

# Ambulatory Emergency Care at Kettering General Hospital

## Background

**Aim and Objective:** To ensure patients are managed safely, without an admission into a hospital bed, seen by specialist staff, in a timely manner and in a cost effective way and supporting improvement in Transit time performance by relieving pressure on ED

**Opened:** June 2013. **Relocated :** November 2013 with 7 day service

## Approach

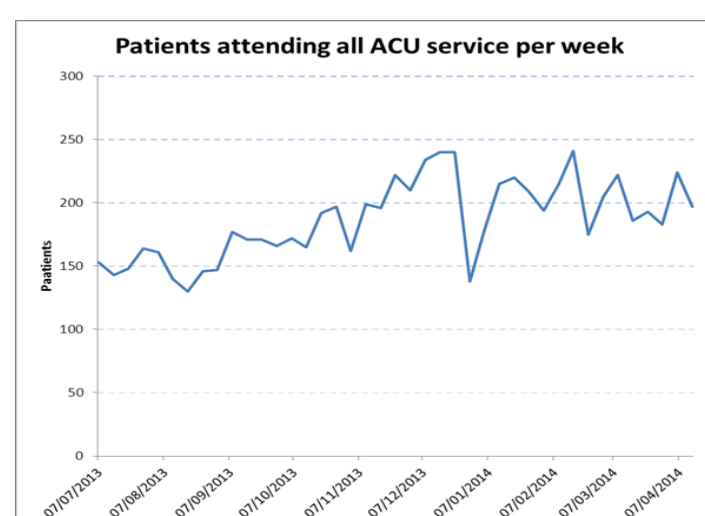
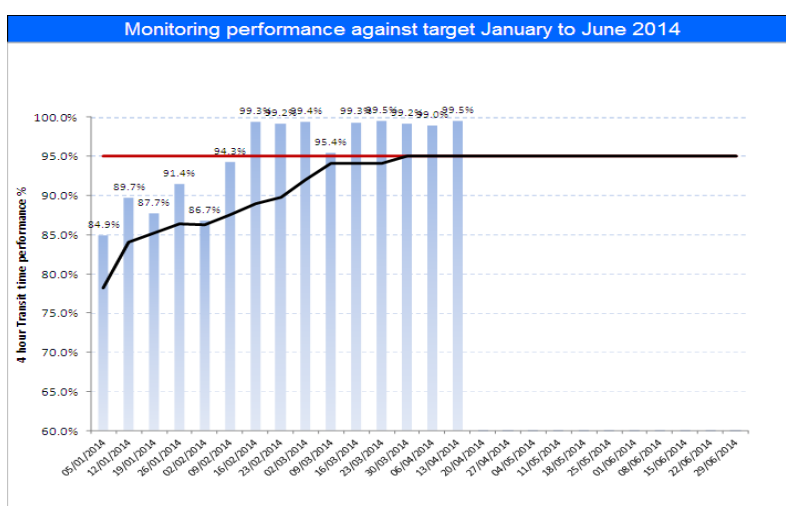
- Communication - GP, A&E, Nurses, EMAS, Urgent Care Board, Clinicians
- Internal Audits
- Patient Feedback
- AEC Directory
- PAS Data
- Pathway development with lead medics

## Challenges

- Staffing -opened without a dedicated team
- Communication with all GP's
- Agreement on Tariff
- Data
- Weekend Diagnostics

## Improvement so far

- Dedicated Team
- Advanced Clinical Practitioner
- Assistant Practitioner
- Staff competencies
- Data collection
- Hitting Transit times



## Results & Next Steps

- LOS reduction
- Transit times – 99% April 2014
- Reduction in medical outliers  
2013= 48 2014=16
- Admissions<10%
- Ambulance service direct access
- Audit GP Referrals taken to A&E
- Increase Surgical Pathways
- Increase GP referrals
- Increase specialist HOT Clinics



**Ambulatory  
Emergency Care**

