

# Ambulatory Emergency Care at Epsom Hospital



## Background

Ad-hoc delivery of ambulatory care since 2010.  
 September 2013 decision to move observation ward out of ED department and replace with a dedicated ambulatory care unit. This was achieved within one month. Service went live on 01/10/2013

## Tools Used

- Directory of Ambulatory Care used to identify potential patient numbers
- Activity data review
- Patient feedback
- Project team developed

## Ambulatory Care Team



## Case History

**Background:**  
 Mr C a 46 year old diabetic gentleman, presented in the Emergency Department with a hot red leg on the morning of the November 2<sup>nd</sup> 2013

**Diagnosis:**  
 He was diagnosed with cellulitis of the left leg; this would require Mr C to undergo IV antibiotic treatment.

**Management:**  
 Mr C was transferred to the newly opened Ambulatory Care Unit, as the ACU had only been open for three days; they had not fully worked up a process for patients requiring a course of IV antibiotics. Therefore, admission to a ward was initially considered. However, Mr C was very keen to go home, as he had been admitted the previous year for the same thing and had an inpatient stay of two weeks. It was agreed that Mr C would attend the ACU twice daily for his course of treatment, and take oral antibiotics in-between attendances.

Mr C was extremely happy with this situation and it enabled him to stay at home. The experience did however raise an issue that we had not thought about, which related to parking charges for patients visiting daily. We now ensure that patients returning to us on a regular basis are made fully aware of the reduced parking rate for patients that attend twice or more in one week.

*Previously as demonstrated from Mr C's previous experience, he would have been admitted for the duration of his treatment.*

## Improvement so far

- Dedicated Ambulatory Unit
- Increased/refreshed ambulatory pathways
- Co-location of Ambulatory Care Unit and local Clinical Assessment Unit
- Positive impact on efficiency of emergency department
- Increased inpatient capacity

## Challenges

- Delivering a 24/7 service
- Ensuring appropriate patients utilise the service
- Agreeing performance measures
- Out of hours diagnostics
- Ensuring consistent staffing model

## Results & Next Steps

- Further integration with community services
- Integrated Ambulatory Care/CAU service offering extended pathways and increased hot clinics
- Increase delivery of Surgical ambulatory care pathways

