

3.09 Outcomes from a Respiratory Ambulatory Assessment Unit in a District General Hospital

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Background: A Consultant led Respiratory Ambulatory Assessment Unit (Respiratory Hub) was opened on a part time basis, (2.5 days per week) in this District General Hospital (DGH) in December 2021 to try facilitate enhanced discharge from hospital, improve access for pleural procedures and avoid hospital admission where possible. The aim of this study was to assess the Hub outcomes over 2 consecutive years.

Methods: The service was audited over a 3 month period from December 2021 to February 2022 (year 1) and from December 2022 to February 2023 (year 2). Data was collected each week on routes of referral to the Hub; numbers of patients seen; number of patients where hospital admission was avoided and bed days saved from early discharge.

Results: The number of patients seen in year 1 and year 2 was similar, 254 patients seen year 1 and 255 patients seen year 2. Referral source was similar both years: early discharge from hospital, 56% and 57%; direct referral from casualty, 8% and 4%; Acute Medical Unit, 14% and 19%, referral from community respiratory nurses, 5% and 7%, respiratory outpatient waiting list, 16% and 14%. Bed days saved were a combination of early discharge from hospital, casualty avoidance and admission avoidance, this was 271 days in year 1 and 323 days in year 2.

Conclusions: The Respiratory Hub has been an effective adjunct to the Respiratory Unit in this DGH, resulting in reduced respiratory hospital admissions and a significant saving in bed days.