



Surgical Ambulatory Emergency Care

Coventry and Warwickshire's
step-by-step approach to Surgical
Ambulatory Emergency Care





Introduction

University Hospitals Coventry and Warwickshire NHS Trust is one of the largest teaching trusts in the UK and is responsible for managing two major hospitals in Coventry and Rugby, which between them serve a population of over a million people.

The Trust's mission is to Care, Achieve and Innovate. These words were put into action during its step-by-step approach to further strengthen operations within its Surgical Assessment Unit (SAU). Core aims included reducing waiting times, developing the patient journey and improving patient flow in the ten bedded assessment area.

What the Trust did

Project Team

The Trust formed a multidisciplinary project team to lead the process of establishing a Surgical Ambulatory Emergency Care (SAEC) service in Coventry and Warwickshire. The team, with representatives from nursing, medical, measurement, advanced clinical practitioners (ACP), pharmacy and diagnostics, met every fortnight and reported to an Executive lead supporting the process.

Each meeting followed a fixed agenda and an action plan was drawn up aligned to key individuals. Paula Seery, Senior Matron and Project Lead for Surgical Ambulatory Care, said "We were very strict with our meetings as they were vital to maintain the momentum. We used a Red Amber Green system to ensure we were keeping everything on track."

SAEC Network

The team became part of the SAEC Network's second cohort. The Network provides on-site support and expert advice, networking opportunities with organisations facing similar challenges, and national workshop events. This gave an immediate boost to Coventry and Warwickshire's plans for SAEC.

New assessment area

The new assessment area was completed in September 2018 and the difference was felt immediately. Whereas previously the unit could only take eight patients from the Emergency Department (ED) into the day room, up to 15 patients can now be accommodated alongside the new trolley area. Waiting times to come onto the unit from ED have reduced from an average of two to three hours to around 60 minutes. Because there are additional areas to assess patients, they are processed more efficiently, meaning they are less likely to deteriorate or be admitted by default. Consequently, the average length of stay in the SAU for patients to be assessed has reduced from eight hours to three hours. Patients avoiding admission to inpatient beds from SAU has increased by 13% and the average length of stay of patients who are admitted has decreased from 27.2 hours to 18.7 hours.

PDSA approach

The team has chosen to introduce small improvements in a methodical way using a Plan, Do, Study, Act (PDSA) approach. Each change is thoroughly planned and communicated to colleagues before being implemented. It is tested and, if necessary, amended. Paula said "Our approach has been to evidence each step before moving on to the next one. We have been very cautious, taking things slowly. It is an approach that has worked well for us."

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Role of ACPs

The role of the ACP within surgery has been adapted and reviewed. Each ACP is aligned to a different speciality and previously they would have participated in the ward round alongside their speciality colleagues.

However, since the new SAU opened, ACPs are based on the unit when their speciality is on take. They assist with initial assessments, prescribing, IVs, bloods, and requesting scans and X-rays. Not only does this support better patient flow but it has also increased the visibility of specialty teams on SAU and further improved relationships as doctors visit the unit more regularly.

After trialling a shift pattern of 8am to 5pm from Monday to Friday, the ACPs now work from 10am to 8pm to cover peaks in patient flow more effectively.

Emergency Surgeon model

Ambulatory pathways

The team achieved some quick wins by creating ACP-led surgical ambulatory pathways for two of its high volume conditions – abscess and appendicitis, each of which accounts for around 300 patients a year. The patient's GP phones the SAU co-ordinator, who books them into the unit. Patients come directly onto SAU to be assessed without having to go to ED. If a patient requires same-day surgery, the ACP liaises with theatre co-ordinators to book a slot. Alternatively, if the patient can safely go home, the ACP discharges them and books them onto the list for the following day.

Paula said "We see around 300 patients with abscesses a year and a similar number with appendicitis. Before we introduced SAEC, almost half of these patients were being admitted and some were waiting in inpatient beds for several days for surgery. This doesn't happen anymore, meaning the length of stay for this pathway has reduced to 0.8 days."

In line with its PDSA approach, the abscess pathway was introduced initially, followed by the appendicitis pathway six weeks later. A similar model was adopted, providing certain criteria are met (such as negative pregnancy test, pulse below 120, no history of diarrhoea and vomiting, or previous appendectomy). GPs can refer patients directly to the unit for immediate assessment.

Hot clinics

The SAU runs regular Healthcare Assistant-run hot clinics from 8am to 2pm, Monday to Friday. Patients who are well enough to be sent home are called back to this clinic for treatment and diagnosis. There are six ultrasound slots on the unit per day and other scans can be ordered, either as an outpatient or after admission, if necessary. Patients who are seen in the hot clinic may be referred to a consultant or an outpatient clinic.

Challenges

One of the challenges faced by the team has been getting the message across to GPs effectively.

Paula said "While some GPs have been willing to use new pathways, others are continuing to send patients to ED. This has been a significant challenge for us and it is a process of ongoing education to get the message across. We have used the GP Liaison Service and made the process as easy to navigate as we can. All information is on the GP Gateway, including an explanation of the process and contact details.

In some instances, GPs send their patients to the unit without phoning us first. We are monitoring the situation and working with the GP Liaison Nurse to continue to get the message across."

Another challenge has been managing people's expectations.

Paula said "As a Trust we have around 500 admissions through ED per day and we don't have the capacity to accommodate every surgical patient in SAU. It would also be unsafe to do so as we have no resuscitation or majors area. This has been the most difficult part of the whole process. We've met with all interested parties to explain what we do and been clear about what our processes and plans are. We've highlighted the issues we face and shared the impact we are having."

Impact

Since the new SAU opened, the team has collected a wide range of data which is now being used to assess the impact that the new SAEC service is having.

Between September 2018 and January 2019, the results show:

- an 85% increase in direct referrals from GPs to SAU for the two agreed pathway conditions;
- an increase of 10% in SAU ward activity and SAU clinic activity increased by 8%;
- an increase of 12% of patients being discharged from the SAU clinic and a 22% decrease in patients from the clinic being admitted to the ward;
- a decrease from eight hours to three hours for the average wait on SAU for assessment and decision re plan of care;
- the average length of stay of admitted patients from SAU down from 27.2 hours to 18.7 hours
- the length of stay for abscess patients decreased to 0.8 days
- an average of 300 attendances a day to adult ED, 115 of which are admitted; and
- an average of 22 of the 115 patients who are admitted from adult ED are surgical specialities whose pathway is through SAU.

A patient experience survey is scheduled to take place soon once building work around the unit has been completed.



Success factors

SAEC is a work in progress at Coventry and Warwickshire but early results are encouraging and the team is highly motivated to make further improvements. Paula believes a wide range of factors have contributed to the success of the project so far:

- 1. Getting people engaged** – the team has held regular meetings and has communicated its plans and its successes throughout. “It’s important to keep it interesting, share what has worked and not worked, tell people what we are going to implement and by when and to be very clear about our expectations and when things need to be done by.”
- 2. Open door policy** – Paula believes that being available for people to speak to, such as the ACPs, has encouraged them to take on greater responsibilities, including on the abscess pathway. “I made sure they knew that they could come at any time and talk to me about any issues,” said Paula.
- 3. Clear and tight deadlines** – to keep the process on track it was important to have a motivated project team, regular team meetings and dedicated actions for people.
- 4. Patient information leaflets** – information for patients was presented in the right language and format so they could understand how SAEC works.
- 5. SAEC Network** – Paula said “It really helped to have someone to bounce ideas off and we also found the workshops really interesting. At the first one we went to, our consultants were able to speak to people that already have the role of ED consultant in place and answer their questions. Being part of the Network has encouraged us to be braver. They have helped us to go with our instinct and plough ahead.”

Next steps

Although SAEC began by taking a pathway approach, the team is keen to broaden the conditions that can be handled by the unit. They are working alongside the Clinical Director to develop exclusion criteria (the type of patients/conditions that cannot be dealt with on SAU) rather than creating more pathways. The Trust believes this will make it simpler for staff in ED to direct the right patients towards SAU.

Key learning

- Have a project team
- Speak to people in other SAUs about SAEC and speak to other departments in the hospital.
- Have clear plans and articulate them to relevant staff.
- Trust your instincts.
- Prove your concepts using small tests of change, using the PDSA approach. Ensure each step is working before you move on to the next one

To find out more

More information on the SAEC Network is available on our website www.ambulatoryemergencynetwork.org.uk or by emailing aec@nhselect.org.uk



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