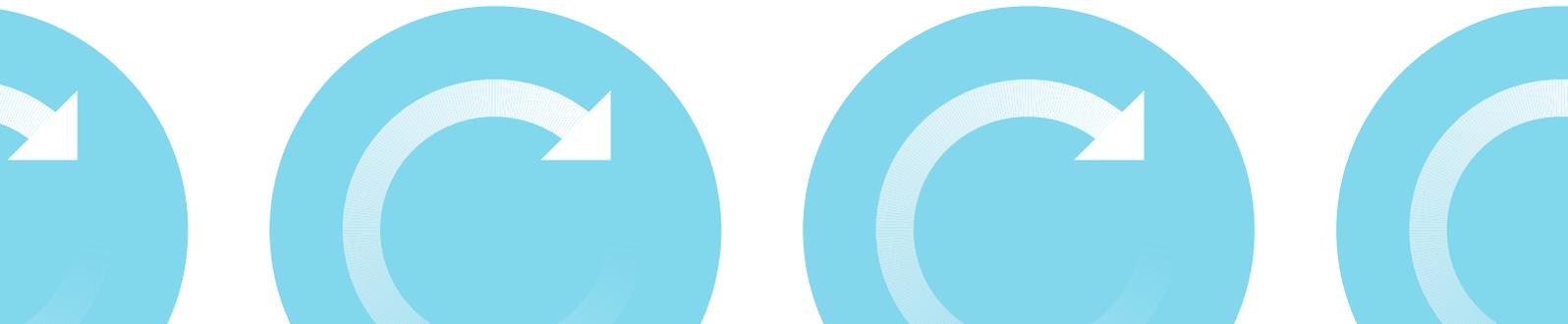




Ambulatory Emergency Care Integrated Care in Action

Whittington Health



Integrated Care in Action – Whittington Health

Whittington Health is an integrated care organisation formed by the joining of Islington and Haringey Community Services with Whittington Hospital. It delivers acute and community services to around 440,000 people.

The move towards integration is more than a mere name change, however. Clinicians are committed to finding new ways of delivering care that improve the experience of patients and staff and brings acute and community service closer together.

In February 2012, Whittington Health opened an ambulatory care unit adjacent to the Emergency Department. Clinical Lead for Ambulatory Care and Clinical Director for Acute Care, Clarissa Murdoch explains why:



“There was a clinical need for ambulatory care. Nationally, demand for acute services is rising, leading to increased hospital admissions. We know that many patients are admitted inappropriately and we know that these admissions are linked to poor patient and staff experience.

Ambulatory care provides a safe alternative and an improved experience for patients, who can receive the treatment they need in a fast and flexible way, rather than sinking into the hospital system.

Being an integrated organisation has made this much easier for us as we have been able to provide a joined-up service for our patients, spanning hospital and community services.”

The Ambulatory Emergency Care Service (AECS) has consultants in Acute Medicine (Clarissa Murdoch) and Emergency Medicine (Nathalie Richards).

This combination provides a broad skill mix within the service. AECS doctors work in ED and MAU as well as AEC, thereby providing support and advice to colleagues in medicine and ED considering referral to the service.

Community matrons also attend the Emergency Department ‘case finding’ patients who could inadvertently be admitted to the hospital. The AECS clinical team also includes surgical consultants and registrars to provide a diverse range of services to reflect the huge potential of ambulatory cases.

Strong medical input

As well as choosing the right location for ambulatory care, it was vital to get the staffing mix right. "If you want to pull in the more complex patients, who would, otherwise, be admitted to hospital, you need strong medical input," explains Clarissa. "We made sure there was good collaboration between the emergency and acute medical teams in devising the ambulatory care model."

Nathalie Richard, consultant in Emergency Medicine adds: "We have seen a wide range of surgical cases in ambulatory care and have shown a reduction in length of stay and avoidance of unnecessary admissions for certain conditions. We have excellent links with the imaging department, which help facilitate clinical decision-making. The acute surgical

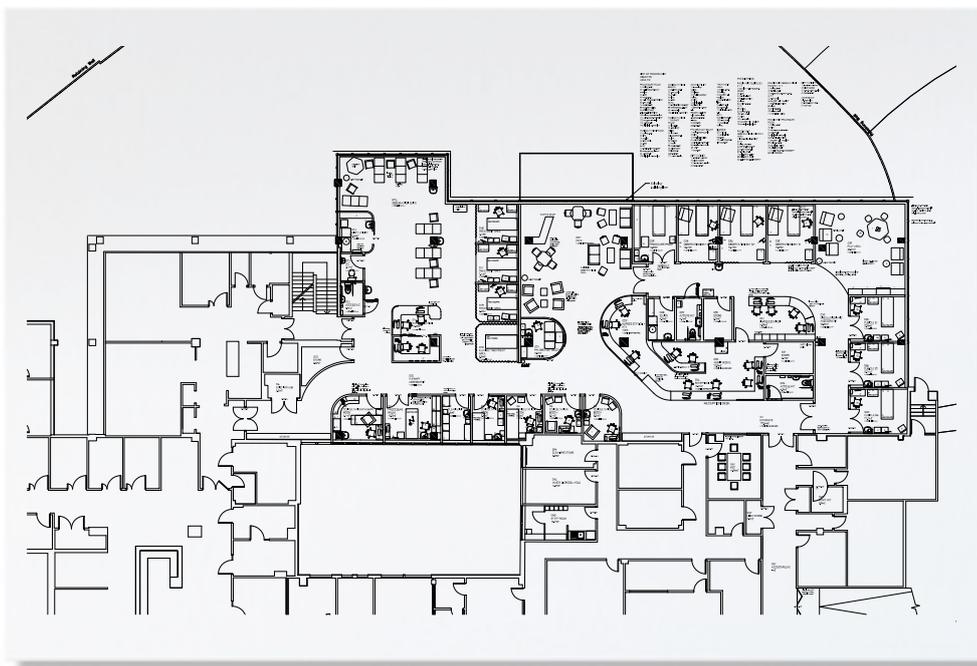
team have allocated slots to review patients who have recently been discharged and require clinical review. We are also developing pathways with the urology team to look at admission avoidance and review of high risk post-op patients.

"In the new centre there will be a dedicated ultrasound machine which will be used to facilitate clinicians in both diagnosis and management of conditions such as pleural effusion."



Co-located with ED

"We are part of the Ambulatory Emergency Care Delivery Network run by NHS Elect," says Clarissa, "so we had heard how important it was for the unit to be co-located with the Emergency Department in order to pull patients through effectively. With this in mind, we started small, in two rooms within the Emergency Department. The service has made such an impact that, by the end of 2013, we will be moving into a purpose-built £2.9m unit so we can expand it."



New purpose built unit due for opening by the end of 2013.

Planning to make a bigger difference

The hospital has a policy of designing its services to meet the needs of its most vulnerable patients – elderly patients with complex care needs. In this way, it ensures that all of its patients are catered for. Once Ambulatory care relocates to new premises at the end of 2013, one of its key priorities will be to increase the number of elderly patients being offered this type of care.

“I believe this is one of the areas where we can make the biggest difference,” says Becky Owen, Acute Care Pathway Manager. “Frail, elderly patients, particularly those with cognitive impairment, can find that their needs are not met fully if they are admitted to hospital inappropriately. Currently, we lack the facilities to cater for them effectively in an ambulatory way but this will change once we have a purpose-built area for Ambulatory care. We will have an integrated elderly care service co-located with us and a full multi-disciplinary team. We will also have Paediatric Ambulatory Care on the same site.”

Support from the top

Ambulatory Care receives strong executive support at Whittington, as evidenced by the investment in new, purpose-built premises.

Dr Martin Kuper, Medical Director at Whittington Health says:

“Ambulatory care is central to our vision of Enhanced Recovery healthcare for the 21st Century. Helping many more patients to stay mobile and prevent them needing to spend the night at a hospital will be a step change in healthcare delivery and the Whittington is at the forefront of this development.”

Effective communication

Good communication is also a critical success factor, according to Clarissa Murdoch, Community Matrons are central to the success of the Ambulatory Care service. They screen patients in the Emergency Department who are at high risk of readmission – such as those who have experienced falls or who are frail with co-morbidities. Any who are deemed suitable are diverted to Ambulatory care. Community Matrons can also organise tele-conferences with GPs and members of health and social care to ensure that everyone involved in a patient’s care is informed and involved.

GPs have greeted the new integrated approach to care delivered by the ambulatory team with enthusiasm. One local GP, Dr William Zermansky says:

“The Ambulatory care service allows us, as GPs, to engage in a sensible, clinically oriented, patient-centred discussion with an experienced clinician. We generally do not want our patients to be admitted to hospital unnecessarily and by utilising the ambulatory care service we can arrange appropriate investigations, exclude worrying pathology and optimise patients time in the hospital. The result is less hospital admissions and better, holistic care.”

Senior clinicians as gatekeepers

The Ambulatory Care unit in Whittington operates a number of disease-specific pathways, such as DVT and Cellulitis. However, Clarissa believes that channelling specific disease pathways into Ambulatory Care can lead to other, more complex patients being overlooked. "A pathway approach provides an efficient method of care for high volume attendances, such as patients with DVT or PE, however, patients with more complex care problems will tend to get overlooked if you adopt a pathway model as they don't fit the pathway profile.

We take the view that anyone can be considered for ambulatory care in Whittington, but we employ senior clinicians to be our gatekeepers and decision-makers, ensuring that only people who really are suitable for this method of care are admitted onto the unit."

The type of patients seen by Ambulatory Care staff are, consequently, extremely varied, as Senior Staff Nurse, Nadine Shaw explains:

"We have a real mix of ages and types of patients, some of whom come in straight from ED or via their GP, some of whom are regular visitors who come for ongoing treatment (such as IV antibiotics) and some of whom are surgical referrals. We had a young woman who came in with unexplained shortness of breath. We sent her for a chest X-ray and they discovered an enlarged lymph gland. She had a same-day biopsy and went home to await the results. Within a week she was diagnosed with lymphoma and was able to begin treatment. Although the diagnosis was worrying for her, she was pleased to have found out so quickly what was causing the problem and for treatment to get underway. In the interim, she wasn't waiting around in hospital but was able to go home.

This is one of the reasons that patients like ambulatory care. It means they can come in, get a diagnosis or a specialist referral and start receiving treatment. For people with family or work commitments, it is great not to have to be admitted to hospital, and it also means they're not exposed to the risk of hospital-acquired infections unnecessarily."

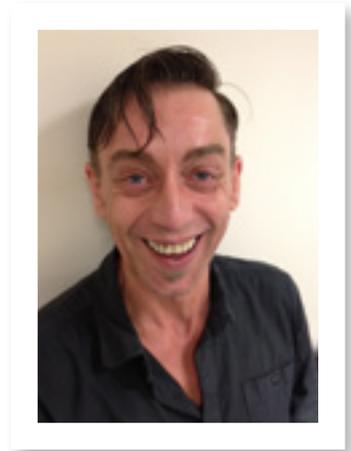


Popular with patients

The reaction of the patient diagnosed with lymphoma is typical of many. Patients typically like the fact that they receive prompt treatment and do not have to be admitted to hospital but can fit their hospital visits around their day-to-day lives.

Graham Fiander is receiving treatment for Osteomyelitis. He says: "I was admitted to hospital delirious with pain and spent two and a half months on the ward before being handed over to ambulatory care. I didn't know what to expect but it has been a lifeline for me. It is so accessible and they have made my weekly visits as easy as possible, going out of their way for me.

"If I wasn't coming into ambulatory care, the alternative would be readmission to the hospital or relying on nurses coming to me at home. You would think this would be better, but when I've had this sort of treatment before it wasn't better. I would have to organise my whole day around the visit, which could be between 8am and 12 noon or 6pm and 10pm. I couldn't go round to see friends because I'd have to wait in for the nurse to call. I didn't know who was going to come and see me, so there was no consistency. With ambulatory care, I go once a week and that's it. I don't have to negotiate a trip to the GP several times a month and if I can't get to my appointment, they organise transport for me.



"Ambulatory care is a brilliant service for someone who is not yet able to be fully discharged from hospital, but who doesn't need to be in a bed."



A word of warning

While rapid access to diagnostics and treatment is great for patients and staff, it can inadvertently create problems for the organisation, as Clarissa points out: “There is a risk that ambulatory care can become a sneaky way to circumvent normal procedures and that GPs send their patients to us in order to get them to see a specialist more quickly. This is why you need a senior clinician as your gatekeeper.”

Nathalie Richard adds: “I am also a qualified GP and understand some of the challenges associated with managing patients who do not need admission but need rapid diagnostics and decision making. We provide GPs with direct ambulatory emergency care consultant telephone access to discuss clinical cases and decide where the patients would be best managed. This gate keeping has enabled us to triage appropriate patients to ambulatory care and keep the service safe and effective. We are very clear not to be regarded as alternatives to GPs or speciality out patient clinics. We provide support for patients who have an acute problem, which, if left untreated, would lead to admission or prolonged length of stay. Once the acute problem is stabilised, we transfer the patient’s care back to the appropriate clinical team.”

Seniority at the front door also gives the ambulatory care service greater credibility. At the Whittington, this credibility led to news of the new service spreading around the hospital by word of mouth far more quickly than they could have imagined. The ambulatory team realised how effective this was when they began receiving calls from orthopaedics to take patients, even though they had not publicised their service to the orthopaedic team.



Cutting length of stay

Clarissa points out that, while ambulatory care helps hospitals to avoid unnecessary admissions, this is only half the story. In the Whittington model: “Ambulatory care also helps to cut length of stay. By going onto the wards, we are able to identify patients who are well enough to go home, but who are remaining in hospital for a number of reasons, such as the fact that they are waiting for their blood tests to normalise or they are awaiting a specialist opinion. We talk to teams and invite them to discharge the patients but then call the patient back into ambulatory care to undergo the remainder of the tests or treatment they need. This means that patients remain under the same clinical team, but they are seen in the ambulatory care unit rather than on the ward. In the meantime, patients can go home while they are awaiting the next stage of their treatment. The specialists involved in their care can see them within the ambulatory care unit, so they can ensure that all of the necessary steps are completed. The result is happy patients, happy clinicians and earlier discharge, which means reduced costs and a happy Board.”

An increase in same-day discharges

The Ambulatory Care unit is just one part of many improvements currently underway at Whittington Health and, while it has contributed to the closure of 69 beds over 30 months, it is not the only factor. “We can say categorically, however,” says Clarissa, “that the number of GP referrals that are discharged same-day has risen from 20% to 50% and this is due to the role that Ambulatory Care is playing in admissions avoidance.”



Learning points

There are a number of key learning points that the organisation has identified over the course of its first year.

For any organisations setting out on the ambulatory care journey, the Whittington team suggests:

Don't regard ambulatory care as a replacement for traditional care pathways. It improves pathways but does not replace them.

Using patient and staff experience to design the service will help you to achieve your goals faster and more effectively.

You need flexibility, both around your staffing model and the way specialist input is delivered.

To find out more about Ambulatory Care
please go to:

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

