

THE RAPID RESPONSE ASSESSMENT TEAM

HISTORY

The team was originally formed in December 1997 as a trust initiative to reduce the number of older people being admitted into acute hospital beds inappropriately. Initially it was only the Acute Medical Assessment Area (AMAA) who could access the team but the service has now expanded to the point that it covers Accident and Emergency (A&E), AMAA, Emergency Assessment Unit (EAU) and it also has access to 6 in-patient beds on ward 29.

WHO ARE WE?

We are a team of senior nurses and senior occupational therapists with extensive knowledge and experience in the assessment of the older person.

OUR PHILOSOPHY

Older patients are entitled to a specialist assessment of their needs prior to discharge which should be patient focused.

The best place for a client to rehabilitate and maintain their optimum level of function is in familiar surroundings within their own home or care setting.

THE AIM OF OUR SERVICE

- ❖ To prevent inappropriate admissions into hospital, ensuring the safe discharge of these patients thus ensuring an appropriate care pathway.
- ❖ To reduce re-admission/re-presentation of patients due to inadequate assessment and support.

WHAT WE DO

- ❖ Provide a holistic assessment of older patients that are medically stable in A&E, AMAA and EAU.
- ❖ Identify short and long-term needs for a successful discharge.
- ❖ Identify an appropriate pathway in and out of an acute setting.
- ❖ Liaise with both statutory and voluntary support services to assist in the establishment of suitable packages of care.
- ❖ Directly provide appropriate equipment or to organise the provision of adaptations.

- ❖ Provide support for the patients significant others when a hospital admission is required.
- ❖ Provide specialist advice to patients, carers and staff.

REFERRAL CRITERIA TO THE RAPID RESPONSE ASSESSMENT TEAM

WHO CAN REFER?

Anyone who is involved in the general assessment of the patient. The referral is made verbally and can take place at any point.

HOW DO YOU CONTACT US?

Each ward or department that we cover has access to our pager numbers and our duty rota. Any member of our multi-disciplinary team may perform the initial assessments.

PATIENTS SUITABLE FOR REFERRAL TO RAPID RESPONSE

- ❖ THE PATIENT MUST BE OVER 65YRS OF AGE.
- ❖ The patient MUST be medically stable.

They may need:

- ❖ Assessment of current functional and cognitive ability prior to discharge.
- ❖ Assessment of current support services and whether these will be sufficient and/or appropriate.
- ❖ Advice re: support services available in the community and how to access them.
- ❖ If admission required, to access support for significant others.

RAPID RESPONSE BEDS WARD 29.

Only a member of the rapid response team can admit a patient into a Rapid Response bed. The patient does not need to be seen by the RMO.

CRITERIA FOR USAGE OF RAPID RESPONSE BEDS.

- ❖ Anticipated discharge within 4 days.
- ❖ Observation and assessment prior to discharge.

- ❖ Short-term recovery from a traumatic event.
- ❖ Short-term wait for equipment or care package in the community.
- ❖ Short-term rehabilitation for mobility and transfers.

WHAT WE NEED FROM YOU ON REFERRAL.

- ❖ The understanding that although the patient maybe medically stable for discharge we may decide that this patient is not SAFE for discharge. We will at this stage try to prevent admission by putting support in place, however at times admission may still be required.
- ❖ Ensure that if a patient attends A&E with pain they receive adequate analgesia. Our assessments often require physical assessment; therefore, if a patient is in pain it will limit their functional ability.

OUT OF HOURS.

- ❖ We are happy to accept out of hour's referrals. To do this please photocopy the A&E card ensuring details such as address and telephone number are correct, if possible a next of kin number is very useful. The card should then be left on ward 1. The patient will be contacted by a member of the Rapid Response Assessment Team (RRAT) when next on duty.
- ❖ If in any doubt regarding the safety of the patient at home please ensure they are not discharged, it may at times be possible to lodge the patient overnight on ward 1 to be seen by RRAT when next on duty. As a general guideline for a safe discharge, the patient must be able to mobilise and transfer with or without an aid independently.