

The impact of the Ambulatory Care Unit (ACU) on 'true admission avoidance' at Basingstoke and North Hampshire Hospital

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Aims

The Ambulatory Care Unit (ACU) is a recent addition to Basingstoke and North Hampshire Hospital. In January 2017, additional acute medical consultants were appointed to help develop the service. The clinic is consultant led and operates Monday–Friday from 09.00–18.00. ACU accepts referrals directly from GPs and operates a push/pull system for the Emergency Department (ED). Out-of-hours referrals can be made via the medical registrar on call. Before expanding the service further, we studied the true impact of ACU by looking not only at patients diverted from the medical take, but also at 30-day readmission rates and mortality, thereby reflecting 'true' admission avoidance (TAA).

Methods

Data were collected prospectively from January to June 2017. We measured the number of patients diverted from the medical take to ACU and the number of patients who subsequently required admission. Patients were followed up at 30 days to measure readmission rates and mortality. TAA was calculated using the following formula:

$$\text{TAA (\%)} = \frac{((\text{new ACU patients} + \text{follow-up ACU patients}) - (\text{same-day ACU admissions} + \text{30-day ACU readmissions}))}{\text{total medical referrals}} \times 100$$

Results

Table 1 shows the monthly breakdown of clinical activity in ACU. Over 6 months, 20.3% of patients were diverted from the medical take to ACU. Of those seen via ACU, 10.7% required hospital admission. The 30-day readmission rate was 2.0% and TAA was 24.7% (Table 1).

Conclusions

ACU diverts a significant proportion of the medical take. To study the true impact of ACU 30-day readmission rates, TAA and mortality should also be measured. Our data suggest that ACU can deliver significant TAA while maintaining low readmission rates and mortality. Our service is due to expand further in March 2018 and these data provide supporting evidence in terms of both clinical effectiveness and patient safety. ■

Table 1. ACU activity January–June 2017

Month	% of medical take diverted to ACU (new patients)	% of follow-up patients seen in ACU	% of patients requiring admission from ACU (same-day admissions)	ACU 30-day readmission rate	TAA	Mortality
January	19%	8.4%	11.3%	2.1%	22%	0%
February	19%	6.7%	9.2%	2.5%	21%	0%
March	23%	13.3%	9.8%	3%	28%	1.1%
April	19%	15.7%	10.7%	0.5%	23%	0%
May	21%	13.7%	12.6%	2.3%	26%	0%
June	21%	13.5%	10.3%	1.3%	28%	0%
Average	20.3%	11.9%	10.7%	2.0%	24.7%	0.2%

ACU = Ambulatory Care Unit; TAA = true admission avoidance.

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Conflict of interest statement

None declared.