



Our Vision

To provide every patient
with the care we want
for those we love the most

Norfolk and Norwich University Hospitals



NHS Foundation Trust

EAUS at NNUHFT



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Introduction to the Trust

- Vision – to provide every patient with the care we want for those we love the most
- NNUHFT comprise NNUH and Cromer
- NNUH IS 1,000 bedded acute teaching hospital providing services to more than 822,500 people from Norfolk and neighbouring counties
- We provide a full range of acute clinical services, including more specialist services such as PPCI, HASU, oncology and radiotherapy, neonatology, orthopaedics, plastic surgery, ophthalmology, rheumatology, paediatric medicine and surgery



Surgical Emergency Care Context

- Increase in annual attendance
- Competition for beds with Elective patients
- Challenge to meet Specialty National Standards for assessment of emergency patients



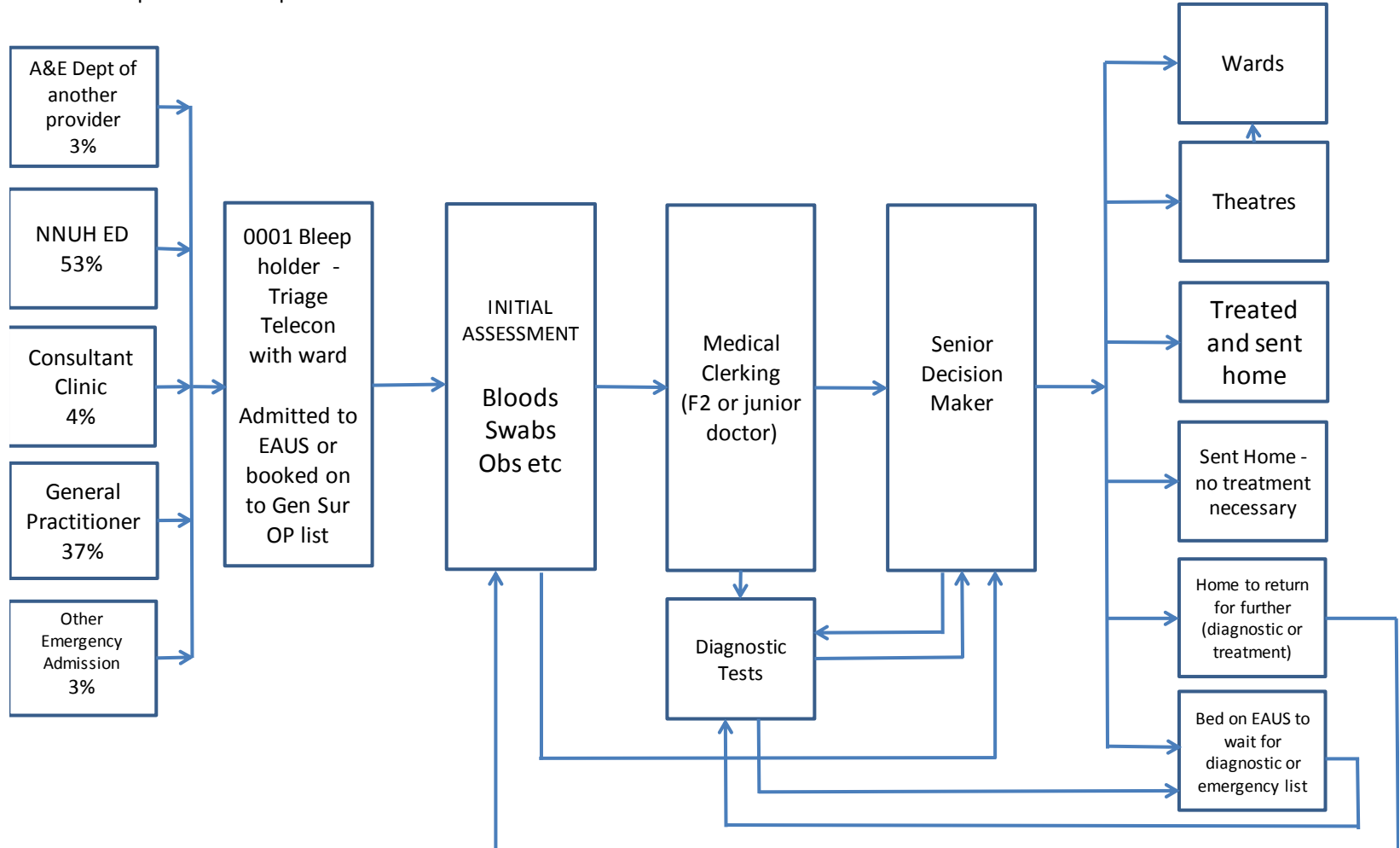
Current EAUS Position

- EAUS operates out of 4 x 6 bedded bays, 6 side rooms and 2 waiting rooms on Easton Ward. It runs 24/7 Monday – Sunday. A senior nurse, co-ordinator, 5 band 5 and 3 band 2/3 staff support the department. Dr cover is provided by on-call staff.
- GP referrals for General Surgery, Plastics and Urology (OOH) triaged via 0001 into EAUS. The bleep is held by the senior nurse who triages from agreed parameters or in discussion with specialty consultants.
- Other specialties (ENT, Ophthalmology, T&O, Vascular Surgery, OMF) bleep held by junior doctor.
- Provides a service for 8 main Surgical Specialties.



Current EAUS Flow

NNUH EAUS patients - 01 Apr 16 - 19 Mar 17





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SAEC Working Groups

Surgical Ambulatory Emergency Care

Core Project Group

Luke Evans – Clinical Lead (Gen Sur)
Camilo Valero – Consultant (Gen Sur)
Linda Page – Senior Matron (Surgical)
Amanda Cook – Sister EAUS
Catherine Cole – Change Manger
Ian Osley – Project Manager
Lane Binder – IS support

Internal EAUS focus group

Linda Page – Matron Surgical
Division
Amanda Cook – Sister EAUS
Sarah Halliwell – Band 6 EAUS
Joanne Tomlin – HCA EAUS
Eloise Cowles – Pharmacist

External EAUS focus group

Felicity Meyer – Consultant
(Vascular)
Darren Morrow – Trauma Network
Lead
Sarah Scott-Barrett – Consultant
Radiologist
Will Finch – Consultant Urologist

Other internal support

Pete Best – Information Manager
Janice Bradfield – FFT
Stephen Bailey – Coding
Jo Butler – Clinical Coding

External stakeholders

Representative from CCGs
Patient Representatives



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SAEC at NNUH

Vision

Increase awareness that AEC is a viable option for the Surgical Emergency Patients

Mission

Introducing a process approach to treat as many patients as possible through AEC using effective streaming at point of entry.

Current Aim

To establish the concept of Ambulatory Emergency Care in clinicians minds.

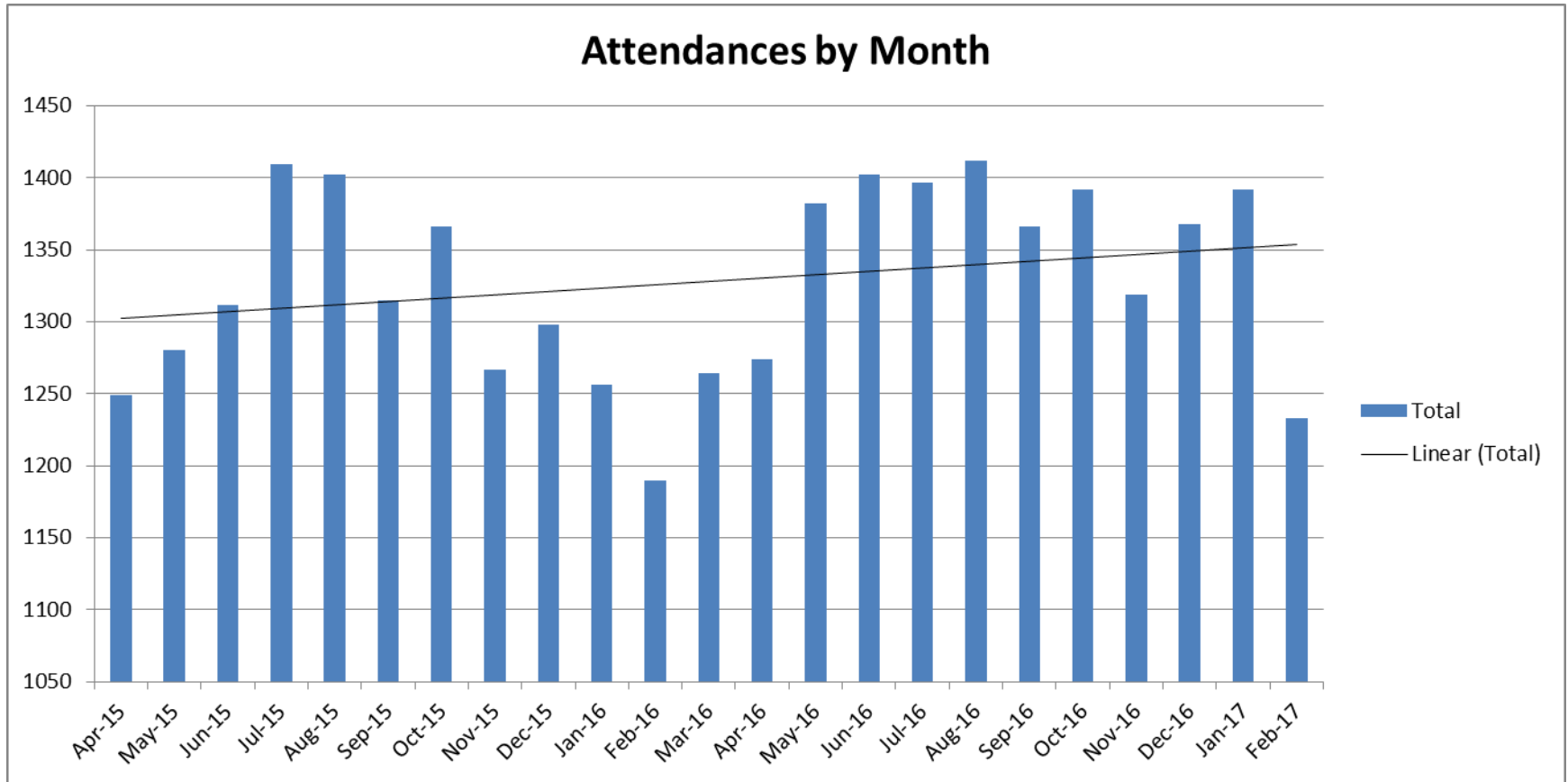
Future Aim

To improve patient flow in Surgical emergency care by establishing ambulatory day case pathways for emergency conditions



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EAUS attendances Apr 15 to Feb 17





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Challenges

- Culture – changing the thinking of Staff
- Agreement of realistic, effective, clinically safe referral criteria
- Dedicated specialty decision maker still ad-hoc, no sickness or holiday cover
- Processes not fully defined

Enablers

- Culture – Nursing staff already geared towards assessment and same day discharge where possible
- 0001 Bleep holders all experienced and can stream patients effectively
- Dedicated RN and bd3 HCA for assessment area



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Aims and Ambitions

- Discover which model (pathway/process) is more appropriate
- Confirm metrics to measure performance of AEC
- Development of Directory of Service
- Consistently ring-fenced AEC beds
- Good engagement with GPs to develop service and patient information
- Nurse workforce development – ?extended roles for nurses
- Consider how Nurse lead triage/GP calls can be optimised - eg: Consultant support/ACP support plus Directory of Service to ensure correct streaming at point of access.
- Develop bookable appointment slots into AEC