Ealing Ambulatory Emergency Care Unit (AECU) and its role in acute medical care and admission avoidance

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**Aim**

Ealing AECU was implemented in June 2013 as part of a nationwide initiative to reduce patient attendances to Emergency Departments (ED) and reduce length of stay (LOS) (1).

The unit is a six-bed assessment area staffed by one consultant, two middle grade doctors and a nurse. Similar units have had great clinical and financial success in reducing LOS and avoiding hospital admission, in particular when closely integrated to acute medical wards (2).

This audit identifies how the Ealing AECU has developed since implementation in terms of number of attendances and how successful integration with medical teams has occurred.

**Methods**

A retrospective audit of all available data from June 2013 to April 2015 inclusive. Data collected through searches on electronic database Symphony and analysed using Excel. Data collected includes referrals from ED, general practice (GP) and medical patients (both recent discharges and those seen on the acute medical take).

**Outcomes/result**

The number of monthly attendances to Ealing AECU has increased from 6 to 250 per month since June 2013 (Figure 1).

There has been a marked increase in medical patients being treated and reviewed in AECU.

Only 3 attendances were medical patients in Feb 2014, this increased to 83 in April 2015 (Figure 2).

**Figure 1:** AECU number of monthly attendances (June 2013 – April 2015)

**Figure 2:** AECU referral source (March 2014 – April 2015)

**Conclusion**

This audit shows how utilisation of the AECU has increased dramatically since June 2013. In April 2015 83 medical attendances were seen in AECU, which allowed for early discharge or prevention of hospital stay. In financial terms this saved the hospital trust £25,315 (local tariff £305 per patient per night).

AECU is an important part of the acute medical care delivered in Ealing Hospital. With increasing knowledge of AECU capabilities among clinicians, this unit will continue to help reduce LOS and avoid unnecessary hospital admissions, all in keeping with the current climate of financial austerity.

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**References**