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

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1. Background

The Department of Heath estimate that 42% 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 it made. Furthermore, the longer a patient spends in the ED the longer their associated inpatient stay in the hospital will likely be, with the risk of losing up to 5% of their muscle strength per day. During May and June 2016 the Emergency Care Improvement Programme (ECIP) reviewed Urgent and Emergency Care at Basingstoke and North Hampshire Hospital (BNHH). This was due to reduced ED performance. BNHH did not have an established dedicated Therapy team in ED, despite national evidence and ECIP recommendations. Therapies are well placed in ED to facilitate early patient discharge, and help prevent non-medical admissions (i.e. patients who do not require acute hospital care).

2. Project Aim

To eliminate avoidable non-medical admissions to inpatient base ward beds in patients over 65 years presenting to ED at BNHH by September 2017.

3. Project Design/ Strategy

A multi-disciplinary team (MDT) approach was used to identify issues in ED with Therapy services and non-medical admissions. The team included Physiotherapists, Occupational Therapists, Therapy practitioners, Nurses, Matrons, Consultants, Healthcare assistants and ED managers. A combination of Fish-bone analysis and semi-structured interviews identified key themes. The MDT were then asked to identify their top three issues. A Pareto analysis was conducted on the results, identifying four key themes where changes could be focused (Fig. 1). The MDT group used driver diagrams to generate change ideas focused around the four key themes relating to Therapies in ED. Short trials of these change ideas in ED were implemented using a plan, do, study, act (PDSA) cycle approach. Weekly meetings were used to review and evaluate PDSA cycles and direct future change ideas.

Data was either manually collected or sourced through established databases and was used to provide supporting evidence for PDSA cycles. Outcome measures included patients who were discharged from Therapies and Hospital, and number of admissions avoided. Process measures included number of Therapy referrals and assessments. Balancing measures included number of readmissions within 7 and 28 days, and inpatient Therapy activity, as ED and inpatient Therapy resources were shared.

4. Changes Made

Initial MDT interviews suggested a lack of awareness of Therapies. The first PDSA cycle focused around branding and raising awareness of Therapies role in ED. Clear contact details and working hours were displayed in ED, along with Therapy team profiles. This promoted the role of Therapies in helping to prevent non-medical hospital admissions (Fig. 3).

Subsequent PDSA cycles focused on senior decision makers being available for consultation and being based in ED to assess patients. PDSA cycles also tested the use of standardised screening tools, proactive screening of ward and inbound ambulance lists to identify patients requiring Therapy input (rather than waiting for referral). These cycles also tested early assessments of patients (sometimes being the first assessor), where collateral history could be gathered and discharge plans made alongside medical reviews. Ring fencing of dedicated staff in ED (during weekdays) was also tested (Fig. 3).

Later PDSA cycles looked at close collaborative working with the Trust frailty team (IFIT) to further identify non-medical patients who may be suitable for early discharge (Fig. 3).

5. Outcomes

![Fig.2: Number of patients seen by Therapies where admission was avoided, by day of the week, between September 2016 and August 2017](image)

![Fig.3: SPC Chart showing number of patients discharged from Therapies and discharged from hospital](image)

6. Lessons Learned

- Visibility of and knowledge of the Therapy service in ED is imperative in engaging Therapy services 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 non-medical 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. Data suggests a seven day service would be beneficial.
- A continuous process of testing and reviewing changes to Therapy practice (guided by the MDT), was imperative in highlighting what changes resulted in improvement.