ADMISSION AVOIDANCE USING GERIATRICIAN LED VIRTUAL WARD ROUNDS IN A RAPID RESPONSE SERVICE: THE HARROW STARRS MODEL

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Background: STARRS (short term assessment, rehabilitation and reablement service) is a multi-disciplinary team of nurses, geriatricians and therapists serving two boroughs in North London, seven days a week. The rapid response team sees referrals from GPs, A&E or London Ambulance Service (LAS) within two hours, aiming to avoid hospital admission where possible. We sought to improve admission avoidance rates in line with the BGS 2012 Silver Book recommendations (www.bgs.org.uk).

Intervention: Virtual ward rounds, led by a geriatrician, with MDT input, were introduced in 2013. These run four times a week (including Saturdays), to facilitate rapid decision making and access to appropriate care. All cases are discussed; progress is reviewed and recorded electronically.

Improvement: Data were collected from November 2013–April 2014 (period A) and from November 2014 – April 2015 (period B). In period A there were 1502 referrals, in period B there were 1350 referrals. In both periods, 46% of referrals were from A&E, over 40% were from GPs, 6% were from LAS, the remainder were from other sources.

Admissions to hospital from GP referrals were 18.4% in both time periods. Admissions to hospital from A&E referrals were 8.9% in period A and 2.6% in period B, a reduction of 6.3% ($\chi^2 = 106.9, p < 0.0001$). Across all referrals, admissions were reduced by 2.5%, from 13.8% in period A to 11.4% in period B ($\chi^2 = 7.33, p < 0.01$).

Discussion: The introduction of geriatrician led virtual ward rounds to our existing community service has led to a sustained overall reduction in admission avoidance, with the biggest change seen in referrals from A&E. This change was introduced to an existing framework, enabling straightforward implementation. Broader application of this model would require evolution of community services in line with local needs.