



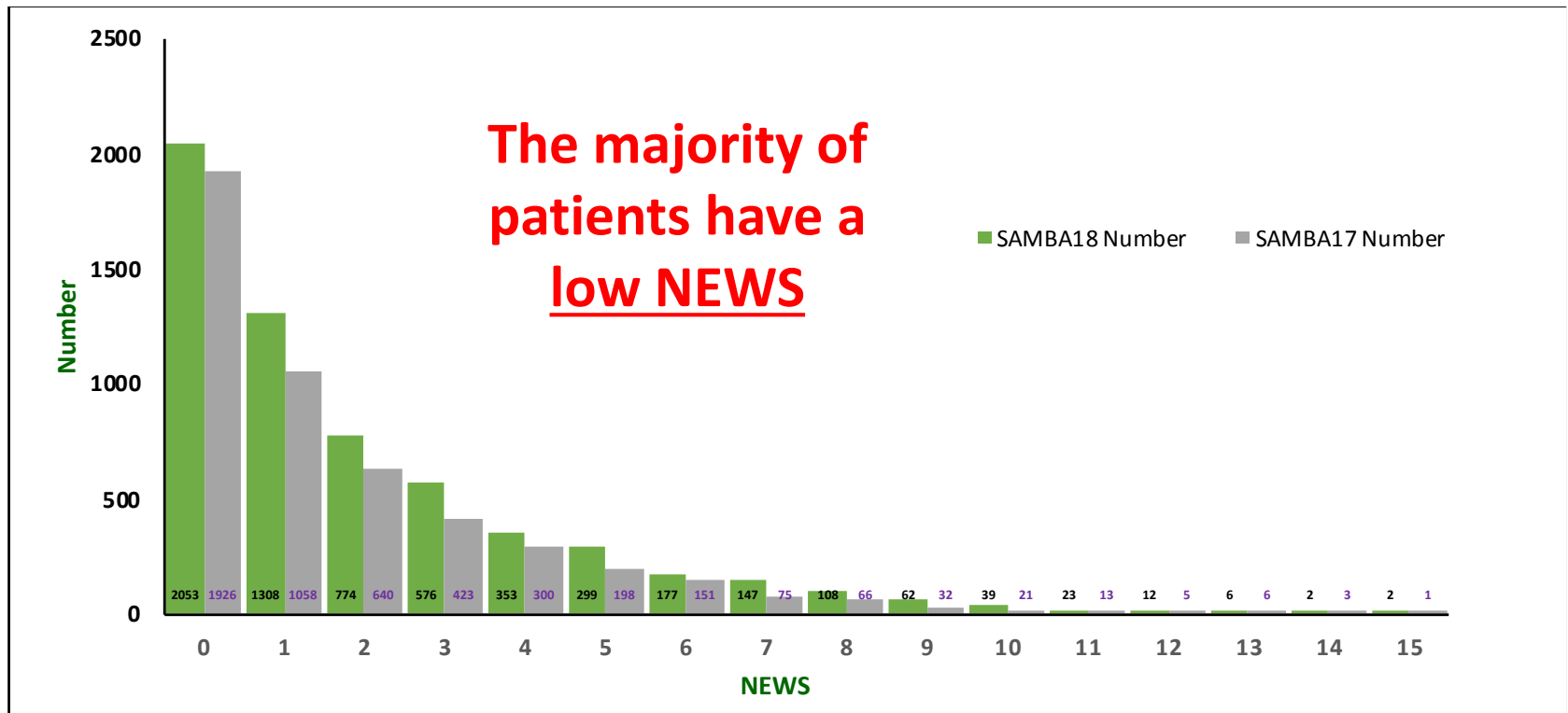
Dr Vince Connolly,

Creating the environment for AEC/SDEC

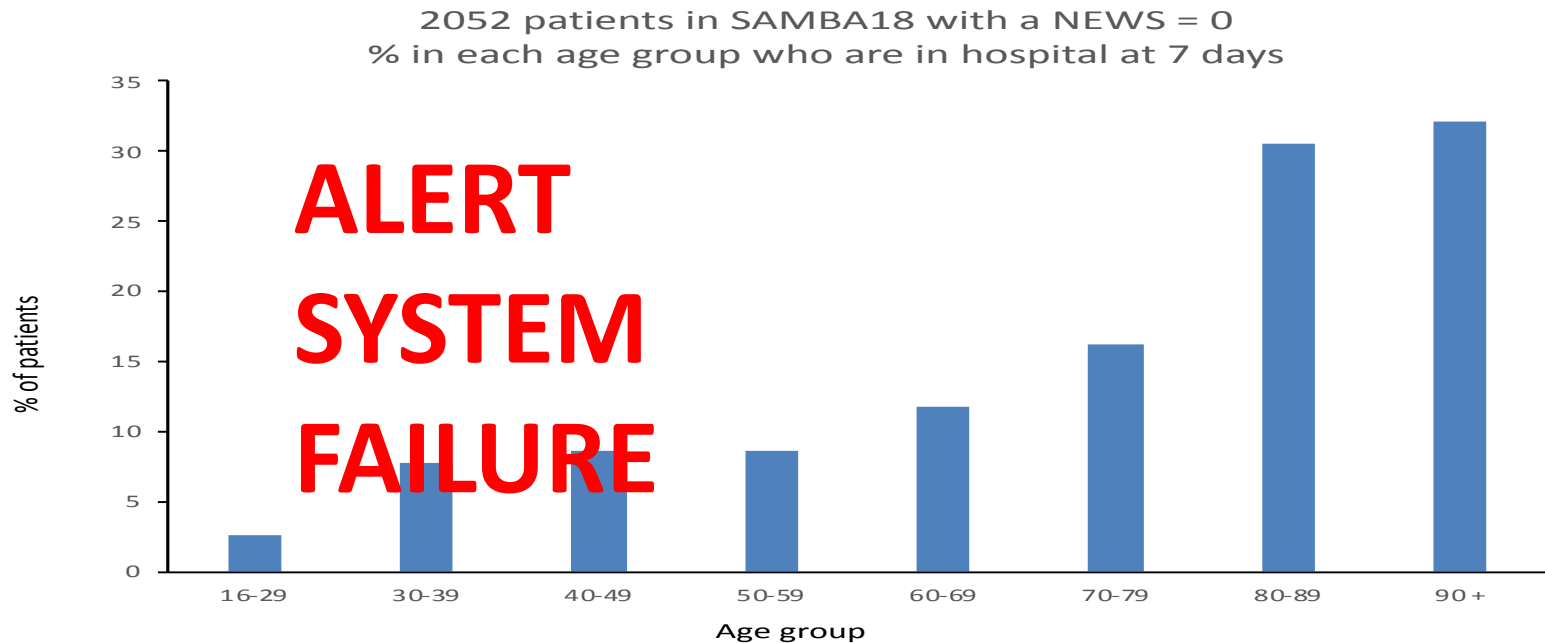
Creating the environment for AEC/SDEC

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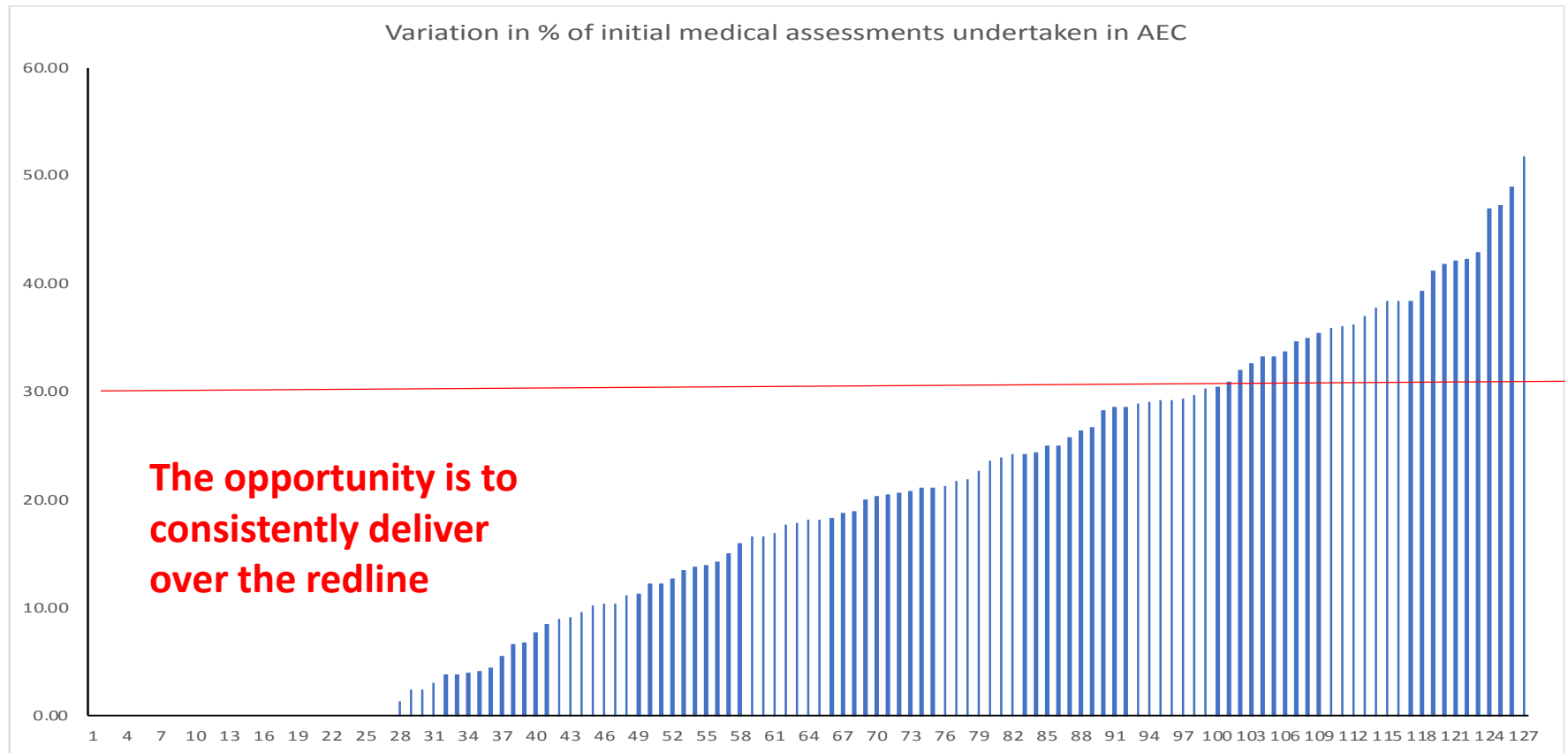
Distribution of NEWS - SAMBA18



NEWS = 0 and in hospital at 7 days – interaction with age



Variation in % of medical patients assessed in AEC



High Performance of AEC units

- **82.2% (all 84.1%)** of patients had EWS < 30 minutes of arrival
- **95% (all 91.6%)** of patients reviewed < 4 hours
- **73.8% (all 62.8%)** of patients requiring consultant review were seen <12 hours after arrival





Strategic approach

- **National**

Strategy, policy, guidance, finance, measurement, Hospital building note

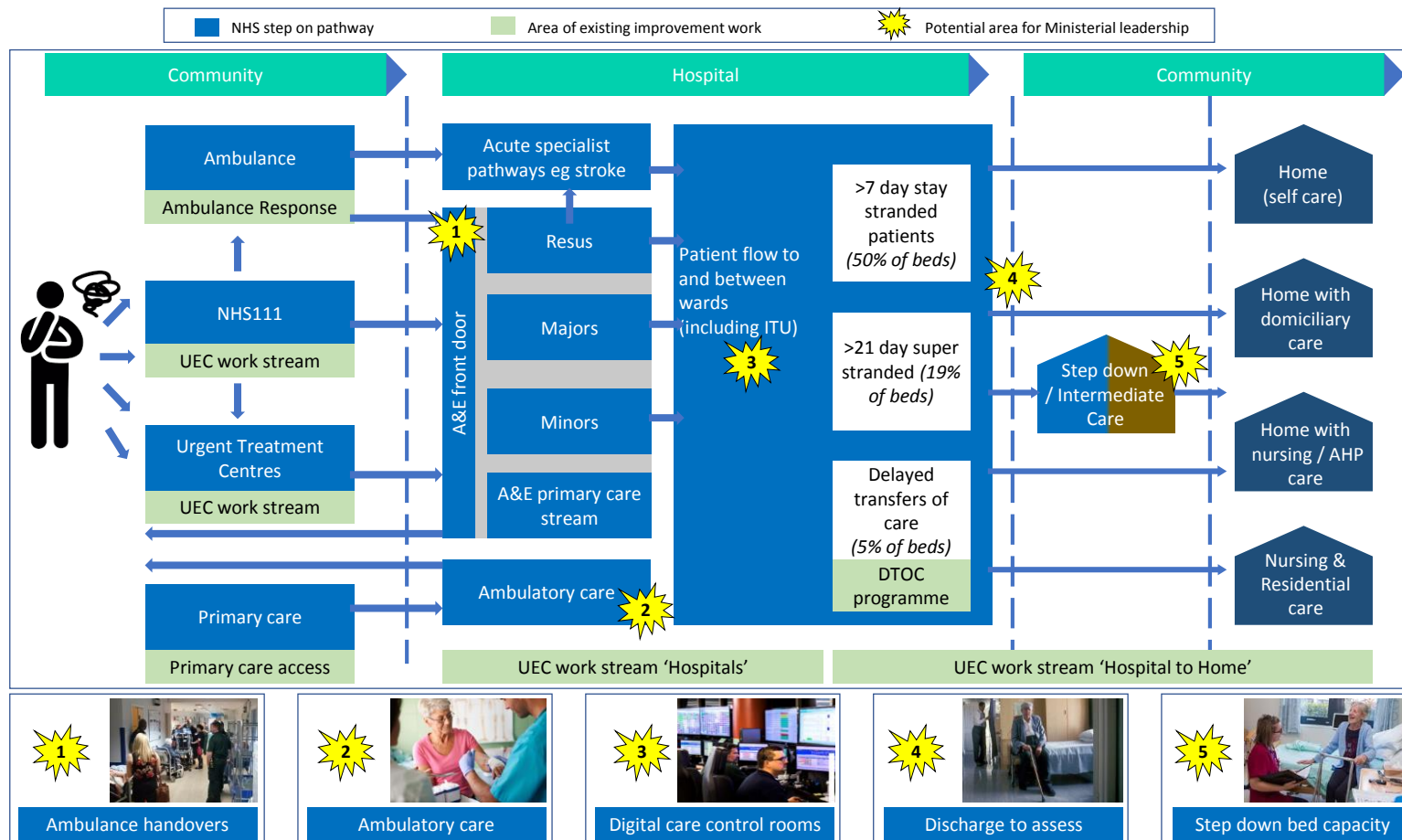
- **Regional, STP/ICS**

Transformation, redesign, integration into system

- **Local**

Patient value, system safety, patient flow
Quality Improvement

Ministers could bring a focus to driving improvements at specific points in the emergency care pathway





Matching Capacity to Demand |



Use QI methodology

- To design
- To inform
- To improve



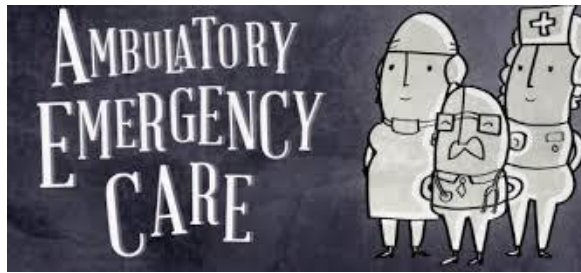
Table 3 The DECAF Score

Variable	Score
Dyspnoea	
eMRCD 5a	1
eMRCD 5b	2
Eosinopenia ($<0.05 \times 10^9/l$)	1
Consolidation	1
Acidaemia (pH <7.3)	1
Atrial fibrillation	1
Total DECAF Score	6

DECAF, Dyspnoea, Eosinopenia, Consolidation, Acidaemia and atrial Fibrillation; eMRCD, extended MRC dyspnoea.

Steer J, Gibson J, Bourke SC. *Thorax* (2012). doi:10.1136/thoraxjnl-2012-202103

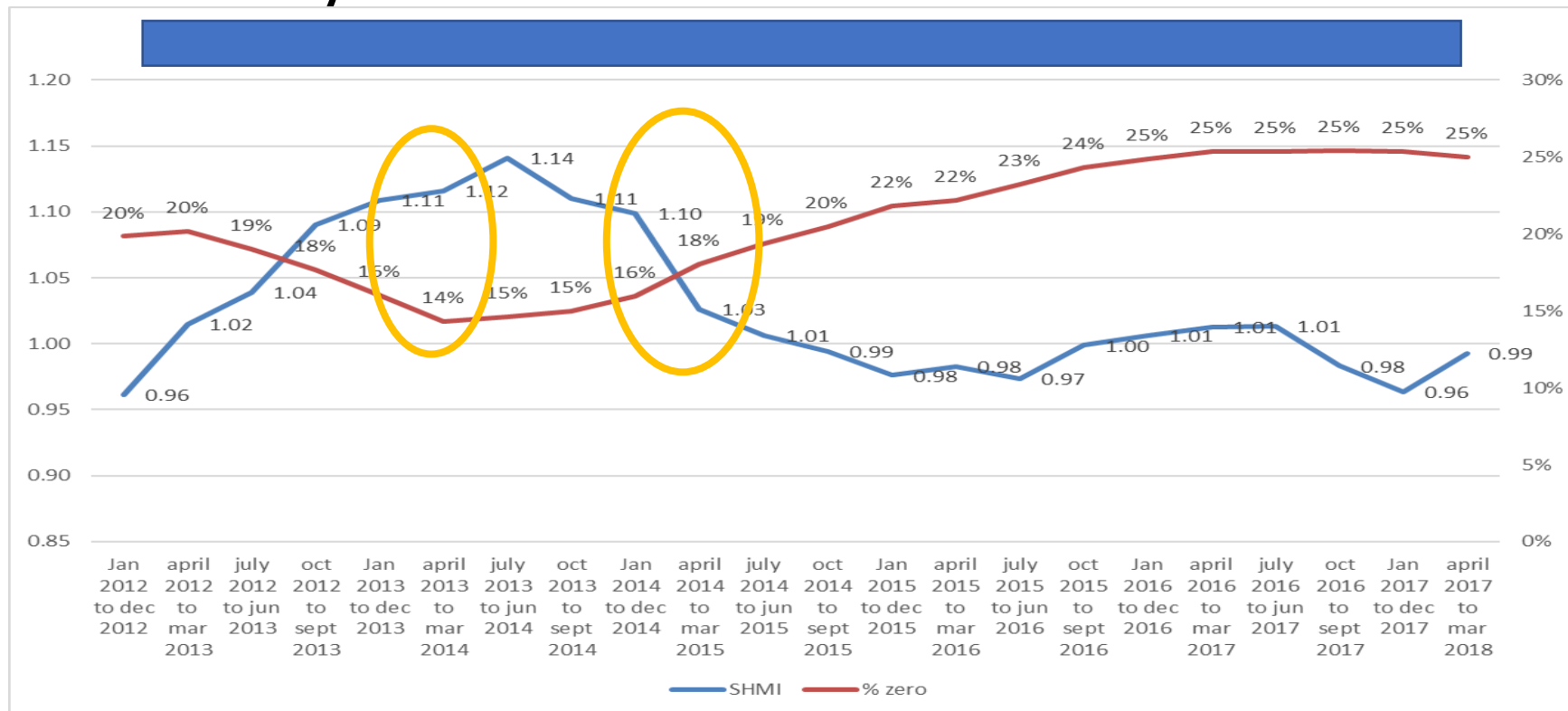
Winter focus
=
Respiratory focus



Aims of BAAEC

- Improve value for patients by improving outcomes and experience
- Reduce costs of the healthcare system
- Spread great ideas
- Create joy at work

What is the relationship between AEC activity & mortality?





Viral spread of AEC




	Managed in AEC	Not managed in AEC
Appropriate for AEC	Success (expect around 10-15% conversion)	Missed opportunity
Not appropriate for AEC	Wasted capacity (Non-urgent case)	Appropriate inpatient / outpatient care
	Potential clinical risk (Patient too acute ± too complex)	

Version 10x updated February 2016, with 2017/18 NHSx codes

 Ambulatory Emergency Care Network

 Directory of Ambulatory Emergency Care for Adults

[Click here to get started](#)



Prototype version August 2016

Joy@work

- Developing clinical expertise
- Purposeful work
- Part of a team



What's next for AEC ?

- All patients to be considered for AEC first by converting pt with NEWS<3 into AEC
- Winter surge, supporting respiratory pt in AEC
- Integrating frailty into AEC
 - AEC with & in the community, direct admission from ambulance clinicians, transfer to intermediate care services
- Getting capacity and demand (& estates) right
- Getting the enablers right ie workforce, digital, counting
- Responding to clinical innovations

Thank you
&
Safe journey

