Aim:
To observe patterns of behaviour in patients with recurrent attendances to the Emergency Department and investigate whether an inter-disciplinary initiative can reduce harm to the patient and frequency of future attendances.

Method:
Attendance rates of individuals presenting to the Emergency Department of a busy teaching hospital between June 2014 and July 2015 were reviewed.

Thirteen patients with over 7 attendances in the previous 3 months were identified. Their notes were then reviewed and the cases discussed by clinicians representing psychiatry, acute medicine and emergency medicine. Following this discussion, agreed interventions were then undertaken and a plan uploaded to their online clinical notes. Attendances were reviewed for the 6 months before and after discussion.

Interventions Undertaken in the Cohort

Results:
Agreed interventions ranged from senior reviews before computerised tomography requests, to escalating concerns regarding increasing attendances to the patient’s community psychiatric team.

The cohort represented 254 hospital admissions in the 6 months prior to intervention. This decreased by 52% to 122 admissions in the 6 months following discussion. Median length of stay was <1 day. The total number of days spent in hospital decreased from 445 to 259 days (42%) in this period. The most frequent reason for attendance was psychiatric in origin. Patients diagnosed with no abnormality or leaving against medical advice were prevalent, however each more than halved over the study period.

Conclusion:
The cohort studied represents a complex group of patients with multifactorial reasons for hospital attendance. This small study highlights recognisable patterns in patient attendance and suggests that inter-disciplinary discussion is of benefit, warranting further investigation.