

Reducing emergency admissions for primary constipation: a pilot study to cut costs in an acute hospital trust

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Introduction Constipation is a common condition that impacts quality of life, often causing psychological distress and incurring considerable healthcare costs in terms of unnecessary emergency admissions due to poor management. Aintree University Hospital offers one of the only Specialist Physiotherapy led healthy bowel clinics (HBC) in the UK that assess, treat and manage patients presenting with functional bowel problems, including constipation.

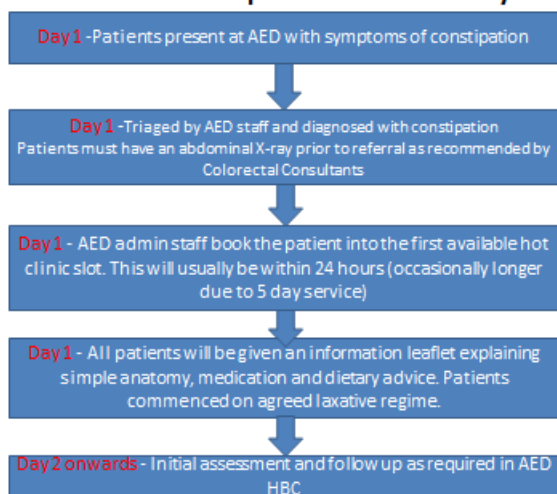
Managing complexity - Service Evaluation and Improvement



From December 2013 to November 2014, Hospital Episode Statistics (HES) data showed that 301 patients were admitted to Aintree University Hospital with a primary diagnosis of constipation, 216 of these through the Accident and Emergency Department (AED), with an average length of stay of 3.3 days. The HBC Physiotherapists recognised that there should be a more cost-effective, efficient way to manage these patients and proposed a new pathway. The pathway allows patients to manage their symptoms in their own home with support from specialist Physiotherapists, enhancing patient dignity.

Methods: To prevent unnecessary admission, a successful bid provided £16,000 to fund a 12-month pilot study to develop a new pathway, including an emergency constipation clinic linked to the main HBC. Patients are assessed by clinicians in AED and given a primary diagnosis of constipation. They are then given written advice and started on a Consultant approved laxative regime. AED administrative staff book an appointment directly into the emergency constipation clinic

AED Constipation Pathway



Results: Over the pilot study period, more than 70 patients were seen through the new pathway, which saved 231 bed days. At an average local cost per bed day of £400, this equates to a total annual saving of £92,400. Information was collated for gender and age distribution (Fig 1). Following management on the pathway patients were either discharged, referred for on-going support in HBC or for further investigation of red flag symptoms and the incidence recorded (Fig. 2).

Fig. 1

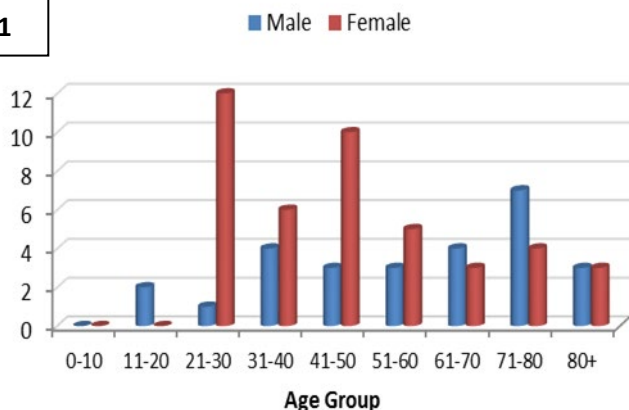
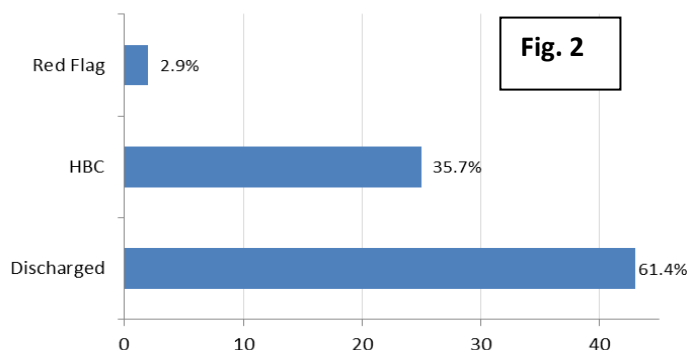


Fig. 2



Conclusion: A new emergency pathway linked to an already established outpatient clinic prevented admission of patients presenting with primary constipation. As far as we are aware this type of care pathway is not available in any other NHS Trust. We have presented this pathway at various conferences and study days throughout 2018 but not to a widespread physiotherapy audience. This has led to discussion with Clinicians including some Specialist Physiotherapists from other acute trusts, who have since accessed HES data for their own trust and are interested in setting up similar pathways.

Implications: This pathway has already proven cost effective at Aintree University Hospital. Should this pathway become embedded nationally, we believe there will be an exponential increase in the financial and operational benefits and the number of bed days saved, with a significant impact on the NHS as a whole.

