

1A

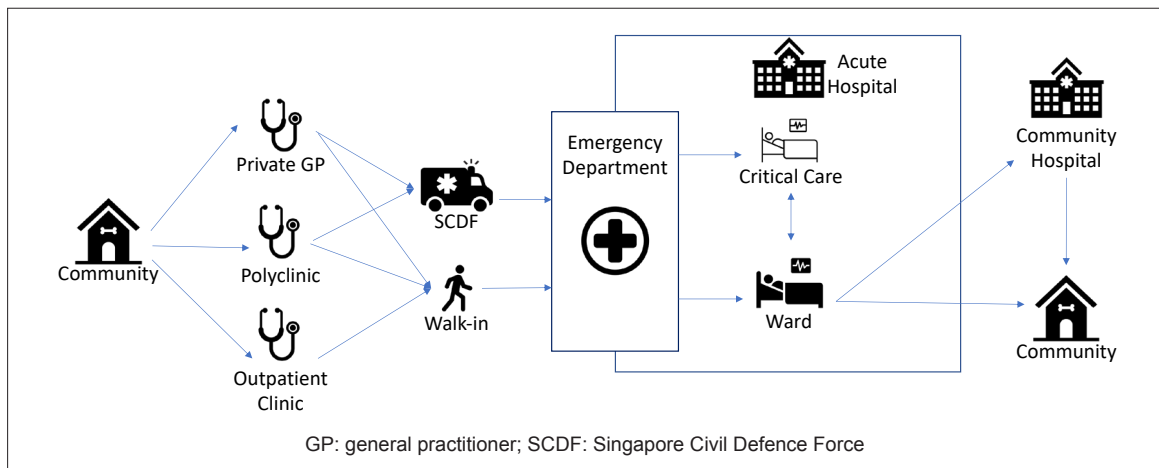


Fig. 1A. The Acute Care Chain in Singapore. The flow of patients into the hospital is via the emergency department (ED) from walk-ins, polyclinics, private general practitioners and specialist clinics, with ambulant patients approaching ED directly or patients being conveyed by ambulance. Patients move from the ED into hospital wards (including critical care), and from hospital wards to home or a community facility.

1B

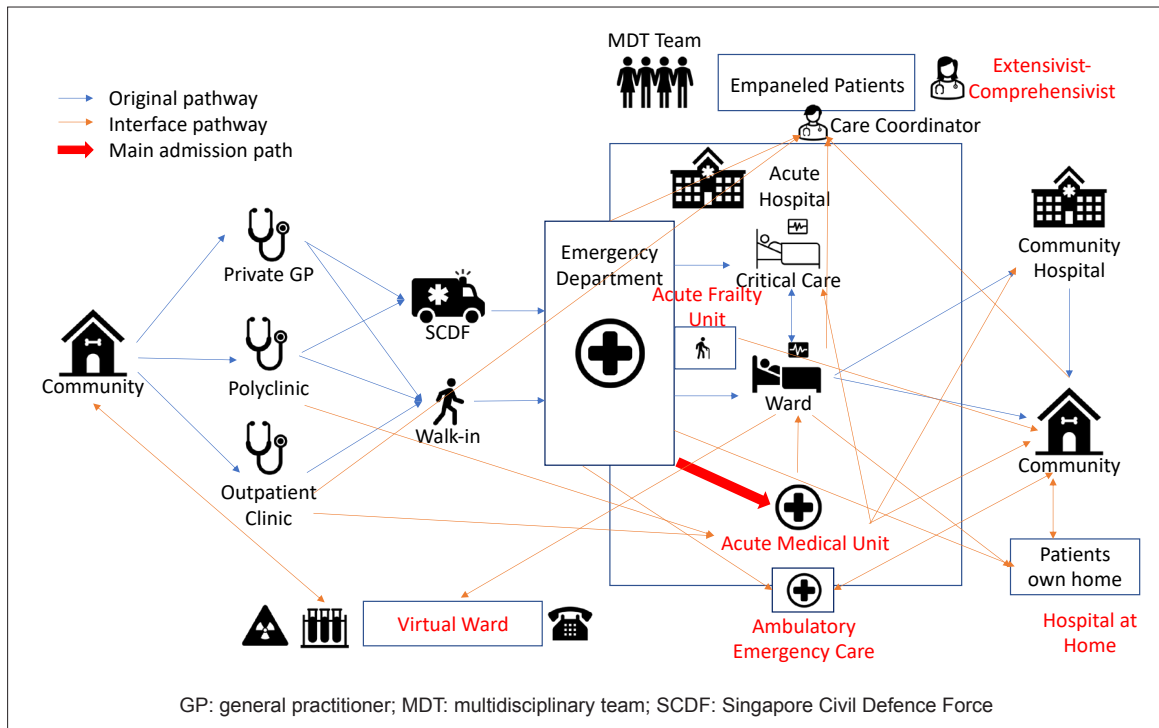


Fig. 1B. Interface Models in relation to acute care chain in Singapore.

Acute Medical Unit (AMU): The majority of medical admissions to the hospital flow through AMU, with some patients from polyclinic or specialist clinic being admitted directly bypassing ED. Patients are discharged directly from AMU (72 hours) to home or community facility or flow to an appropriate specialist hospital ward for ongoing care.

Ambulatory Emergency Care (AEC): Selected patients from ED are discharged on the same day with ongoing investigations, treatment and review via rapid access follow-up clinic.

Extensivist-Comprehensivist: Frequent acute hospital attenders are managed intensively in outpatient settings supported by a multidisciplinary team and patient navigator.

Virtual Ward: Multidisciplinary care with the patient residing at home using the systems, staffing and daily processes of a hospital ward.

Hospital-at-Home (HAH): Hospital-level monitoring and treatment for a subgroup of patients in their own home.

Acute Frailty Unit (AFU): Early review of frail older persons by a skilled older person team to facilitate early return to the community from acute hospital.