**The SHarED Project**

**S**upporting **H**igh Imp**a**ct Use**r**s in **E**mergency **D**epartments

**Project Briefing Document**

***Case for Change***

Patients who repeatedly attend healthcare facilities represent between 1-2% of Emergency Department (ED) attendances annually. Literature suggests these patients also frequently access other health and social care facilities, generate greater admission rates and a have greater burden of chronic disease. Furthermore, frequent attendance at EDs is known to be associated with increased stress and dissatisfaction amongst patients. The mortality rate is double that of the “average” population. This cohort has a higher burden of alcohol and substance misuse, and psychiatric illness.

The Royal College of Emergency Medicine (2017) published guidance for managing this group of patients including a multi-disciplinary approach with a senior decision maker reviewing attendances and developing management plans, accessible by all health care staff within the hospital.

***The Approach***

In April 2015 the Bristol Royal Infirmary (BRI), University Hospitals Bristol and Weston NHS Foundation Trust High Impact Users (HIU) Team was formed to work with this exceptionally vulnerable cohort of patients. HIU co-ordinators co-create personal support plans (PSPs) for HIUs through a multi-disciplinary approach.

The BRI Service for managing HIUs in the ED has demonstrated positive impact on the reduction of attendances and admissions, with significant associated savings. Furthermore, the model has seen a substantial shift in culture amongst staff within the department; with improved experiences for both staff and patients.

The SHarED Project supports the spread of the BRI model in to the EDs in the West of England following a successful application to the West of England Academic Health Science Network (ASHN) Evidence into Practice Call 2019.

Extensive scoping has revealed that while all services across the West of England have a HIU service in place, there are significant differences in structure, processes and funding. The SHarED project will work to unify an approach across the system, with local adaptations where appropriate.

The COVID-19 pandemic delayed the start of the project, originally planned for April 2020. The project will undertake a high level review of the impact of a pandemic on the behaviour of pandemics on HIUs.

***Project Aim***

To reduce ED attendances by HIUs involved in this project by 20% and to improve the experience of HIUs and ED staff in one year.

***Methodology***

The EDs across the West of England will adopt the structure and processes that are utilised within the BRI HIU Service model. The West of England AHSN will fund all EDs for a HIU co-ordinator for one day per week and a Clinical Lead for one PA per week for 20 weeks, to support the testing of this model with a view to develop a business case for ongoing funding.

Each participating trust will be required to utilise a number of different processes which have been adapted and tested by the HIU team at the BRI; a monthly multi-disciplinary team meeting with relevant professions, personal support plans (PSPs) to be written for HIUs by the HIU co-ordinator with input from relevant clinicians as required, an agreed governance process for both the MDT and PSPs, alerts on the system for ED staff and alerts on the IT system for the HIU co-ordinator. The HIU co-ordinator will also deliver training to the ED staff about HIUs and the HIU service and will actively promote a positive culture around HIUs within the department. The triage tool developed by the BRI HIU team will be tested and adapted to suit local demographics.

The project will adopt Quality Improvement methodology and use the Institute for Healthcare Improvement (IHI) model for improvement, spread, and adoption.

***Outcome Measures***

* Number of ED attendances
* Number of hospital admissions
* Number of personal support plans written
* ICECAP-A Quality of Life Measure
* Staff survey

***Evaluation***

An evaluation will be completed at the end of the SHarED project using the outcome measures listed above. In addition to establishing the impact of the model in other areas, the evaluation will also seek to understand demographic differences and reasons for attendance in the participating trusts; and furthermore how these differences influence the success of the BRI model as a spread project.