

Ambulatory Emergency Care

Back to basics proves a winning formula in Dorset

'Learn from the past but focus on the future'- how taking its AEC service back to the basics, and combining that with a pragmatic approach and willingness to innovate, has led to a successful AEC service for Dorset.





Introduction

Among the factors that characterise many of the organisations working with the Ambulatory Emergency Care (AEC) Network are pragmatism and a willingness to innovate. Nowhere is this more in evidence than at Dorset County Hospital NHS FT. Despite several previous failed attempts to implement a successful AEC service, the hospital has continued to push forward with its plans... and it recently came up with an innovative way of meeting its recruitment challenges in ambulatory care. This is their story...



'Learn from the past but focus on the future' became the unofficial motto at Dorset County Hospital after it tried multiple times to establish an AEC service, with varying degrees of success. The arrival of a new clinical lead, Dr Toby Graves, in early 2016 led to renewed determination to tackle patient flow problems.

Right back to basics

Rather than introduce more incremental improvements, a decision was made to shut down the AEC service completely and to take things right back to basics. The Trust developed a comprehensive Patient Flow Programme comprising five separate workstreams, one of which was AEC.

Time to reflect

Jennifer Frampton, Service Manager for Emergency Medicine at Dorset County Hospital explained:

"We were keen to understand why the service had failed in the past, what challenges it would have to overcome to be successful and sustainable, and how we would measure success in the future. Time to reflect helped the team at Dorset to see quite clearly why the service had been struggling

As part of our journey we joined the AEC Network. This enabled us to lay solid foundations on which to build a new, more resilient AEC service."

Understanding the issues

Clinical Site Manager and Matron for Ambulatory Care, Trudy Goode said:

“We identified a number of factors that had contributed to the problems with ambulatory care. One of these was the fact that there was no dedicated area. Ambulatory care was a bay on Ilchester Ward, which meant it was all too easy for it to become a spill-over area for patients. There was also no dedicated ambulatory care consultant. The area was largely managed by Advanced Nurse Practitioners (ANPs) who did a good job, but without someone senior to drive the service it was difficult for there to be any clear direction. The sister in charge was responsible for the entire ward, which meant that the distinction between ambulatory care and the rest of the ward became blurred.

“Another of the biggest problems was staff recruitment. At the time we made the decision to close the ambulatory care unit, we had seven unfilled nurse vacancies. This led to potentially unsafe staff/patient ratios and gave us the drive we needed to close the area completely and start again.”

Establishing a clear identity

Ambulatory care was closed throughout the Summer and Autumn of 2016, only reopening in November. After six months without ambulatory care, the hospital had proved that it didn't need to use it as a spill-over unit for bedding inpatients. Once it re-opened, staff were no longer reliant on ambulatory care in this way and this change in mindset allowed the unit to begin functioning as a proper Ambulatory Care Unit. The service continued to operate as a bay on Ilchester ward, but moving forward with a clear identity and team of its own.

A dedicated team

One of the issues that had made it particularly difficult to sustain an effective AEC service in the past was the fact that it was often forced to run at reduced capacity due to staffing problems. This became a downward spiral as poor staff/patient ratios led to an increase in safety challenges and a rise in the number of complaints, all of which contributed to declining staff morale and an increase in staff turnover.

An innovative approach to recruitment

After wiping the slate clean and starting the service afresh, the unit was able to recruit a dedicated AEC sister, which meant that there was finally someone at the helm with a clear ambulatory focus. A dedicated Ambulatory Emergency Care team was formed from existing ANPs who had been with the service from the beginning but who, previously, had also supported Ilchester Ward. They joined newly-recruited Band 5 nurses to become a dedicated AEC team, entirely separate from Ilchester ward. The Ambulatory Care Unit became the first in the country to recruit a Band 5 paramedic to join the team.

Jenni explained the thinking behind this:

“We had always struggled to fill our vacancies with sufficiently qualified and enthusiastic staff. During one of our recruitment drives, we received an enquiry from James Rees who was a paramedic, asking if we would consider him for the role. He had a relevant skillset that could be enhanced with appropriate training and, crucially, he was enthusiastic and sufficiently motivated to enquire. Our Matron for Ambulatory Care, Trudy Goode spoke to our Director of Nursing and we agreed that we would take him on but monitor his progress closely. As an organisation we have a track record of trialling new staffing models. We took James on in ambulatory care, actively supported by the Medical Day Unit sister, Anne Lock, and Trudy Goode.”

A personal passion

James had joined the South West Ambulance Service in 2015. From the outset he was passionate about the Right Care initiative, which focuses on reducing the number of patients admitted to A&E.

"I have a personal interest in reducing the load on the emergency department (ED) and preventing unnecessary admissions. I read about AEC and thought it was a great way of tackling some of the patient flow challenges and keeping people out of hospital if they didn't need to be there. A more usual career pathway for me would have been to become a specialist paramedic but I was keen to pursue my interest in the way hospitals manage urgent medical complaints. When I saw the advert for the AEC nurse, I emailed to ask if they would consider me.

Medical advances mean that many more conditions can now be managed outside the acute hospital. Patients also prefer to be at home. I wanted to be part of a service that could help to achieve this."

Trudy added:

"As this was a new service, people were wary of joining ambulatory care at first. We tried seconding colleagues from elsewhere in the hospital and advertising externally. When we received James' enquiry I was excited. I could see immediately that he had transferrable skills and would bring a fresh approach to the role which would benefit both us and him."

James brought a valuable understanding of pre-hospital emergency care to the team. When he joined the hospital, he scoped out his skills and experience with a member of the education team and they agreed a programme of training that would enable him to reach the required level of competence. It was an intensive process, with James attending training courses every week for the first couple of months.

Holistic way of working

Trudy added:

"Despite there being a few cultural challenges and the need to devise a dedicated training programme to upskill him, employing James has proved to be an overwhelmingly positive experience. Many parts of the NHS are facing unprecedented recruitment pressures. Allowing people to try new approaches not only helps us to meet these challenges but also contributes to a happier workforce. James' experience has brought a more holistic way of working to AEC.

Thanks to his involvement in the service, we are considering if there are any ways we could manage patients more effectively even before they reach the hospital. Paramedics are risk-assessed in a different way to ward nurses and there are things that we could learn from that. Having James on board has also helped to bridge the gaps between us and the ambulance service, and he brings a personal perspective to our integration efforts. He is continuing to work some bank shifts to maintain his registration so there is cross-fertilisation of ideas between the two organisations. We are even considering creating a new role based on everything we have learned from having James as part of the team."

Telephone advice line

A communication campaign with GPs both prior to the reopening of ambulatory care and afterwards, let them know about a new telephone line for all GP referrals. Its aim was to ensure that all patients received the right care in the right service first time. Calls are answered by an acute physician during Ambulatory Care Unit opening hours (8am to 8pm).

Dorset has not developed specific ambulatory pathways, instead staff on the unit consider individual patients on a case by case basis. Trudy explained:

"We are prepared to consider most patients as potentially ambulatory providing there are not clear indications to the contrary. The most common conditions we see are DVT, PE, chest infection and non-acute chest pains."

Empowered to make changes

Staff on the unit have been empowered to make small changes that can make a big difference. For example, Healthcare Assistants (HCAs) wanted to be able to move the linen cupboard to make it more accessible and were given free rein to do so. HCAs are also given protected time to carry out their key duties, so, for example, nurses may be called on to carry out patient observations during mealtimes. Changes like these have led to a growing sense of teamwork and cooperation among ambulatory care staff, which is having a knock-on effect on recruitment. In recent months, rather than struggling to recruit, the unit has attracted two student nurses who completed their placements there and wish to join as full-time staff.

Top 10 nationally

From having a sub-optimal Ambulatory Care Unit that performed intermittently, Dorset County Hospital recently topped national league tables for the four hour A&E standard and is consistently among the top 10.

Ambulatory care is now handling approximately 23% of the weekly daytime emergency medical take, up from 6%. As well as being used to divert patients from ED, the unit is now being used effectively as a place for clinical follow-ups for patients who have been discharged. Consultants can contact the unit to arrange to see patients there for any follow up treatment post-discharge.

Next steps

The Ambulatory Care Unit has three chairs and three trolleys and is open Monday to Friday from 8am to 8pm. The next step for the hospital is to extend opening hours to seven days a week. It also has plans to move ambulatory care to an area that is co-located with the Medical Day Unit and Hospital at Home. At this point, the Unit may expand to be able to accommodate more patients.

Key success factors

Recruiting a Band 5 paramedic has proved a big success in Dorset. It has both helped to address some of the recruitment issues and has brought fresh ideas and transferrable skills to the role.

Closing the Unit for several months helped to break the pattern of using ambulatory care as a spill-over for the adjoining ward. Since re-opening the Unit in November 2016, there has only been one instance of overnight bedding.

The team in Dorset offer the following advice to other organisations, based on what they have learned:

- Don't rush. Give yourself at least a few weeks to plan and to lay the groundwork.
- Learn from the past but don't live in it. If you have tried to run AEC before but not succeeded, take time to understand why the service failed and put plans in place to prevent that from happening again. Use PDSA (plan, do, study, act) to test and streamline services.
- Consider having your consultants or most senior staff members manage your medical take and referrals to allow for rapid decision-making.
- Don't underestimate the importance of having a dedicated and enthusiastic team.
- Get 'heavy-hitting' stakeholders on board early - you never know when you'll need executive or CCG support.
- Be willing to take a managed risk, such as employing a paramedic to fulfil the role of the AEC nurse.



AEC at NHS Elect
Suite 2, Adam House
7-10 Adam Street,
London, WC2N 6AA

Tel: 020 7520 9088

Email: aec@nhselect.org.uk

www.ambulatoryemergencycare.org.uk