Ambulatory Emergency Care Network

Ambulatory Emergency Care

A first for Northern Ireland

www.ambulatoryemergencycare.org.uk

Introduction

Craigavon Area Hospital is the first hospital in Northern Ireland to join the Surgical Ambulatory Emergency Care (SAEC) Network. It has introduced a consultant-led surgical Ambulatory Emergency Care (AEC) service for patients with urgent conditions requiring surgery. The Southern Trust's ACCESS (Ambulatory Care Craigavon Emergency Surgical Service) service is reducing unnecessary overnight hospital stays and transforming care for patients.

Eighty per cent of patients who used the service in the first year (March 2017 to February 2018) avoided being admitted to hospital prior to surgery. This has resulted in a reduction of 264 bed days over 12 months, saving the Trust £99,000. Critically, the service is freeing up hospital beds for patients who need them more and is proving popular with patients.

Like most trusts, prior to the introduction of the new service Craigavon Hospital was struggling to cope with demand for beds. Elective surgery was regularly being cancelled and emergency patients faced a prolonged inpatient wait for diagnostics and surgery – up to three days in some cases.

Acute surgeon, Susan Yoong had worked in a trust in Nottingham that had developed a Surgical Triage unit. She got to hear about the SAEC Network and thought it might help Craigavon to tackle some of its challenges.

She said: "Getting It Right First Time, the programme by NHS Improvement, quoted 30% fewer general surgery emergency admissions a year among trusts that had introduced a consultant-led surgical assessment service. The idea was pitched to the Surgical team and then across the wider Trust. Initially it was met with a lot of resistance. People did not understand how it could work, they were bewildered by the idea. I explained that it wouldn't mean we were doing different work but the same work done in a different way."

Overcoming resistance

Susan met with clinical leads to explain the concept of Surgical Ambulatory Emergency Care and how it could make a difference to patients.

She explained: "I had to keep going back and saying the same thing again and again to get message across. I reiterated we would not be the first ones to do it and that it had worked well in other hospitals in the UK. In the end, it was telling patient stories and really articulating the benefits to patients that convinced colleagues – the young mother needing emergency surgery but worried about her children at home, for example. People got this, they empathised and saw the benefits of the patient being able to go home if it was safe to do so rather than waiting as an inpatient for surgery."

ACCESS

The ACCESS service was set up in March 2017 with a dedicated area on the acute surgical ward. It is led by Susan, as Consultant Surgeon. However, it is the team approach that has been crucial to its success, with involvement from ward/ theatre managers and nurses, clerical staff, radiology, anaesthetics, pre op assessment and ED. The service has its own dedicated clinical room with two trolleys, daily ultrasound slots available to its patients and a weekly theatre list of its own, with access to emergency theatre at other times.

From Monday to Friday between 10.30am and 12.30pm patients attend the ACCESS clinic where they are immediately assessed and referred for any diagnostic tests. If it is deemed safe to do so, they are discharged and given a time to come back into the hospital for surgery. The service sees a maximum of five patients a day, but more typically two or three.

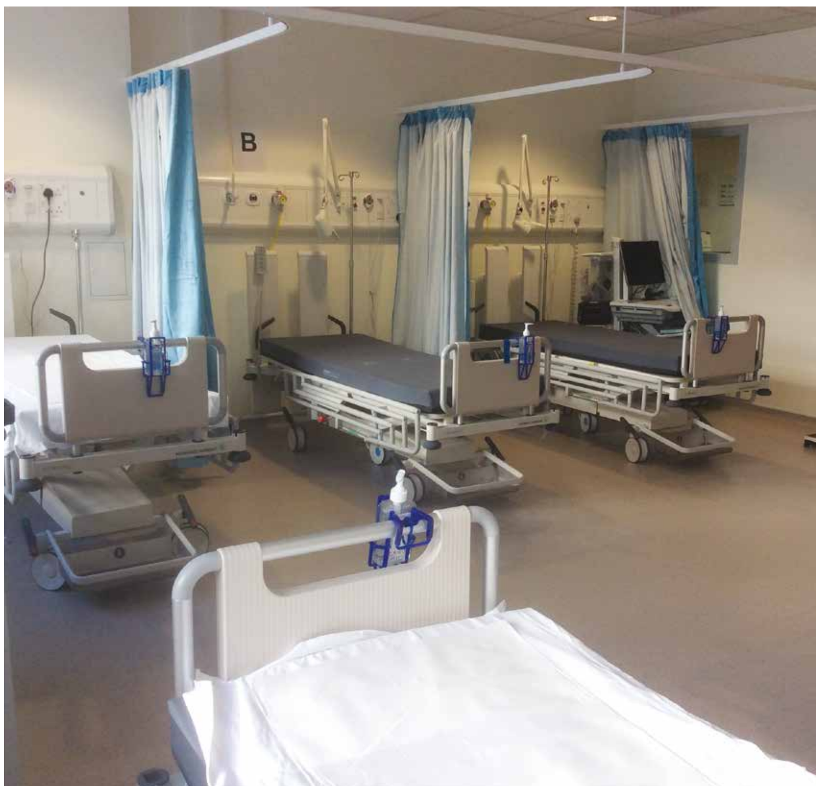
Surgical Ambulatory Emergency Care Network

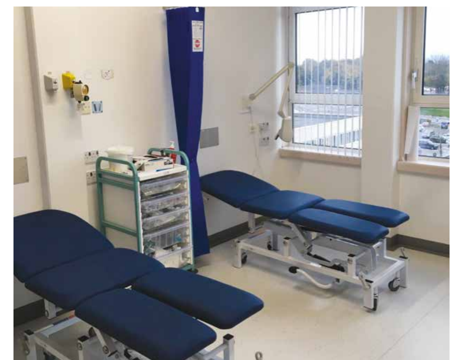
In February 2018, Craigavon joined the Surgical Ambulatory Emergency Care Network. Susan said: "The team had been keen to join since we started but it took a while to get everyone on board and get the funding. The advantage of joining a year after the service was established was that we had already learned the hard way and so could share our experiences with others.

"Becoming part of the Network helped to raise the profile of Surgical Ambulatory Emergency Care and it gave us a degree of prestige as we were the first trust in Northern Ireland to join. It also generated interest in our unit, we have had site visits from other trusts wanting to follow a similar model. And it has helped to maintain momentum and supported us to keep moving forwards."

Chief Executive of the Southern Trust, Mr Shane Devlin said:

"The Southern Trust is privileged to be working collaboratively with the SAEC Network. The Trust is committed to providing a high quality surgical service to our patients through interfacing with our emergency department to ensure patients are managed in the most appropriate manner. With the guidance and support of the SAEC Network, the Trust's surgical ambulatory team led by Ms Susan Yoong, Consultant Surgeon has already made strides in operationally changing the way we treat our surgical ambulatory patients and it is our objective to improve upon the good work to date by bringing on board the Network's knowledge and expertise"





Success factors

Setting a date and getting going: Setting a start date and going for it, even in the face of resistance, is one of the things that Susan and her team are most proud of. Without this, they believe the service may never have got off the ground.

"One of the Ward Managers, Sister Emma McCann said to me to set a date and go for it. There will always be something that isn't right but you have to start somewhere," said Susan. "This was great advice."

Core enthusiasts: Building a core group of enthusiasts was also key, particularly in the early days.

Susan said: "A small group of us started the service and spread the word. We saw it as something new and exciting, all of us could see the potential and we really believed in it. Every time we got disheartened we kept each other going and each time we came across a hurdle, we talked to each other about what to do."

"In the General Surgical Department there was an air of "this is the way we have always done it, so why change", but just knowing our ACCESS idea would positively change the pathway for some patients really drove us. Two years on we still have that same drive. Our enthusiasm continues to grow as we have identified new ways to enhance our service and further improve the emergency surgical patient's journey," added Amie Nelson, Head of Service

Data collection: One of the specialty doctors, Mr Richard Mayes, took on responsibility for data collection so that they could monitor the impact that the service was having. Initially, he manually assessed data from the Northern Ireland Electronic Care Record, the Theatre Management System and ACCESS care records. Currently the service is negotiating with the data collection team to implement an electronic data capture system.

Data shows that the service saved the trust £99,000 in the first twelve months and avoided 264 admissions. Patients are enthusiastic about the service, according to satisfaction surveys.

Amongst their comments are:

"Very happy with my service today. Everyone was very pleasant and I was well looked after. Thank you"

"Quick, well-organised service. Needs to be run out across all specialties."

High-level support: The service has been under pressure at peak times to provide additional bed capacity. However, high-level support from the Chief Executive, who is aware of the early impact the service has made, has helped the team to resist this pressure.

Key learning

The service began by focusing on a limited number of conditions: right upper quadrant pain; right iliac fossa pain; perianal superficial abscess; and painful hernia that is not obstructed or strangulated. The idea is that the majority of patients with these conditions can be assessed in ACCESS and safely discharged to await further diagnostic tests or surgery. The service is not available to high risk patients, those with significant comorbidities, people aged 75 and over, or children. The average age of patients is around 40, with more female than male.

Currently, the service only has dedicated daily ultrasound slots but it is hoping to introduce CT and MRI scans. There is a dedicated ACCESS theatre list once a week and the rest of the week patients go onto the emergency theatre list.

Susan believes senior management buy-in is key to the success of a service like this and is confident that being part of the SAEC Network has helped with this. "Members of the Network visited our site and talked to senior managers. This made them more aware of what we were doing and the fact that we were the first trust in Northern Ireland to join the Network, which gave us credibility and helped to raise our profile."

She believes that a willingness to keep going, even in the face of criticism, has been crucial. "There will always be doubters," she said, "but don't let that stop you. Talk to people on a one-to-one basis, explain what you are doing and how patients will benefit, try not to get defensive."

What's next?

The ACCESS service is hoping to introduce dedicated CT and MRCP slots to complement the daily ultrasound slots, and to introduce electronic data collection. A business case has been submitted for a second weekly ACCESS theatre list and it hopes this will increase to three lists a week over the next three years. It is hoping too to create a list of patients who can be called in for surgery at short notice, for example patients with gallstone pancreatitis.

Susan says: "Since ACCESS was introduced, patients who can safely go home are discharged and aren't lying in beds for days on end waiting for investigations or a management plan. It is reassuring for them to seen by a consultant straight away and to have a scan or blood tests and then to be able to go home. This has saved bed days, decreased length of stay and improved the experience of patients, which is what we were aiming to achieve. There is more to do but we are pleased at the early impact the service is having."

For more information contact Susan Yoong on:
Susan.Yoong@southerntrust.hscni.net

AEC at NHS Elect
Suite 2, Adam House
7-10 Adam Street,
London, WC2N 6AA

Tel: 020 7520 9088
Email: aec@nhselect.org.uk
www.ambulatoryemergencycare.org.uk

Version 1.0 - April 2019
© 2019 Ambulatory Emergency Care Network