Assessment of an Ambulatory Care Service and Impact on Medical Admissions at the Countess of Chester Hospital

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Background
The Ambulatory Care Unit at the Countess of Chester opened in 2013 after joining in AEC network with the aim of rapid triage, assessment and treatment of common medical conditions whilst avoiding unnecessary hospital admission. The unit accepts patients from both Primary Care and the Emergency Department using pull and process driven method via a local exclusion criteria pathway, which incorporates the nationally used MEWS score and modified Amb scoring system\(^1\). Specific protocols exist for key conditions. We are providing this service from 9 a.m till 8 p.m.

Aim
Our aim was to examine the performance of the ACU over a 6 month period (December 2013 to May 2014) to determine the impact on general medical admissions.

Methods
All ACU admissions between December 2013 and May 2014 were retrospectively analysed, focusing on patients demographics, source of referral, length of stay, diagnosis and outcome.
We were able to measure what proportion of the overall take was diverted to the ACU, and the resulting impact on hospital admission.

Results
Demographics: 56% female with an average age of 51; 44% male, average age 55.
Source of referral: Primary Care (68%), Emergency Department (25%) other e.g. outpatient clinic (7%).
Average length of stay in ACU: 4 hours, 15 minutes.
Diagnosis: The 3 commonest conditions were chest infection (pneumonia and non-pneumonic), headache (including migraine) and chest pain.
Outcome: 72% of patients had same day discharge (21% with subsequent outpatient follow up), and 28% were admitted for inpatient treatment.
Impact on admissions: Each month between 6 and 9% of admissions are avoided due to patients being assessed and discharged from the ACU.

Discussion
The ACU has resulted in 6-9% with an average of 7% reduction in hospital medical admissions each month which has helped to maintain a smooth flow in acute medical admission.
This has helped the trust to close one medical ward by saving in bed days and increasing zero length of stay.
This service has been expanded on Saturday also and patients feedback is excellent.

References