

Emergency Multidisciplinary Unit: Oxford Health NHS Foundation Trust

The Emergency Multidisciplinary Unit (EMU) at Abingdon Community Hospital provides an urgent assessment and treatment step-up service to reduce A&E attendances and admissions to acute hospitals. Important features are rapid diagnostics, a multidisciplinary team and a seven-day service.

Oxford Health NHS Foundation Trust provides community health, mental health and specialised health services across Oxfordshire, Buckinghamshire, Berkshire, Wiltshire, Swindon, and Bath and North East Somerset. In Oxfordshire it is the main provider of community health services in community and inpatient settings, including eight community hospitals.

Aims

EMU aims to offer an alternative to A&E attendance and acute admission by providing rapid multidisciplinary assessments, diagnosis and treatment for patients in the community. It can provide comprehensive medical, nursing, therapist and social care assessment supported by 'point-of-care' diagnostic technology. It can treat patients with multiple, often complex problems, many of whom are frail and elderly.

Origins

EMU was set up in 2010 to create a credible alternative to acute admissions.

Most adult medicine patients in crisis have a mix of medical, social and psychological needs. They require a rapid response to a particular crisis, but may not need a hospital bed or outpatient unit. The service was therefore designed by Oxford University's Department of Primary Care Health Sciences, Oxford Health NHS Foundation Trust, Oxford University Hospitals NHS Trust and Oxfordshire County Council to provide rapid acute care in the community.

Characteristics

- 7-day admission avoidance service
- step-down care from acute settings
- multidisciplinary team including senior geriatricians and social worker
- access to rapid diagnostics
- rapid treatment planning
- effective triage and can escalate patients to co-located short-stay beds if necessary
- joint acute and community provider staffing model
- partnership working with hospital-at-home service

Structure

Multidisciplinary team The team includes consultant geriatricians, GPs with acute elderly care experience, healthcare assistants, a physiotherapist, an occupational therapist (OT) and a social worker. Staff have the skills and experience to treat a wide range of conditions.

7-day service EMU operates from 8am to 8pm on weekdays and 10am to 4pm at weekends.

Community-based EMU is co-located with Abingdon Community Hospital. Most patients are treated during the day and return home overnight. EMU has access to six short-stay inpatient beds on the community hospital's rehabilitation pathway, which patients can occupy for 72 hours. This has the additional benefit of avoiding transporting patients to other sites.

How patients benefit

Patients are referred by their GP, the ambulance service or community district nurses.

EMU escalates care for patients having an acute crisis and provides a step-down service for patients from acute services.

Open referral criteria EMU

focuses on frail elderly patients

(the average age is 80) but has open referral criteria for all patients over 18 in a population of 140,000. The trust says restrictive criteria would prevent uptake of the service. EMU will accept any patients who are not hyper-acute – that is, patients with suspected heart attacks, strokes, head injuries or those who may need surgery.

Transport is available if patients need it. EMU can bring patients into the unit using its dedicated patient transport service, which can transfer patients in wheelchairs. Transfer takes one hour on average after referral, and the service's independence means EMU can make sure patients are diagnosed and treated rapidly following referral.

Patients are treated in an ambulatory setting. Patients are assessed on a hospital bed but transferred to a chair if appropriate. If they are expected to return home, they remain in their own clothes. To avoid patients deteriorating, EMU tries not to turn attendances into 'inpatients'. Some patients already have care packages in place, which the OT assesses to ensure they meet the patient's needs.

EMU operates with specialist senior clinical decision-makers so it can treat quite severely ill patients. It has a consultant geriatrician and a clinical nurse with

Enabler: multidisciplinary team

The service relies on the capabilities and working attitude of its multidisciplinary team, which draws on experience from a range of specialisms. With senior clinical decision-makers' support, the team can deliver care effectively and mitigate the risks of caring for patients outside an acute hospital.

acute service backgrounds and the experience to diagnose patients, assess risks and determine treatments rapidly.

Point-of-care diagnostics give rapid results, enabling patients to be treated within half an hour of arrival. They allow patients to receive intravenous treatments and fluids quickly. As EMU is located alongside the community hospital, it also has access to more intensive diagnostics such as x-ray. The service cannot provide more advanced diagnostic services such as MRI, but can access these rapidly at the John Radcliffe Hospital.

Enabler: point-of-care diagnostics

EMU uses handheld point-of-care diagnostic machines that can give results within minutes for a range of blood tests. This helps rapid decision-making, allows appropriate management of risk and enables patients to be treated as early as possible.

Clear pathways and escalation processes ensure patients are treated in the right location. If their condition worsens, they can be transferred to the acute trust, where they are admitted directly to a hospital bed and avoid the A&E pathway. EMU treats most patients using ambulatory pathways, although 16% are initially stabilised then transferred for ongoing care at the John Radcliffe Hospital;

2.8% need their care escalated after initial ambulatory treatment in EMU due to clinical deterioration and are admitted to the acute hospital or a community bed.

EMU offers support to patients and carers. EMU assesses the risks of patients being at home, and supports carers to minimise the additional burden that may result from out-of-hospital care. EMU staff discuss care plans and expectations with patients and carers, and tell them about EMU's advantages: patients receive appropriate care while being able to sleep in their own beds in comfort and familiarity.

Acute and community services work together to deliver care closer to home.

Within EMU, clinicians from the local acute trust, occupational therapists and other staff from the community provide medical care. EMU can jointly employ staff with its acute partners, allowing it a more flexible staffing model.

Enabler: seven-day service

EMU says it would not be a credible hospital avoidance service without operating seven days a week. A seven-day service ensures continuity of patient care, avoiding admissions throughout the week. Seven-day availability encourages confidence from other parts of the local health economy that depend on reliable services.

Although EMU operates shorter hours at the weekend, it believes that it reaches most patients who would benefit from the service.

While the EMU model concentrates care in one location, it does work with a hospital-at-home nursing service also run by Oxford Health. The service gives patients further short-term treatment if required. This provides extra oversight to share and cover risks. If patients deteriorate following discharge they are returned to EMU or can be directly admitted to the acute trust geriatric service.

Impact

EMU allows patients to be treated more quickly and closer to home and to return home as soon as possible. Feedback from patients suggests EMU sees them more quickly than A&E, as EMU staff can make rapid decisions. The service says that consultants, registrars or GPs make decisions with the same level of confidence, as they all have a concentrated caseload throughout the unit.

More information

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Annex: Patient story

Mr B is 81 and lives alone. He takes warfarin for atrial fibrillation and rarely visits his doctor. His younger sister helps him go shopping. Over two weeks he becomes increasingly breathless and can't leave home. He finds it harder to get around the house too, and notices his ankles have swollen.

His sister visits him and calls the GP, who comes that day. Mr B refuses to go to hospital but realises he needs more tests and treatment than his GP can offer him at home. The GP calls EMU, which collects Mr B, who is on the unit within an hour.

Within five minutes a healthcare assistant assesses him and carries out blood tests chosen by the EMU doctor, who has spoken to Mr B's GP. Five minutes later the test results are back. A senior doctor examines Mr B for 20 minutes and suspects heart failure with a pleural effusion. A chest x-ray 20 minutes later confirms a right-sided pleural effusion. Although this has a number of causes, which staff discuss with Mr B, they start initial treatment for heart failure with intravenous diuretics on the unit. Two hours later, Mr B begins to feel better. EMU staff plan a care pathway for the next few days, involving daily visits to the unit for intravenous diuretics and monitoring Mr B's kidney function through point-of-care blood tests.

Five days later, Mr B feels much better and is getting out by himself. His treatment is changed from intravenous therapy to oral tablets. The pleural effusion has almost

cleared up, and further cardiac investigations are organised with ongoing follow-up from Mr B's GP and community heart failure nurses.

This is one of a suite of case studies designed to increase awareness of schemes to move healthcare closer to home. For more materials see [Moving healthcare closer to home](#)