Clinical effectiveness

EMERGENCY ADMISSION PREVENTION: DATA FROM 619 PATIENTS REFERRED TO A NEW COMMUNITY BASED ADMISSIONS AVOIDANCE SCHEME INTEGRATING HEALTH AND SOCIAL CARE

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Background: With an increasingly ageing population new strategies are vital to manage frail older patients with multiple co-morbidities in the community, avoiding hospital admissions and preventing associated complications. Various organisations and think tanks have devised strategies to achieve this. The Kings Fund (Purdy S, 2010) highlights the potential benefits of integrating health and social care. The Silver Book (www.bgs.org.uk/campaigns/) endorses community-based services with rapid response and the Future Hospitals Commission (www.rcplondon.ac.uk) recommends treating patients in the community whenever possible.

Innovation: Since January 2013 “HomeFirst” has been operational throughout the Hertsmere district. It is an innovative community-based admissions avoidance pilot. Patients are referred for an urgent ‘rapid response’ (RR) assessment or long-term management and optimisation of disease state via a virtual ward (VW). Assessments take place in patients’ homes by an integrated health and social care multi-disciplinary team, led by a geriatrician.

Evaluation: Between January and October 2013 we received 440 RR and 179 VW referrals, of which 90% were considered appropriate. The average age was 83.5 years. Most patients referred to the RR service were from patients’ general practitioners (72%). Other sources included intermediate care, Accident and Emergency and the ambulance service. The most common reasons for RR referral were urinary and respiratory infections (28%), falls and reduced mobility (22%), social care breakdown (12%) and frailty (8%). To date, 85% of patients have been managed in the community, avoiding hospital admission. Of the patients surveyed 78% strongly agreed and 17% agreed that they would recommend HomeFirst to family and friends.

Conclusions: This innovative project highlights that a community based multi-disciplinary team integrating health and social care can be successful at reducing hospital admissions of older people with multiple co-morbidities. This reduces the associated complications of hospital admission for the patient and the financial burden of emergency admissions to local Trusts.