



Angela Harris
Lead nurse urgent care (interim)
26th June



Rationale

Increase admissions

Increase demand
999

Increase
admissions care
homes

Increase in Hcp red calls

Increase in patients
dying in hospital –
national target to
reduce

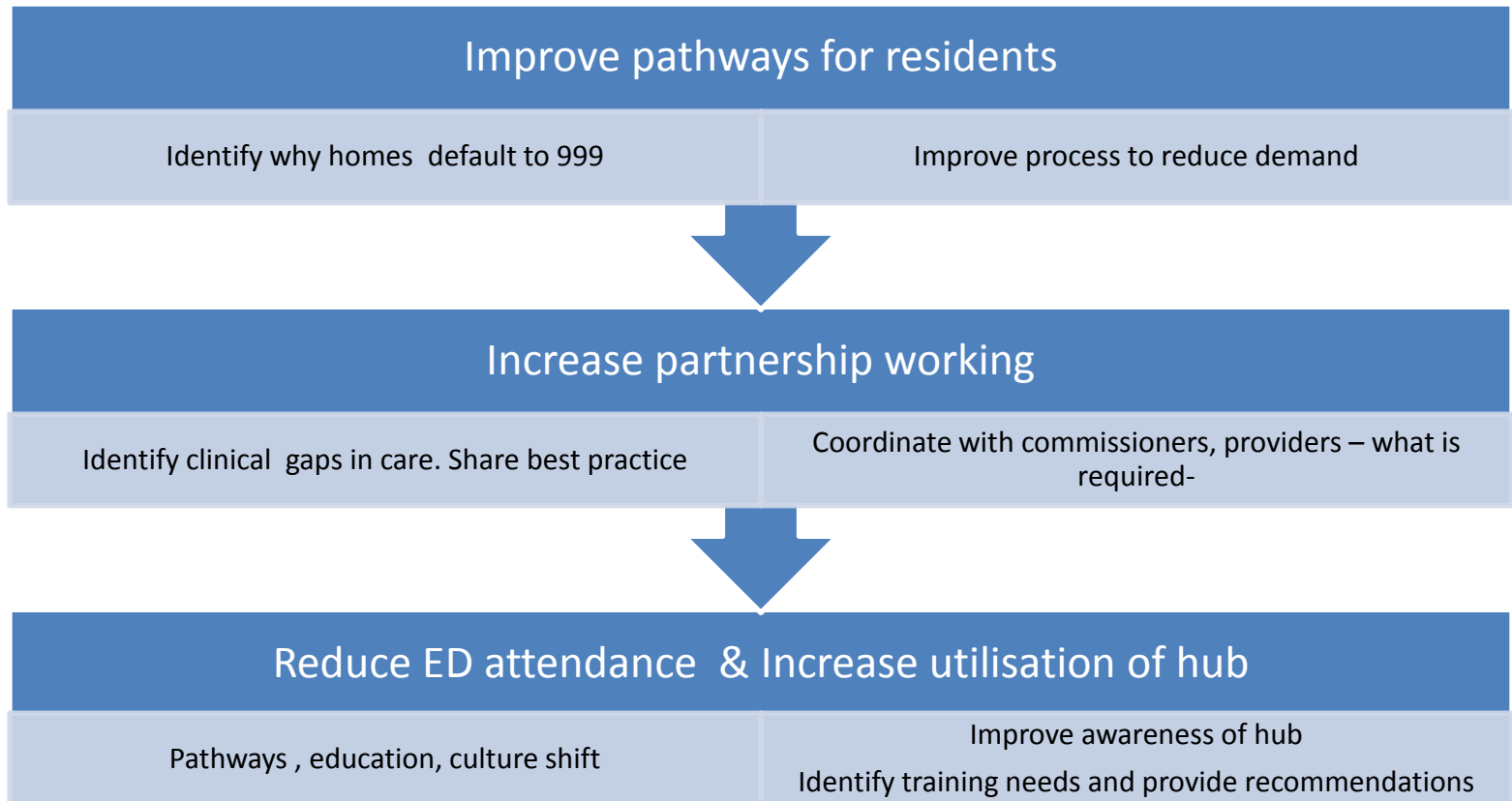
Lack of patient
pathways
Lack of appropriate
care

Poor discharge processes

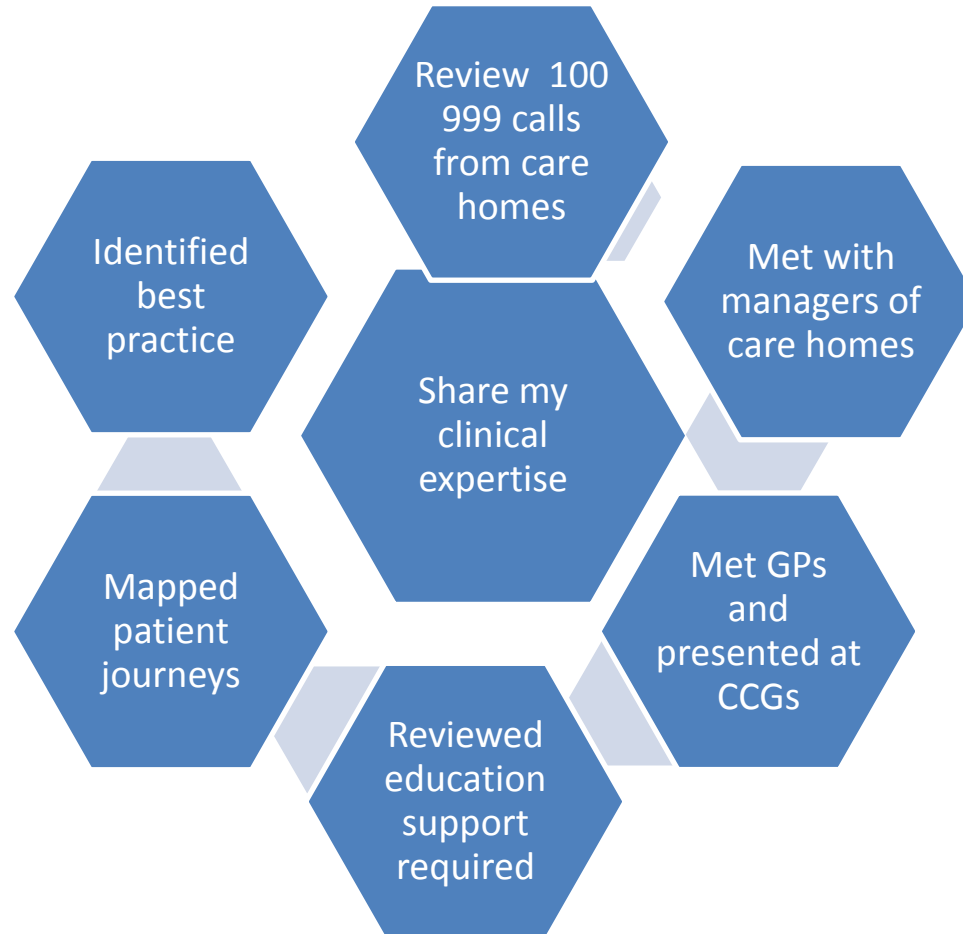
Lack of integration
of services

Gaps in clinical
services provided

Goals



What?



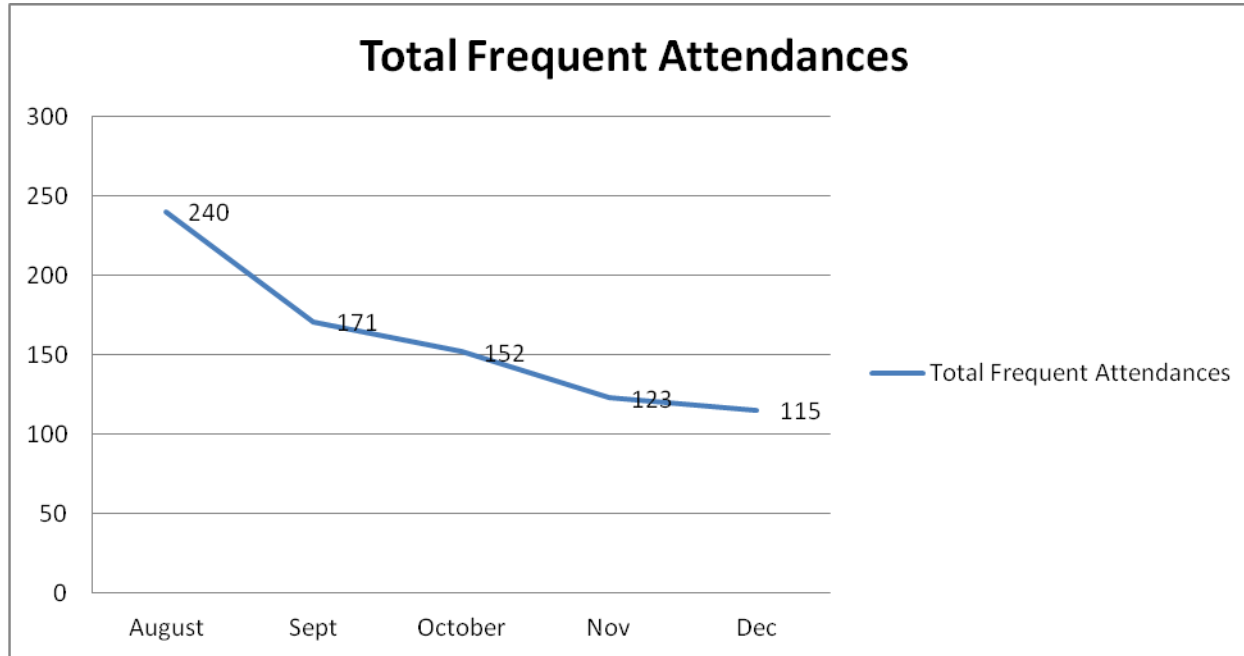
Findings

- Approximately 70% of 999 calls “in hours” from care homes
- Data from OOH 15% medication issues
- Gaps – Dehydration, UTIs, End of life planning
- 15% reduction 999 calls(target homes)
- 35% increase urgent calls through clinical hub
- Better utilisation of emergency services
- Improved care
- YAS developments required within hub

Very high intensity users

- The frequent callers group was formed with the purpose of delivering optimal patient care at the right time and place.
- Signposting patients to more appropriate care.

Frequent callers



Cost benefits

Frequent callers cost the NHS in our region over 11m or almost £800,000 per pct.


We can reduce these calls by 50%

Significant benefits accrued reduction in Ed attendance – (£59- £117 tariff per visit)

Why were more patients not managed at home?

- Poor communication channels
- No continuity of care
- Normal 'abnormal' parameters for most LTC patients
e.g. COPD patient with sats <92%, heart failure patient with low BP
- Unnecessary hospital admissions
- Reactive care
- Often protocol not patient centred care
- Duplication of work / excess paperwork

Emergency care plans



LONG TERM CONDITIONS - EMERGENCY CARE PLAN

+ Patient details

Name: _____

Dob: _____

GP: _____

NoK: _____

Tel: _____

Name of Community Matron/ Case Manager _____

Tel: 01924 351582 (office 24 hr answering machine)

Mobile: _____

NHS number.....

Care First/ social service

ACTION PLAN (self management / signs of deterioration)

Indications for urgent medical attention

INFORMATION FOR EMERGENCY SERVICES

Allergies

Medications (correct as of 20/9/08 please check current meds and/or dossette box)

Past medical history

Normal Baseline observations

Professional network

Name	Address	Phone number	Relationship to client

If you use this form can you please leave a message on office phone number in order to audit its effectiveness in order to improve patient care

"All healthcare information is collected, held, shared and used for the benefit of patients. Everyone working for the NHS has a duty to keep the information we hold about you confidentially. If the purpose for using your information is not for your direct healthcare we would ask your permission before doing so."

Case study

78 year old female patient would call 999 almost daily

Multiple pathology

Reluctant to ask social service support

Quote from paramedic:

"I have on many occasions visited this lady.

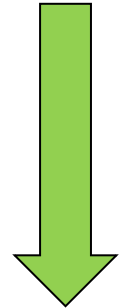
Now, with the development of this scheme and emergency care plans,

this lady can now be managed at home, therefore reducing hospital admissions"

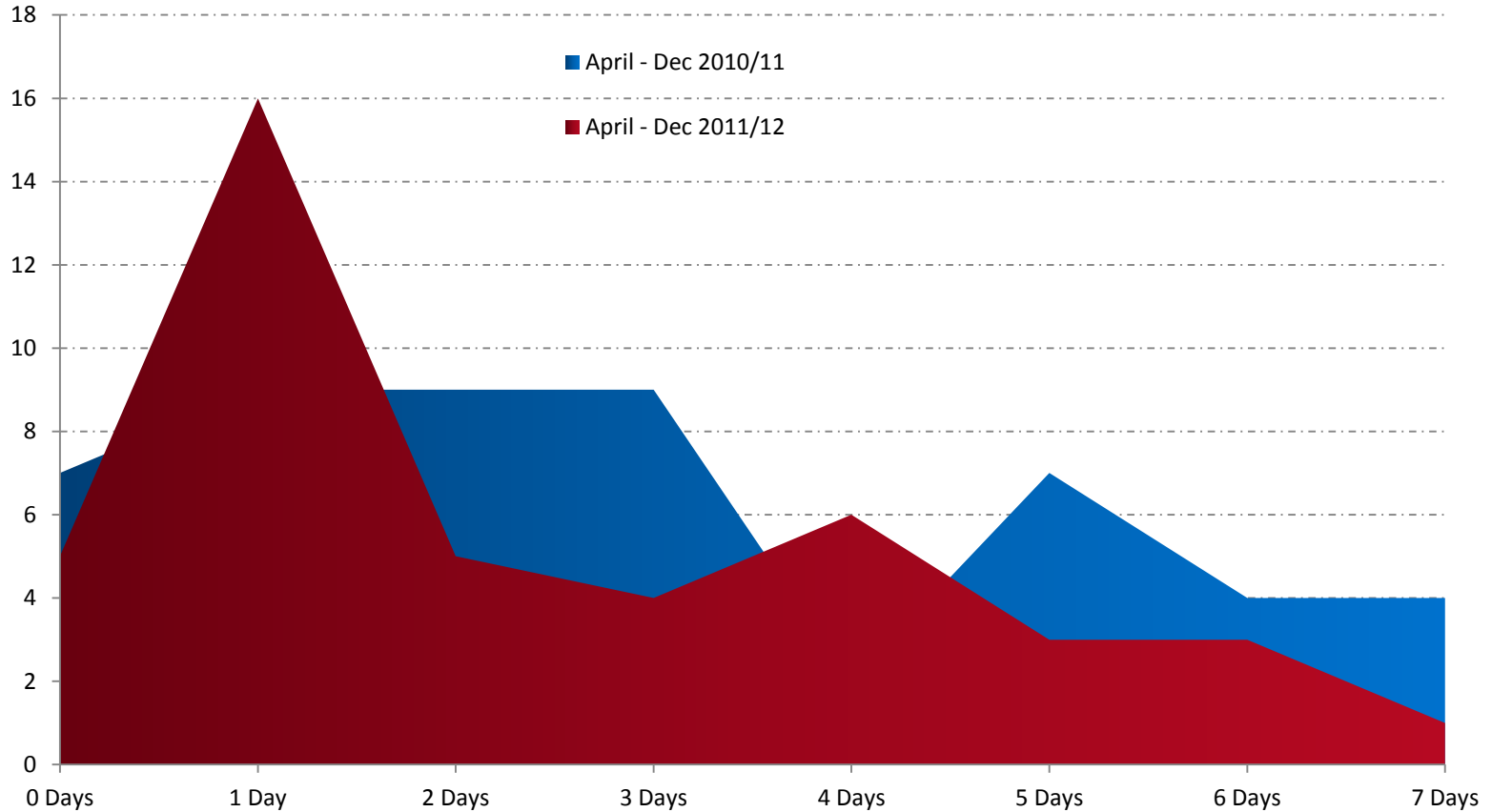
Cheryl Astbury, (Clinical Team Leader, Dewsbury, Yorkshire Ambulance Service)

Admission to hospital from nursing homes - Kirklees

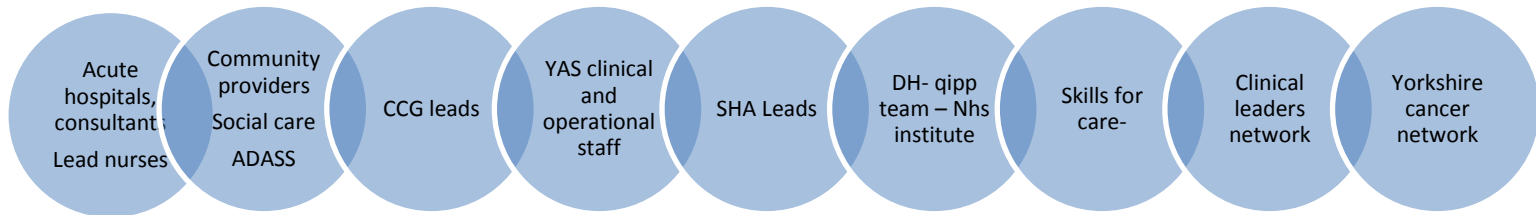
	April-Dec 2010/ 2011	April - Dec 2011/ 2012
Total Nursing Home Admissions	2104	1800



Reduction in patients dying within 7 days (nkha)



Key relationships



Pathway for care homes

Worried about a resident?				
999 24 hours	Palliative Care 24 hour advice 01484 557900	GP 24 hours Urgent problem	District nurses 01484 221600 (24 HR NUMBER)	Medicines Management
Chest pain	New symptom?	Unwell resident	Catheter problems	Contact local pharmacist for advice.
Choking	Not sure which drug to give?	Breathing problems	Constipation Peg problems	Medication queries
Fitting	Is it time for a syringe driver?	Worsening confusion	Palliative care	9-5
Severe breathing problems	Before you call 999 or local care direct Contact HOSPICE> 830-430 ask for palliative care team	UTI (dipstick first)	Syringe driver problems	01484 464276
Stroke		Worsening pain. Diabetic Emergencies	Wound care management	
Unconscious		GP Routine problems	Ear problems	
Vomiting / blood	All other times ask for nurse in charge on bed area.	General medical concerns Medication concerns Ongoing medical problems	<u>D/N 24 HR</u> Urgent nursing problems that will not wait until the following day	
<u>Clinical Hub YAS</u> – If concerned or you need further advise for new acute health problems only – <u>01924 584958</u> Experienced clinicians and support staff –will utilise pathways to provide “Right care, Right time, Right place”				

Evidence

To reduce costs need to release some efficiency savings

- Intelligent use of information

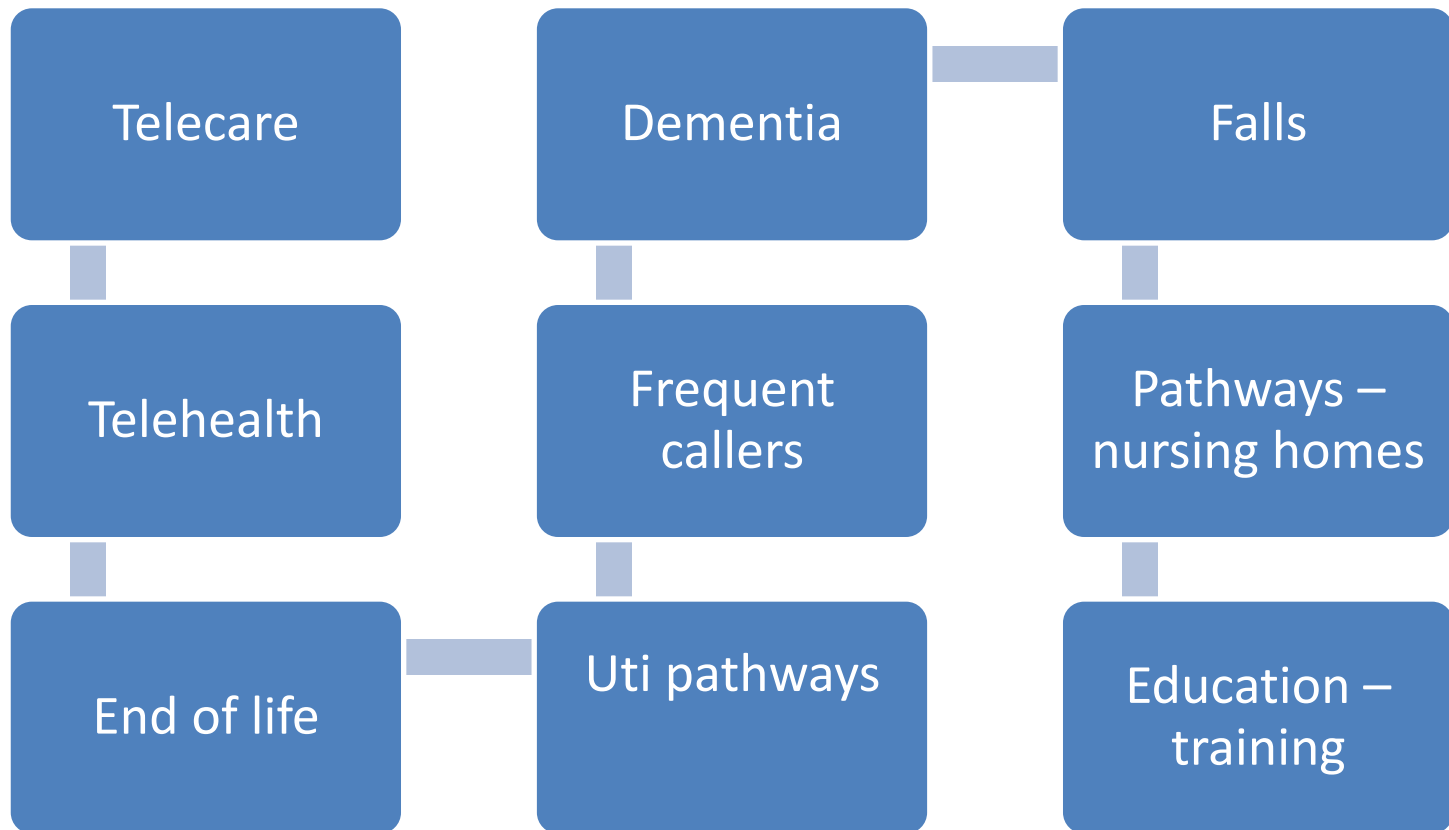
Improve service offered within clinical hub

- Clinical audit of calls
- Understand what can be provided differently
- Encourage commissioners whole system redesign

Model of urgent care

- Share ideas and innovations
- Learn from areas across region –wakefield , calderdale , York, already working with me so that they can use similar methods with ccgs
- mentor across region matrons. – so they can utilise ideas, methods and share learning

overall



Sustainable models of care

- Uti pathways –care homes
- EOL pathways
- Awareness process for DNACPRs
- Understand what works well
- Stop pilots – sustainability
- Learn from each other

Never too young !



Never too old !

