

Bridging the Gap: Bringing Medicine Enhanced Care to UHCW NHS Trust

Introduction

Enhanced Care Units bridge the gap between wards and critical care services for the treatment of acutely unwell patients. UHCW NHS Trust has established Enhanced Care Units for surgical and trauma-neurosurgical specialties, but no provision for medical patients.

The problem

Prolonged stabilisation in A&E
Avoidable admissions to critical care

The goal

Patient care in the right place at the right time
Improve flow of acutely unwell patients out of A&E

The solution

Establish a Medical Enhanced Care Unit (MECU)

Methodology

Proof of concept

The project team undertook a site visit to Russell's Hall Hospital MECU, a well-established 8-bed unit fulfilling the Intensive Care National Audit and Research Centre's (ICNARC) quality indicators

Proof of need

The project team agreed on a draft of the admission criteria for the proposed MECU. These criteria then served as a reference for a **service evaluation project**: 6 weeks of screening acute medical admissions. The project team also analysed data for medical admissions to the critical care unit for Level 1-1½ care patients

Involving stakeholders

The project team closely involved stakeholders with regular updates, including presenting the case at a Trust strategy meeting and organising a forum for a Q&A session with senior leaders representing roles across the MDT. Stakeholders include the leads for critical care services, medicine group triumvirate, COO and CEO

Service evaluation results

The first step was demonstrating a clinical need for MECU. The 6 weeks of data collection identified:

- **106 patients** fulfilling admission criteria for MECU
- 92% of patients **breaching the A&E 4-hour target** on grounds of clinical instability
- 721 critical care bed days for MECU-appropriate patients admitted to critical care April 2023 to April 2024 (164 patients, average LoS 4.4 days); **a significant waste in staff and resources**

Stakeholder engagement following the reported results of the service evaluation project:

- Adopted as a Trust 'Priority for Development' by the CEO in Trust Strategy meeting
- Proposed site identified with good access to the existing Respiratory Support Unit
- Approved by Medicine, Emergency & Acute and Critical Care Groups and championed by a DCMO

Figure 1: Percentage of patients fulfilling MECU admission criteria, grouped by indication

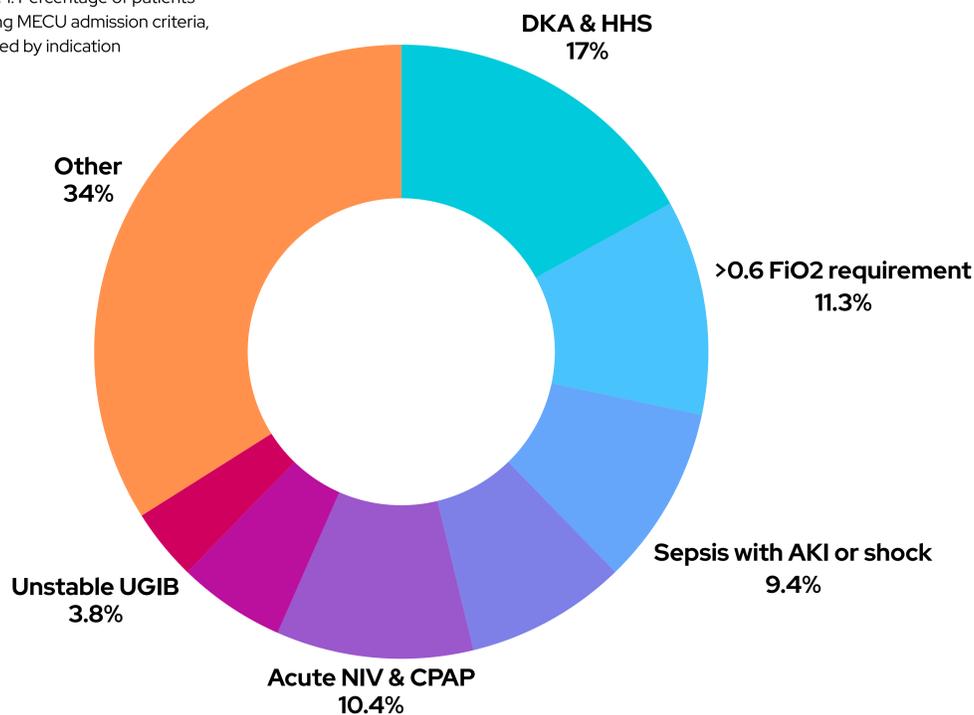
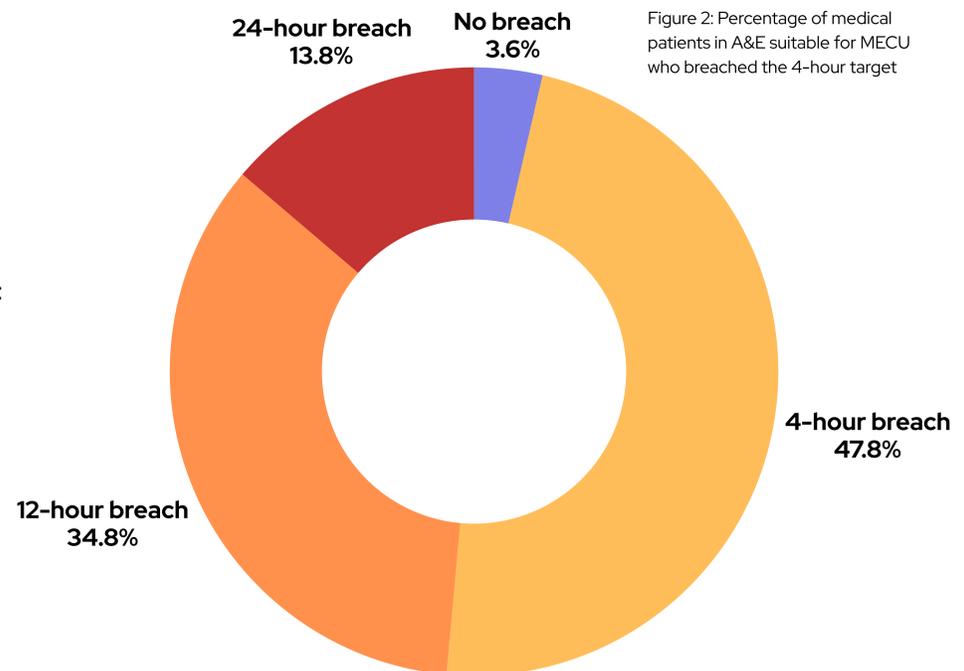


Figure 2: Percentage of medical patients in A&E suitable for MECU who breached the 4-hour target



Impact

For patients

GIRFT - Getting It Right First Time

- Care in the right location at the right time
- Improved patient outcomes [1]
- Treatment in a location with close links to critical care can prevent delays in escalation [2]
- Reduced variance in delivery of care of Level 1-1 ½ patients based on critical care availability [3]
- A source of additional support for patients not suitable for treatment in critical care

For colleagues across MDT

- Cohorting acutely unwell patients to allow centralisation of resources
- Training for doctors, nurses and AHPs
- Appropriate nursing ratio to deliver care for acutely unwell patients
- Reduced demand on critical care services
- Improved flow of patients out of A&E
- Continued demonstration of the benefits of medicine enhanced care units

References

- 1) Pittard A et al. ENHANCED CARE: Guidance on service development in the hospital setting [online]. The Faculty of Intensive Care Medicine; 2020 May. [Accessed 30/04/2025]. Available from: https://www.ficm.ac.uk/sites/ficm/files/documents/2021-10/enhanced_care_guidance_final_-_may_2020-.pdf
- 2) Smallwood N et al. Enhanced Care Units: Guidance on development and implementation within Acute Medicine [online]. The Society for Acute Medicine; 2022 November. [Accessed 30/04/2025]. Available from: https://www.acutemedicine.org.uk/wp-content/uploads/2022/11/Enhanced_Care_Guidance_Mar-24.pdf
- 3) Batchelor A. Adult Critical Care: GIRFT Programme National Specialty Report. Getting It Right First Time 2021 February; page 8. [Accessed 30/04/2025]. Available from: <https://gettingitrightfirsttime.co.uk/wp-content/uploads/2021/09/Adult-Critical-Care-Sep21m.pdf>

Moving forward

Barriers:

- The Trust is in a challenging financial situation - this will likely undermine efforts to develop the MECU service to its full potential
- Lack of robust clinical evidence for the benefit of MECU services - proposed benefits are mostly backed up by local data sources and expert opinion

Next steps:

- Work with COO to establish a projected timeline for implementation
- Explore alternative avenues of funding, including charity grants and equipment provider sponsorships. Explore cost: benefit analyses to secure additional Trust funding
- Develop a service workforce model for the proposed MECU, highlighting adequate nursing ratio as a priority based on site visit recommendations
- Publish a 'Patient Pathway', including admission protocols, expected input from specialties and standards for collaborative working with critical care