

# “No more blind dates”

It takes time to get to know someone. In an emergency situation that time is precious. Emergency care plans start a relationship between patients, long term conditions teams and emergency care providers.

## Summary

In relation to patient care, providing care closer to home and improving choice and personalisation for patients with Long Term Conditions (LTC), this project looks at the success of partnership working within Kirklees, to develop and implement an individualised patient ‘emergency care plan’.

### The aim is to:

- agree a care plan with patients, identifying early warning signs of deterioration in their LTC and follow up with appropriate actions
- enhance effective communication between the ambulance service, community matron team and secondary care.
- provide essential information for ambulance staff to help them to appropriately manage patients with LTCs including avoiding unnecessary hospital admissions.

Early audit and feedback from this ongoing work demonstrates a clear benefit to patients and improved liaison between healthcare professionals, particularly the ambulance staff and community matrons. Results and evaluation have shown a reduction in 999 calls and subsequent emergency hospital admissions have been avoided. This has enabled us to respond in a more timely manner to life threatening emergencies and enable patients to receive appropriate care closer to home.

These early findings have shown that some patients have been safely and appropriately managed at home, when previously they would have been admitted to hospital. This change to practice is due to improved awareness of other health professionals’ roles, particularly the role of the community matron in LTC management. Significant improvements in communication between disciplines and across healthcare professions from both networking at the launch of this project and the application of emergency care plans, has supported safer clinical decision making among emergency care workers.

Results of this work identified sharing opportunities with other teams of community matrons across the Yorkshire and Humberside region, to make sure there is a consistent and seamless approach to patient services. Sharing this emergency care plan across a wider area makes sure that ambulance crews are familiar with the format and use of the care plan and can use it to contribute to their decision



making processes and help them make more appropriate decisions for the benefit of the patient.

Patient feedback shows increased understanding of their LTC and has resulted in better management of their condition. This has been a positive step with patients taking responsibility and ownership for their own health. Working within tight time constraints and with a range of patients with complex needs we feel this initiative has been both creative and purposeful in aiding safe, evidence based, and patient-centred care.

## Case study

Previously the son of a 78 year old female patient with ischaemic heart disease, chronic obstructive pulmonary disease and renal failure would often call 999 when she was breathless and coughing. When ambulance crews and paramedics arrived they would find her oxygen saturation levels to be low. But without details of her condition being available to them they had no evidence to show that this level was normal for her. She would then be taken to A&E but often sent home, providing they could contact her son. If he wasn’t available she would be admitted for four to five days to make sure that she was well enough to look after herself, as she would refuse any social care package.

Emergency care plans are now helping paramedics and out-of-hours GPs to make appropriate decisions by acting on this patient’s normal parameters and safely managing her at home in liaison with the community matrons.

*“I have on many occasions visited this lady. Now, with the development of this scheme and emergency care plans, this lady can now be managed at home, therefore reducing hospital admissions.”* Cheryl Astbury, (Clinical Team Leader, Dewsbury, Yorkshire Ambulance Service)

The emergency care plans have also aided in the reduction of frequent callers.

### Summary of frequent caller RAG status by PCTs in YAS region

PCT	Current RAG status January '10	Current RAG status February '10
Anon	-38%	-28%
Anon	1%	4%
Anon	16%	-6%
Anon	4%	14%
Anon	15%	19%
Anon	6%	9%
Anon	13%	27%
Anon	-8%	-31%
<b>Kirklees</b>	<b>19%</b>	<b>29%</b>
Anon	14%	-23%
Anon	19%	-2%
Anon	-19%	15%
<b>YAS</b>	<b>2%</b>	<b>0%</b>

**Acknowledgements:** Helen Frain, Head of Long Term Conditions, Kirklees Community Healthcare Services; Sandra Gott, Louise Thornton, Janet Walshaw, Community Matrons, Kirklees Community Healthcare Services; Community Matron Team, Kirklees Community Healthcare Services; Michele Day and Kulvinder Randhawa, Performance and Information; Mr Ketting, Consultant Accident and Emergency Department, Dewsbury and District Hospital; Cathryn James, Clinical Pathways Advisor, Yorkshire Ambulance Service; Annette Strickland, Frequent Caller Case Manager, Yorkshire Ambulance Service; Ken Lowe, Service Delivery Manager - Business Development, Yorkshire Ambulance Service; and Adrian Harris, Paramedic Practitioner, Yorkshire Ambulance Service.



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