Back to main menu

FROM PUSH TO PULL

Using advanced triage to facilitate targeted early discharge, escalation to critical care and referral for rehabilitation in Acute Medical Units

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The Quality challenge/ Local Problem and context

Acute Medical Units receive the bulk of emergency admissions to UK hospitals. There is a high degree of variation in how these patients are managed. One reason for this is the inability to classify and assign risk of mortality to patient groups - and then allocate them to the appropriate pathway in a timely manner. It is thought that this results in an increased length of stay for the patient, which is not cost effective and adds to pressures for beds in a demanding climate.

The intervention – How did you implement the proposed change?

The aim of our project was to demonstrate how the introduction of a 'Navigator'(an advanced nurse practitioner) supported by the use of two clinical assessment and triage tools can support and improve the management and flow of acute medical admissions.

We reviewed data from consecutive patients admitted from September 2010 to May 2011 (control phase) and between June 2011 to November 2012 (intervention phase). The Navigator was active 4 days per week during office hours.

Measurement of improvement/ results

There were 3084 patients in the control group and 3680 in the intervention group. The Navigator had contact with 519 patients in the Very Low Risk Group and 141 in the Low Risk Group.

Length of stay in hospital was shorter for patients seen by the Navigator in 4 out of 5 risk groups. There was no significant difference in average length of stay if comparing control and intervention phase.

There was a significant reduction of length of stay for patients with low frailty (CLINICAL FRAILTY SCORE 1-3), and just significant differences for patients with intermediate frailty (CLINICAL FRAILTY SCORE 4-6) with increases in the proportion of patients discharged within one day.

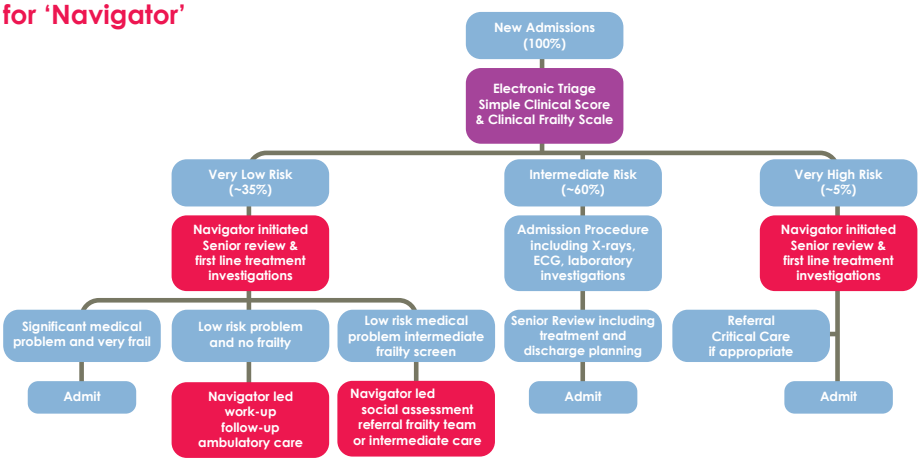
Taking into account the cost of the Navigator but not the cost of the evaluation team cost of care was reduced by £482 in patients with Very Low Risk and by £543 for patients with Low Risk.

Patient feedback was extremely positive and due to the targeted nature of the role the Navigator was able to signpost a number of areas for further service improvements that are now being addressed.

Lessons Learnt

Implementation of an advanced triage system had a measurable impact on length of stay. The lack of effect on overall length of stay is likely to be multi-factorial. The Navigator intervention was limited to a fraction of the patients and the size of the consultant team involved in running the Acute Medical Unit meant that learning was potentially slow.

Proposed algorithm for 'Navigator'



Message for others:

What is the main message based on the experience that you describe here that you would like to convey to others?

The introduction of an advanced triage system led to significant reduction in length of hospital stay in patients seen by the Navigator. A pool of dedicated short stay beds might increase impact further.