



Ambulatory Emergency  
Care Network

Ambulatory Emergency Care

# AEC a national priority

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# Directory of AEC for Adults



Version Five Updated July 2018 with 2017/18 NICE codes

**NHS Elect**

**Ambulatory Emergency Care**

**Directory of Ambulatory Emergency Care for Adults**

Contains seven new clinical scenarios

Previous version September 2014

Click here to get started

1 An introduction to AEC | 2 Directory of Clinical Conditions | 3 Further information & support

General Medicine | Trauma & Orthopaedics | General Surgery | Urology | Obstetrics & Gynaecology

**General Medicine**

Blue shaded condition/scenario cells indicate where nurses have identified a pathway that has the potential to be nurse and/or non-medical practitioner led, given advanced clinical skills and relevant training.

Deep vein thrombosis		Pulmonary embolism	
HRG Codes and Detail		HRG Codes and Detail	
QZ20Z Deep Vein Thrombosis		DZ09B Pulmonary Embolus with Intermediate CC	
		DZ09C Pulmonary Embolus without CC	
		DZ28Z Pleurisy	
% potential ambulatory care (primary ICD-10 coded admissions)		% potential ambulatory care (primary ICD-10 coded admissions)	
Low: 10-30%	Moderate: 30-60%	Low: 10-30%	Moderate: 30-60%
	High: 60-90%	<b>High: 60-90%</b>	Very High: >90%
	<b>Very High: &gt;90%</b>	Specific Safety Issues (not Exhaustive)	
Specific Safety Issues (not Exhaustive)		Massive vs non-massive pulmonary embolism.	
Thrombophilia or possible malignancy.		Thrombophilia or possible malignancy.	
Evidence		Evidence	
NICE: Venous thromboembolism: <a href="http://bit.ly/1Uz4Ahk">http://bit.ly/1Uz4Ahk</a>		NICE: Venous thromboembolism: <a href="http://bit.ly/1Uz4Ahk">http://bit.ly/1Uz4Ahk</a>	

SHOW ICD-10 HIDE ICD-10

SHOW ICD-10 HIDE ICD-10

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6<sup>th</sup> edition published March 2018



# Vision

- For AEC to transform emergency care similar to the transformation seen in elective care with the adoption of day surgery
- For all GP referrals (unless Clinically unstable NEWS >5) to be managed through an AEC service resulting in 50% of GP referrals being managed 'same day' and not admitted to a hospital bed.
- 30% of emergency admissions to be converted to same day emergency care
- A reduction in non elective occupied bed days
- Provision of a better quality patient experience
- Reducing pressure on the system



# Enablers

- Consultant led service
- Advanced nursing roles
- Near patient testing
- Rapid access diagnostics
- Designated service



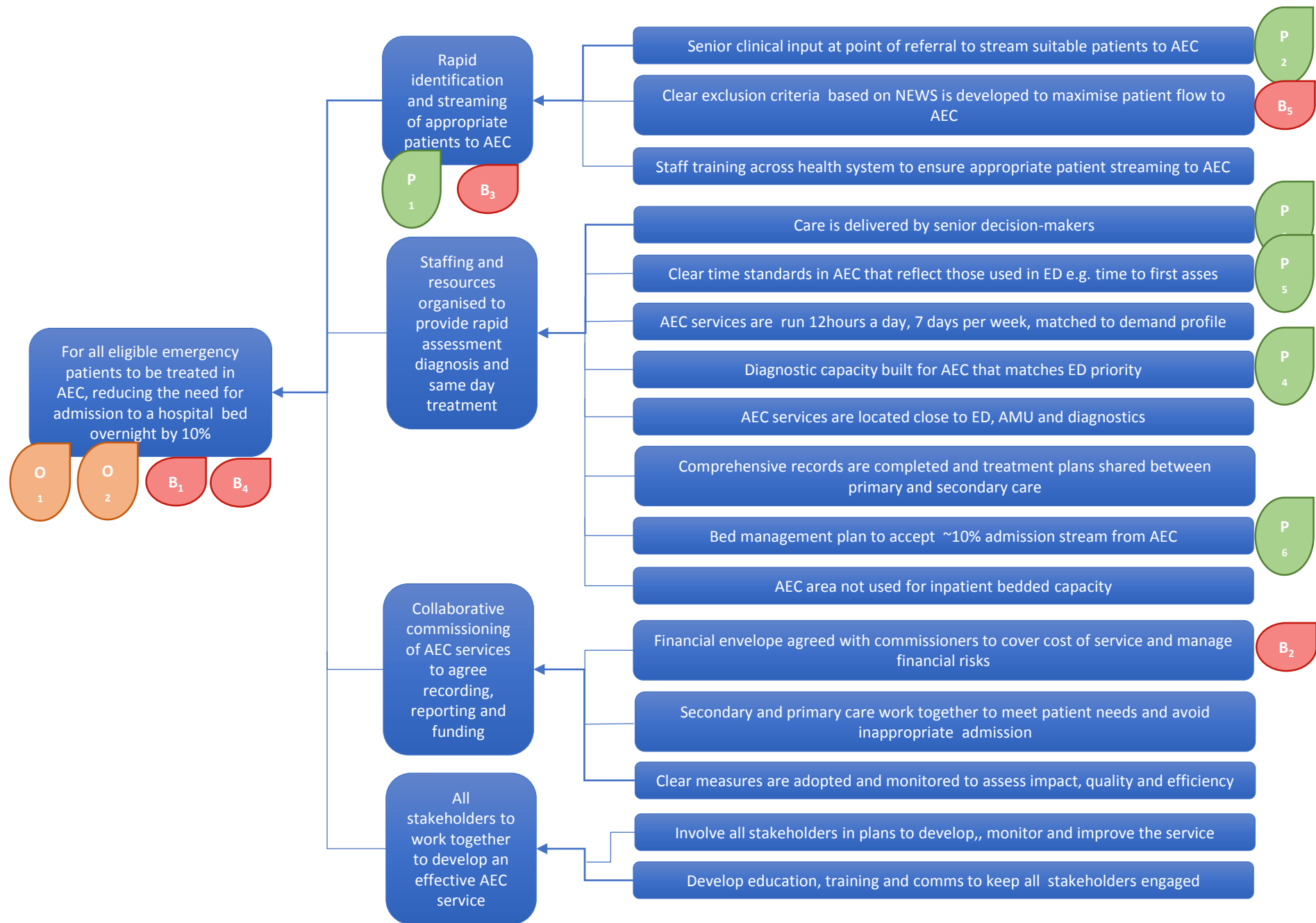
# Drivers - BPT Clinical Scenarios

There are a number of conditions where BPT is applied in Emergency Care. These are:

- Abdominal Pain
- Acute Headache
- Anaemia
- Appendicular Fracture
- Asthma
- Bladder Outflow Obstruction
- Cellulitis
- Chest Pain
- Community Acquired Pneumonia
- Deliberate Self Harm
- DVT
- Epileptic Seizure
- Fall, including Syncope/Collapse
- Low Risk Pubic Rami fracture
- LRTI without COPD
- Minor Head Injury
- PE
- Renal/Ureteric Stones
- SVT including AF

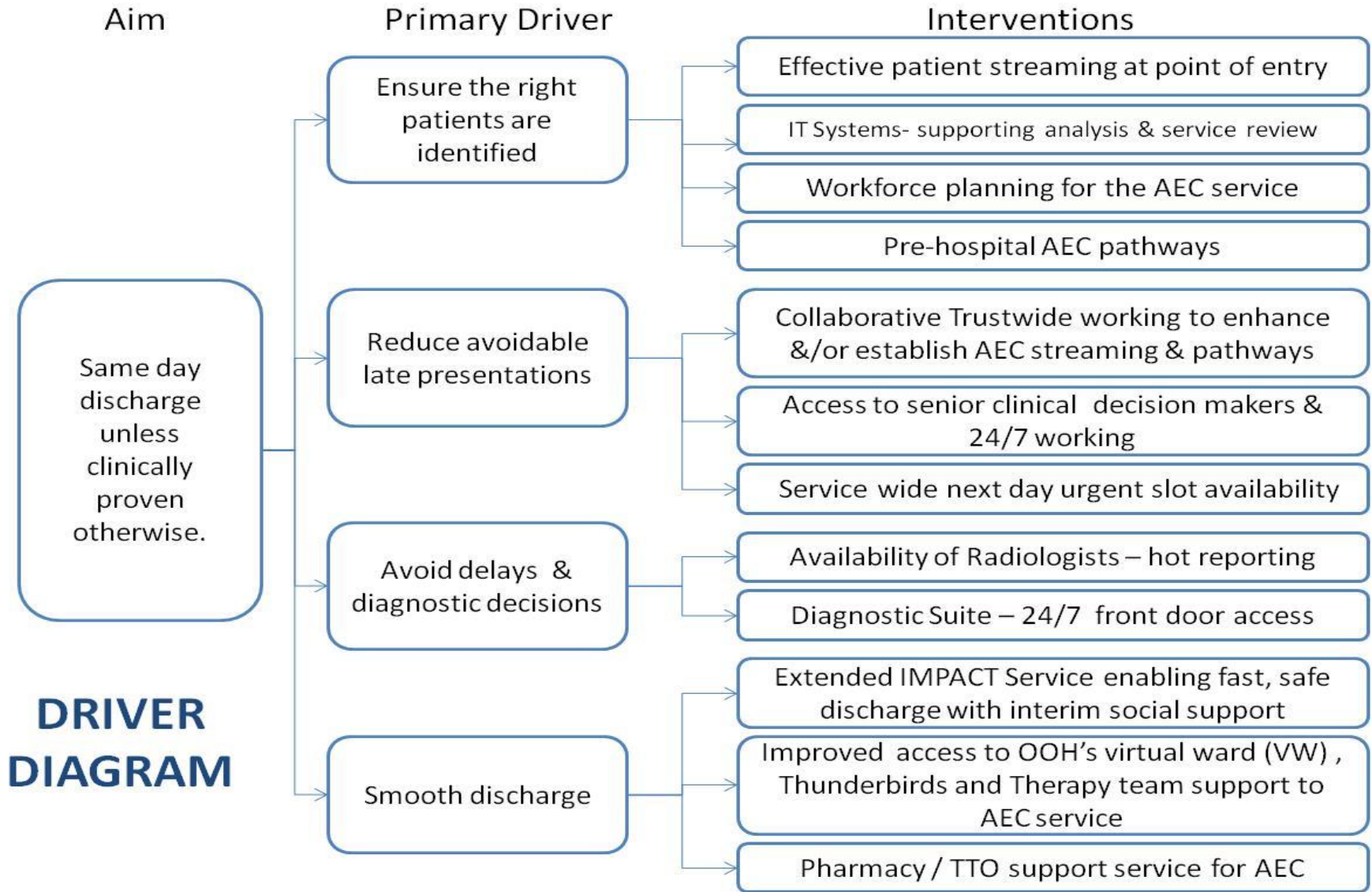
Proposed clinical scenarios to be introduced in the 2017/19 commissioning period:

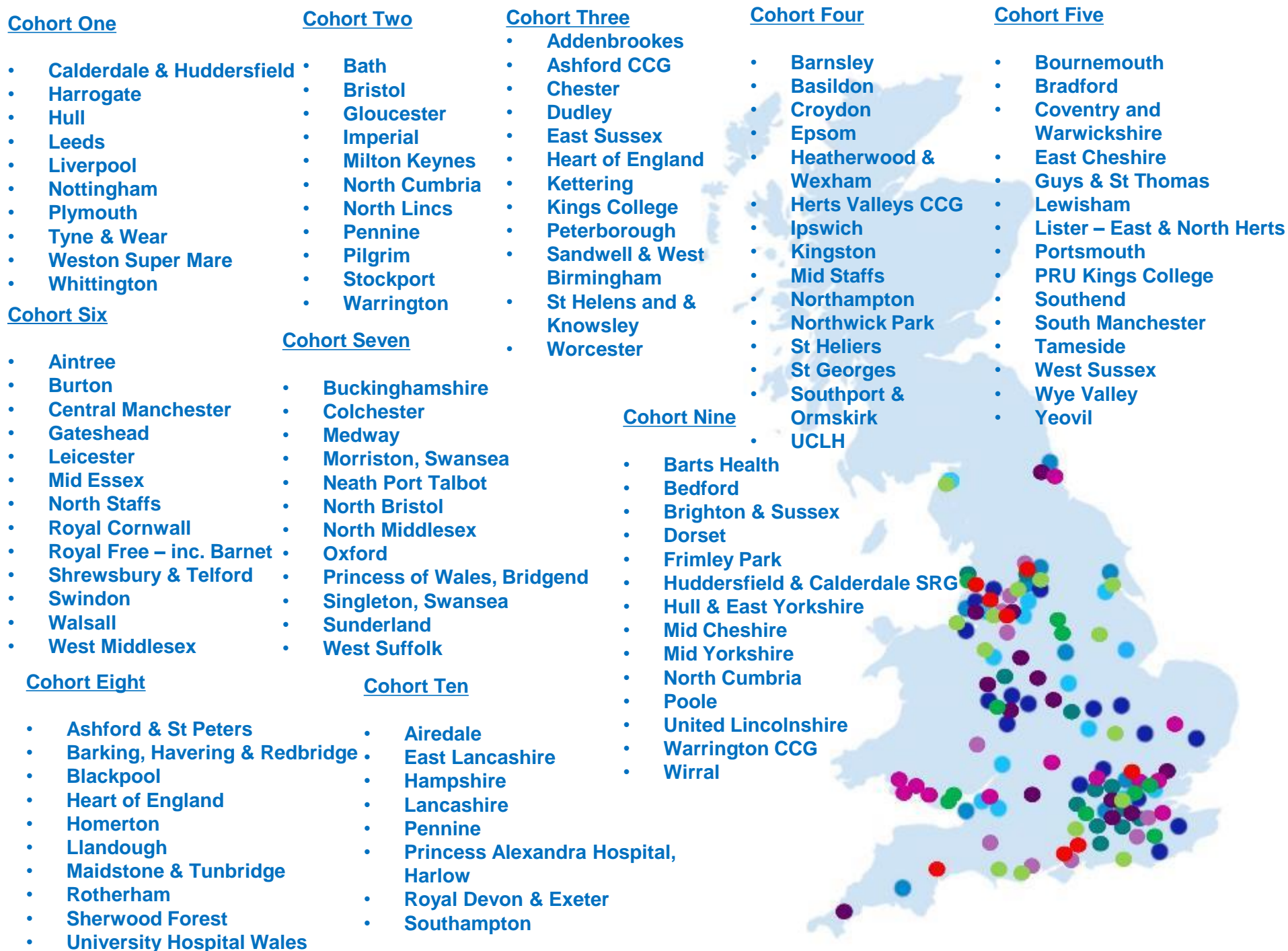
- Abnormal liver function
- Acutely hot painful joint
- Chronic indwelling catheter problems
- Gastroenteritis
- Transient ischaemic attack
- Urinary tract infection
- Upper gastro-intestinal haemorrhage



# Driver diagrams - AEC example

## Dudley Group NHS FT









# AEC Accelerator

- 6 month intensive programme 'site based' to maximise AEC

	Managed in AEC	Not managed in AEC
Appropriate for AEC	<b>Box 1: Success</b> Patient appropriately seen in AEC (expect around 10-15% conversion)	<b>Box 2: Missed opportunity</b> (clinically conservative / AEC capacity)
Not appropriate for AEC	<b>Box 3: Wasted capacity</b> Patient could/should have been managed outside of AEC	<b>Box 4: Success</b> <b>Appropriate</b> inpatient / outpatient care

- Initial site diagnostic and case file review (assessment)
- Feedback following diagnostic (diagnosis)
- Recommended local workshops and actions (prescription)
- 3 local workshops (Intervention)
- 2 national events (Information)

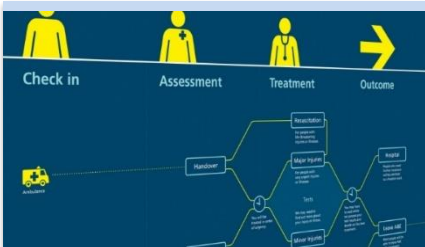


# Methods



## Current service and plans

Face to face meeting - current service and plans; walk patient pathway



## Activity data

National data

local data



## Casefile review

Clinically led casefile review





# AEC accelerator sites

Kings College Hospital - Denmark Hill

Northampton

Kings College Hospital - PRUH

Great Western Hospital – Swindon

Hillingdon

Isle of Wight

Kettering

Mid Yorks

University Hospitals Coventry and Warwickshire

Rotherham

The important elements of a highly functioning AEC system are:

- > **Culture** – the enthusiasm and belief that AEC offers a timely, high-quality clinical service
- > **Communication** – early provision of accurate information for patients
- > **Staffing** – clinical staff providing high-quality clinical assessments; this is best delivered by senior doctors (usually consultants) and senior nurses as nurse practitioners with clinical and prescribing skills
- > **Collaboration** – this is related to culture, and describes how the AEC service links with referral departments (ED and primary care), diagnostics and specialist services
- > **Location** – co-location of AEC services with an ED or acute medical unit (AMU) improves collaborative working with the AEC team, with a reported increase in throughput of 50%
- > **Facilities** – this will vary depending on the number of patients and the case mix
- > **Partners** – including the wider healthcare system (eg community services, local authorities and social services) in the planning and organisation of AEC to meet the needs of older patients.

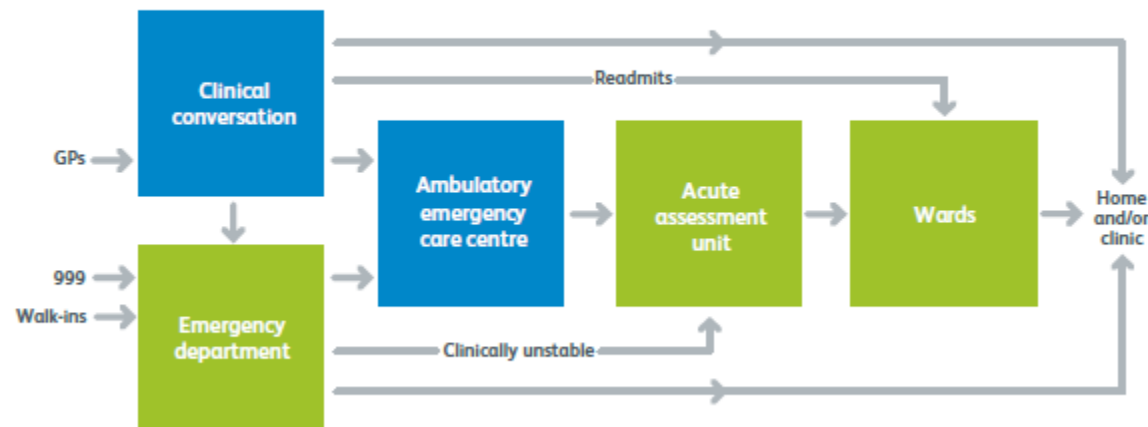
# Acute care toolkit 10

## Ambulatory emergency care

October 2014

Figure 1: Example of an AEC process model

**Overarching principle:** treat all emergency patients as ambulatory until proven otherwise

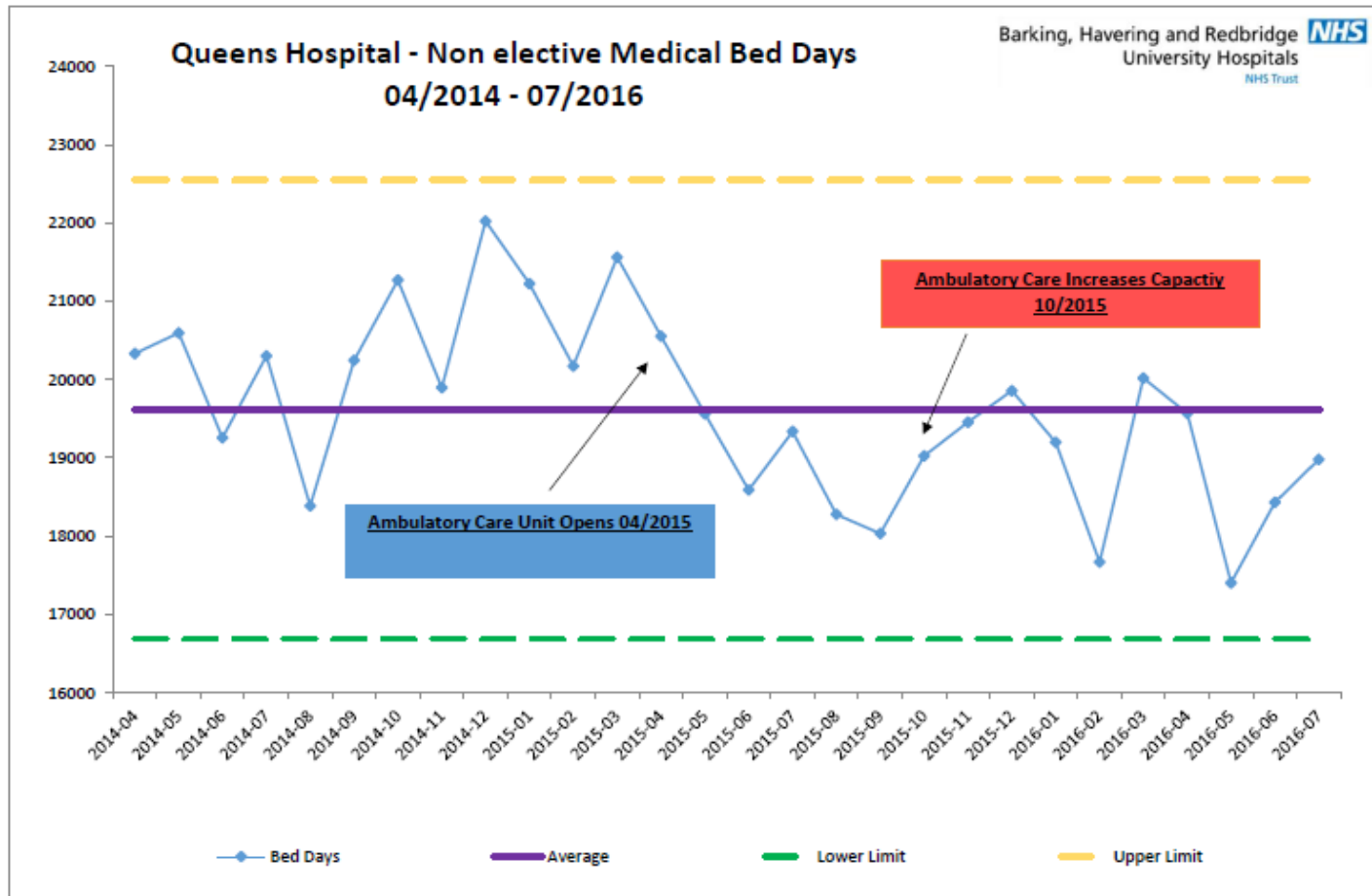




# AEC Principles

- Senior clinical input is needed at the point of referral, to redirect suitable patients to ambulatory care.
- Clear exclusion criteria based on the National Early Warning Score (NEWS) should be developed to maximise patient flow to ambulatory care.
- Where possible, the AEC service should be located close to accident and emergency (A&E).
- Staffing and resources should be organised to provide rapid assessment, diagnosis and treatment on the same day.
- The time standards in AEC should match the clinical quality indicators for ED
- Patients should be informed early in their journey (ideally in the ED or by the GP) that they are likely to receive treatment that day and are unlikely to be admitted overnight, to manage their expectations and those of their family.
- Secondary and primary care services should be geared around patient needs and work together to provide ongoing care outside of hospital, to avoid a full admission.
- Staff training is needed across the local healthcare system to ensure that appropriate patients are streamed to ambulatory care.
- Comprehensive records must be kept and discharge summaries sent to primary care within 24 hours.
- Providers must work with commissioners to agree how AEC activity will be recorded, reported and funded.
- Clear measures must be adopted and monitored to assess the impact, quality and efficiency of the service.

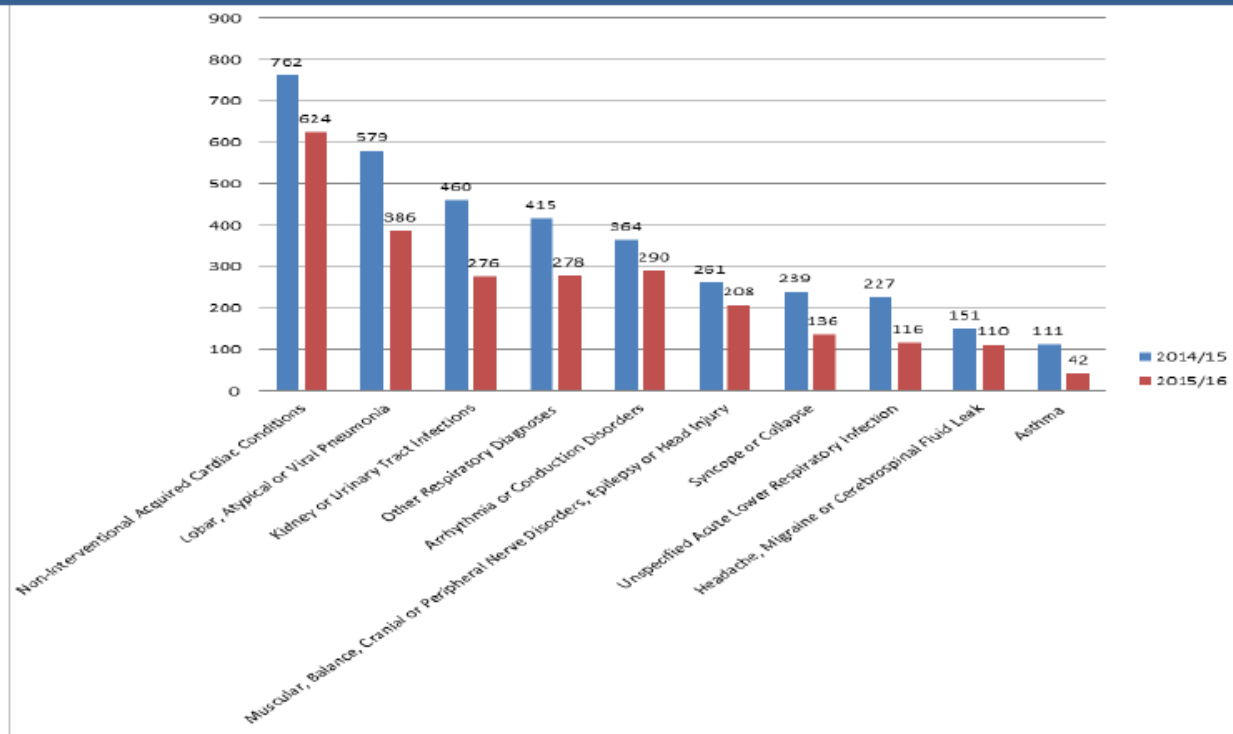
# Barking, Havering & Redbridge





# South Warwickshire

## AEC - Reduction in the number of admissions by condition

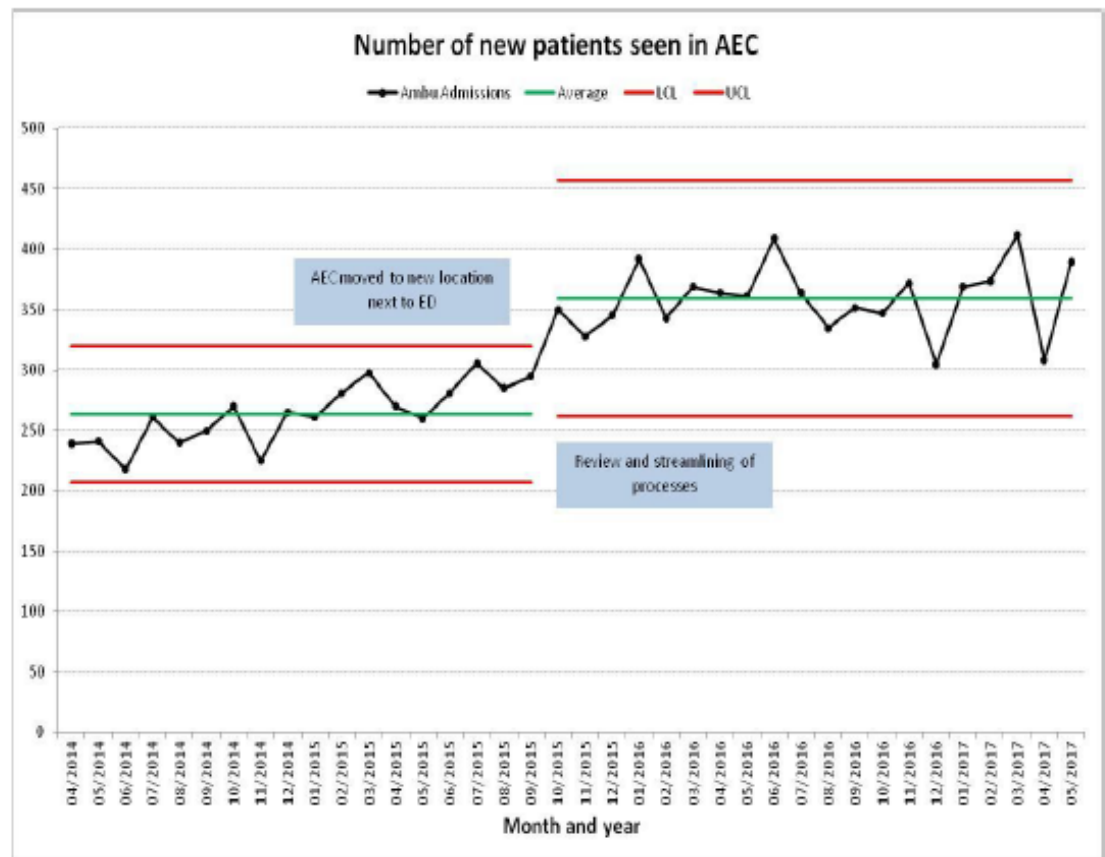


# Princess Alexandra Hospital

Process  
measure

Process  
measures show  
how well we do  
what we say we  
do

## The Princess Alexandra Hospital NHS Trust





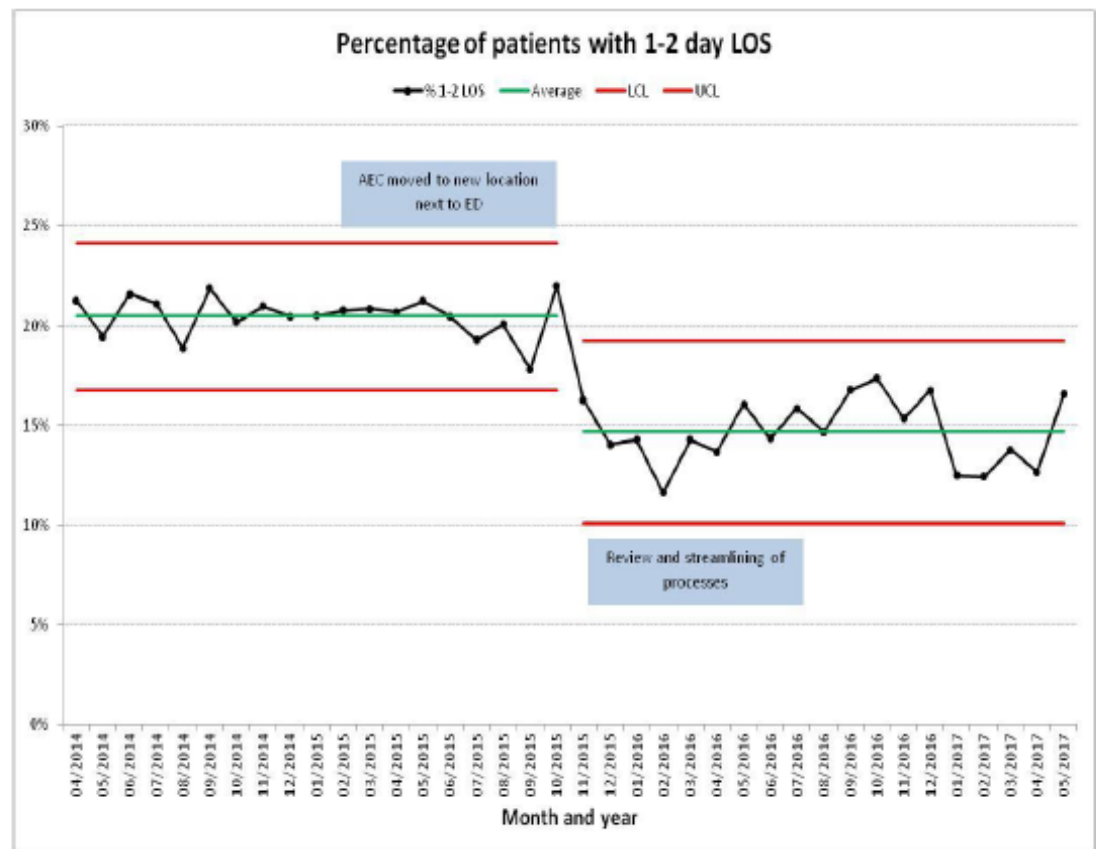


# The Princess Alexandra Hospital **NHS**

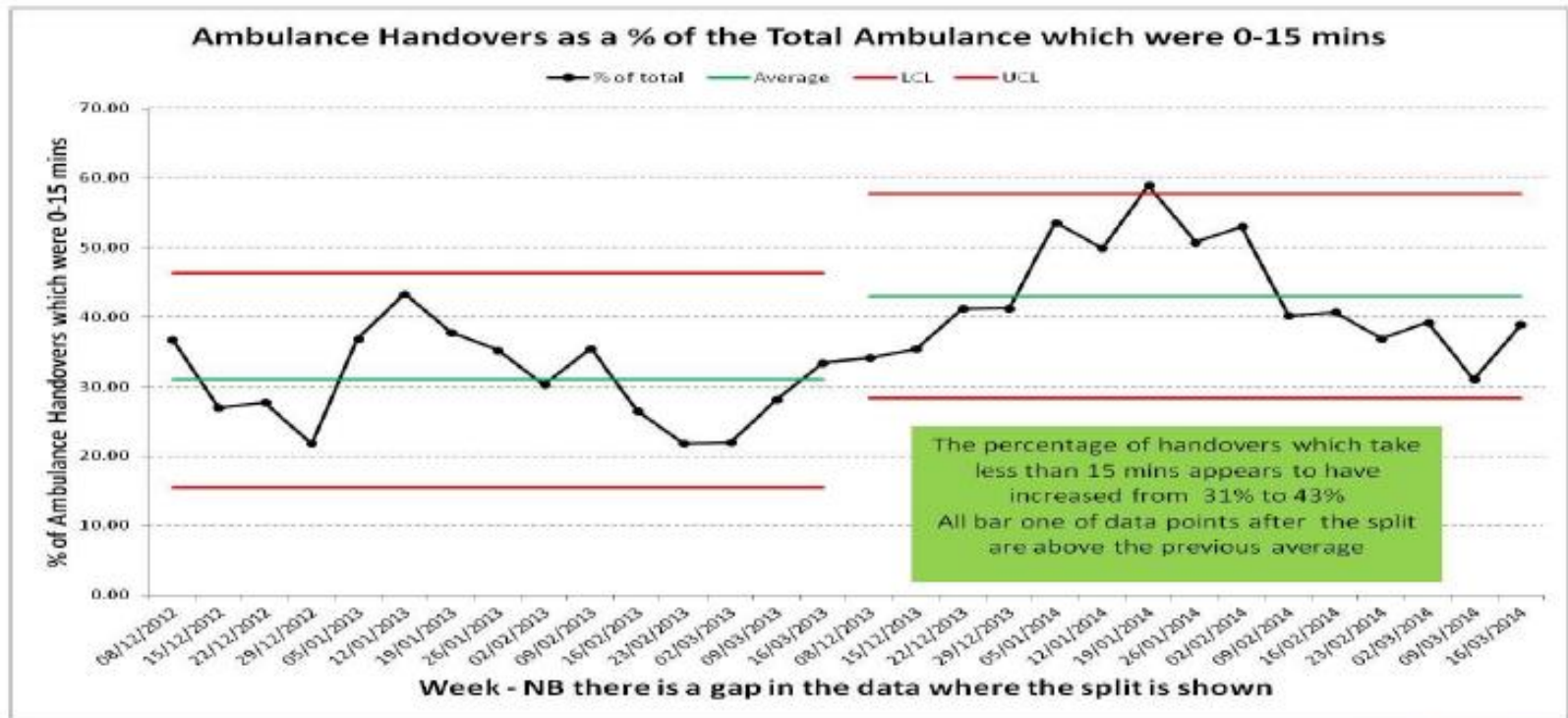
NHS Trust

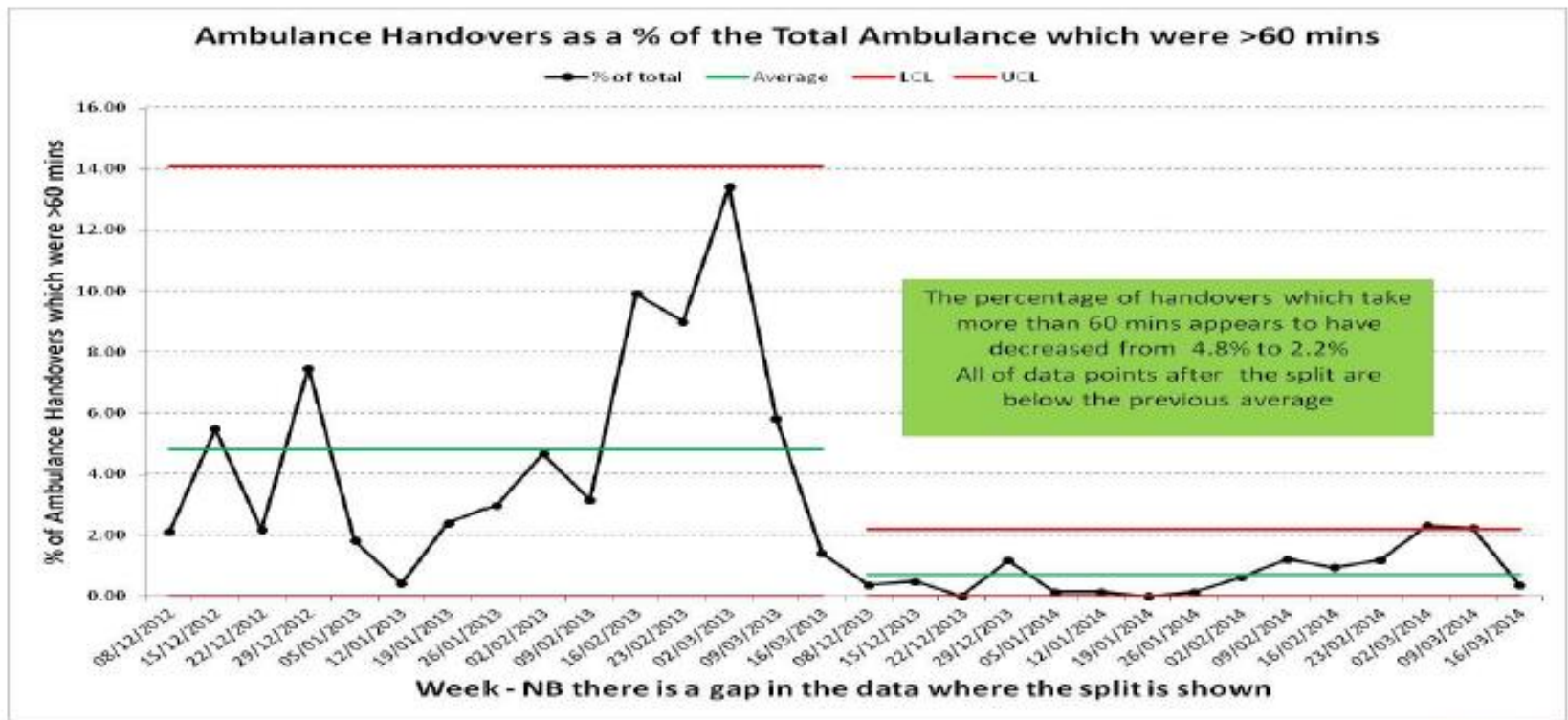
Outcome measure

Outcome measures show the impact on patients/our aim

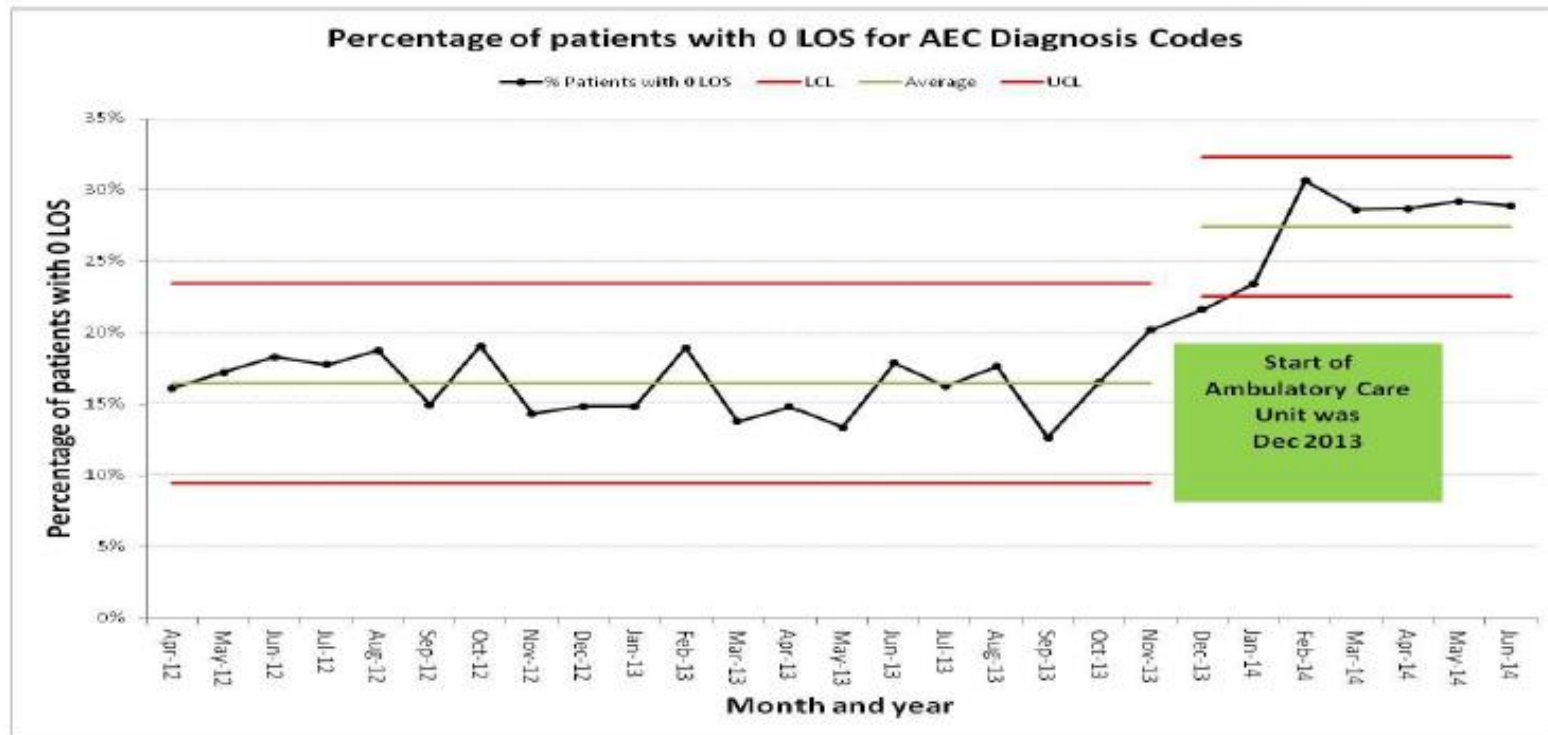


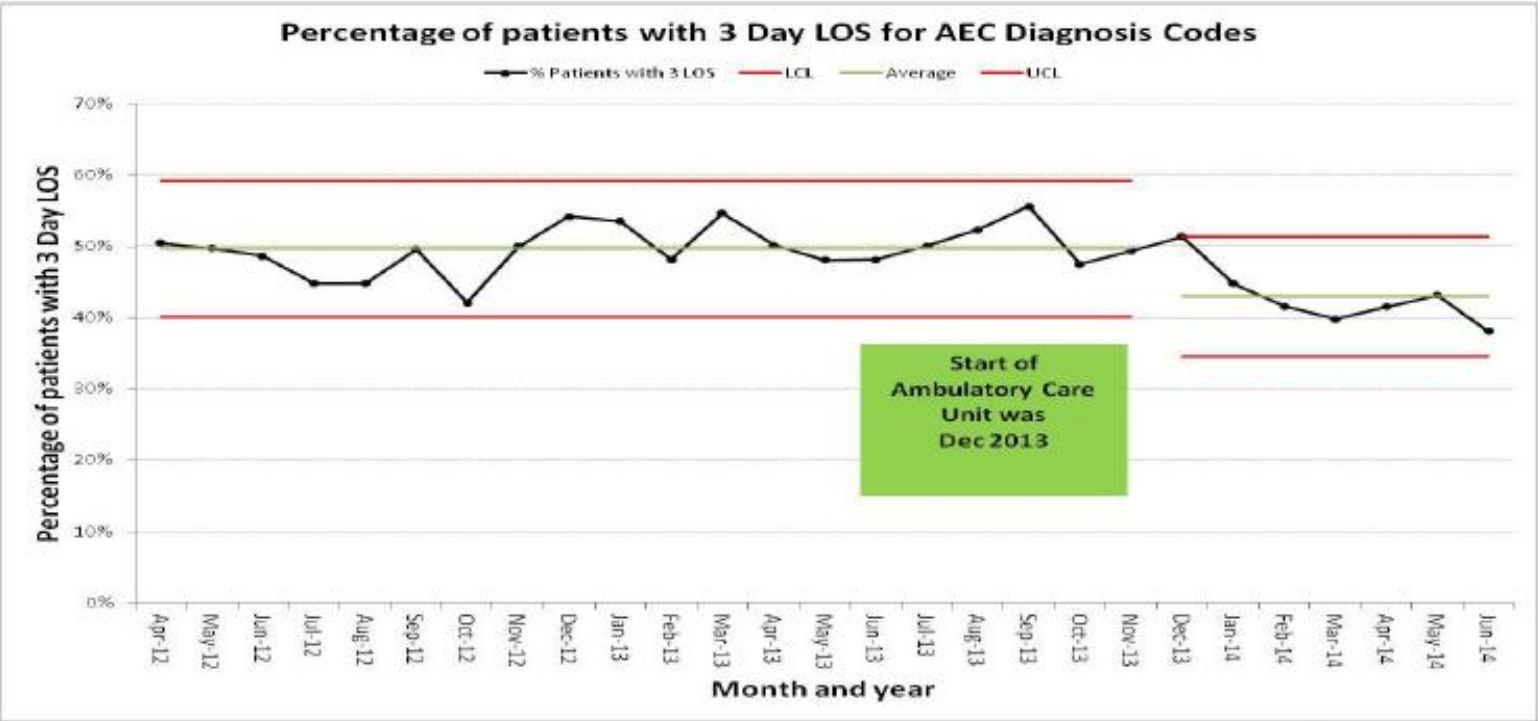
# Heart of England





# Wye Valley



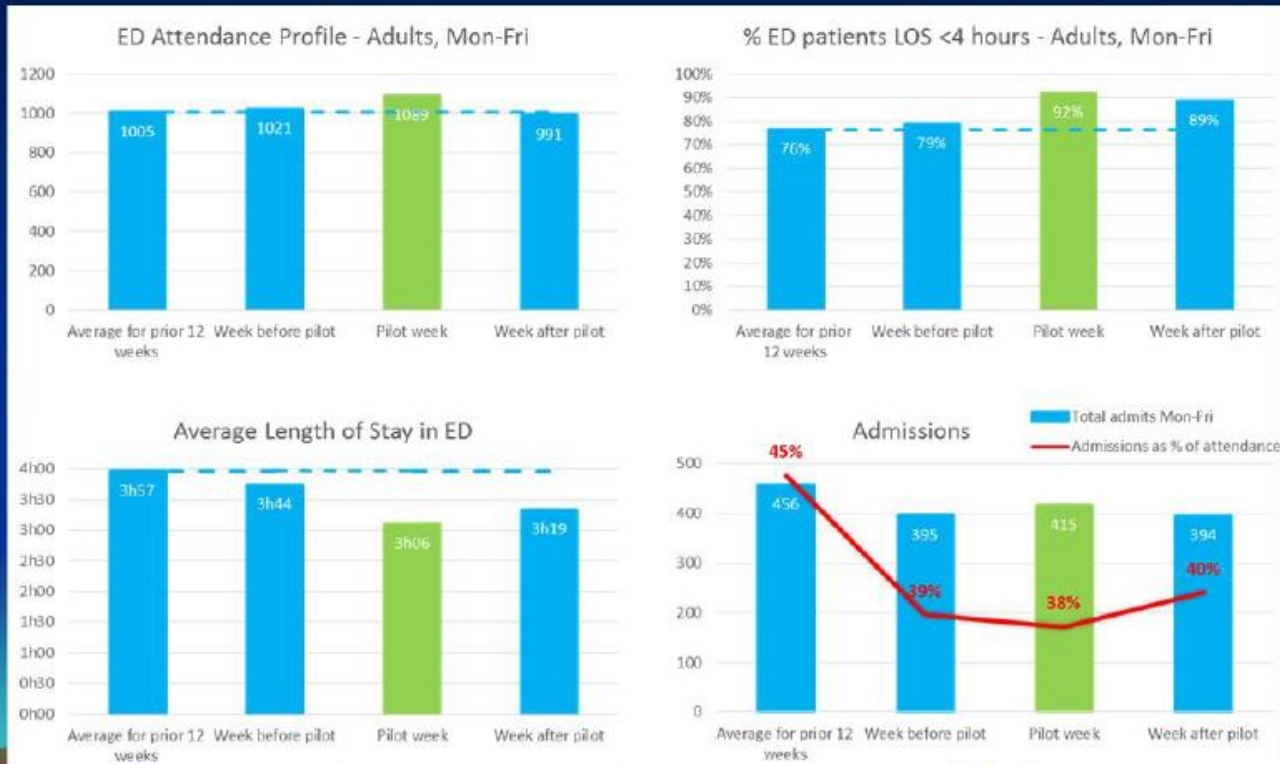




# Barts Health



## Impact on The Hospital





**Ambulatory Emergency Care**  
How Sunderland  
quadrupled its  
Ambulatory Care intake



**Ambulatory Emergency Care**  
Maximising AEC  
to improve emergency  
care access

**NHS**  
Ambulatory Emergency  
Care Network



**Commissioners Guide to  
Ambulatory Emergency  
Care (AEC)**

**NHS**  
Ambulatory Emergency  
Care Network

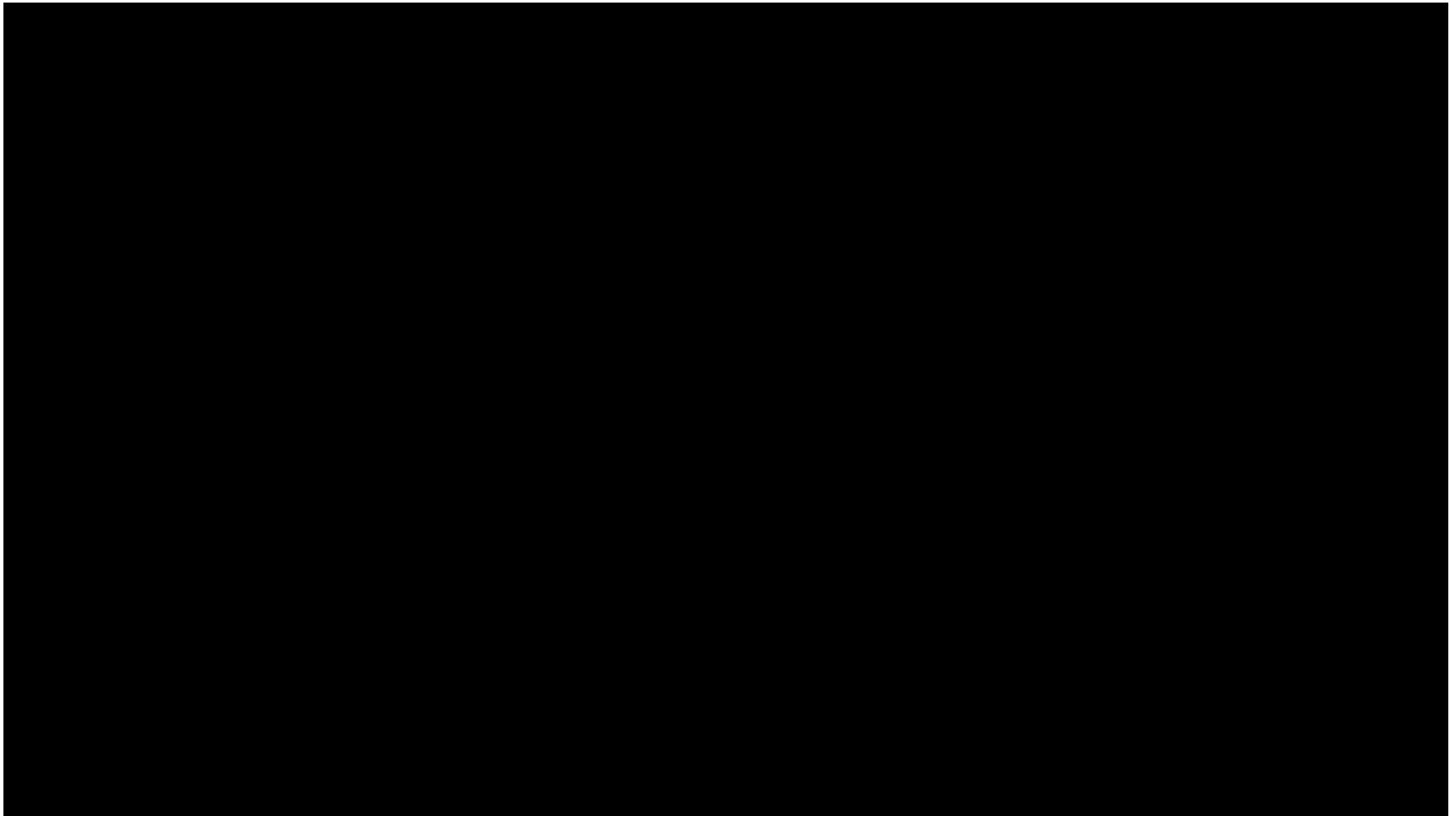


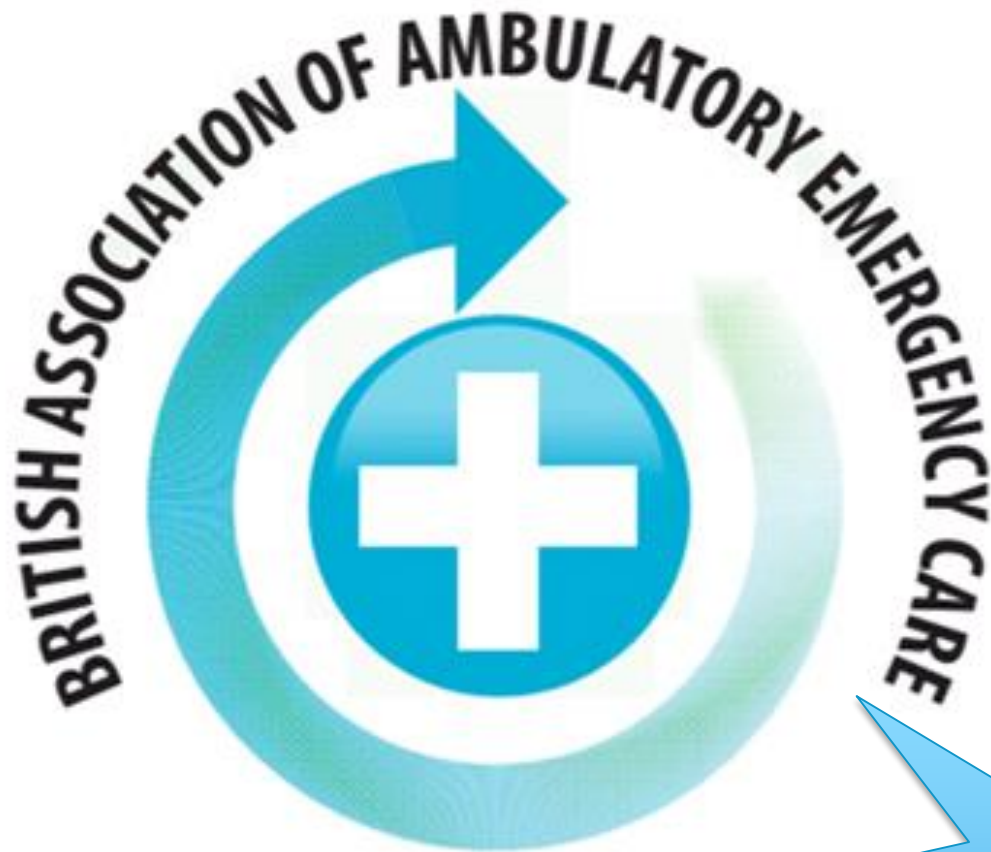
**Operational  
Guide**





## SAEC animated film





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[www.ambulatoryemergencycare.org.uk](http://www.ambulatoryemergencycare.org.uk)



Free  
Membership  
For a limited  
time only



## 5<sup>th</sup> Annual Conference for AEC in the UK

- Save the Date!
- 31<sup>st</sup> October 2018
- Central London



Interested in submitting an abstract for this year's conference? Email us at [aec@nhselect.org.uk](mailto:aec@nhselect.org.uk) for an abstract pack.