A comparison between an Advanced Nurse Practitioner-led Ambulatory Care Unit and a traditional Acute Medical Unit.
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**INTRODUCTION**
Streaming acute medical patients according to clinical need is advocated in order to address the increasing pressures faced within acute medicine (RCP, 2007), but the evidence shows that Chest Pain Observation Units and Emergency Department Observation Units do not reduce admission rates.
Recent years have seen the growth of Advanced Nurse Practitioners (ANP) within the acute setting.
Can the introduction of ANPs within Acute Medical Units (AMU) improve patient flow?

**AIMS**
In March 2011 an ANP-led Ambulatory Care Unit (ACU) was established within an AMU in Ysbyty Gwynedd, North Wales in response to increasing bed pressures.
Emergency medical patients with potential for same-day discharge were redirected to the ANP-led ACU, rather than the AMU, where they were assessed by an ANP rather than a junior doctor, before being reviewed by one of the three AMU consultants.

Would the introduction of an ANP-led ACU impact on:
- The length of stay of those not admitted overnight (0LOS)?
- Wait to CXR?
- Admission rate?

**METHODS**
The two most common presenting complaints seen in the ANP-led ACU were identified — suspected pulmonary embolus (PE) and suspected cardiac chest pain. Ethical approval was obtained from the LREC.
The sample contained two groups of randomly selected subjects —
- 128 who had attended the ANP-led ACU with either suspected PE (N=64) or chest pain (N=64) between March 2011 and February 2012
- 128 who had attended the AMU with either suspected PE (N=64) or chest pain (N=64) between March 2010 and February 2011
The data was obtained from medical records and the hospital’s radiology database.

In addition to the outcome measures, the two groups were also compared on age, sex, co-morbidity index scores, and critical illness scores.
Continuous data was tested using the Mann-Whitney U and independent samples t test. Chi square was utilised on categorical data.

**RESULTS**
- There was no difference found between both groups on age (p=0.18), sex (p=0.52), co-morbidity scores (p=0.22), or critical illness scores (p=0.30)
- The 0LOS in the ANP-led ACU group (Mdn=230min) was significantly less than in the AMU group (Mdn=300min), p=<0.001
- The wait for CXR in the ANP-led ACU group (Mdn=78min) was significantly less than in the AMU group (Mdn=183min), p=0.001
- The odds of being admitted overnight was 8.11 times higher if seen in the AMU

These findings were reproduced when the groups were split and compared according to presenting complaint.

**DISCUSSION**
- The service provided in the ANP-led ACU is more efficient than the traditional service. In addition to this, the admission rate is reduced and more acute medical beds are made available to those with a higher clinical need
- The co-operation and commitment of experienced AMU consultants is vital
- The primary aim of any ANP must be to improve the service provided to patients, and all ANPs must be able to demonstrate the benefits of their role to the organisation

**REFERENCES**
RCP 2007 Acute medical care. The right person in the right setting – first time. London: Royal College of Physicians