WOULD LONGER AMBULATORY CARE UNIT HOUSE REDUCE SHORT-STAY MEDICAL ADMISSIONS?
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"The number one issue facing the NHS in England is reversing the ‘unsustainable’ rise in emergency hospital admissions"
Nuffield Institute, 2010

AUDIT AIMS
To determine how many short admissions could be avoided if the Ambulatory Care Unit was open for longer.

To identify potential AEC (Ambulatory Emergency Care) patients in the immediate hours of AEC closure and determine potentially avoidable admissions.

BACKGROUND
Patients that present to the Emergency Department and stay for 24-hours or less are a significant drain on NHS resources.

In April 2014, the Department of Health introduced new best practice tariffs for 12 conditions to promote AEC. Of the 12 tariffs, Addenbrookes AEC covers: DVT, Chest Pain, Atrial Tachycardias, Syncope, Frailty Clinic, Cellulitis, Asthma, LRRTI and Syncope.

AEC is open between 9am to 8pm Monday to Friday, with new patients referable up until 6pm. On Friday and Saturdays, AEC is open between 9am and 4pm, with new patients referable up until 2pm.

Number of Admissions 30th June - 20th July 2014

Number of Admissions 11th January – 2nd February

In our data, the majority of patients admitted for less than 24-hours were aged between 18-65 years, and hence more likely to be ambulatable, compared to older patients. A fifth were admitted in the 3-hours post AEC closing times both at the weekdays and the weekends.

Recommendations:
Expansion of newly opened Medical Decisions Unit in the post AEC closing hours to facilitate discharge of AEC tariff conditions.