

# Ambulatory Emergency Care at Milton Keynes Hospital NHS FT

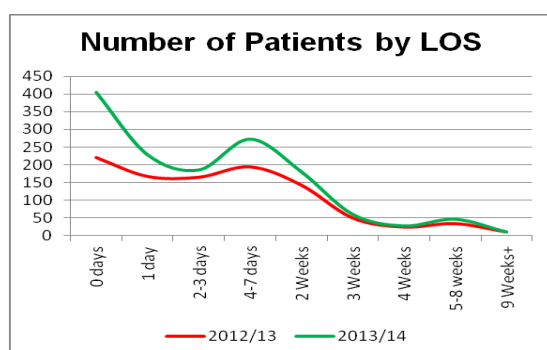
## Rationale

Failing to meet the four hour waiting time target

- Medical patients occupying ED beds
- Crowded and chaotic MAU
- Ambulatory patients management delays resulting in admissions
- Dated medical urgent care pathway

## Phase 2 – 5 Weeks

- Process time from 8 to 4 hours
- Change in mindset to focus on discharge
- Streaming patients effectively
- Consultant delivered support from experienced triage nurse
- Process not pathway driven
- Pulling patients from ED on a daily basis



## Key Challenges

- Clinician buy in
- Lack of belief in the concept
- Culture/mindset, shifting from admission as the standard to focus on process and discharge within 4 hours.

## Vision

AECU will become the default position for emergency medical patients unless admission is clinically indicated.

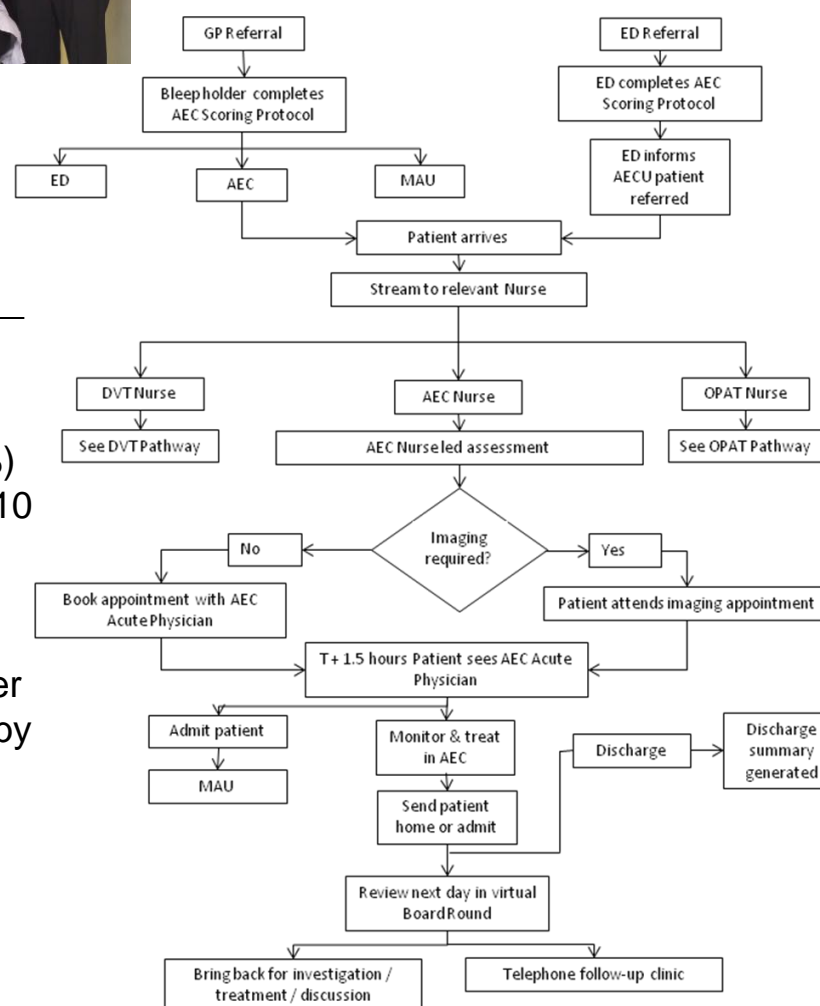


## Improvement so far Impact

- 234 patients seen in 6 weeks
- Admitted 19 patients (8%)
- Avoided approximately 110 admissions (47%)
- Average LOS on AECU 3.7hrs
- An increase in the number of patients with a 0 LOS by 7%
- Increase in patient experience and safety
- Improved streaming of emergency patients – impact on MAU and ED
- Renewed enthusiasm for emergency pathway redesign
- Cross fertilization in surgery to establish AEC pathways

## Phase 1 – 3 Weeks

- Analysis of 0/1 LOS – 19 patients per day
- Protected specialty and diagnostic slots including turnaround times
- Located current DVT and OPAT services to AECU



## Next Steps

- Integrate with the specialties through the specialty nurses
- move weekend opening hours
- Establish surgical ambulatory pathway

