

## CONFERENCE ABSTRACT

### Evaluating the impact of an Acute Care at Home service on acute hospital admissions.

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Eamon Farrell, Patricia McCaffrey, Roisin Toner, Catherine Sheeran

Southern Health and Social Care Trust, United Kingdom

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**Introduction:** Transforming Your Care (1) provided the blueprint for the future of Healthcare in Northern Ireland. It recognised some of the real challenges faced by Health Trusts and outlined the key areas for modernisation to enable services to meet the increasing demands from a growing and ageing population.

**Practice Change Implemented:** In September 2014, the Southern Trust developed a consultant-led multidisciplinary team to deliver acute care to older people in their own home or in Nursing and Residential Homes. The service aimed to reduce pressure on emergency departments and acute hospital beds by preventing patients with non-critical care needs being admitted to hospital.

**Aim and Theory of Change:** This study assessed the impact of access to a consultant led Acute Care At Home (ACAH) on unscheduled admissions to hospital.

**Timeline:** Service evaluation took place from 1st September 2014 to 31st August 2015.

**Population of Focus:** Over 75 year olds, Referred from 17 GP practices (100,000 population, 4,500 over 75 year olds).

**Innovations:** Each patient received a comprehensive assessment by the ACAH team within 2 hours of being referred by their GP and had the same access to laboratory and diagnostic investigations as patients in an acute hospital ward. The service offers IV antibiotics, IV Diuretics, subcutaneous fluids and mobile ECG monitors, bladder scanners and blood testing in the patient's own home.

**Impact and Outcomes:** The service received a total of 358 referrals from GPs in the period from 1st September 2014 to 31st August 2015, 301 of these referrals were accepted onto the scheme. The GP practices which had access to the ACAH service had an increase in admissions for over 75 year olds from 186 to 197 per month (6% increase), compared to an increase of 525 to 609 per month (16% increase) from the GP practices which did not have access to the service. This reduction in admissions provided a saving in acute services of approximately £570,000.

Service user feedback has been universally positive with one patient's daughter writing, "The respect and courtesy given to my elderly mother by the team during this difficult time was nothing less than outstanding. This is an exceptional service and all those involved in the team should be extremely proud of it."

**Comments on sustainability:** The model has been demonstrated to be a cost effective alternative to acute hospital based care and has other long term effects in terms of requirements for ongoing care

**Comments on Transferability:** The Southern Trust has extended the service to over 240,000 patients. Other Trusts in Northern Ireland have used the model as a blueprint for developing their ACAH service.

**Conclusion:** The introduction of an ACAH service has reduced unscheduled care admissions for over 75 year olds.

**Lessons Learned:** GPs are a key stakeholder in this service.

A daily Multidisciplinary Team (MDT) meeting is essential to ensure this group of acutely unwell patients are cared for in a safe and effective manner with changes to treatment plans requiring consensus from the MDT and patient.

Given the complexity and acuity of patients consultant oversight is important.

**References:**

1- Department of Health and Social Services and Public Safety. A review of health and social care for Northern Ireland. [Accessed on 6th December 2016] Available from: [http://www.northerntrust.hscni.net/pdf/Transforming\\_Your\\_Care\\_Report.pdf](http://www.northerntrust.hscni.net/pdf/Transforming_Your_Care_Report.pdf)

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