AMBULATORY EMERGENCY care (AEC) is a new approach to emergency care that can include diagnosis, observation, treatment and rehabilitation, and that offers an alternative to emergency hospital admission (Connolly et al 2012, Tian et al 2012). By introducing AEC, clinical teams can assess, diagnose, treat and discharge patients on the same days that they present to emergency departments. The article recommends one model in particular, the process model, and sets out four questions practitioners who want to deliver AEC should ask of patients at the point of referral.

**Pathway** In this model, ED staff select patients for AEC according to agreed clinical inclusion criteria, which are known collectively as a pathway. This is a popular AEC model but, because patients do not always present with signs and symptoms that fit a pathway, only limited numbers of patients are referred. Moreover, clinical teams can take up to six months to agree the criteria, which delays the adoption of the model. Nevertheless, the pathway model works well for high-volume conditions, such as cellulitis, deep vein thrombosis or pulmonary embolism (Hassan et al 2013).

**Process** In this model, acute and primary care staff devise a system in which emergency patients for whom AEC is clinically appropriate can be identified and streamed to AEC quickly. For example, all GP referrals for emergency admission would be received routinely in AEC and assessed before decisions to admit them are made. This means that referring and receiving staff have clinical conversations about each patient streamed directly to AEC for assessment and treatment.

If senior doctors are unavailable, trained senior nurses can manage referrals instead, but may need to ask senior medical staff for guidance if they are uncertain about whether a patient would receive optimal service.

Decisions about a patient’s suitability for AEC at the point of referral should be informed by the answers to four questions (Connolly and Thompson 2014):

- **Is the patient clinically stable?** This usually means the patient has a national early warning score of less than four, does not require oxygen and does not have an acute coronary syndrome.
Is the patient functionally capable of being managed in AEC? This is asked because patients may be required to attend to their toileting and feeding needs.

Would the patient have been admitted to hospital before AEC existed? If not, they should not be referred to AEC.

Can the patient’s clinical needs be met more effectively by another service? The answer to this question may depend partly on what other services the patient can access.

**Evaluation**

The process model is proving successful at, for example: Queen’s Medical Centre, Nottingham; Milton Keynes Hospital, Buckinghamshire; Whittington Health, London; and Watford General Hospital, Hertfordshire.

The model has been enhanced by additional clinical criteria or by the use of an ambulatory scoring tool for identifying the characteristics of patients suitable for AEC. This tool should not replace the clinical judgment of staff but help them to ensure they adopt a consistent approach to streaming. Some of the centres in which the tool is used report more than 90% accuracy in patient identification for AEC (Ala et al 2010).

Where an AEC process model has been implemented successfully, between 25% and 30% of emergency patients can be converted from hospital admission to AEC clinicians, who can assess, diagnose, treat and discharge the patients on the same day.

Centres that have adopted the AEC approach report other benefits, such as more beds being available at the start of each day, and one centre moved from the bottom to the top of the four-hour waiting-time standard within six months of opening an AEC unit.

Meanwhile, feedback from participants in AEC indicate that there is more job satisfaction among clinical staff, while patients report that they are delighted to be treated and discharged on the same day (Connolly and Thompson 2014).

### Find out more

More information on ambulatory emergency care is available at www.ambulatoryemergencycare.org.uk

A Future Hospitals Commission ambulatory care case study is available on the Royal College of Physicians website, at tinyurl.com/lv2ofk9

Information on setting up an ambulatory care service is available at www.ambulatoryemergencycare.org.uk

**References**


**Conflict of interest**

None declared

**Online archive**

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