Ambulatory Emergency Care Network

Ambulatory Emergency Care

Watford sees Impact of Ambulatory Emergency Care within a Fortnight

West Hertfordshire Hospitals NHS Trust

Watford Sees Impact of Ambulatory Emergency Care within a Fortnight

Watford General Hospital was an early pioneer of Ambulatory Emergency Care. In May 2012, keen to address the problem of ever-increasing demands on emergency care, the hospital introduced an Ambulatory Emergency Care service located in a corner of one of the wards. It was staffed by a Clinical Lead for Ambulatory Care, Dr Arif Hamda and Senior Sister, Lynne Jeffery and saw a handful of patients each day.

Within a fortnight, it was clear that Ambulatory Emergency Care was having a significant impact on reducing the daily medical take. Divisional Manager of Emergency Medicine, Mary Richardson, presented the first business case for Ambulatory Emergency Care to the Board in August 2012. Two years on, Ambulatory Emergency Care now has its own purpose-built unit and handles around a third of the hospital's entire emergency take (around 40 patients a day). Watford talked to the Network about the reasons behind the rapid growth of Ambulatory Emergency Care.

"We are so proud of all the AEC team has achieved at West Hertfordshire Hospitals NHS Trust and the huge gains they have delivered for our patients. Many patients can now access first class urgent care through our new unit without having to be admitted to hospital. We know that patients love this model lf care and our staff very much enjoy delivering it. Support from the AEC Network helped us expand and improve our service quickly, learning from other sites about processes we could use to maximise the impact of AEC quickly and safely"

Sam Jones, CEO

"We started on a wing and a prayer, to be honest," explains Mary Richardson. "We had one bed and a few chairs, in a small corner of AAU (the Acute Assessment Unit). We started identifying patients in A&E that were referred for admission. If we thought we could treat and discharge them same-day we bought them into AEC. It was a blank canvas; there were no pathways and no particular types of patients we were targeting, staff just used clinical judgement."

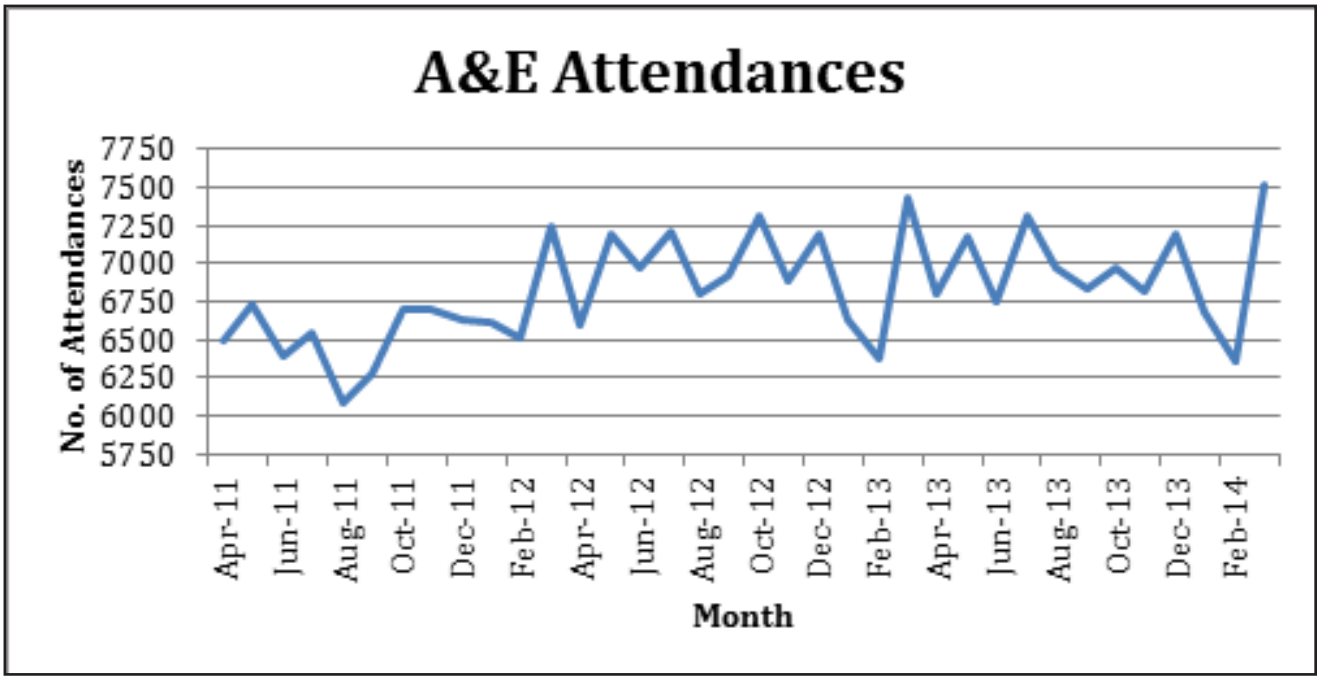


Chart 1 - Number of A&E Attendances per month

Making the case for Ambulatory Emergency Care

Within two weeks, it became clear that Ambulatory Emergency Care was having an enormous impact on the emergency take. "The flow of patients was much better, there were beds available and some of the pressure on A&E was relieved," says Mary. "So we began to introduce Ambulatory Emergency Care pathways for some of our most common emergency conditions, such as cellulitis, low risk chest pain and DVT. We continued to see any patient that we thought we could treat and discharge within one day, and the pathways helped us to overcome resistance from some of our clinical colleagues and to bring different specialisms on board."

The commissioner funded the Trust to join the Ambulatory Emergency Care Network. The focus of the Network is to support and accelerate the local development of Ambulatory Emergency Care services through the spread and adoption of good practice and utilisation of improvement methodologies.

The Network helped Watford to make the case for Ambulatory Emergency Care by advising the team on how to measure the impact of this new service. "Our involvement with the Ambulatory Emergency Care Network was invaluable when it came to identifying and using impact data," adds Mary.

"They helped us demonstrate that we were reducing pressure on A&E and freeing up beds. This enabled me to argue the case for more staff and a larger area for the service."

Dr Hamda says: "In the case of the Pulmonary Embolism pathway, for example, by using the evidence of 40 patients who had avoided admission, we were able to prove the benefits of AEC. It was a powerful argument for Ambulatory Emergency Care."

A more structured service

By August 2012, Watford had moved on from a small scale Ambulatory Emergency Care service to something far more structured. Ambulatory Emergency Care was allocated six beds in the corner of the Medical Short Stay Ward and two consulting rooms. The service was consultant-led with a dedicated staff grade doctor, Dr Muhammad Hussain, and a dedicated nursing team. From being a five-day a week service, it became a 12-hour-a-day, seven-day a week service. The on-call team began to notice a significant difference in demand, with 24-30% of the 'take' being diverted to Ambulatory Emergency Care during their opening hours.

Although the development of Ambulatory Emergency Care was rapid it was not without its challenges. Project Lead, James Mason, points out:

"Even after the service expanded in August 2012, we still had no dedicated unit. Often, due to bed pressures, staff would arrive in the morning to find that our ring-fenced beds has been used overnight. Sometimes we would find innappropriate patients being sent to Ambulatory Emergency Care, too, in a bid to relieve pressure on A&E."

Staff at Watford believe that good patient streaming processes on arrival are key but have stopped short of adopting a patient scoring tool.

"We rely on the clinical judgement of our consultants and nurses," explains James. "We did a trial of the AMB scoring tool in the beginning but found that if we had relied solely on the AMB score, some of the patients who we admitted to the unit would have been deemed unsuitable and some of the patients who we admitted to hospital would have been sent to the Ambulatory Emergency Care Unit. With this in mind, we decided to strengthen the clinical assessment process to identify and select patients suitable for AEC."

Impact of Ambulatory Emergency Care

Ambulatory Emergency Care is having an impact both on the number of admissions and in-patient discharge rates. An average of 46% of medical heralded GP referrals for admission are now streamed to Ambulatory Emergency Care.

Chart 2 demonstrates the percentage of activity seen in the Ambulatory Emergency Care Unit which converts to admission. With more patients being treated in Ambulatory Emergency Care, the likelihood that some patients may convert to admission has increased. Based on the 12-week period below, an average of 14% of the Ambulatory activity has converted to admission to AAU. This must not be seen as a negative but illustrates the philosophy of 'all patients are considered Ambulatory until proven otherwise'.

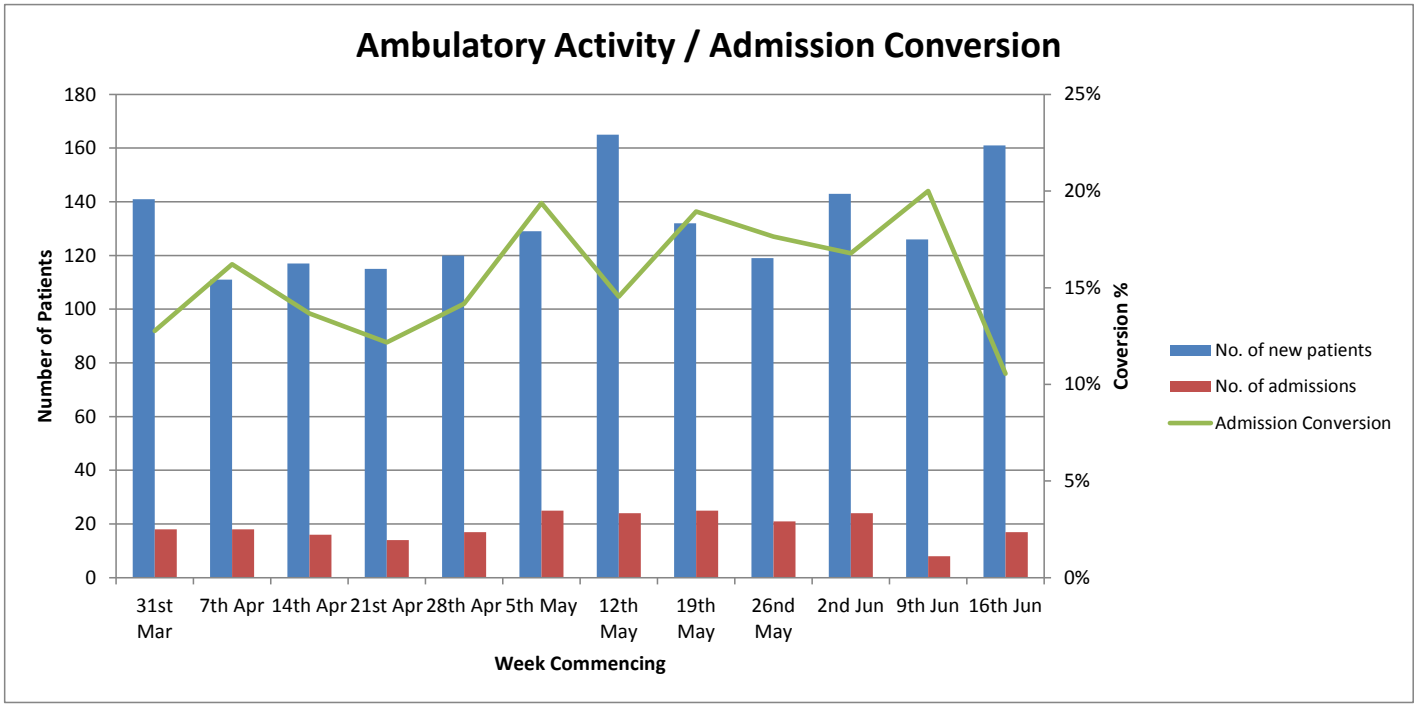


Chart 2 - Ambulatory Activity/Admission Conversation

Overall 29% of the medical take is diverted to Ambulatory Emergency Care Unit and since our new unit has opened we are able to treat even more patients same day. In 2013/14, 4,120 patients were treated via the Ambulatory Emergency Care Unit and in comparison we have already treated 3,147 patients in April, May and June of 2014.

The impact on patient experience will be the acid test of Ambulatory Emergency Care and it is still to early to say conclusively what impact it is having. The friends and family test is monitored in Ambulatory Emergency Care and results show a positive experience. Staff use this measure as a broad indicator of patient experience and a full co-design event is planned with the patients in Autumn 2014 to ensure the service provides the best experience for patients.

A pragmatic approach

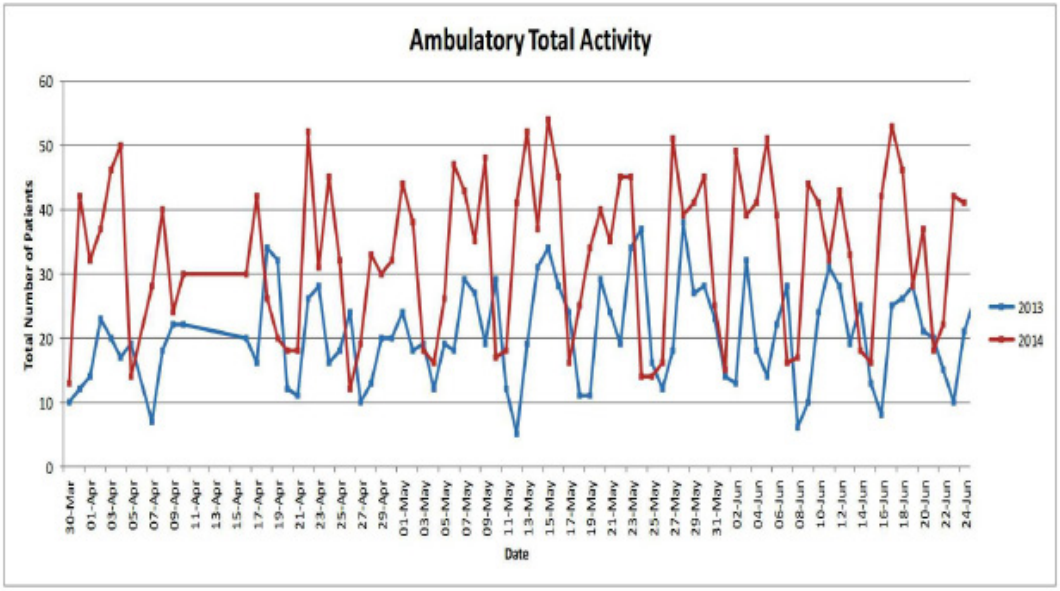
A pragmatic approach is taken to meet the demands of Ambulatory Emergency Care patients. For example, when the District Nursing Service did not have the capacity to follow-up on patients that needed IV antibiotics at home, it implemented an agreement with a private provider to provide the service. The provider assesses the patient's needs within the Ambulatory Emergency Care Unit and then administers treatment at home whilst the patient remains under the care of the Ambulatory Emergency Care Unit. It also employs a community-based OPAT (Outpatient Parenternal Antibiotics Therapy) nurse to work on the Cellulitis pathway.

Come a long way

Ambulatory Emergency Care in Watford has come a long way from the early days. Lynne Jeffrey has been Senior Sister for Ambulatory Emergency Care since the service opened. She comments:

"When we started, I used to describe our approach as being like fishing. We used to go to A&E to see if we could find any suitable patients. When we did it felt like 'I've got one, I've got one!' There was a certain degree of suspicion from A&E staff that we were, somehow, trying to 'steal' their patients. On average, we would see three or four patients a day in Ambulatory Emergency Care in a small, screened area in the middle of a ward."

"Now we are averaging around 40 patients a day (including new patients and returners) and continuing to expand. Our colleagues in A&E are incredibly supportive. If they find a suitable patient, they call us straight away and they even nominated us for Team of the Month recently. We also have a great relationship with the diagnostic teams. I am proud of the fact that our patients trust us enough to be able to pick up the phone if they have any concerns and I have the autonomy to be able to invite them to come back into the unit as needed, without having to go through a lengthy admissions process."

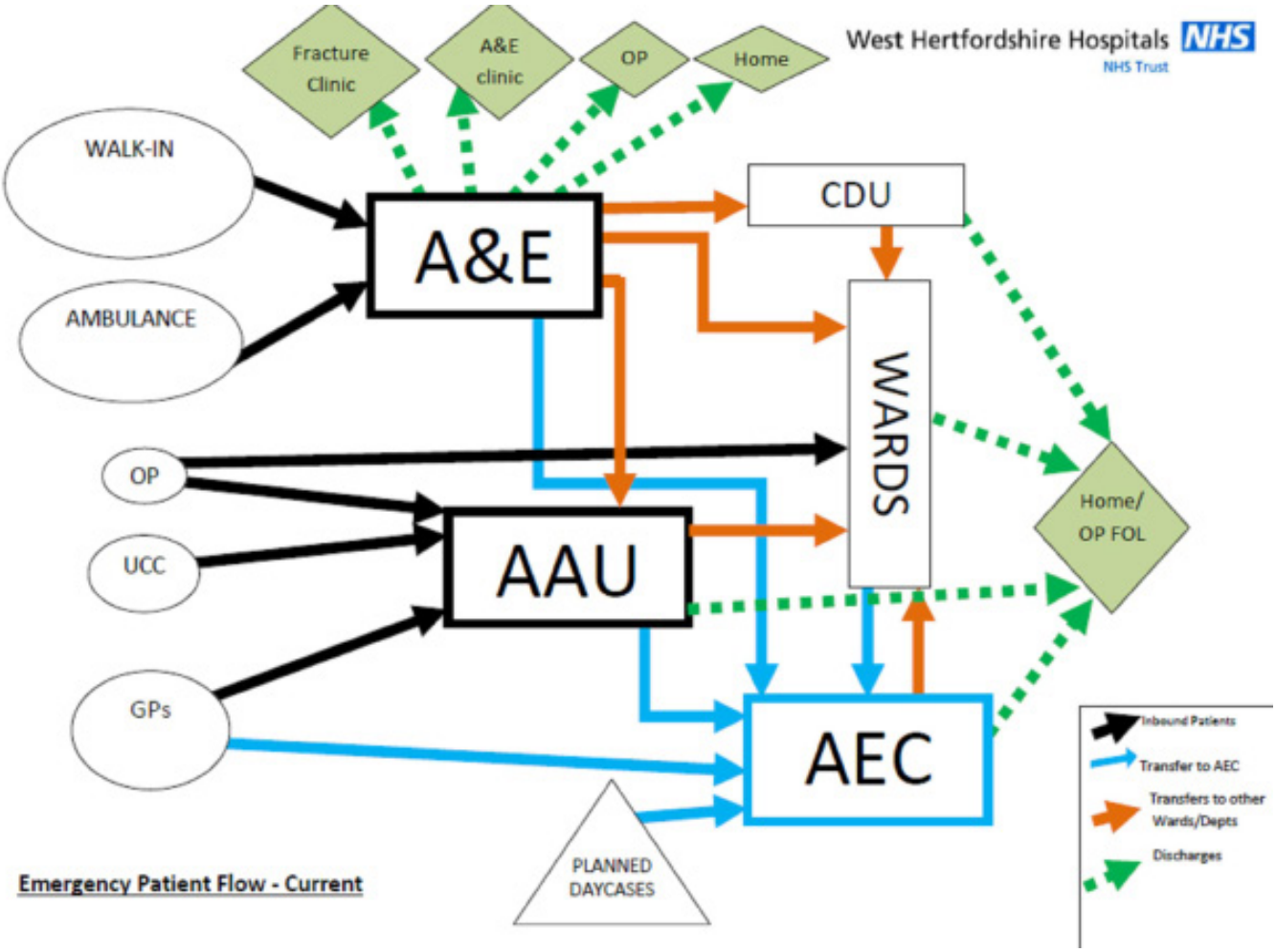


A purpose built unit

With some financial input from the Clinical Commisioning Group (CCG), in January 2014, Ambulatory Care finally moved into its own purpose-built unit with six examination rooms, a treatment room, reclinder chair area and separate male and female areas with four trolleys and one bed each. The service now employs seven consultants, one staff grade, two SHOs (Senior House Officers), 13 nurses, one DVT nurse and one Cellulitis nurse. It is open from 8am to 9pm 7 days a week. The unit manages approximately a third of the hospital's emergency take, with around 52% of its take from A&E and 48% from GP referrals.

Ambulatory Emergency Care continues to operate a combined process and pathway approach to identify and select suitable patients. In addition, there are a number of day case patients, who are booked in advance. These include patients attending for liver biopsies, therapeutic ascitic drains and PEG insertion. There are weekly cardiology and rheumatology HOT (rapid access) clinics. Approximately 16 patients are managed through these clinics per week, with further clinics planned for Dermatology, Neurology and Respiratory.

The way emergency patients now flow through the system in Watford is illustrated in the flow map below.



Dr Mohan Thapa, Clinical Director for Acute Medicine

"On behalf of my acute physician colleagues, we are delighted to see the development of our ambulatory care service. This seven day consultant delivered service has gone a long way to improve patient experience and outcomes"

Tackling the root cause of waste

Mary comments: " I had been with the Trust for 18 months before we opened the Ambulatory Emergency Care Service. I could see that there were patients being admitted from AAU who didn't need to be. Sometimes, patients would come in late in the day and simply be absorbed into that day's take. Sometimes they were admitted for 24 hours, sometimes it was longer, while they waited for diagnostics. It was a wasteful and ineffective system. Now, an average of 40 patients per day, who would previously had one to AAU, are coming to Ambulatory Emergency Care and being discharged the same day.

"We take our own patients to x-ray rather than waiting for porters and we walk our bloods to the pathology lab. They even gave us red bags to put the samples in to ensure they recieve high priority. We identifed, too, that waiting for TTAs (Tablets to Take Away) was a significant cause of delay. So, we now have our own range of the most commonly prescribed drugs in ready-made TTA boxes so that we don't have to wait for Pharmacy. It all adds up to streamlining the process."

Lynne adds that the Ambulatory Care team does whatever it can to reduce waste and eliminate delays:

Tracey Pooley, Project Manager for Urgent Care from the CCG says:

"Ambulatory Emergency Care will only work well if all stakeholders are completely committed to partnership working. Through working closely with the CCG, Ambulatory Emergency Care is now linking in with health, community and primarly care to work seamlessly together to ensure the patient receives an appropriate package of care upon discharge."

Continuing expansion

The Ambulatory Emergency Care service is continuing to expand. In December 2013, Watford introduced Elderly Ambulatory Emergency Care to provide same-day care for older patients with co-morbidities and complex social needs. Initially, the service was only reviewing three or four patients a day, however, following the introduction of an additional member of staff to provide continuity, it is now seeing up to 11 patients a day.

Patients are recruited from five streams: those from GPs and A&E who would, otherwise, have been admitted; early ward discharges; patients requiring rapid access to outpatient review and diagnostics to avoid deterioration which might lead to admission 'downstream'. Additionally there are patients returning for review on the Delirium Recovery Programme and there are also day cases.

Elderly Care Lead, Dr Tammy Angel explains:

> "Ambulatory Emergency Care provides an opportunity to assess for admission rather than admitting patients to assess them. We are using a comprehensive geriatric assessment tool developed by one of my colleagues and patients are seen by the multidisciplinary team, as needed. It is extremely helpful to be able to achieve robust early follow-up, which gives confidence that patients will be reviewed in a timely way. The registrars also get the opportunity of undergoing a training experience in a day unit setting. There is always more to be done and improved access to intermediate care beds is a key area for further development."

Watford plans to expand its ESAU to include more surgical ambulatory emergency care pathways and develop a new unit for gynaecology.

Dr Hamda concludes:

> "The new dedicated unit has enabled us to see higher numbers of patients - between 20 and 25 new patients daily and 10-15 returners - and we are already planning to expand. Without a doubt, the critical success factors for a service like ours are strong clinical leadership, a committed team, the ability to identify suitable patients, good communication and support from the diagnostic teams. With these elements in place, we have been able to grow our service rapidly and with full support from the Board and our clinical colleagues."

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Photos by Peter Chappell

To find out more about Ambulatory Care please go to:

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