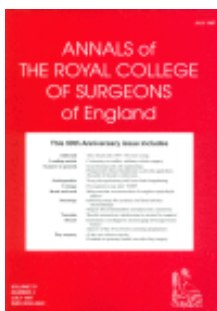


# Emergency Ambulatory Surgery: The Milton Keynes Experience

Doug McWhinnie  
Director of Clinical Education  
Milton Keynes University Hospital  
University of Buckingham



*Ann R Coll Surg Engl* 1997; 79: 289-290

## Provision of a day case abscess service

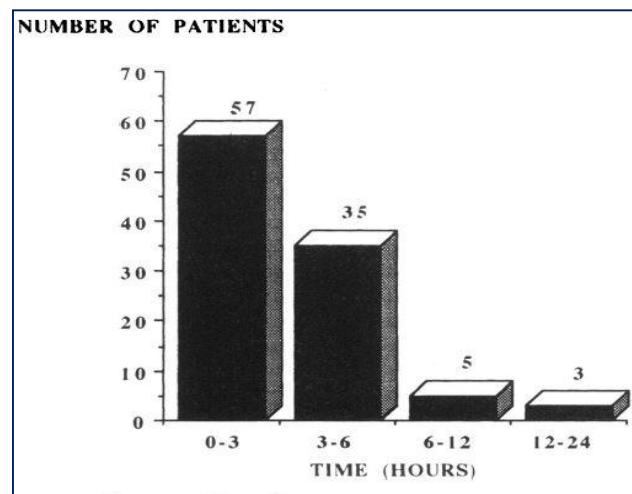
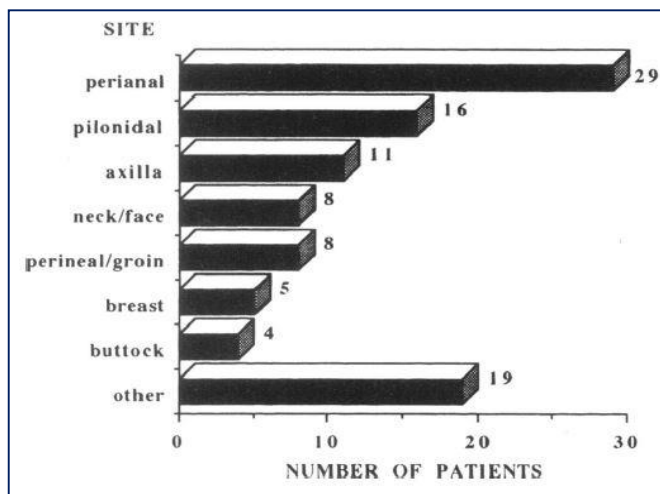
**I M Loftus BSc MB ChB FRCS**

*Clinical Research Fellow*

**D F L Watkin MChir FRCS**

*Consultant Surgeon*

Department of Surgery, Leicester Royal Infirmary, Leicester



100 consecutive patients referred with superficial abscesses

# Sustainability

- Many hospitals tried and failed after early success
  - Person or team-centric
  - Reduction in working hours
  - Destruction of the classical 'firm' structure
- Day case emergency surgery is not a stand-alone pathway, requires an integrated surgical service



# Milton Keynes University Hospital



- Emergency Catchment 300,000+
- 8 Surgeons On-Call
- 18 admissions per day
- 6 operations per day

## Traditional

- Surgeon of the Week Daytime
- On-Call Rota @ night
  - Adult Wards
  - Paediatric Wards
  - A & E
  - Acute Admissions Unit
  - Emergency Theatres

## Problems

- Multi-tasking
- Reliance on Junior Staff
- Delays
  - Initial consultation
  - Batching of Patients
  - Theatre
  - Diagnostics
  - Discharge

# Milton Keynes Emergency Surgery Pathway

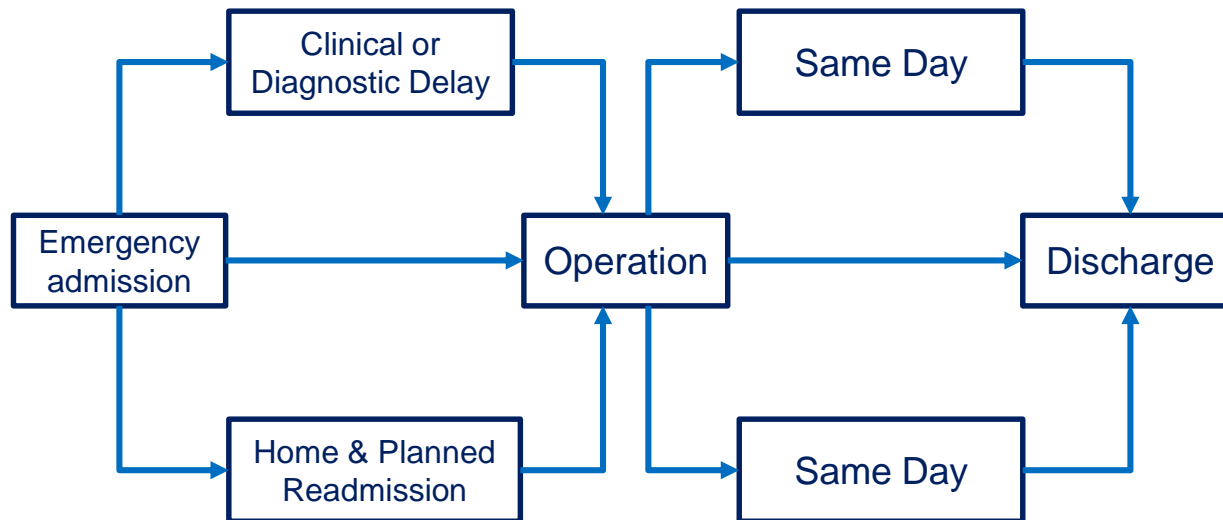
## • Re-Design

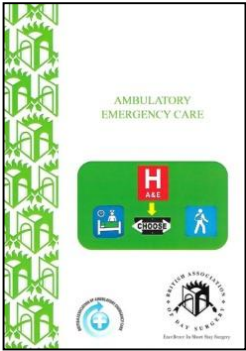
- Surgeon of the Week
- Emergency Surgeon
- ANP Triage
- Work load shared
  - Wards
  - A & E
  - Acute Admissions Unit
  - Emergency Theatres

## • Benefits

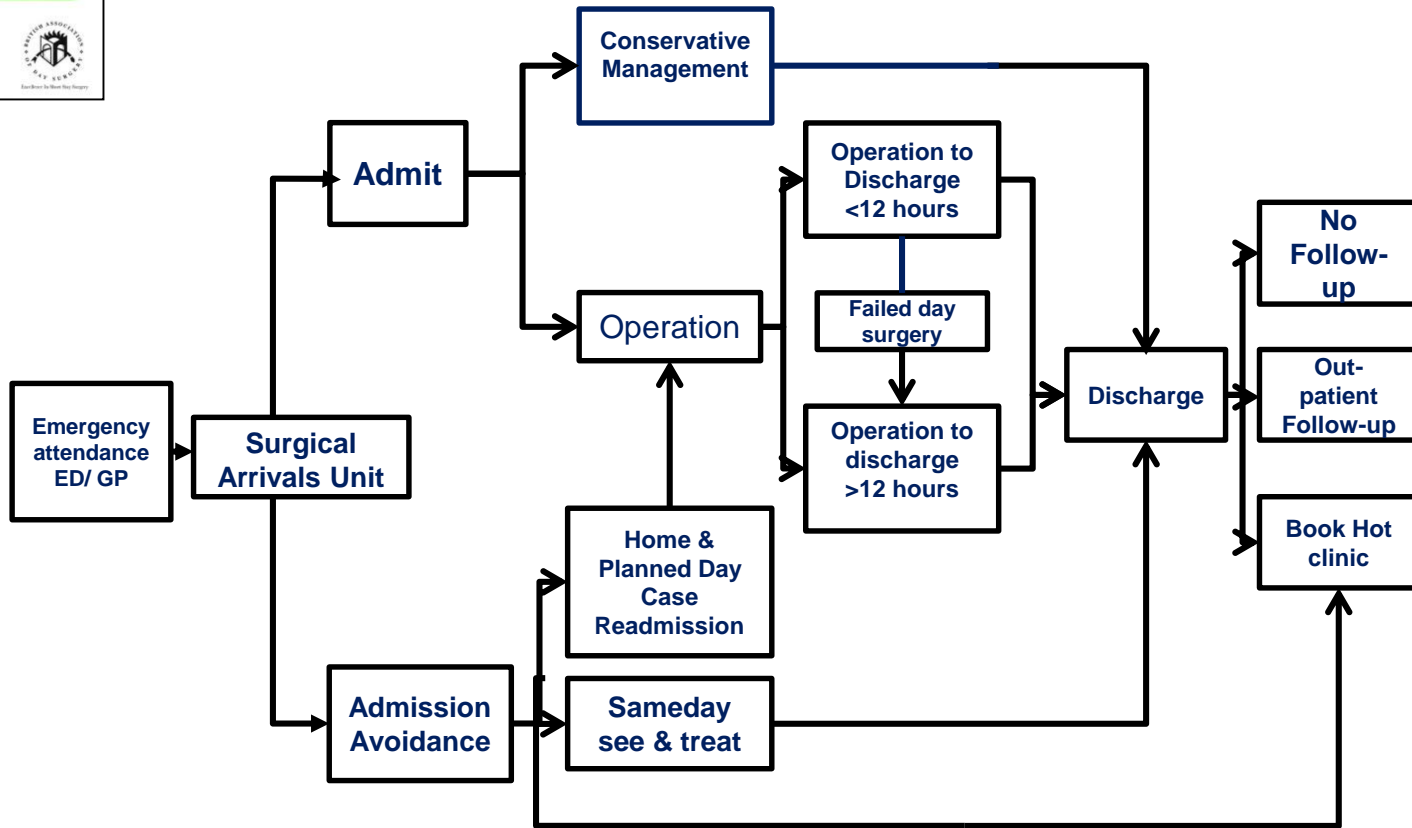
- Less reliance on Juniors
- Senior input at regular intervals
- Patients seen on arrival
- Early management plan
- Theatre delays minimised
- Theatre efficiency improved
- Decreased LoS

# Emergency Day Surgery Pathways





# Emergency Surgery Flow



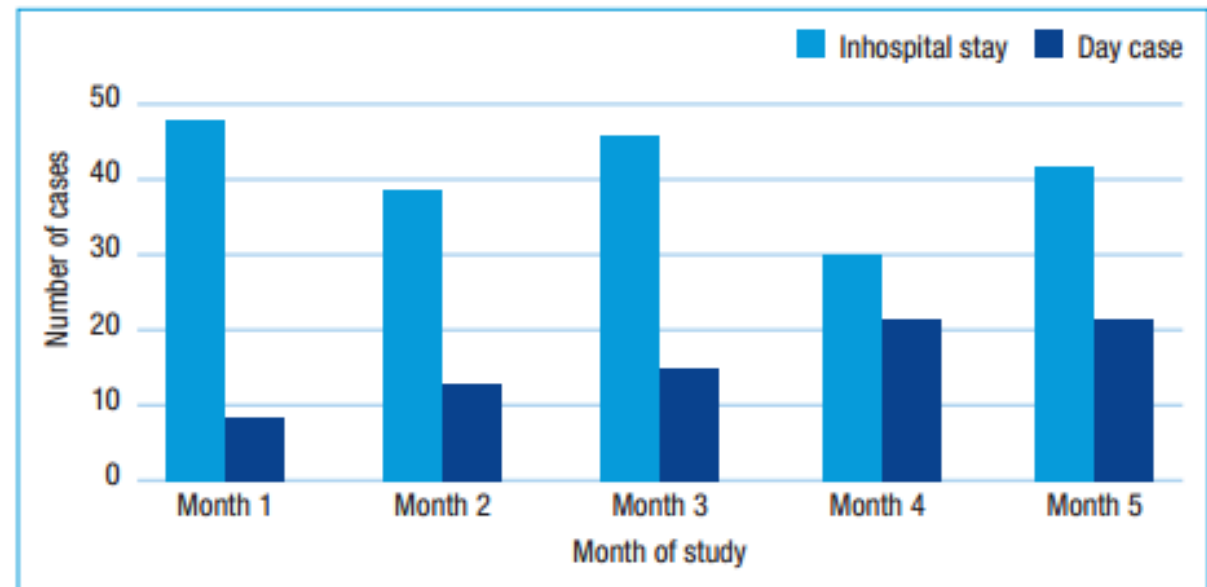


# Safe and sustainable increases in day case emergency surgery

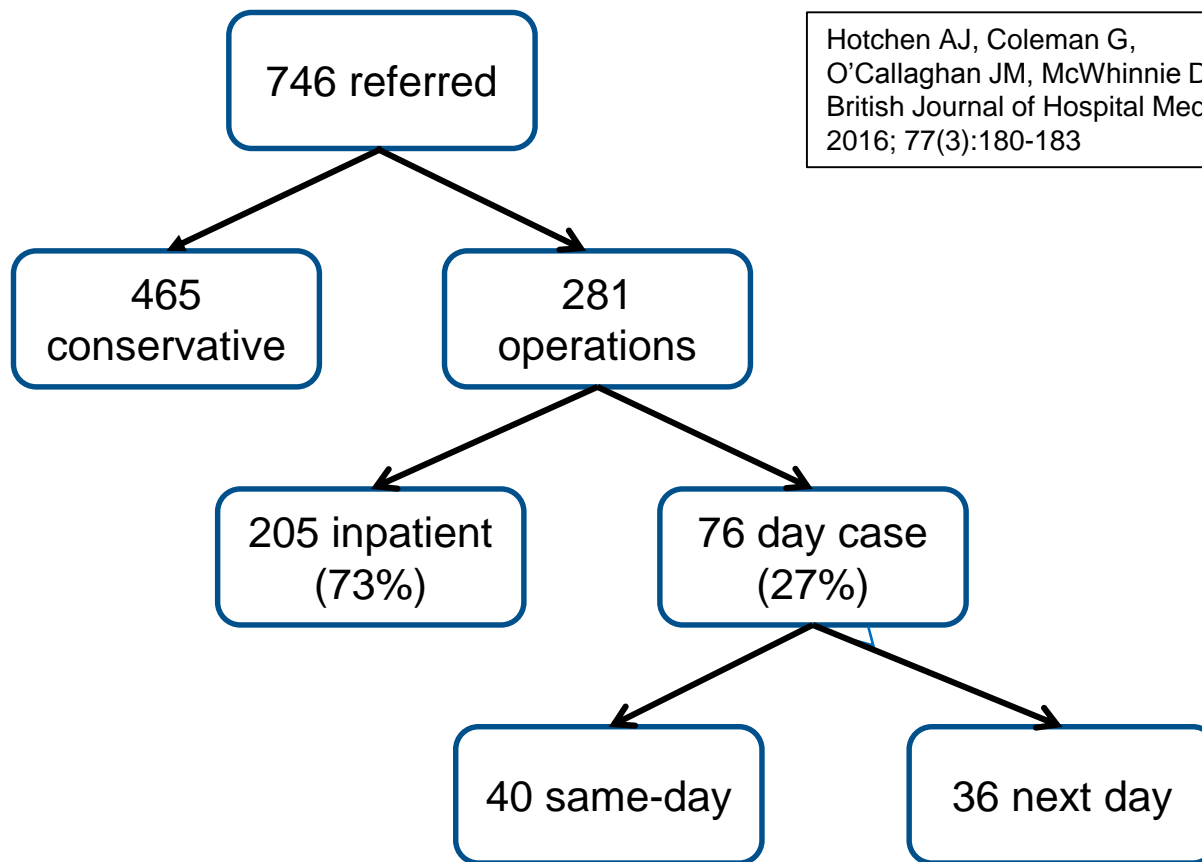
Hotchen AJ, Coleman G, O'Callaghan JM, McWhinnie D.  
British Journal of Hospital Medicine 2016; 77(3):180-183



Figure 2. The number of cases that were performed on the day case emergency surgery pathway compared to the cases that required direct admission to hospital over a consecutive 5-month period.



Hotchen AJ, Coleman G,  
O'Callaghan JM, McWhinnie D.  
British Journal of Hospital Medicine  
2016; 77(3):180-183



# Key Outcomes

	Before	After
• Initial review (Mins)	29	18
• Senior review (Mins)	85	55
• Length of stay (Days)	5.2	2.9

# Summary

## Cost savings

Resources rather than cash

- Reduction of in-patient bed days
- Utilisation of beds for other procedures
- Improved operating theatre efficiency

## Quality pathway for patients



# Conclusion

## Key Points

- Resource
- Embrace day surgery philosophy
- Executive buy in

# Why should Trusts take this seriously?

**Professor Joe Harrison, Chief Executive**  
**March 2017**



# Delivering change in an acute hospital

- Volumes of emergencies are only going to rise
- There are 2 key targets next year (in my opinion!)
  - Money
  - A&E
- The days of PbR are numbered.....
  - System control totals & accountable care systems
  - Local tariffs based upon population health
- There is no capital money for developments
  - The space is the space

**It's the right thing to do!**



## Delivering change in an acute hospital (2)

- **Who are the champions?**
  - Medics
  - Other professionals
- **Can they be trusted?**
  - Evidence of previous delivery
  - Other agendas in play?
- **Who is going to demonstrate the success?**
  - Process of audit/evidence of outcomes
  - Reversible nature of the pilot?

**It's the right thing to do!**