



Project name 48 Hour Review

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Whittington Health **NHS**

The Project aim:

To offer a 48hr phone review to $\geq 80\%$ of children and young people (CYP) who attended Accident & Emergency (A&E) at Whittington Health (WH) or University College London Hospital (UCLH) for Asthma or Viral Induced Wheeze, between the period of the 1st September 2018 and the 30th November 18.

The objectives were:

- To ensure that $\geq 50\%$ of CYP referred to the team are reviewed 48 hours after hospital attendance.
- To ensure that $\geq 80\%$ of CYP referred for a 48hr review are followed up face to face in a primary care clinic, unless they are already being seen in secondary or tertiary care.

The purpose of this 48 hour review project was to identify how well the patient was recovering post-acute attack and using a RAG rating system to direct patient care appropriately.

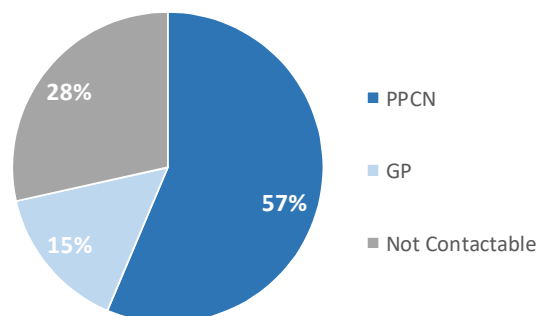
Why is this important to service users and carers?

This project was part of several initiatives in Islington which aimed to reduce wheeze and asthma attendances and improve asthma morbidity for CYP. These focused on implementing the recommendations of National Review of Asthma Deaths (NRAD) (Royal College of Physicians, 2014). The 48 hour is one of these recommendations but realistically the recommendations are not being met for several reasons; the capacity of primary care to do the reviews, the quality of the review in primary care due to time restrictions (10 minute appointment) or/and training, parents not proactively booking or understanding the importance of the reviews.

The service is offering clinical support and education to families and patients.

Summary of Results

- Out of 165 referrals 72% received a 48 hour review:
- 94 from PPC (57%)
- 25 by GP (15%)
- 46 not contactable (28%)
- Patients who were not contactable were 2.5 times more likely to re-attend ED and 3.8 times more likely to be re-admitted



Learning

No evidence of adverse outcomes attributable to:

- Use of 48 hour triage tool
- Specific triage outcomes
- 48 hour review process in general
- The tool to date has correctly identified patients whom are better
- No patients triaged as green re-attended
- The 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