
POSTER ABSTRACT**Understanding inpatient acuity grading in hospitalised patients in an integrated care model**

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Background: An integrated care model was introduced at Alexandra hospital in 2018. A key feature of the model is the acuity grading system, wherein admitted patients are assigned to either L3(Acute), L2(subacute) and L1(non-acute and rehabilitation). Currently, acuity-grade is assigned based solely on the clinical judgement of the attending clinicians. The assigned acuity determines the frequency of parameter-monitoring and clinician contact time. The acuity level is evaluated daily and reassigned when indicated.

Aim: To examine the consistency of acuity-grading in various clinical scenarios and explore the factors considered while assigning acuity.

Methods: We adopted a mixed-method approach. Physicians(n=66) from all medical specialties were surveyed on their decision making skills based on ten hypothetical scenarios. The data were used to determine agreement between physicians on their assessment of the severity and acuity-grade assignment. Subsequently, focus group discussions are planned with clinicians to understand what factors influence their decisions, and how do they rank each of these factors in terms of value in determining acuity.

Results: The survey demonstrated good agreement among clinicians on assigning acuity-grades to the clinical scenarios presented to them. But understanding the factors that should be taken into consideration while acuity is decided is crucial for the success of the model of care. We aim to achieve this through the focus group discussions that will commence in the immediate future.

Conclusions: A clear understanding of factors and criteria that currently constitute a clinician's "gut sense/clinical acumen" is essential to ensure the right acuity-assignment and the corresponding care of the hospitalized patients. This will enable optimum allocation and utilisation of resources.