NHS

Ambulatory Emergency Care Network

Ambulatory Emergency Care

An update on measurement

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AEC Network Measurement Team

An update on measurement

- **A reminder of what we covered last time and an update on the Measurement Workshop**

- **A look at one of your Driver Diagrams**

- **Some time for you to reflect as a team**

Measurement for improvement

Reference: Langley et al 1996

1. Decide Aim → 2. Choose Measures → 3. Define Measures → 4. Collect Data → 5. Analyse & Present → Repeat steps 4-6 → 6. Review Measures
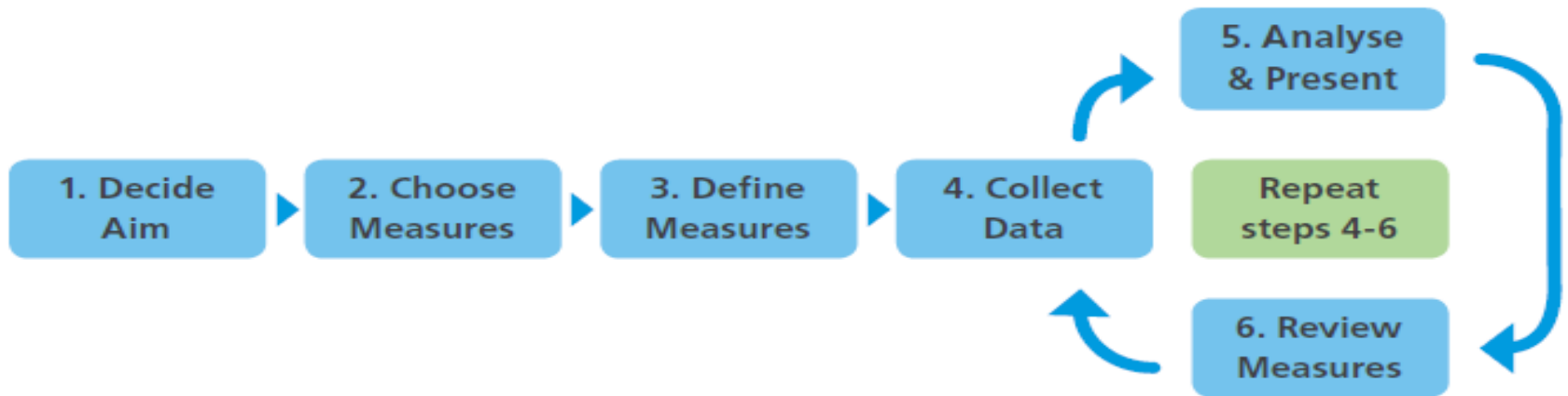
Three types of measures

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

Outcome measures show the impact on patients/our aim

Balancing measures show any unintended consequences

SAEC Data Template
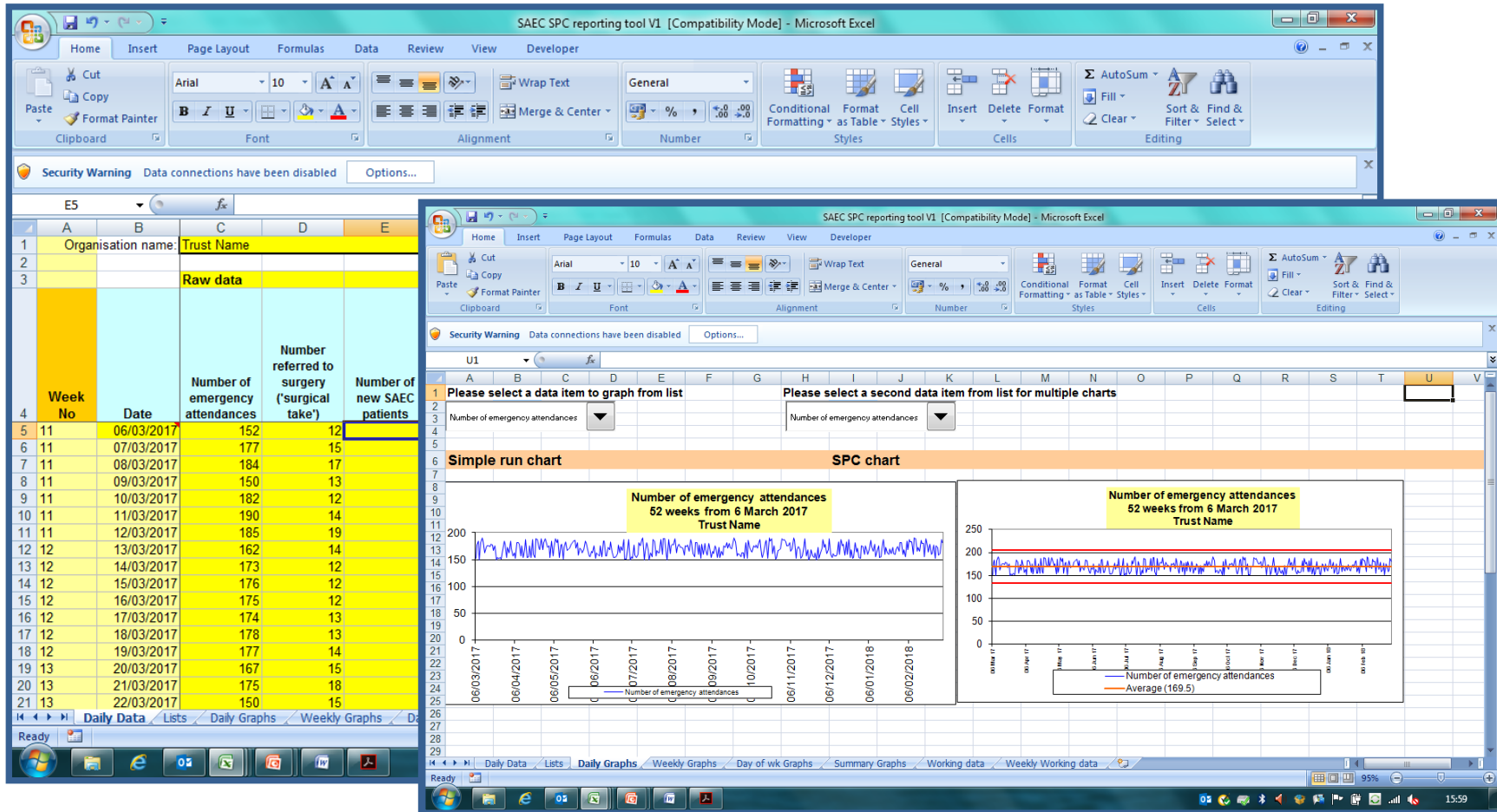
The Princess Alexandra Hospital **NHS**
NHS Trust

Process measure

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

Number of new patients seen in AEC

— Ambu Admissions — Average — LCL — UCL

AEC moved to new location next to ED

Review and streamlining of processes

Month and year
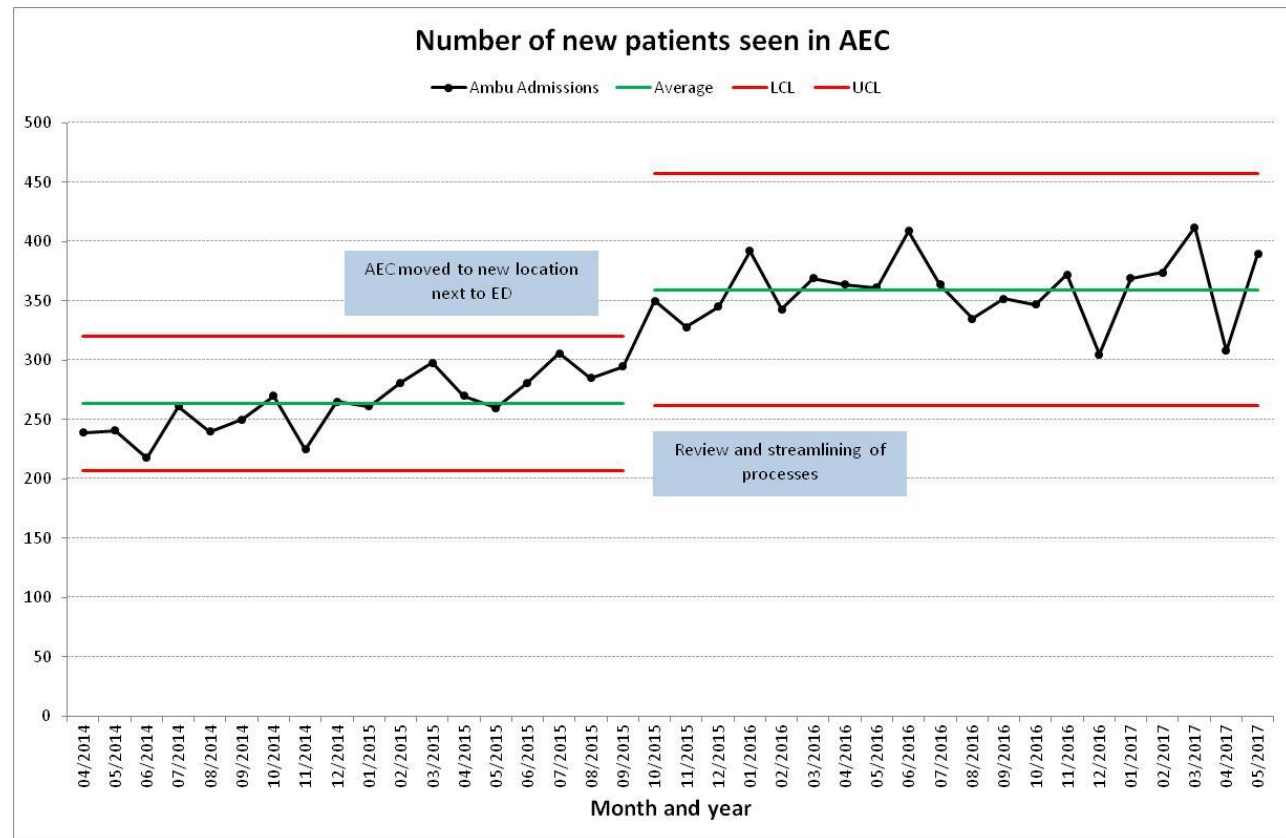
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Outcome measure

Outcome measures show the impact on patients/our aim

Percentage of patients with 1-2 day LOS
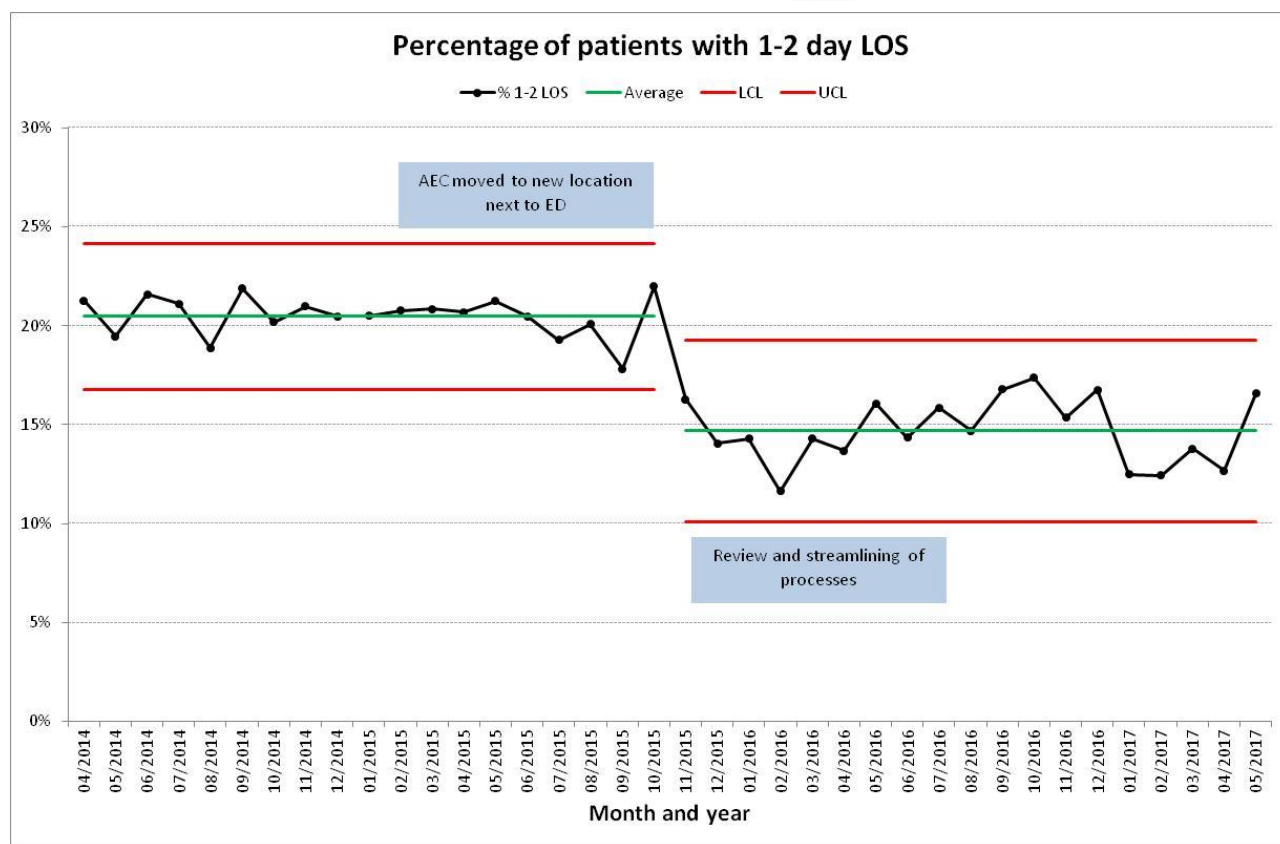
A driver diagram example

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Aim	Driver	Changes planned
O1 To prevent ambulatory patients being admitted to hospital overnight O2	**Ensure the right patients are identified**	**Analyse activity daily**
		Ensure staff are trained in AEC
	Reduce avoidable late presentations	**Undertake board rounds in ED** P2
		Advertise AEC stream
	Avoid delays in diagnostics / decisions	**Advertise service operating times**
		Create next day urgent slots
		Rapid access to diagnostics P1
	Smooth discharge	**Immediate access to senior clinician** P3
		Easy access to take home meds

O1 Overall admission count
O2 Non-elective medical bed days used

P1 time taken to get diagnosis / start treatment
P2 # board rounds in ED
P3 time to access senior clinician
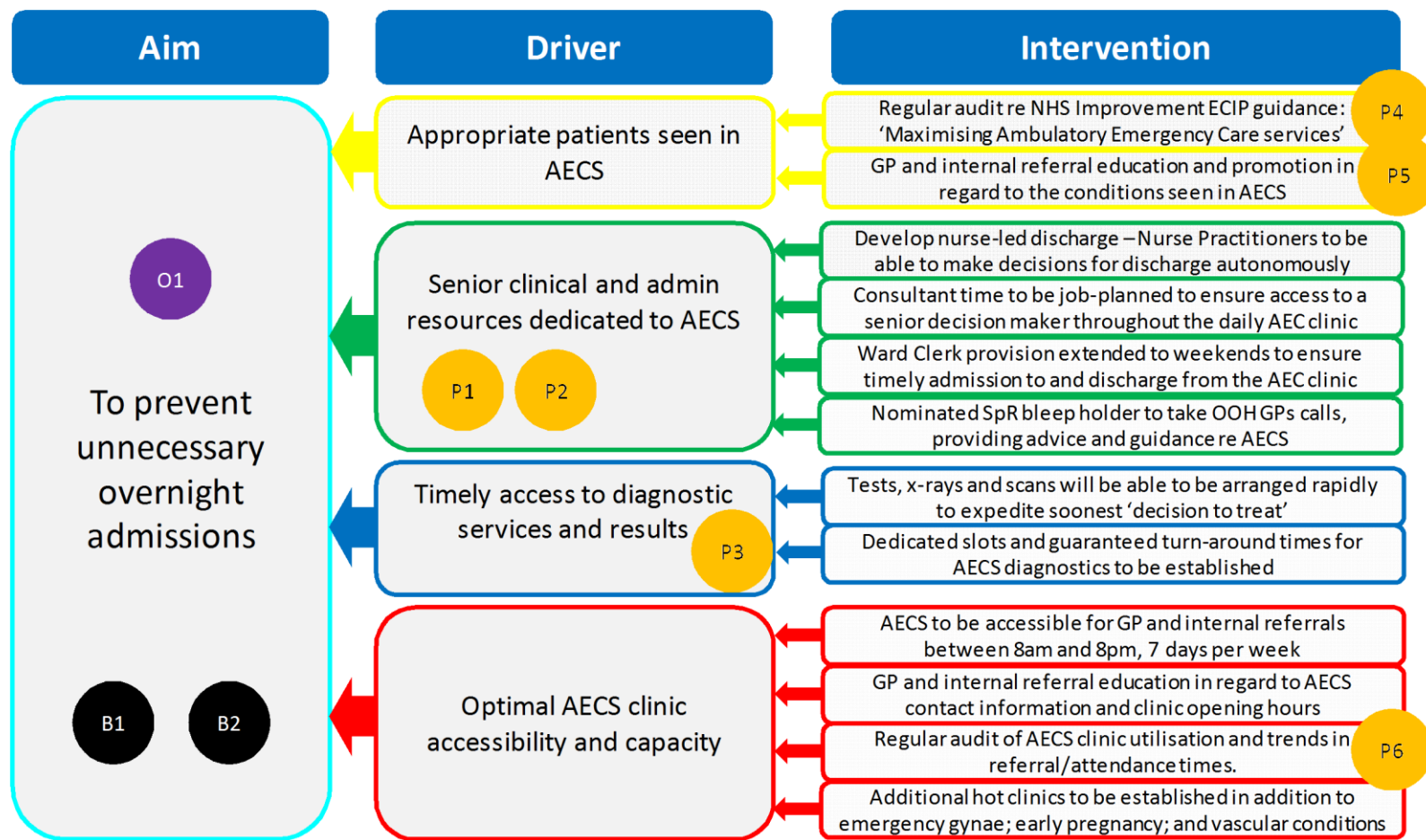
B

B1 re-admission rate
B2 patient experience

Royal Bournemouth and Christchurch Hospitals AECS Driver Diagram (June 2017)

Aim	Driver	Intervention

Appropriate patients seen in AECS
- Regular audit re NHS Improvement ECIP guidance: 'Maximising Ambulatory Emergency Care services' **P4**
- GP and internal referral education and promotion in regard to the conditions seen in AECS **P5**

Senior clinical and admin resources dedicated to AECS **P1** **P2**
- Develop nurse-led discharge – Nurse Practitioners to be able to make decisions for discharge autonomously
- Consultant time to be job-planned to ensure access to a senior decision maker throughout the daily AEC clinic
- Ward Clerk provision extended to weekends to ensure timely admission to and discharge from the AEC clinic
- Nominated SpR bleep holder to take OOH GPs calls, providing advice and guidance re AECS

Timely access to diagnostic services and results **P3**
- Tests, x-rays and scans will be able to be arranged rapidly to expedite soonest 'decision to treat'
- Dedicated slots and guaranteed turn-around times for AECS diagnostics to be established

Optimal AECS clinic accessibility and capacity **P6**
- AECS to be accessible for GP and internal referrals between 8am and 8pm, 7 days per week
- GP and internal referral education in regard to AECS contact information and clinic opening hours
- Regular audit of AECS clinic utilisation and trends in referral/attendance times.
- Additional hot clinics to be established in addition to emergency gynae; early pregnancy; and vascular conditions

Aim: To prevent unnecessary overnight admissions (O1, B1, B2)

Outcome measure O1: higher proportion of 0-day length of stay for surgical take.
Process measure P1: time taken to access senior clinician.
Process measure P2: time taken for diagnosis /treatment.
Process measure P3: time taken to request diagnostics/receive result.
Process measure P4: compliance with ECIP guidance.
Process measure P5: volumes of patients seen with specific conditions
Process measure P6: % utilisation of AECS clinic slots.
Balancing measure B1: re-admission rates.
Balancing measure B2: patient feedback.

Time to reflect as a team

- **Have we reviewed this as a team?**

- **Have we covered all the changes which we plan to make during the programme?**

- **Have we got a process measure for them all?**

- **Have we got a clear aim and outcome measures?**

- **Have we got a plan for completing and returning the SAEC Data Template?**

- **Will we be able to show the impact of our changes?**

Before we go for lunch….

- **We will just hear from a couple of teams**

- **Then make sure that you go and look at everyone else's driver diagram over lunch and ask them about the changes they plan to make**