The Innovation of an Online Patient Pathway for those requiring Extracorporeal Membrane Oxygenation (ECMO) for Severe Acute Respiratory Failure (SARF)

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Introduction

ECMO for SARF is currently centrally funded in 5 centres within England (Sherren, Shepherd et al. 2015). This means patients, and their families, referred for ECMO travel across large distances to receive this specialist treatment. Therefore this requires a high level of coordination to refer and transfer a patient in a timely and efficient way. The current referral system is paper which requires a significant amount of administrative time and also may cause patient information to be lost.

Aims

The ‘Hospital to Home’ ECMO patient pathway innovation aims to address an identified gap in service provision. The pathway was built out of the success of the children’s national Long Term Ventilation pathway; which has been adapted for the ECMO population as they are of a similar small and complex cohort of patients. It follows the patient through their whole journey from referral for ECMO, repatriation and subsequent rehabilitation until discharge home, crossing organisational boundaries. This will join up the communication processes, allow the sharing of information on a single platform and avoid the duplication of information between professionals. It is designed to use a multidisciplinary approach and enables the capture of patient level data that can be used for service improvement, audit and resource management. It has been designed to be agile which allows detailed levels of viewing permission and interactions with the pathway.

Method

Implementation of the pathway has been through a staged process, focusing initially on referrals and then repatriation and follow up.

Outcomes

The foreseeable outcomes of the pathway include timely and efficient transfer of information that should enable prompt decision making, ensuring that patients receive the most appropriate treatment quickly. This has the potential to reduce each patient’s hospital stay and therefore reduce cost. The plan to assess these outcomes will be to use analysis of length of stay, number of patients requiring ECMO, staff and patient satisfaction, and audits.

References