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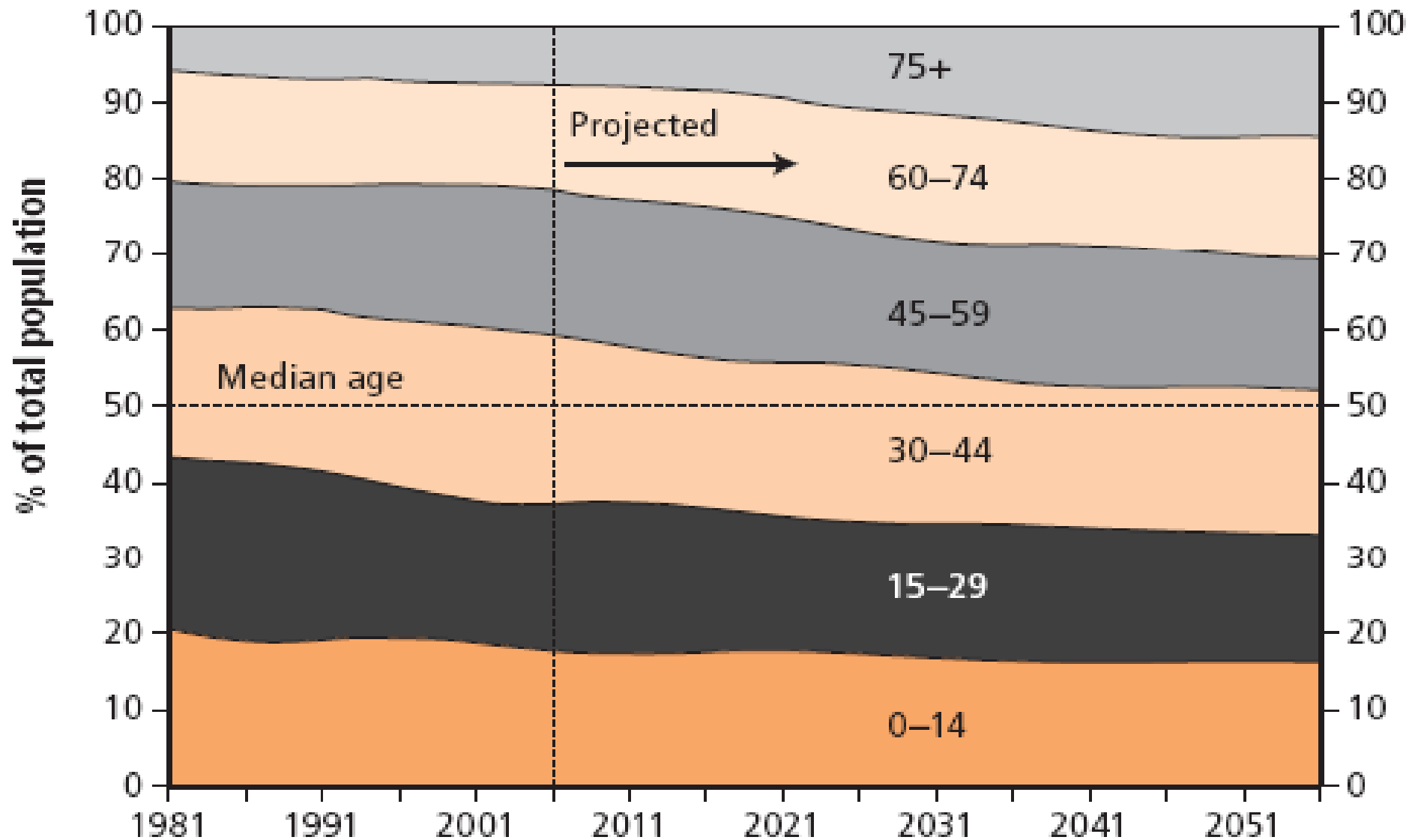
Improvement Faculty



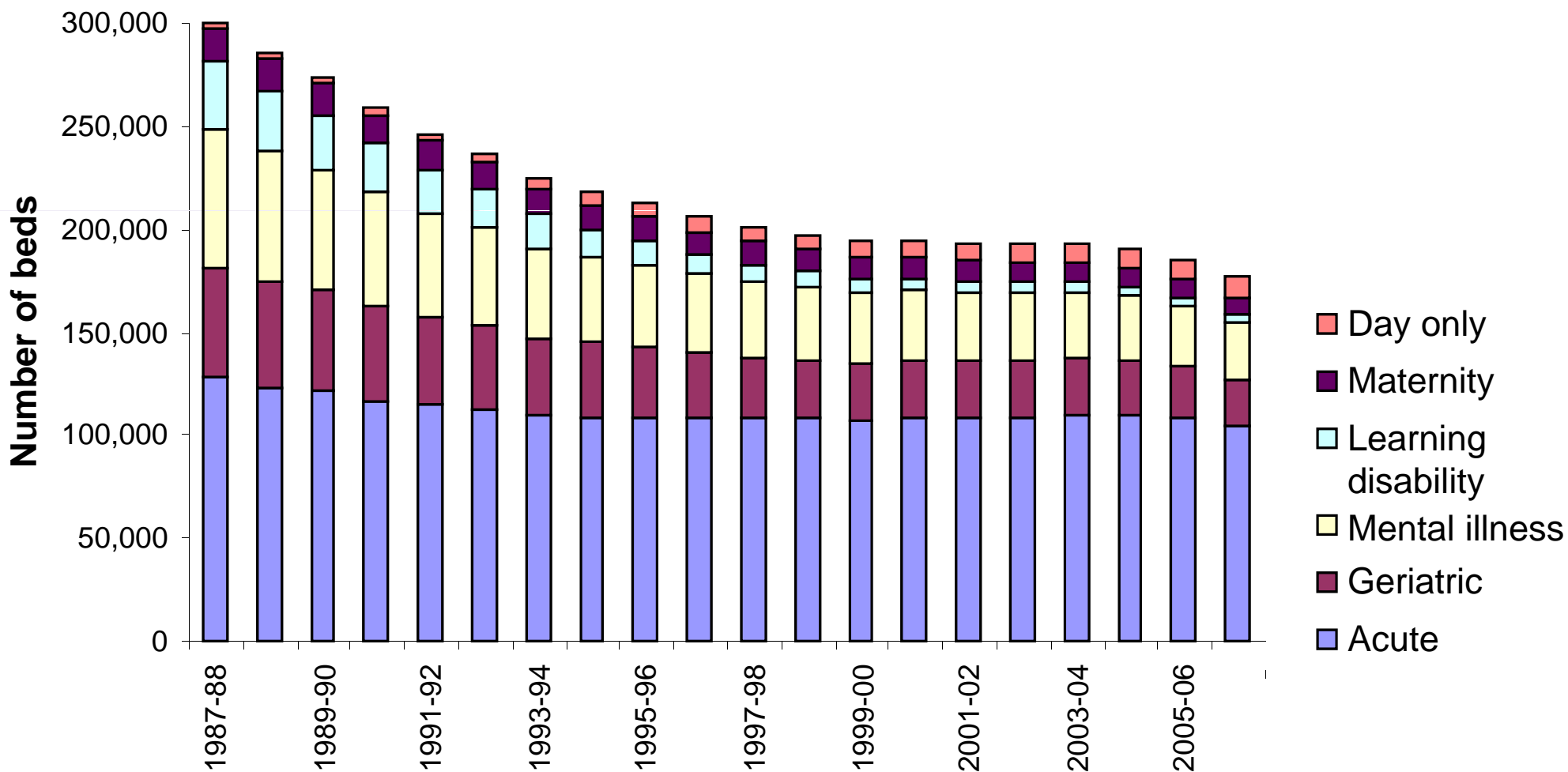
**Ambulatory Emergency
Care: From Concept to
Delivery**



Actual and Predicted Age Distribution UK, 1981 to 2056

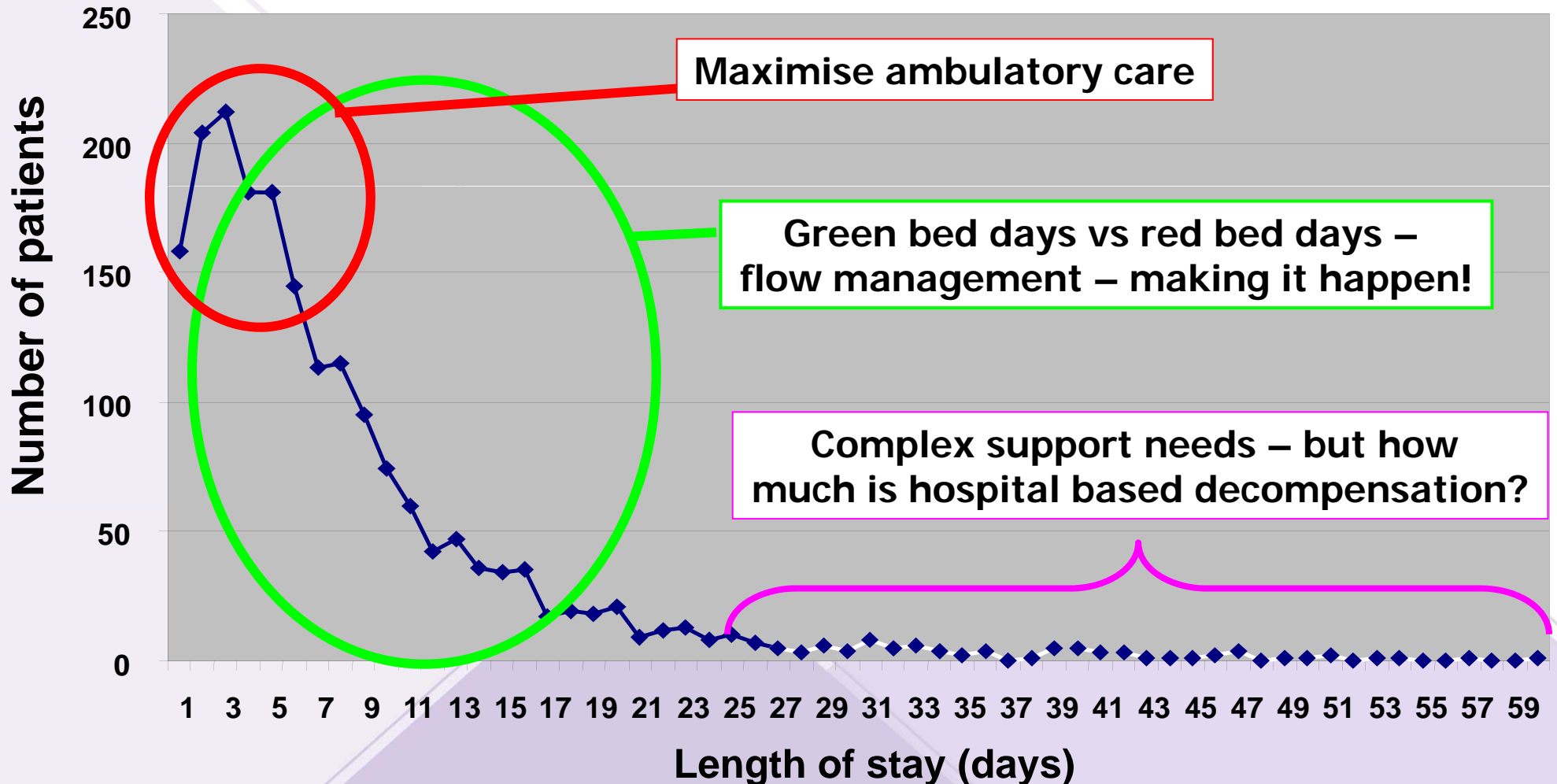


Average daily number of available beds England





Managing Length of Stay

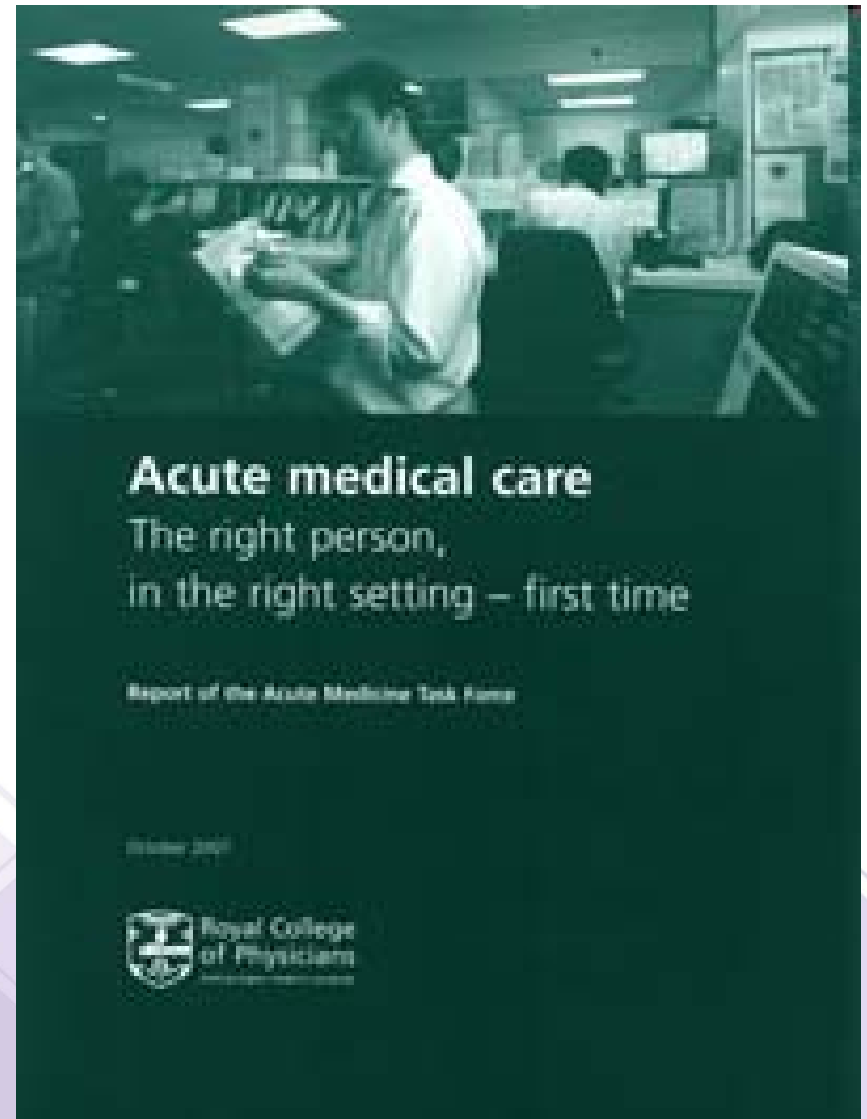




What is Ambulatory Emergency Care?

RCP (L) Acute medicine taskforce:-

Ambulatory care is clinical care which may include diagnosis, observation, treatment, and rehabilitation, not provided within the traditional hospital bed base or within the traditional out-patient services that can be provided across the primary/secondary care interface.





What is ‘ambulatory emergency care’?

Currently patients with the conditions found in the Directory are predominately admitted to acute hospital bed based care – it is not the same as the 19 Ambulatory Care Sensitive Conditions

Ambulatory emergency care is a transformational change in care delivery - cf Day Surgery

Creates a ‘virtual ward’ of patients under ongoing clinical supervision.

Ambulatory emergency care relies on prompt senior clinical decision-making, timely diagnostics, and clear care pathways

Frail older patients can be managed through this process



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Delivering Quality and Value
**Directory of Ambulatory
Emergency Care for Adults**





Categories of Ambulatory Emergency Care

- 1. Diagnostic exclusion group**
 - **Eg chest pain rule outs etc (many already in place)**
- 2. Low risk stratification group**
 - **Eg low Rockall score GI bleed**
- 3. Specific procedural group**
 - **Eg effusion drainage**
- 4. Infra-structural group**
 - **Eg care home admissions**



Ambulatory Emergency Care



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How to do it:

Opportunities

Implementation

Structure – physical and organisational

People and behaviours

Processes

Bundles

Reliability

Measurement

Activity metrics

Outcome metrics

Balancing metrics



National Survey of Ambulatory Emergency Care



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AMBULATORY EMERGENCY CARE

A NATIONAL SURVEY TO ESTABLISH CURRENT PRACTICE

Lynn McCallum, Kate Lawrence, Ian Sturgess, Donald MacLeod, Derek Bell

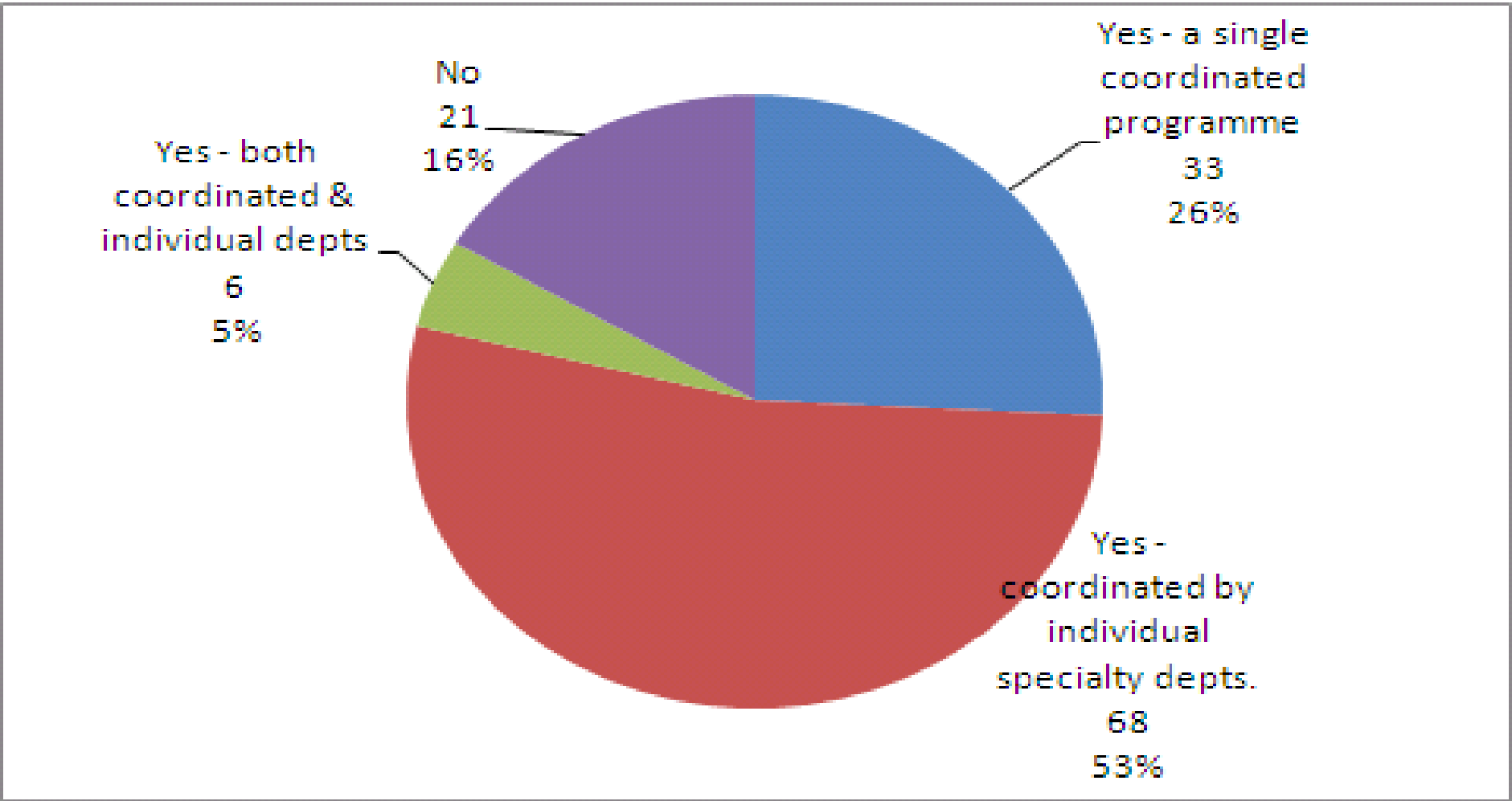


AMBULATORY EMERGENCY CARE

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Does your site provide any ambulatory emergency care services?





NHS Institute – NHS South East Coast Implementation project


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• Objectives

- Co-production of implementation guides
- Identify and resolve challenges
- Implement changes in clinical practice from the *Directory of Ambulatory Emergency Care for Adults in SECSHA*
- Achieve benefits associated with increased ambulatory emergency care:
 - Improving patient experience and outcomes
 - Transforming emergency care processes
 - Releasing acute care beds

NHS South East Coast – 2007/08

Opportunities Assessment – Non-Zero LOS Admissions

Clinical Scenario	No. of Adj. Ad. - Low	No. of Ad. Ad. - Upper	% of total admissions (low)	% of total admissions (upper)
Total admissions	368,762	368,762		
GM11 Chest Pain	3,227	3,638	0.88%	0.99%
GS01 Acute abdominal pain not requiring operative intervention	2,206	2,553	0.60%	0.69%
TO02 Appendicular fractures not requiring immediate internal fixation	3,061	4,453	0.83%	1.21%
GM31 Falls including syncope or collapse	2,373	3,339	0.64%	0.91%
GM24 Cellulitis	1,977	2,887	0.54%	0.78%
GM29 Deliberate self harm	2,094	2,788	0.57%	0.76%
GM08 Lower respiratory tract infections without COPD	1,262	2,140	0.34%	0.58%
GM10 Supraventricular tachycardias	1,422	2,137	0.39%	0.58%
GM14 & 15 First seizure and seizure in known epileptic	1,389	1,976	0.38%	0.54%
Etc. etc.				
Total Emergency Care Admissions	32,186	46,111	12.2%	18.1%

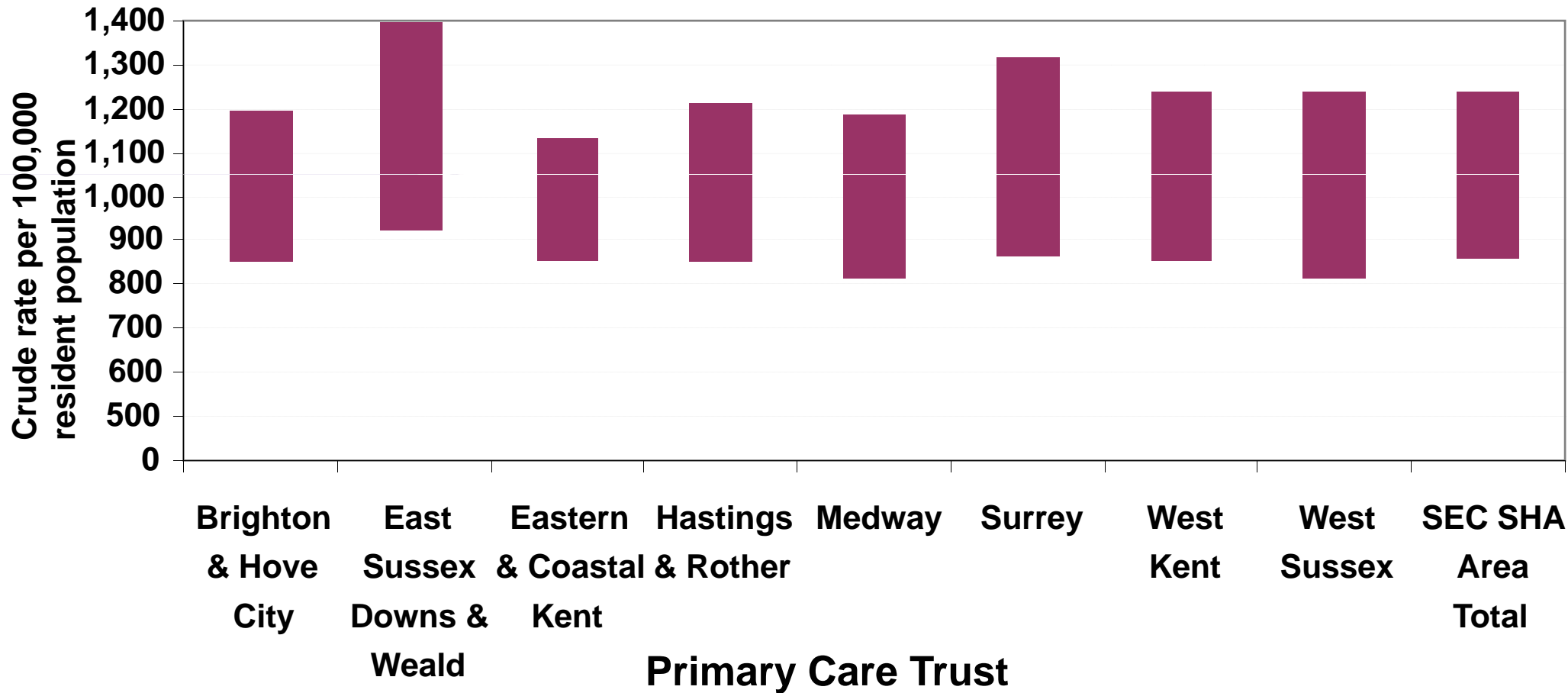


NHS South East Coast – 2007/08

Opportunities Assessment



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Critical Success Factors

Structure, Process and Patterns

Engaging clinicians

Focus on quality and safety

Whole system planning

Horizontal + vertical integration

Joint clinical, managerial and financial governance framework

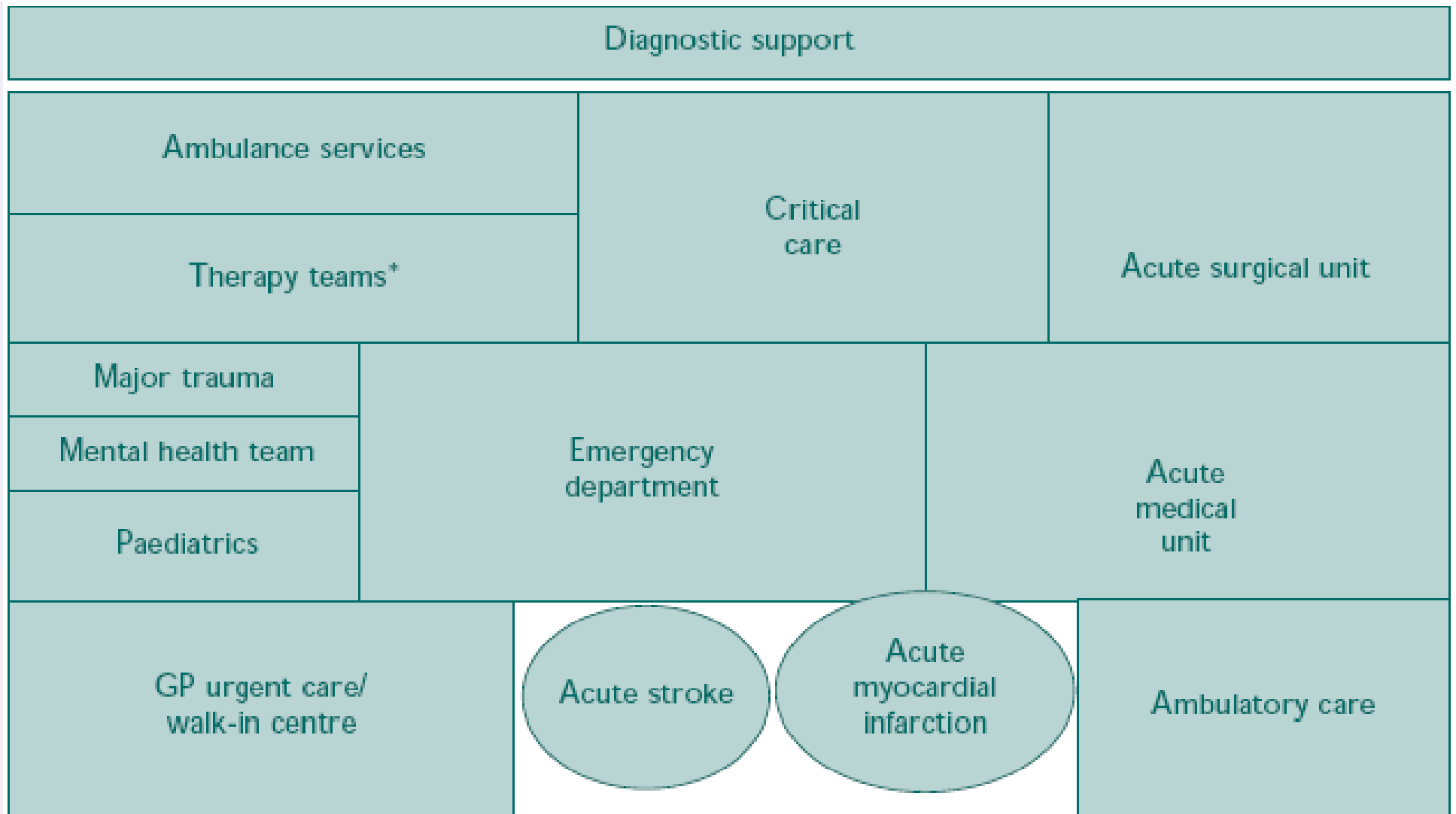
Aligning financial incentives



RCP Acute Medical Care 'Emergency Floor'

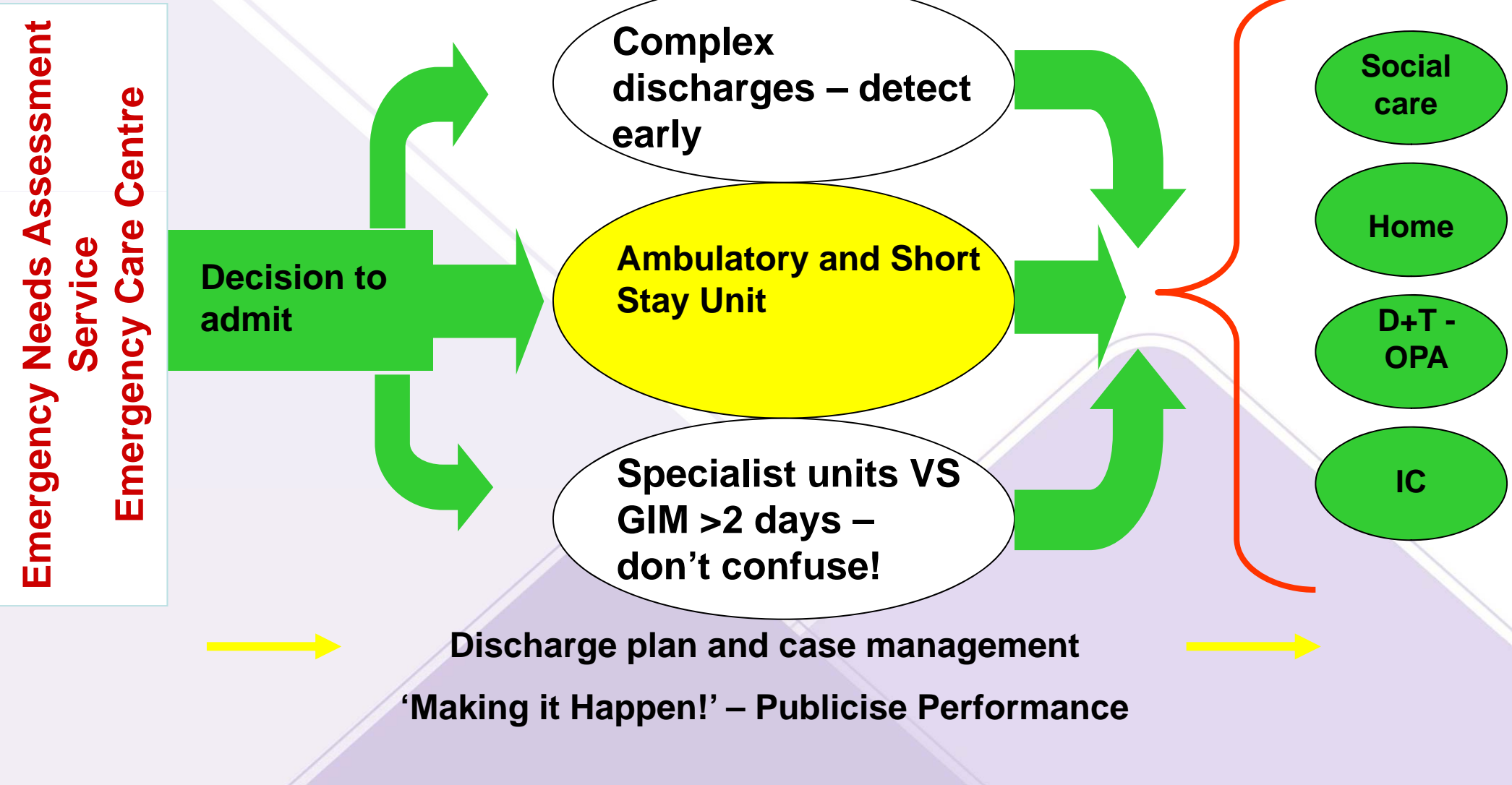


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Model Of Acute Care

Handover = Handoff = Increased LOS



**Emergency Needs Assessment
Service
Emergency Care Centre**

Decision to admit

Complex discharges – detect early

Ambulatory and Short Stay Unit

Specialist units VS GIM >2 days – don't confuse!

- Social care**
- Home**
- D+T - OPA**
- IC**

Discharge plan and case management
'Making it Happen!' – Publicise Performance

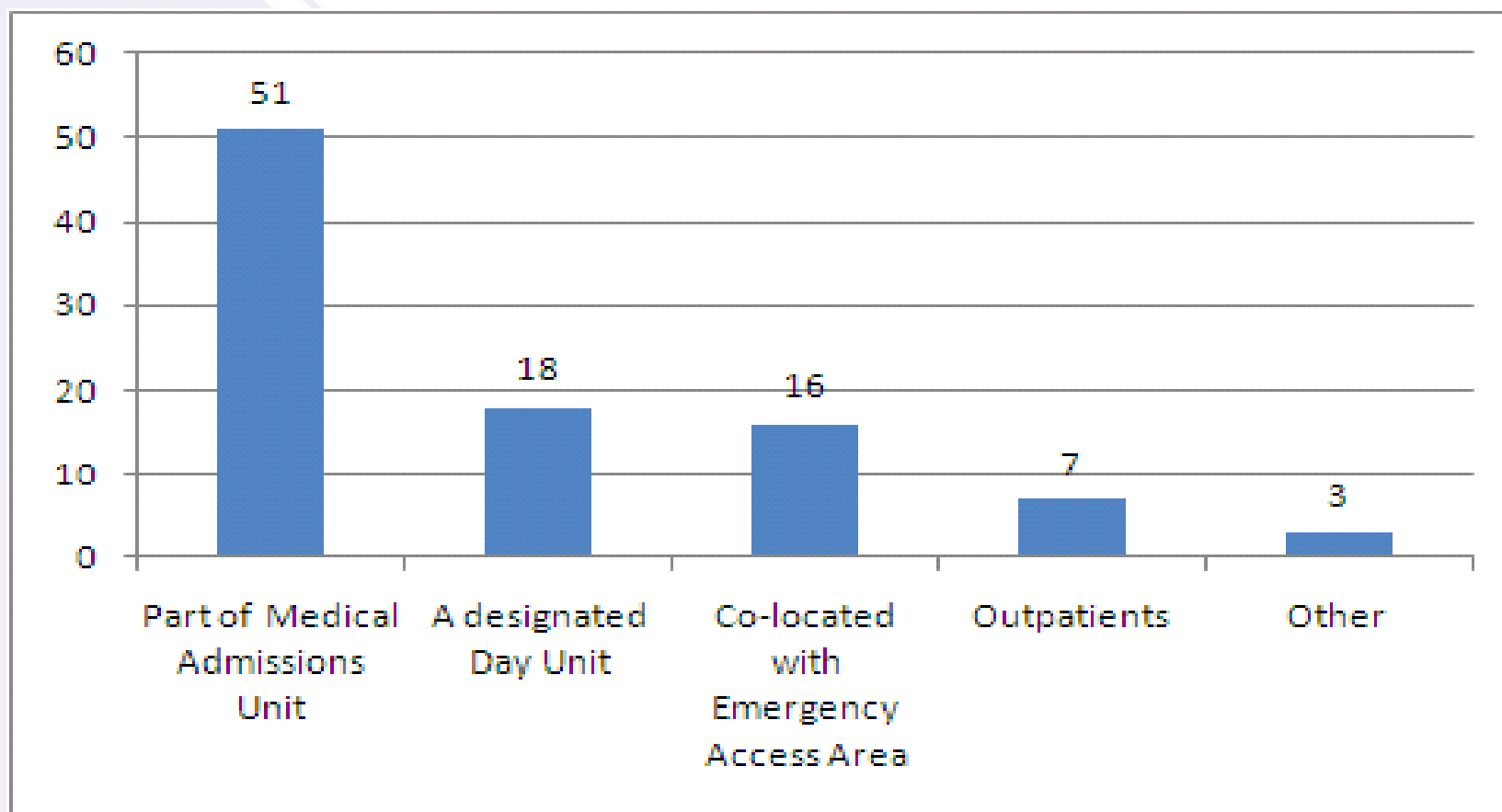
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Does your hospital have a designated area(s) for ambulatory emergency care patients? If so, where is this area(s)?



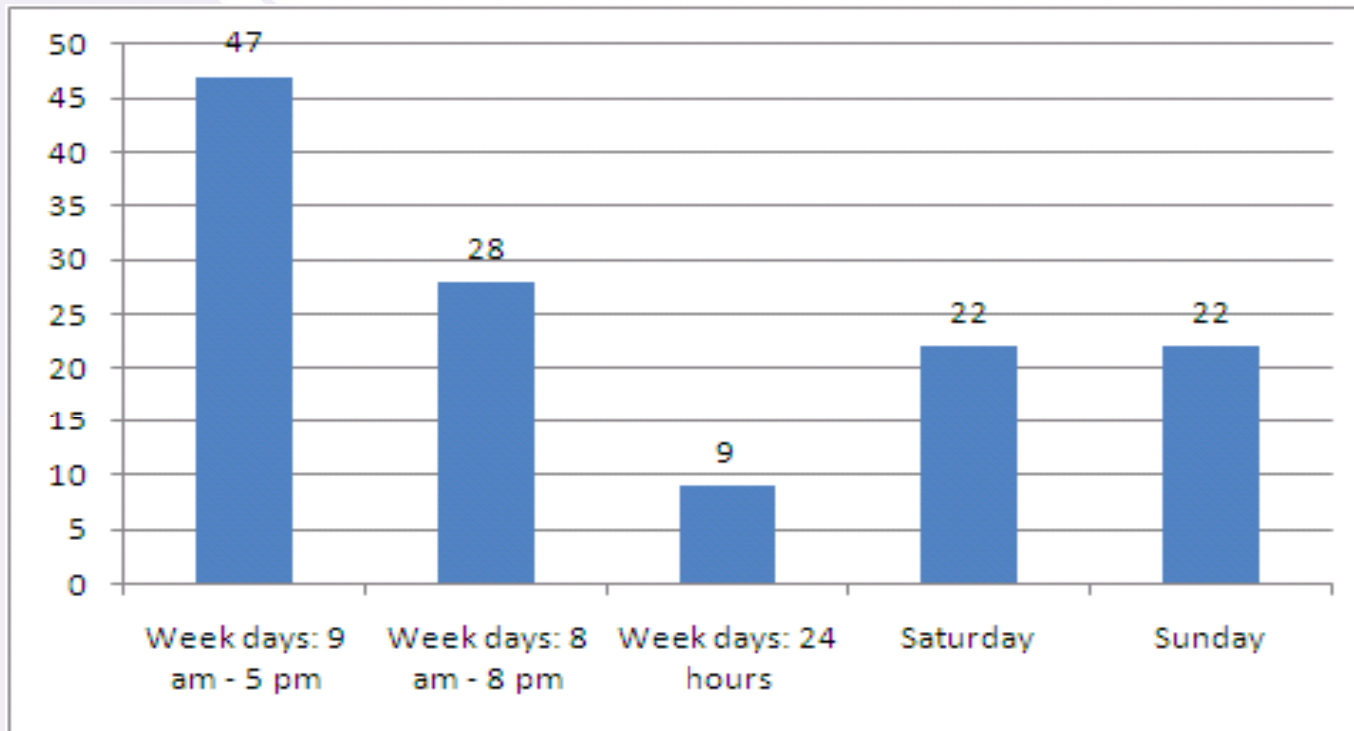


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When can your ambulatory emergency care services be routinely accessed?





Ambulatory Emergency Care - Bundles

- **Common assessments**
 - **Physical assessment**
 - **Specialty**
- **Linked diagnostics**
 - **Radiology**
 - **Endoscopy**
- **‘Shared’ pathways of care**
- **Provide ‘bite sizes’ of the elephant!**



Ambulatory Bundles



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‘Respiratory/leg bundle’

DVT
Cellulitis
Pulmonary embolism
Pleural effusion
Pneumothorax
Community acquired pneumonia

Frail Older People Bundle

UTI in older people
Fractures not requiring surgery
Falls
Care Home Admissions

• Gastro-intestinal bundle

- **Acute abdomen not requiring surgical intervention**
- **Upper and lower GI bleeds**
- **Gastro-enteritis**
- **PEG feeding tube problems**
- **Painless obstructive jaundice**

• Neuro/endocrine

- **First/recurrent seizure**
- **Head injury**
- **Hypoglycaemia**
- **New onset DM**
- **Deliberate self harm**



The Reliability Design Strategy

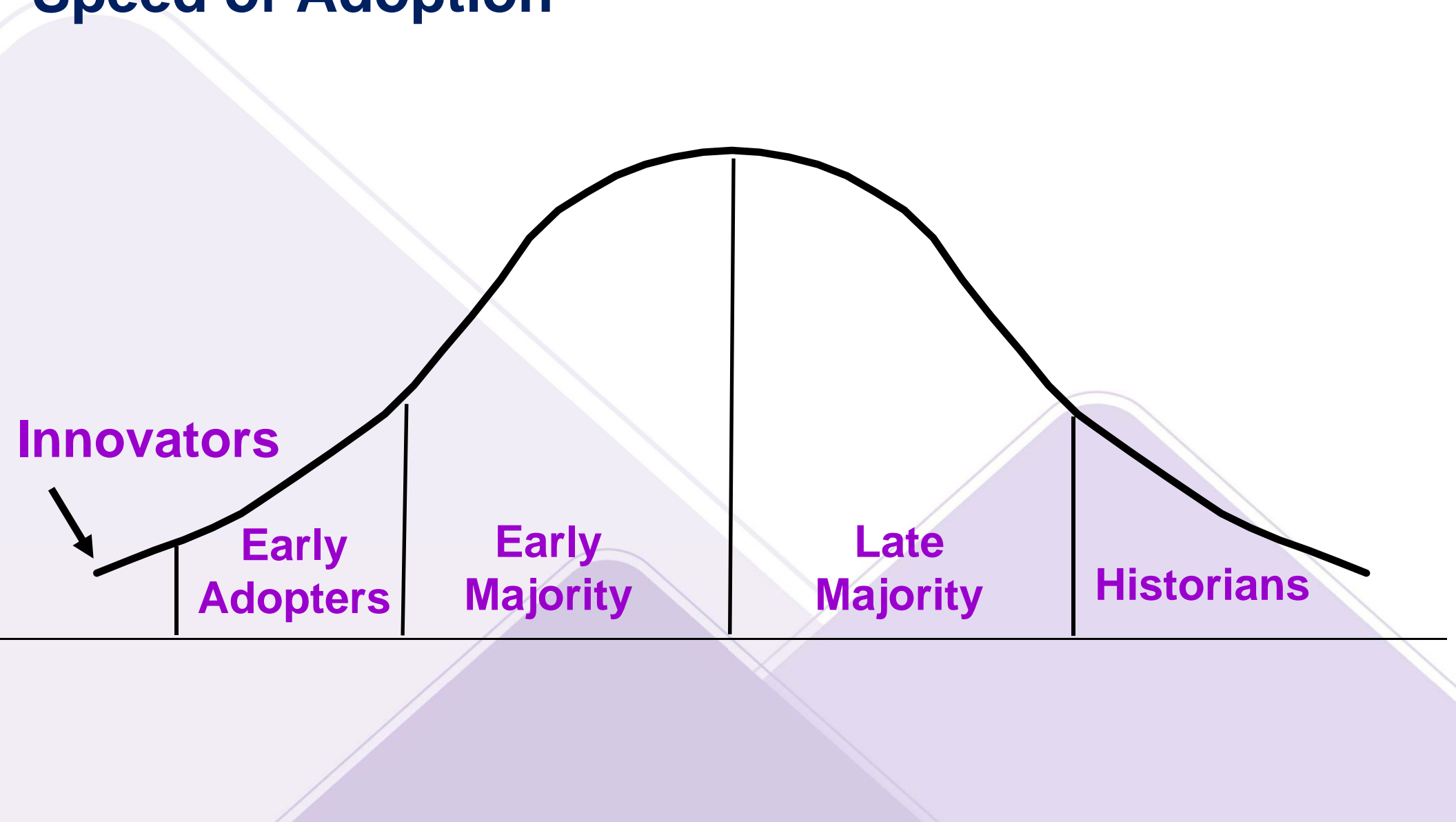
- 1. Segmentation – volume and engagement**
- 2. High level process map**
 - identify the bottlenecks**
- 3. Prevent initial failure using intent and standardization**
- 4. Identify defects and mitigate**
 - using redundancy and contingency**
- 5. Measure and then communicate learning from defects back into the design process**



Adopter Categorization: Speed of Adoption

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The Model for Improvement

- 1. Clear and measurable aims**
 - How much
 - By when
 - How measured
- 2. Real time measurement**
 - Outcome
 - Process
 - Balancing
- 3. Small tests of change**
 - Plan, Do, Study, Act (PDSA)
 - Start tomorrow!



Ambulatory Emergency Care Measures

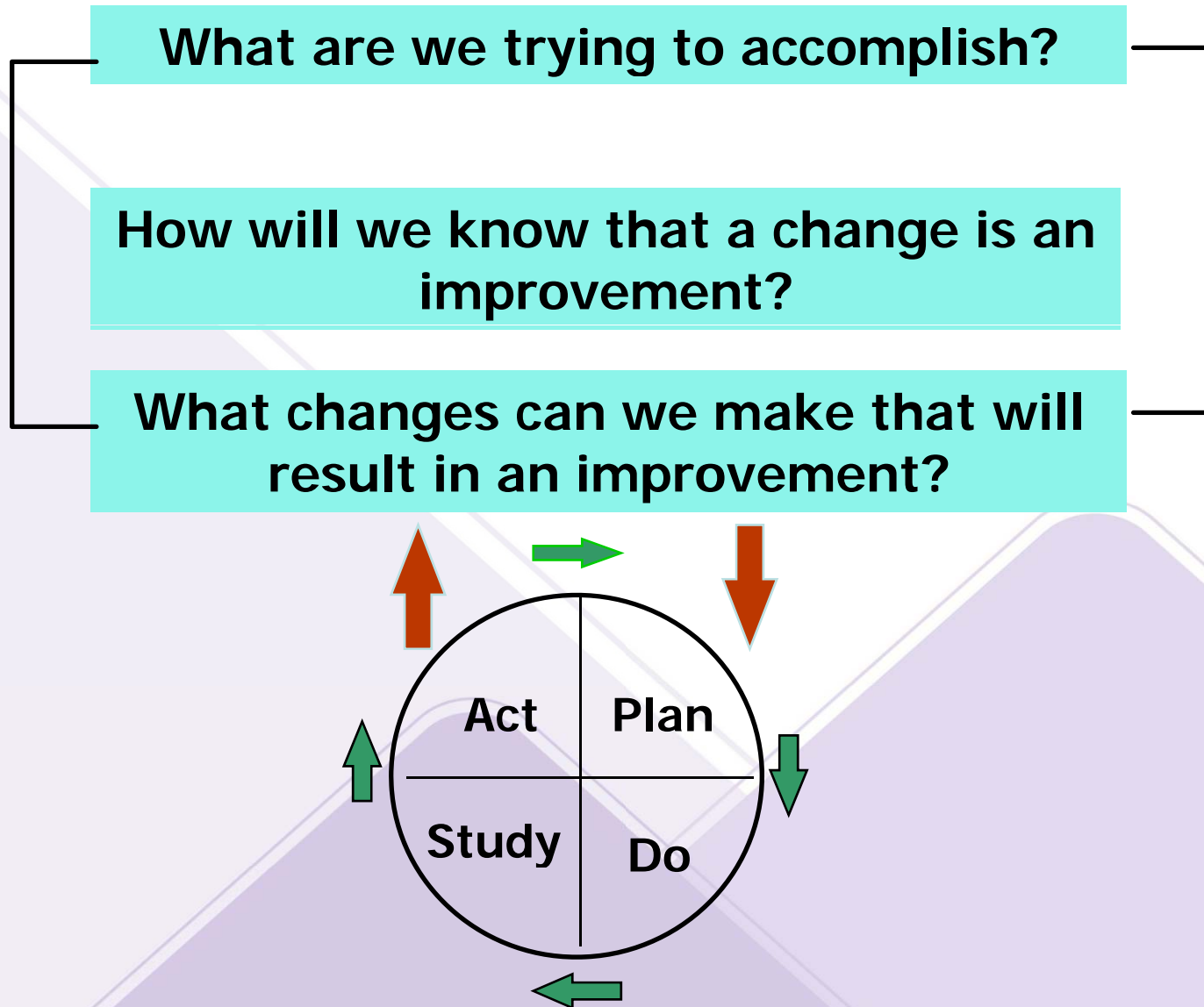
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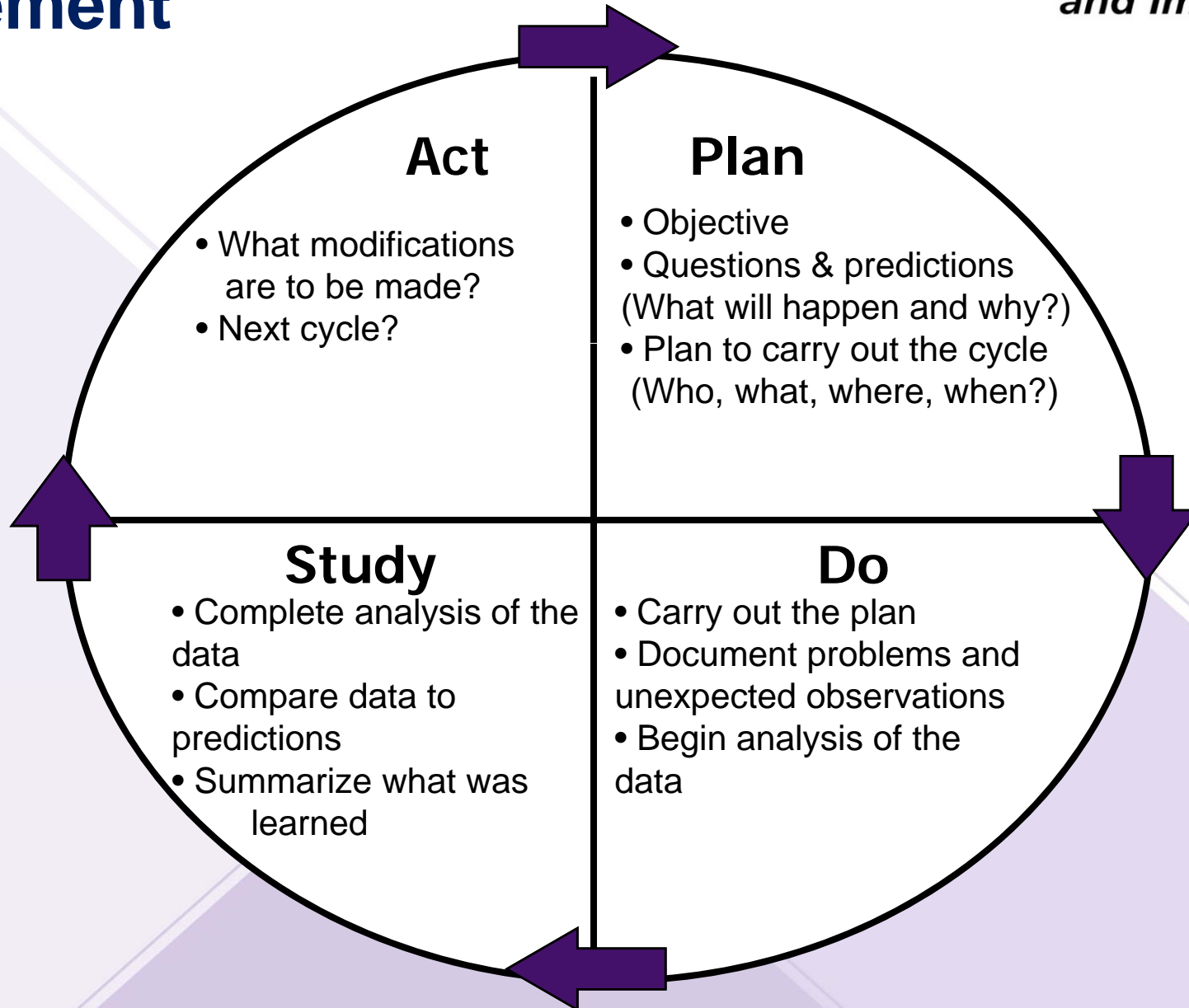
- **Outcome eg**
 - % ambulatory
 - Patient satisfaction etc
- **Process eg**
 - % ?PE with CTPA on day 0
 - % given advice leaflet etc
- **Balancing eg**
 - Re-admission
 - Unplanned re-attendance etc



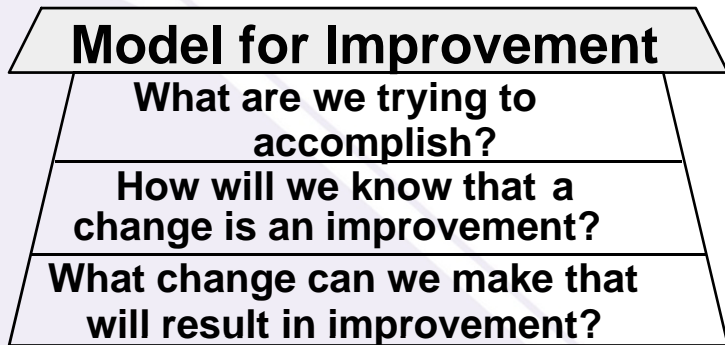
Model for Improvement



PDSA Cycle for learning and improvement

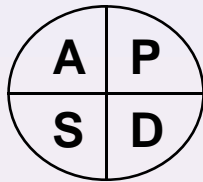


Repeated Use of the PDSA Cycle

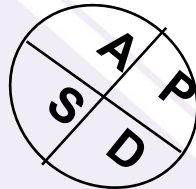


Hunches
Theories
Ideas

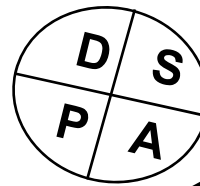
Very Small Scale Test



Follow-up Tests



Wide-Scale Tests of Change



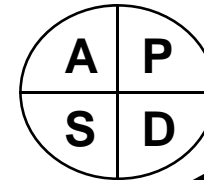
Implementation of Change

Sequential building of knowledge under a wide range of conditions

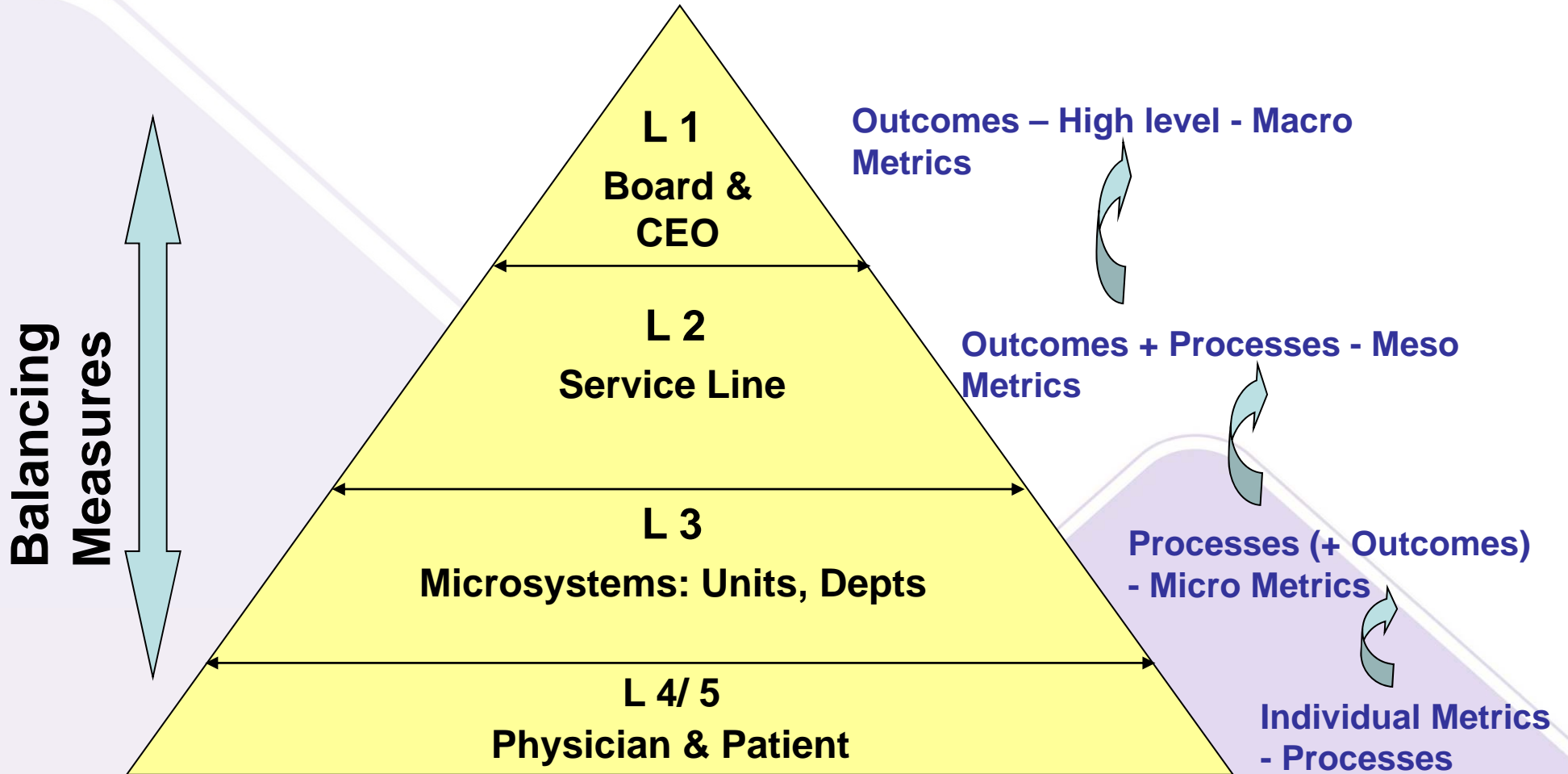
DATA

Changes That Result in Improvement

Spread



Building a Cascading System of Measures



Adapted from Lloyd & Caldwell



Next steps

Produce a guide on how to implement ambulatory care based on our programme of improvement with the 8 Trusts in NHS South East Coast and other systems

Collaborate with Society for Acute Medicine UK to develop good practice guides of ambulatory emergency care

Roll out to the remaining 9 SHA's across England in 2010/11



Directory of Ambulatory Emergency Care for Adults

Summary

An enabling document

Focussing on the patient's outcome, safety and experience

Evaluate current opportunities

Select a small 'set' and build on success

Horizontal integration – true joint working

Joint clinical, managerial and financial governance

NOT – a simple demand management tool

NOT – a performance management tool

NOT – a simplistic shift tool