Aim
The Ambulatory Cardiology Unit (ACU) opened on 24th August 2015 in the Belfast Trust with the aim of offering timely access to specialist assessment, diagnostics, treatment and follow-up for a number of cardiac conditions whilst avoiding unnecessary hospital admission.

Referrals are accepted from emergency departments, outpatient clinics and inpatient wards.

A condition specific referral system is employed incorporating AMB and NEWS score.1

Our aim was to assess the performance of ACU in the initial three months and determine its impact on acute cardiology admissions.

Methods
A retrospective analysis of all ACU attendances between 24/8/15 to 23/11/15 was performed.

Data collected included:
• Disease category
• Admission rates from ACU
• Unscheduled care attended (including emergency department and out of hours GP) in the 30 days after ACU attendance
• Hospital admissions in the 30 days after ACU attendance

All cardiology admissions from the Royal Victoria Hospital’s emergency department from 24/8/15 to 23/11/15 were analysed and compared with equivalent dates in 2014 to determine the impact ACU has made on admission rates.

Results
Admissions from ACU:
7 patients (3.5%) were admitted directly from ACU

Unscheduled care attendances within 30 days:
• 7 cardiac related presentations (3.5%)
• 8 non-cardiac presentations

Hospital admissions within 30 days:
• 1 patient (0.5%) had a cardiac related hospital admission (length of stay was 1 day)
• 4 non-cardiac hospital admissions

Impact on Acute Cardiology admissions:
Overall acute cardiology admissions fell by 11.4% (440 to 390) in the three month period following the introduction of ACU compared to the same period in 2014.

Largest reductions in admissions by diagnosis included pericarditis (80%), supraventricular tachycardia (44.4%), atrial fibrillation (42.9%) and syncope (30%).

Conclusion
ACU provides effective, safe and timely management of several specific cardiac conditions.

A small proportion required admission from ACU and low rates of re-presentation were observed.

It has resulted in considerable reductions in acute cardiology admissions.

With ACU new patient attendances increasing monthly further reductions in acute cardiology admissions may be achieved.

References