

AEC in Emergency Care

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RCEM AEC Toolkit

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Drivers For Change





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Other Drivers

- Patient expectation

NHS LONG TERM
PLAN

- Financial issues
- Demographic changes
increasing demand
- Workforce issues



Key Ingredients

Same day emergency care can be successfully achieved by:

- Early senior decision making
- Streamlining access to diagnostic services
- Collaborative working
- Providing an environment that supports same day emergency care



Who Does This ?

Emergency Physicians

Acute Physicians

Acute Surgeons

Frailty Teams

Specialist teams e.g. renal , O&G





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Emergency Medicine

The RCEM Ambulatory Emergency Care toolkit

Delivering same day
emergency care from the ED


Ambulatory Emergency
Care Network

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Principles of Delivering AEC from the ED

- Patient Identification
- Working closely with specialist colleagues
- Patient streaming
- AEC environment
- Patients that should not be streamed to AEC
- A comprehensive record must be in place
- Patient information
- Secondary and Primary care services
- Clear Measures
- AEC Activity



Work Closely With Specialist Colleagues

To standardise care according to best practice

To use local expertise

To share resources

To ensure that there are no adverse effects on ED flow



Patient Streaming

- Patients with certain clinical conditions may be streamed directly to the AECU
- The most appropriate service to meet the patient needs should be selected
- In a significant proportion of cases, patients will have their pathway initiated in the ED and then continued on an AECU or equivalent ED observation ward.



AEC Environment

- The practice of observational medicine is embedded into Emergency Medicine Practice.
- Location of an area providing ambulatory emergency care activity close to an AMU is recognised as improving patient flow by up to 50%

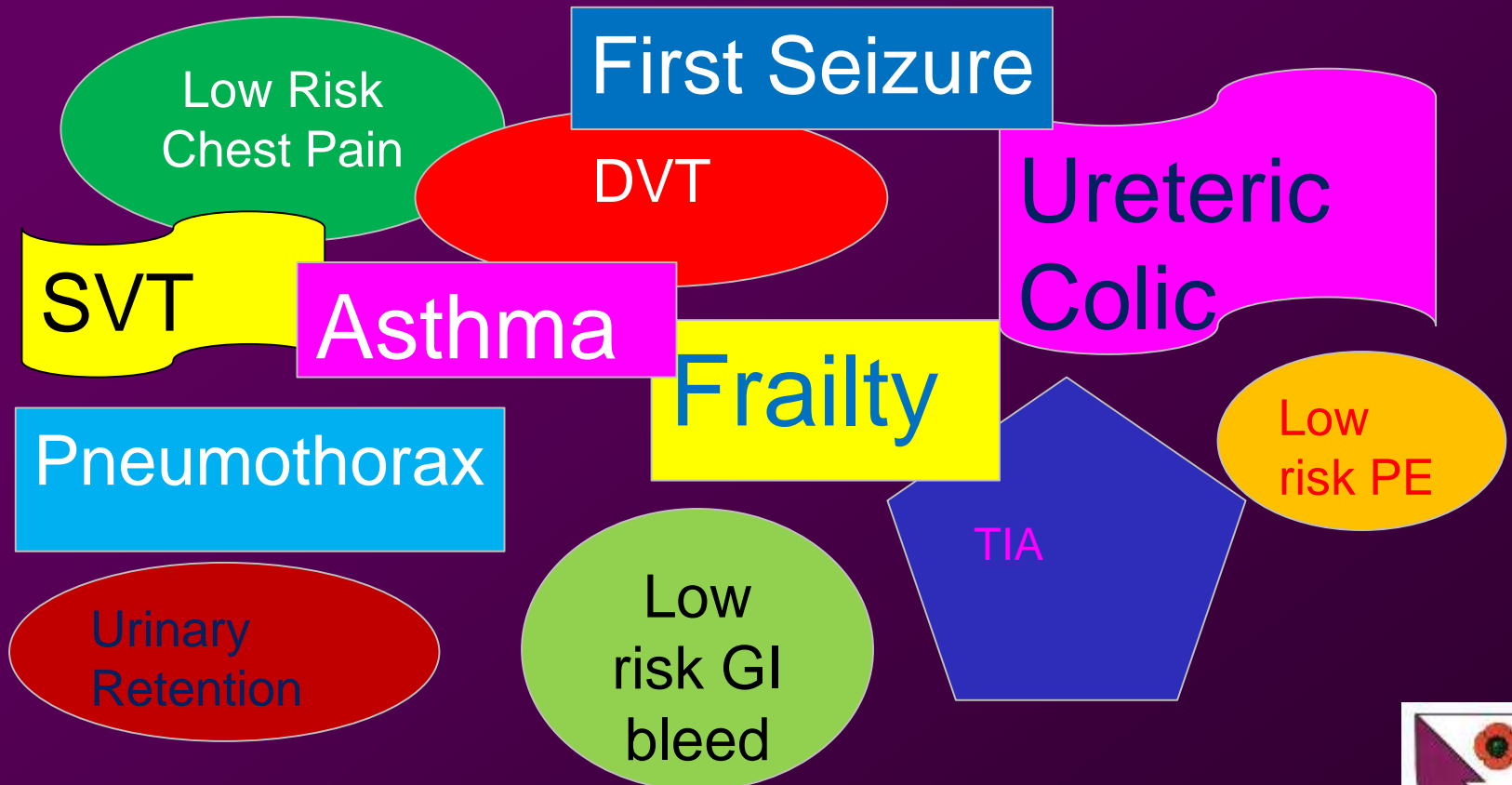


Observational Medicine

- Observation Medicine & Same Day Emergency Care is a vital function of main ED activity
- ED Clinical Decision Units provide a key contribution to delivery of Same Day Emergency Care by:
 - Providing an ideal platform for same day emergency care
 - “Gatekeeping” the in-hospital bed base
 - Improving safe discharge from the ED



Delivering Ambulatory Care from the ED



Patients that should NOT be streamed to AEC

- Type 2 and Type 3 ED attenders (Minors)
- Type 1 ED patients who will breach the 4-hour standard but whose clinical care can be completed in the ED, or are awaiting ward admission
- Clinically unstable patients

The AECU is NOT a discharge lounge or “overflow” unit for other services



Secondary and Primary Care Services

- Secondary and Primary Care services must work together
- AEC can be particularly valuable in the assessment and management of frail patients



Clear Measures Should be in Place

- reduction in the number of emergency bed days used
- reduction in the number of patients admitted to hospital for <24 hours
- improved experience for patients
- improved staff experience
- improved quality of care
- improved safety
- improved patient flow
- improved ambulance turnaround
- reduction in readmissions
- reduction in incidents in emergency care



AEC Activity

- Dashboard – with appropriate data set
- Appropriate process and outcome metrics
- Tariff





RCEM VISION 2020

Fixing Emergency Department **Staffing, Systems & Support**
to deliver excellent patient centred care

Staffing

Workforce

Recruiting and retaining a safe level of a trained clinical workforce to meet demand



Leadership

Developing leaders to be role models and inspire the values and aspirations of emergency medicine



Training

Enhancing the training environment to attract and retain high quality staff



Sustainable Careers

Defining careers that are successful, satisfying and sustainable



Systems

Eliminate Exit Block

Eliminating exit block and crowding in Emergency Departments to ensure quality patient care



Integrate Emergency Department 'Front Door'

Resourcing EDs to better 'stream' patients to best treatment for their needs



Reconfiguration & Integration

Reorganising services to provide better, faster care



#RCEMsolutions

Support

Quality Indicators

Improving measurement of performance, safety and evidence based clinical care



Safety & Best Practice

Establishing better ways of sharing best practice and delivering safer care supported by technology



Data & Information

Using data effectively to better understand patient need & design care services



rcem.ac.uk/vision2020

