

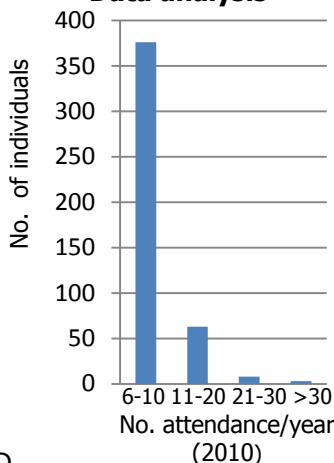
# A Service Design approach to Frequent Attendance in the Emergency Department

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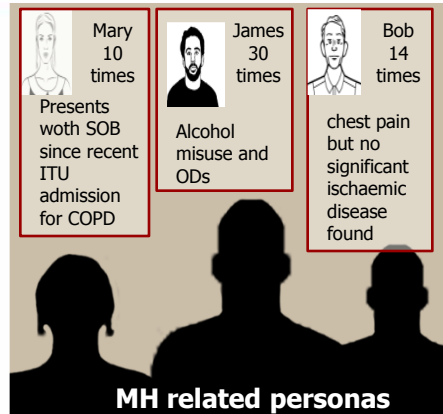
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## Data analysis



97% of our FAs are MFAs attending <20x per year.



Frequent attendance (FA) to the ED is costly and more appropriate services are needed. Stakeholders had different concepts of FAs' and their service needs, with the majority viewing ED attendance as inappropriate. This project aimed to better understand our FA population through design methods to avoid an incoherent "elastic user" service that would serve no one.

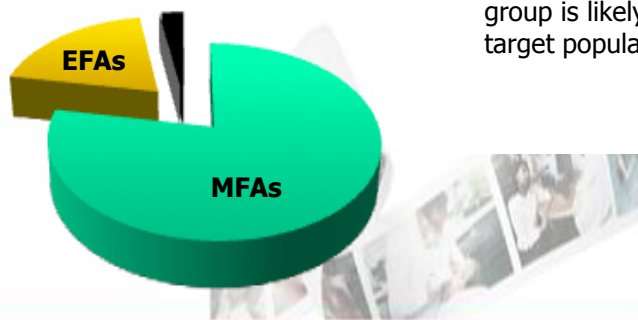
A multi-stage service design approach was used to:

- Analyse data from 2003 to 2010 to help de-construct this heterogeneous population
- Create personas combining research evidence, local data and clinical knowledge
- Test theory that the ED may be an entry point for moderate FAs (MFA's) (<20/year) presenting with MUS through case note audit
- Design a system to identify moderate FAs with MUS

## Case note audit

- 41/45 patients with MUS (91%) had invasive tests/procedures requested by multiple specialities.
- All patients with MUS were seeing >1 OP speciality, average was 5 specialist clinics.
- 32/45 had MUS and mental health symptoms (71%)
- Only 4% (2/45) had specific psychiatric input for MUS**

## MUS and Frequency of ED Attendance



Mary (LTC) and Bob (MUS) are MFA MH related personas who may benefit from Liaison Psychiatry Services.

## Conclusions

- FAs are a complex and heterogeneous patient group – a "one size fits all" pathway is not appropriate
- ED is a useful hub for identifying & signposting FA's with possible MH problems to liaison psychiatry services
- As majority of MUS are MFAs, service design focusing on this group is likely to encompass the target population.