

## Section Heading Required

# ADMISSION AVOIDANCE THROUGH DIAGNOSTIC DEVICES



Sue Younghusband  
Tel: 01480 862100  
Fax: 01480 862101

[sue.younghusband@axis-shielduk.com](mailto:sue.younghusband@axis-shielduk.com)

## Sue Younghusband, Axis-Shield UK

Extending the provision of diagnostic tests to British adults at their local surgery is set to be a hot topic in 2008. Particularly in light of Gordon Brown's early January statement on reforming the NHS and making a series of routine – and potentially life-saving – health checks available to the population via their local PCT.

But while tracking the nation's health and catching life-threatening illnesses early will almost certainly have long term benefits for an already overstretched NHS, diagnostic devices also have a very important role to play in looking after people who are already ill – and whose condition is being monitored by healthcare staff out and about in the community.

Throughout the UK there are a large number of people suffering from complex, long term healthcare problems. While many of these patients are being treated at home effectively by community-based staff, a large number – for one reason or another – remain at high risk of emergency hospital admission.



The portable, hand-held i-STAT instrument

This is particularly true for diseases like Chronic Obstructive Pulmonary Disease (COPD) – one of the most common respiratory conditions of adults in the developed world and the fifth biggest killer in the UK.

Encompassing both chronic bronchitis and emphysema, COPD affects approximately 1.5 per cent of the population<sup>1</sup>. Sufferers typically – and frequently – become short of breath, which can cause them to panic about their condition. Despite being in regular contact with a GP or a community matron, who is there to provide reassurance, this can understandably cause patients to dial 999 or head straight to their local accident & emergency unit for treatment.

Each time a COPD patient is admitted to hospital as an emergency case, the associated financial impact is £2360<sup>2</sup>. And in 2003/4 the total cost of COPD emergency admissions reached £253 million<sup>3</sup>. This makes COPD a very costly illness for the NHS and one that needs to be managed more effectively by PCTs – especially with hospital admissions on the up.

Statistics show that those people most at risk of returning to hospital have commonly already had a recent stay as an in-patient. In fact, the number of people readmitted to hospital after discharge has increased by nearly a quarter in the last decade<sup>4</sup>.

So how could extending the availability of diagnostic procedures at GP surgeries, and more importantly in a patient's home, help a PCT get emergency admissions under control for diseases like COPD?

Well, testing equipment – like those pieces of kit supplied by Axis-Shield UK – mean effective, real time monitoring and laboratory-standard testing of debilitating illnesses like COPD can now take place in the community for the very first time.

Axis-Shield UK has a range of testing devices available that can help PCTs. These include the Abbott i-STAT instrument – a revolutionary, handheld analyser that provides reliable, lab-accurate test results in minutes. Using advanced biosensor technology and as little as two drops of blood plus a test cartridge, i-STAT can deliver accurate testing for blood gases, electrolytes, chemistries, coagulation, haematology, glucose and cardiac markers.

Easy to use and capable of giving fast results, i-STAT means nursing staff can make informed decisions about the status of their patients while they are with them. For those doctors, nurses and matrons treating COPD sufferers in the comfort of their own home, diagnostic devices like i-STAT mean a patient's status can be monitored without sending them into hospital for standard and sometimes lengthy tests. This has a number of benefits, the most immediate of which is that nursing personnel can clearly tell if hospital admission for further assessment and treatment is truly necessary. This can mean that a patient doesn't have to travel to their local hospital and that they can be stabilised at home without delay or further stress, which also has financial benefits for the PCT.

There are also other advantages. Testing the status of a COPD patient and getting details of their blood gases back in minutes means staff can calculate and administer the required medication in line with the patient's needs at that particular moment in time resulting in improved patient care / patient management.

Commenting, Linda Pitchfork, senior product specialist at Axis Shield UK said: "Admission avoidance is an ongoing, high level priority for PCTs the length and breadth of the country. And with diagnosis and patient management continuing to move closer to the patient, it's important that key PCT audiences understand the

## Section Heading Required



Close-up of an i-STAT cartridge - the heart of the i-STAT system

diagnostic devices that are available to their staff and the financial and clinical benefits they can offer."

Continuing she said: "For the vast majority of PCTs reducing emergency admissions is not just about reducing costs. It's also about providing better

patient care, reducing anxiety for people with chronic conditions and making the lives of sufferers – and those around them – more manageable. With that in mind, I am pleased to say that we are experiencing rapid take up of a whole host of our point-of-care testing devices up and down the country, which is encouraging. They are increasingly being recognised as an essential component of effective primary care, which can really revolutionise the way patients are treated in the community."

i-STAT devices have the capacity to store up to 5,000 patient records. Used for more than ten years in UK hospitals, they have added value as a core bedside technology across surgical, emergency, critical care and laboratory departments. ■

**For more information about Axis-Shield UK go to: [www.axis-shielduk.com](http://www.axis-shielduk.com)**

**Alternatively feel free to contact:  
Sue Youngusband Email: [sue.youngusband@axis-shielduk.com](mailto:sue.youngusband@axis-shielduk.com) Phone: 01480 862100 Fax: 01480 862101**

## REFERENCES

1. Reference for percentage of population affected by COPD: according to data from the Quality Framework system in Primary Care  
<http://www.primarycaredtoday.co.uk/?pid=4216&lsid=4328&edname=25271.htm&ped=25271>
2. Reference for National Tariff: COPD emergency admission = £2360  
[http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Financeandplanning/NHSFinancialReforms/DH\\_077279](http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Financeandplanning/NHSFinancialReforms/DH_077279)
3. Reference for 2003/4 costs: Total cost of COPD Emergency admissions = £253 million  
[http://www.dh.gov.uk/en/Publicationandstatistics/Pressreleases/DH\\_4131823](http://www.dh.gov.uk/en/Publicationandstatistics/Pressreleases/DH_4131823)
4. Reference for readmission rates: Based on NHS figures  
<http://news.bbc.co.uk/1/hi/health/6723767.stm>