GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Dyfodol Clinigol Clinical Futures

Case Study

Direct Admission to Community Hospitals

BACKGROUND

From July 2021, there has been an opportunity for some patients within the Aneurin Bevan University Health Board area to be admitted to a community hospital rather than one of our enhanced general local hospitals. There is strong evidence that a percentage of patients do not need acute care, intervention or diagnostic support, but do require a level of support that cannot be provided at home. Patients will be discharged home with support from a community team if required. The project has successfully supported 13 patients from across Gwent to be admitted to their local hospital, rather than spend time in one of the acute sites.

AIMS

This service change will enable medical teams to fully assess individuals, carry out extensive tests and provide additional care whilst avoiding the stress of attending an enhanced general local hospital. We understand that home is best for patients so attending a community hospital in the short term and receiving additional support at home will reduce the anxiety of the patients and their family.

The patient will be referred to the Community Resource Team by a GP or Paramedic who will arrange for the admission in a community hospital under their care.

PROCESS

We have brought together professionals across a range of areas including health and local authority in order to learn from the process that existed before, which we were able to build upon. Similar processes have previously worked well, however this initiative will increase the number of individuals who are able to access care this way each week and also increase the sites that are becoming available. We have also successfully linked with WAST to obtain an ambulance which will be dedicated to the programme and will bring patients from their home to the community hospital.

OUTCOMES / NEXT STEPS

Essentially this service will be for a patient who is frail and/or elderly who is generally known to services and needs a period of more intensive support or additional nursing care. It may also prove that the individual has issues with their social set up and needs to be admitted to ensure their safety in the short term.

REAL LIFE STORY

Miss E was seen by the Newport Frailty team nurses in July after being referred via the direct Welsh Ambulance Service Trust (WAST)/Falls pathway following a fall at home. Following a Rapid Medical Assessment and a further fall it was deemed Miss E was not safe to be left at home. Rather than admit her to an acute hospital, she was admitted to a local community hospital using the Direct Admission Pathway and dedicated WAST patient transport service. The patient had a carefully controlled, timed admission into St Woolos Hospital arranged by Newport Rapid Medical nurses and St Woolos ward staff.

During her stay, Newport Community Resource Teams (CRT), Occupational Therapists and Physiotherapists were able to assess Miss E and provide a treatment plan and walking aid. Ward staff were able to supervise her mobility safely. During her stay, aids and adaptations were provided by the CRT Occupational Therapists and her next of kin was able to install a key safe, apply for a pendant alarm, move furniture and prepare for her return home. In addition the Reablement Care Team was able to put an assessment care package in place four times per day to support a safe return home.

Miss E was discharged home following a successful rehabilitation programme in hospital and reviewed by the CRT, Occupational Therapist and Rapid Nursing team the next day to ensure she was safe and coping well. She remains happy at home.

"I was very anxious about being admitted into hospital as she thought it would be an acute hospital miles away but was very pleased when she was told it was a local hospital very near her own home." Patient, Miss E.

Miss E and her relative stated that CRT were "a fantastic team, very professional, attentive and it was a wonderful service which neither of them could praise enough". Miss E was very happy to be able to come home with the support provided and that she was managing well.

Miss E was an inpatient for 8 days, slightly longer than anticipated but this allowed all the relevant adaptations to made and aids to be provided before she could return home safely.