



Whittington Ambulatory Emergency Care Service



Areas for Discussion

-  An overview of our service
-  A Trainees Perspective
-  The Patient's Perspective



A Service Overview



Dr Nathalie Richard

Consultant Emergency Physician

Joint lead for AECU/UCC



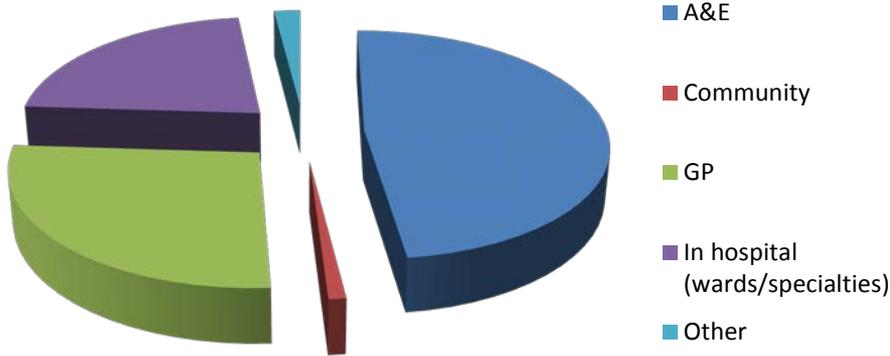
A Service Overview

- Integrated Consultant-led service
- Open 7 days/week (8am-8pm M-F, 9am-5pm S-Su)
- Dedicated AEC registrar, rotating specialty registrars
- Nurse coordinator, nurse led pathways
- Dedicated pharmacist
- Daily input with community matrons and Virtual Ward
- Direct access for GP's via a bleep



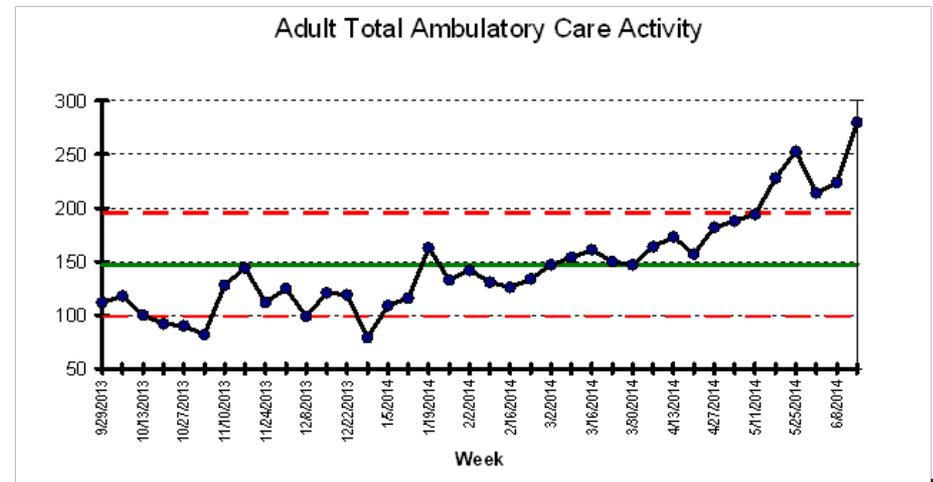
Access to the service

Referral Source



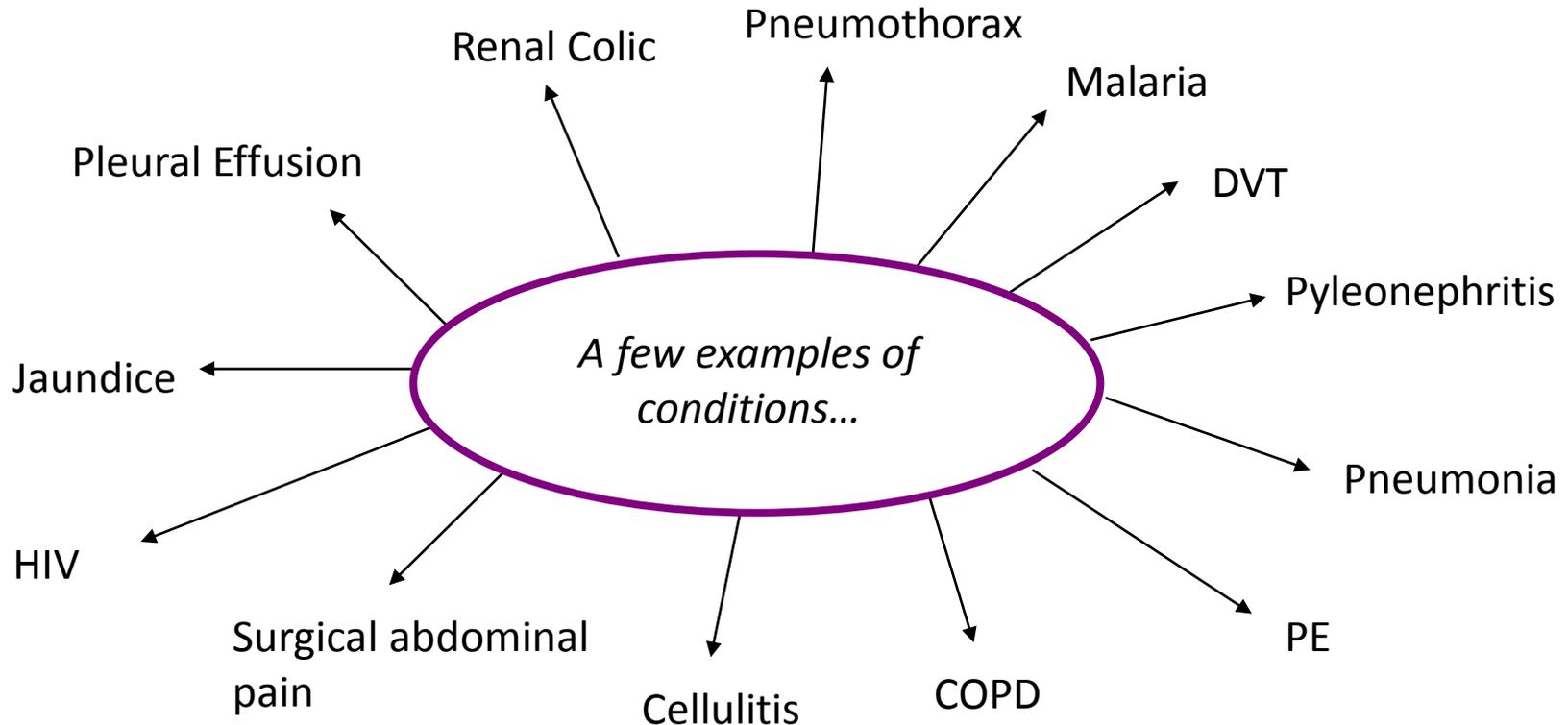
Aimed at avoiding hospital admissions as well as reducing length of stay, referrals into the service come from various sources. The biggest referrers being ED (48%) and GP's (27%).

Attendances to ambulatory care has been increasing, especially since we opened the new centre in March 2014

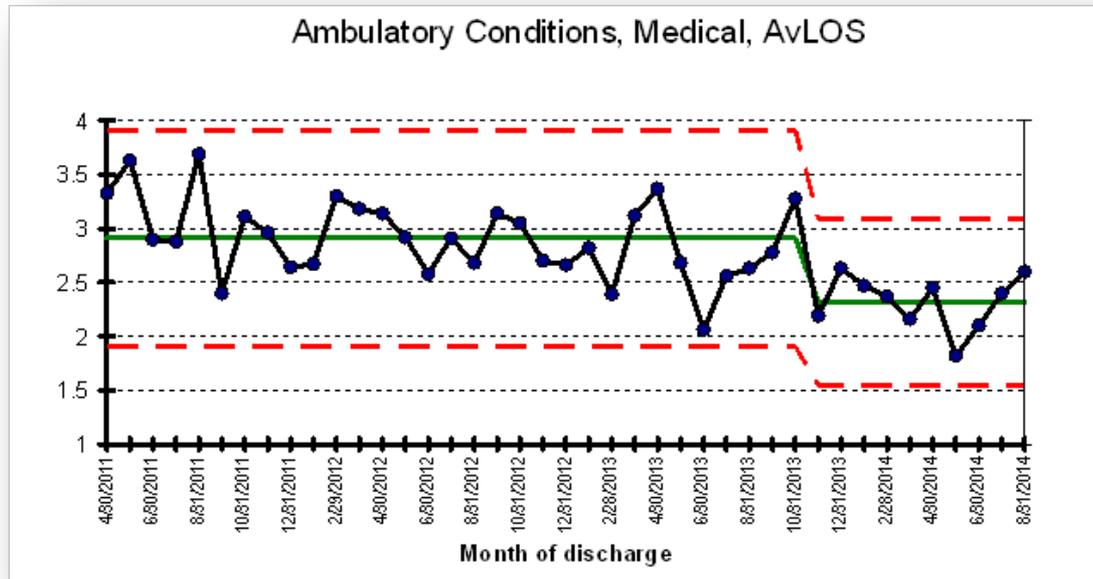


What presents to AEC?

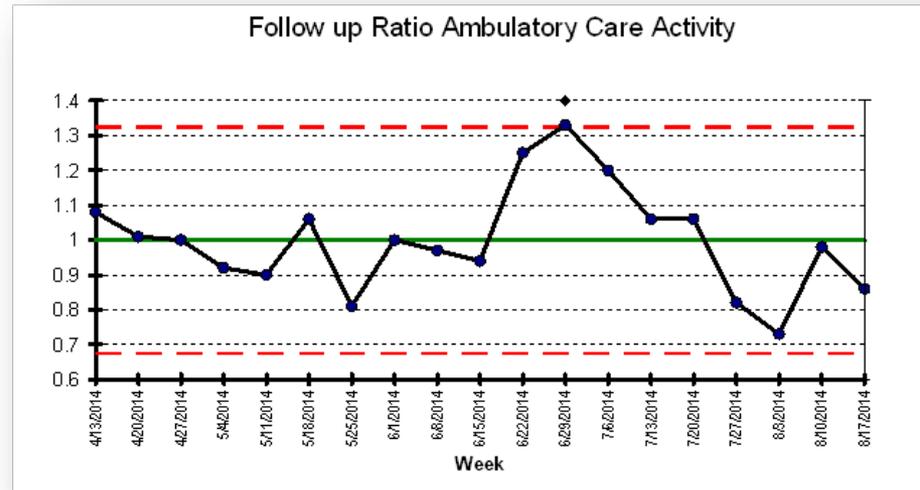
- ▣ The service is not pathway driven aiming to consider all suitable patients, to ensure the most vulnerable patients do not miss out



LOS – ambulatory care conditions (medical)



Clinical Outcomes



Primary Diagnosis	First	Follow up	Follow up Ratio
Anaemia, unspecified	70	24	0.34
Cellulitis of other parts of limb	166	412	2.48
Chest pain, unspecified	104	33	0.32
Headache	50	28	0.56
Other and unspecified abdominal pain	119	30	0.25
Other specified soft tissue disorders Lower leg	70	37	0.53
Pain in limb Lower leg	113	58	0.51
Phlebitis and thrombophlebitis of other deep vessels of low	126	223	1.77
Urinary tract infection, site not specified	71	147	2.07
Viral infection, unspecified	49	31	0.63



Our Growth and Development

- ▣ Integrated leadership- Acute Medicine/ED/ Surgery
- ▣ MDT approach
- ▣ Integrated Community ethos
- ▣ Patient centred care- EBD
- ▣ 'Soft launch' then BIG
- ▣ A shared vision



A Trainee's Perspective



Dr Timothy Churchill

AEC Middle Grade

Junior Doctors in AEC

-  Wide range of exposure to acute medicine
-  Learn skills in clinic management – note keeping, time management and work load
-  Manage patients as first point of care under consultant leadership

Case Study 1 – An integrated Care Organisation

- ❑ 74 year old female
- ❑ Type 2 Diabetic on oral treatment and chronic venous ulcers managed in the community by GP and District Nurses
- ❑ Presentation with cellulitis secondary to infected ulcers but no signs of sepsis
- ❑ Attended for medical review, IV antibiotics given and TVN review
- ❑ Day 3 converted to oral regime with ongoing monitoring by Community Matron
- ❑ Day 7 medical review in AEC and discharge to community TVN care



What AEC added

-  Prevented admission – referral direct from ED to AEC
-  OP TVN review within 48 hours
-  Community monitoring
-  Discharge to community team



Case Study 2 – A Patient Centred Approach

- ❑ Previously fit and healthy 27 year old female
- ❑ GP referral with one month history of cough, no improvement with 2 courses oral antibiotics
- ❑ HRCT in AEC showed widespread lymphadenopathy
- ❑ Attended for core biopsy with patient monitored in AEC afterwards
- ❑ Given result of lymphoma one week later
- ❑ Haematology appointment arranged same day for ongoing management

What AEC added

-  Prevented admission of patient
-  Continuity of care for patient – same medical staff and single point of care
-  Timely investigation and specialist review

The Patient's Perspective



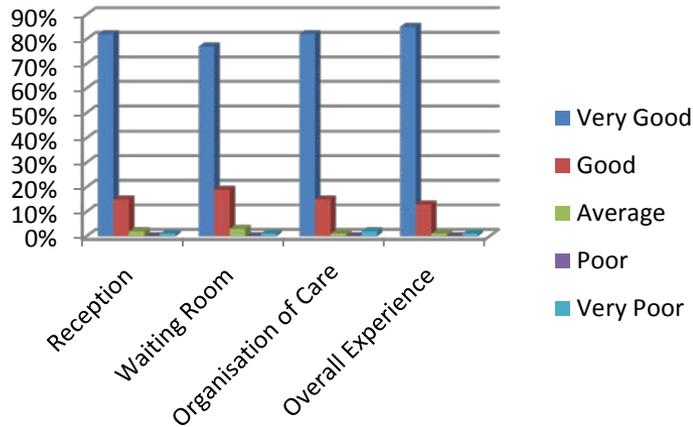
Experience Based Design

-  Darzi Fellow- during strategic phase
-  Patient Forum
-  Patient experience
-  Feedback cycle

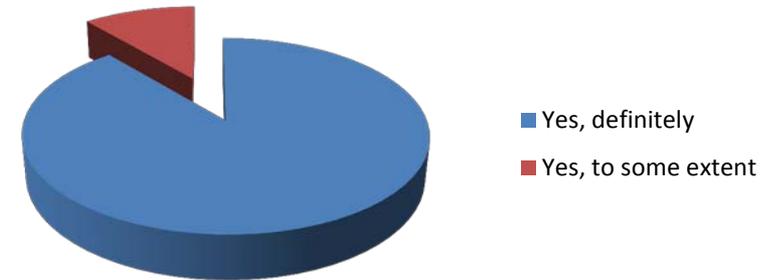


What do our patients think?

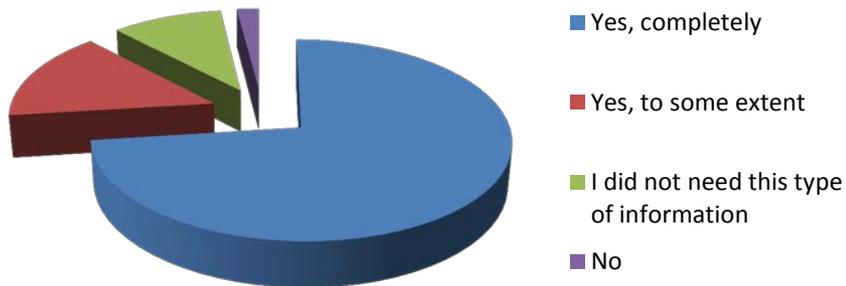
How was your experience?



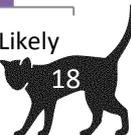
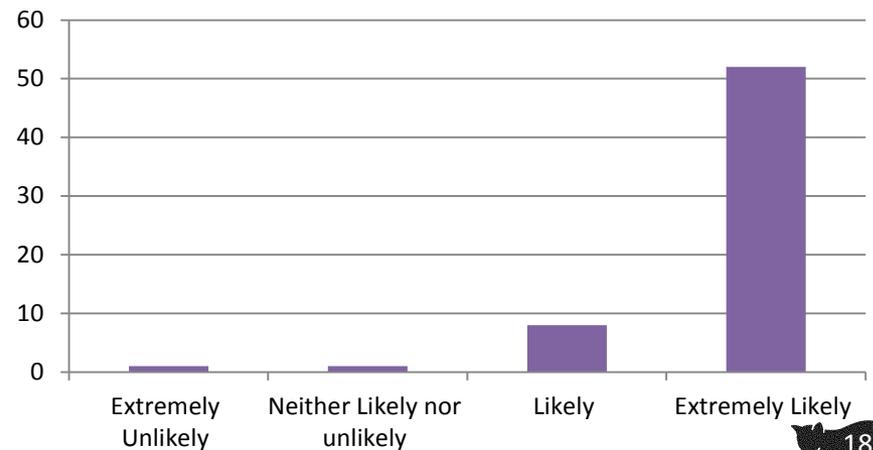
Were you involved as much as you wanted to be in decisions about your care and treatment?



Did a member of staff tell you about the what to watch out for regarding your illness or treatment after you went home?



Family & Friends



Patient Feedback

We have had some great feedback from our patients already since opening the new centre on 31st March 2014

The administrators on the front desk were courteous and helpful, the nursing staff were caring and always sure to inform people of what was going on, and the doctors were thorough, caring and generally excellent.

The care I received. Keep the good work up!

I like the continuity of care. Having the same nurse attend patient from start to finish

All staff were friendly, caring and considerate, professional and patient focussed.

Good communication, nice facilities, friendly staff, nice atmosphere

Exceptional customer service & standard of care. I manage an NHS hospital dept and I would be very happy if a patient experienced the same standards in our dept. Well done the team here for setting such a shining example!!

I felt comfortable here

The service itself is brand new and high tech but this did not detract from the fact that I was treated with dignity, respect and warmth throughout, reflecting the very best of modern healthcare...services that are technically adept can be impersonal and detached, tending to neglect the human touch; not so ambulatory care, which combined both efficiency and compassionate care despite the fact that all staff were clearly very busy and in demanding roles.

Thank you

Keep the good work up!

I was thoroughly impressed by the high levels of attention by all staff to patient care and well-being. The visit was as pleasant as a hospital appointment can be



Questions

