Innovations in Improving Emergency Care

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BACKGROUND

Homerton Hospital has over 450 inpatient beds with a full range of acute services and a range of specialist services including NICU, high risk obstetrics and bariatric surgical services.

The Emergency Department (ED) serves the local community 24/7 covering the London boroughs of City and Hackney, Newham and Tower Hamlets.

The ED is a busy inner city hospital and is a designated Trauma Unit. The ED

- 12 major treatment cubicles
- Five resuscitation cubicles (with one dedicated Paediatric Bay)
- Minor injuries treatment area
- Primary Urgent Care Centre (PUCC)
- Nine bedded Observation Medical Unit (OMU)

In 2013/14 the ED saw 117814 patients and in 2014/15 there was an increase of 2.7% to 121,002 patients.

There is an average of 330 patients per day with unpredictable peaks and troughs.

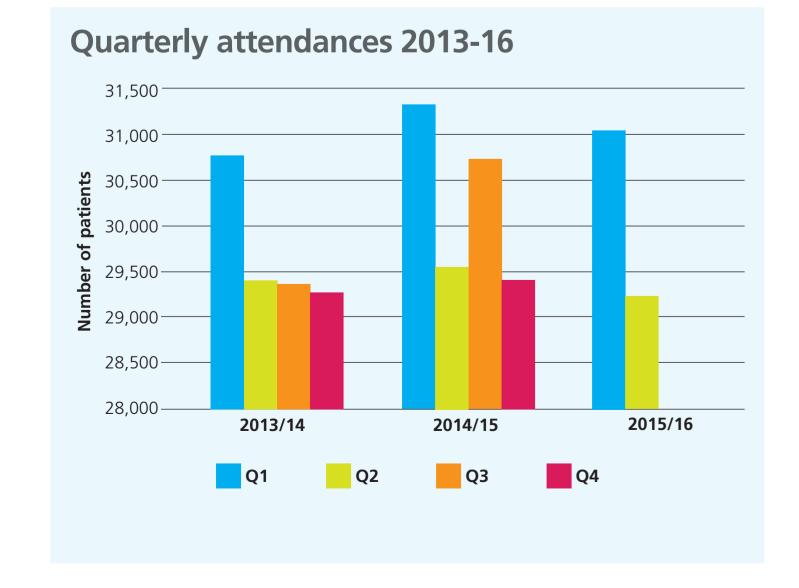
- Four hour target average 95.4%
- Six out of 23 London Trusts met the target 2014/15
- First 'Outstanding' CQC 2014

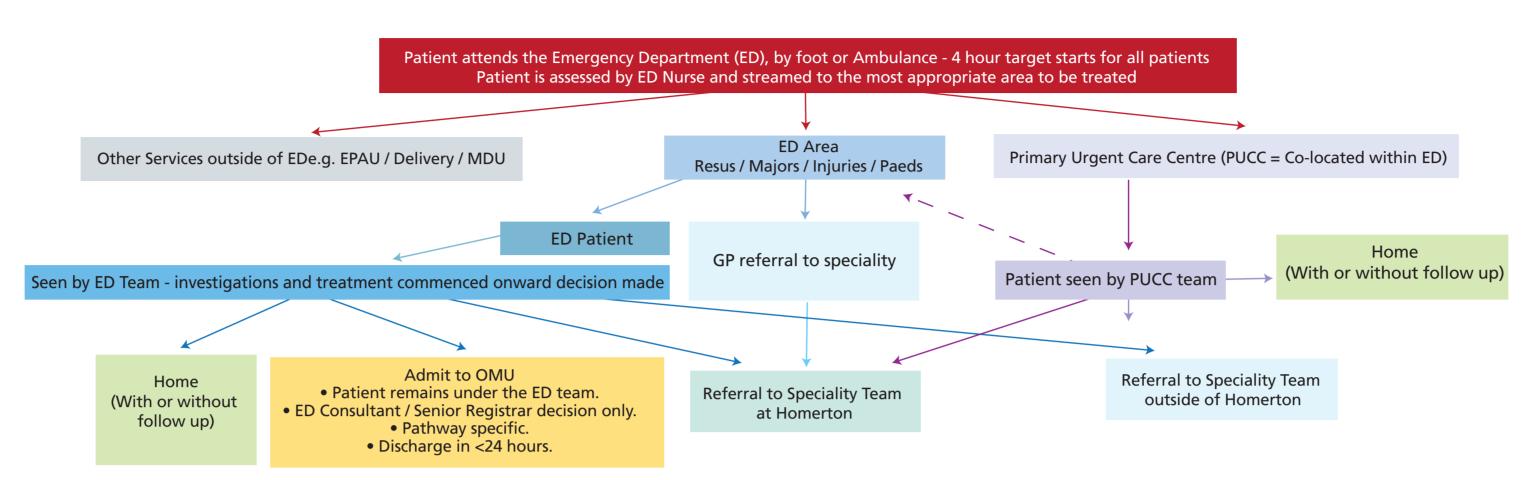
Aims and Objectives

- Best quality safe service for each and every patient
- Right place, right person, first time
- Never say no

Provide a system that can deal with all types of patient specific to our population

- Local population of 250,000 with a substantial immigrant and migrant population
- Over 20 languages spoken
- Inner city environment with poor housing and limited employment opportunities



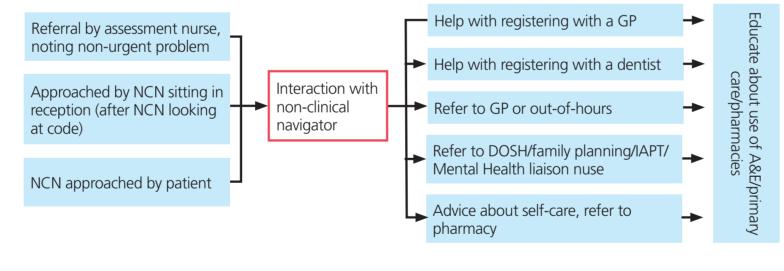


Spidering is a process whereby patients already seen by ED can be admitted to ACU whilst awaiting the speciality team review. The aim is to improve flow through the ED and reduce pressures on the speciality teams.

NON CLINICAL NAVIGATORS (NCNs)

The Non Clinical Navigators (NCNs) provide a bridge between patients and staff They aim to:

- Reduce unnecessary attendances to ED
- Signpost patients to alternative health services available
- Support GP Registration
- ✓ They are uniquely positioned to have the time and resources, which clinicians often do not have, to give patients the information they need to make informed choices in the future about their healthcare.
- Although there are navigator models in other hospitals in London, our NCNs are different in that they do not turn patients away from ED.
- ✓ The NCN role was started in early 2013. It was found that in 2013, about 40% of patients that NCNs spoke to regarding GP registration did go on to register with a local GP. As the NCNs became more embedded within ED, this increased to 51% of patients in 2014 going on to register with a local GP after interaction with an NCN.



URGENT CARE INTEGRATION

- 30-37% diversion rate
- Senior Staff
- Diagnostics
- Staffing
- Senior led
- Strong governance with improved Quality and safety
- Robust complaints and incidents system
- One stop shop' and Never turn away
- Patient centred with flow across the entire system
- Flexibility within flow

- Primary Urgent Care Centre (PUCC) is co-located within ED
- Full accessibility to ED

- Pathways
- ED 'ownership'
- Combined nursing and medical workforce
- Strong leadership
- Local links (internal and external)

EXTERNAL RELATIONS

- City and Hackney Urgent Healthcare Social Enterprise (CHUHSE)
- GP Out of Hours service run by local GPs
- Commenced December 2013
- More telephone advice
- All patients called back by GP
- Increasing local GP ownership
- Reducing ED attendances
- GP Advice Line
- ED Consultant run advice line for GPs
- Aim to reduce ED attendances and admissions
- GP Confederation
- Duty Doctor
- ✓ GP in each surgery is free to take urgent/emergency calls GP can triage all urgent requests

Homerton University Hospital WHS

NHS Foundation Trust

- ✓ Practice based response with increased patient satisfaction
- ✓ Reduction in ED attendances and admissions
- GP Extended Hours
- ✓ Increased number of GP available appointments in City and Hackney
- ✓ Aim to reduce the waiting time to be seen by a GP
- ✓ Reduce avoidable ED attendances
- ✓ Aim to reduce the frequent attenders
- CCG Urgent Care Board
- Homerton Overnight Primary care Service (HOPS)
- Extended GP hours within PUCC, to increase diversion
- Children's A&E Primary Care Service (CHAPS)
- ✓ GP with a special interest in children who can see children who otherwise would be too acute to be seen in PUCC but can be seen by a GP with additional ED and Paediatric support when based in CEA
- Improving flow and continuity
- ParaDoc
- ✓ Previously a joint GP and paramedic service (now GP and Healthcare assistance) operating 12 hours/day with referrals from ambulance control and paramedics on the ground
- ✓ Provide urgent care to complex patients, linking with key services to avoid hospital admission
- ✓ In 2014/15 ParaDoc saw 1455 patients: 480 avoided A&E attendance; 510 avoided hospital admission; only 11% of patients were conveyed to hospital

INTEGRATED IT SYSTEM

- Electronic Patient Records (EPR)
- Aiming towards a paperless system
- Improved documentation and linking of systems
- Visual warnings (automatic) eg. Sepsis
- Automatically generated referrals
- Automatic sending of discharge summaries to GPs (next day)

HIE

- Allows clinicians to view data from multiple sources across City and Hackney from within the one EPR system
- Enhances quicker 24/7 decision making
- Improved communication, information sharing with less repetition and saves
- More co-ordinated care



FREQUENT ATTENDERS

Two year project started in November 2014 with the aims of:

- Reducing target group's attendances to ED and London Ambulance Service calls
- Develop and share action plans with:
- Patient's GP
- London Ambulance Service
- Out-of-ours services
- Community teams
- Ensure GP's are aware of their frequent attenders
- Encourage GP registration of unregistered frequent attenders
- Ensure appropriate input of mental health and substance misuse services Recommend new pathways or service change to CCG Urgent Care Board

Target Group

- Any patient 18+ who attends ED five times or more in any month or
- Any patient 18+ who attends ED three times or more in any week or
- Any patient 18+ who is at risk of becoming a frequent attender to ED

Frequent attendances 120 -100 >20 Visits 89 patient 11-19 Visits 284 patients 6-10 Visits 1337 patients Nov 14 Dec 14 Jan 15 Feb 15 Mar 15 2-5 Visits 20,702 patients Initial month One Visit 52% reduction at 1 month 60,459 patients 66% reduction at 2 months