

City Hospitals NHS Foundation Trust

Our Surgical AEC Journey



Background

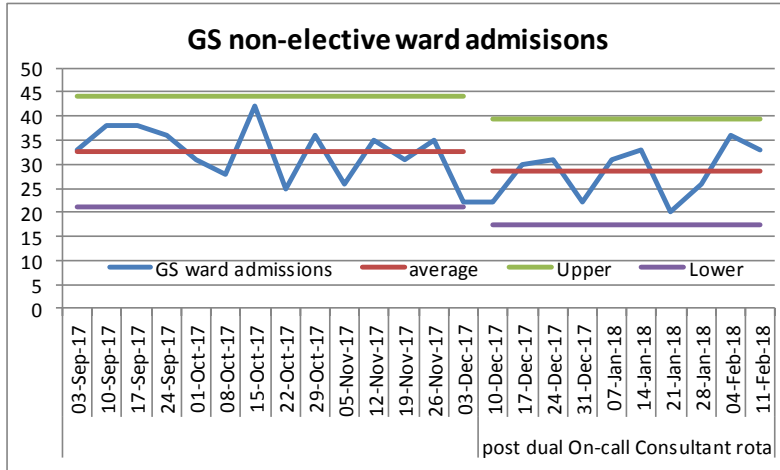
- CHS has very well established Medicine Ambulatory care.
- Surgical ambulatory care well established but in isolated patches.
- Not job planned for Consultant time



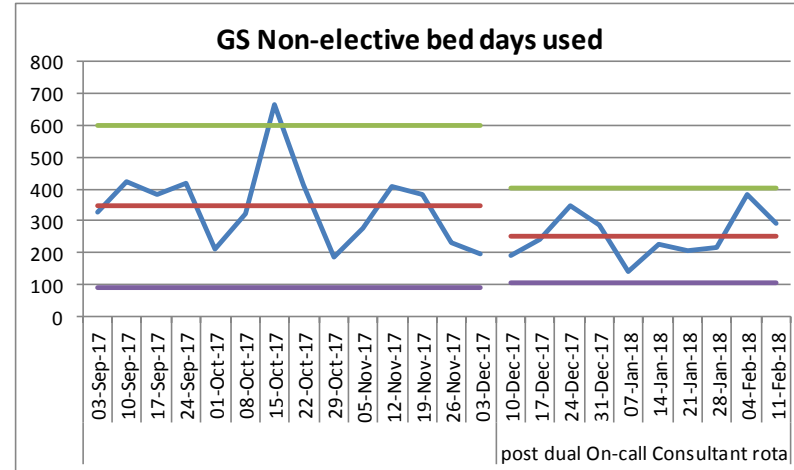
Changes/Improvements

- Business case for Dual on call supported in principal (Upper & Lower GI cover)
- Support Surgeon model adopted in interim.(8am to 5pm Monday –Friday)
- Co – location of Surgery and Urology

Measurement/Impact of Changes

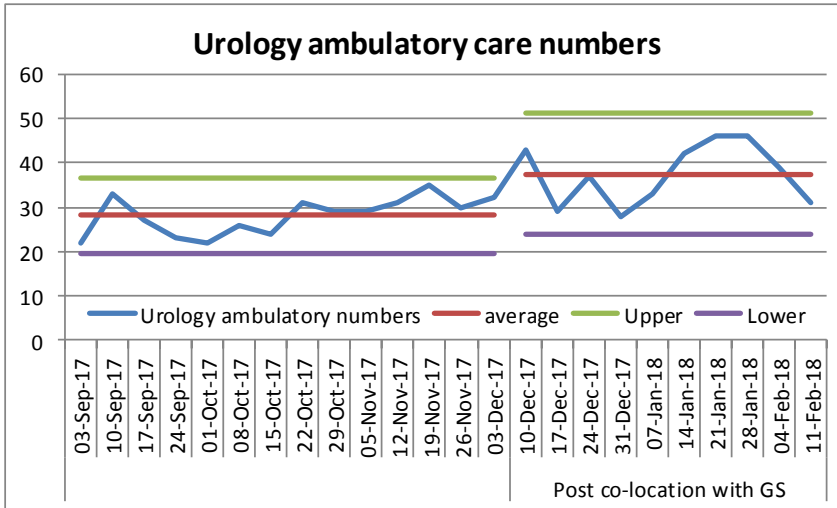


Reduction in GS non-elective ward admissions since the dual on-call Consultant rota was established



Reduction in non-elective bed days since the dual on-call Consultant rota was established

Measurement/Impact of Changes



Increased Urology ambulatory care activity since the co-location with GS



Challenges

- Lack of dedicated project management
- Change in AEC support from network
- Location of GS ambulatory (co-located with Medicine)
- Treatment room access competing with Medicine
- Nurse prescribing



Next Steps

- Review Trial to update Business case for full dual on call.
- Audit of patients pre op stay <5 days NEL admission with potential for increasing ambulatory provision.
- Footprint review for dedicated Surgical space.