

# Patient/Relatives comments

Fantastic people, I knew what was happening to me and lots of attention  
*(interview in A&E)*

Real benefit that my father didn't need to be admitted

Nothing could be improved

10 out of 10, first class service. Nothing to say other than positive things

A&E was an experience – didn't like how busy it was.  
*(Interview in 72 hr bed)*

I didn't want to come in but glad that it was just overnight

Great that my husband could stay with me

More than I expected – gold star experience!  
*(interview in CDU)*

## ED Team comments

It felt like we weren't as busy but I wonder if it was actually that the flow through ED was simply better.

This has been good but will seem worse next week when we go back to normal

This could give us the better service that we want for patients

Delighted with the outcomes – fabulous joint working and can see the process working

This has to be better for patients, going home with the support that they need rather than being admitted

Great feeling for the ED team to have help and support from others

Really understand better what support is out there

Relationships made now, will make it easier in the future

# CASE STUDY 1

- J.O. – 85 year old man
- Lives with wife and daughter – no external care
- No mobility aid but had fallen several times
- Stair lift in the house
- Presented via 999 call with severe abdominal pain – relieved with morphine and then a large bowel movement
- Recent constipation and history of prostatism with occasional urinary incontinence
- By time of arrival in the ED - painfree

# CASE STUDY 1

- Examination including of back passage revealed constipation and possible rectal polyp, low blood pressure and mild anaemia
- Mobile but unsteady and provided with a stick
- Discharged from the ED
- Dietician follow up, intermediate care team to do environmental check, provide ongoing physiotherapy and check adherence with laxatives
- Out patient colonoscopy arranged
- Nicorandil stopped in view of low blood pressure

# CASE STUDY 2

- M.N. 82 year old retired nurse
- Known to community mental health teams but no diagnosis reached – on most recent visit by consultant psychiatrist, large glass of mysterious brandy smelling liquid next to the bed – ‘that’s just water’ ....
- Osteoarthritis
- GP referral with ‘acute confusional state’
- Carers daily but sometimes unable to gain access
- No family or next of kin

# CASE STUDY 2

- Examination showed 4AT score of 6 – indicative of delirium
- Positive urinalysis with mild fever and frequency noted in the ED
- Mobile but unsteady and provided with stick
- Admitted to '72-hour bed'
- Daily 4AT score showed improvements
- Urine infection confirmed and appropriate antibiotic prescribed. IV vitamins and alcohol withdrawal regime given.
- By day 2, mobile and more lucid
- Discharged day 3 with 4 visits/day (aiming to reduce), early mental health and alcohol liaison follow up in her own home

# CASE STUDY 3

- M.R. – 87 year old woman
- Nursing home resident for 6 years and completely dependent. Dementia. Bed bound.
- No advanced care plan
- BUT family and nursing home staff stated that they wanted her life to end in the home
- Admitted via 999 call with ‘pneumonia’ following GP visit

# CASE STUDY 3

- Phone call to nursing home and family from the ED quickly established wishes of usual carers
- Phone call to GP difficult.... 'How are you planning to treat her pneumonia?'
- Patient transported back to care home and died the following day
- Family attended the ED the following afternoon to personally thank the team



# Staff comments at end of week

Not having to phone around and waste time getting services

Excited by the opportunities this presents.

Better for patients!

NH end of life care not needed active management

Someone having fallen could have been delayed for hours but this has meant a quicker turn around

Much more slick process

This has been good – how can it be mainstreamed to give a better service

GP shadowing has been a good thing

Less moves must be of benefit to patients



# Thanks to

