Our Ambulatory Care Unit (ACU) was established in December 2015 to provide same day emergency medical care. The aim was to reduce hospital admissions and divert patients to ambulatory care. This quality improvement project showed the impact ACU has had on patients and its effect on admission avoidance, best practice tariff (BPT) and patient satisfaction.

Initially ACU operated from a small room (phase 1: Dec 2015 to Sep 16) run solely by an SHO with consultant input managing pathway specific patients. Early success allowed moving to a bigger ACU (phase 2: Sep 16 to Apr 18) with 3 clinical areas. We modified our working model to a "push-pull" process to increase the number of patients seen in ACU. The impact of this change allowed successful recruitment of additional staff to further improve our service. In its current guise, ACU now operates a 7-strong MDT.

We measured the impact of ACU on:
- Medical Take diversion
- Total ACU patients over time to measure PDSA impact
- Best Practice Tariff revenue
- True admission avoidance via ACU of all medical referrals
- Patient satisfaction via friends and family questionnaires

The average number of patients seen in ACU per month increased from 59 in phase 1 to 234 in phase 2. 42% of patients are now diverted from the take to ACU. True hospital avoidance was calculated as 27.3% (Jan 17 to Dec 17). 98% of surveyed patients reported that they would recommend the service to friends and family. There has been an increase in BPT income from £21,099/month to £299,963/month since ACU’s inception.

Prior to the introduction of ACU all patients were admitted to an inpatient work stream. Following 2 phases of ACU PDSA development, a significant proportion of referred patients are now diverted away from the acute take with a beneficial impact on BPT, admission avoidance and patient satisfaction. Using this as a marker of success there has been a continued drive to improve the service, leading to successful consultant recruitment. Lack of clinical space was identified as being a barrier to further improvement. From the strength of our performance we have now overseen the development of a purpose built ACU (phase 3: Apr 18 to present) with an expansion to 7 clinical areas. The team’s shared ethos of keeping the patient journey at the centre of this process has created great interpersonal working relationships. We have used the resulting excellent feedback to negotiate with stakeholders to secure ACU’s future.