

# Ambulatory emergency care

**T**he clinical model of ambulatory emergency care is reasonably new in health care and has evolved over the last 10 years aiming to reduce the reliance on hospital admission to provide emergency care.

Uptake of ambulatory emergency care as a clinical model has rapidly accelerated in the last 5–10 years, with ambulatory care now a widely recognized and respected treatment modality, delivered in the majority of acute trusts. Initially adopted within emergency departments and acute medicine, the model is now spreading to surgery and some subspecialties.

The aim of ambulatory emergency care is to convert non-elective care to same day care at every opportunity to reduce the need for a short stay admission, improve the patient and staff experience, and minimize emergency admissions. The hypothesis behind ambulatory emergency care is that a significant proportion of adult patients requiring emergency care can be managed safely and appropriately on the same day, either without admission to a hospital bed at all, or with admission for a minimal period not extending into an overnight stay.

Same day emergency care can be successfully achieved by:

- Reorganizing the working patterns of clinical teams to provide early senior decision making and rapid treatment
- Collaborative working with support services in the community to provide robust safety net systems and optimize integrated care
- Arranging timely access to diagnostic services.

**Mrs Deborah Thompson**, Director, NHS Elect, London WC2N 6AA

**Dr Vincent Connolly**, Consultant Physician and Regional Medical Director, North NHS Improvement, Leeds

Correspondence to: Mrs D Thompson ([aec@nhselect.org.uk](mailto:aec@nhselect.org.uk))

NHS England has recognized the importance of ambulatory emergency care within urgent and emergency care, and now requires that ambulatory emergency care is an integral part of local emergency care systems. The Rapid Improvement Guide from NHS Improvement (2016) requires acute hospitals to deliver ambulatory emergency care services for 12 hours a day, 7 days a week.

The clinical definition and principles of the model have been developed throughout the life of the national ambulatory emergency care programme, a national improvement programme designed to help hospitals adopt and spread ambulatory emergency care, and are described below. The articles contained in this issue of the journal (<https://doi.org/10.12968/hmed.2018.79.1.12> <https://doi.org/10.12968/hmed.2018.79.1.18>) will give the reader insight into the effectiveness of this approach.

## Clinical definition of ambulatory emergency care

Ambulatory emergency care is defined as the provision of same day emergency care for patients being considered for emergency admission (NHS Ambulatory Emergency Care Network, 2017).

## Delivery of ambulatory emergency care services

Working with over 100 member sites of the Ambulatory Emergency Care Network through ten cohorts, the following principles have been identified as the foundation for successful delivery of ambulatory emergency care services:

1. Senior clinical input is needed at the point of referral to redirect suitable patients to ambulatory emergency care
2. Clear exclusion criteria based on the national early warning score (NEWS) and clinical discussion should be developed to maximize patient flow to ambulatory emergency care
3. If possible the ambulatory emergency care service should be located close to the emergency department

4. Staffing and resources should be organized to provide rapid assessment, diagnosis and treatment on the same day
5. The time standards in ambulatory emergency care should match the clinical quality indicators for emergency department, i.e. time to initial assessment: 15 minutes and time to medical assessment: 60 minutes
6. Patients should be informed early in their journey (ideally in the emergency department or by the GP) that they are likely to receive treatment that day and are unlikely to be admitted overnight, to manage their expectations and those of their family
7. Secondary and primary care services should be geared around patient needs and work together to provide ongoing care outside of hospital to avoid a full admission
8. Staff training is needed across the local health-care system to ensure appropriate patients are streamed to ambulatory emergency care
9. Comprehensive records must be kept. Discharge summaries should be given to each patient as he/she leaves, and sent to primary care within 24 hours
10. Providers must work with commissioners to agree how ambulatory emergency care activity will be recorded, reported and funded
11. Clear measures must be adopted and monitored to record the activity and facilitate the assessment of the impact, quality and efficiency of ambulatory emergency care.

It is important to understand that ambulatory emergency care models can be embedded within almost any environment. Some systems will have a defined ambulatory emergency care unit, others may have ambulatory emergency care in multiple locations on one site, embedded within other specialties. Others work well as part of an emergency department-based clinical decision unit or acute medical assessment units. The key requirements are to have clarity of pathways and processes.

**Conclusions**

The successful adoption of ambulatory emergency care has been reported to improve patient experience with many sites recording this to inform future service developments. Patient experience can be used to design a better service. **BJHM**

NHS Ambulatory Emergency Care Network (2017) Ambulatory Emergency Care Position Statement. [www.rcem.ac.uk/docs/RCEM%20Guidance/AECN%20AEC%20Position%20Statement%20July%202017.pdf](http://www.rcem.ac.uk/docs/RCEM%20Guidance/AECN%20AEC%20Position%20Statement%20July%202017.pdf) (accessed 22 December 2017)

NHS Improvement (2016) Rapid improvement guide: maximising ambulatory emergency care services. <https://improvement.nhs.uk/resources/rapid-improvement-guide-maximising-aec-services/> (accessed 22 December 2017)

**Further information**

[www.ambulatoryemergencycare.org.uk](http://www.ambulatoryemergencycare.org.uk)  
 NHS Elect (2016) Directory of Ambulatory Emergency Care for Adults. 5th edn. [www.ambulatoryemergencycare.org.uk/Tools-and-Resources/AEC-Directory](http://www.ambulatoryemergencycare.org.uk/Tools-and-Resources/AEC-Directory) (accessed 12 December 2017)  
 Royal College of Physicians (2015) Acute Care Toolkit 10; Ambulatory Emergency Care. [www.rcplondon.ac.uk/guidelines-policy/acute-care-](http://www.rcplondon.ac.uk/guidelines-policy/acute-care-)

**KEY POINTS**

- Patient selection is key to effective operation of ambulatory emergency care.
- Early senior clinical decision making is needed to maximize the approach.
- Hospitals report that approximately 30% of patients are converting to same day emergency care.

[toolkit-10-ambulatory-emergency-care](#) (accessed 12 December 2017)

Organised by  
 BRITISH JOURNAL OF  
**HOSPITAL  
 MEDICINE**

# Clinical Overview of Burn Injury Management

The Hatton, London, 28th February 2018

This one day CPD certified conference aims to bring together healthcare professionals involved in the management of all aspects of burn injury, and extend their knowledge on the clinical advances in infection control, scar management and reconstructive surgery.

**Highlights Will Include:**

- Current techniques in Skin Replacement  
**Dr Peter Dziewulski**
- Recent developments in reconstructive surgery  
**Mr Mansoor S Khan**
- Scar management adjuvant strategies: looking ahead  
**Mr Ioannis Goutos**
- Burn scar contracture prevention, minimisation & management  
**Miss Alexandra Murray**
- Considering child physiology in burn management  
**Miss Sian Falder**
- Shifting the focus in global burns research  
**Professor Tom Potokar**

**FINAL PLACES  
REMAINING -  
BOOK NOW**



To book your place:

**Call us on +44(0)20 7501 6761**

**[www.mahealthcarevents.co.uk/burns2018](http://www.mahealthcarevents.co.uk/burns2018)**

