

An analysis of ambulatory emergency care (AEC) performance following participation by specialty consultants with general internal medical skills

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Aims

The aims of this analysis were: (a) to assess the performance of delivery of ambulatory emergency care by specialist physicians with general internal medical skills along with acute physicians compared to that delivered by acute physicians only in the past; (b) to evaluate whether moving ambulatory emergency care to be a part of accident and emergency (blended front door) had an improvement in patient flow through a 610-bedded acute hospital.

Methods

AEC in this hospital was moved from the acute medical unit to be a part of the emergency department (ED) in the second week of January 2015 and specialists with generalist skills started participating along with specialist acute physicians in providing senior medical decisions at the front door. Six working weeks (Monday–Friday) from 5 January 2014 (period 1) and 5 January 2014 (period 2) were retrospectively analysed and compared for (a) proportion of medical take managed by AEC, (b) proportion of patients seen in AEC admitted to hospital for further inpatient management (conversion rate).

Results

- > Specialist physicians with generalist skills along with acute physicians (period 2) managed more patients than acute physicians only (period 1). The median number of patients per day in period 2 was 15 compared to 10 in period 1 ($p=0.002$).
- > There were fewer admissions for further management on the days when AEC was staffed by combination of specialists with generalist skills and acute physicians as compared to acute physicians only (10% vs 25%).
- > About a quarter of the acute medical take over any 24-hour period was managed in AEC in both period 1 and period 2.

- > Fewer than 15 % of the patients seen in AEC were admitted to hospital in period 2 with the blended front door, compared to a mean 40% conversion rate in period 1 before.

Conclusions

AEC at the front door (blended front door) has significantly improved patient flow and reduced the burden on the acute medical take, despite increased attendances. The contribution of specialist physicians with generalist skills in the delivery of AEC was valuable. ■

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