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Establishing an acute rheumatology liaison service in same-day emergency care

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Introduction

Delivery of acute rheumatology care is an evolving need, especially given significant waiting times for patients referred from primary care, exacerbated post-pandemic[1] with subsequent increases in numbers of patients who would otherwise require admission. Rheumatology liaison in same-day emergency care (SDEC) is an effective way to assess urgent primary care and emergency department referrals, including suspected temporal arteritis, as well as providing timely review for acutely flaring clinic patients in a dynamic and flexible manner. Expedient review of patients can consequently decrease hospital admissions. We assessed the utilisation of SDEC by rheumatology in a busy teaching hospital in central London.

Methods

We collated patients seen in SDEC over 12 months (August 2021 – August 2022); 271 patients were included in our audit. Data were analysed by demographics, referral source, presenting complaint, time to review in working days and admission avoidance.

Results

Patients were divided into two groups: 'acute' [n = 129] referred by primary or emergency care requiring urgent rheumatology assessment, and 'hot clinic' [n = 141] comprising pre-existing rheumatology patients needing clinical review or referrals that would usually be given an urgent new patient appointment.

Mean waiting time was 1.38 days for acute patients and 4.06 days for hot clinic patients.

Of the acute group, 95 (74%) were seen within 24 hours and 113 (87.6%) within 72 hours. Within suspected temporal arteritis referrals in this category [n = 64], 57 (89%) were seen within 24 hours and 61 (96.8%) were seen within 72 hours as per British Society for Rheumatology guidance.[2]

In the 'hot clinic' group, 43 (30.5%) were seen within 24 hours, 76 (53.9%) within 72 hours and 119 (84%) within 7 days. In total, 138 (97.8%) were seen within 2 weeks of referral. This compares favourably to new clinic appointments (urgent 3–8 weeks, routine 46 weeks) and follow-up (minimum 6–8 weeks).

All patients seen in SDEC had investigations initiated on the same day as review, with suspected temporal arteritis receiving a diagnostic ultrasound within 24 hours in >90% of cases.

We analysed patients likely to require hospital admission without urgent rheumatology review within 48 hours, including severe flare of connective tissue disease / lupus, acute infection, significant presentation or flare of inflammatory arthritis causing severe disruption to mobility or precipitating frailty crisis. In total, 16 patients (12.4%) met these criteria in the acute group, and 23 (16.3%) in the hot clinic group; 39 admissions were avoided in this period. Given an average length of stay of 4.6 days for acute admissions, a potential 160 bed days were saved.

Conclusion

We have demonstrated how the utilisation of same-day emergency care to facilitate rapid access to acute rheumatology can be highly effective for timely review of patients and treatment initiation, as well as admission avoidance. It is a flexible service that provides access to rapid investigation and multi-specialty input. Patient waiting times were much improved when compared with standard appointments, with excellent feedback on timeliness and quality of the service. This is an effective method of acute rheumatology liaison at the front door, which is a model of care we believe holds promise for the future. ■

References

1 Rheumatology: GIRFT programme national specialty report, 2021. www.gettingitrightfirsttime.co.uk/girft-reports [Accessed 31 January 2023].
2 Mackie *et al*. British Society for Rheumatology guideline on diagnosis and treatment of giant cell arteritis. *Rheumatology* 2020;59:e1–23.

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