

Showcase Sites: Airedale NHS Foundation Trust

Our AEC transformation Journey

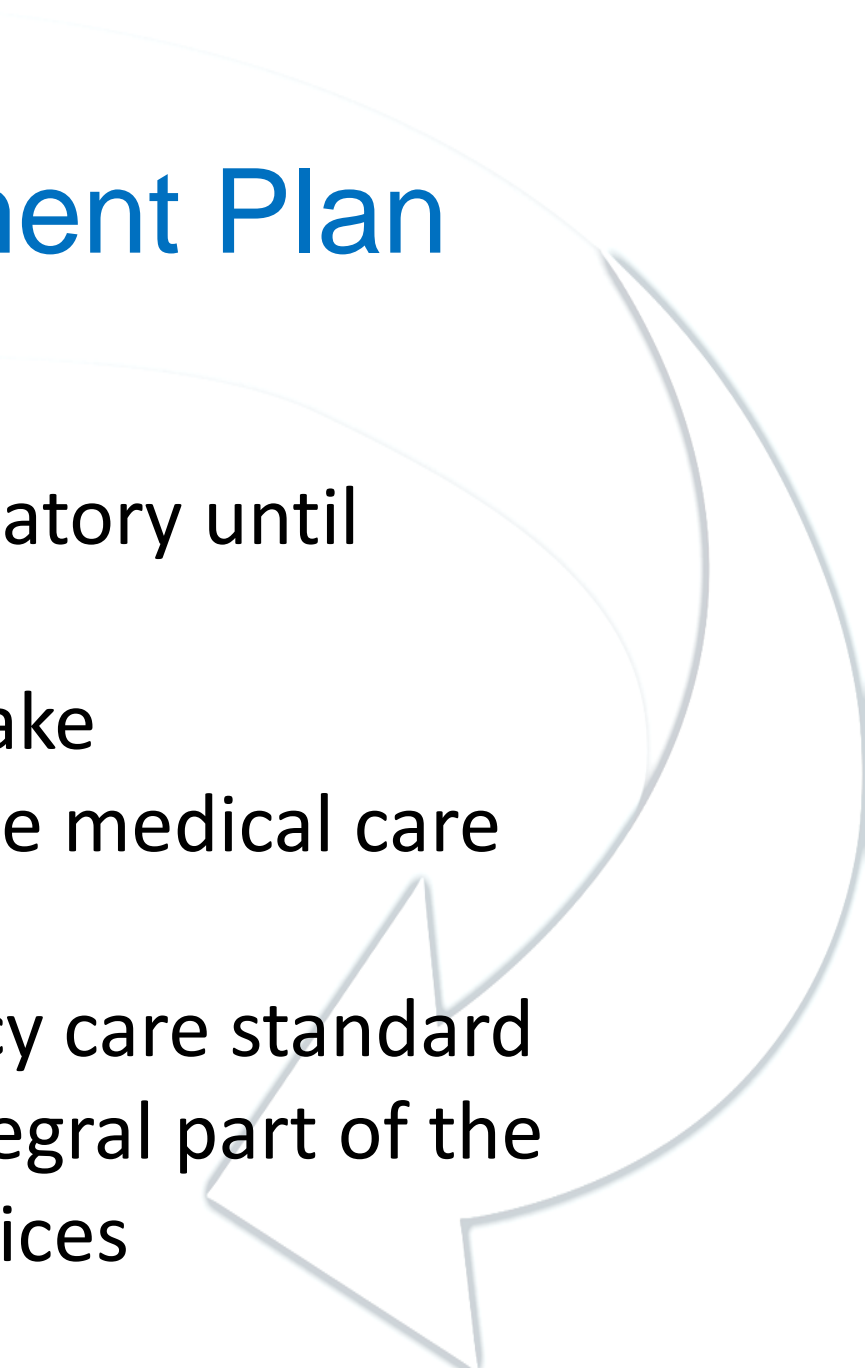
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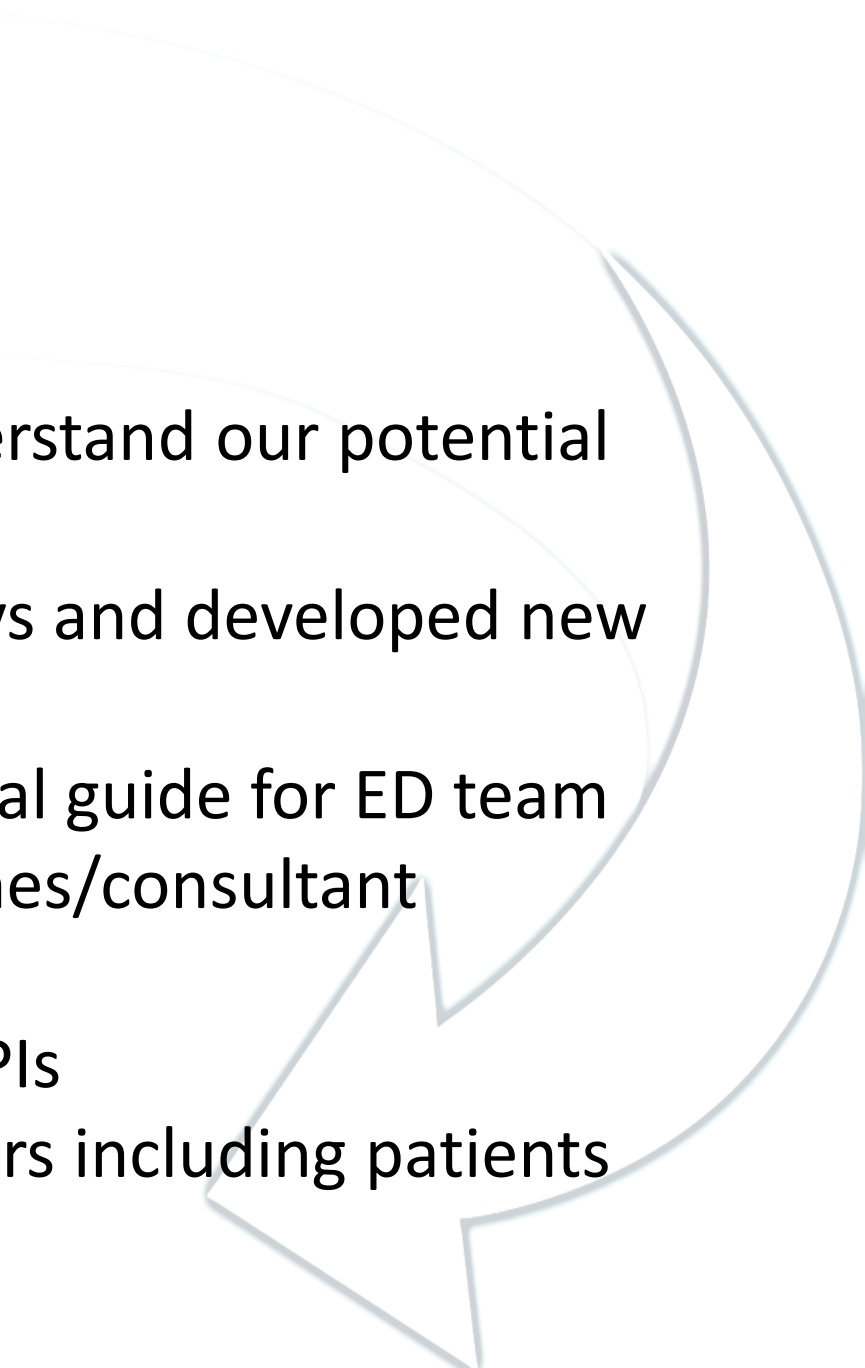
The beginning

- 2013
- 1 Acute Consultant/ 1 ACP
- 2014 – successful business case for 6 WTE ACPs
- Consultant took GP calls and triaged to ACU/AMU
- Average of 5 patients per day Monday to Friday
- 2015 ACP establishment increased to support extended ACU hours and ACP took over the GP calls

2016 – Development Plan

- ‘All patients are ambulatory until proven otherwise’
 - Take 15% of medical take
 - Offer high quality acute medical care with a zero LOS
 - Support the emergency care standard
 - ACU to become an integral part of the urgent care team/services
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What we did

- Reviewed the data to understand our potential to grow
 - Reviewed existing pathways and developed new ambulatory pathways
 - Developed a generic referral guide for ED team
 - Extended ACU opening times/consultant access/ACP team
 - Developed a dashboard/KPIs
 - Engaged all our stakeholders including patients
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What happened ?

- Increased ACU activity by 98% in first 3 months
- Supported the improvement of the emergency care standard
- Consistently saw >20% of the medical take within 3 months which steadily increased to 29% until 2018
- 2019 – around 35 % of take (40% medical/30% Surgical)

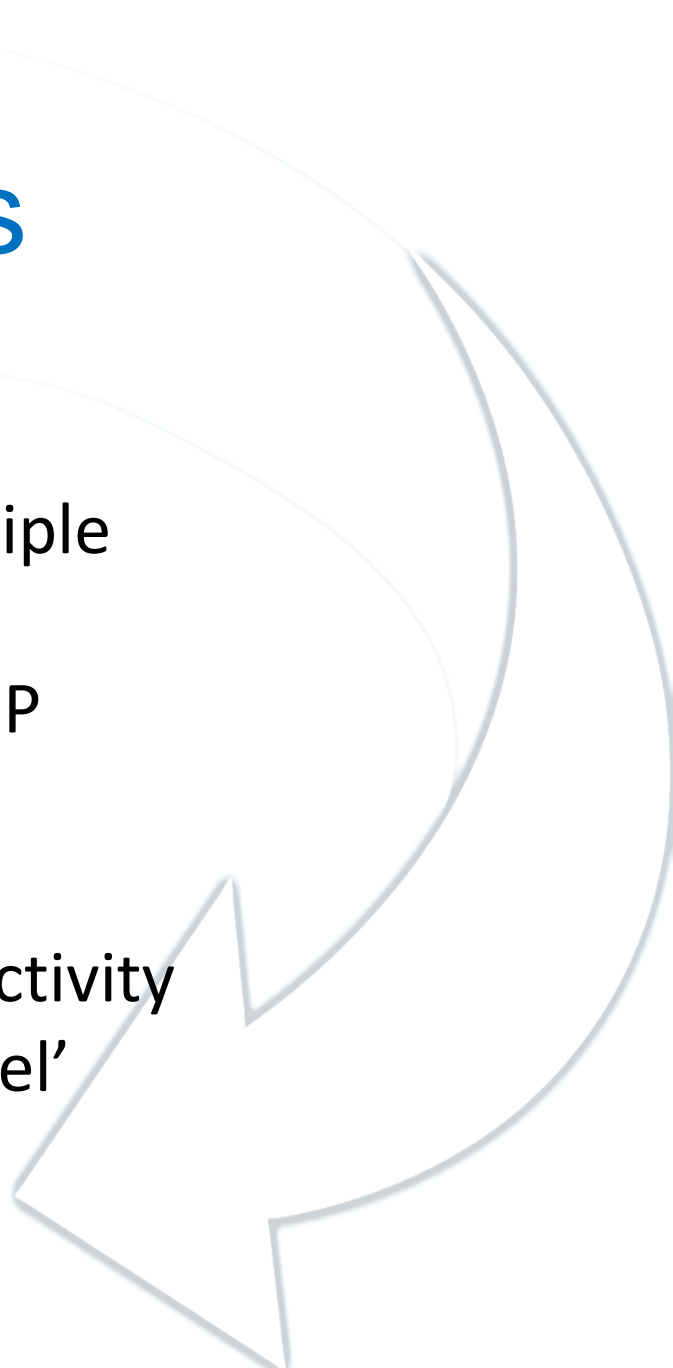
Acute Assessment Unit (AAU)

- Undertook 2 rapid improvement events to plan our new model
 - ACP team heavily involved in planning/PDSA cycles prior to opening
- Opened on 24th April 2018
- April/May saw increased non-elective activity of 11% from previous year
- Combined SAU/AMU/ACU together New opportunities

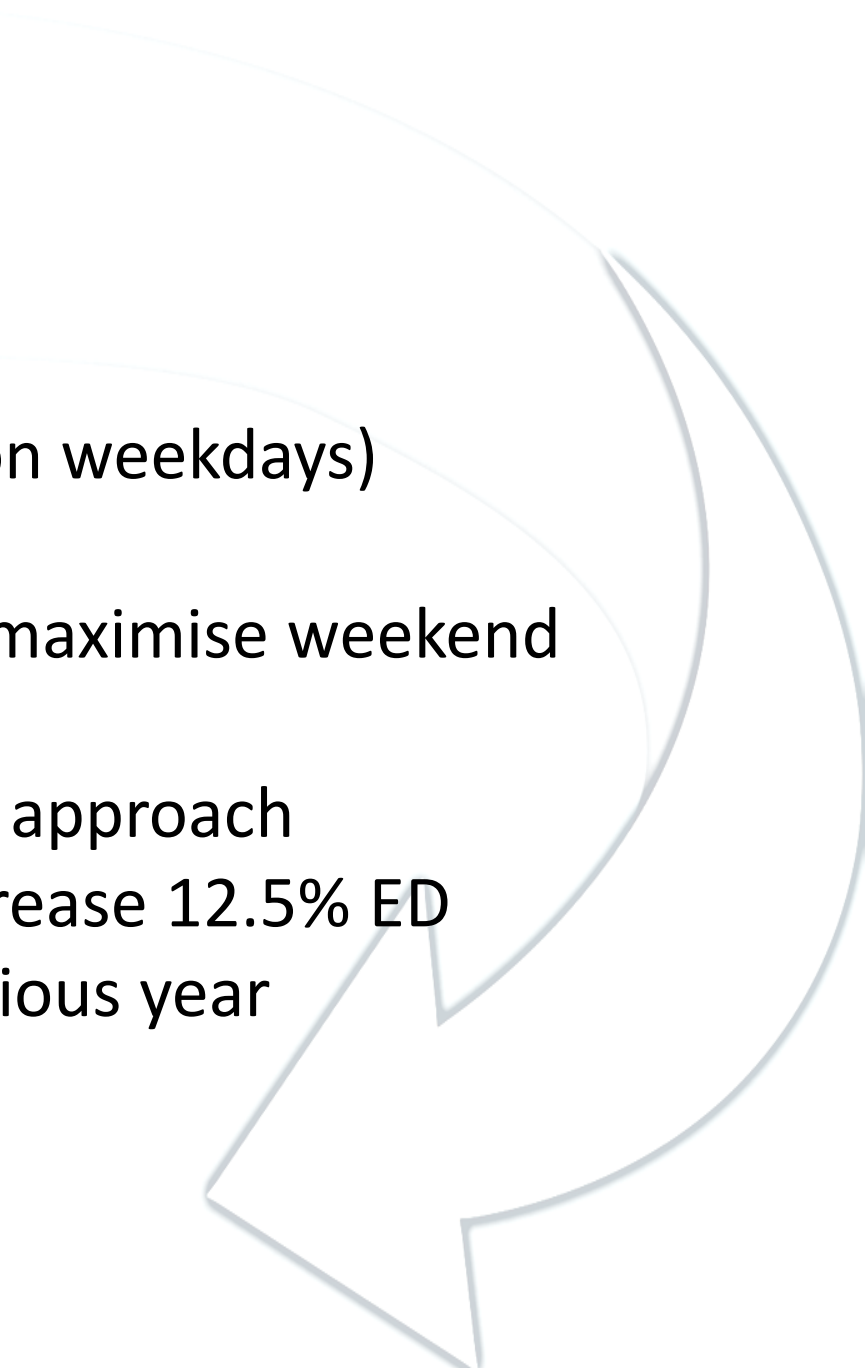
Acute Assessment Unit (AAU)

- New 6.5 m capital funding to build acute assessment unit (AAU) combining medical/surgical assessment beds and ambulatory care, co-located with ED.
- ACU activity increased by 55%
- Reduction in overall admissions 18% less than previous year, despite overall numbers to the hospital increasing
- ACP team consolidation/development

Pathways Vs process

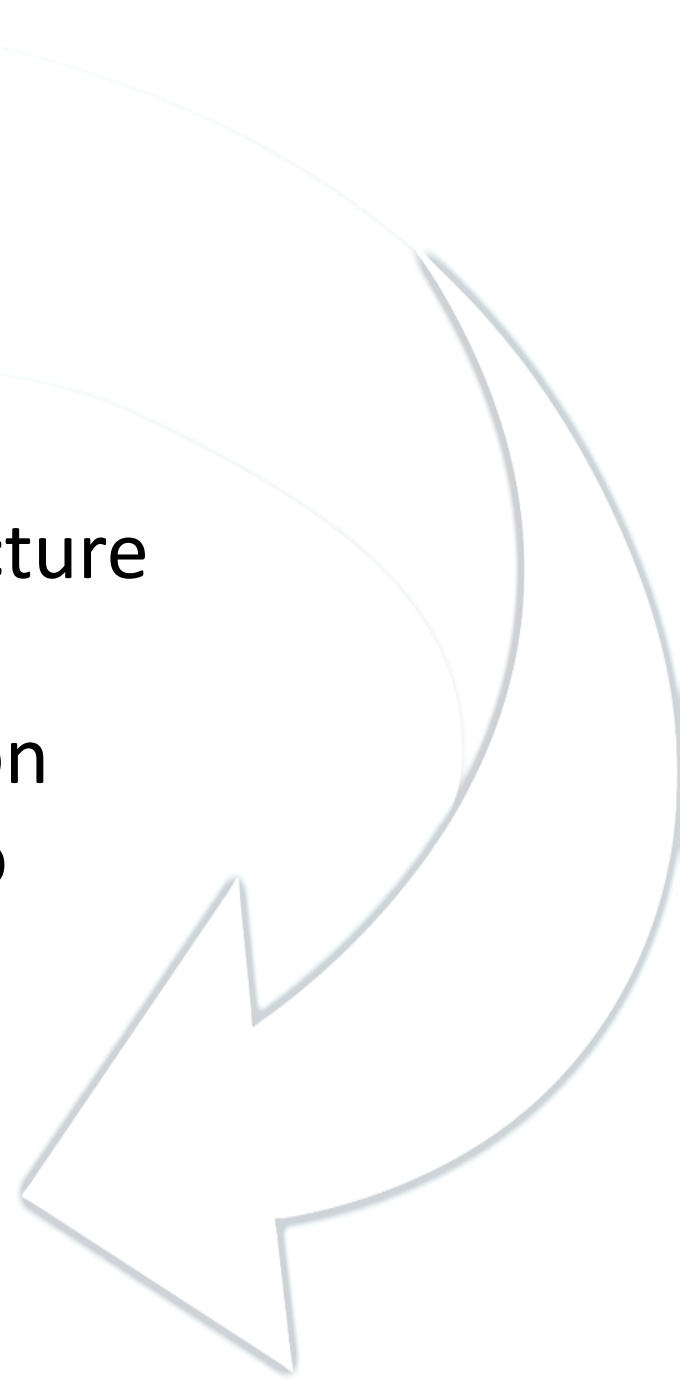
- - Ambulatory Care Pathways
 - Criteria for ACU for triage – Multiple PDSA cycles
 - ACPs take call medical/surgical GP referrals and triage
 - Whole system team working
 - Flex up in response to peak ED activity
 - Developed our ‘urgent care model’
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Now 2019

- 35% Medical take (> 40% on weekdays)
 - 31% Surgical take
 - Opportunities to develop/maximise weekend referrals
 - Urgent care model/system approach
 - On a background of an increase 12.5% ED attendances from the previous year
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Next

- Weekend pathway/process/infrastructure development
- Greater system collaboration
- Continue to flex/respond to activity/acuity changes



Thank you
Questions ?
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