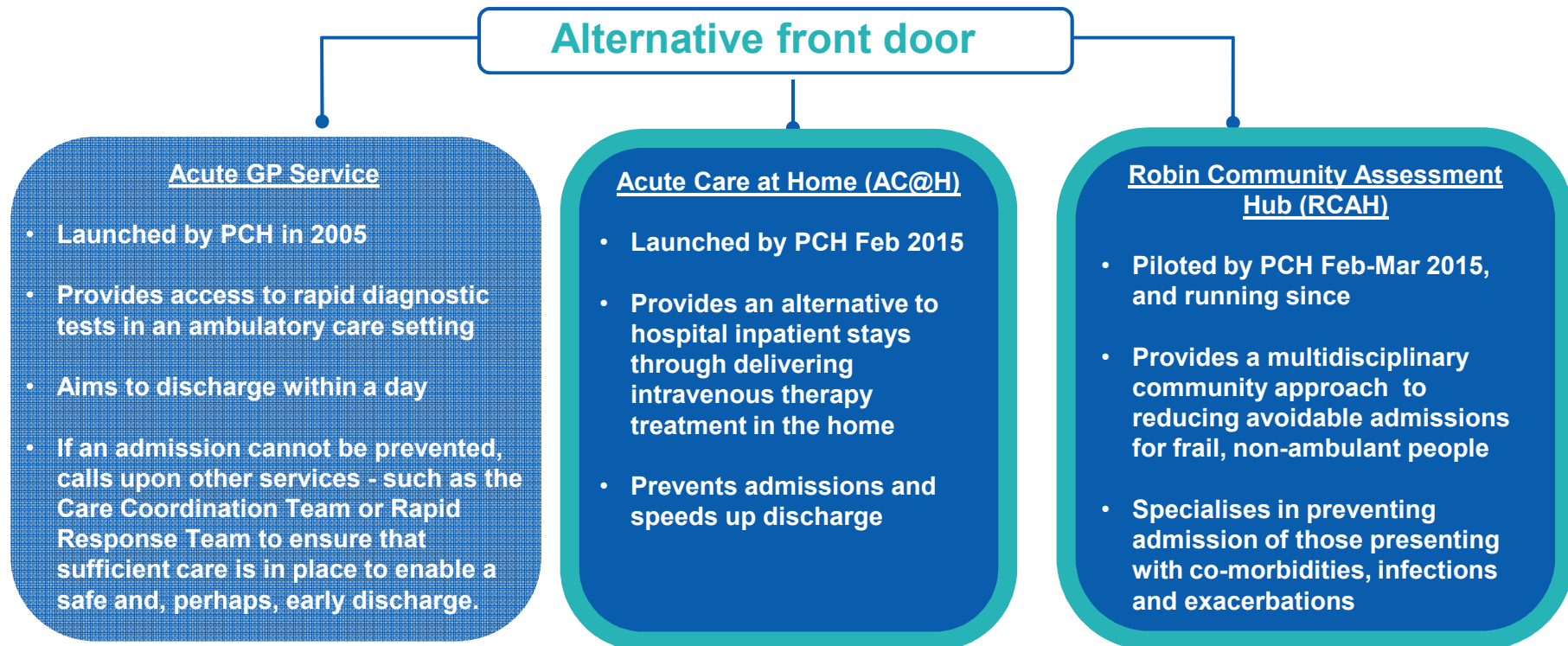


Nursing
Times
Awards
2015

Finalist

A proven approach to reducing non-elective and elective medical admissions to Plymouth Hospitals NHS Trust (PHNT)

In February 2015 we introduced two new “alternative front doors” to the Emergency Department (ED) at PHNT to complement our existing Acute GP service.



Safe, Well and at Home

Designed to complement existing service provision

- Acute GP-led assessment and treatment for acutely unwell patients in an outpatient clinic environment, access to Xray, Point of care testing and specialist opinion
- Wrap-around care from a multidisciplinary team including physiotherapy, Occupational therapy, prescribing pharmacist, social care and mental health.



Safe, Well and at Home

Key Aims and objectives of Robin CAH

Prevent unnecessary admissions to the Emergency Department

Support GPs and the ambulance service to select the right care at the right time for patients

Enhance patient experience

Provide care closer to home

Safe, Well and at Home

Since re-opening RCAH on 13th March we have utilised existing PCH staff capacity to operate a Monday-Friday service - not including bank holidays – delivering 76 operational days.

Acute Care at Home service

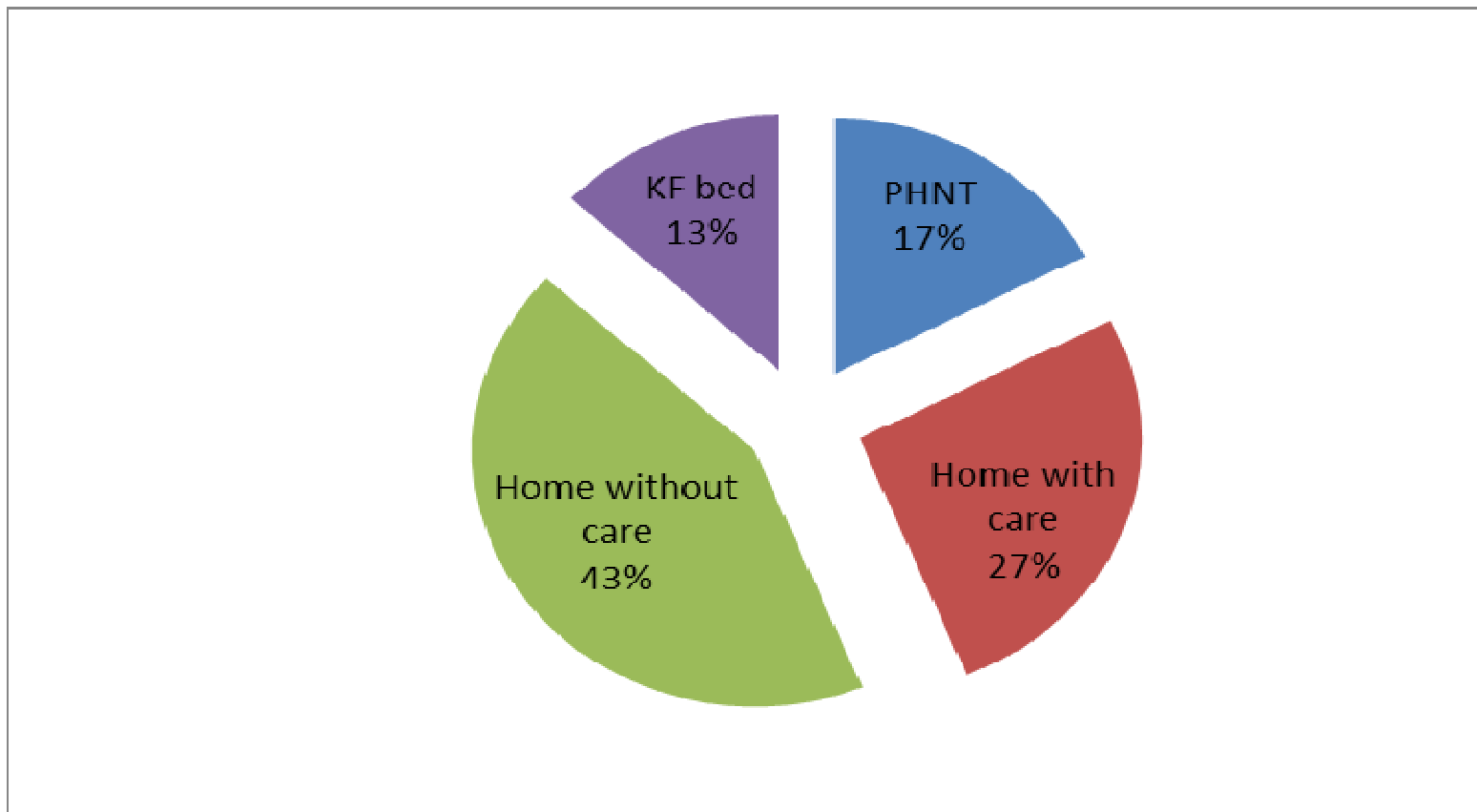
835 Bed days saved since “go-live” in February 2015

Robin Community Assessment Hub

135 avoided admissions

Safe, Well and at Home

Outcomes of RCAH Assessment



RCAH and AC@H services are highly complimentary

Mrs Y - an individual with a past medical history including advanced dementia, was brought into RCAH with suspected pneumonia on the back of her GP's referral. Following assessment she was found to have pneumonia plus terminal lung cancer with no treatment options. An end of life discussion was held with her family who were very keen to have Mrs Y returned home as soon as possible in order to spend her remaining time in familiar surroundings. This was all the more important considering her advanced dementia which would have been exacerbated by any significant inpatient stay.

The multi-disciplinary team at RCAH performed a medication review which stopped unnecessary drugs and enabled an expedited discharge process which included a package of care through the co-located AC@H team (providing intravenous (IV) antibiotic treatment for the pneumonia) and the Care Co-ordination Team (providing community equipment and other at home support). Mrs Y passed away five days later at home in accordance with her and her family's wishes.

Time in hospital: 6 hrs

Likely pathway without RCAH: Would have been a direct referral to Derriford's Medical Assessment Unit as a respiratory case. Diagnostics likely to have taken four hours + resulting in an admission. Inpatient delivery of IV antibiotics and lack of co-located teams at Derriford likely to have resulted in a delayed discharge process and Mrs Y's last living days possibly not in her home.

Projected savings to the CCG: £1,989*

*Based on ED rate and estimated inpatient tariff as in the National Tariff payment system 2014/15

Safe, Well and at Home

Community Crisis Response Team (CCRT)

Key Aims and objectives of the CCRT:

1. To prevent unnecessary hospital admissions
2. To reduce the duration of hospital admissions for patients meeting intermediate care criteria
3. To support people in crisis to remain in their usual place of residence, reducing admissions to residential or nursing care.

What happens when a referral is accepted?

The expected response time for the assessment of people in danger of being admitted to hospital unnecessarily is two hours.

The CCRT will provide support where possible to meet its key objectives, patients/service users will be discharged from the CCRT once their initial crisis has been resolved and they can safely be handed back to their locality

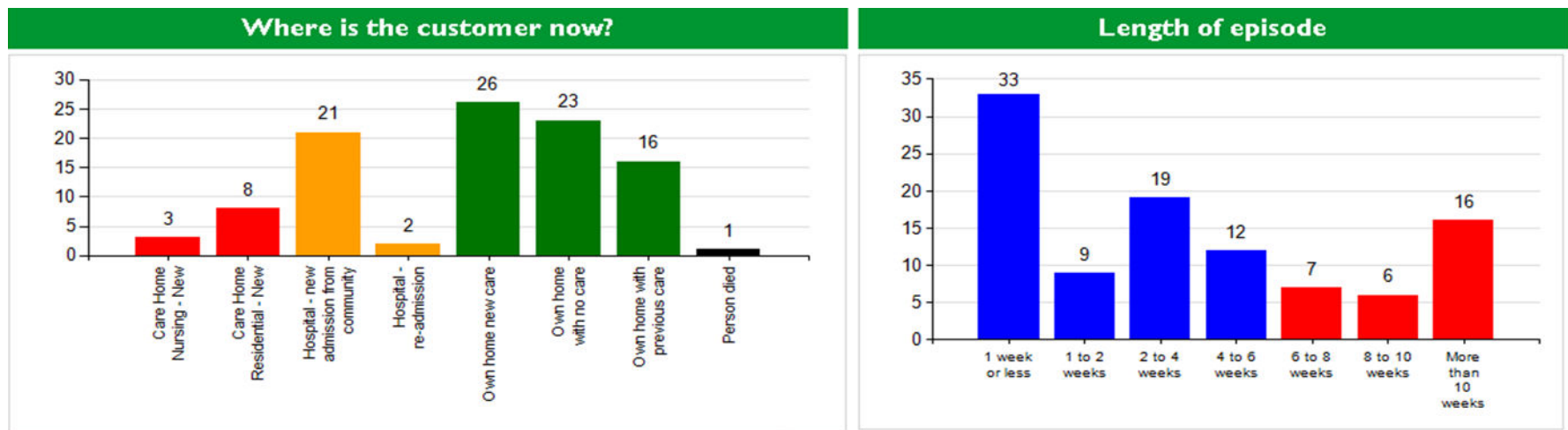
The CCT comprises:

- Physiotherapist
- Occupational Therapists
- Registered Nurses
- Community Support Workers
- Administrative Team
- Social Workers

Safe, Well and at Home

CCRT outcomes at the point of discharge

- 74.4% of patients being discharged within the 6 week intermediate care process
- 76% of discharged patients had been successfully been supported to remain in their community. 65% supported to live in their own home.



Safe, Well and at Home

With both services attracting significant positive feedback

For the attention of the Director

I recently had the dubious / pleasure of being taken to Robin Ward at Mount Gould Hospital.

Dubious because I had a chest infection and was taken there as an emergency.

Pleasure because the treatment and caring was absolutely "First Class".

I had a thoroughoverhaul and was started on an intravenous course of antibiotics. After a few hours I was sent home under the care of the Acute Care Home Team nurses, who visited for the next three days to continue my treatment.

Congratulations to you all!

I understand this is a new department run by G.Ps attached to Derriford. It saves a long wait in an already overburdened A&E and also frees up beds on the wards. It's a wonderful facility. I do hope the powers that be manage to keep it going, it would be a shame to lose such a wonderful facility.

Yours sincerely

Safe, Well and at Home

Recent Feedback for RCAH

A brilliant place to come to in times of trouble with worries. The staff here were so kind helpful and calm and my father and I felt valued and cared for

Fantastic service, really quick results helpful and kind

The focus of the multi disciplinary care achieved positive results because communication was so good between team members.

Very impressed with communication and kind, caring and efficient staff who reassured us

Safe, Well and at Home

Recent feedback received by the Community Crisis Response team

We received prompt, efficient, caring service. Nothing was too much trouble, we received all the help and equipment we needed.

Never knew service existed. Very impressed with service received.

'This is a 'marvellous' service. I cannot praise the Nurse enough, he saved my life'. I was contemplating suicide before this team's involvement and if I hadn't received the help he and his team gave I would have done..

Because without their prompt attention and care I would not know what to do, it was all taken care of and done in a kind and considerate way with our feelings considered.