High Intensity User and Frequent Attender Services

Authors

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Introduction

There are a number of patients who frequently and disproportionately attend emergency departments. They frequently have poor patient experience and may undergo unnecessary treatment and potentially harmful investigations. The Royal College has previously described optimal care in our guideline here Frequent_Attendance_in_the_Emergency_Department_v1.pdf (rcem.ac.uk)

Standards

1. A senior decision making clinician must have funded time to improve care for this patient group. This can be used for developing bespoke case management plans, liaising with relevant inpatient specialties and ensuring plans are kept up to date. This improves patient and staff experience, reduces unnecessary investigations and treatments.

2. Information about bespoke case management plans must be held securely to maintain patient confidentiality but also be easily accessible to treating clinicians. Electronic patient record (EPR) systems should highlight when a patient has a specific management plan.

3. Emergency departments should have systems that can identify high intensity users (HIU). These are likely to include a combination of information technology based reporting as well as less formal 'shop-floor' feedback.

4. Relevant information must be shared across the care team, including the patient's General Practitioner.

5. Patients whose frequent attendances are primarily related to mental ill health should have management plans developed in conjunction with liaison psychiatry teams.

Recommendations

1. Individual EDs should define what they consider to be a HIU reflecting local differences in patient demographics, commissioning, and wider service engagement. RCEM have previously cited 5 or more attendances in a year as reflecting HIU.

2. External organisations, such as charities, can provide useful additional services for high intensity services.

3. Staff should receive regular training in how to compassionately and professionally support high intensity users.

4. Larger organisations should consider developing specialist High Intensity User Clinics.

Background

The number of patients frequently attending EDs as a result of unmet health and care needs, or with underlying vulnerabilities is rising. An ED visit is not always beneficial for these patients and may increase heath care anxiety. Frequent attendance to the ED is often a reflection of a system wide deficiency of care for the most vulnerable members of society and this patient group has often been marginalised in the ED and other healthcare settings.

'Frequent attendance' to EDs is associated with frequent attendance of other health and social care facilities. This cohort tends to be of higher acuity, have greater rates of admission, and a greater burden of chronic disease, when compared to matched groups. Patients with multiple vulnerabilities (e.g. chronic mental health problems combined with social problems and alcohol/substance misuse) are more likely to have the highest intensity of ED use and may struggle to access other services. Mortality rates are markedly higher among patients with HIU relative to those with less frequent use, partially reflecting a higher risk of death due to violent means and suicide.

HIU services are crucial in supporting vulnerable patients with complex physical and mental health needs. By developing links with physical, psychological, social support, and the third sector, these services can also benefit patients who attend less frequently. Individual EDs should decide on a feasible HIU definition with sufficient flexibility to include patients who may benefit from MDT intervention even if they do not fulfil a generic definition. EDs should consider including patients who; attend very frequently over a short period of time, escalate their frequency of attendance, or who present complex clinical challenges (even if they do not attend very frequently).