Sliding Doors and De-escalation

Dr Emma Mason
Consultant in Acute Medicine and Palliative Medicine
ABUHB
Original brief......

• Same Day Emergency Care, recognising when to stop
My background

• 2003 - CCT in Clinical Pharmacology and GIM

• 2006 – CCT in Palliative Medicine
SAMBA 2016 RGH MAU results

Consultant within 8/14 hrs
Direct Admissions Only

61%
SAMBA 2016 RGH MAU results

Med. Rev. within 4 hrs
Direct Admissions Only

87%
SAMBA 2016 RGH MAU results

EWS within 30 min
Direct Admissions Only

22%
SAMBA 2016 RGH MAU results

Performance against all 3 standards
Direct Admissions Only

17%
• Direct ambulance admission to MAU
• Consultant advice line for GPs
• Consultant telephone triage all GP referrals to bed management
• Consultant triage & ambulatory care
• Direct ambulance admission to MAU
• Consultant advice line for GPs
• Consultant telephone triage all GP referrals to bed management
• Consultant triage & ambulatory care
• No additional resources available
• Impact on patient care remains uncertain
• Consultant cover 3 days a week – Monday, Tuesdays and Thursdays
Mrs Williams’s sliding doors.....

• 59 year old lady
• Diagnosed with breast cancer 2013
• Metastatic disease in 2015
• Palliative chemotherapy
• Lives with her husband
• Performance status = 0
Mrs Williams’s sliding doors....

• June 2017 – referred by GP to MAU with headaches
• Triaged and seen in MAU initially by junior doctor followed by consultant
• CT head done the following day
• Referred back to Velindre for further management as an outpatient
• Approx 20 hours for the episode
Mrs Williams’s sliding doors....

- **Arrival to MAU**
  - Nurse Triage
  - Investigations
  - Junior Dr clerking
  - PTWR
  - Further tests
  - Review tests

- **MAU**

- **Awaiting laboratory tests**

- **Patients will be placed on a rack waiting for junior doctor to clerk – prioritised according to NEWS score**

- **PTWR by consultant requests CT head**

- **Awaiting CT head**

- **Discharge with planned follow-up with Velindre Hospital**

- **0900 1000 1100 1200 1300 1400 1500 1600 1700 1800 1900 2000 2100 2200**
Mrs William’s sliding doors......

• July 2017 (4 weeks later)
• Referred via ‘chemo pager’ from Velindre
• Fever overnight – possible neutropenic sepsis due to recent chemotherapy
• Early consultant triage with relevant investigations
• Home with antibiotics for chest infection
• Patient episode approx 6 hours
Sliding Doors of Ambulatory care
Mrs Williams’s sliding doors....

Arrival to MAU

Consultant & nurse triage – relevant bloods and radiology requested (CXR)

Awaiting radiology and laboratory tests

Investigations reviewed. Discharge with antibiotic treatment and follow-up with Velindre Hospital
Society for Acute Medicine Benchmarking Audit

SAMBA17 Report

Against the Clock – Time for Patients

A National Audit of Acute Medical Care in the UK
SAMBA 2017 RGH MAU results

Consultant within 8/14 hrs
Direct Admissions Only

95%

Consultant within 8/14 hrs
Direct Admissions Only

61%

2016
SAMBA 2017 RGH MAU results

Med. Rev. within 4 hrs
Direct Admissions Only

2016

87%

86%
SAMBA 2017 RGH MAU results

EWS within 30 min
Direct Admissions Only

EWS within 30 min
Direct Admissions Only

2016
Performance against all 3 standards
Direct Admissions Only

% of direct admissions

2016
Think AEC First!

Developing Ambulatory Emergency Care in Wales

Principle and Practice:
Advice Paper for Welsh Health Boards and partners, December 2018
Mrs Williams’s sliding doors

- Simvastatin 20mg

- ‘I’ve always taken it’

- Recommended for patients who have a 10% or greater 10-year risk of CVD
Is it safe to stop?

Published in final edited form as:


**Safety and Benefit of Discontinuing Statin Therapy in the Setting of Advanced, Life-Limiting Illness:**

A Randomized Clinical Trial

Jean S. Kutner, MD, MSPH, Patrick J. Blatchford, PhD, Don H. Taylor, PhD, Christine S. Ritchie, MD, Janet H. Bull, MD, Diane L. Fairclough, DrPH, Laura C. Hanson, MD, Thomas W. LeBlanc, MD, Greg P. Samsa, PhD, Steven Wolf, MS, Noreen M. Aziz, MD, PhD, David C. Currow, BMed, Betty Ferrell, PhD, Nina Wagner-Johnston, MD, S. Yousuf Zafar, MD, James F. Cleary, MD, Sandesh Dev, MD, Patricia S. Goode, MD, Arif H. Kamal, MD, Cordt Kassner, PhD, Elizabeth A. Kvale, MD, Janelle G. McCallum, RN, MSN, Adeboye B. Ogunseitan, MD, Steven Z. Pantilat, MD, Russell K. Portenoy, MD, Maryjo Prince-Paul, PhD, Jeff A. Sloan, PhD, Keith M. Swetz, MD, Charles F. Von Gunten, MD, PhD, and Amy P. Abernethy, MD, PhD

Department of Medicine, University of Colorado School of Medicine, Aurora (Kutner); Department of Biostatistics and Informatics, Colorado School of Public Health, Denver (Blatchford, Fairclough); Sanford School of Public Policy, Duke University, Durham, North Carolina (Taylor); San Francisco Veterans Affairs Medical Center, Center for Research on Aging, Jewish Home of San Francisco, San Francisco, California (Ritchie); Division of Geriatrics, Department of
Safety and Benefit of Discontinuing Statin Therapy in the Setting of Advanced, Life-Limiting Illness:
A Randomized Clinical Trial

- Multi-centre, parallel-group, unblinded
- Estimated life expectancy between 1-12 months
- Statin therapy for >3 months, primary and secondary prevention, no recent cardiovascular disease

- Randomised to continuing statin or stop
- Follow-up for 12 months
Safety and Benefit of Discontinuing Statin Therapy in the Setting of Advanced, Life-Limiting Illness:
A Randomized Clinical Trial

• 381 patients enrolled; 189 discontinued statins
• Mean age 74.1 years
• Death rate between 2 groups was not significantly different at 60 days (23.8% vs 20.3%, CI, -3.5% to 10.5%, p=0.36)
• Total QOL (mean McGill score 7.11 vs 6.85; p=0.04)
CONCLUSIONS AND RELEVANCE—This pragmatic trial suggests that stopping statin medication therapy is safe and may be associated with benefits including improved QOL, use of fewer nonstatin medications, and a corresponding reduction in medication costs. Thoughtful patient-provider discussions regarding the uncertain benefit and potential decrement in QOL associated with statin continuation in this setting are warranted.
Scale of the problem

• August to October 2022

• 17 patients referred to palliative care team with end-of life condition were prescribed statins

• Established life-limiting disease >6 months

• 13-15% of total palliative care referrals to ABUHB
Cost of statins

• Range from atorvastatin 10mg £0.66 to £1.35 for atorvastatin 80mg per month (list price)

• BNF price £13 to £29.69

• Estimated cost of statins for palliative care patients in ABUHB is between £1,275 to £34,410
Other costs......

Total NHS Wales Carbon Emissions 2018/19

1,001,378 tCO$_2$e
NHS Wales Carbon Footprint by Category 2018/19

- Building Use: 62%
- Procurement: 15%
- Fleet & Business Travel: 21%
- Staff, Patient & Visitor Travel: 2%
Sliding Doors and De-escalation for Mrs Williams

• Relief that she no longer needs to take statins and reduce her medication burden

• Given the opportunity to discuss her future and her wishes - ‘I’ve always done what the doctors suggested’

• Open the discussion about advance care decisions

• She only wanted to attend MAU at RGH on a Mon, Wed and Thurs!
The brief given........

Same Day Emergency Care

&

Knowing when to stop!