NHS
Ambulatory Emergency Care Network

Northern Lincolnshire and Goole NHS Foundation Trust

www.ambulatoryemergencycare.org.uk

Introduction

In recent years, same day emergency care (SDEC) has been one of the NHS' success stories, helping to ease pressure on overloaded Emergency Departments (EDs) but also to prevent unnecessary admissions. The Ambulatory Emergency Care (AEC) Network has worked with more than 120 healthcare teams across England and Wales, supporting them to establish or expand ambulatory care within their organisations. There have been many excellent results.

However, even when an ambulatory care service begins well, it can plateau. Initial enthusiasm may start to wane, the original mission may lose some of the original pace and impacts can begin to lessen. This is why the AEC Accelerator Programme was established. The AEC Network, which runs the programme, aims to support organisations to re-energise their AEC service. The Network works alongside organisations to help maximise AEC as an alternative to admission, improving patient flow and reducing pressure on hospital beds.

Northern Lincolnshire and Goole NHS Foundation Trust serves a population of around 445,700. It has three hospitals, with a total of 860 beds. Its two main sites are Scunthorpe General and, in Grimsby, The Diana Princess of Wales Hospital. The smaller Goole and District Hospital mostly performs day surgery and does not take emergency admissions.

Small beginnings

Around seven years ago, the Trust began developing an AEC service attached to the Acute Admissions Units at Grimsby and Scunthorpe hospitals. The aim was to reduce pressure on the ED. In Grimsby, there were just a couple of ambulatory bays whilst Scunthorpe had its own dedicated ambulatory space with capacity for around 10 patients.

A pathway approach

Inspired by local examples in Hull and Doncaster, the Trust devised a pathway approach to ambulatory care, which meant that only patients with certain conditions - including non-cardiac chest pain, atrial fibrillation and first seizure – would be admitted onto the bay. It also created a deep vein thrombosis (DVT) service which aimed to keep patients with DVT out of hospital. This later became the 'Hospital at Home' service, with doctors and nurses going into nursing homes to administer IV antibiotics and fluids.

The Trust recognised that there were pros and cons to the pathway approach. Whilst it had specific outcomes that could be measured and audited, there were many patients who were potentially ambulatory that were being missed. As time went on, it became apparent that the approach needed to change if ambulatory care were to develop.

AEC Accelerator Programme

The Trust was originally a member of the AEC Network in Cohort Two, back in 2013. Two years ago, Northern Lincolnshire and Goole NHS FT joined NHS Elect's AEC Accelerator Programme as it wanted to explore how it could build on its early successes and develop a more inclusive service.

An audit by the Network of the AEC unit in Scunthorpe found that there was the potential for around 30% of the daily take to be treated as same day emergency care, which meant they would not be admitted to the hospital but stabilised and sent home. A review of patients in AEC found that some of them shouldn't be there. It revealed that patients were routinely being sent to the unit as a way of boarding admissions or queue-busting which was preventing the unit from functioning properly.

Three-phase improvement

Northern Lincolnshire and Goole NHS FT is part of the Northern Network. As part of a review into the way the whole population is cared for - and in line with the Northern Network's ambition to rationalise services - there are plans for major capital investment in Scunthorpe and Grimsby. A new ED is scheduled to be built on each site, with an Integrated Assessment Unit that will include SDEC for each.

The Trust has devised a three-phase improvement plan for the delivery of urgent and emergency care in Scunthorpe and Grimsby. The name 'Ambulatory Emergency Care' is being replaced by 'Same Day Emergency Care' to reflect the fact that even patients who may not be ambulant (i.e. able to walk around) can access the service. The aim is to build on the foundations that have been laid and to drive down the number of unnecessary hospital admissions still further.

Phase one, which began in July 2020, focused on revising the pathway approach so that a wider cross-section of patients could access same-day care, rather than simply those who meet narrow pathway criteria.

Phase two, began in November 2020 following a staff consultation, which was to move to AEC – now called SDEC - to a larger area so that staff could get used to the new way of working.

Phase three will be the opening of the new EDs and Integrated Assessment Units which will house dedicated SDEC areas. Construction work has already begun and is due to be completed in 2023.

Data analysis

The Trust attended its first workshop with the AEC Network in November 2019 and visited Ambulatory Care Units at Airedale and King's College, London to see what other hospitals were doing. They attended two further workshops and received data analysis and casefile review feedback from the Network's specialists. This provided a baseline against which the impact of improvements could be measured. It showed there was a lot of wasted capacity in SDEC and that by strengthening the referrals and streaming processes they could better utilise the unit and ensure that patients who attended were appropriate to be there.

Tony said "The data collection exercise showed us that we had many missed opportunities to improve flow in ED by sending patients to SDEC. We sat down with the Divisional Manager and Head of Nursing for Medicine to discuss these findings and our improvement plans."

Improvement project team

The Trust established a SDEC improvement team, consisting of Project Lead Maria Wingham and Clinical Lead Matron Tony Dawson, backed by an assistant and data analyst. With the project team in place, they agreed to hold monthly meetings to update progress, address any issues and plan for the future.

What they did

1. **Standardise operating procedures:** The AEC Network's SDEC principles proved a useful starting point for Northern Lincolnshire and Goole to begin developing its own standard operating procedures. Using these procedures, the team set about disbanding the pathway process and developing a more inclusive way of signposting suitable patients to SDEC.

   Tony said "Essentially, this meant a mindset shift – away from saying patients with criteria based conditions can be sent to SDEC towards saying that anyone who comes through the front door has the potential to be treated in SDEC unless something tells me otherwise."

2. **Streaming in ED:** They began introducing streaming into ED to help get more patients to the right place at the right time, being seen by the right clinician. A senior nurse now sits alongside the receptionists in ED and can allocate suitable patients to one of several

workstreams – SDEC, the triage nurse, an Advanced Nurse Practitioner or the on-site GP. Initially this proved to be quite a challenge as the Trust was still operating a pathway process for admission to SDEC. Tony spent several weeks sitting alongside the streaming nurse in the early days helping to identify patients who might be suitable for SDEC.

He said “I want us to get to the point they are at in Airedale – where all patients on the screen are signposted to SDEC unless there are compelling reasons why not. We appreciate that this is a massive learning curve for the team here. We want them to feel confident enough to stream patients to us and know that if the patient is not right for SDEC we will simply move them onto the correct treatment pathway.”

To this end, the team has now introduced new criteria for the streaming nurse which states that patients with a NEWS score of less than three who are stable can be considered for SDEC. They have also developed training so the streaming nurse is more familiar with the different treatment options and the protocols for each. Advanced Nurse Practitioners tend to treat simple fractures and injuries, whilst the treatment of minor illnesses may be carried out by GPs or Advanced Nurse Practitioners.

3. **Admitting from 8am to 8pm:** The units are open from 8am to 8pm every day. They take direct admissions from GPs and the streaming nurse in ED, as well as the community team. The team is starting negotiations with East Midlands Ambulance Service to discuss admitting appropriate patients using the same criteria as that employed by the streaming nurse in ED.

   The SDEC Unit in Scunthorpe has four bays and can normally accommodate 32 patients although currently, due to social distancing requirements, it can only accommodate eight. It is staffed by three nurses and three healthcare assistants. The number of patients attending SDEC each day ranges from 10-12 in Grimsby and 32-33 in Scunthorpe. The aim is for no patient to remain within the unit for any longer than six hours. The units have good relationships with diagnostics and have a certain number of protected CT and doppler slots available daily.

Impact of improvement work

Since the hospitals began streaming to SDEC from ED, the number of patients attending the units has increased, although the team believes that current data does not accurately reflect the true numbers and is looking at how this can be improved.

There was a positive shift in the number of patients managed in SDEC from September 2019 to January 2020 when numbers started to decrease. The Trust was aiming for 40% of patients accessing SDEC and the data below shows that they are currently exceeding this target.

Whole System: Adult Emergency Focus

2.0 Increase the rate of Same Day Emergency Care (SDEC) measured in hours spent in hospital

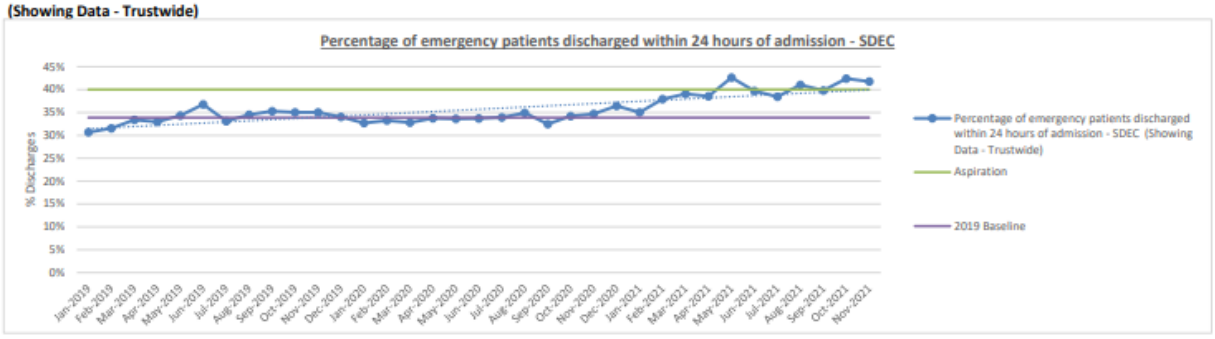
2.1 Increase the percentage of emergency patients discharged within 24 hours of admission (SDEC)

[Excludes Children, Elective admissions, Maternity admissions]

Cal Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2019	30.7%	31.5%	33.4%	32.9%	34.3%	36.8%	33.1%	34.5%	35.3%	35.0%	35.0%	34.0%	33.9%
2020	32.7%	33.2%	32.8%	33.7%	33.6%	33.7%	33.9%	34.9%	32.5%	34.2%	34.7%	36.4%	33.9%
2021	35.0%	37.9%	39.1%	38.6%	42.6%	39.7%	38.4%	41.0%	39.8%	42.4%	41.8%		39.8%

Aspiration: Increase to 40%

(Showing Data - Trustwide)



There was a rise in referrals from GPs between August and November 2019, followed by a decrease in the numbers. Referrals from ED increased between October 2019 and December 2019. The graph below demonstrates the continual increase in the number of patients referred from ED who were discharged on the same day.

4.0 Increase the rate of all short stay emergency admissions (measured in nights spent in hospital)

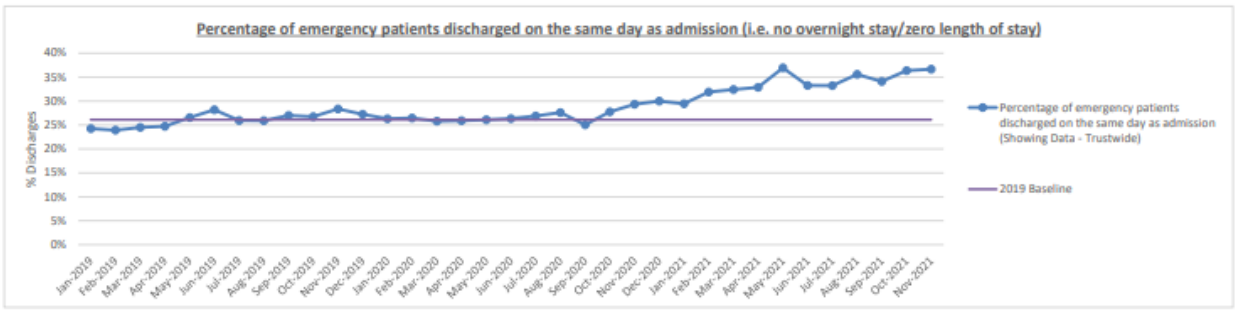
4.1 Increase the percentage of emergency patients discharged on the same day as admission (i.e. no overnight stay/zero length of stay)

Note includes SDEC cohort reported in 2.1 SDEC measure. [Excludes Children, Elective admissions, Maternity admissions]

Cal Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2019	24.2%	23.9%	24.5%	24.7%	26.6%	28.2%	25.9%	25.9%	27.0%	26.7%	28.4%	27.2%	26.1%
2020	26.3%	26.5%	25.8%	25.9%	26.1%	26.3%	26.9%	27.6%	25.0%	27.8%	29.3%	30.0%	27.0%
2021	29.4%	31.9%	32.4%	32.9%	36.9%	33.3%	33.2%	35.6%	34.1%	36.4%	36.7%		34.0%

Aspiration: Increase (no specific % set)

(Showing Data - Trustwide)



The team has achieved its main aims in relation to SDEC. The units in both Scunthorpe and Grimsby are now fit for purpose and streaming is working more efficiently than the previous pathway approach. This is bringing more patients onto the unit which is relieving pressure on ED.

Benefits of networking

Tony said that being part of the Ambulatory Emergency Care Network made “a massive difference” to the Trust’s improvement work. He explained “We went to several network events and we were able to share experiences and challenges and hear about what worked and what didn’t. The networking is particularly good – it can steer you away from the big pits before you fall into them. Unfortunately, we didn’t get to do the final network event due to coronavirus, which was a shame as we could have celebrated all the wins.”

Challenges

1. **Mindset:** The SDEC units in Scunthorpe and Grimsby are now seeing a broader mix of patients, but it is still proving challenging to change the mindset of staff in ED.

   Tony said “We’ve worked to educate staff about what the SDEC unit is and what it should be used for as, in the past, it was being used like a discharge lounge, which meant we couldn’t send patients from A&E as the unit was often full. Sometimes the streaming nurses have patients that they are unsure about. I’m encouraging them to send these patients to SDEC anyway and I will follow the patient’s journey. If we can make it work to send them home the same day we will, but if not we will admit them.”

2. **Bed management:** The Trust has yet to resolve bed management challenges which mean that once a patient is sent to SDEC they become less of a priority for a bed than they would do if they were still in ED. They found that staff on the unit were sometimes there long after it closed at 8pm waiting for the bed management team to find one of their patients a bed. The hospital recently asked nurses from the Integrated Assessment Unit to take over the care of SDEC patients waiting for a bed when the unit closes to enable staff to be able to go home on time.

3. **Managing returning patients:** The Trust has also yet to fully resolve the issue of how to manage returning patients. For example, a patient with hypertension may need to come back to the hospital to have their blood pressure checked. Bringing them onto SDEC can limit capacity on the unit for other patients and this was a particular problem during COVID-19 peaks when social distancing measures meant that capacity was already reduced. The hospital is considering using the Planned Investigation Unit for returning patients but there is the question of which staff from SDEC can go onto Planned Investigations to see these patients. Consultants are keen to follow the patient’s journey from start to finish, but it can hold things up if patients are waiting to be seen by their consultant. Once nurse-led discharge has been fully implemented it should help to ease this particular problem.

4. **COVID-19:** The impact of the pandemic has reduced the amount of patients that can be seen on SDEC. Any patient who displays possible symptoms of the virus is automatically sent to the assessment unit, which means that some people who could potentially have been cared for in SDEC are currently diverted there.

What’s next?

The team plans to use Acute Care Practitioner trainees to support the development of SDEC, inspired by the example of Airedale where they play a key role. In Scunthorpe and Grimsby, Acute Care Practitioners will be used to clerk patients and make discharge decisions in line with the management plan. They will work on rotation across Emergency Unplanned Care, spending time in SDEC, Frailty and the Acute Assessment Unit.

Key learning points

Despite having done engagement work with staff early on, Tony believes that even more staff engagement might have been useful. He would have liked staff from the two SDEC units to have attended the Network workshops so that they could hear for themselves from people who had already trodden the path they were embarking on. He is also keen to get the data collection process right going forward. He said, “Having the right data will give us peace of mind and affirm that we are doing things right.”

Maria Wingham, Improvement Programme Manager said “The data clearly demonstrates that improvements are being made by the clinical teams within Emergency Care which means our patients are now not needing to stay in hospital any longer than necessary which supports their recovery, this is a positive for all.”

Peter Reading, Chief Executive, said “Our SDEC is helping us improve our patients’ experience when they come through our front doors. It is helping us assess, diagnose, treat, and discharge people without the need of admitting them to a hospital bed.

It is also avoiding unplanned and longer than necessary stays in hospitals, which in turn is resulting in lower risks to patients of hospital-acquired infections as, well as deconditioning for frail and elderly people.”

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