Ambulatory Emergency Care Network

Ambulatory Emergency Care

From the bottom to the top of the National A&E Performance Table

Kettering General Hospital NHS FT

In 2013, patient flow was a problem and patients waited too long in A&E at Kettering General Hospital NHS Foundation Trust. This resulted in the hospital failing to meet the 4-hour target. A&E transit times were around 74%. Medical outliers were typically between 70 and 100. The trust was at the bottom of the national league tables.

Yet, 12 months later, Kettering has climbed to the top of the national league tables. Transit times in A&E are 98% and medical outliers have significantly reduced to between 10 and zero. The Ambulatory Emergency Care Network talked to the Trust about how it acheived this dramatic turnaround in such a short time.

Kettering General Hospital NHS Foundation Trust recognised that urgent action was needed to address the problems it was facing. Patient flow through the system was problematic, the quality of patient care was inconsistent, with long waits, the trust was at the bottom of the national league tables. Complaints were commonplace and staff were demotivated.

The Trust was determined to turn things around. Chief Operating Officer, Sue Watkinson, who chaired the hospital's Urgent Care Board, believed that Ambulatory Emergency Care would help it to achieve rapid and lasting improvement. The Trust provided the necessary resources to implement a new Ambulatory Emergency Care unit and gave itself just 12 weeks to do it.

The Ambulatory Emergency Care Network

To help it achieve this demanding deadline, Kettering joined the Ambulatory Emergency Care Network. Lorene Read, then Chief Executive of Kettering General Hospital, had been part of the Network in a previous role and suggested that the hospital should join so that it could learn from the experience of other hospitals and get expert help and support.

Cardio Respiratory Service Manager, Maxine White, who was given the task of implementing Ambulatory Emergency Care, explains how the Network helped them:

> "Ambulatory Emergency Care was a new concept to Kettering General Hospital and to many of our clinicians. The Network advised us what worked and what didn't, they provided access to Ambulatory Emergency Care pathways and supplied useful protocols and documentation, they set up visits and facilitated networking with other hospitals. It made the whole process a lot easier knowing that the support was there, and regular phone calls from the Network helped a lot."

Rapid Implementation

A team of staff, headed up by Maxine was given just 12 weeks to open a new Ambulatory Care Unit (ACU). They identified a suitable space in the vacated coronary care unit on the first floor between A&E and ACU and began looking for staff and equipment that could be transferred into the new unit. The closure of another ward provided a ready-made team of staff for Ambulatory Care. Whilst this helped them to launch the new unit, it quickly became apparent that many staff didn't have the right skills and, within months, the unit was employing a hand-picked team of staff.

Kettering began by developing Ambulatory Care pathways, based on the Directory of Ambulatory Care. When the unit opened in June 2013, it had 17 pathways;

Abnormal Bloods	**Atrial Fibrillation - new onset**	**Cellulitis - Red Leg**
COPD	**Chest Pain**	**Diabetes**
DVT	**First Seizure**	**Painless Jaundice**
Pneumonia or LRTI	**Pulmonary Embolism - Hospital Only**	**Severe Acute Headache without Focal Neurology**
Spontaneous Pneumothroax	**SVT**	**Unilateral Pleural Effusion**

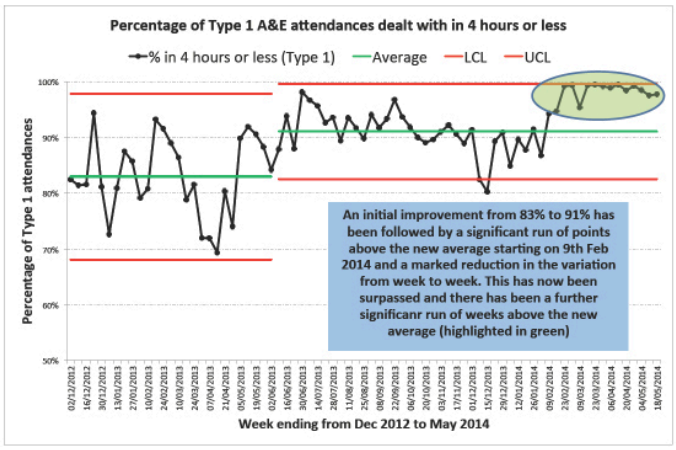
The Ambulatory Care Unit opened with eight chairs/trolleys and two consulting rooms. Now it has its own consultant, advanced clinical nurse practitioner and 15 staff. Since January 2014, Ambulatory Care has been open seven days per week and the A&E department, wards and local GPs can all directly refer into the unit.

In its first week, Ambulatory Care saw 60 patients, drawn from A&E, GP referrals, outpatient clinics, HOT clinics, and wards. In less than 12 months, the number of patients passing through the unit weekly has risen to more than 200. The Ambulatory Care Unit treats Cardiology, Respiratory and medical patients It also offers outpatient Cardiology, Respiratory, Neurlogy, and Rheumatoloy, as well as medical HOT clinics, and day case procedures.

Advanced Clinical Practitioners rotate between A&E and AEC. They regularly visit the short-stay wards to pull through more patients who have been admitted and who are suitable for Ambulatory Care.

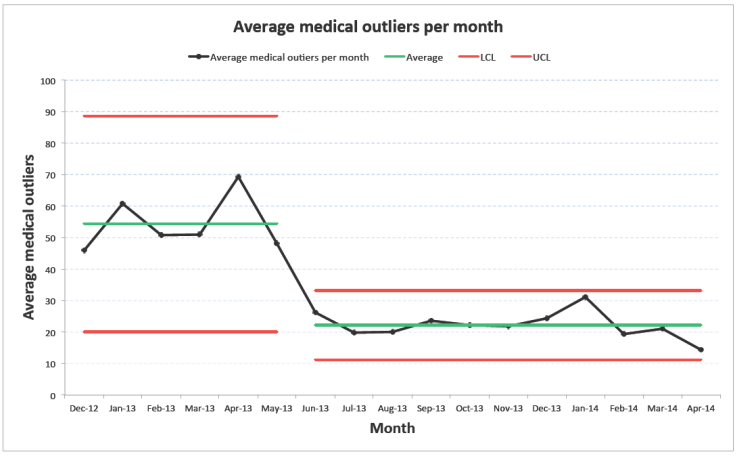
Rapid Impact

While the speed with which the new Ambulatory Care Unit was set up may have been impressive, the impact of the new unit was even more so. Kettering worked closely with the Ambulatory Emergency Care Network to analyse its impact data. Maxine explains the key findings:



Medical outliers were down to less then 10 and, some days, zero. The Trust acknowledges that Ambulatory Care has played a significant role in this rapid and dramatic turnaround.

"We went from the bottom of the national A&E performance tables to the top. In just over a year (from December 2012 and January 2014) the A&E four-hour target figures rose from an average of 83% with control limits of 68-98%, to an average of 91% with far less variation (between 83-99%). By January 2014, the worse week was as good as the previous average".



Kettering General Hospital's Chief Operating Officer, Alan Gurney, says:

> "All credit to the hard working and dedicated staff in the unit who have turned the Ambulatory Care Unit from an idea into a high performing reality in a very short space of time."

"While we have carried out a number of initiatives over the last year, which together have improved our A&E performance, Ambulatory Care has been a very important one of them. Others include the development of a Frail Elderly service, working with patients in the Assessment unit, and we have also undertaken comprehensive work on discharging with a weekend discharge team.

Since June 2013, the Ambulatory Care Unit has seen more than 10,000 patients. Its use has increased from 60 patients a week to more than 200 per week now.

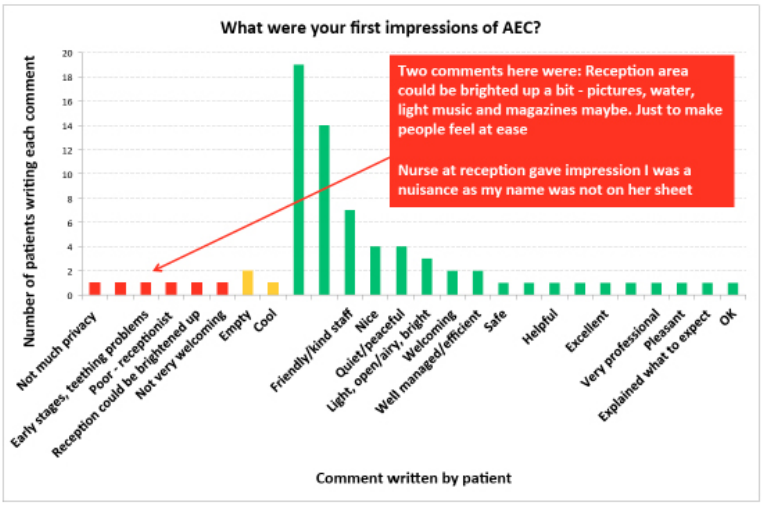
These are ill patients who would probably otherwise have been seen in our busy A&E department or been admitted to a hospital bed - when maybe all they really needed was a short spell of specialist attention."

Experience Based Design

The Ambulatory Care Team used Experience Based Design to help measure patient experience and identify, along with patients, what it could do to make this experience even better.

ACU Matron, Corinne Harris, explains:

"When the unit opened, we began using feedback forms supplied by the Ambulatory Emergency Care Network to chart how each patient feels at each step of the process. We then delved into the causes of the feelings and asked patients to tell us how we might be able to improve things. In response to what patients told us, we have improved signage, increased the choice of magazines in the waiting room, and installed a TV. Staff also make sure they talk to patients and keep them informed every step of the way and this is reflected in the feedback we are now getting. These are small changes, but they make a big difference to the patients."



Prior to arrival on the unit, according to this feedback, the majority of patients were feeling "worried". Once they arrive in the unit, however, the majority reported feeling "supported".

Maxine believes there are a number of factors that have contributed to patients feeling this way:

> "We make sure we inform patients of all processes throughout their stay so they know what to expect. In December 2013, the unit moved to larger premises. This means that patients who are not having treatments are no longer alongside patients who are having treatments and this makes people more at ease. We also now have information booklets on a range of common conditions and on the Ambulatory Care Unit itself."

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One hundred percent of patients are either 'extremely likely' or 'likely' to recommend the unit to friends and family.

Endorsed by patients, executives and commissioners alike

Feedback from patients demonstrates the popularity of Ambulatory Care. One says:

> "I was taught how to inject myself with the Heparin and then went home overnight till my scan could be taken the next day. I was treated very well and the education I was given when my clot was diagnosed stopped a lot of my worries."

Another patient comments:

> "My GP knew about Ambulatory Care so sent me in. I was dealt with straight awayand had all the tests I needed. Why would you want to go to A&E if you could be seen by the right specialist straight away in a less busy place?"

The CCG is also positive about Ambulatory Emergency Care. It believes that the Ambulatory Care Unit plays an important role in pulling patients from A&E, thereby freeing up daily capacity.

Towards a process approach

Since the unit opened at Kettering General Hospital, it has moved away from Ambulatory Emergency Care pathways towards more of a process-driven approach.

ACU Matron, Corinne Harris explain why:

"We realised almost immediately that it is too restrictive simply to follow a pathway approach, as it means that a lot of patients who are potentially ambulatory can be missed. It is also time consuming to develop new pathways with the clinicians. So, right from the start we started taking any patient who we believed could be treated and discharged within a day, irrespective of whether there was a pathway for their particular condition or not. We have been trying to implement the AMB scoring system as a way of identifying patients who are suitable for Ambulatory Emergency care, but we do a lot of IV therapy and we find the AMB score doesn't quite match our particular criteria so we are planning to adapt it."

GP's can refer patients direclty into Ambulatory Care and there is a pathway in place for out of hours GP referrals. Patients come into the unit for diagnosis and treatment and some attend daily for follow-ups with the consultant. GPs can also refer patients to one of the outpatient HOT clinics; these patients will be seen within five days of their original referral. Curently ACU holds five HOT clinics: Cardiology, Respiratory, General Medicine, Neuroloy and Rheumatology. It is planning to develop more specialist clinics.

A new Ambulatory Emergency Care training programme

Kettering is the first NHS Trust in England to develop its own Ambulatory Care training programme for Advanced Clinical Practitioners and Band 4 Assistant Practitioners. Helen Fawdon, Advanced Clinical Practitioner Lead comments:

> "We have developed a one to two-year training programme for staff in Ambulatory Care. Practitioners develop a portfolio of clinical skills, including clinical examination and history taking. At Advanced level they also become qualified in prescribing. We are looking at possibly rolling the qualification out nationally to other ACUs (Ambulatory Care Units). It is currently undergoing trials with the Leicester Royal Infirmary Emergency Department and Lincoln County Hospital. We are very proud of that."

ACU in Kettering is open seven days a week, from 8am to 8pm. The last referral is at 6pm. The most common conditions treated in the unit are PE, DVT, anaemia and chest pain. The unit moved from its original location to larger premises in December 2013. It now has a separate treatment area and waiting room.

Kettering's Critical Success Factors

Kettering is a fantastic Ambulatory Emergency Care success story. Not only did they open their new Ambulatory Care Unit in record time, but performance jumped from the bottom to the top of national A&E tables within around 12 months. Maxine White identifies a number of factors that have contributed to its success:

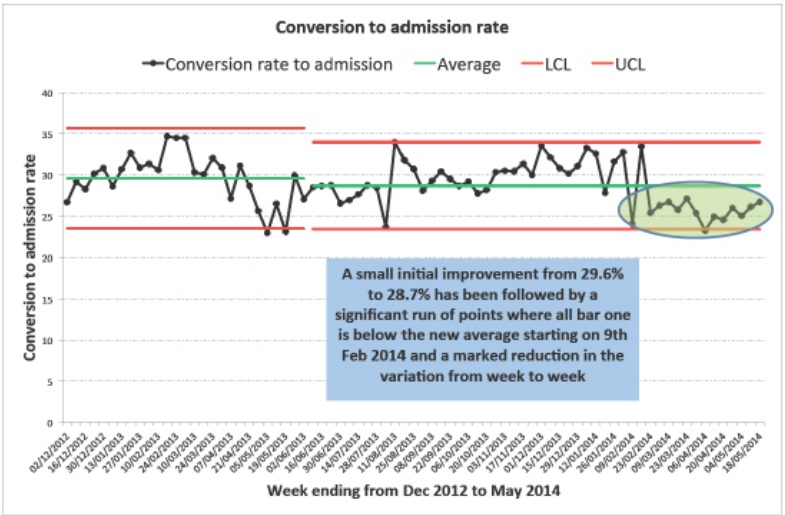
1. **Just Doing it:** "I have a medical background; I know the way to get clinicans on board is to work with them to create the AEC pathways so this is how we began, with all pathways developed by the specialist consultant. Regular communication is key. I talked to the urgent care board and visited commissioners and GPs. I involved staff and encouraged them. Ambulatory Care is a big change, particularly for doctors, so regular communication is important. We recruited Band 7 nurses from a ward that was closing down, developed a set of policies and found equipment from wherever we could. To be honest, we just got on and did it."

2. **Getting GPs on Board:** "This can be challenging because some GPs don't come to meetings or read their emails. I have found the most effective approach is a mix of different communication methods, and to keep on doing it! When patients have a positive experience of Ambulatory Care that helps spread the word. We are also planning an event in the next couple of months when we will be presenting our performance data to GPs. This should help to bring more of them on board."

3. **The Right Team:** "This is crucial. You need a mix of different types of staff and attitudes. We have very forward-thinking consultants who have helped to drive the service forward. Helen Fawdon (Advanced Clinical Practitioner Lead) developed the role of Advanced Clinical Practitioners, who have been critical to the unit's success. We have no project managers in our hospital. We are a very small team, and that is a good thing. You can spend too long discusing things, you just need to get on with it.

4. **Support frm the AEC Network:** "Learning from other people and getting support from the Network has been key. The Network team keep you going, they boost your confidence. It is good to know you're on the right lines, otherwise you can feel like you're working blind. If you have any queries, they can share information with you or put you in touch with people who have already done it."

5. **Measurement:** "You need to think about this right at the beginning. We started by looking at the number of zero to two-day length of stay patients that could, potentially, be treated in the Ambulatory Care Unit. We also looked at their conditions, where the referrals were coming from and the discharges. This provided useful information to help us to set up the service. We have continued to monitor all of the above to see what impact the service is having."



Developing the service

Setting up a new Ambulatory Care Unit was not without it's challenges, of course. In the first instance, there was a lack of suitable equipment. "We had no examination couches," explains Corrine, "and we didn't want to use beds as that sent out the wrong message. We have gradually acquired the specialist equipment we need, but it has taken a little time."

The unit initially rotated staff from the Assessment Unit but found that this left the ACU without cover at times, so now has its own dedicated staff.

Kettering is planning to develop its Ambulatory Emergency Care service even further. The team is examining the feasibility of working with surgical and orthopaedic patients, and plans are underway to create more HOT clinics. It is currently in discussions with the local ambulance service to allow them to bring appropriate patients directly into ACU. Initially, this will be pathway-driven. The team is in discussions with the local 111 service to identify how they may be able to use ACU effectively.

Maxine concludes:

"We have a great team. I am proud of the fact that we were able to create the ACU from scratch, within just 12 weeks. And, most importantly, the fact that we are making a definable difference to patients."

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To find out more about Ambulatory Care please go to:

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