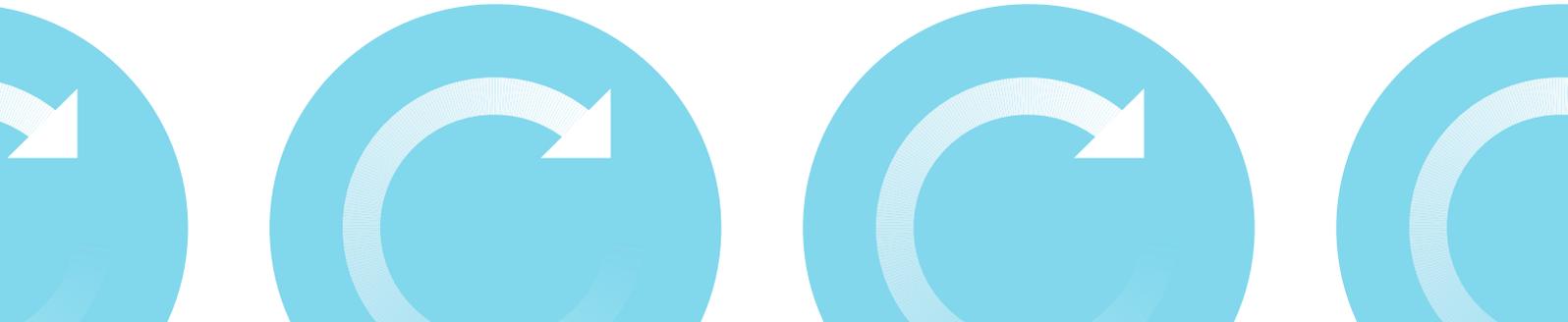




Ambulatory Emergency Care

A Flexible Approach to Ambulatory Care at Pennine Acute Hospitals

The Pennine Acute Hospitals NHS Trust



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The Pennine Acute Hospitals NHS Trust is a four-site Trust, covering four separate Clinical Commissioning Groups (CCGs) – North Manchester, Oldham, Bury and Heywood, Middleton and Rochdale, four local authorities and different community service providers.

The Trust is committed to ambulatory emergency care and was keen to standardise its approach. However, each area has differing health needs and portfolios of community/ social services and also, some differences in commissioning intentions. This meant that the Trust needed to create a bespoke ambulatory care model at each of the four sites.

This flexible approach is proving to be an extremely effective way of delivering ambulatory care and clearly illustrates that there is no single, correct way to deliver this type of emergency care. To date, Pennine Acute Hospitals has succeeded in reducing non-elective admissions and length of stay and has closed more than 90 beds.

North Manchester General Hospital (North Manchester CCG)

The North Manchester Treatment Centre is the most well-established ambulatory care unit in the Trust. The centre employs five Advanced Nurse Practitioners all of whom have achieved the MSc Advanced Practice (Health & Social Care) qualification. This enables them to assess, diagnose, treat, prescribe and discharge patients coming into ambulatory care.

The Royal Oldham Hospital (Oldham CCG)

Oldham, too, had a strong ambulatory care culture. Ambulatory care began as a single bay off the Medical Assessment Unit, staffed by one Advanced Nurse Practitioner in 2008. In December 2012, ambulatory care moved to a new purpose-built unit with male and female bays and flexible assessment areas for GP- and A&E-referred patients. There is consultant clinical leadership and five Advanced Nurse Practitioners, all of whom have either completed the Salford Masters programme or are due to complete it later this year. They are supported by the continuous presence of a Consultant Acute Physician, permitting over two-thirds of all patients to be treated and discharged on the same day.

Fairfield General Hospital (Bury CCG)

While ambulatory care is less well-established at Fairfield, there is still a clear ambulatory care ethos. The service operates out of a single room in the Acute Medical Unit. It follows more of a medical model than either Oldham or North Manchester, with patients being seen and treated by a doctor, rather than an Advanced Nurse Practitioner. There is also a Nurse Clinician on the unit, who has completed the MSc in Clinical Nursing programme.

Rochdale Urgent Care Centre (Heywood, Middleton and Rochdale CCG)

The Clinical Assessment Unit in Rochdale is not officially branded as ambulatory care although a high proportion of its patients have a zero length of stay. The conditions presenting at the unit tend to be less acute than other ambulatory units within the Trust, with few ambulance attendees. As with Fairfield, the model at Rochdale is a medical one, with patients being seen by junior doctors and a Consultant Physician, rather than Advanced Nurse Practitioners. Patients requiring further diagnostics can be admitted to the Clinical Assessment Unit or transferred to another site for further treatment.

Support from the top

Chief Executive, John Saxby is fully supportive of ambulatory emergency care. He comments "Ambulatory care in Pennine is an innovative service and a new approach to patient care, although at its heart it is a simple and well-tried concept. It means that, where possible, patients who were previously admitted to hospital are assessed, diagnosed, treated and discharged on the same day. The benefits for patients, their families and carers are enormous as, indeed, they are for hospital staff, the service and the wider health economy. I fully support the development and rapid roll out of ambulatory care at Pennine. Responding to the needs of our patients when designing and redesigning services has contributed to the success of ambulatory care."



The AMB score

Whichever unit patients attend within Pennine Acute Hospitals, staff use the same approach to determine whether or not the patient is suitable for ambulatory care.

Sally Deaville, Directorate Manager for Urgent Care explains:

"The AMB score was developed by Dr Ala at the Royal Glamorgan Hospital in Llantrisant. We trialled it at Oldham in a pilot study and became the first Trust to incorporate it into our urgent care software system."

AMB is a simple seven element scoring system that helps to identify which emergency referrals are, potentially, suitable for ambulatory care. The MEWS (the Modified Early Warning Score) is used in conjunction with this to identify acutely

ill patients at risk of immediate deterioration and other scores predict mortality. Prior to using the AMB score, Pennine Acute Hospitals felt that there was limited data to help them identify which patients might be suitable for ambulatory care. The AMB system identifies a number of factors that suggest that the patient can be safely discharged the same-day, therefore making them suitable for ambulatory care.

The determining factors include: age, access to transportation (either own or public transport), whether family support or carers are available, whether the patient is acutely confused or whether IV treatment is anticipated, normality of temperature, oxygen saturation, systolic blood pressure, the MEWS score and whether they have been recently discharged from hospital.

Other factors were found not to be significant in predicting suitability for ambulatory care. These included: the patient being ambulant, whether they could eat and drink, lack of significant bleeding, whether acute coronary symptoms are suspected and a respiratory rate of 10-25 per min.

Ambulant patients not necessarily ambulatory

Sally comments: "The term 'ambulant' is somewhat misleading when it comes to predicting length of stay. Staff tended to assume that if someone was immobile they needed to be admitted, whereas if they were ambulant (walking around) they were suitable for ambulatory care. Sometimes, however, the patients who are walking around are actually sicker than those immobile patients. In our view the AMB score is a far more accurate predictor of whether someone is suitable to be treated in an ambulatory way."

A proven methodology

Initially, staff in the Pennine Acute Trust were sceptical about AMB, however analysis of the data confirmed that it was, indeed, an accurate predictor of whether or not patients would require admission to hospital. "The majority of patients who were indicated by AMB as being suitable for ambulatory care were not admitted to hospital, which underlined that it was an effective predictor of zero length of stay. Once staff could see the evidence, they were a lot more positive about using AMB. It also gave staff greater confidence when triaging patients. If you are an Advanced Practitioner in ambulatory care, you might find yourself challenging the decisions of senior clinicians. AMB gives you something tangible to present to colleagues, a proven methodology to back up your decisions."

Sally recently moved from Urgent Care Project Lead in Oldham to Directorate Manager for Urgent Care at FGH. She says: "I am keen to expand the role of ambulatory care and share learning across the Trust. Staff are extremely dedicated and eager to continue to develop ambulatory care in response to patient need."



Improving communication with GPs

Work is taking place at the Oldham site to improve communications between the Acute Trust and GPs. "It can be a bit of a culture shock for GPs, who are accustomed to phoning up to request a bed to find themselves talking to an Advanced Practitioner who might suggest alternative ways of treating their patient. Most are very receptive to the idea, providing they can see that what they are being offered is better for the patient".

"We have just received £5,000 from the Innovation Sharing Fund to help us develop a phone line for GPs so they can directly speak to a consultant on the Ambulatory Care Unit. Following a successful open-day for patients, we will also be holding an information-sharing event for GPs to further explain our work. In the early days of ambulatory care, many GP referrals would arrive just as the service was closing for the day (at 9pm). We are liaising with our GP colleagues to find out if there is a way that referrals could be made earlier in the day, or could wait until the following day." Early arrival of patients gives us the best chance of treating them same day. We also offer A&E patients scheduled appointments accessible to senior emergency physicians to facilitate urgent planned care within a 12-hour timeframe.



A holistic approach

Across the Trust, ambulatory care work streams, involving not just clinicians but key stakeholders from across health and social care, are helping to drive forward the development of ambulatory care. "It is important to involve and engage everyone as only when you take a fully holistic approach can ambulatory care be completely effective," says Sally.

Dr David Thomson, Consultant Acute Physician at The Royal Oldham Hospital, has been working to develop ambulatory care in partnership with colleagues in A&E. "It's a significant culture change from the medical perspective. Following discussion, management decisions are made often before the patient even arrives on the Ambulatory Care Unit. Moving senior decision-making to the front-end of the patient's journey avoids repeated and time-sapping clinical reviews." As such, the traditional medical assessment model involving several nurses, doctors and a Consultant review does not occur in ambulatory care. "The default of admitting to a bed for assessment is the easy option; managing a patient in an ambulatory fashion can be more time-consuming but realises far more benefits for the patient."

Tracy Shaw, Clinical Matron of the Acute Medical Unit (AMU) in Oldham, recently completed her Masters thesis on the experience of patients in ambulatory care. She points out that, although this was only a small research study, the findings demonstrate that the majority of patients preferred the ambulatory care service to inpatient admission. Patients valued the communication, competence and reassurance of staff. In addition, although patients liked the open and spacious environment of the ambulatory

care unit, it was the ethos and atmosphere that was more important in terms of satisfaction with the service. Interestingly, although waiting times were quite important to patients, the time waiting was often negated by information-giving and effective communication.

Raheela Durrani, advanced practitioner and clinical lead at the Ambulatory Care Unit, adds:

"The new Ambulatory Care Unit here at The Royal Oldham Hospital is a new and innovating service, delivered in a comfortable surrounding by a dynamic professional team. It is a way of moving forward in modern medicine to ultimately assess, diagnose and treat patients on the same day without having to admit them to hospital".

Dr Suresh Chandran, AMU consultant and training programme director for acute medicine, North West Deanery, says:

"I am impressed by the fact that the Acute Medical Unit is very bright, spacious and welcoming. We are planning to implement innovative ways of working, which will further improve the quality of care provided to our patients, and also enable our staff members to have an enjoyable experience in the unit."





The patient experience

One patient responding to Tracy's research study said: "I've been to several wards and departments and (the ACU) was definitely a friendlier environment"; and "I was reassured right away within two hours; two years ago, I had to wait until the following morning to find out what was wrong".

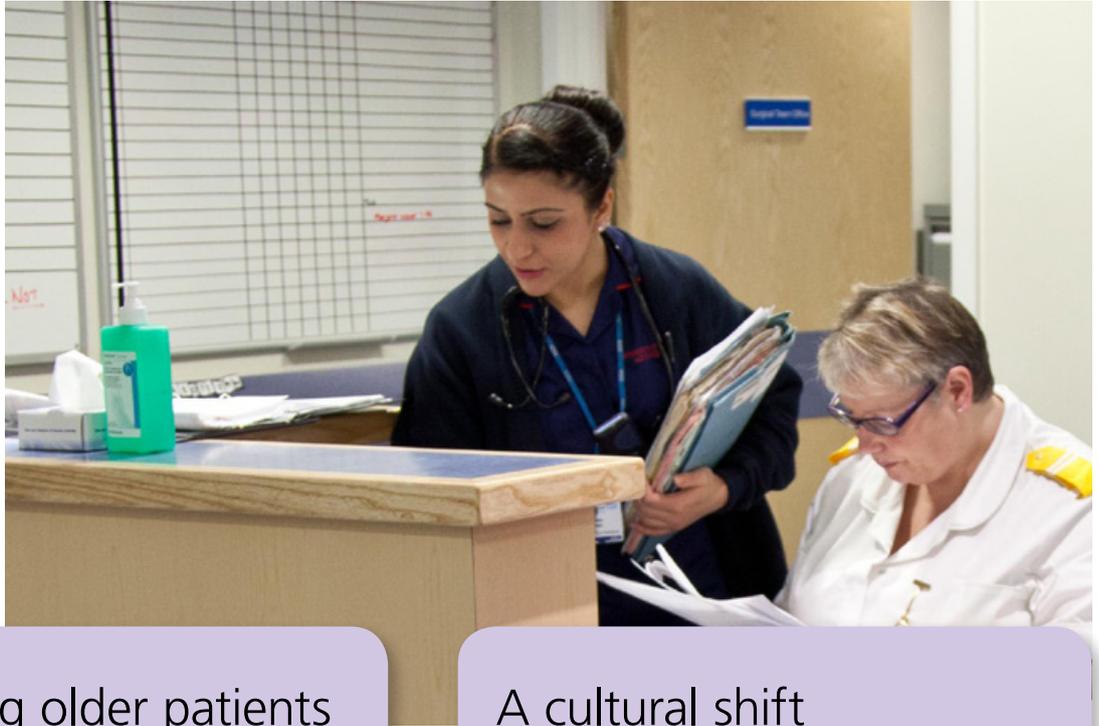
Directorate manager, Sally Deaville adds: "Patients tend to prefer it if they don't have to be admitted to hospital. When they are admitted to a ward there are long periods of perceived inactivity, when they are awaiting diagnostics or test results. In ambulatory care, by contrast, there is nearly always something happening. They may be called back in to receive their test results, rather than having to wait around in hospital. For people with work or family commitments, this is infinitely

Experience based design

Tracy Shaw is keen to use Experience Based Design to capture the experiences of staff and patients in ambulatory care and to involve them in co-designing service improvements.

"The indications so far are that staff love ambulatory care," says Sally. "They like providing a fast, responsive service and continuity for patients who require ongoing treatment. They can see that it is better for patients to avoid admission to hospital to reduce the risk of hospital-acquired infections and the inevitable disruption and disorientation that admission to hospital can bring."





Benefitting older patients

This is particularly true in the case of older patients. “We do not exclude patients with dementia from ambulatory care,” explains Sally, “as it can be particularly beneficial for them to avoid admission to hospital.

In Oldham, there is a dedicated older person’s assessment team which comes into ambulatory care to help assess older people. We aim to have a designated older person’s assessment lounge, with surroundings that are conducive to supporting people with cognitive impairment.”

A cultural shift

Slowly, Pennine Acute Hospitals are undergoing a shift in culture when it comes to the treatment of emergency patients.

“The triage nurses were resistant to the idea of using the AMB score at first to determine whether patients could be treated in ambulatory care. They couldn’t see how it would benefit patients or the hospital, so we asked them just to bear with us and we involved them in the ambulatory care work streams. As they saw the data about zero length of stay and heard first-hand how staff and patients were benefiting, they became more confident in the approach. Now, it has become the default position for triage nurses to consider ambulatory care first, rather than automatically wanting to admit patients. This is a major shift in thinking.”



Vision for the future

The Trust still has further to go in its development of ambulatory care.

“Currently, reviews have to be carried out by a Consultant Physician before patients can be discharged. Where we have Advanced Nurse Practitioners, I would like them to be able to review and discharge patients, which would free up consultants to provide more advice to GPs and further specialist support. We are a little way off that currently. We need to ensure that all our Advanced Nurse Practitioners are fully qualified and that ambulatory care practice is fully embedded,” says Sally.

Her vision for the future of ambulatory care in the Pennine Acute Hospitals is to have a fully integrated team, with provider partners from social care working alongside clinical teams in the ambulatory care unit. “It is about building the service around the patient, rather than getting patients to fit in with existing services,” she concludes.

“By working in partnership we will be able to avoid many more unnecessary hospital admissions as we still see people admitted for largely social reasons, rather than on health grounds. I see the development of ambulatory care as analogous to the growth of day surgery. It is not a cheaper way of delivering services to patients, but it is a better way.”

To find out more about Ambulatory Care
please go to:

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