

Rapid Medical Pathway

Call the ACT HOT phone on 07773256619
Mon-Sun 0800 – 2200hrs

What is ACT? ACT is a short term health and care crisis intervention team offering two main branches of interventions. A Comprehensive Geriatric Assessment centred MDT response (Rapid Other) and this clinically orientated Rapid Medical response.

Who can refer? Accessing the ACT Rapid Medical Pathway can only be by a Registered Healthcare Professional.

Trusted Referrers <i>(Referrers not on list may be required to provide additional information)</i>	
Secondary Care Based	Primary Care/Community Based
PoWH Care of the Elderly Teams PoWH Cardiology, Respiratory & Acute Medical Teams	GPs (from within the Bridgend locality) WAST Paramedics & APPs (see Rapid WAST Pathway) Heart Failure Specialist Nurses

Who holds clinical responsibility when ACT is involved? ACT will assume full clinical responsibility for patients in our service under Dr A. David, Dr G. McMillan, Dr P. Barua & Dr S. Rao (Consultant Physicians for ACT) until they formally discharge the patient's care back to the GP. In some cases (such as complex deep-seated infections) it is usually appropriate if the patient is fit enough to attend clinic that the referring Consultant regularly reviews the ongoing need for antibiotics via Outpatient clinics and liaises with the HOT phone holder – even so, ACT will continue to take responsibility for day to day clinical review, monitoring bloods etc. and will escalate care and review appropriately if there is failure of a therapy. GPs can expect a full discharge summary for all patients cared for by ACT.

What do I do to refer? Call the HOT phone to discuss the patient with the Advanced Practitioner. Be prepared to complete a pathway or send supporting information (depends on what intervention you are asking for) as requested by the Practitioner.

ACT Services (Phase 3 model) – What we can do:

- **Clinical workup /review and interventions** by Advanced Practitioners and Consultants in the patient's home (*when home based care is the most appropriate option for the person*).
 - Management and support of frail patients with acute illness or acute exacerbations of chronic diseases requiring special therapies or monitoring (see below).
 - Work up and review of frail patients with complex presentations.
- **Medical review after discharge.** To expedite discharge for stable patients waiting further review or tests. This can include vital sign monitoring, checking bloods, reinstating a medication that might require an associated clinical assessment etc., prior to full discharge to GP care.
- **Home IV antibiotic service.** Max BD administrations.
- **Home IV therapies** (Such as Furosemide or bisphosphonates). Max BD administrations.
- **Home IV & subcutaneous fluid infusions** – (Expect to be asked for involvement in planning ceilings of treatment, DNAR, plan in event of treatment failure etc).
- **Home Urgent INR intervention service** – Correction of INRs at home – oral Vit K and follow up monitoring (so long as the patient is otherwise stable). LMWH cover service.

Exclusion Criteria

- Acute chest pain
- Acute shortness of breath
- Suspected fractures (i.e. requiring diagnosis)
- Major haemorrhage
- New stroke/FAST positive (requiring diagnosis/assessment)
- Patients aged 17 or younger

The ACT reserve the right to not accept a patient if clinically we feel we cannot safely manage them at home. We will always advise the referrer to on when to re-refer and give advice to facilitate support for the patient.

Rapid Medical Pathway – how care is managed

