

Ambulatory Emergency Care at Wexham Park Hospital

Background

Service to assess and deliver same day care where possible to patients to improve patient journey and free up valuable beds for those needing admission.



Improvement so far

- Purpose-built unit
- 2 Lead Nurses/ANPs
- Trial of GP referrals being taken and triaged by Ambulatory Care ANPs
- Streamlined AEC flow from ED.
- Patient information leaflet and feedback leaflet.
- Draft of 5 care pathways in medicine with further being produced plus Surgical pathways.

Tools Used

- AEC Directory.
- Ambulatory Care referral proforma incorporating AMB score
- KPI and impact tools in development to measure impact of service.
- Resources on AEC Network site.

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Ambulatory Emergency Care Unit Referral Proforma

Patient Name:	Date of Birth:	MRN:
Problem and Provisional Diagnosis:		Relevant PMH:

Ambulatory Emergency Care Unit Suitability Questions		YES	NO
1. Is the patient Ambulatory or self-mobile and able to sit in a waiting room on a chair or wheelchair?		<input type="checkbox"/>	<input type="checkbox"/>
2. Do you think the patient could be safely discharged home before AECU closes? (with assistance from PACE team if required).		<input type="checkbox"/>	<input type="checkbox"/>
3. Without the option of AECU would you be forced to admit the patient to a speciality or observation area?		<input type="checkbox"/>	<input type="checkbox"/>
4. The patient should not be critically ill: <ul style="list-style-type: none">• Pulse <130 (with systolic Bp >100 if pulse >100)• Systolic Bp >90 (with pulse <100 if Bp <100).• Sats on usual oxygen >92% or >88% if usually on home oxygen• GCS 15/15 (or 14 in the case of known dementia)		<input type="checkbox"/>	<input type="checkbox"/>
5. Specific condition considerations (if appropriate): <ul style="list-style-type: none">• Cardiac chest pain- should be assessed as low risk first. Patients should not have ongoing ischaemic chest pain and/or an abnormal ECG• Upper GI Bleed- patients should be <60, have a pulse <100 and systolic Bp >100 without liver, cardiac, renal disease or cancer.• Cancer patients- the patient should not be potentially Neutropenic.		<input type="checkbox"/>	<input type="checkbox"/>
If the answer to any of the above questions is No the patient is not suitable for Ambulatory Care management.			N/A

Ring to refer patient and check for AECU capacity:
• Speciality expected patient: 07833481742
• ED patient Bleep AECU Req Bp- 4143

Once referral accepted either fax form to ext 4871 or send with patient and notes
(Please note- Patient will not be accepted without completed referral proforma)

Referral by: (Print and Sign)	Date:
Referral to:	Time:

Version 3.4 (Aug 2014) AECU Lead Nurses A. Gordon and S. Harding

Challenges

- Agreeing data capture and reporting.
- Changing culture and understanding of staff in all department.
- Managing such a big change in practice and systems of Hospital with no previous service
- Developing new partnerships cross-department working.

Results & Next Steps

- Awaiting data of impact.
- Pilot extended hours
- Pilot of GP referrals being triaged within AECU- Ambulatory until proven otherwise
- Engagement of GPs and improving referral process.

