

Joint Meeting on
5th WORLD HOLISTIC NURSING CONFERENCE
&
2nd Annual Congress on
EMERGENCY MEDICINE AND ACUTE CARE
June 10-11, 2019 Helsinki, Finland

Utilization of AEC

Emily Taylor, Andrew McNally and Peggy Machin

St Helen's & Knowsley Teaching Hospitals, UK

Introduction & Aim: Ambulatory Emergency Care (AEC) was introduced in 2012 via NHS Elect. St Helens and Knowsley Teaching Hospitals (STHK) was early adopters-cohort 3 in 2013. Performance audits have shown AEC reduces waiting times, hospital admission and length of hospital stays. STHK is an exemplar site for AEC, being one of only a few UK EDs to house AEC. It works closely with inpatient specialties to develop protocols and pathways, delivering same day patient care and avoiding hospital admissions. The aim was to review the appropriateness of admissions to AEC and whether pathways were being followed. It also examined the reason for inappropriate admissions to AEC and how it can be prevented.

Method: 200 patients admitted to AEC over a two-month period were selected at random, anonymized and their case notes reviewed to identify the reason for admission, length of stay and discharge destination.

Results: 65.5% of patients on a pathway and appropriately admitted to AEC. Some pathways (i.e. atrial fibrillation and hyperemesis gravidarum) not used. 34.5% of patients inappropriately admitted to AEC, most commonly to await a specialty review (i.e. mental health/surgery).

Conclusion: For some specialties (i.e. mental health), may be appropriate to review patients in AEC. However, protocols and additional staff are required for patient safety. For other specialties, ward-based review (i.e. surgical assessment units) may reduce patient length of stay and operative complications. Better communication and pathways with appropriate specialties are required for this.

Biography

Emily Taylor is an F2 Trainee at St Helens and Knowsley Teaching Hospitals with particular career aspirations and interest in emergency medicine and research.