Early Doors: Can Emergency Care Therapies Help to Prevent Avoidable Admissions in the Emergency Department?

Marc Berry, Ed Jenner, Sarah Plummer, Marlowe Cruz, and Sam Harper

Hampshire Hospitals NHS Foundation Trust, Basingstoke, United Kingdom
1. Background

- The Department of Heath estimates:
  - 62% of hospital bed days are occupied by patients over the age of 65.
  - Of these bed days 2.7 million are occupied by patients no longer needing or not requiring acute care in the first place.

- Of those who are admitted unnecessarily, the Emergency Department (ED) is often where the decision to admit is made.
1. Background

- The longer a patient spends in the Emergency Department the longer their associated inpatient stay in the hospital (Liew et al, 2003)

- Ten days spent in hospital leads to the equivalent of an additional 10 years ageing in the muscles of people aged over 80 (Giles et al, 2004)

- Delays in transfer from ED to higher dependency units increase mortality and length of stay (Chalfin et al, 2007)

- Once a hospital has over 90% bed occupancy it reaches a tipping point in its resilience (Forster et al, 2003)
1. Background

- May and June 2016- ECIP reviewed Urgent and Emergency Care across North and Mid Hampshire systems, including BNHH

- ECIP recommendations:
  - Therapies should have senior decision makers loaded at the front door to support early patient discharge
  - Adopt a discharge to assess model

- BNHH did not have an established dedicated Therapy team in ED.

- Therapies are well placed in ED to facilitate early patient discharge, and help prevent admissions of patients who do not require acute hospital care (medically fit)
2. Project Aim

To eliminate avoidable admissions to inpatient base ward beds of patients over 65 years presenting to ED who do not require acute care at BNHH by September 2017.
3. Project Design/Strategy

A Pareto analysis regarding key issues around Therapy services and early patient intervention to appropriately avoid admissions.
What Therapies Thought

• The Therapy Team at front door:
  – Integrated
  – Well known Therapists
  – The MDT know what we do
  – The MDT know when we work
  – The MDT know how to contact us
What the MDT Thought

• In Essence, the MDT:
  – Didn’t know us well (could not recall any names)
  – Didn’t know how to get hold of us
  – Didn’t know working hours
  – Thought patients needed OT and Physio assessments
  – Didn’t really know what we added to the patient journey
  – We should be involved once the patient is medically optimised

• Therefore, may be considered late, or not at all to be involved in the patient journey
How Could We Work Differently?

State of readiness for future care

Unique selling point.
What can members of your profession do that no one else can do?

Extending skills and knowledge to improve service efficiency and outcomes.
What tasks/roles do other professionals perform that members of your profession could do?

Values and Behaviour

Enhancing the skills of others to improve outcome.
What skills and knowledge can members of your profession develop in others? (with safe delegation and training).

Shared skills/knowledge.
What are the generic skills and competencies that your profession and other professions have which can enhance patient experience.

AHPs into Action, NHS England (January 2017)
# hello

my name is... Ray Yong

I am a:
- Band 7 Occupational Therapist

I can:
- Assess patients’ ability to return home.
- Gather information on patients’ home situation.
- Discharge patients from Therapies.
- Work closely with community and adult services
- Issue walking aids/ equipment for discharge
- Order specialist equipment

I cannot:
- Conduct respiratory assessments

Think Home, Think Therapies

# hello

my name is... Sarah Plummer

I am a:
- Band 4 Therapy Practitioner

I can:
- Assess patients’ ability to return home.
- Gather information on patients’ home situation.
- Discharge patients from Therapies.
- Work closely with community and adult services
- Issue walking aids/ equipment for discharge

I cannot:
- Conduct respiratory assessment
- Order specialist equipment

Think Home, Think Therapies

# hello

my name is... Marlowe Cruz

I am a:
- Band 6 Physiotherapist

I can:
- Assess patients’ ability to return home.
- Gather information on patients’ home situation.
- Discharge patients from Therapies.
- Work closely with community and adult services
- Issue walking aids/ equipment for discharge
- Conduct respiratory assessment

I cannot:
- Order specialist equipment

Think Home, Think Therapies

# hello

my name is... Ed Jenner

I am a:
- Band 4 Therapy Practitioner

I can:
- Assess patients’ ability to return home.
- Gather information on patients’ home situation.
- Discharge patients from Therapies.
- Work closely with community and adult services
- Issue walking aids/ equipment for discharge

I cannot:
- Conduct respiratory assessment
- Order specialist equipment

Think Home, Think Therapies
<table>
<thead>
<tr>
<th>PDSA 1 - Raising profile of Therapies in ED</th>
<th>09/01/17 - 23/01/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDSA 2a - Senior Consultee in ED (1 Day)</td>
<td>13/03/17</td>
</tr>
<tr>
<td>PDSA 2a - Senior Decision maker in ED. Pro active screening</td>
<td>03/04/17</td>
</tr>
<tr>
<td>PDSA 3 - Ring Fenced staff in ED</td>
<td>02/05/17</td>
</tr>
<tr>
<td>PDSA 4 - Screening patients during peak times</td>
<td>12/06/17</td>
</tr>
<tr>
<td>PDSA 5 - Collaborative working with Frailty (not exclusively ED)</td>
<td>12/06/17 - 26/07/17</td>
</tr>
</tbody>
</table>
4. Outcome

SPC Chart showing number of patients discharged from Therapies and discharged from ED.
4. Process

SPC Chart showing number of patients assessed by Therapies each week in ED

- **PDSA 1**: Raising profile of Therapies in ED
- **PDSA 2a**: Senior Consultee in ED (1 Day)
- **PDSA 2b**: Senior Decision maker in ED. Pro active screening
- **PDSA 3**: Ring Fenced staff in ED
- **PDSA 4**: Screening patients during peak times
- **PDSA 5**: Collaborative working with Frailty (not exclusively ED)
4. Process

SPC Chart showing number of patients pro-actively identified by Therapies each week in ED

- **PDSA 2a Senior Consultee in ED (1 Day)**
- **PDSA 1- Raising profile of Therapies in ED**
- **PDSA 2b Senior Decision maker in ED. Pro active screening**
- **PDSA 4 Screening patients during peak times**
- **PDSA 3 Ring Fenced staff in ED**
- **PDSA 5- Collaborative working with Frailty (not exclusively ED)**

Number of Patients

<table>
<thead>
<tr>
<th>05 Sep 16</th>
<th>05 Oct 16</th>
<th>05 Nov 16</th>
<th>05 Dec 16</th>
<th>05 Jan 17</th>
<th>05 Feb 17</th>
<th>05 Mar 17</th>
<th>05 Apr 17</th>
<th>05 May 17</th>
<th>05 Jun 17</th>
<th>05 Jul 17</th>
<th>05 Aug 17</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4. Balance

SPC Chart showing number of patients readmitted within 7 days of discharge from Therapies and ED

- PDSA 2a Senior Consultee in ED (1 Day)
- PDSA 2b Senior Decision maker in ED. Pro active screening
- PDSA 4 Screening patients during peak times
- PDSA 5- Collaborative working with Frailty (not exclusively ED)
- PDSA 1- Raising profile of Therapies in ED
- PDSA 3 Ring Fenced staff in ED
4. Balance

SPC Chart showing number of patients timed out by Therapies each week on the base ward

PDSA 2a Senior Consultee in ED (1 Day)

PDSA 2b Senior Decision maker in ED. Pro active screening

PDSA 4 Screening patients during peak times

PDSA 3 Ring Fenced staff in ED

PDSA 5- Collaborative working with Frailty (not exclusively ED)
5. Ongoing

• Recommendations from PDSA Testing:
  
  – Ring fenced staff with senior decision makers proactively screening patients in ED
  
  – Therapists available to assess patients at peak times
    • Gap between 16:30 and 19:00 (see below)- consider twilight service
  
  – Test ‘front door’ model of Therapy working at the ‘back door’.
5. Ongoing - Therapists in ED

Run chart showing number of patients assessed by Therapies each week in ED

- Senior Vacancies
- Introduction of ring fenced ‘Mini Teams’

No. of Patients Seen
Median
5. Ongoing- Twilight Service

Monday is the busiest day of the week. The most popular time of arrival is the two hours between 10:00 and 12:00.
5. Ongoing- Therapy ‘Mini Teams’

Number of Patients Seen and Timed Out Daily- Weekday

- **Introduction of Mini Teams**
- **Action Event**
- **Christmas**

- Blue line: Not seen (time constraints)
- Red line: Patient seen
6. Lessons Learnt

• Visibility of and knowledge of the Therapy service is imperative in engaging in ED and increasing numbers of early referrals.

• Having a dedicated (ring fenced) Therapy team in ED with senior decision makers increases early identification of medically fit patients, expediting assessment and appropriate discharge; helping to achieve the 4 hour breach national target.

• Therapy can help prevent unnecessary admission, particularly in patients over 65 years.
6. Lessons Learnt

- Quality improvement methodology worked well - A continuous process of testing and reviewing changes to Therapy practice (guided by the MDT), was imperative in highlighting what changes resulted in improvement.

- Keep the testing small and find out what works!

- Focus on what activities can be shared/ done by a range of clinicians- share knowledge!

- Co-design is vital. The team comes up with the ideas
Thank you