

Ambulatory Emergency Care at Peterborough City Hospital

Background

Started several years ago on inpatient ward pre AEC (1 pathway)

- Moved to different ward in 2011 (with 1 bay)
- Moved again to ED in 2012
- Current location = 6 cubicles plus treatment room, 2 consultation rooms.
- Currently nurse-led pathways

Tools Used

- AEC directory
- Process mapping
- Consultant & Registrar questionnaire
- Patient feedback
- Capacity and demand modelling
- Visits to GP forums for awareness sessions



Peterborough City Hospital

Friends and Family test Results	Jul – Aug 2013	Sep	Oct	Nov	Dec	Jan 2014	Feb
Total patient responses	39	16	46	68	57	57	53
Extremely likely (EL)	37	16	40	63	56	55	50
Likely (L)	2	0	6	5	1	2	3
Neither likely nor unlikely (NLNU)	0	0	0	0	0	0	0
Unlikely (U)	0	0	0	0	0	0	0
Extremely likely (EL)	0	0	0	0	0	0	0
Don't know (DK)	0	0	0	0	0	0	0
Final Net Promoter Score	94.87%	100%	86.95%	92.6%	98.24%	96.49%	90.34%

Friends and Family test results



Patient Kev Hughes with ACU staff Sarah Shah and Helena Quartey-Papafio

Improvement so far

- 7 day working
- Increased number of pathways
- Moving to outpatient system
- Establishing depth of coding
- Development of nurses roles (expansion of ANPs)
- Nurse training in sonography
- GP referral phone 1st point of contact in ACU
- Clinician engagement
- Local pathways
- Rapid access to diagnostics
- 448 admissions avoided over 1 year (with nurse led clinics)

Challenges

- Current location too small
- Limited Consultant cover
- Clarifying charging mechanisms to CCGs
- Demonstrating benefits
- Agreeing data capture and reporting
- General increase in emergency admissions

Results & Next Steps

- Align business process to clinical pathway development
- Move to larger unit
- Consultant and Registrar cover
- Further increase in opening hours
- Align opening hours with high volume ED presentations

**Ambulatory
Emergency Care**

“The staff are brilliant, caring. I could not wish for better care.”

- Patient visiting ACU at PCH