Background

• Our weekday Ambulatory Care Unit opened in January 2013, supported by a multidisciplinary team
• Patients are referred from GPs or the Emergency department via ‘Ambulatory Pathways’
• Initial pathways covered pulmonary embolism, deep vein thrombosis, atrial tachycardia and cellulitis

• This project assessed the reduction in in-patient admissions (of <2 days) after the service began
• It also identified conditions that could be managed by the service in the future

Methods

• We used electronic records to obtain diagnoses of patients with in-patient admissions of <2 days
• We compared in-patient admissions in February 2012 and 2013
• We identified the types of admissions that had plateaued

Results: Tables showing ‘Common diagnoses’ and ‘The outcome of medical patients presenting to the Emergency Department’

Discussion

• The Ambulatory Care Service was associated with a non-significant reduction in the number of in-patient admission (of <2 days)

• Common diagnoses necessitating admission (for <2 days) in February 2013 included angina, cerebral vascular accident, chronic obstructive pulmonary disease, collapse, acid-reflux, headache, lower respiratory tract infection, malignancy and poisoning

• Future Ambulatory Care Pathways are targeting these common diagnoses to have maximum impact in reducing the total number of admissions (of <2 days) over the next year