



Sean Harding, Wexham Park Hospital

Redesigning the GP
referral system to
maximize AEC activity

***'Redesigning the GP referral
system to maximize AEC activity'***

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Introduction & Rationale

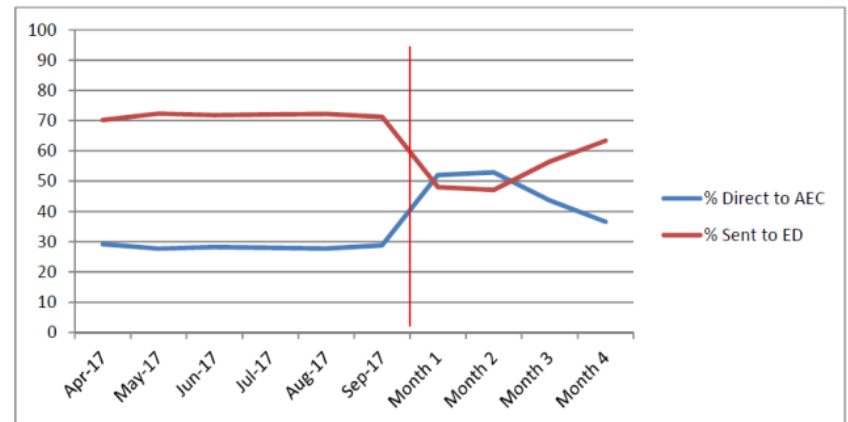
- AEC have taken GP Medical calls since Aug 2014 with calls triaged to decide on suitability to attend AEC directly based on referral information- however information is often not adequate so missed opportunities occurred.
- This 4 month trial was to bring ALL those not coming by Ambulance to AEC for initial assessment. If they were found unsuitable they would be transferred to the Emergency Department.

Study Design

- Calls taken as normal practice- change that ALL those not attending by Ambulance came to AEC for initial assessment.
- Assessment on arrival and if NEWS >2 or deemed unsuitable transferred to ED to be seen by Acute Take.
- All those deemed suitable stayed in AEC for review and management.
- Communication to ED Staff with daily reminders to Nurse in Charge and Streaming Nurse during initial weeks of study period.

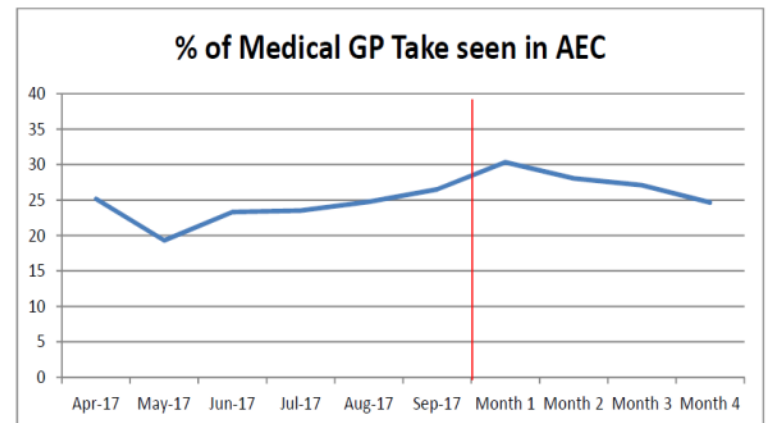
Activity

- 1536 calls taken during study period.
- Prior to trial 6 month average **28.27%** direct to AEC
- During trial 708 patients (**46.09%**) direct to AEC



Referrals to ED

- Safety net in place- all patients to have initial assessment in AEC and if not suitable moved to ED to be seen by Acute Take.
- During period only 24/708 (**3.39%**) deemed not suitable to stay in AEC- **96.61%** seen in AEC.
- Total **44.53%** of total GP Medical referrals seen in AEC.
- Increase of medical take seen in AEC - **27.53%** during trial vs 6 month preceding average **23.74%**.



Admissions

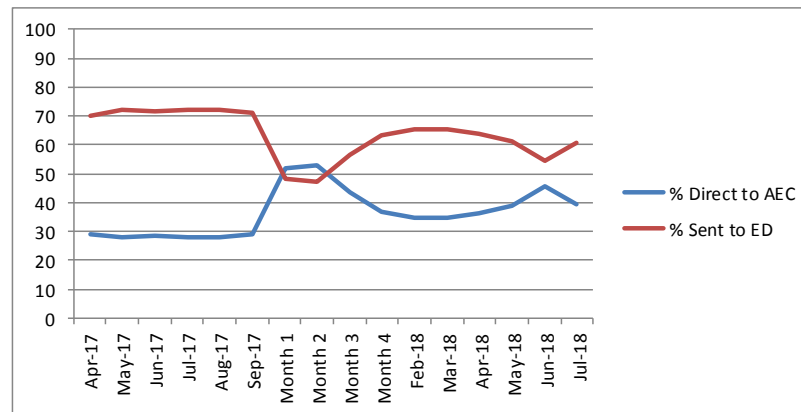
- 651/684 (**95.18%**) discharged same day from AEC.
- **42.38%** of total GP Medical take discharged same day via AEC.
- No impact on AEC admission rate with limited impact on AEC performance and waiting times.

Missed Potential

- Recent expansion of service- although Medical cover not extended due to gaps in rota. Reduced Medical cover in AEC reduces potential for taking patients after 16:00.
- **129** calls taken after 16:00 would have come to AEC if cover available- total potential **54.49%** to come to AEC.
- Given discharge rate- this would equate to **50.39%** of GP Medical take being discharged same day via AEC.

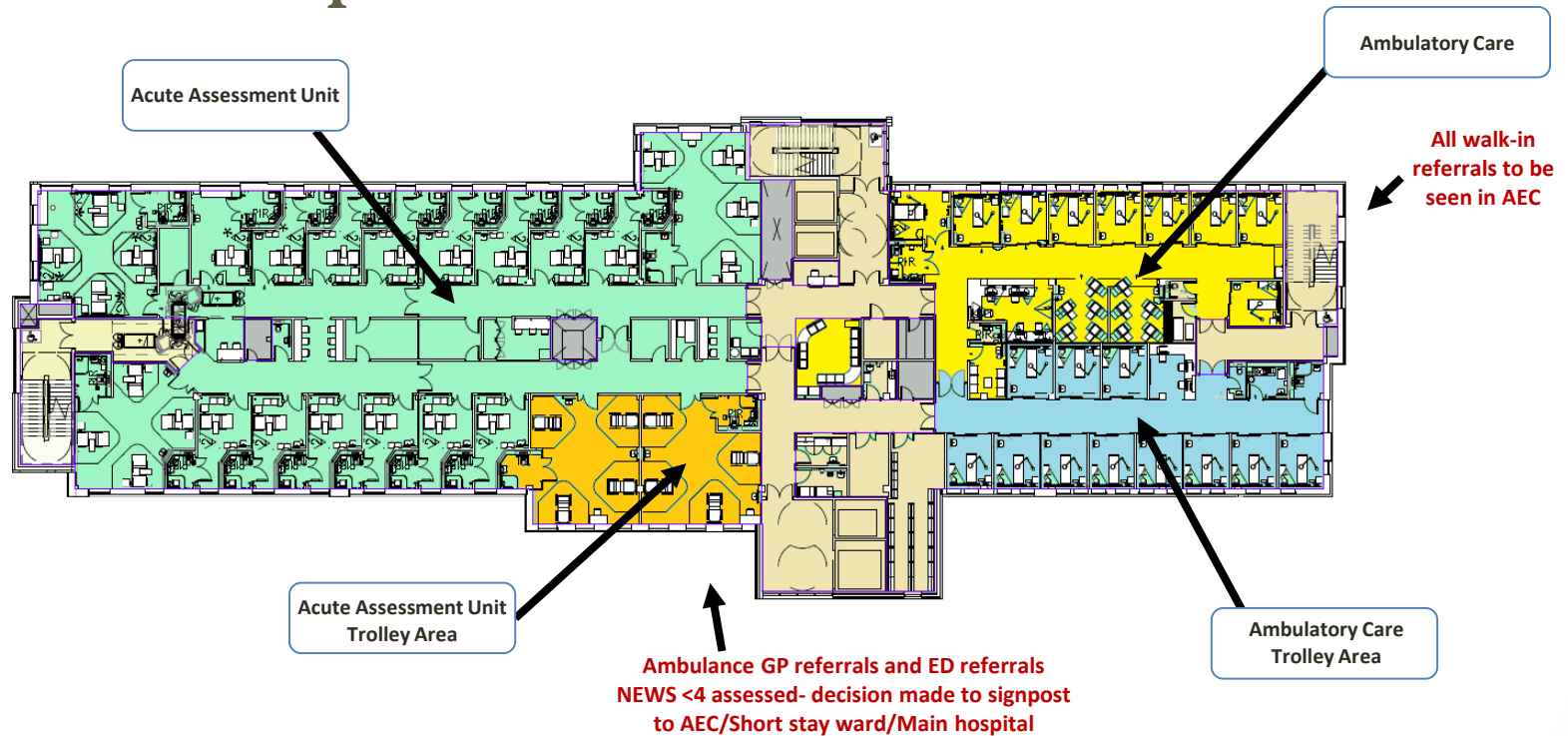
Ongoing Review- Since the pilot

- Made normal practice.
Continued to be monitored
as part of monthly reporting.
No incidents / concerns.



- Change to Ambulance process to give direct access to new trolley area in Medical unit to improve flow for those not mobile and attempt to turnaround more patients.

Next Steps- Acute Floor of new Build



Next Steps- Modelling the Flow

- Prior to moving to new build in Spring 2019 aim to audit Ambulance/ED referrals to streamline referral to AEC.
- Aim to increase % of Acute take seen in AEC from current average 25-30% to 40-45% in new build.

Thank you

Any Questions?