



Right patient, right place, right time

Susanna Shouls



## Practical principles - commissioning guide

- Shared aims for AEC that include clear measurable outcomes
- Understand the population and flow – what is the expected impact?
- Select tariff approach(es)
- Share financial risks
- Continue focus on patient and flow benefits



## Definition of AEC

- Same day emergency care for patients who would **otherwise** be admitted
- Does your shared objective and understanding for the service use this definition?



## Common aim

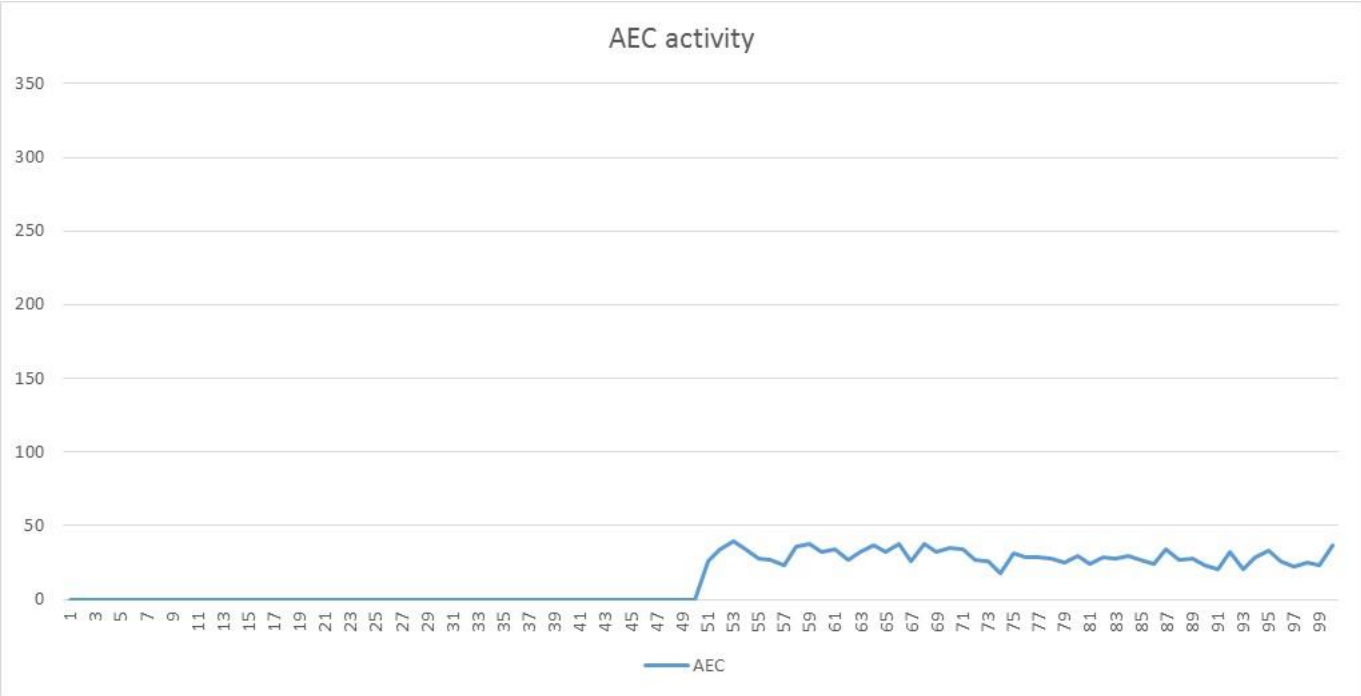
- Aim to reduce emergency admissions
  - Commissioner – value for money is the wider objective
  - Provider – improved patient flow with financial sustainability



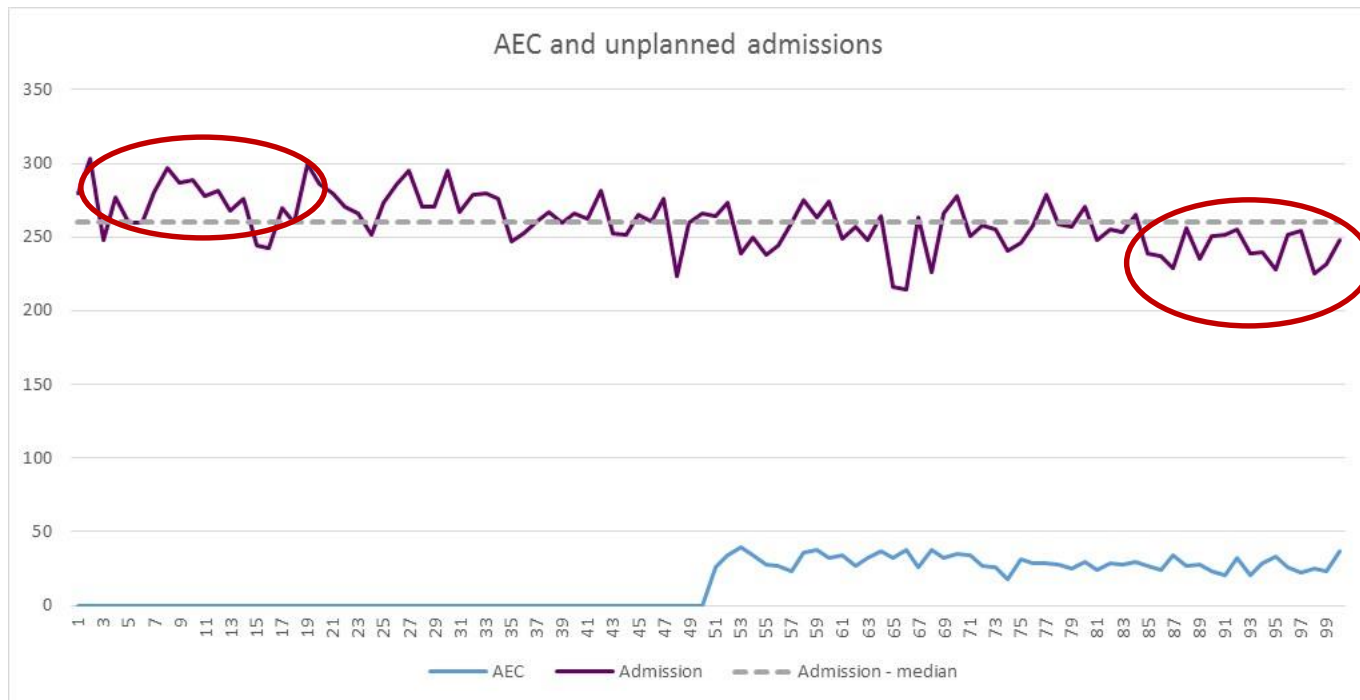
# Population and tariff

	Managed in AEC	Not managed in AEC
Appropriate for AEC	<b>Success</b> Expect around 10-15% conversion	<b>Missed opportunity</b>
Not appropriate for AEC	<b>Wasted capacity</b> Non-urgent case	<b>Appropriate</b> inpatient / outpatient care
	<b>Potential clinical risk</b> Patient too acute $\pm$ too complex	

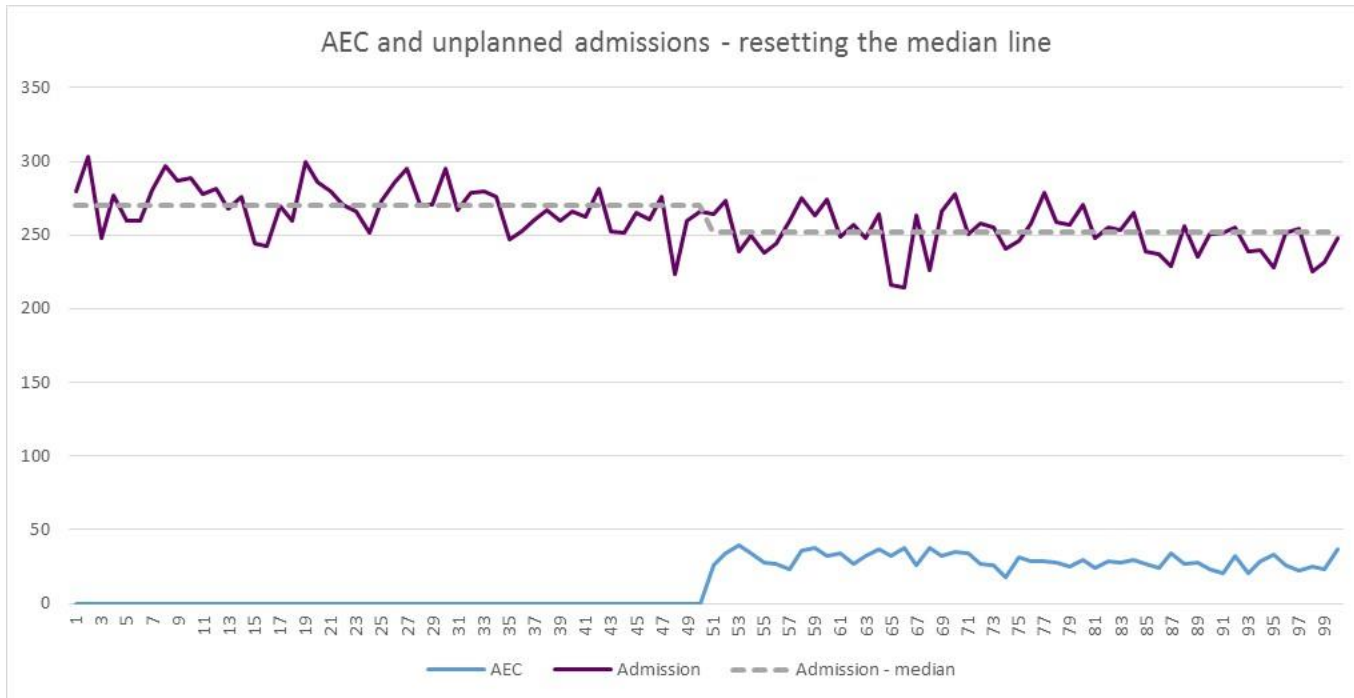
# What does this figure tell us?



# How about this?

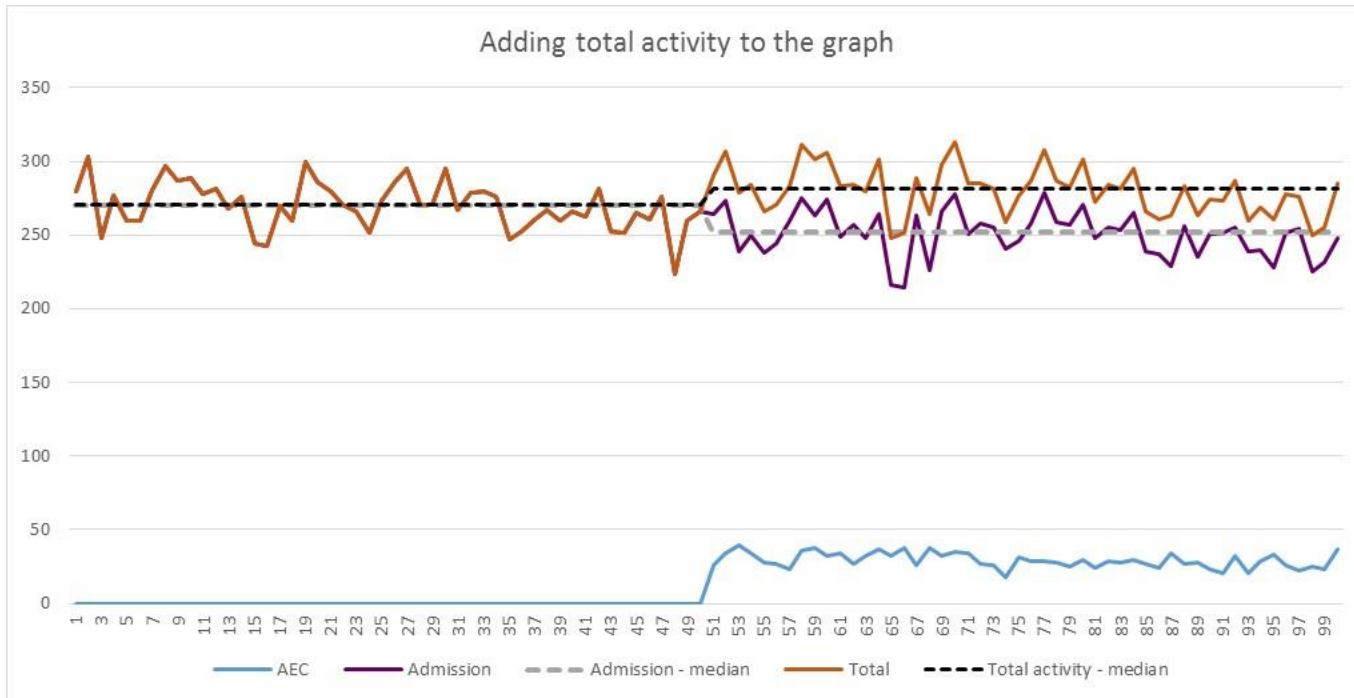


# Do we celebrate?

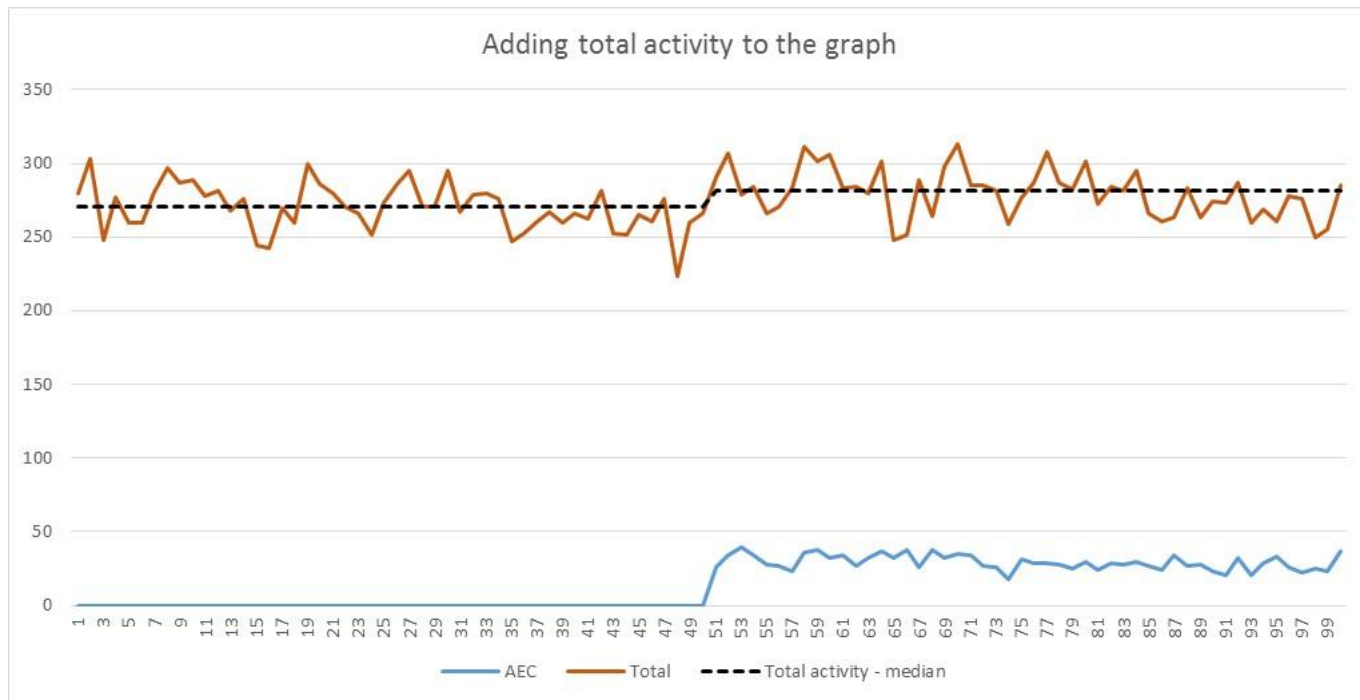




# What is happening to total activity?



# Total activity (AEC + unplanned admissions) increases





# Casefile review: is this efficient use of services?

	Managed in AEC
Appropriate for AEC	67%
Not appropriate for AEC	33%
	0%





# Is this a problem?

	Managed in AEC	Not managed in AEC
Appropriate for AEC	<b>Success</b> Expect around 10-15% conversion	<b>Missed opportunity</b>
Not appropriate for AEC	<b>Wasted capacity</b> Non-urgent case	<b>Appropriate</b> inpatient / outpatient care
	<b>Potential clinical risk</b> Patient too acute $\pm$ too complex	



Is this a problem?



If standard class is full when you check in, would you expect to pay for business class?

