The Physician Response Unit (PRU) A Service Evaluation

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The Physician Response Unit (PRU) is a novel service which was setup in 2014. Staffed by an Emergency Medicine Consultant and an Advanced Paramedic Practitioner, the PRU works as a mobile Emergency Department (ED) on the road: delivering advanced care and clinical expertise to patients at home in the community. By taking the ED to the patient, it is hoped that the PRU may help to reduce ED admissions.

We wished to perform a service evaluation of the PRU to assess it's impact on ED admissions; understand it's clinical workload; and to assess its pre-hospital response times.

Method

We performed a service evaluation of the PRU between 8th January 2018 – 9th February 2018. Data was collected from 3 sources including PRU paper documentation, Welsh Ambulance Service Patient Clinical Records (PCR's) and the EMS Gateway online portal. Information was retrieved using an anonymised patient incident number.

Results

- 65 patients were seen by the PRU. 63 were adults and 2 were children. Mean age was 65 (median 72, mode 70, and range 3-95).
- Over four-fifths of patients avoided an ED admission (83%). 75% of these patients were able to remain at home after being seen by the PRU.
- Falls were the most common presentation (37%), followed by RTC's (11%).
- The most frequently seen triage categories were Amber2 (48%), Amber1 (20%) and Green2 (12%). Only 5 Red calls were attended (8%).
- In most instances (41/65), no active intervention was provided by the PRU.
- The mean response time from call allocation to arrival at scene was 11 minutes and 50 seconds. The mean treatment time was 41 minutes and 22 seconds.

Discussion

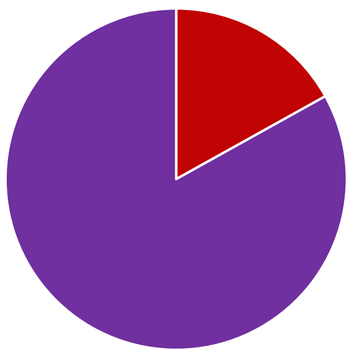
The PRU demonstrated a low rate of ED admission, with many patients being able to stay at home. Interestingly, in most cases no active intervention was provided by the PRU, suggesting that a physician presence offers non-technical skills to achieve this.

Most patients were elderly and presented due to falls. These patients often have multiple co-morbidities (1) and may benefit from complex clinical decision making which a physician can offer. Moreover, this demographic are often a low priority at pre-hospital triage (2) and therefore could benefit from the PRU service.

On average, patients allocated to the PRU were seen and treated within an hour, which falls well within the 4-hour ED target (3), had these patients been brought to the ED.

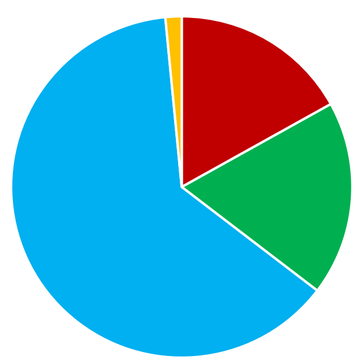
Further study of the PRU against a controlled standard with measures of patient outcomes and cost-effectiveness will be needed to inform future service provision and to help realise its true potential.

Pie chart showing the proportion of PRU patients admitted to the ED



Key: Admitted to ED, Not admitted to ED

Pie chart showing the end disposition of PRU patients



Key: ED, Hospital Specialty, Discharged at scene, Dead

References and Acknowledgements

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We would like to thank the following people for their contribution to this service evaluation. Kevin Webb – Head of Clinical Audit and Effectiveness, Welsh Ambulance Services NHS Trust; Peter Green – Health Board Clinical Lead, Welsh Ambulance Services NHS Trust; Nicola Hughes – Clinical Audit Supervisor, Welsh Ambulance Services NHS Trust; Craig Garner – Information Governance Manager, Welsh Ambulance Services Trust; and Professor Timothy Rainer – Professor in Emergency Medicine, University Hospital of Wales, Cardiff, Wales, United Kingdom