

# Improving ambulatory emergency care pathways: a focus on the emergency department triage

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## Aims

Ambulatory emergency care (AEC) is a growing specialty, but establishing a successful unit within existing pathways can be challenging. Limited understanding of the service and adherence to outdated, less patient-centred models of care were barriers to the implementation of an AEC unit at a south London hospital. A project was undertaken to attempt to improve the use of ambulatory care for appropriate patients.

## Methods

The Institute for Healthcare Improvement Model for Improvement was employed, implementing a number of small tests of change utilising the Plan–Do–Study–Act methodology. Projects focused on improving pathways of care for patients in the emergency department (ED), targeting triage nurses and allowing them to refer appropriate patients to the AEC unit, avoiding a lengthy ED attendance. AEC unit activity in June 2014 was compared with that in October 2013. Data were collated from hospital-level informatics, combined with locally captured data.

## Results

In October 2013 the AEC unit saw, on average, 21.5 patients a day, only a third of which were new patients. At this time there was only, on average, one referral from ED per day. In June 2014 the AEC unit saw an average of 30 patients a day, with over half (52%) being new patients. Referrals from ED have increased to an average of five a day, the majority of which originate from triage nurses (with typical cases referred being suspected deep-vein thrombosis and cellulitis).

## Conclusions

Empowering and trusting triage nurses in the ED can improve the use of the AEC unit and reduce the need for patients to wait in the ED, with benefits both to patient experience as well as ED performance.

## Conflict of interest statement

Nil to declare. ■

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