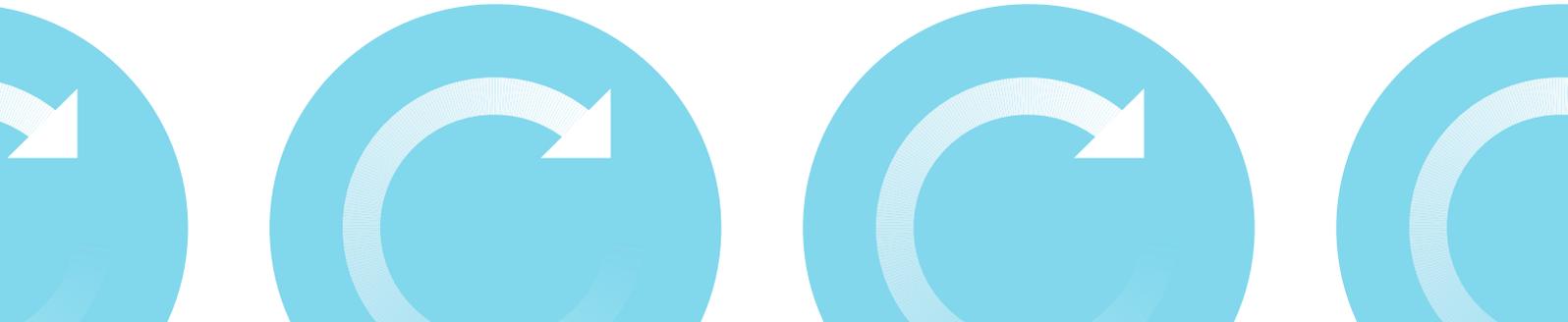




Ambulatory Emergency Care

The Logical Way to Go



Ambulatory Emergency Care – The Logical Way to Go

The Queens Medical Centre (QMC) is part of the Nottingham University Hospitals NHS Trust, one of the largest acute Trusts in England serving a population of 2.5 million from Nottingham and its surrounding areas.

Pressure on beds

In 2010, the QMC's two main admission wards were running over capacity at busy times and staff were working hard to maintain high standards of care and patient experience. Growing pressure on beds meant that the Acute Medical Team was actively seeking alternative ways of caring for emergency patients. Head of Services for Acute Medicine, Jack Hawkins explains:

“There was a lot of external discussion about ambulatory emergency care (AEC), from the Department of Health and the Ambulatory Emergency Care Delivery Network. We already had a length of stay to discharge of 15 hours for 50% of our patients on our admission ward and with a well developed Acute Medical Unit; ambulatory emergency care seemed the next logical step in our improvement project. Both the timing and the political will were just right.”

Start of the ambulatory emergency care journey

The QMC became part of the first cohort of Trusts to join the AEC Delivery Network in September 2011. The aim of the network is to provide support and networking opportunities for organisations wishing to implement an ambulatory approach to emergency care. “We didn’t understand how ambulatory emergency care would work for us or what it would deliver but we knew that the present situation was unsustainable,” says Jack. “With looming winter bed pressures threatening to exacerbate an already challenging situation, we began our ambulatory emergency care journey in 2011 with the support of the Delivery Network. Our Director of Operations suggested we joined the Network, and we did. We expected to meet different teams, understand alternative models and have technical and moral support. We got all of these, and have walked the journey together with the Network. To this day, we are being helped, and challenged to consider new ideas by being involved. Two years on, ambulatory care has become our normal approach to treating emergency patients.”

The Trust began by trialling the streaming of GP emergency admissions into an ambulatory area at the end of the short-stay ward. The unit, which was adjacent to the Medical Assessment Unit, opened Monday to Friday from 9am to 10pm. It was staffed by a consultant, two junior doctors and nursing staff.



Incontrovertible proof

The ambulatory emergency care pilot was supported by the Trust's 'Better for You' team, which drives improvement within the hospital. "Better for You allows us to trial ideas and collect the evidence," explains Jack. "It enabled us to measure the impact of ambulatory emergency care on staff and patient experience, governance and risk. This was ideal as it gave us the incontrovertible proof that the ambulatory approach worked and we could then take this to the Board."



Every patient considered for ambulatory care

Rather than adopt a pathway approach, Jack and his team decided that a process approach would work best for them. This meant that all GP emergency admissions would be considered as having ambulatory care potential unless there was clear evidence to the contrary. "Every patient admitted to the unit from their GP was seen by a consultant Acute Physician and one of the nurses and we used our clinical judgement to assess their suitability for ambulatory care. Each time we asked ourselves "is there a better way that we could deliver your care other than to admit you to a hospital bed?" Often the answer was "yes". We didn't dispense with our pathways, we still have them. But, all patients were observed and assessed within the first few minutes of coming onto the unit. If they were quite clearly sick, they were admitted but otherwise we treated them, stabilised them and sent them home."

Deborah Thompson, Programme Director for the Ambulatory Emergency Care Delivery Network comments:

"The philosophy that has been adopted at Queens changes the mindset of all involved and ensures that the implementation of ambulatory care is high impact. Strong clinical leadership was pivotal to this system transformation. The team's achievements are highly commendable and have the potential to be widely replicated across health care services, nationally and internationally. "



Calming the flow of emergency patients

The pilot programme proved a huge success. “We looked at capacity and bed breaches,” says Jack. “There were no bed breaches even though the pilot took place at a very busy time. We were sending home between five and seven people per day who would, otherwise, have been admitted to a hospital bed. We were reassured by the staff and patient experience questionnaires, which gave us very positive feedback. By simplifying and calming the emergency flow of patients into the hospital, we brought the situation under control. I found myself wondering why I wasn’t busier but it was just because the patients were being managed differently.”

A better patient experience

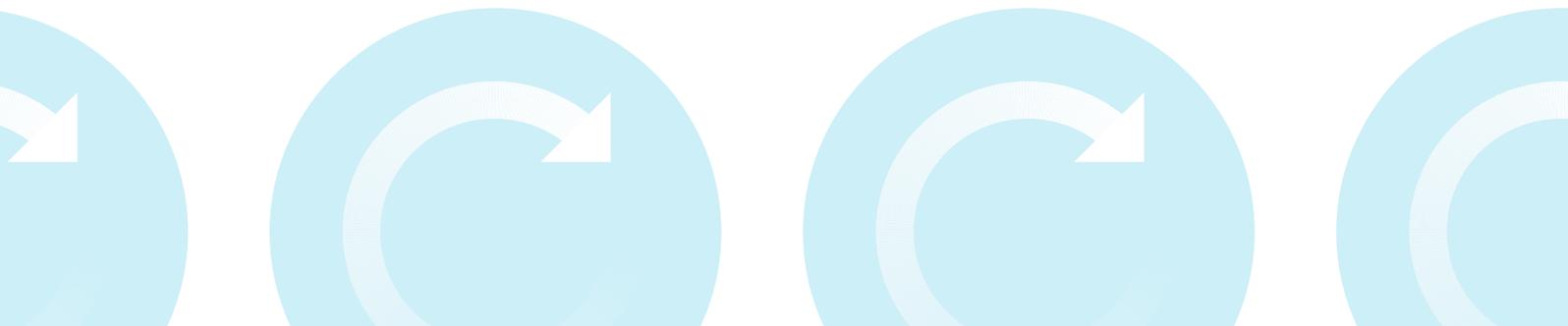
Not only are staff less stretched, but ambulatory emergency care is also significantly improving the experience for patients. Advanced Nurse Practitioner, Kate Knowles points out:

“Before we opened the ambulatory care unit, patients who were less sick (the potential ambulatory patients) were always getting put to the bottom of the pile as we prioritised sicker patients. The admissions areas had become more and more frenetic as the flow of patients onto speciality or general wards slowed down due to increased demand. There was no dedicated area to cater for today’s take. I always felt awful for these less sick patients because they were left waiting around and, often, they became short-stay admissions because we just weren’t able to get to them fast enough.

“The fact that we now have a dedicated area for ambulatory care means that we can focus on getting the less sick patients diagnosed, stabilised and treated. Patients feel reassured that they can see a consultant quickly, receive treatment and go home. Because they are not taking up beds unnecessarily, the people who do need them can get to them faster.”

Deputy sister, Charlie Madgwick adds:

“We are able to identify the patients who are ambulatory (likely home today), who do not need to use an inpatient bed on the ward. This, in turn, allows the ward to be calmer, with more available beds for patients requiring an inpatient stay. In the ambulatory care clinic, having a dedicated area and team of doctors and nurses gives the patients a faster and better experience. I feel that we give a far more professional service in both areas now.”



Support from the Board

The Acute Medical team presented their findings to the Board with colleagues from the 'Better For You' team. This meeting went well as the Board was already favourably disposed towards ambulatory emergency care and the pilot provided the evidence they needed to invest in the new service. Chief Executive, Peter Homa, comments: "The Queen's Medical Centre's Emergency Department is one of the busiest in the country and all staff are dedicated to providing patients with the highest quality care and experience. The case for investing in ambulatory care to help achieve these important objectives was clear and we had no hesitation in exploring a way forward to provide more appropriate care for patients and to help better manage bed availability. The avoidance of unnecessary overnight stays for emergency patients not only improves the quality of patient care and experience but also reduces occupied bed delays in hospitals."

The Trust then created a dedicated Ambulatory Emergency Care unit adjacent to the short-stay ward, appointing a dedicated consultant from 9am to 5pm and a shared consultant (shared with admissions) from 5pm to 10pm. There are currently two Advanced Practitioners working in ambulatory care and more will be appointed as the service develops. There is also a nurse, nursing auxiliary and clinical support worker. There are two junior doctors (within a flexible pool) who start at 10am until 6pm before Hospital at Night take over.

MEWS

Patients are booked into the unit and receive a modified early warning score (MEWS) within 15 minutes of arrival. MEWS is a simple guide that can be used to determine quickly a patient's degree of illness. It is based on five physiological readings (systolic blood pressure, heart rate, respiratory rate, oxygen saturations and body temperature), one observation (level of consciousness, the AVPU scale) and urine output. Jack comments: "By assessing how ill a patient is it is possible to manage even serious illnesses."



Joint working between the hospital and GPs

The QMC is now treating between 60 and 88 GP emergency referrals in an ambulatory way every week. That is between 30 and 40% of total referrals. Jack adds: "The relationship with primary care is key; since the advent of the new commissioning process, we are much closer to GPs and the conversations are easier to have. There is a greater understanding about the role played by the hospital in delivering emergency care, which helps development of the ambulatory care service."

Jack hopes, ultimately, to consider having a GP working alongside hospital colleagues on the ambulatory emergency care unit. "We have just this month got better access to information from primary care, a summary care record so that we are better informed when it comes to treating patients. We also need better data collection, to know about patient and staff experience. We need to know, too, whether we are inadvertently introducing new risks and if we are providing timely care. It is important to identify patients being admitted to the hospital who could be treated in an ambulatory way, so that we can examine why and try to prevent this from happening."



Diagnostics is key

Rapid access to diagnostics is critical in order for ambulatory emergency care to work effectively, Jack explains. “We have worked closely with our colleagues in radiology. Rather than patients waiting in a hospital bed for a scan, the radiology team now fully embrace the practice of scanning promptly to enable patients to be rapidly diagnosed, treated same day and able to go home. There are still some capacity issues for some diagnostic procedures such as MRI and ultrasound scans and we are working with our radiology colleagues to address this.”

Better for patients and staff

Advanced Nurse Practitioner, Kate Knowles comments:

“Ambulatory emergency care gives senior nurses the opportunity to specialise while continuing to work in a clinical setting. Previously, the only real opportunities for development were to enter management or practice development. It is very rewarding to take a patient through a full care episode, doing their obs, establishing a diagnosis and beginning treatment. In any other setting, I’d be handing over to a Dr to clerk a patient, but here I can do it myself. Acute medicine doesn’t have a particularly good retention rate for young nurses but I think ambulatory emergency care will encourage nurses to stay.”

She adds: “I like it here because the patients like it and so do the staff. It is a far more organised way of managing emergency admissions. In ambulatory care, we are free to focus on the patients who are less sick so they have a better experience. It is better for nurses, too, as we can get the patients treated fast and see them start to get better.”

Jack concludes: “Ambulatory emergency care stops us from wasting the patient’s time. If we can diagnose them and get them treated quickly and returned home, then surely we have a duty to do this?”



Key Facts:

Opening times: 9am to 10pm, lights out at midnight

Average length of stay in Ambulatory Care: 5 hours

Number of patients seen daily: 30-50

Percentage treated as Ambulatory: 30-40%

Approach: Every patient is considered appropriate for Ambulatory Care unless clinically indicated to the contrary, using MEWS and clinical judgment and experience

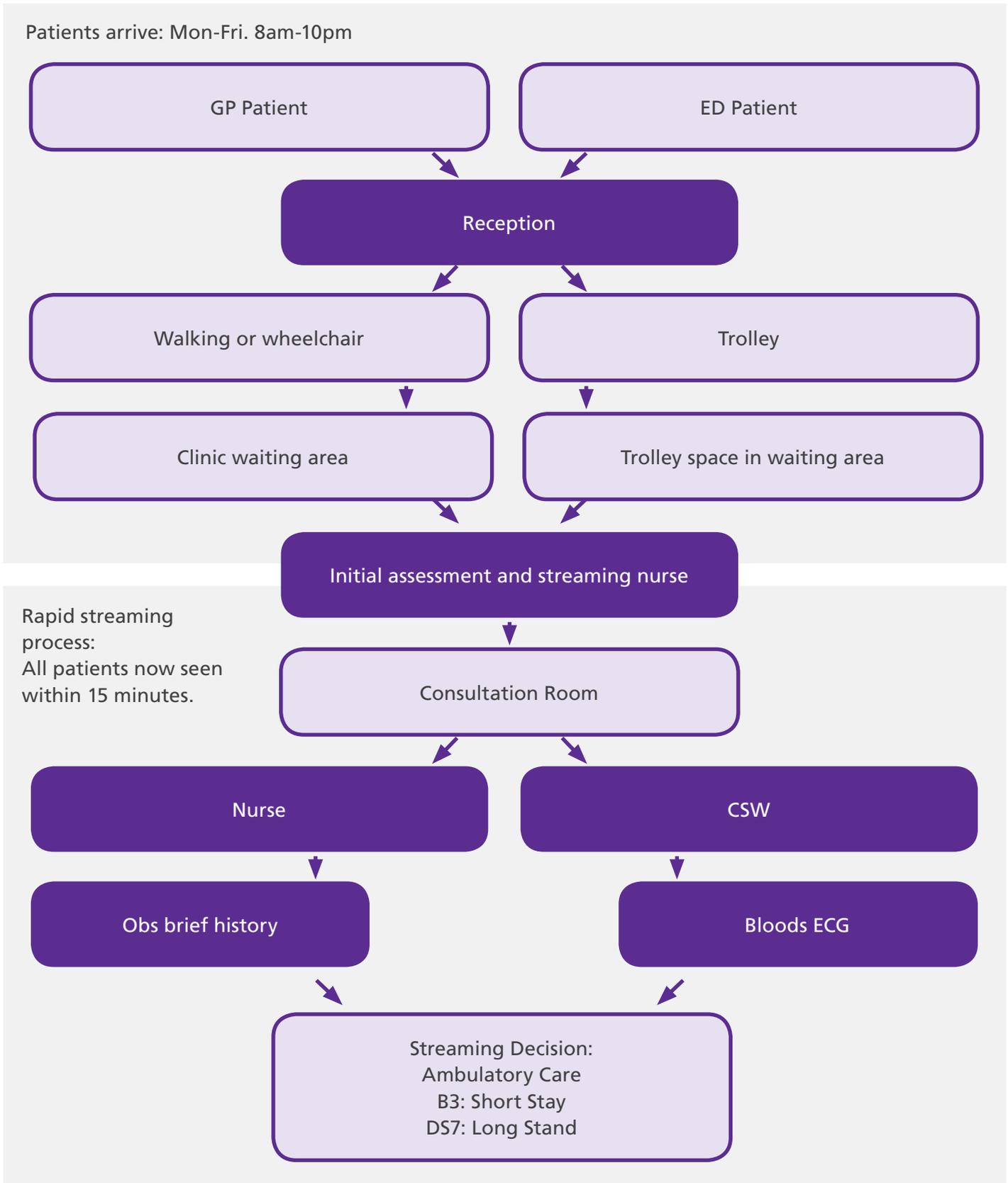
Mindset: "No-one stays overnight if they could have gone home today."

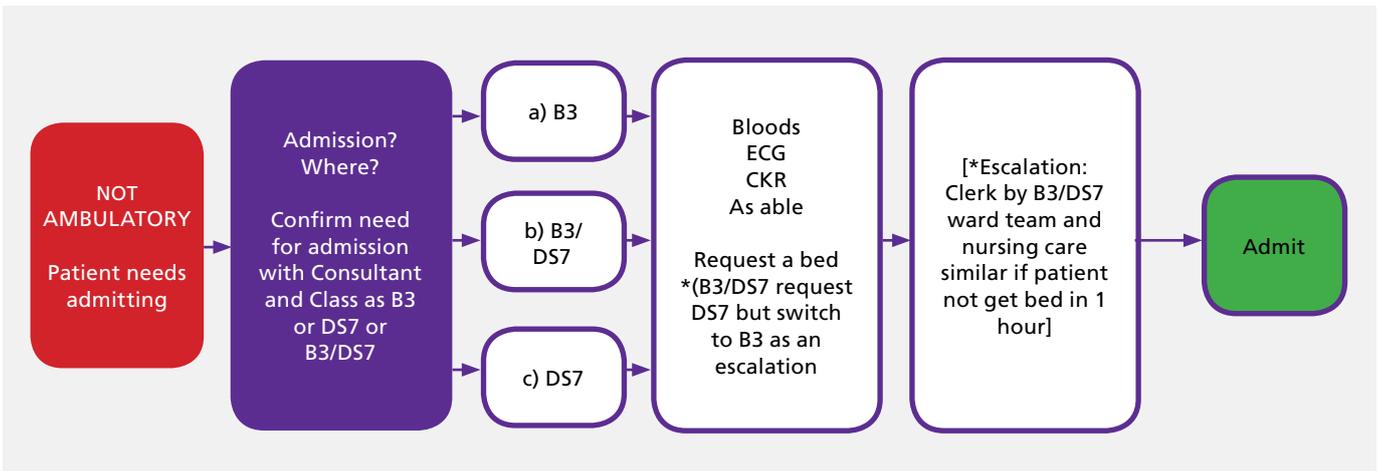
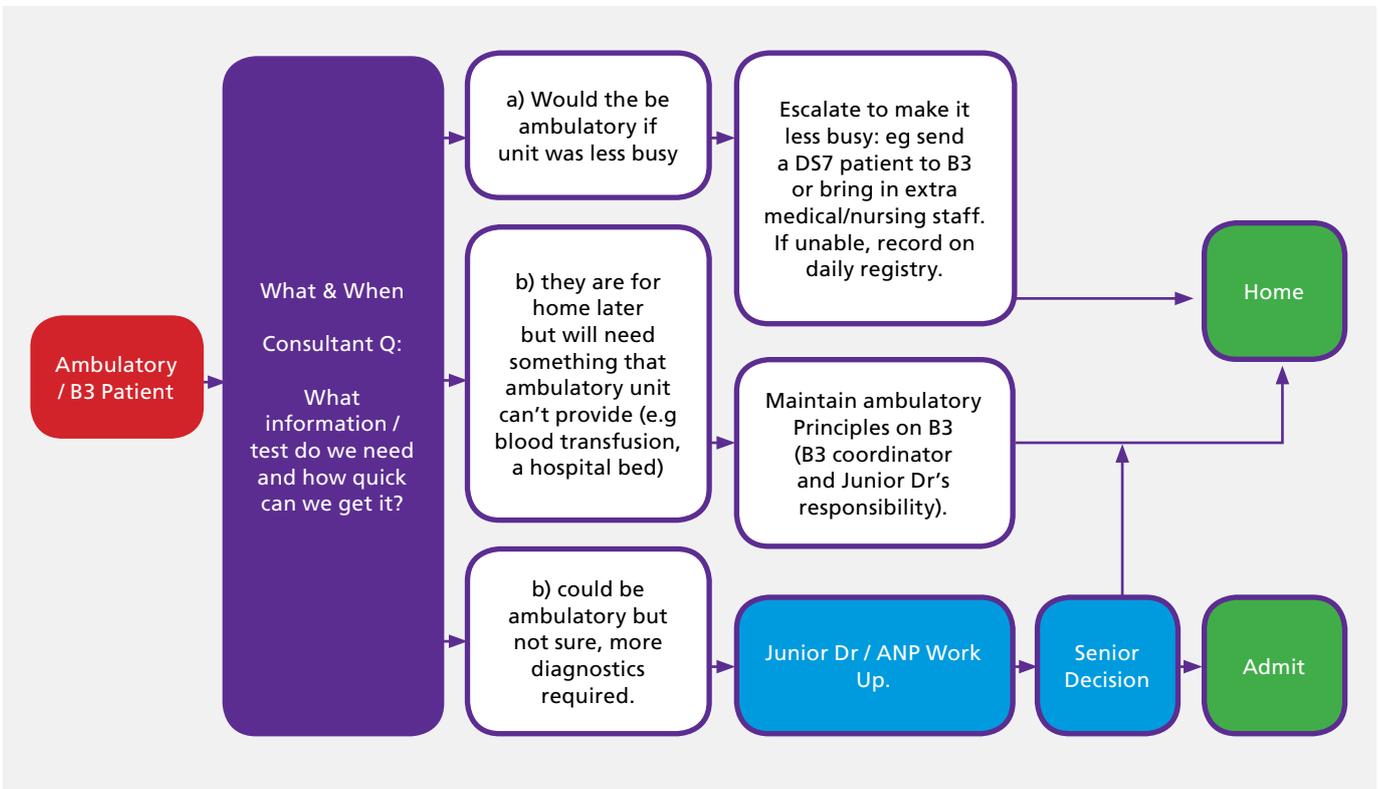
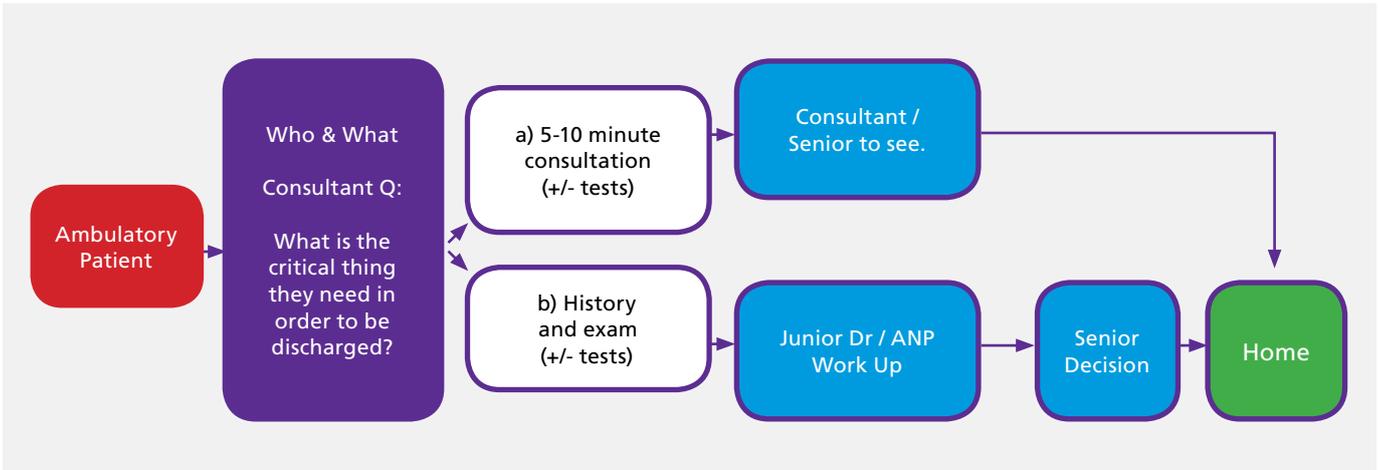


New Process for GP Assessment and Ambulatory Care

Overarching principle;

Treat all patients as Ambulatory until proven otherwise (not condition specific)





To find out more about Ambulatory Care
please go to:

www.ambulatoryemergencycare.org.uk
or email **aec@nhselect.org.uk**

