



THE ADELAIDE & MEATH  
HOSPITAL, DUBLIN  
INCORPORATING  
THE NATIONAL CHILDREN'S HOSPITAL

**A.M.N.C.H**  
**Social Work & Occupational Therapy, (S.W.O.T)**  
**In the**  
**Emergency Department**

Carol Rafferty, Senior Occupational  
Therapist, BSc.(Hons).

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## **Driving force behind the idea of S.W.O.T**

- Occupational Therapy and Social work. No Physiotherapy.
- Previous O.T UK based experience of M.D.T/A.H.P single assessment in E.D
- Late referrals (Core working hours 8.30-4.30)
- Limited time frame to assess & assist in facilitating discharges with late ref's
- Medical decisions to D/ch made prior to ref. for assessment...
- AHP's working in isolation
- Duplication of information gathering
- Duplication of note writing
- Duplication of referrals to community services.....



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## Key stake holders:

- Occupational Therapy
- Social work
- E.D Consultants
- Nursing staff
- I.T
- (No Physiotherapy)



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## Initiation Process

- Approval from E.D consultants.
- Agreement on joint assessment tool between O.T and M.S.W
- Collaborative agreement on separate nurse screening tool for use in triage
- Protocol on how to access the service.
- Guideline on service provision
- Upload of “Triage risk screening tool”(St. Joseph’sHealthcare, Hamilton,Jennings, AGS 2007) to “Symphony”
- Going live



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## TRST: Mandatory field for completion in triage of persons over 65's

- Hx. of Cog. Impairment (Poor recall or not orientated)
  - Difficulty walking/transferring or recent falls
  - Five or more medications
  - ED use in previous 30 days or hospitalisation in 90 days
  - Lives alone and or no available caregiver
  - ED staff concerned re social or functional status
  - Added by AMNCH ...Potential elder abuse or neglect from a NH.
- 
- If 3 or more positive answers triage nurse to bleep O.T or Social worker



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## Benefits to the patient

- Rapid initial assessment (often seen in the waiting room)
- Pt. social, physical & cognitive needs identified at point of access for potential same day discharge facilitation
- If admitted from the ED, discharge planning has already commenced for ward staff/ ward AHP's
- Potential discharge delay issues identified at point of entry.



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## Benefits to the Hospital

- Immediate/rapid access to AHP assessment
- Early identification of patient's D/ch needs helps ward staff prioritise in-house referrals if admitted
- On site provision of equipment and referral to community services increases potential for same day D/ch from the E.D
- Front loaded information at point of entry for M.D.T assessment & discharge planning, aids medical decision making process.



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## Going Forward

- Need for Physiotherapy input
- Need for more dedicated hours from AHP in ED as no cover for leave periods
- Audit
- Proof of cost savings