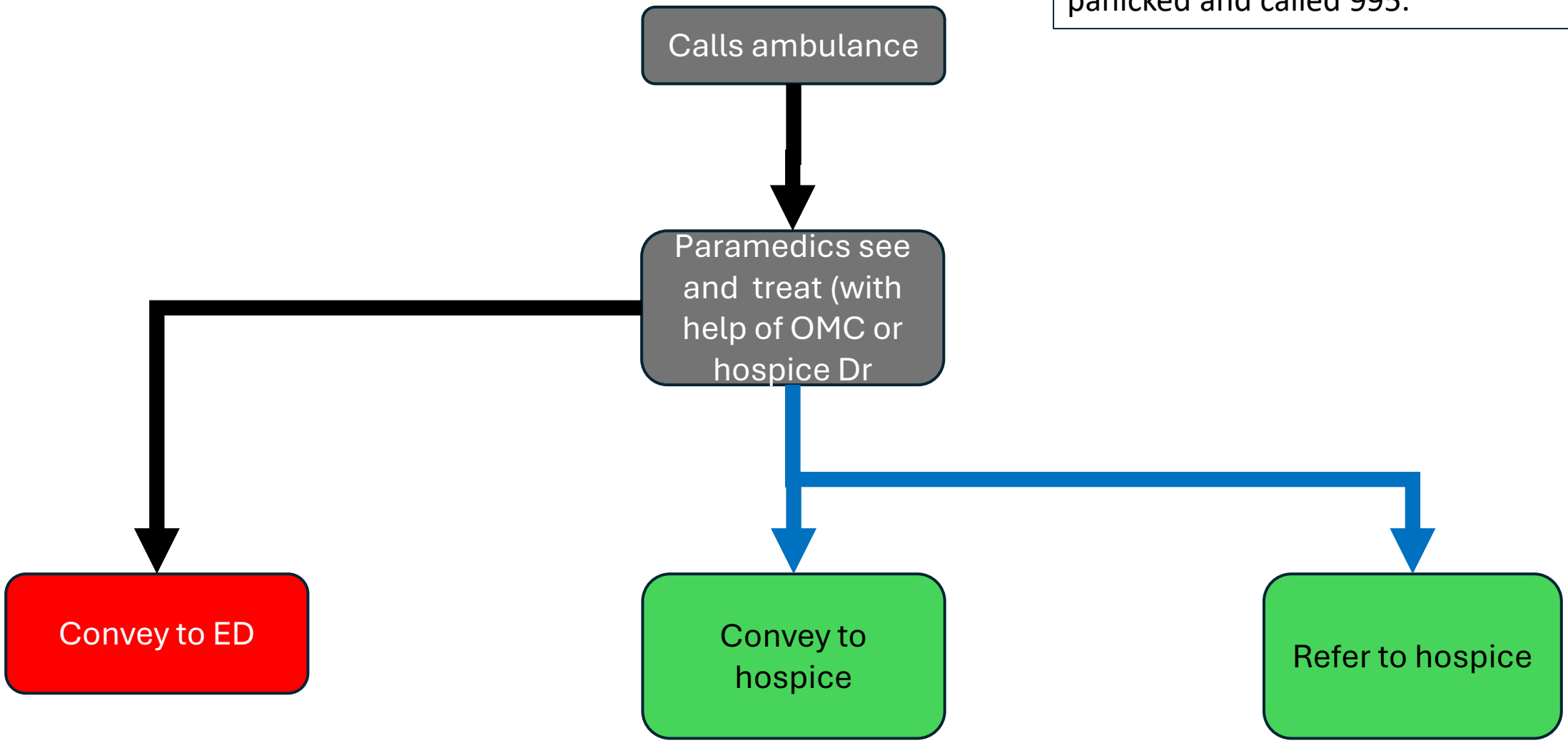
- *Mr Tan is a bed bound 80 year old gentleman living in a NH with multiple strokes, diabetes, HTN and Parkinson. He has repeated admissions to the hospital for chest infections. He also has an ACP that states he wants minimal intervention in the hospital and prefers to receive treatment and die at the NH. The NH is aware of this. He presents with fever and cough for 2 days. The NH Dr is only due to visit tomorrow. The NH night staff calls 995 as they think he needs to be admitted.*

Elderly at institutionalised homes (see, hear and treat)

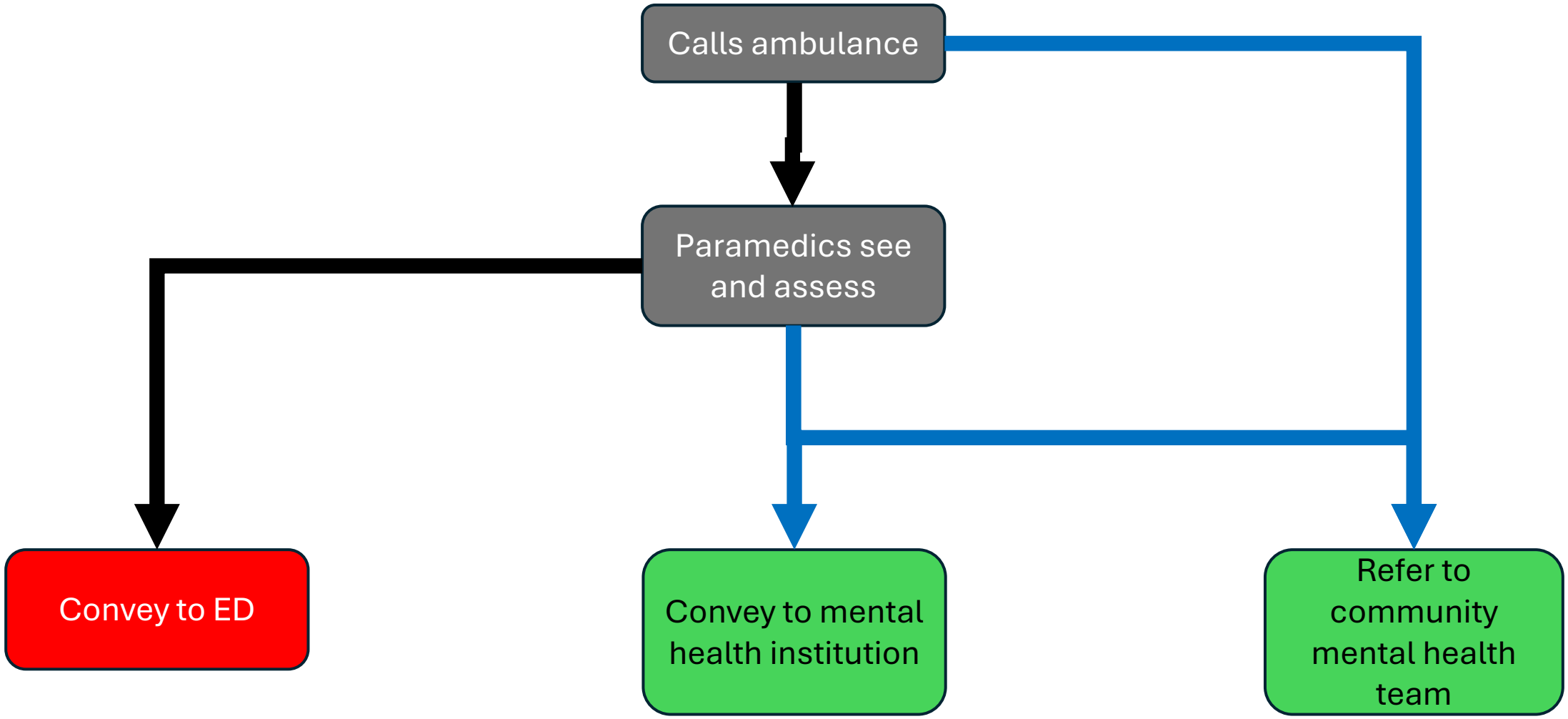


Hospice patients (treat and refer)

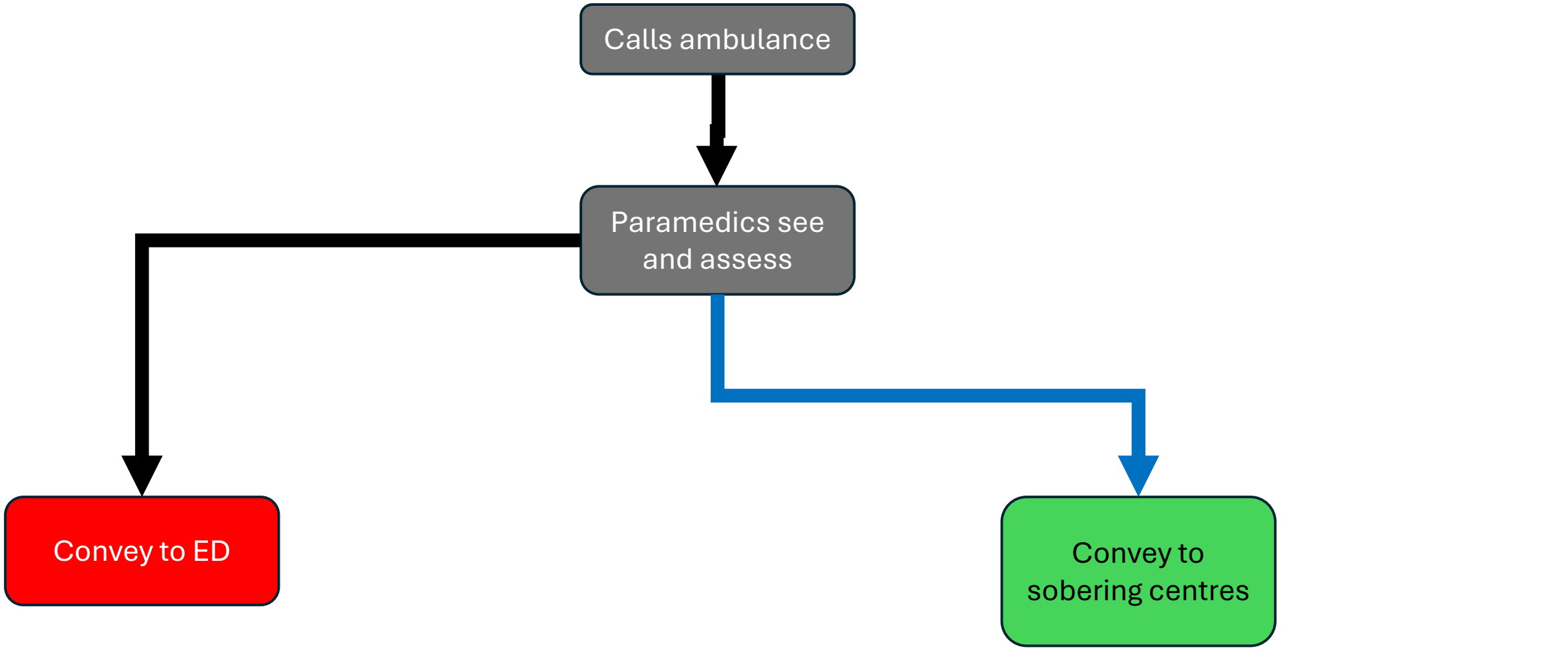
Scenario 3: Mdm A has metastatic lung cancer, and on hospice f/u. She had severe back pain at 10pm, preventing her from sleeping. They panicked and called 995.



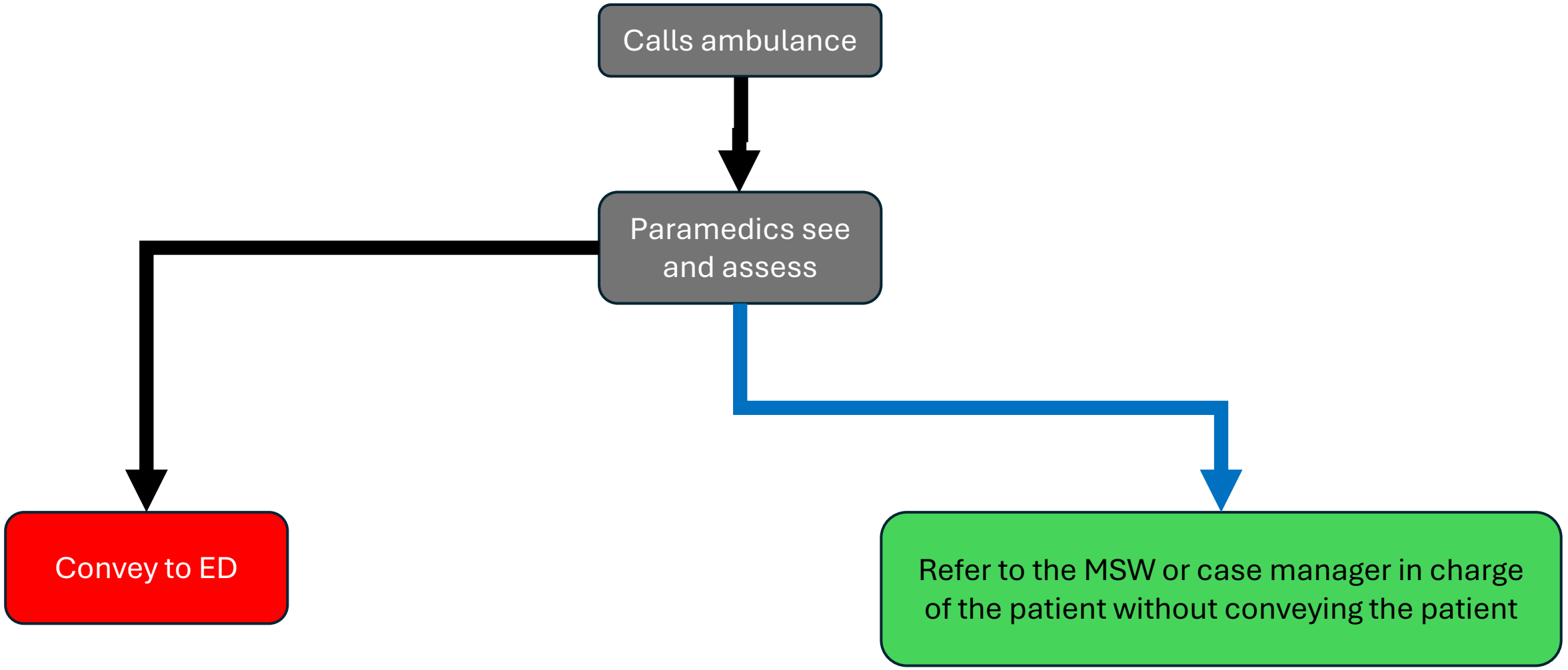
Mental health patients (see and refer or convey)



Acute intoxication (see and refer)



Frequent attenders (see and refer)



We need you for ASCPs to work!!!