



**Susan Greenwood and Kerry Porter,
Poole Hospital**

**Telephone safety
netting after discharge
from AEC- Silver
Phone in action**

*The Silver Phone



Re-admission prevention and safety netting within
the AEC setting

*Background

Poole Hospital is an 674 bedded acute foundation trust.

22.5% of emergency admissions are aged >80years.

RACE Unit is a 24 bedded elderly acute assessment unit.

RACE Clinic is an ANP led dedicated AEC within the RACE Unit comprising of 3 trollies and 6 chairs- since 2015.

Silver phone introduced April 2016 (7 days a week 8-8pm).

RACE AEC dynamics-

Push/pull referral
process- GP+ED+ICT

HOT clinic follow up
post discharge
RACE/AEC

Virtual reviews



AEC pathways- more complex for Older people
Multiple inter-related co-morbidities.

Increased frailty ,new physical insult can affect all ADLs.

Need to adopt a more holistic approach .

We needed to be able to offer a safety net for older patients utilising the AEC .

Needed to offer patients a means of communication whilst in the transition between primary and secondary care.





Discharge summaries- mean delay of 35 days from patient discharge to GP review.

Suboptimal communication on discharge summaries

- Coordination of follow up care
- Medication reconciliation
- Do patients really understand their discharge summary???
- Lack of patient awareness who to contact on discharge if a problem

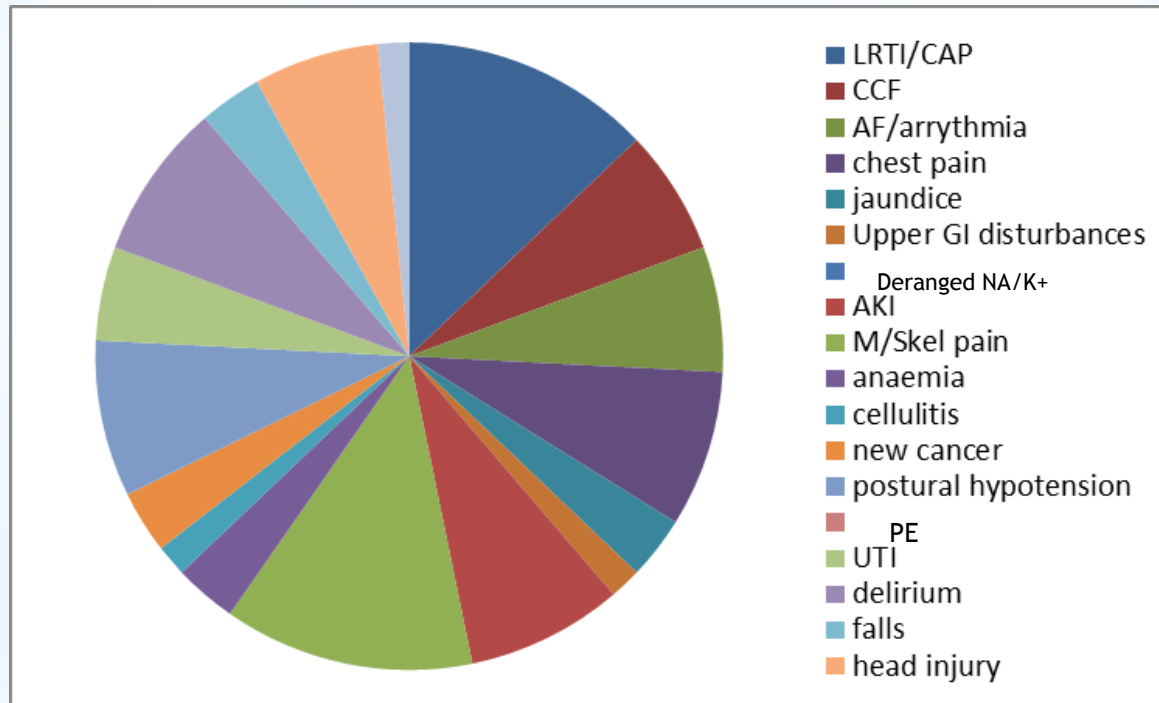
* Common reasons for re-attendance in frail elderly

- * Patient anxiety
- * lack of knowledge of condition or treatment
- * Exacerbation of presenting complaint
- * New inter-related problem
- * New social care requirements

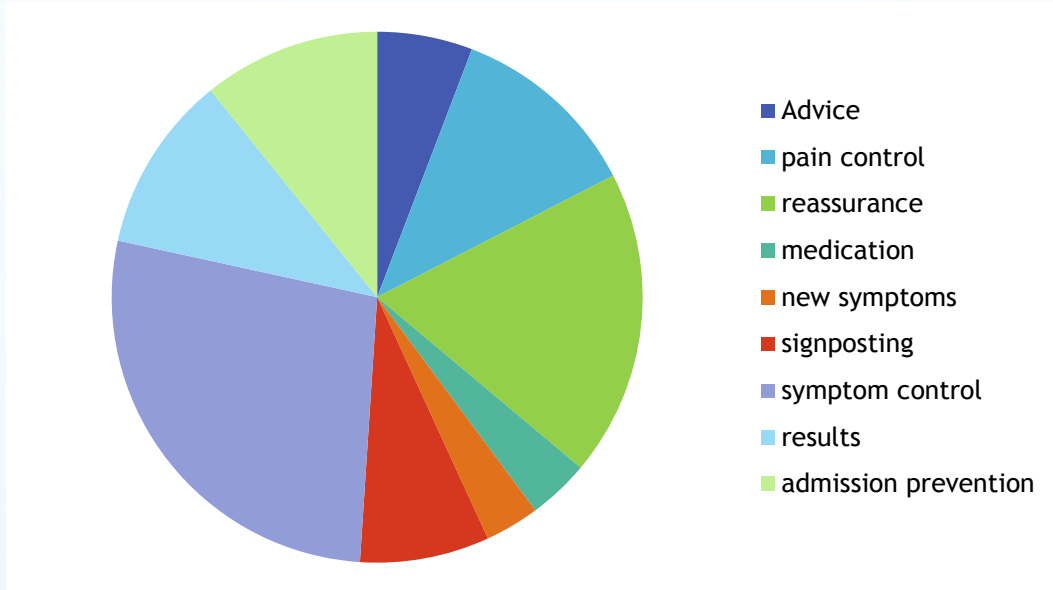
* Criteria for Silver Phone

- * No set rules!!!
- * Supporting early discharge of vulnerable patients from RACE
- * Given to selected patients on discharge from AEC

- * Those that have complex medication regimes or new medication regimes.
- * Those patients that have a newly diagnosed condition.
- * Those patients that are frequent admissions to hospital with short duration stays.
- * Very frail patients.
- * Increased anxiety about not being admitted.
- * Those patients with HOT Clinic follow up arranged.
- * Whilst awaiting completion of care episode.



* Presenting complaints of those patients that have contacted the Silver phone 2017

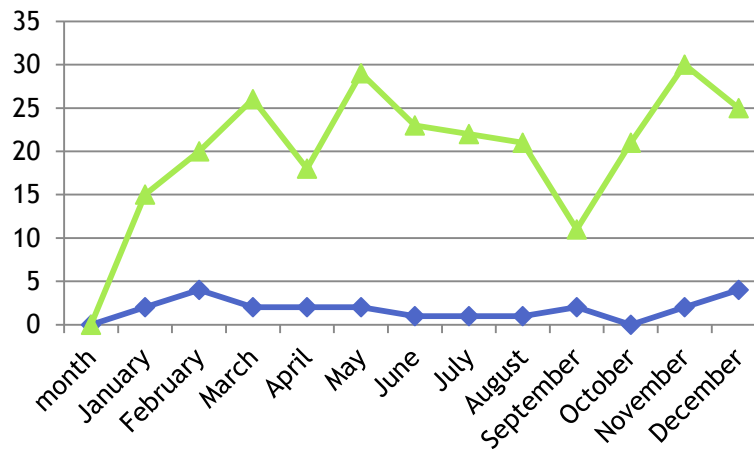


*Reasons for Silver phone call

* Number of admissions/re-admissions following silver phone calls 2017

Contacts via silver phone

Readmission as a result of silver phone contact



* CASE STUDY 1

- * Mrs C- discharged from RACE Unit with paroxysmal SVT awaiting OP 72 hour tape.
- * Silver phone number given and clear safety netting parameters written on 'Ticket Home'.
- * Dialed 999 as SVT returned but not present when paramedic crew arrived.
- * Deemed fit enough to remain at home.
- * Mrs C called Silver Phone as requested.
- * An urgent cardiology review organised for first thing in the morning via AEC.
- * 72 hour tape organised via AEC

* CASE STUDY 2

- * Multiple attendances to ED with chest Pain/SOB on background of IHD/AF/PE/Diabetes.
- * x4 Admissions in 2/12.
- * Nil acute- on routine investigations - Anxiety/loneliness.
- * Last admission seen in AEC- d/c to await OP Stress Echo. Signposted to Community Matron. Patient given Silver Phone contact number and arranged daily silver phone contact by the ANP's 12/7.
- * Stress ECHO
- * D/C with Community Matron support and robust care plan in place.



*What we've learnt

- * No set criteria.
- * Clear established boundaries for patient use.
- * Time consuming (ad hoc calls can be disruptive to clinic flow).
- * Clear electronic documentation of telephone consultation.
- * Telephone consultations tariff.
- * Safety net for ANPs! Senior involvement if needed.

Acknowledgements- The consultants and the Older Person's ANPs AEC- PGHFT
Contact- Sue.Greenwood@poole.nhs.uk, Kerry.Porter@poole.nhs.uk