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| **New Respiratory Rapid Access Service reduces ED presentations and hospital admissions.** |
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| **Introduction/Aim:** Increased demand for inpatient and Emergency Department (ED) health services, ambulance ramping and hospital congestion, along with increased urgent referrals, requires adaptive healthcare practises. We designed and implemented a specialist Respiratory Rapid Access Service (RRAS) offering patients a safe alternative pathway, aiming to prevent ED presentations and inpatient admissions by offering patients high level specialist review and ongoing management in the community. **Methods:** RRAS was implemented as a pilot specialist service. Approved pathways included direct patient contact, specialty or ED referral and expedited review of urgent referrals, including new symptomatic malignancy. Patients were reviewed by a respiratory physician and nurse specialist within 24-72hrs with the option for telehealth. Data captured included patient demographics, medical and nursing activity, ED presentations avoided, hospital admissions prevented and qualitative patient evaluation. **Results:**

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| **RRAS outcome** | **No. of patients** |
| Patients seen in RRAS | 208 |
| Total episodes | 371 |
| Total encounters | 462 |
| ED presentations avoided | 211 |
| ED Hours saved | 1245 |
| Hospital admissions avoided | 109 |
| Early discharges facilitated | 49 |
| Bed days saved | 554 |
| Expedited cat 1 reviews | 122 |

In the 6-month pilot 208 patients were reviewed: 371 separate episodes of care. The most common respiratory pathology was malignancy, pleural disease, and airways disease.

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| **Underlying condition** | **No. of patients**  |
| Malignancy | 87 |
| COPD | 83 |
| Pleural disease | 74 |
| Asthma  | 33 |
| ILD | 28 |
| Bronchiectasis | 11 |
| Sleep  | 9 |
| Respiratory failure | 5 |
| PE | 2 |
| Other  | 39 |

RRAS prevented 211 presentations to ED, saving 1245 ED hours. RRAS avoided 109 hospital admissions and facilitated 49 early discharges, equating to 554 occupied bed days saved. 122 urgent referrals, 60 interventional procedures and 40 MDM discussions were expedited via RRAS.100% of patients who used the service deemed RRAS an appropriate alternative to ED and 100% felt comfortable using RRAS again.**Conclusion:** The RRAS pilot successfully demonstrated prevention of ambulance calls, ED presentations, and hospital admissions with evidence of system level improvement through reduced inpatient separations and average length of stay. Expedited reviews optimised the delivery of urgent care plans, and reduced cancer time to diagnosis with coordinated and streamlined diagnostics.We aim to expand the service to run in a full-time capacity, offering an increased number of medical and nursing reviews with direct support to ED and primary care physicians, ultimately streamlining future healthcare delivery.**Grant support:** nil |
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