Bridging the Gap – an Integrated Approach to Frequent Attenders to the Emergency Department

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The Emergency Department (ED) in UHW, Cardiff, sees approximately 135,000 patients a year, averaging 360–400 patients a day. During 2015, 470 frequent attenders (FA) attended the ED 4 times a month or more. Their total number of individual visits was 3579.

The cost of 1 hour's care from a doctor and nurse, including triage and discharge processes, (not counting any subsequent treatments; investigations; hours stay) sets the costs of these 3579 visits at £360,000.00. This is on the premise that every visit by a FA only lasts for one hour – the reality is very different. During the 10 weeks from 1st May to 17th July 2016, 16 homeless patients attended the ED and Llandough Poisons Unit 170 times. Every visit was costed to the minute, including all investigations, treatments and processes.

The cost for these 16 patients alone for 10 weeks was £123,184.60

A partnership project was set up in December 2015 to identify long term solutions for these Frequent Attenders

The work was split into 3 streams of targeted practice:

- Setting up a system for the early identification of needs for patients who use unscheduled services frequently
- Processing referrals to a multi-agency team to develop an individual support plan with flexibility for urgent response
- Working together with key partners across the community to identify long term solutions

A Project Management Group worked on the governance, information sharing protocols (WASPI), data collection et al and a Clinical Working Group comprising of 28 agencies from across health, social, local authority, criminal justice system, and 3rd Sector/voluntary agencies met regularly to discuss the patients. A key worker was assigned to each FA, dependant on their need – for example - social, housing, debt agency, older person services, education, work support

7 patients were initially put into the pilot project and data was collected in terms of number of visits by FA per month, hours in ED & Cost. It shows a 95% decrease in costs over the 3 months of the project so far, an 87% decrease in visits, and a 96% decrease in amount of hours the patients spent in the department.
The project has subsequently extended, and increased exponentially. We work in close partnership with the Welsh Ambulance Service and GP Out of Hours, and together we aim not only to reduce demand on emergency services, but longer term, to work with our patients to deal with the root causes of their attendances.

These root causes sit primarily within social isolation, deprivation, generational cycles of abuse, loneliness, no family or community support, poor coping mechanisms, poor understanding of available support, and cover a range of demographics.

The symptoms of these root causes are what bring the patients to the attention of the emergency services – the poor health, increased co-morbidities, lifestyle limitations, substance dependency and so on. The answer lies in robust medical management, hand in hand with shoring up the community support and increasing self management and self resilience.

The 28 agencies that sit on the panel and actively work with the patients have been a key innovation in this project for their wide reaching abilities to help solve real time problems for the patients. The panel is unique in its membership, spanning from the Health Board right out into the depth of community projects like community gardens and cafes. It puts the patient directly in the centre of care, and promotes independence and reintegration into their local community. The project feeds into 53 agencies in total, giving a huge resource for our patients and their families.

This work sits firmly within the Health and Care Standards, in resetting a culture of dependency on the emergency service provision. It aims to do the right thing, in the right way, in the right place at the right time and with the right staff. It is a tangible response to the recent legislation, giving a real front line commitment to the Social Services and Well Being (Wales) Act.