

Ambulatory Diuretics Lounge

Department / Service:	Acute Heart Failure Service
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Date of approval:	13 th June 2018
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This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Cardiology Directorate, RE -Ward Nursing, Medical, Allied Health Professionals

Policy Overview:

The REWARD Unit provides day case rapid assessment and treatment for acute heart failure patients who are not responsive to oral diuretics. The aim is to provide patients with HF, with evidence of fluid overload who are resistant to oral therapy, IV diuretics, in an ambulatory care setting in order to avoid inpatient hospital admission. The Patient can be assessed, provided with a treatment plan and safely discharged with appropriate follow up as required.

REWARD, will be based in both sites, to provide a Monday to Friday, 8am until 4pm service for patients from across the county. Alex REWARD and WRH REWARD will be based in the AEC (Ambulatory Emergency Care Unit) area with 2 examination rooms and a waiting area.

Key amendments to this Document:

Date	Amendment	By:
13.06.18	New document approved at Medical Divisional Management Board	DMB
June 2020	Document extended for 6 months during Covid period	

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1. Introduction

RE-WARD, is a way of managing a significant proportion of heart failure patients on the same day without admission to a hospital bed.

It is a transformational change in care delivery and has the same potential significance as day surgery has had to elective care.

RE-WARD offers ambulant patients an alternative to attending the Emergency Department or inpatient hospital admission for the management of Heart Failure.

The core aims are:

- Management and care delivery in a day unit environment.
- Closer integration with community care.(Community heart failure service)
- Supporting patient flow (admission avoidance and ED in reach/streaming)
- Reduction in the length of stay for patients.
- Promoting and supporting patient independence by allowing patients to remain in their own home between treatments.

2. RE-WARD Model of Care

The model of ambulatory diuretic therapy has been trialled in other NHS Trusts and proven to reduce length of stay and also maintain and improve quality of care and clinical effectiveness. Central Manchester University Hospitals NHS Foundation Trust / . University Hospital of North Staffordshire NHS Trust

Benefits of Acute Heart Failure Nurses

Patients with HF will have access to an Acute Heart Failure Specialist Nurse and receive the appropriate access to assessments, investigations, initiation of appropriate treatment, appropriate risk stratification, appropriate referral, education, medication review and monitoring.

The AHFSN will have the following roles:

- To reduce the length of stay for patients with HF
- To help reduce hospital readmissions for patients with HF
- To titrate medication to optimal therapy levels for patients with HF as tolerated.
- To Liaise with the Community Heart Failure Nurses
- Active participation in HF multi-disciplinary team meetings
- Participation in the National Heart Failure Audit (NICOR)
- HF health education for patients and their carers
- Delivery of the Ambulatory Diuretic service
- Delivery of a rapid access heart failure/function service

The ambulatory diuretic service will be passive driven. Referrals will be accepted from:

- Cardiology Consultants

- Cardiology Registrar on call
- GPs
- Community Heart Failure Nurses
- Cardiac Assessment Team

3. Patient cohort

All medical patients are deemed suitable for Ambulatory Emergency Care that meets the AEC criteria set out on the AEC Scoring Performa (see appendix 3).

The AEC team also provides in-reach services to inpatient wards, with the ability to pull appropriate patients who meet the AEC Scoring Performa to the AEC unit. Ideally looking at patients who are near their Estimated Discharge Date (EDD), thus reducing Length of Stay (LOS) and freeing up bed days adding in increasing hospital capacity.

This service is supported by Worcestershire Health & Social Care Access Service (WHASCAS – 7/7 single point of access) who is able to in reach in to AEC, enabling safe and appropriate discharges.

4. Location and Capacity.

At WRH/Alexandra Hospital the RE-WARD is based in the Ambulatory Emergency Care Unit. The RE-WARD team will be able to maintain links with the Cardiology team, pharmacy and imaging. The RE-WARD area is a treatment area, consisting of 1 to 2 chairs. The unit has the capacity of treating the maximum of 2 patients at any one time.

5. Method of referrals- (Appendix 1)

Emergency Department referrals

Patients deemed appropriate for admission to AEC from Redditch ED should be referred in hours via bleep 0272/0348 or contact number Ext.42100 and from Worcester ED via bleep115/144 Ext 39946/39285/39286. These patients must be discussed with the AEC team before admission to the AEC unit. This can be done by emailing the AEC triage nurse at wah-tr.AEC@nhs.net. All referrers must ensure notes are taken to the AEC. Any patients referred out of hours should be documented in the red diary with patients contact details in ED and the patients will be contacted by the AEC Team the following day to arrange a review time.

Follow up from MAU and ward areas

Any patients requiring follow up in the AEC following discharge from MAU or main wards should follow referral pathways as above. Criteria for follow up in AEC rather than OPA or Primary Care should be based on the following;

- Patient requires specialist skills outside the GP remit.
- Provides continuity of specialist care for patients
- Access to rapid diagnostics.
- Access to rapid diagnostics
- Ability to access specialist advice from AEC clinic.
- Ability to admit, post follow up should patient's condition warrant. Sick or deteriorating patients should receive appropriate escalation in care as detailed in the "Recognising &

responding to early signs of deterioration in hospital patients policy using NEWS (WHAT-CR-016). **In the event of a medical emergency phone 2222** in accordance with the Resuscitation policy pathway (WHAT-TP-108)

6. RE-WARD Team and Opening Hours

The RE-WARD service is led by RE-WARD Consultants and Acute Heart Failure Specialist Nurses, with the support of senior nursing staff and other allied health groups.

Week day Consultant: Dr Wilson, Dr Taylor or Cardiology Consultant of the week

Matron: Clare Alexander

Nursing Team:

Acute Heart Failure Specialist Nurses:

Kerry Burbidge

Heidi Nunwick

Currently the RE-WARD unit is open from 08:00 – 16.00 weekdays.

All Nurses in AEC have additional link nurse roles which help support the running of the unit (see appendix 8).

PDR's are carried out annually by the Matron or Ward Manager.

7. Systems of Work

Oasis system – New referrals - All new referrals to RE-WARD must be entered on to the Oasis system and added to the electronic whiteboard.

Oasis systems – Follow ups – All follow up patient to be added to RE-WARD diary on Oasis. Advise the AEC Ward Clerk of follow-ups.

Daily referral Work Sheet – Patient sticker to be added to manual triage daily work sheet (see appendix 5). The triage daily referral work sheet is an aid in checking accuracy of coding and used in cases of computer failure.

EZ notes – Use for gaining access to patients past records. Available: intranet via "favourites"

Bluespир – Electronic discharge summaries. Available: desk top.

ICE – Requesting/viewing blood reports and imaging. Available: Intranet via "clinical systems".

Cardio Pacs – viewing echocardiograms. Available: intranet via "favourites"

PACS – Viewing X-ray and imaging. Available: Intranet via "clinical systems".

Patient First – View patient in the Emergency Department. Available: "desk top".

Trust guidelines – available: intranet via clinical policies or document finder.

Reporting Incident/near miss – DATIX - Electronic Incident Reporting System. Available: Intranet.

Feedback – All patients are given a friends and family card to give feedback to the unit and its staff.

8. Diagnostic services

There is access to ECHO, CXR, scans and CTPAs as well as general radiology and ultrasound scanning. The consultant is required to book these tests as required via PACS computer system.

Blood tests can be obtained and urgent same day discharge stickers are attached to alert the laboratory of the need for urgency. Blood test results are accessed via the ICE system. Blood competences must be completed as via trust guidelines.

9. Interdepartmental relationships/specialist and support services

Emergency Department, Acute Medical Unit
Radiology, Pathology
Clinical Investigations
Medical Wards, Community HF team, Palliative care team
Specialist nurses via bleep
Physio/ OT service
Cardiology Consultants, Cardio pulmonary
Pharmacy
Capacity /Bed management
Clinical governance
Access to Medical consultants for advice via pager / bleep / mobile
Access to discharge liaison nurses / Hospital at Home / IV antibiotic at home team and community services via designated telephone numbers.

Contribution List

This key document has been circulated to the following individuals for consultation;

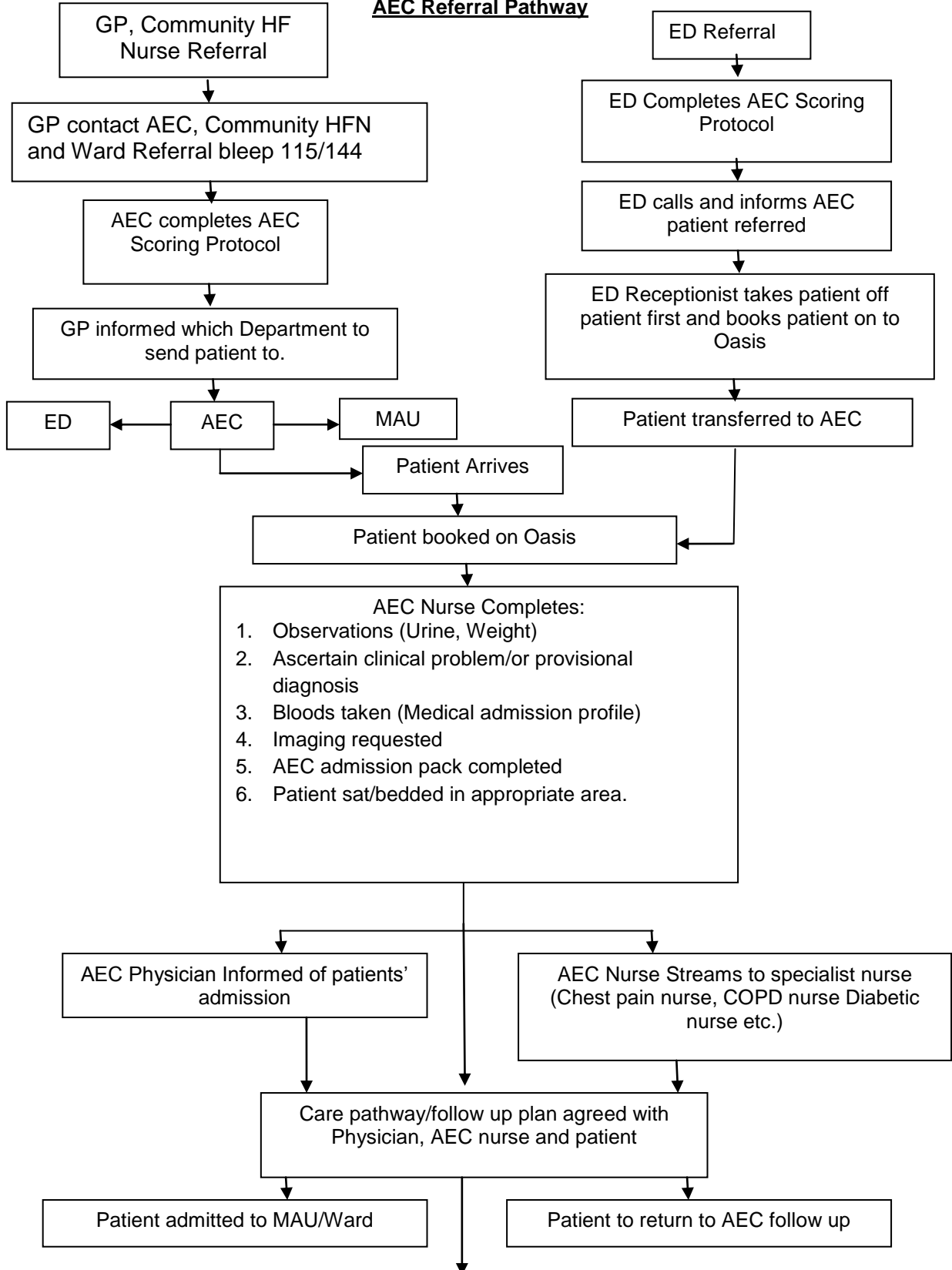
Designation
Dr David Wilson
Dr Robin Taylor
Dr Helen Routledge
Dr William Foster
Dr William Roberts
Dr David Smith
Dr Deepak Goyal
Matron Clare Alexander
HFSN Heidi Nunwick

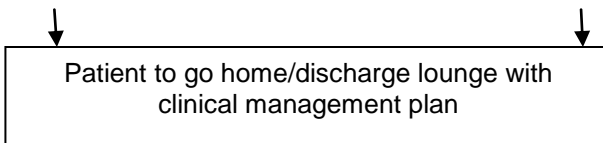
This key document has been circulated to the chair(s) of the following committees / groups for comments;

Committee
Cardiology Directorate Meeting
Divisional Medical Board

Appendix 1

AEC Referral Pathway





Appendix 2

GP information leaflet - Ambulatory Emergency Care (AEC)

Alexandra Hospital

AEC Opening hours Monday to Friday 09.00 – 17.30 (Last referral 16.00)
Triage Calls Monday to Friday 07.00 – 19.30 (Last referral 18.00)
For enquiries please call: 01527512100 or bleep 0348, ED referral bleep- 0272

Worcestershire Royal Hospital

AEC is open 7 days a week, 07:30 – 20:00
For enquiries e-mail wah-tr.AEC@nhs.net

The Ambulatory Emergency Care (AEC) has been designed to provide same day urgent care with prompt senior nurse assessment, rapid medical consultant review and same day access to diagnostics all with the aim of safe same day discharge.
All GP medical admissions to hospital will be considered as potential ambulatory patients except when unsafe to do so.

Care will be delivered by a multi-disciplinary team including a Consultant, Nurse Practitioner, Triage Nurse and A.E.C qualified team of nurses.

The assessment process can take from a few hours to the whole day depending on your patients' individual needs and any investigations such as blood tests, Ultra Sound and CT may be requested.

Where necessary limited therapeutic interventions e.g. IV fluids, antibiotics, rate control medication could be given to patients who may only require a brief period of treatment before discharge on the same day.

AEC is:

- For Acute GP referrals, Emergency Department and consultant clinic referrals including specialist nurses.
- For non-urgent patient who should be seen as an outpatient.
- Admission prevention including day case patients and procedures.
- Alcohol detox where appropriate with involvement from the Alcohol Liaison Nurse.
- An alternative route to a medical opinion and access to same-day diagnostic services for patients who would otherwise be admitted.
- A place where a low risk patient could await for a 3 hour troponin.

AEC is NOT:

- A replacement for primary care. Most medical conditions that do not require emergency admission should be advised to consult their GP who may refer to hospital if required.

- A replacement for speciality clinics. Specific conditions, including potential diagnoses of cancer are best dealt with in specific clinics. Access is via primary care. If it is not an emergency, the patient should be seen as an outpatient.
- A reassurance service, providing routine follow-up and safety netting. If they are well enough to leave ED, review should be performed in general practice.
- Able to sort out complex social problems.

Referral pathway to AEC for GPs:

GP calls Triage Nurse to refer a patient

Patient arrives at AEC as soon as possible

Consultant Review:

Management plan including treatment initiated and further investigations requested if necessary. Whenever possible manage as an outpatient.

Discharge Home:

Some patients may need further AEC follow-up or referral to alternative specialist clinics or community services. A discharge letter is sent to the GP on discharge.

AEC Triage Nurse

Reviews scoring protocol and Informs GP if patient appropriate for AEC or A&E or MAU.

Appendix 3

Date :	Time :	Referral taken by :
Patient Name : DOB : NHS No' : Address :		
Referrers Name :		GP Practice :
Problem and provisional diagnosis :		
Referral Information :		
PMH :		
Is the patient able to sit in a chair or receive brief intervention treatment on a trolley :		
<p><u>EXCLUSION CRITERIA : ANY 2 OR MORE OF THE FOLLOWING : SEND TO ED OR BED ON MAU</u></p> Temp under 36 or over 38: Heart rate over 90 bpm: RR over 20/min: Acutely altered mental state: Hyperglycaemia in the absence of Diabetes: Known WCC over 12 or under 4: Any recent diarrhoea and/or vomiting:		
<p><u>INCLUSION CRITERIA:</u> If Chest pain: Normal ECG: If yes: AEC</p>		
<p><u>ASK :</u> Any recent travel (MERS, EBOLA)?</p>		

Suitable for: AEC MAU ED

DO NOT ACCEPT PREGNANT LADIES WITHOUT DISCUSSION WITH DR SONDAI, DR SAEED, DR BROCKLEBANK, DR TAN OR DR LAL

Appendix 4

Date					Consultant				
Patient Sticker	Obs	ECG	BM	HT/WT	Cannula	Blood	CXR	ID Band	NOK

Appendix 5

Triage Daily Work Sheet

AEC Daily Working Check Sheet

Date:		
Check Sheet items	√/X	Comments
1	Turn on all lights	
2	Check environmental controls (Report any faults)	
3	7.30am attend ED board round check any suitability of patients to attend AEC – Check red diary in ED for any out of hours referrals.	
4	Check each chair/trolley space	1. Oxygen connections/non rebreathe mask.
		2. Suction is working.
		3. Hand Gel available.
		4. Check patient call bell (emergency call bell check on Wednesday).
5	Check Crash Trolley	Refer to resuscitation trolley check sheet. Suction to be checked once a month.
6	Daily Cleaning Duties	Check daily cleaning check sheet in cleaning folder.
7	Top up Blood trolley	Order stock as required see ordering forms.
8	Check Ward Diary for follow up appointments	Chase times for follow up scans Prepare notes for patients follow up.
9	Complete Safer Staffing App.	
10	Send ward attender/follow up information to analysis team.	
11	13.00 pm attend ED attend ED board round check any suitability of patients to attend AEC.	
12	17.00 pm Consultant finished check all remaining patients have a clinical management plan	
13	Check department is clean and set up for next day	
14	18.00 pm inform switch board all GP calls to be transferred to night RMO.	
15	Turn lights off and close ward	
Name of Nurse Signature		

Appendix 6

Link Nurse Roles

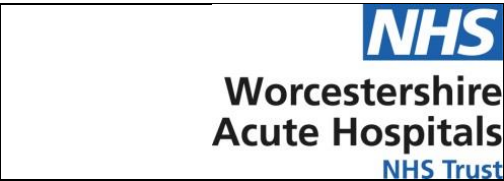
Worcester AEC

Infection Control	Katie Chesson, Amy Dyer, Jennifer Baker
Falls	Emma Ballentine, Karl Jones
Blood Transfusion	Jo Ferguson, Asha Thomas, Emma Ballentine
Medicines Management	Ellie Dixon, Chloe Jaynes
NEWS	Vikki Grundy, Beth Green
Diabetes	Jo Ferguson, Amy Dyer, Stefani Hinton
Tissue Viability	Daniel Baldwin, Jessica Hegarty
Manual Handling	Jo Ferguson, Lucy Neilson
Medical Devices	Asha Thomas, Jessica Hegarty
Dementia Champion	Asha Thomas, Jessica Hegarty

Redditch AEC

Infection Control	Sr Chloe Hartles/SN Vikki Randall
Falls	Sr Chloe Hartles
Blood Transfusion	Sr Penny Dann
Medicines Management	Sr Penny Dann
NEWS	SN Jess Price
Diabetes	SSN Aimee Ward
Tissue Viability	SSN Charlotte Noy
Manual Handling	ACP Dan Hastie
Dementia Champion	Sr Paula Andrews

Policy



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Policy

Appendix 7

Cleaning Check Sheet AEC

Date:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Observations machine/Drip Stands							
Chairs/trolleys/bedside table							
Oxygen and Suction by bedside							
Reception Area							
Treatment room							
Dirty linen room							
Crash Trolley							
Blood Trolley							
Call Bells							
Drinks Machine (Empty water completely before refilling)							
ECG Machine							
Check by Signature							

Appendix 8

Questions you may wish to ask

Instructions from
Ambulatory Emergency Care



For further advice or information, queries or concerns, please contact:

The Ambulatory Emergency Care

Opening hours for enquiries: 01527 512102
between 7.00 am – 19.30 pm, Monday to
Friday

Out of hours: please contact your GP or the
emergency services

Privacy and Dignity Statement

As this is not an admission unit, there are
male and female patients in the same area.

You will not be asked to get into a gown
unless you need a procedure or clinical
investigation.

We will ensure your privacy and dignity will be
maintained at all times.

**Ambulatory
Emergency Care
(A.E.C)**

The Ambulatory Emergency Care (AEC)
has been designed to provide a rapid
medical consultant opinion and same day
medical diagnostic service for patients
who are likely to be suitable for same day
discharge but would otherwise be
admitted to a medical bed for
investigation.

On Arrival to Ambulatory Emergency Care

Please report to The Ambulatory Emergency Care Reception desk.

You will be directed to a chair/trolley where a nurse will come and carry out an initial assessment.

Initial Nurse Assessment

An initial assessment will be carried out where you will be asked for basic, personal information. You will also be asked some questions about your symptoms and general health.

If further investigation or an examination is required, this can then be carried out by a doctor or advanced nurse practitioner before being discharged.

If you have to wait for further tests which cannot be performed until the following day and it is safe to do so, you will be discharged and asked to return.

During Your Stay

If you require a procedure after seeing the doctor or advanced nurse practitioner, this will be performed here. Procedures may be carried out on the same day as your attendance.

Discharge

Please ensure you have made arrangements for transport home, prior to attending the Ambulatory Emergency Care Unit. A discharge letter will be given to you upon discharge.

Stay in Hospital

Following your investigations/procedure, if you do need to stay in hospital, the nursing staff will organise a bed on a ward. However, this can take a while so please be prepared to wait. During this time, the nurse will ask you further questions and begin the nursing admission documentation.

Relatives

We do allow relatives to stay with you during your time with us, but we kindly request maximum of two people at a time.

Refreshments

You will be offered hot / cold beverages and sandwiches / biscuits during your stay and during meal time hot meals are available. There is the league of friend's coffee shop which is located by the Main Entrance Reception or the Hospital canteen if you wish to purchase hot meals.

Feedback

We love to hear your feedback and hear what we have done well and how we can keep improving. Please fill out our friends and family feedback forms and return them to the Ambulatory Care Team.



The Friends & Family Test
Part of the NHS Patient Revolution

Further information about the Trust is available on the following websites: www.worcsacute.nhs.uk