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**Literature search results**

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<td>Search completed by:</td>
<td>Lesley Firth</td>
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**Search details**

In-reaching into A&E to prevent MEAU admissions for respiratory disorders/COPD.

**Resources searched**

NICE Evidence; TRIP Database; Cochrane Library; AMED; CINAHL; EMBASE; MEDLINE; Google Scholar;

**Database search terms:**

(“accident and emergency” OR “A and E” OR emergency), (“in reach**” OR inreach*), (respiratory OR pulmonary OR “chronic obstructive pulmonary disorder*” OR COPD)

**Evidence / Google Scholar search string(s):**

(“in reach” OR inreach) (respiratory OR pulmonary OR COPD) emergency

**Guidelines and Policy**

Nothing found

**Evidence Reviews**

Nothing found
### Published Research – Databases

#### In-reach nursing services improve older patient outcomes and access to emergency care.
**Author(s)** Street, Maryann, Considine, Julie, Livingston, Patricia, Ottmann, Goetz, Kent, Bridie
**Citation:** Australasian journal on ageing, Jun 2015, vol. 34, no. 2, p. 115-120 (June 2015)
**Publication Date:** June 2015
**Abstract:** To identify the impact of in-reach services providing specialist nursing care on outcomes for older people presenting to the emergency department from residential aged care. Retrospective cohort study compared clinical outcomes of 2278 presentations from 2009 with 2051 presentations from 2011 before and after the implementation of in-reach services. Median emergency department length of stay decreased by 24 minutes (7.0 vs 6.6 hours, P < 0.001) and admission rates decreased by 23% (68 vs 45%, P < 0.001). The proportion of people with repeat emergency department visits within six months decreased by 12% (27 vs 15%). The proportion of admitted patients who were discharged with an end of life palliative care plan increased by 13% (8 vs 21%, P = 0.007). There was a significant reduction in the median length of stay, fewer hospital admissions and fewer repeat visits for people from residential aged care following implementation of in-reach services. © 2014 ACOTA.
**Source:** Medline

#### Developing a specialist-nurse-led 'COPD in-reach service'.
**Author(s)** Cope, Kathryn, Fowler, Laura, Pogson, Zara
**Citation:** British journal of nursing (Mark Allen Publishing), Apr 2015, vol. 24, no. 8, p. 441-445, 0966-0461 (2015 Apr 23-May 13)
**Publication Date:** April 2015
**Abstract:** To develop and implement a respiratory clinical-nurse-specialist-led chronic obstructive pulmonary disease (COPD) 'in-reach service' for an emergency admission unit within a large acute county hospital. Data collected during the service development were compared with existing data when no COPD in-reach service was available. Data were compared on average length of stay, readmission rates, 'early assisted discharge' and patient experience. The COPD in-reach service reduced average length of stay for COPD patients by 2.53 days and readmission rates were reduced by an average of 4.5 per month; 17% of patients were discharged on an early assisted discharge scheme, and overall patients felt more prepared and ready for discharge. The COPD in-reach service has been proven to be of great benefit both financially and in terms of patient experience.
**Source:** Medline
Available in fulltext from British Journal of Nursing at EBSCOhost

#### Allied health in-reach in the emergency department: does it reduce length of stay?
**Author(s)** Rajapakse, S
**Citation:** International journal of clinical practice, Aug 2013, vol. 67, no. 8, p. 705-706 (August 2013)
**Publication Date:** August 2013
**Source:** Medline
Available in fulltext from International Journal of Clinical Practice at EBSCOhost

#### Google Scholar
Nothing additional found.