

EMERGENCY DEPARTMENT THERAPY TEAM

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Background to the Project

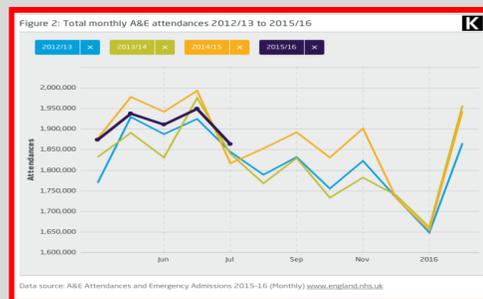
The NHS is facing the biggest challenges in its history and must adapt in order to provide high quality care whilst coping with the intensifying pressures of:

- ◆ An ageing population (1)
- ◆ An increase in the number of people with long term conditions (1)
- ◆ Rising numbers of people accessing emergency care (1)
- ◆ A need to increase efficiency of services in light of constrained resources (1)
- ◆ Rising patient expectations (1)

The Therapy Team at East Surrey Hospital acknowledged the scale and nature of these challenges and identified the need to be proactive in supporting the Trust to address them, helping to create a sustainable healthcare system for the future.

The case for change

- ◆ The demand for Emergency care services is increasing yearly, placing greater pressures on Emergency Departments (2). Last year patients made over 22 million visits to Emergency Departments in the United Kingdom and approximately 21% were admitted (2,3).



- ◆ Older people experience a greater level of morbidity and are relatively frequent users of Emergency care services (4). About one third of these attendances follow trauma (a fall or other accident); most of the remainder are due to illness (4).
- ◆ Older people often have complex medical and social needs over and above the clinical cause of their attendance. Fragility, defined as reduced functional reserve in older people, may result in significant impairment of activities of daily living following relatively minor illness or injury (5). These types of attendance result in 48% of older people being admitted to hospital from the Emergency Department compared with 20% of younger patients (6). The clinical risks associated with hospitalisation of older people are clearly documented including loss of function, delirium, and hospital acquired infections (5).
- ◆ In 2011, the NHS London Care Commissioning Standards, stated that a multi-disciplinary assessment should be made within 12 hours of a patient presenting to A&E, highlighting the crucial role of therapists in the Emergency Department (7). Other national guidelines and frameworks which highlight the importance of early assessment and intervention include:
 - ◆ National Service Framework for Older People (2001)
 - ◆ National Service Framework for Long Term Condition (2005)
 - ◆ Acute medical Care - The right person, in the right setting - first time (2007)
 - ◆ Quality Care for Older People with Urgent and Emergency Care Needs - 'The Silver Book' (2012)
- ◆ Consequently the Trust identified that having a Therapy team present at the front door of the hospital would enable patients to be holistically assessed and a comprehensive and timely multidisciplinary management plan formulated and implemented. This would help to avoid unnecessary admission and enable timely discharge to a safe environment, with appropriate therapy or social support to reduce the risk of re-admission (8).



The Solution

Introduction of the Therapy Team to the Emergency Department in 2012

Service Provision:

The Team is based in the Emergency Department and provides a highly responsive, extended hours, 7 day service helping to facilitate flow within the department. This supports the Trust to achieve operational standards such as the 4 hour target.



Meet The Team.....

Dietitian Assesses patients who are at risk of malnutrition as identified through a screening tool. They also provide training, education, support and advice to other health professionals on nutrition related issues.

Occupational Therapist Assesses patients ability to carry out activities of daily living following illness and injury. Provides practical support, advice and adaptive equipment to facilitate recovery and overcome barriers that prevent them from doing the activities (occupations) that matter to them. This helps to increase people's independence and satisfaction in all aspects of life.

Physiotherapist Assesses patients movement and functional ability helping to optimise these in cases of illness, injury and disability, through the use of movement, exercise, education, advice and provision of mobility aids.

Speech and Language Therapist Assesses patients presenting with communication and swallowing difficulties, leading to a comprehensive management plan. They also provide training and support to other health professionals in screening for and managing communication and swallowing disorders.

Therapy Assistant Supports the Therapists in the department with assessment, treatment and discharge planning.

Role of the Team:

- ◆ To provide early, holistic patient-centred assessment and treatment
- ◆ Rapid decision making to assess if patients can manage at their pre-admission destination with or without increased health or social care support
- ◆ To work in partnership with multi-professional and multiagency teams
- ◆ To facilitate and co-ordinate safe and timely discharges

Aims of the Service:

- ◆ To avoid un-necessary admissions to hospital
- ◆ To decrease length of stay for those patients who are admitted
- ◆ To reduce multi-attendances

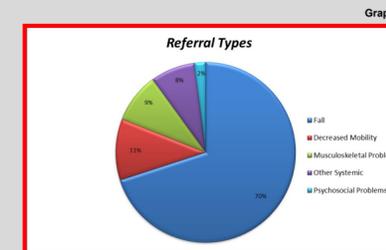
Joint Therapy Assessment:

Each patient is assessed jointly by the Physiotherapist and Occupational Therapist. This gives a holistic view of each individual and helps the therapists to formulate a patient-centred problem list, goals and treatment plan to facilitate a safe and timely discharge.

The assessment form avoids unnecessary duplication of information and acts as a referral form for other agencies.

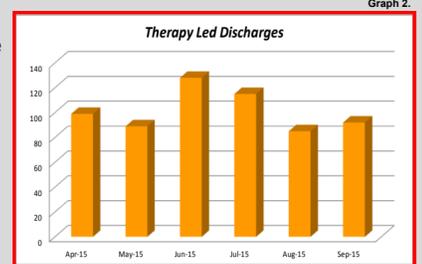
The Impact

The Therapy Team receive an average of 191 referrals per month.



Graph 2. Displays the number of Therapy Led Discharges from the Emergency Department. These patients will have received a range of treatment interventions and onward referrals to facilitate safe and timely discharges. These interventions include:

- ◆ Advice and education
- ◆ Equipment provision
- ◆ Co-ordination of transfers to rehabilitation facilities
- ◆ Liaison with Social Care Teams for assessment and provision of packages of care
- ◆ Liaison with Community Rehabilitation Teams for on-going Therapy input
- ◆ Liaison with Voluntary Services to provide practical and emotional support for the patient on discharge



Patient Experience:

The team have received multiple care commendations from patients including:

- ◆ "The Therapists were wonderful, helpful and understanding of my needs. Top marks for them"
- ◆ "The Therapists were extremely supportive helping with the information I needed"
- ◆ "The Therapy Team in the Emergency Department were brilliant"
- ◆ "The Emergency Department Therapists were extremely helpful in offering assistance and advice to aid my recovery"

Staff Experience:

The team have received overwhelmingly positive feedback from members of the Emergency Department team including:

- ◆ "The Therapy Service are extremely approachable and referrals to them are very easy to make" (Staff Nurse)
- ◆ "The team are crucial in facilitating and organising safe and timely discharges, getting patients home and avoiding admission" (Matron)
- ◆ "The Therapy team in the Emergency Department provide a vital service for the Trust" (Consultant)

Lessons Learnt

- ◆ It is essential to identify and engage key stakeholders early in the improvement process
- ◆ Use of an improvement methodology e.g. the PDSA cycle is vital to ensure actions taken and changes implemented are evidence based
- ◆ Develop robust data collection systems which incorporate quantitative and qualitative measures to evaluate effects of changes implemented
- ◆ Actively promote and market the service within and external to the organisation
- ◆ Working in an Emergency Department was historically a non-traditional role for Therapists. Successful integration into the department required Therapists to adapt to the environment and develop new rapid acute assessment and decision making skills

References

1. NHS England (2013). 'The NHS: belongs to the people. A call to action'. London
2. The Kings Fund (2015). 'What's going on in A&E? The Key Questions Answered'. Available at <http://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters>
3. Health and Social Care Information Centre. Accident and Emergency Attendances in England 2012-13. January 28, 2014. <http://www.hscic.gov.uk/catalogue/PUB13464>
4. Downing A, Wilson R. Older people's use of Accident and Emergency services. Age Ageing. 2005; 34: 24-30
5. Oliver, D (2008). 'Accept' and 'social admission' are not diagnoses: why older people deserve better'. Journal of the Royal Society of Medicine April 1; 101(4): 168-174.
6. Department of Health. Transforming emergency care in England. 2004 http://www.dh.gov.uk/publicationsandstatistics/Publications/PublicationsPolicyAndGuidanceDH_4091775
7. NHS London (2011). Adult emergency services: Acute medicine and emergency general surgery. Commissioning standards. London: NHS London.
8. Crane J, Delaney C. Physiotherapists in emergency departments: responsibilities, accountability and education. Physiotherapy. 2013 Jun;93(2):95-100.