Developing and Delivering Enhanced Emergency Care: Pilot Project for Chest
Pain Presented to Accident Emergency Department in United Christian Hospital

CTPang(1), HWNg(1), HMTang(1), KM Li(1), Sin NC(2), Ng WL(3), SM Ting(1)
(1) Accident and Emergency Department, United Christian Hospital, (2) Quality and
Safety Office, United Christian Hospital, (3) Department of Medicine and Geriatrics,
United Christian Hospital

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Introduction
Undifferentiated chest pain presenting in the Emergency department (ED) is very
common. In February 2012, the Emergency Physicians (EPs) and Medical Physicians
(MPs) in our hospital collaborated to formulate an chest pain protocol for enhanced
emergency care

Objectives
To exclusion of acute coronary syndrome and risk stratification for patient with low
TIMI score, and to provide early definitive management and to reduce short stay
admissions

Methodology
The protocol incorporates initial clinical history, serial ECG and biomarkers. The
protocol features one stop streamlined service from presentation to diagnostic workup
in emergency department, early initial intervention by the emergency physician in the
ED, a standardized evidence supported protocol, a conjoint care and shared decision
making with the medical physician and finally, an expeditious discharge care plan at
outpatient

Result
The number of cases recruited were 679, 878, 1053 and 521, in 2012, 2013, 2014
and first 6 months of 2015 respectively. Patients with low TIMI risk score comprised
most of the cases recruited (78%). The length of stay is around 12 hours, 85-90% of
patient were discharged in AED. 1 patient mortality in AED so far, and less than 10%
of AED re-attendance rate with cardiac symptoms as the chief presenting complaint
within 28 days