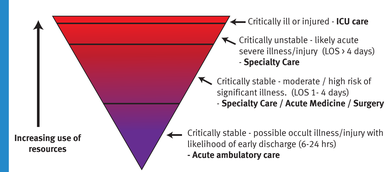
Day Unit for Investigations and Therapies (DUIT)

The Acute Ambulatory Care Journey at The Prince Charles Hospital

Way Forward

- Extension of hours in DUIT, from business hours only, to a 7am – 7pm model (Future may include weekends, further analysis underway).
- Nursing staff rostered into the evening to match the ED presentation peaks.
- Further work to increase access to related services and diagnostics in extended hours.
- Working with Medicare locals and GPs to enable and increase direct admissions from community when admission criteria are met, giving alternates to ED and therefore further supporting our NEAT performance.
- Further refinement of an electronic solution which has replaced paper-based referrals. (eRefer).
- Continue to explore the possible expansion of the model of care to include a wider set of ambulatory sensitve emergent presentations . ATAP Project (2)
- Further develop a "Pull" system from ED by monitoring emergency presentations and proactively going to the department and supporting the movement of patients out. The aim being to further improve our NEAT performance and ensure the **right patient in right location, seen by the right clinician, at the right time.**

Finding the target population for ambulatory assessment and management



New DUIT Model of Care

Acute Ambulatory Care
Increase proportion of patients seen in Duit for ambulatory sensitive emergency presentation

Rapid Assessment & Access
- High Risk Foot Clinic
- TIA
- Cellulitis
- Community acquired pneumonia

Diagnostic Pathways
Schedule and book to reduce add-on and adhoc diagnostics

Elective Medical Therapies
- Increase elective medical admissions and reduce emergency medical admissions
- Blood transfusion, venesections, monoclonal antibiotics, intragam Iron

Act

Plan

Introduction

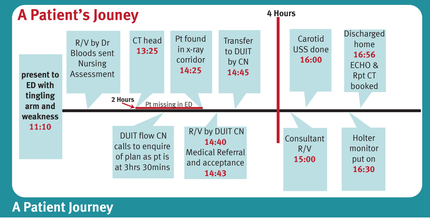
TPCH identified that a significant proportion of adults requiring emergency medical care can be managed safely and appropriatelyon the same day, either without admission to a hospital bed or with only a short day only admission.

Background

International experience* suggests that between 28% and 64% of all emergency admissions to inpatient beds, with a length of stayof 1-2 days (1), could be safely and effectively treated in an ambulatory care model led by senior clinical decision makers with rapid access to diagnostics and therapies..The project team felt that DUIT, which is co-located with the Early-assessment Medical Unit (EMU) and has access to rapid multidisciplinary assessment of medical patients, may be able to test suchan emergent ambulatory care model for suitable patients presenting to the emergency department (3) This would ensure appropriate care for patients, reduce the need for expensive hospital admission, and enhance performance against the National Emergency Access Target (NEAT)

Diagnostics

An extensive period of gathering performance data, and patient feedback was entered involving process mapping, staff tracking, tracking patient journeys, asking patients about their experiences, medical record audits and data analysis to review patient health groups and assess the potential gains with such a model change.



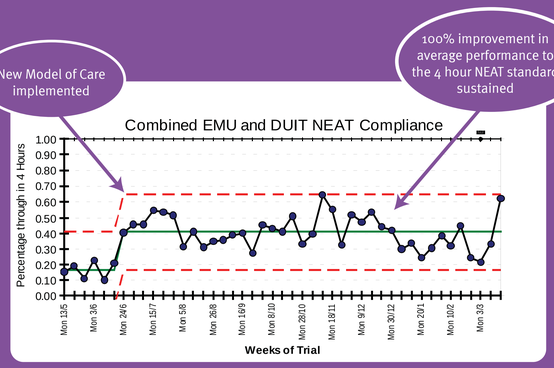
A Patient Journey

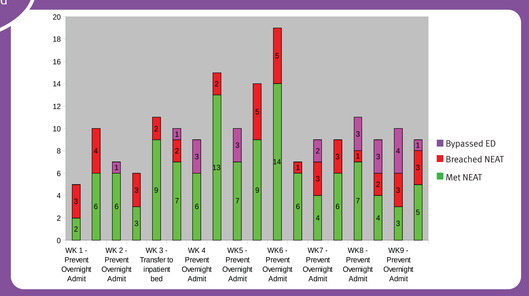
Themes from the Patient Experience Interviews

Outcomes

We have designed our service according to the needs of our patients thus expanding the patient type.
This has increased the management of suitable patients in an ambulatory care model thus creating inpatient capacity to deal with complex, high risk patients who will always require overnight or multi-day admissions.
We have demonstrated the new model of care has increased our ability to achieve the national emergency access target, particularly for those patients who are high intensity service users with ambulatory sensitive conditions.
We have improved access to specialist senior clinic decision makers for specific clinical presentations, E.g. TIA

Study





Do

Implementation

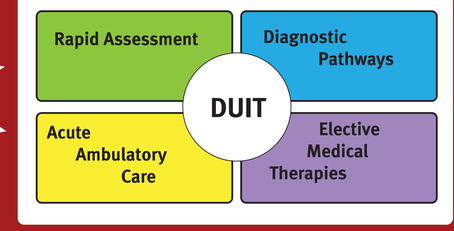
Keys to success:

- Model requires transformational change in care delivery.
- Understanding the purpose and role of an Ambulatory Care Model.
- Applying the ambulatory emergency care model to an already busy planned therapy unit.

Relies on:

- Prompt senior clinical decision-making,
- Timely diagnostics
- Clear care pathways.
- Confidence that frail older patients can be managed through this model of care.

Cellulitis
TIA's
DVT's
Anaemia
Pulmonary Embolus
Syncope and collapse
DKA
UTI
Community acquired pneumonia
Constipation
Falls



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1/ Directory of Emergency Ambulatory Care (2012) 3rd Ed. NHS
2/ http://qheps.health.qld.gov.au/caru/htae/docs/hif-2013-atap.pdf.
3/ Http://www.health.qld.gov.au/caru/improving-services/cs-tpch-duit.asp