

# **Direct admission by the Yorkshire Ambulance Service (YAS) to the Dewsbury Acute care of the elderly unit (DACE units) at the MYNHS Trust.**

## ***9-month report.***

### **Background.**

The MYNHS Trust has taken on board the national guidance and has two well-established ACE (Frailty) units. The larger unit is based on the Pinderfields hospital site and is a 39 bedded ward, with one 'hot clinic' assessment area (Gate 41, also called the PACE unit). The other unit is based on the Dewsbury hospital site and is a 19-bedded unit, with one 'hot clinic' assessment area (Ward 9, also called the DACE unit). The frailty units have a comprehensive person-centred philosophy, incorporating a multidisciplinary approach. Additionally both units are supported by the 'Rapid elderly assessment care team' (REACT), team members include Clinical nurse specialists, Advanced support workers and therapists. The REACT teams aim to promote a short stay in hospital and an effective discharge with appropriate support once home. The initial service model allowed patients to be admitted across both sites from the ED department / UTC or via GP / Community Matrons direct referrals. Where possible patients should access the ACE unit that is closer to their usual place of residence. Exceptions include patients that need to access specific patient pathways and this can be seen in the MYNHS Trust 'who goes where' guidelines.

Research and clinical experience tells us that frailty patients should be able to access care at the right place at the right time. For example, mortality is significantly affected when frailty patients access hospitals via crowded ED's. Additionally, local evidence from the winter period 2017/2018 identifies a very poor performance in relation to the ECS for patients > 80 years old. This has highlighted the need for alternative pathways avoiding ED attendance, where clinically appropriate. Therefore, the MYNHS Trust made a commitment along with its community partners to develop direct admissions to acute Frailty pathway. There are multiple benefits that can be associated with the direct admission to frailty pathway. The most important being, that frailty patients are able to access specialist services in a timely manner. Thus, reducing patient hospital length of stay (LoS), mortality and morbidity rates. For the Trust, the direct admission pathway should contribute towards achieving the ECS performance target, reduce the LoS of patients and therefore create additional bed capacity.

Following a consultation and planning period, a series of PDSA cycles were agreed in order to implement the direct admission by YAS to the Acute care of the elderly unit (ACE) unit's pathway at the MYNHS Trust. The first PDSA cycle commenced on 22<sup>nd</sup> of October 2018, to incorporate direct admission of all suitable patients to the DACE unit within the DDH catchment area. A comprehensive referral criteria was formulated and incorporated into a comprehensive SOP. The following report outlines the first 9 months experience and

includes the presentation and analysis of the KPI's and qualitative patient and staff experience feedback.

## Demographic data.

The following table indicates the patient numbers, gender and age for the week up to and including the of 27.7.19

Week	No. of patients	Male	Female	65-74 years	75-84 years	85 + years
<b>Total</b>	<b>197</b>	<b>73</b>	<b>124</b>	<b>12</b>	<b>73</b>	<b>112</b>
<b>Average (Mean) per week</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>3</b>

From the data, the following summary is as follows.

- The average number of patients per week was 5 patients.
- The majority of patients who accessed the pathway were female (63%).
- The majority of patients that accessed the pathway were aged 75 years or older (94%), with 57% being over 85 years old.

## Length of stay data (LoS).

The following table indicates the LoS for patients on the DACE unit and their total LOS in the Trust for the week up to and including the of 27.7.19

Week	DACE LoS 0 days	DACE LoS 1 day	DACE LoS 2 days	DACE LoS 3 days	DACE LoS plus 72 hrs	Overall LoS (Range in days)	Overall LoS (Mean)
<b>Total</b>	<b>38</b>	<b>110</b>	<b>37</b>	<b>7</b>	<b>5</b>	<b>0 – 65 days</b>	<b>8.6 days</b>
<b>Percentage</b>	<b>19%</b>	<b>56%</b>	<b>18%</b>	<b>4%</b>	<b>3%</b>	<b>NA</b>	<b>NA</b>

From the data, the following summary is as follows.

- The majority of patients had a 1-day LoS (56%).
- Only 3% of patients stayed longer than 72 hours on the DACE unit.
- 38 patients (19%) of patients had a 0-day LOS on the DACE unit.
- There was little difference between the percentage of patients who were stranded (7 day plus LoS) and super stranded (21 day plus LoS) who accessed the pathway as compared to all admissions via DACE and PACE.

- There were zero patients who accessed the pathway that had a 100 plus day LoS, as compared to 8 patients for all admissions via DACE and PACE.
- When comparing mean LoS, there was a difference of almost a day between the direct admission cohort of patients (8.6 days) and all admissions via DACE and PACE (9.4days).

## KPI's

The following table shows a 'spot check' audit for the time to first observations and time to first clinical review KPI's for the week of the 26.7.19.

	Number of patients	Time to first observations (15 min target)	Time to first clinical review (60 min target)
<b>Total</b>	<b>4</b>	<b>100%</b>	<b>75%</b>

From the data, the following summary is as follows.

- When comparing the readmission within 7 days data, there was a difference of almost 2% between the direct admission cohort of patients (7.1%) and all admissions via DACE and PACE (8.9%).
- All of the patients had their observations taken within 15 minutes of arrival and a clinician saw 75% within 1 hour of arrival.

## Patient and Staff feedback.

### *Patient feedback.*

All the patients have had positive experiences of the pathway and have given verbal feedback to the DACE staff that the care that they have received overall has been of a very high standard. There have been no DATIX incidents recorded for these patients.

Some examples of the DACE patient / relative feedback are seen below.

- “Felt it was a much better experience and was less stressful”
- “The whole process was so smooth”
- “He was so much calmer and settled more easily onto the ward”
- “The system of going straight onto the ward is fantastic and much quicker”

### *Staff feedback.*

The DACE medical and nursing staff, have been heavily engaged throughout the first PDSA cycle. They remain positive and are driven by the clear benefits for the patients. They have raised concerns regarding the times when they cannot support the pathway, these include the unavailability of an assessment bed.

## **PDSA cycle evaluation.**

### ***What has gone well?***

Overall, the patient experience has been very positive. This is supported with the achievement of the majority of the KPI's. For example, 97% of patients have had a LoS less than 72 hours on the DACE unit, with all patients being discharged or transferred to continue their care elsewhere within the MYNHS Trust. This demonstrates that this pathway is appropriate for patients, with few patients being readmitted within 7 days.

There has continued to be a high level of engagement from all the key stakeholders, which has enabled the pathway to be successfully implemented.

### ***What lessons have been learnt?***

The number of patients accessing the pathway significantly decreased during May 2019 (5 patients), which was attributed to the IPC challenges that the Trust was facing at the time. The reduction in activity was identified relatively early and a recovery plan was put in place. There is however, further opportunities for the clinical and operational teams to identify any future deterioration in activity in a timely manner.

There continues to be 'patient flow' issues, especially when capacity within the Trust is challenging. The clinical teams are aware of the escalation process and are encouraged not to decline direct access referrals because of lack of bed capacity.

There are a cohort of 'FRAILTY' patients that access the Trust via self-referral. At present, these patients access the DACE unit via the ED and thus it is often several hours before they access the 'FRAILTY' services. Therefore, these patients potential are disadvantaged because of the access route that they have chosen, and there is an opportunity to scope how such patients can be admitted to DACE directly from the ED.

### ***Improvement strategies.***

The following actions have been taken to address any deficits in the pathway.

#### *Monitoring the referral rates.*

- The clinical and operational teams should be encouraged to audit the referral numbers (including declined referrals) on a weekly basis. Any deterioration in referral rates and or increase in the number of declined referrals should be highlighted to the team as soon as possible.

#### *Lack of assessment bed.*

- The clinical teams continue to utilise the escalation process when an assessment bed is not available.
- To encourage all staff not to decline direct access referrals because of lack of bed capacity.
- To continue to adopt a robust method of recording of the referrals which are refused, in conjunction with DACE and YAS, in order to identify any themes

***Next steps.***

- To continue the planning work for PDSA cycle 2 – PACE ‘FRAILTY SDEC unit’ and YAS direct admissions. Commencing September / October 2019.
- To consider what strategies would be needed to adopt a direct referral pathway from DDH ED to the DACE unit.