

Ambulatory Emergency Care: a solution to manage emergency demand, improve outcomes and reduce waits.



What is Ambulatory Emergency Care?

Across England emergency systems are under considerable pressure with Emergency Department (ED) attendances and the conversion rate to hospital admission both rising. Clinical teams across England have recognised that a new approach is needed and have successfully redesigned their systems to reduce demand by implementing Ambulatory Emergency Care (AEC).

Using the AEC approach, appropriate patients are diagnosed and treated on the same day and sent home with ongoing clinical support and supervision as needed. This approach has improved both clinical outcomes and patient experience and reduced costs and pressures in the urgent care system.

Ian Smith, past president of the British Association of Day Surgery says: "Ambulatory Emergency Care shares many parallels with day surgery, which has experienced enormous growth, achieved predominantly by changes in mindset and simple alterations to the patient pathway, resulting in safer and higher-quality care. Major changes like the introduction of day surgery can seem radical, almost unthinkable, at the time. However, as organisations begin to tackle the issue and overcome the challenges, a radical change becomes the norm, and its introduction helps to transform the experience of patients and staff."



How can the AEC Network help teams to adopt this approach?

Many of the teams adopting AEC have been supported by a national programme, the Ambulatory Emergency Care Network. Sites participating in the programme report managing significant numbers of emergency patients quickly, without the need for full admission, converting at least 20-30% of emergency admissions to same day care. Patients also report a much improved experience when treated on ambulatory pathways

The approach is based on the Directory of Ambulatory Emergency Care which outlines 49 emergency clinical scenarios suitable for ambulatory treatment. This was first

published by the NHS Institute in December 2007 and has been regularly reviewed and updated by the Network with version 3 published in November 2012.

The programme is made up of national collaborative events, workshops, visits, webinars and on-site individual support for participating health communities; delivered by an experienced team of clinicians, operational managers and improvement leaders.

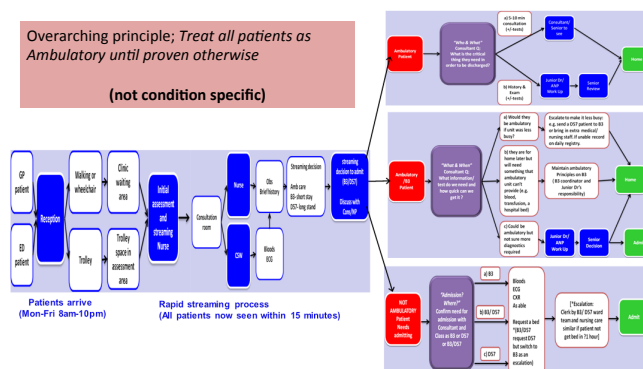
Thirty-six sites are now participating in the programme with more joining in September. A significant network is emerging nationally with teams able to share best practice and support one another to implement proven changes quickly.

Early adopters' achievements

Pioneers of ambulatory emergency care have achieved amazing results, with growing evidence of impact.

Nottingham University Hospital FT has transformed its emergency pathway and uses ambulatory care as a filter, meaning admission is not the first option for sick patients. This is a philosophy that has resulted in 50% of emergency admissions now being discharged same day.

New Process for GP Assessment and Ambulatory Care



At **Whittington Health** an integrated care Organisation in North London community matrons are visiting ED to do board rounds twice a day and taking patients back into the community. This approach works particularly well for patients with long term conditions as the community matrons can reassure hospital staff of the patients social care arrangements and support at home.

The principles of AEC are transferable to any setting and can be implemented rapidly. With the support from the AEC Network, **Milton Keynes Foundation Trust** set up AEC in nine weeks and is now avoiding admissions every day. Staff report a much calmer environment on their Medical Assessment unit with empty beds ready to receive admissions.

As a result the AEC Network is now able to support sites and health communities to be more ambitious from the outset in order to realize the full potential of the approach rapidly.



GP Whittington Health

"The ambulatory care service allows us, as GPs, to engage in a sensible, clinically oriented, patient-centred discussion with an experienced clinician. We generally do not want our patients to be admitted to hospital unnecessarily and by utilising the ambulatory care service we can arrange appropriate investigations, exclude worrying pathology and optimise patients time in the hospital. The result is less hospital admissions and better, holistic care."

Hospital Manager – Pennine Acute Trust

"Patients tend to prefer it if they don't have to be admitted to hospital. When they are admitted to a ward there are long periods of perceived inactivity, when they are awaiting diagnostics or test results. In ambulatory care, by contrast, there is nearly always something happening. They may be called back in to receive their test results, rather than having to wait around in hospital. For people with work or family commitments, this is infinitely preferable."

CEO view – Pennine Acute Trust

Chief Executive, John Saxby is fully supportive of ambulatory emergency care. He comments "Ambulatory care in Pennine is an innovative service and a new approach to patient care, although at its heart it is a simple and well-tried concept. It means that, where possible, patients who were previously admitted to hospital are assessed, diagnosed, treated and discharged on the same day. The benefits for patients, their families and carers are enormous as, indeed, they are for hospital staff, the service and the wider health economy. I fully support the development and rapid roll out of ambulatory care at Pennine. Responding to the needs of our patients when designing and redesigning services has contributed to the success of ambulatory care."

Patients view

"I've been to several wards and departments and (the ACU) was definitely a friendlier environment"; and "I was reassured right away within two hours; two years ago, I had to wait until the following morning to find out what was wrong."

Consultant Nottingham

"There were no bed breaches even though the pilot took place at a very busy time. We were sending home between five and seven people per day who would, otherwise, have been admitted to a hospital bed. We were reassured by the staff and patient experience questionnaires, which gave us very positive feedback. By simplifying and calming the emergency flow of patients into the hospital, we brought the situation under control."



For more information:

If you would like to know more please contact us at aec@nhselect.org.uk for more information or go to www.ambulatoryemergencycare.org.uk to register interest in the programme.