



**Patrizia Capozzi and Jonathan Mathews,
Manchester University NHS FT**

SACRU – The importance of ambulatory care



Manchester University
NHS Foundation Trust

SACRU – The importance of ambulatory care

Wythenshawe Hospital
Manchester University NHS Foundation Trust

Patrizia Capozzi
Consultant General Surgeon
Clinical Lead for Surgical Ambulatory Care MFT



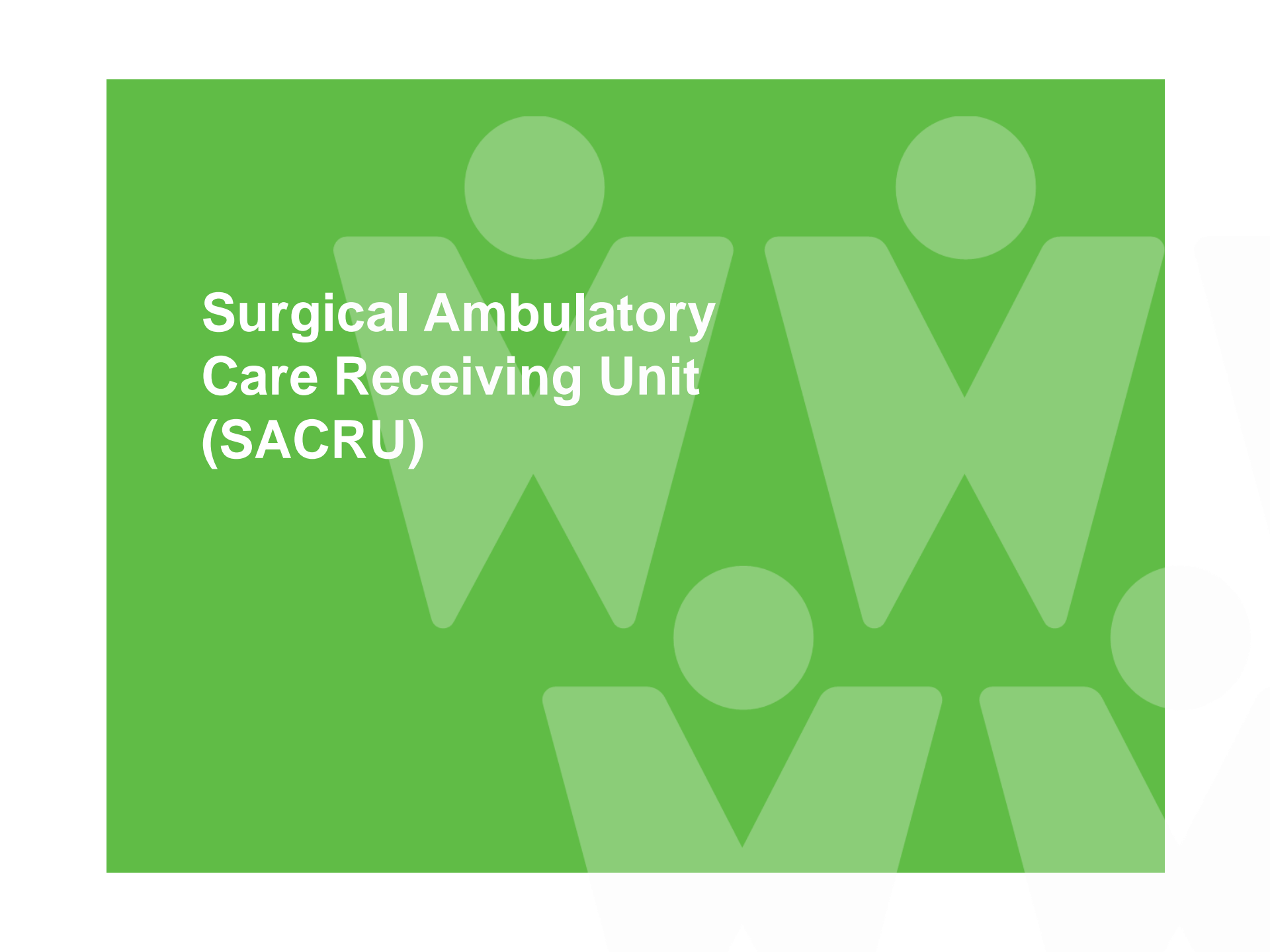


Surgical Ambulatory Care

Objectives

Our experience

Demonstrating its importance


The background of the slide features a repeating pattern of stylized human figures. Each figure is composed of a circular head and a chevron-shaped body. The figures are rendered in two colors: a vibrant green and a light, semi-transparent white. They are arranged in a staggered grid across the entire slide.

Surgical Ambulatory Care Receiving Unit (SACRU)

SACRU

- Ambulatory emergency care (AEC) is a service that provides same day emergency care to patients in hospital. Patients are assessed, diagnosed, treated and are able to go home the same day, without being admitted overnight

Introduction – May 2015

- Wythenshawe Hospital covers population approx. 570,000 (University Hospital South Manchester)
 -  Traditional General Surgery model
 - Inpatient Vs Outpatient
 - Emergency General Surgery = Inpatient event
-
- Everything is ok
 - IS everything ok?



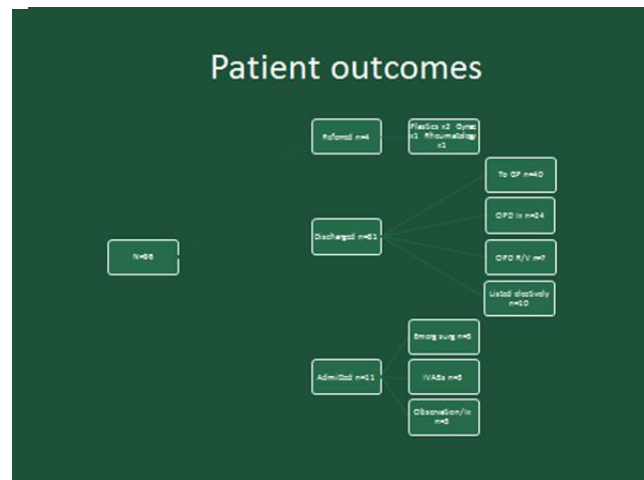
SACRU objectives

- **Reduced unnecessary emergency admissions**
 - Rapid diagnostics
 - Senior decision making
- **Reduce LOS (EL/NEL)**
 - Accelerated discharge from ward
 - Safety net (post-ops), point of contact
- **Reduce front line pressure**
 - Fast-tracking self-presenters
 - GP referrals away from ED
- **High quality patient service**



Introduction - January 2016

- Ambulatory care introduced as Pilot
- Monday to Friday 0830-1230
- Consultant General Surgeon
- Band 5 Staff Nurse



October 1st 2018

- Monday to Friday 08:00 – 20:00
- Clinical Team - Ward clerk, Band 3s, ACPs, PAs, Consultants, Senior nursing team
- Consultant General Surgeon AM delivered (ACP, PA, UG Med Students)
- ACP PM delivered with the support of the Emergency Team (Cons, ST (Registrar) & CT)
- Extended Team – Managers, Performance and Information, Radiology & ED representatives



SACRU suitable patients

Please consider all patient referrals to general surgery as suitable for SACRU

The following conditions may be suitable:

- Right iliac fossa pain ?appendicitis
- Right upper quadrant pain
- Biliary colic, known gallstones
- Acute cholecystitis
- Left iliac fossa pain
- Non-specific abdominal pain
- Perianal abscess
- Pilonidal abscess
- Skin abscess other
- PR bleeding
- Proctology – rectal prolapse, thrombosed haemorrhoids, anal pain
- Painful hernias



SACRU suitable patients

Could this in-patient be managed through ambulatory care?

The following patients may be suitable:

- Wound issues requiring review
- High output stoma review
- Repeat electrolytes
- Repeat LFTs
- Urgent MRCP
- Review / Removal of drains



SACRU patients General Surgery

General Surgery Patients NOT SUITABLE FOR SACRU

- Non-ambulant
 - Confused
 - EWS >3
 - Peritonitis
- Alternative pathway (HSC205)
 - Less than 16yrs old

Any patients who have known or suspected infective Diarrhoea/MRSA/ C-Diff/ CPE/VRE/ESBL will be suitable, however we will need to arrange a side room, so please let us know as soon as possible



SACRU – The importance of ambulatory care

The state or fact of being of great significance or value



SACRU – The importance of ambulatory care

Trust

Hospital

Directorate

Consultants

Trainees

Stoma Nurses

ED

Patients

Nurses

GPs

DNs



SACRU – The importance of ambulatory care

Listening
Observing
Analysing
Collaborative working
Open and honest

Understanding group & individuals values

Influencing



SACRU – The importance of ambulatory care

Steps of influencing;

- 1. Understand the decision cycle**
- 2. Establish Trust**
- 3. Create urgency**
- 4. Gain commitment**
- 5. Initiate change**
- 6. Overcome objections**



SACRU – The importance of ambulatory care

Collect evidence

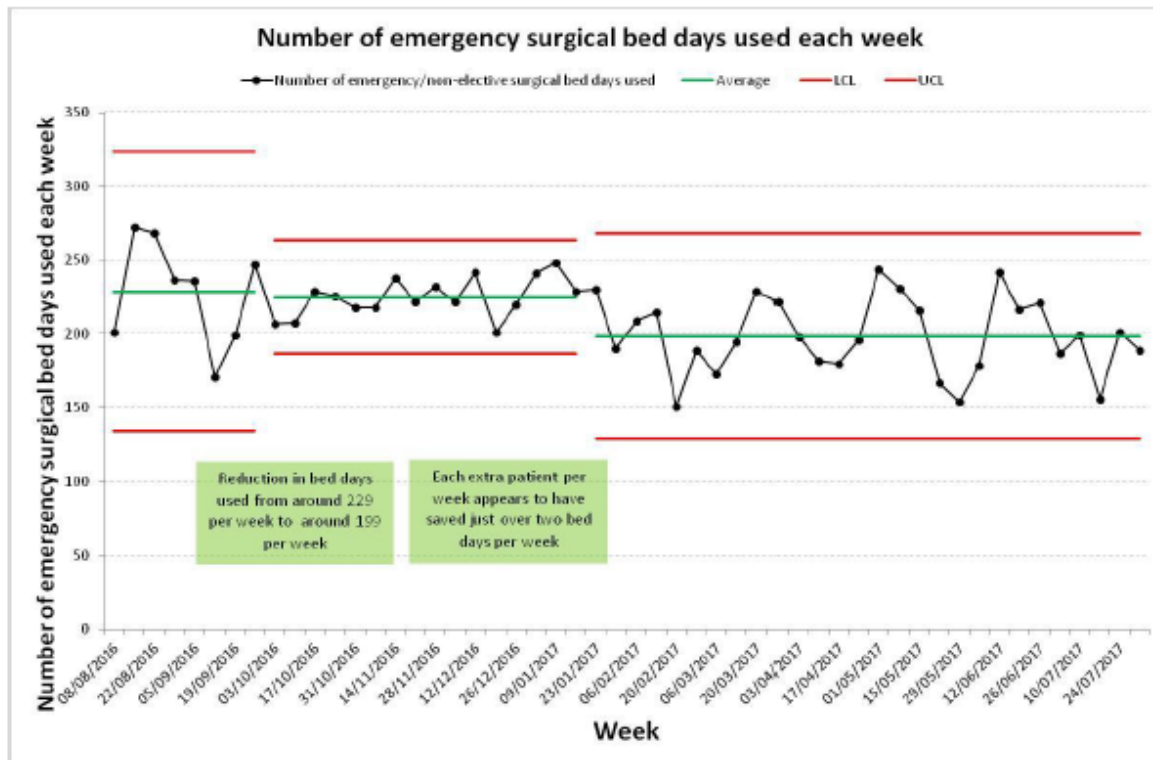
- **Collect data**
- **Patient feedback**
- **Employee feedback**
- **Stakeholder feedback**
- **Service development**
- **Complaints and complements**



Measurement in Practice

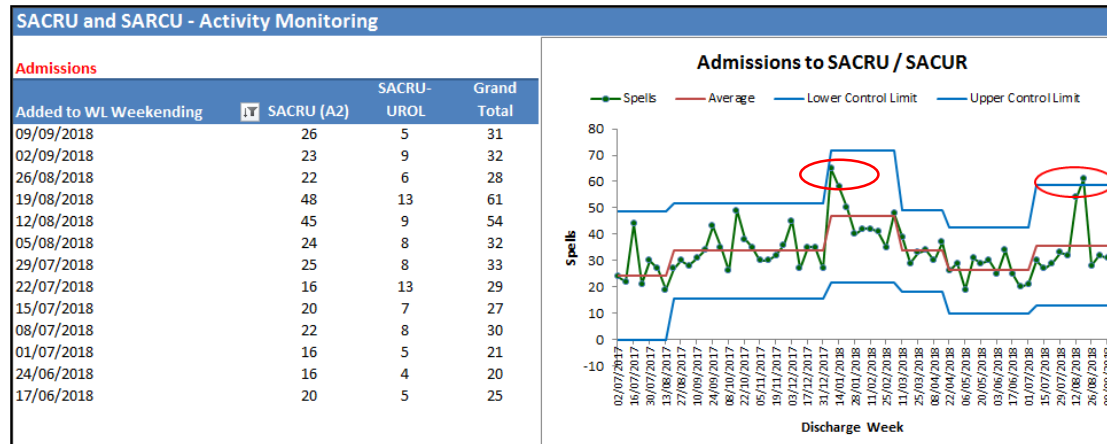


Manchester University
NHS Foundation Trust



Measurement in Practice

Weekly Activity Reporting



We monitor activity on a weekly basis so that we can observe any unusual flows of patient activity.



Measurement in Practice

Current Monthly SACRU Dashboard Page 1

Manchester University NHS Foundation Trust

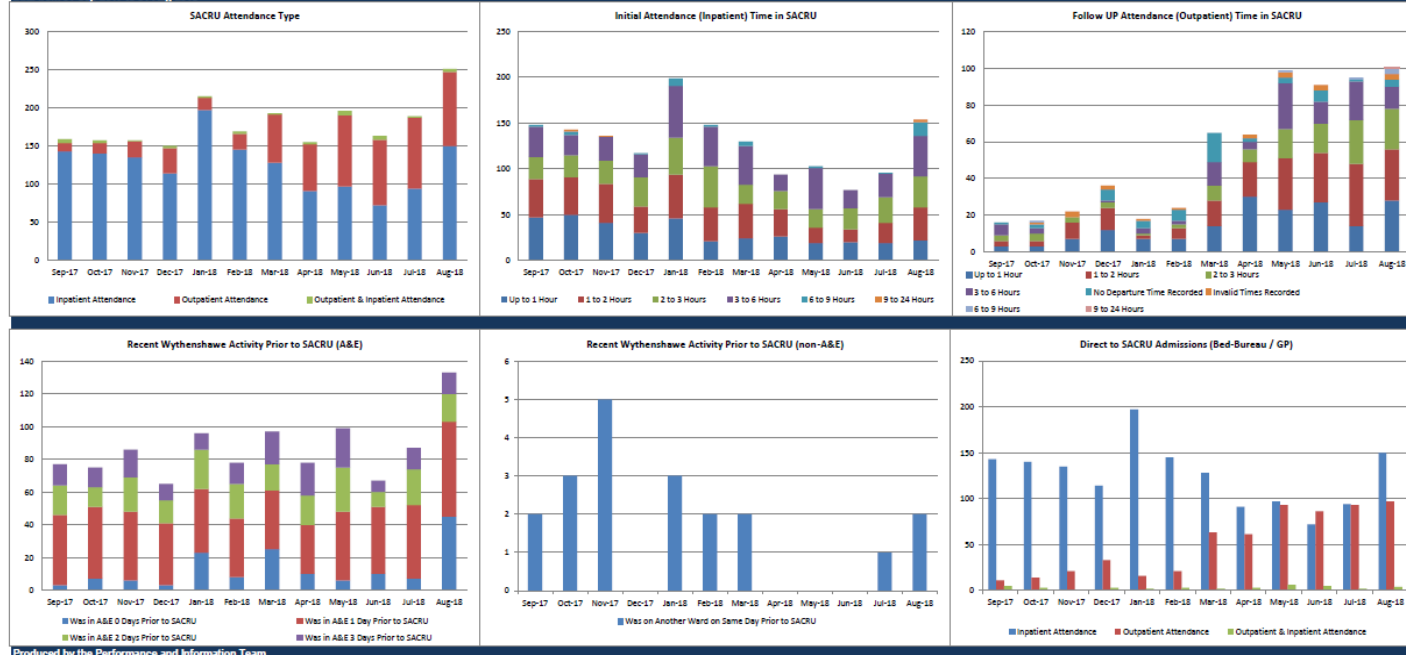
[SACRU Dashboard Page 1](#)



Manchester University
NHS Foundation Trust

Wythenshawe Hospital data

Data from 01-Sep-2017 to 31-Aug-2018



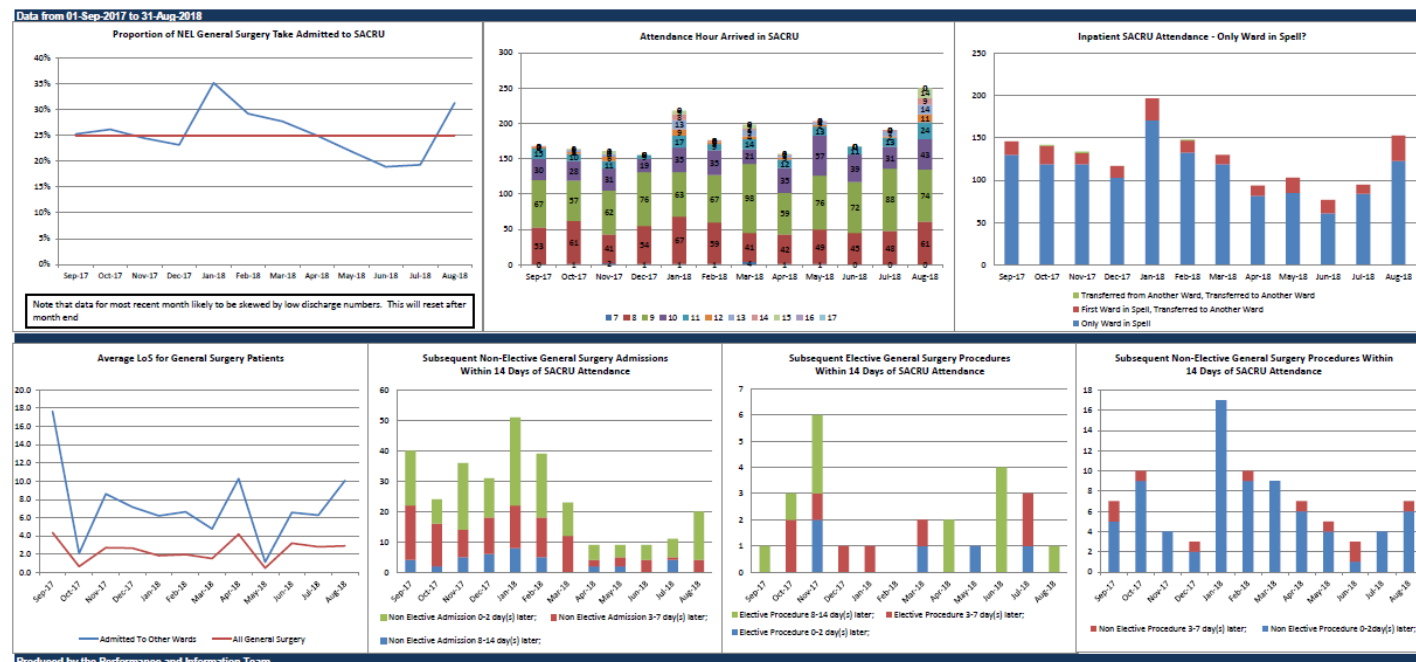
Produced by the Performance and Information Team

Measurement in Practice

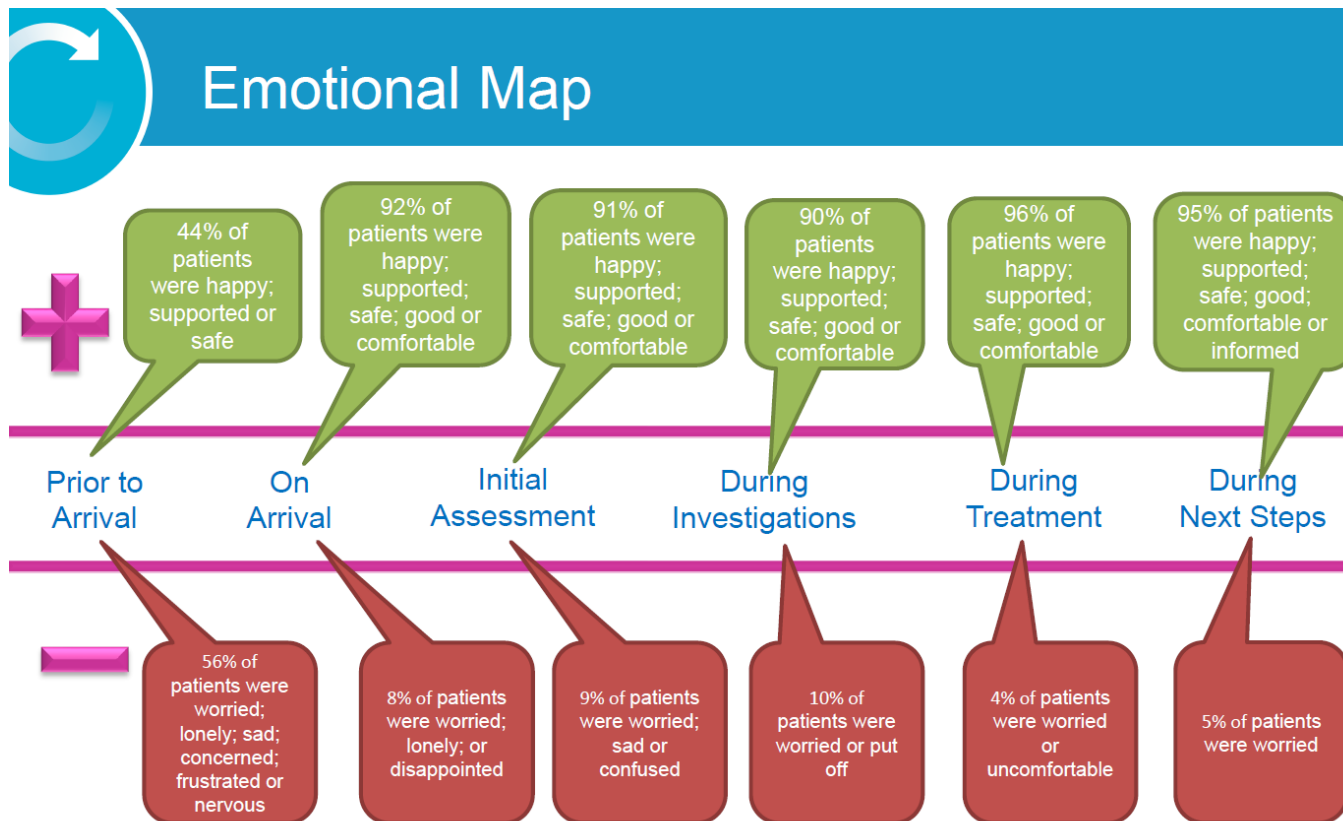
Current Monthly SACRU Dashboard page 2

Manchester University NHS Foundation Trust
SACRU Dashboard Page 2

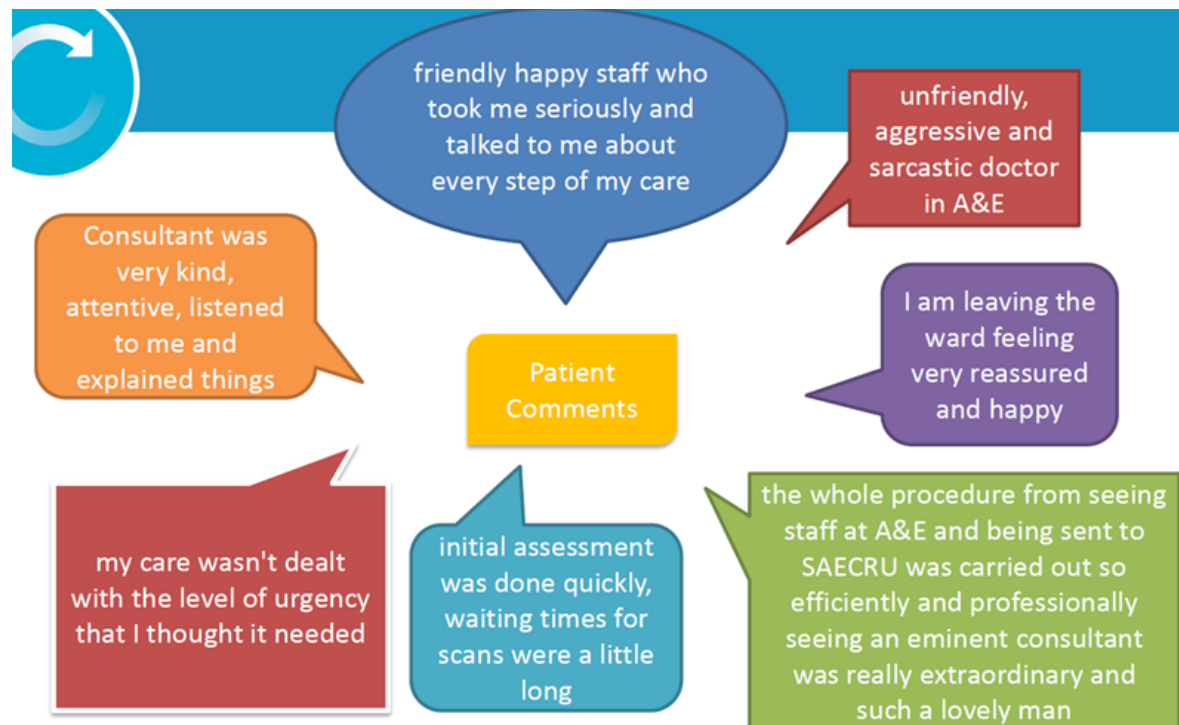
Wythenshawe Hospital data



SACRU EBD (Evidence Based Design)



SACRU EBD (Evidence Based Design)



SACRU development

- Extending to Urology
- Provision for 7 day service
- Replication at Manchester Royal Infirmary
- Expanding to use the space and facilities for other uses



Surgical Ambulatory Care

- One size does NOT fit all
- Listen
- Bespoke service
- Demonstrate importance in many different ways



Thank you

Any questions?



SACRU

- Service development since then
 - Footprint
 - Business Plan
 - Personnel
 - Pathways
 - Patient information leaflets
 - Safety netting
 - Improvement in in-patient emergency care
- Shortcomings
 - No weekend provision
 - Patients are self presenting/self referring



SACRU is based at Wythenshawe (established
Jan 2017)
Dedicated trolley area (4 male & 4 female) NOT at
risk of escalation & 1 Side-Room
Monday to Friday 0830-2000,
Consultant Delivered – AM (12 consultants)
ACP Delivered - PM
Full time clerical support
2x Band 3 Nurses
2x Trainee ACPs
2x ACPs
Radiology support (US/CT/MR)
Ring-fenced beds (2 male & 2 female)

