



Kingston Hospital NHS Foundation Trust

# Our Surgical AEC Journey



# Background

- There was no provision for surgical patients who needed urgent/emergency investigations, but were well enough to go home.
- Admission for 24-hr observation (Std. practice)
- Well-established medical AEC



# Changes/Improvements

- SAEC established with the following inclusion criteria:
  - Not diabetic
  - Not septic
  - Over 18 years old
  - Right iliac fossa or right upper quadrant pain
- Patient presents at 8 am, has blood tests. At 9am, has CT/Ultrasound.
- Patient reviewed by Surgical Registrar following these investigations
- Well-established abscess pathway further improved

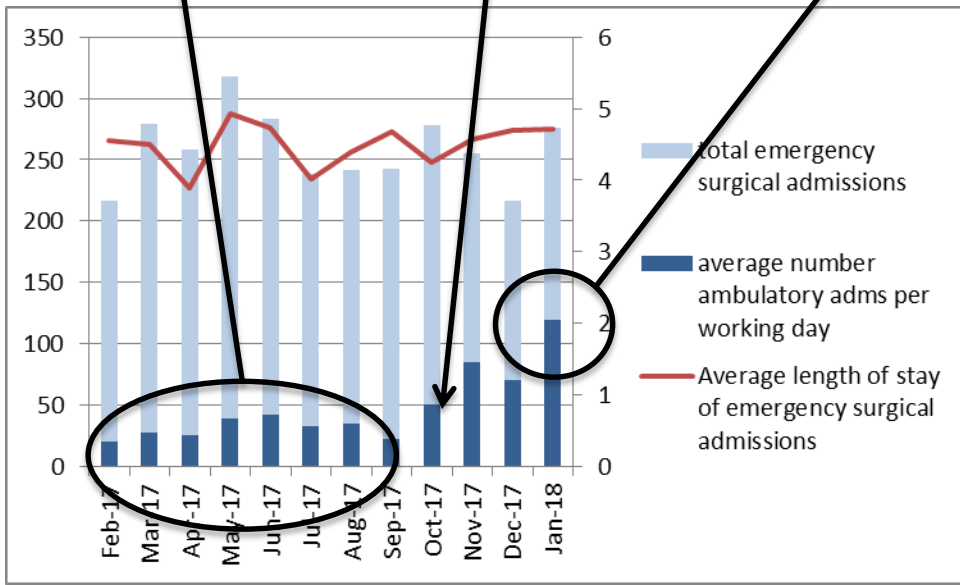
# Measurement/Impact of Changes



Opening of hot clinics

Existing abscess pathway

Around 20-25% on ambulatory pathway



- Average adult surgical take = 8.5 patients
- 20-25% on ambulatory pathway since January 2018
- No evidence that patients previously turned around by A&E now on pathway
- Too early to gauge impact on LoS (impact of acuity and holiday periods during Dec / Jan)



# Challenges

- Patient information leaflets are not always given to patients (SHOs not giving out)
- Communication with SAEC Nurse
- Patients seen by the surgical team in ED before sent to SAEC.
- Lack of space in which to see patients
- Inability to administer IV therapies within the existing ambulatory unit
- Winter pressures, lack of hospital beds
- Governance around inclusion criteria



## Next Steps

- Relocation of SAEC to a more suitable environment
- Allow direct referral from ED/GP directly to the SAEC
- Ensure SHOs/A&E giving out SAEC patient information leaflet
- Expand inclusion criteria
- Electronic booking system



## Barriers to be overcome

- Staffing identified area in Emergency Department with nursing staff
- Addressing perceptions of colleagues about ability to ED staff to make appropriate referrals into SAEC without surgical assessment in ED
- Coding and billing for SAEC attendances



# Actions to overcome barriers

- Approach Emergency Care Programme Board to assist with improving emergency surgical assessment and care provided through organizational support to ensure staffing and space for SAEC and SAU
- Meeting the BI to find solutions for coding of patient encounters and meet with commissioners if required
- More collaboration with Emergency Department team to ensure appropriate quality of referrals and develop partnerships for delivering care