Kings Fund Conference
Harnessing the value of allied health professionals
Breakout Session C: Providing solutions to urgent and emergency care

(11:50 – Wednesday 6th September 2017 )

Sarah Montgomery
Highly Specialist Occupational Therapist
Emergency Medicine
This session will discuss our Emergency and Acute Admissions OT service within a Major Trauma Centre

- Role /scope
- Referrals
- Support services
- Outcomes
ED OT Service at St Marys

- Service commenced 2004 (very few in the country at the time)
- Uni-professional service - OT preferred, due to the core functional ax, adaptive approach, equipment provision problem solving and discharge planning capability
- ED Dept. allotted funding to support posts on top of therapy service
- Heavily staffed with band 7 staff – reflects the varied extensive experience necessary due to complexity of caseload
- Now a Major Trauma Centre, complexity of patients increased, but also those surviving LTC in poor quality health
- Not borough specific and regularly see local borough, other London, National and International visitors and creatively expedite discharges as appropriate.
ED OT Service at St Marys

- **Locations**: A&E, CDU, UCC, AEC, SAU, DAAU including AFT

- **Team Staffing**: 1x B8 – service lead ltd clinical input, x3 B7, x3 B6 - currently holding vacancies

- **Service Hours**: 7 day service, Mon-Fri 8am to 6pm, Sat & Sun 10am – 6pm incl bank holiday
  - 8-8, OOH & com f/u service no longer viable

**Service Scope**

- Prevent unnecessary admissions
- Promote risk managed & timely discharges
- Recommend admission or interim care if patient is unfit for discharge
- Follow up on admitting wards (DAAU) to expedite timely discharge
ED OT Service at St Marys

Referral Criteria
Any person presenting where there is evidence of disabling factors affecting their ability to function appropriately and independently below their normal baseline. There must be a decline/change in the patient’s normal level of function.

Core OT role with enhanced role (ED & CDU er)
- Gather Information relevant to A&E OT intervention (pre-morbid social / function status /community)
- Assess current function, cognitive and perceptual ability
- Apply splint/cast/sling/C&C/orthotics
- Education, retraining & advice on coping with ADLS with injury (i.e NWB of upper or lower limb, one handed strategies)
- Provide / advise on basic adaptive/compensatory ADL equipment
- Exercises and pacing

✧ Liaise with SS/CIS for emergency care package to support d/c
✧ Mobility Ax & provision of mobility aids (sticks, crutches, frames) when appropriate, where below baseline level found

There is nil physio in A&E OR CDU, except for respiratory in resus
Referrals

Common Reason for referral

Fall (slip / trip)
- Wrist #
- Humerus #
- Pubic Ramus #
- Tib/fib #
- Chest wall injury

Collapse

Major (Silver +/- Poly) Trauma
- Fall from height
- Vehicle/horse
- Assault

Head Injury – mTBI
ETOH + HI / Injury
Confusion / Delirium
Wandering/Safeguarding
Back Pain acute +/- chronic

Reason for Referral

- Fall (16%)
- Fall from height (6%)
- Vehicle/horse (8%)
- mTBI (6%)
- MT / Poly (3%)
- Failed d/c (3%)
- Unwell / sepsis (3%)
- Not Coping (8%)
- Joint/ limb pain - red function (12%)
- Back pain (3%)
- increased confusion (5%)
- SG / Wandering (3%)
- Chest wall injury
- Fall from height (6%)
- Tib/fib #
- Pubic Ramus #
- Wrist #
**Assessment Components - Benchmarked**

### Paper notes

<table>
<thead>
<tr>
<th>Name Patient:</th>
<th>D.O.B.:</th>
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<td>Hospital Number:</td>
<td>NHS Number:</td>
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### Cerner notes

**Cerner Template for ED OT & DAU AX Component**

- **S/ ATSP due to / following**
  - Obs noted on Cerner (NEWS)
  - Analgesia and usual meds
  - Met with patient and gained verbal consent for intervention/ best interests

- **Social / Premorbid Status (from patient and family/care agency/ LAS PRF)**
  - **Home Environment:**
    - Borough
    - House/Flat
    - Telecare
  - **Access**
    - Key safe
  - **Social Support:**
    - Relative and number
    - Care package and provider

- **Rapid Response / Therapy GOALs**
  - **PADL:**
  - **Function:**
    - Mobility Transfers
    - PADDL
    - - Casting/Splint/C&C-Sling
    - - U/L Retraining & Exercises
    - - Chest wall injury care

- **Discharge Planning Options Discussed**

### A/ Recommendations

- Functionally ...
- Cognitively ...

**Well supported at home with ...**

**Patient would benefit from: ...**

**Transport and access considerations include**

### P/ Plan

**Rapid Response / Therapy GOALs**

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**Rapid Response / Therapy GOALs**
Supporting Services

**Original Service**
- Spot Purchase directly with care agency, completed by OT
- Urgent verbal ref to SS
- Ref to community therapy
- Supply of necessary mobility and or ADL devices
- Discharge Team

**Community & Social Services**
Borough specific basic equipment store with emergency access ?OOH as required.
District Nurse
Rapis Response Nursing
Rapid Response Therapy
Social Service
Memory Service
Community Matron
Podiatry

**Current Model**
Recently allocated ED SW
Transferred to current forms:
CIS / STARRS / REDs
- all are borough specific
- different ref / acceptance criteria
- different forms / documentation requirements

**Private/Voluntary/ other Non Traditional options**
Red Cross / voluntary sector
Private care options
Private Physio & OT
Private rental / purchase of aids and equipment
Out of London / OSV repatriation
## Service Performance

- Referral register – Excel sheets per month
- Cerner – Patient contact and time collection

### Monthly Summary

<table>
<thead>
<tr>
<th>Date</th>
<th>Ref</th>
<th>Patient name</th>
<th>Hospital Number</th>
<th>Borough</th>
<th>Location</th>
<th>PI</th>
<th>PI Met</th>
<th>PI Reason</th>
<th>Time of Ref</th>
<th>Time Active</th>
<th>Reason for Referral/ Diagnosis</th>
<th>Allocated Therapist</th>
<th>Outcome Measure (A&amp;E OT Impact Score)</th>
<th>Comments</th>
</tr>
</thead>
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#### Outcome Measure

- **0**: no change / nil OT required or possible
- **1**: (unavoidable admission: medically unfit)
- **2**: (Unavoidable admission: no capacity community service)
- **3**: (facilitated safer discharge - functional retraining)
- **4**: OT & Admission avoidance: provision of essential equipment and /or onward referral
- **5**: Admission avoidance - interim care/alternative
- **6**: RIP
- **7**: Ref to inpatient rehab - accepted
- **8**: ref to inpatient rehab - not accepted

### Referral Statistics

<table>
<thead>
<tr>
<th>Time of Ref</th>
<th>Total monthly Refs</th>
<th>% PI met</th>
<th>Reason PI not met</th>
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<tbody>
<tr>
<td>08:00</td>
<td></td>
<td>76%</td>
<td></td>
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<tr>
<td>12:00</td>
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<td>16%</td>
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<tr>
<td>16:00</td>
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<td>9%</td>
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### Service Outcomes

- HOME Placement/rehab
- RIP
Service outcomes – A&E CDU

- 120 - 145 refs per month
- Age range 18yrs old – 101 yrs old
- 3 month snapshot data (June - August 2017)
- 76% refs discharged/interim settings

A&E CDU referrals
June to Aug 2017

- 59% 0 (no change/nil OT required or possible)
- 22% 1 (unavoidable admission: medically unfit)
- 10% 2 (Unavoidable admission: no capacity community service)
- 5% 3 - (facilitated safer discharge - functional retraining)
- 5% 4 - OT & Admission avoidance: provision of essential equipment and/or onward referral
- 1% 5 - Admission avoidance - interim care/alternative
- 1% 6 - RIP
- 1% 7 - Ref to inpatient rehab - accepted
Service Outcome - DAAU

- 60 – 100 Monthly refs
- 18 yrs to 101 yrs
- Outcomes Los - shortened downstream due to work completed on DAAU
- Service development - AFT service July 2017

DAAU referrals
June to Aug 2017

- 0% (no change / nil OT required or possible)
- 1% (unavoidable admission: medically unfit)
- 9% (Avoidable admission: no capacity community service)
- 26% (facilitated safer discharge: functional retraining)
- 2% (OT & Admission avoidance: provision of essential equipment and/or onward referral)
- 60% (Admission avoidance: interim care/alternative)
- 2% (RIP)
- 1% (Ref to inpatient rehab - accepted)
- 1% (Ref to inpatient rehab - not accepted)
Current and Future Developments

- mTBI pathway
- Chest Wall
- Frailty Service
- Reconditioning not deconditioning
  - Frailty Training Sept-Nov
  - ED Geriatric NWL Bootcamp
- Re-establishing OT at Triage /RAT