

# Achieving the 48 Hour Review: What Works?

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# Background

- Asthma is the most common LTC of childhood
  - 1.1 million UK children
- 30,000 to 40,000 NEL admissions / year UK-wide
  - One every 13 minutes
  - **Countless more UEC attendances**
- NRAD, 2014:

“Practices should press for prompt communication from hospitals and other urgent care providers about patients seen with asthma exacerbations, and should ensure primary care follow-up within two working days of receiving such notification, so as to allow optimisation of treatment and to identify those patients whose asthma remains out of control despite their hospital attendance”

# From experience...

- Standard has been hard to achieve:
  - Knowledge of importance amongst professionals and patients
  - Requires strong and efficient cross-system coordination and communication
  - Capacity in primary care
  - A source of variation in practice between primary care providers

**National compliance of 28% of those < 17 years**

*(Asthma UK, 2018)*

# Islington Paediatric Primary Care (PPC) Team

- PPC Team
  - Paediatric Nurses based within primary care setting
  - Retaining strong links to secondary care via Whittington Health and UCLH
- 2 band 7, 2 Band 6, and 1 part time administrator managed by a band 8a
  - Run clinics in 12 primary care locations in Islington
  - Take referrals on asthma & wheeze, constipation, atopy.
  - Close links to primary & secondary care
- 48 Hour Asthma Review Service – introduced July2018 (Whitt), Sept 2018 (UCLH)

# 48 Hour Review Service

- Whittington & UCLH
  - Generate lists of patients discharged from A&E or ward with asthma/wheeze
  - Sent to PPC Team at centralised address
  - Eligibility criteria:  $\geq 18$  months of age and registered with an Islington GP.
- PPC team share central location
  - Facilitates communication with secondary care
- Nurses contact patients via telephone
  - Conduct telephone assessment
  - 48 hour review telephone triage tool
  - Generates risk-related outcome **green** / **yellow** / **red**

## 48 Hour Telephone Triage Tool

- Formulated by and grounded in expert experience of:
  - PPC Nursing Team
  - Dr John Moreiras, Paediatric Consultant
  - Whittington Health Asthma Team
- Scores for **Breathing, Progression, Salbutamol use and Peak Flow**
- Generates total score

		Score			
		4	2	1	0
Breathing	Struggling to breathe	<input type="checkbox"/>			
	Increased respiratory rate - Breathing quickly? Count breaths in 1 minute		<input type="checkbox"/>		
	Breathless - Unable to complete sentences		<input type="checkbox"/>		
	Wheeze			<input type="checkbox"/>	
	Cough			<input type="checkbox"/>	
	Absence of symptoms				<input type="checkbox"/>
Progression	Child appears worse		<input type="checkbox"/>		
	Child appears the same			<input type="checkbox"/>	
	Child appears better				<input type="checkbox"/>
Salbutamol	Requires salbutamol 1-3 hourly		<input type="checkbox"/>		
	Requires salbutamol 4-6 hourly			<input type="checkbox"/>	
	Requires salbutamol PRN				<input type="checkbox"/>
Peak Flow	<70% of predicted average		<input type="checkbox"/>		
	70-90% of predicted average			<input type="checkbox"/>	
	90-100% of predicted average				<input type="checkbox"/>
<b>Total</b>					
<b>Overall Score</b>					

# Triage Outcomes

- **≥ 4 = RED**

- Patient deteriorated post discharge
- Urgent return to ED for assessment

- **2 to 3 = Yellow**

- Not better / Condition not improving
- Requires face to face 48 hour review
- GP or PPC review

- **0 to 1 = Green**

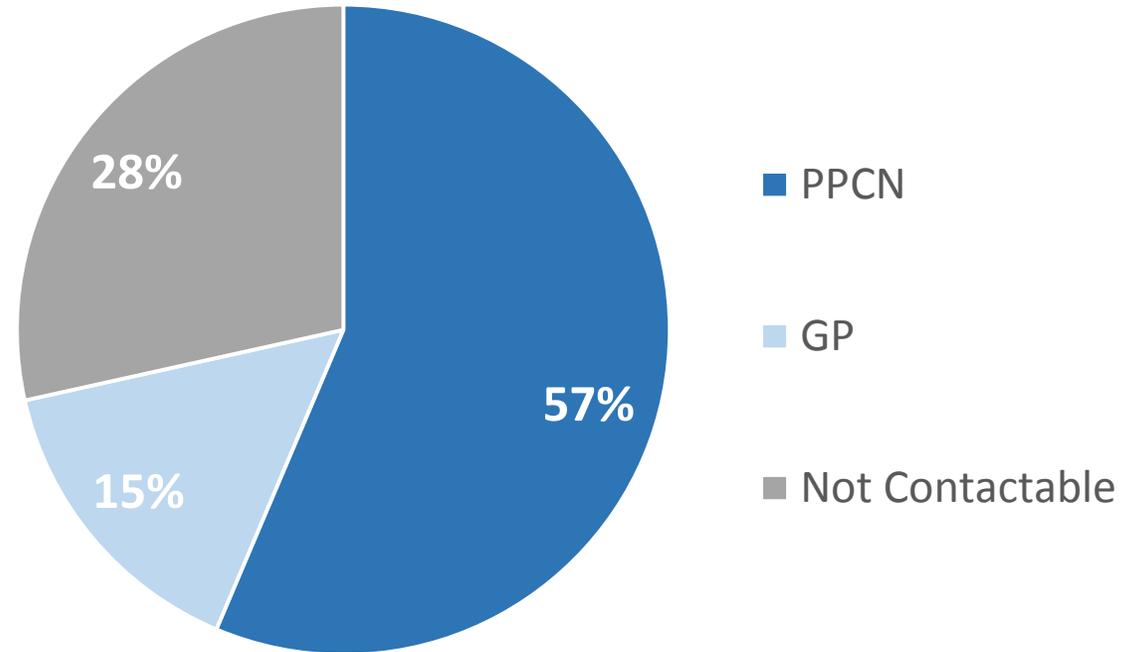
- Improved / Acute attack resolved
- No requirement for in-person review
- Routine f/u with PPC or secondary care

**Unable to contact?  
No answer?**

**ALL patients referred through  
to PPC team are given a  
routine appointment for PPC  
review in PPC clinic**

# Service Outcomes

- Out of **165 referrals 72% received a 48 hour review:**
  - 94 from PPC (57%)
  - 25 by GP (15%)
  - 46 not contactable (28%)



# Service Outcomes

- What % of **all eligible** patients receive a review overall?
  - Accurate **denominator data** is **very difficult** to source
  - Data from the Whittington...

	Sep 18	Oct 18	Nov 18
Attendances to <b>Whittington A&amp;E</b>	55	46	57
<b>Referrals received</b> by PPCN Team	46	39	43
Percentage Captured	64%	85%	75%

**= 81%**  
**capture rate**

**Overall, 58% of patients receive a review**  
**Rate of review more than double the national average**

# Evaluation and validation process...

- Data collected for all referrals to PPC from 01/09/18 to 31/11/18
  - Coincides with **peak of activity for wheeze/asthma**
- Detailed information on:
  - Demographics
  - Dates and times of attendance / discharge / triage / review
  - Triage score and category (what the tool predicted)
  - Triage and in-person review outcome (what actually happened)
  - Acute re-attendance (within 7 days) and outcome of re-attendance
  - Harm directly attributable to triage service

# Triage Tool Validation Conclusions

- Tool to date has **correctly identified** patients whom are better
  - No patients triaged as **green** re-attended
- Tool **mostly correctly identifies** patients whom are not better but not worse
  - 50% of patients with **yellow outcomes** required further primary care review
  - 0% required referral to urgent or emergency care on assessment
  - 0% re-attended acutely within 7 days
- Tool **successfully identified patients** requiring urgent ED review
  - Only one patient receiving 48 hour review readmitted acutely within 7 days
  - Triaged appropriately as **red outcome**, advised urgent ED review

# Evidence of Harm

- Adverse outcome = re-attending severely unwell due to:
  - False reassurance
  - Judged to be well / green outcome and therefore not requiring further review
  - Unacceptable delay waiting for telephone triage / face to face review post triage

**No evidence of adverse outcomes attributable to:**

**Use of 48 hour triage tool**

**Specific triage outcomes**

**48 hour review process in general**

# 1) Time to telephone triage

- Average time d/c to PPC telephone triage = **58 hours**
- Outcomes are skewed upwards by outliers & effect of weekends.

Range (hours)	All		
	Count	%	Cum %
0 to 48	39	43	43
48 to 72 (3d)	28	30	72
72 to 96 (4d)	21	22	95
96 to 120 (5d)	4	4	99
> 5 days	1	1	100
<b>Total</b>	<b>93</b>	<b>100</b>	<b>100</b>

**43% within 48 hours, 72% within 72 hours, 99% within 5 days.**

## Evidence of Benefit: Re-attendance & Re-admission rates

### Does the service provide improved outcomes for patients?

(No good evidence for 48 hour review exists)

- 0/60 (0%) **green** re-attended A&E
- 2/30 (7%) **yellow** re-attended A&E
- 3/3 (100%) **red** re-attended A&E
- 0/25 (0%) **receiving review with GP** re-attended A&E

Re-attendance same episode counted as re-attendance to A&E with same condition inside 7 days of discharge

**In total 5/119 (4%) patients reattended A&E - 2 (1.7%) were admitted**

# Evidence of Benefit: Re-attendance Rates

**48 hr review total A&E re-attendance rate = 4.2% (5/119) or 42 per 1000**

**48 hr review total readmission rate = 1.7% (2/119) or 17 per 1000**

**How does this compare to those not receiving any form of review?**

# Evidence of Benefit: Re-attendance Rates

- 46/165 (28%) patients were **not contactable**.
- 5/46 (11%) re-attended A&E
- 3/46 (7% ) were readmitted

No review total **A&E re-attendance** rate = 10.6% (5/47) or 106 per 1000

No review total **readmission** rate = 6.4% (3/47) or 64 per 1000

## Patients who did not receive any form of 48 review were...

**2.5 times more likely to re-attend A&E**

**3.8 times more likely to be re-admitted**

**48 hr review total A&E re-attendance rate = 4.2% (5/118) or 42 per 1000**

**48 hr review total readmission rate = 1.7% (2/118) or 17 per 1000**

**No review total A&E re-attendance rate = 10.6% (5/47) or 106 per 1000**

**No review total readmission rate = 6.4% (3/47) or 64 per 1000**

# Patients and families experience

- Qualitative patient feedback about the PPCN 48 hour review service.
  - Collected from patient evaluation forms

*“Very informative”*

*“In the future if my son has the same problem, I know how I can deal it in a better way”*

*“someone was there to help and answer our questions, to check and advise on the plan going forward without having to wait for the next admission”*

*“very useful to know we could contact the team again with more questions as often we get home and realise we forgot to ask something”*

*“I wasn't sure what I need to do if my son has the same breathing problems but PPC explained to me very clearly”*

*“Very helpful, friendly and better than going to see the GP or going to A&E all the time”*

# Summary of Outcomes

- **Triage tool:**
  - Data suggest is **safe to use**
  - Triage outcomes **correlate** with patient condition
  - **No evidence** of adverse outcomes
- **PPCN 48 hour review service:**
  - Achieves rates of 48 hour review **double the national average**
  - **Cost effective** – saves money on A&E re-attendance / admissions
  - **Highly rated** by patients and families
  - Makes patients with asthma **safer**

**Receiving a review after UEC attendance in Islington makes you:**

**2.5 times** less likely to **re-attend A&E**  
**3.8 times** less likely to be **re-admitted**

# Islington PPC 48 Hour Review Service

## Thank You – Any Questions or Comments?

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