NHS
Ambulatory Emergency Care Network

Royal Devon and Exeter NHS FT

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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.

Royal Devon and Exeter NHS Foundation Trust (RD&E) provides integrated health and care services to a population of around 450,000 across Exeter, East and Mid Devon. It manages a large acute teaching hospital and twelve community hospitals, employing around 8,000 staff.

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Royal Devon and Exeter NHS FT takes the next step in Ambulatory Emergency Care

Background to the project

2013: New ambulatory treatment area created RD&E began its AEC journey with the creation of a new ambulatory treatment area for patients presenting to its Acute Medical Unit (AMU). The aim was to avoid 12 admissions per day.

2015: Paramedics convey patients to MTU RD&E introduced an initiative that would allow paramedics to convey clinically stable medical patients directly onto the Medical Treatment Unit (MTU) on AMU, without having to go via ED. Later that year, more detailed guidance on acceptance criteria was drawn up, ensuring that patients with traumatic injuries, and those with cardiac chest pain or who are acutely unwell go to ED. It also stated that patients aged over 65 years with pre-existing conditions or possible frailty should be considered for referral to the Acute Care of the Elderly team.

2017: SDEC on Wynyard Ward Some patients were still being inappropriately admitted to the hospital, whilst others were waiting for an unacceptably long time to be seen in ambulatory care. A separate AEC area called Same Day Emergency Care (SDEC) was opened on Wynyard ward in addition to the treatment area on MTU. It provides AEC for patients in medicine, surgery and gynaecology. The area started out as more of a clinic, with around nine patients every afternoon in booked slots (Monday to Friday). It took patients from GPs and ED and had same day or next day access to CT, USS but not MRI or echo. Unfortunately, this SDEC area was not well utilised by either nursing or consultant staff as referral criteria were not agreed at the outset. Consultants were only present on the unit on weekday afternoons.

December 2018: Rebuild of AEC on Acute Medical Unit There was a rebuild of the AMU assessment area used to triage patients who could not be seen on SDEC. The new area was called the MTU. Consultants were allocated to the MTU area daily (8am - 8pm) and onto SDEC each weekday afternoon. Outside of these hours the area was covered by the duty AMU consultant.

August 2019: New chest pain clinic on SDEC SDEC introduced a chest pain clinic run by Advanced Nurse Practitioners (ANPs). There are seven chest pain clinic slots and seven undifferentiated presentation slots seen by an SHO. A consultant reviews patients between 2pm and 6pm. In October 2019, the Advanced Clinical Practitioner role was introduced on SDEC. Benefits from this role were that it enabled consistency in approach and the ACP were able to further enhance their knowledge and skills in relation to same day emergency care presentations for cardiology. The ACP worked closely and reported to the cardiologist of the day.

Joining the AEC Accelerator Programme

By the time the RD&E joined the AEC Accelerator Programme in 2019, its AEC service and same day emergency care (SDEC) services were already well-established. However, there were effectively two AEC areas operating within the hospital – one on AMU (the MTU) and one on Wynard Ward (SDEC). The medical team, led by Dr Simon Patten Consultant Acute and General Medicine, recognised that there was a certain amount of duplication between the two areas. Nursing staff taking GP referrals were sometimes unclear which of the AEC area they should stream patients to. This was clearly an inefficient use of resources and variation in practice was noted.

The MTU was often overcrowded and staff were stretched. The small waiting area struggled to cope with the number of patients coming from ED, as well as those being brought in by ambulance crews to be triaged. By contrast, the larger, purpose-built SDEC area on Wynyard Ward was underutilised. Many patients were still being admitted to hospital unnecessarily and the process for identifying patients who were suitable for SDEC was inconsistent.

Project aims

The RD&E's project aims in joining the Accelerator Programme were to address these inconsistencies, to ensure more even distribution of patients, and eliminate duplication. Overall, it wanted to improve efficiency and the delivery of high quality, timely emergency care and increase the number of patients in the medical take who were directed towards ambulatory emergency care.

What steps did RD&E take?

RD&E, led by Dr Simon Patten, worked together with the team from the AEC Network to identify where improvements could be made and to begin developing and implementing tests of change.

GAP scoring

To make it easier to identify which patients should go to SDEC and which should be treated in the MTU (AMU), the hospital introduced GAP (Glasgow Admission Predictor) scoring to support earlier clinical decision-making. GAP scores help to assess how likely it is that the patient will require admission at the time of triage. It is a simple, points-based system which allocates points according to factors such as the patient's age, NEWS score, triage category, whether they were referred by a GP, whether they arrived by ambulance and whether they have had previous admissions within the last 12 months.

Following a three-week consultant-led pilot which showed promising results, the Trust adopted GAP scoring for every patient coming into AMU. Those scoring between 18 and 25 are sent for treatment to SDEC, whilst those with the same scores but a higher NEWS rating are kept within the MTU/AMU. If this information is gathered on the phone prior to transfer into the hospital the ambulance takes the sick patient straight to the MTU, SDEC or ED as appropriate. This helps prevent a bottleneck of patients in ED and ensures that patients are more evenly distributed between Same Day Emergency Care and MTU.

Consultant support

Up until now, consultant support was only available in Wynard SDEC during the afternoon, which meant that senior decision-making was often delayed or SDEC patients were directed to MTU leading to overcrowding. For this reason, a further test of change was introduced. The hospital held a three-week pilot during January and February 2020, trialling a broader consultant cover throughout the day. During this time, consultants were on the unit from early morning (rather than just in the afternoon) to support the transfer of more patients to SDEC. Before the pilot, an average of 12 patients a day were sent to SDEC. There was a 100% increase during the pilot, with 24 patients a day being diverted there. Although it meant that SDEC was far busier in the mornings than before, the new approach has succeeded in reducing overcrowding in AMU/MTU.

The team is looking into how these changes can be sustained. There is currently a shortage in the number of acute medical consultants in the hospital and further recruitment will be needed to provide ongoing consultant support throughout the day.

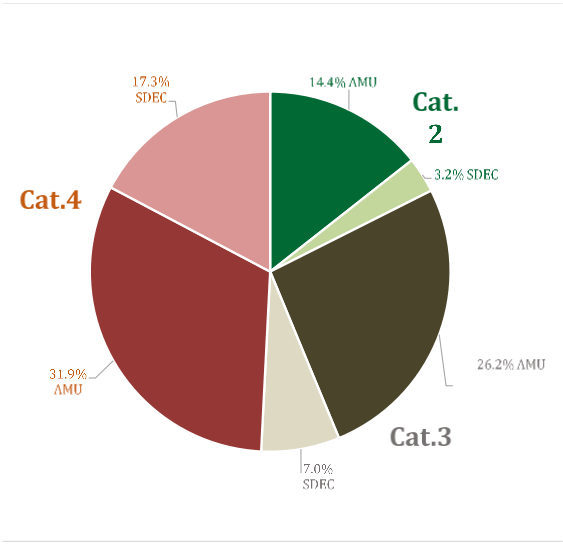
Streaming patients

By February 2020 55% of patients were directly admitted to the AMU via the medical treatment service. On arrival, patients were triaged and streamed to either an acute medical admission or for SDEC. Initially, triage was done using the Manchester triage system. In using this system (that was designed for use in EDs) the team found that many patients were in the middle triage category of urgent. They felt the tool wasn't sensitive enough and as a result patients were not being considered for SDEC.

The team worked together to create a process to support streaming decisions that would help intelligently identify the correct patients for SDEC. Not just 'low acuity' patients. (e.g. Supraventricular Tachycardia, fast Atrial Fibrillation etc). The team developed a system combining the GAP score and triage scores to create an acute medicine triage tool. Creation of this tool enabled staff to discern with much more accuracy patients suitable for SDEC .

Casefile review

To understand the impact of this process change, the team undertook a retrospective review of 250 patient case notes from September 2019.



Total proportions of entire medical take by triage category and SDEC attendance

The team found that as a result of the new Exeter GAP and triage system they increased the number of patients streamed and treated in SDEC from 13-16% in September 2019 to 27.4% in January 2020.

Triage category	Proportion of SDEC patients by triage category (Sept 2019 to Jan 2020)
2	11.6%
3	25.6%
4	62.8%

Through this project the team also increased the number of direct referrals to Acute Medicine and identified the need to increase the capacity of the SDEC. As numbers continue to increase the team are now looking to combine a larger SDEC and Medical Assessment unit area to further improve patient flow and convert more patients to SDEC. This area will operate with Consultant cover 10am to 10pm (with the opening of the SDEC area from 8.30am) with an ethos that all patients are suitable for SDEC until proven otherwise. An added benefit of this new system is that sick high priority patients go straight to the Acute Medical assessment area but all others enter the service via SDEC area.

Creating a Virtual Ward in the Community

During the past year the RDE has been working in partnership with community colleagues and primary care to enable a virtual Acute medical ward in the community to support both early facilitated discharge home and to enable monitoring of unwell patients to support early review in a planned and timely manner in SDEC when required.

This service was progressing and tested just as the COVID-19 pandemic hit the UK. During this period, the team developed a unique response that supported the care of sick patients with COVID-19 in the community.

Summary and next steps

The AEC Network team, which worked with RD&E throughout the AEC Accelerator Programme said:

"This is a great example of a hospital thinking creatively about overcoming the problems of overcrowding on AMU. The RD&E had already made a number of bold steps before joining the programme, such as encouraging ambulance teams to transfer patients directly onto AMU and setting up a dedicated hot clinic service.

Through its work on the programme, the team led by Dr Simon Patten has been able to make better use of its existing SDEC services and increased the number of patients treated and discharged same day. The team can clearly see the difference it makes to the service to have senior level decision-makers on the unit throughout the day, which provides a strong case for increasing staffing levels."

Key learning points

- RD&E's experience demonstrates a number of innovative approaches to AEC. By allowing ambulance crews to take patients directly onto AMU, it helps to relieve pressure on the ED.
- One of the main challenges was confusion among staff about whether to send patients to SDEC or keep them in the MTU/AMU once they had been triaged. The decision to implement GAP scoring provides a consistent, reliable way of assessing patients and identifying who should be sent where.
- Small changes to existing ED triage scores could help focus nursing and medical staff towards the sickest patients in the acute medical unit.
- The use of the new triage tool has potential implications for patient safety across the whole MDT.
- Developing bespoke triage solutions allows us to identify high-acuity patients who can still be managed without admission.
- By extension, implementation of such triage tools across other medical areas could reduce bed pressures and overcrowding.

RD&E benefited from the support and guidance of the AEC Accelerator Programme to identify areas where measurement could be improved, the development of a dashboard in order to reduce duplication, and how to use existing resources more effectively. The tests of change showed that using the GAP tool helped to provide consistency and support clinical decision-making, and the difference it would make to AEC to have a consultant on the unit throughout the day.

For further information, please get in touch with:

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