



Barts Health NHS Trust

Our Surgical AEC Journey

Background

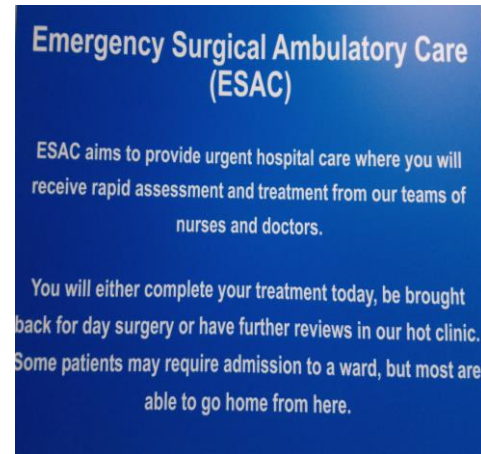
- 3 Sites – Royal London Hospital, Newham University Hospital, Whipps Cross Hospital
- Decided to focus on the Royal London Hospital as it has an SAU and dedicated space.
 - Not fully utilised
 - Not well known
 - No permanent staff
 - No Data





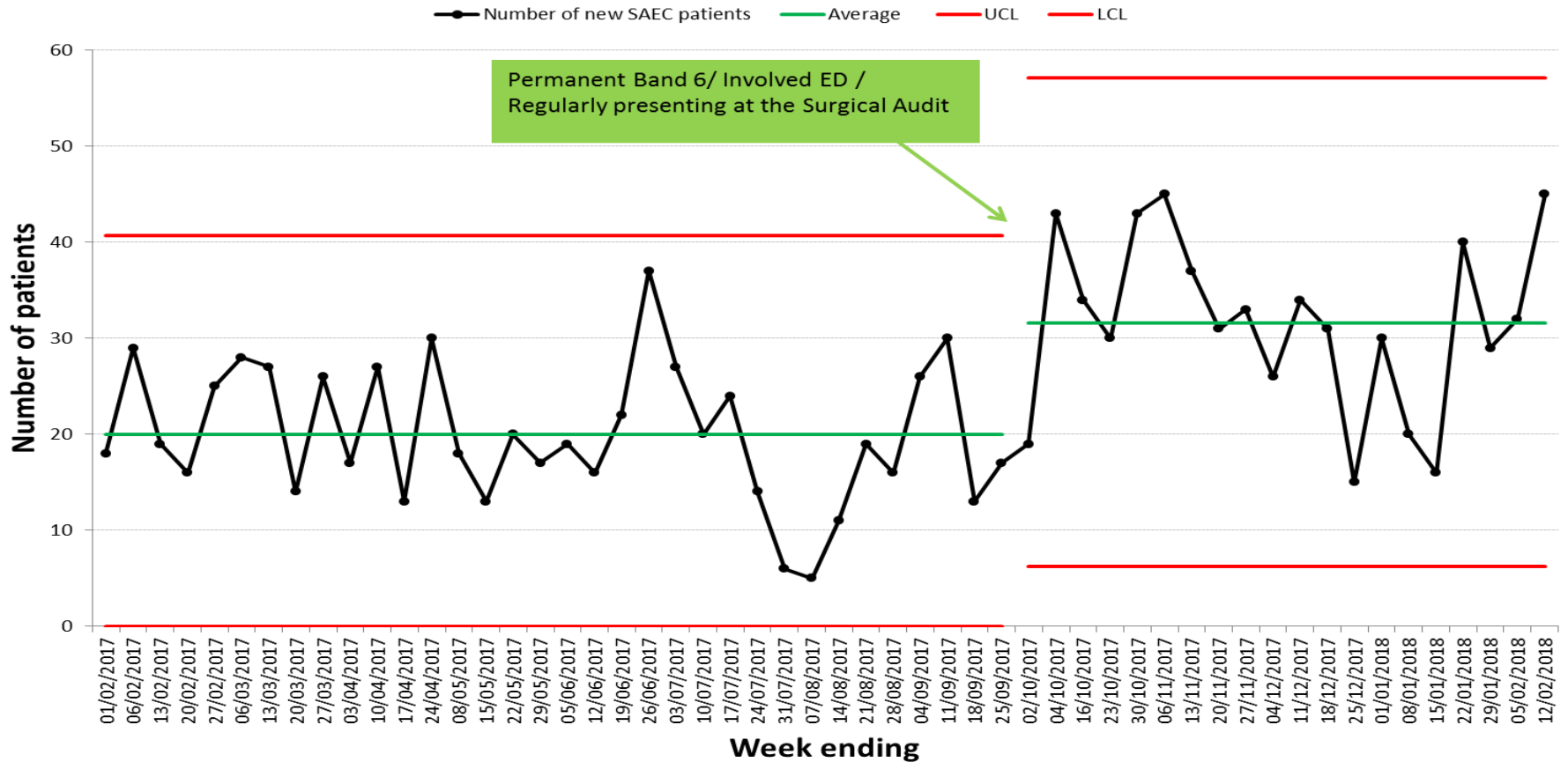
Changes/Improvements – Royal London Hospital

- Re-named it (ESAC) – Emergency Surgical Ambulatory Care and had signs created
- Created a waiting room
- Employed 2 permanent Band 6 nurses
- Created a spread sheet to record details
- Developed a good relationship with diagnostics particularly USS
- Presented at the surgical audit days
- Created posters, ways to communicate and spoke to any and all about our unit.
- Went down to ED and attended morning nursing handover
- Created an ESAC leaflet



Changes/Improvements

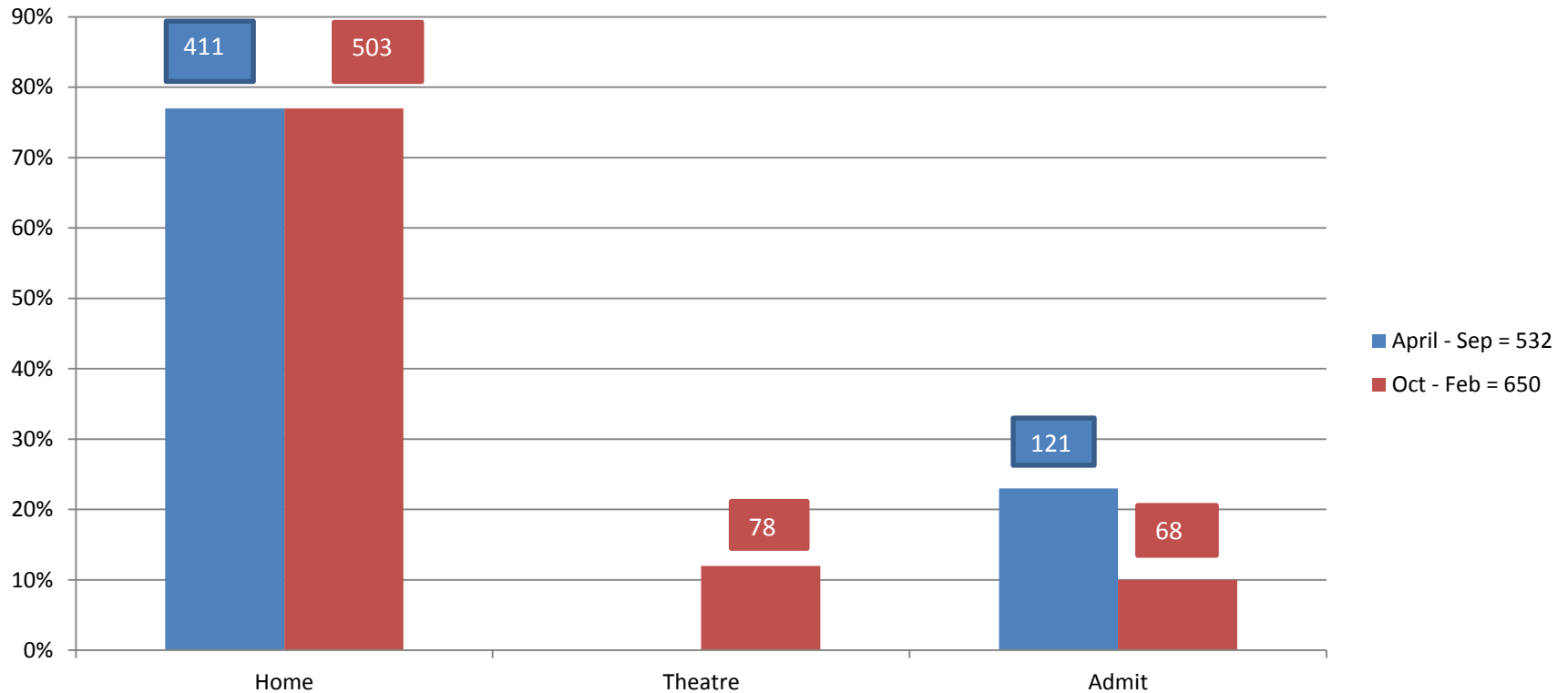
Number of new surgical emergency surgical patients seen in SAEC





Changes/Improvements

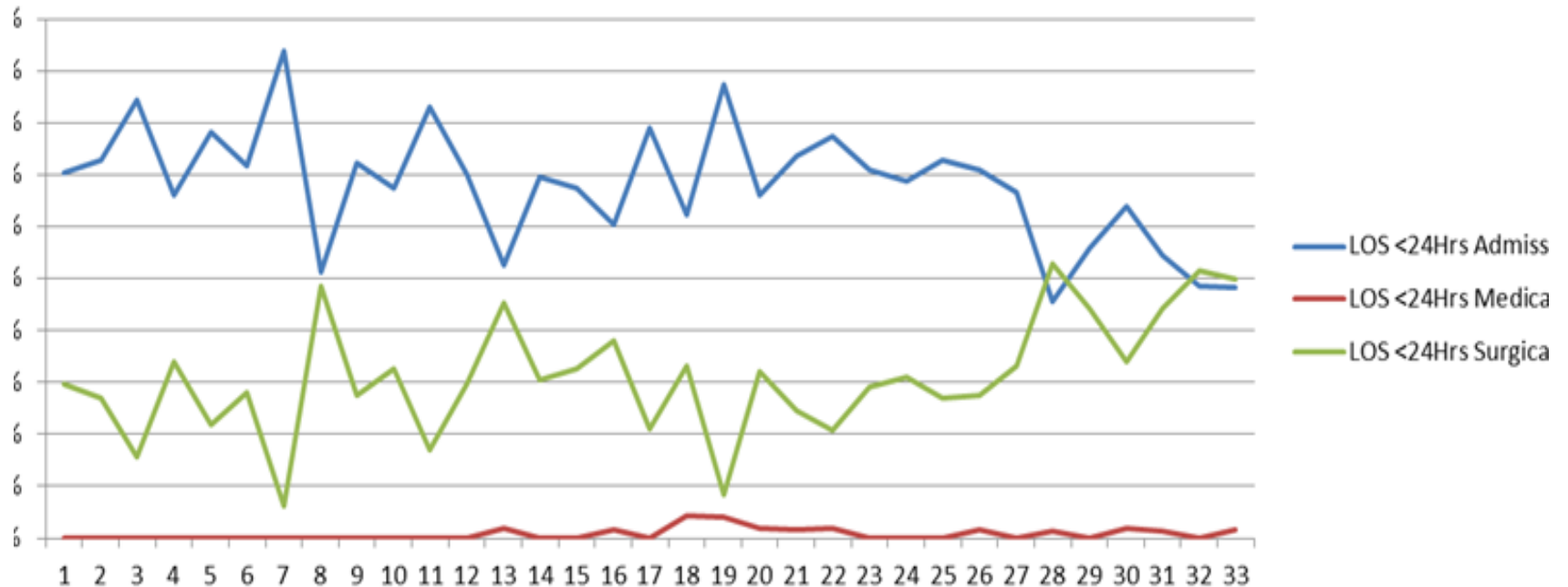
Discharges vs. Admissions





Measurement/Impact of Changes

Surgical AEC uptake for patients with LOS <24hrs for Surgical Admissions





Challenges

- 3 Sites – everyone at a different starting point
- Data collection
- Different ways of communication styles
- Managing expectations
- No extra resources
- ICT delays
- Restructuring delays – now changed due to increase in activity
- Multiple ambulatory care areas starting
- Number of initiatives looking at patient flow



How we overcame our Challenges





Next Steps

- 7 day working – opening Sat and Sun
- Learn from each site
 - WXH – run a trial with diagnostics placed within AEC
- Using the PDSA cycle we re-developed the abscess pathway- now starting to develop the Biliary pathway
- Discussions have started about expanding and accepting urology patients
- Look at staffing levels and competencies and training packs