



Royal Free London NHS FT

Introduction of a
Surgical Emergency
Ambulatory Care
Pathway: Impact on
Surgical Admissions

Introduction of a Surgical Emergency Ambulatory Care Pathway: Impact on Surgical Admissions

Hadleigh Cuthbert, Karen Bosch, Monty Cuthbert, Tara Sood, Jonathan Knowles

Department of General Surgery, Royal Free Hospital

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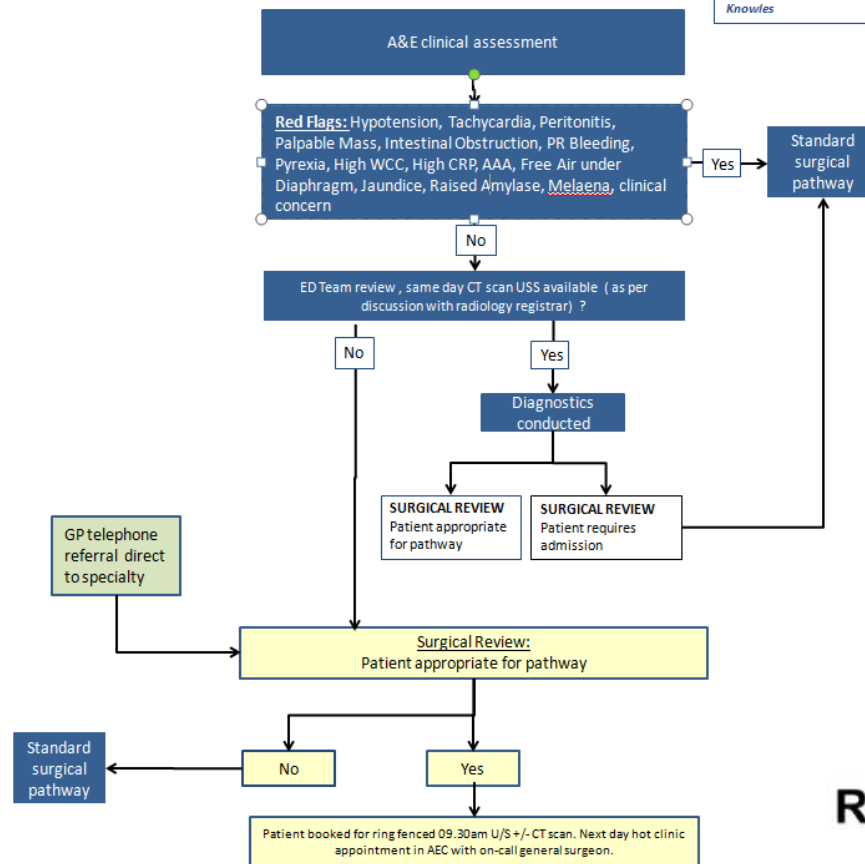
Background

- Annually in England there are around 600,000 emergency admissions under general surgery. ^[1]
- Typically, around 50% of adult emergency admissions to acute hospitals have lengths of stay of two days or less. ^[2]
- Ambulatory care is an underdeveloped concept in the setting of emergency surgery.
- The RCS predicts that up to 30% of patients on an acute surgical take could be managed using an ESAC pathway ^[3].

AEC Abdominal Pain Pathway

AEC - abdo pain

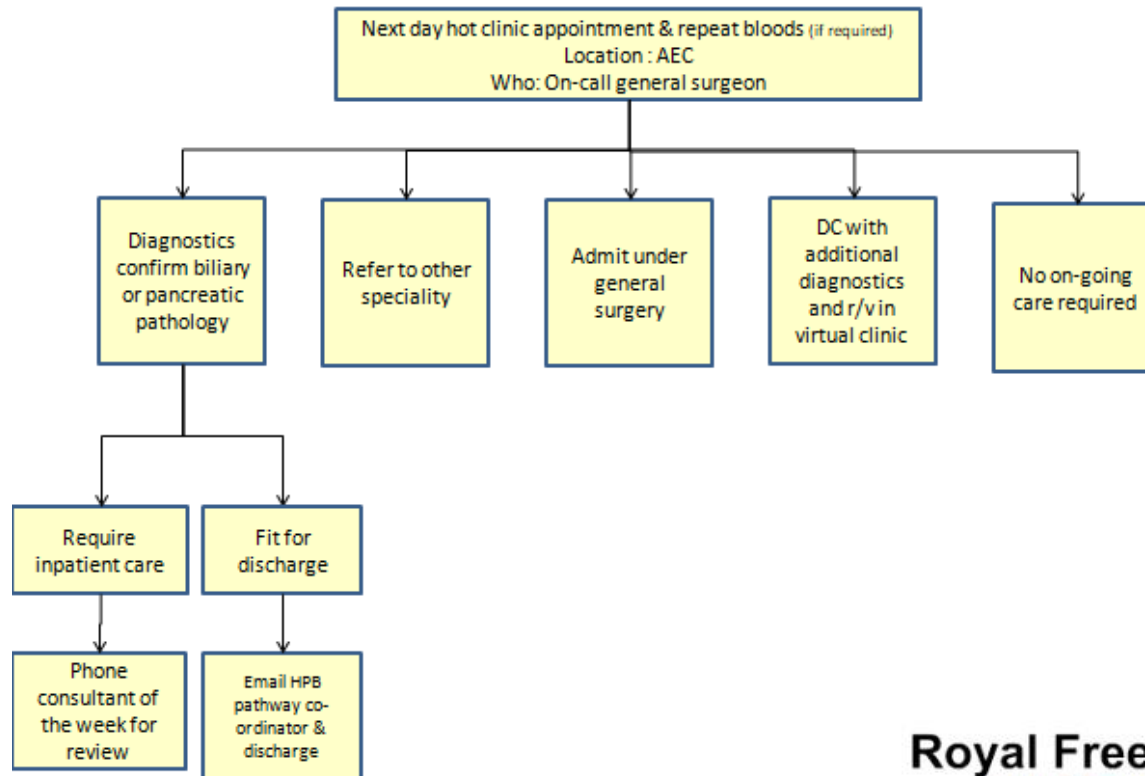
Lead authors: Tara Sood & Jonathan Knowles



AEC Abdominal Pain Pathway

AEC - abdo pain

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Aims

- Which patients is the pathway being used for?
- For what reasons are patients being brought back to hot clinic?
- How many admissions were saved by seeing patients on the pathway?
- Is the pathway safe and reliable?
- What was the follow-up for patients seen in AEC?

Method

- Retrospective analysis of all patients seen in AEC from 01/02/18 to 14/05/18 (c. 1300 patients).
- Inclusion criteria:
 - Referred to AEC on the “abdominal pain” pathway.
 - Seen by the general surgery team during their visit to AEC.
- Exclusion criteria:
 - Incomplete documentation (n = 1).
 - Surgical review after being admitted on a different pathway (n = 1; planned dressing changes).

Results

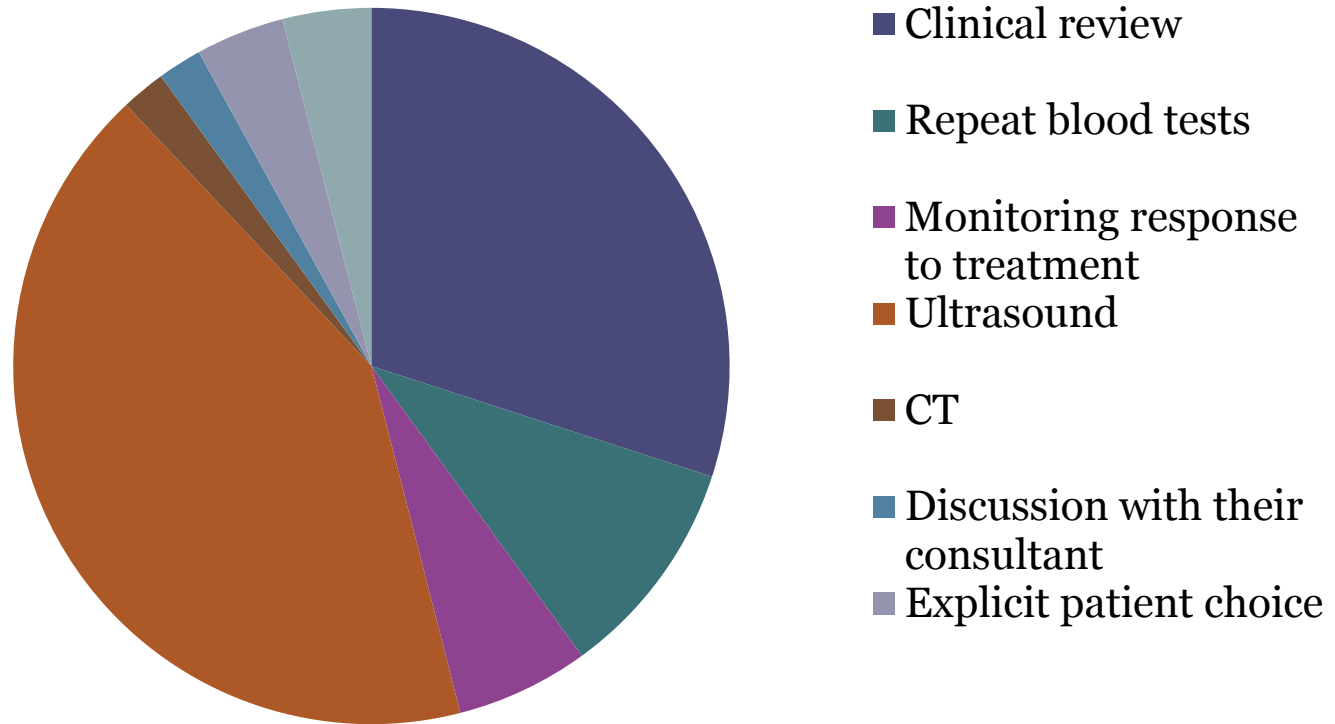
- A total of 28 AEC encounters were assessed:
 - Discharged from AEC (n=19).
 - Admitted via AEC (n=6).
 - DNA (n=3) .
- Therefore **76%** of patients referred via AEC were subsequently discharged without a need for admission.
- All six patients who were admitted came under the General Surgery team.
- 3 patients did not attend their AEC appointment – **10.7% DNA rate.**

Results

- Between period of 01/02/18 to 14/05/18, 28 patients were referred to the abdominal pain AEC pathway.
 - 1 patient every 3.51 days.
 - 2 patients per week.
- Extrapolating over year = 104 patients per year = 79 patients avoiding admission.
- DOH estimates a hospital stay to cost £400/day.
- **Over a year the AEC pathway would therefore generate a saving of £31,600.**

Results

Reasons documented for referral to AEC clinic



Results

What tests did they undergo in AEC?		
Imaging	US abdomen	14
	US abdomen and pelvis	7
	US groin	2
	CT abdomen and pelvis	2
	CT KUB	1
	Abdominal xray	1
	Blood tests	Full blood count
	U&Es	7
	Liver function tests	4
	CRP	7
	Amylase	3
	Venous blood gas	2
	Group and Save	2
	Urine MC&S	



Results

- Discharged with clinic follow-up = 37% (n=7).
- Discharge letter sent to GP = 53% (n=10).
- Discharge with date for surgery = 16% (n=3).

* Not including patients who DNA or were subsequently admitted, total N therefore =19.

Intervention

- 1) Initial audit findings presented at quarterly M+M General Surgery meeting.
- 2) Teaching provided to registrars on the use of the abdominal pain ambulatory pathway.
- 3) Re-audit use of the pathway from 01/06/18 – 31/08/18 to assess whether intervention increased usage of the pathway.

Results

- 37 patients were referred to the abdominal pain AEC pathway.

Pre-intervention:



79 patients per year

£31,600/pa

Post-intervention:

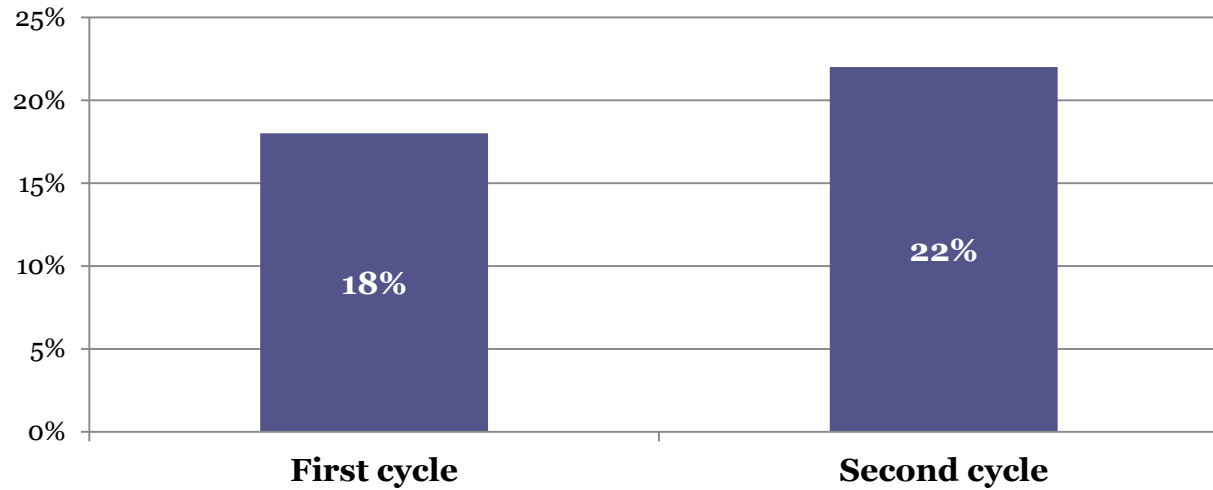


130 patients per year

£52,000/pa

Results

Proportion of patients re-attending A&E within 30 days



Results

- Which teams were patients admitted under?
 - General Surgery = 9/11.
 - Hepatology = 1/11.
 - HPB Surgery = 1/11.
- What did patients who re-attended A&E present with?
 - Related to initial presenting complaint = 30% (n=3).
 - Not related to initial presenting complaint = 70% (n=7).
- Overall DNAR rate = 12.3%

Conclusions

- Introduction of an ESAC pathway at the Royal Free can reduce bed pressure and generate **significant aggregate savings**.
- The pathway is safe and reliable with a low re-admission rate.
- The AEC pathway was most commonly used to provide imaging, especially ultrasound.
- **Delivering targeted teaching increased use of the surgical ambulatory pathway, and there remains significant scope to increase use further.**



References

1. Royal College of Surgeons and Association of Surgeons of Great Britain and Ireland, Commissioning guide: Emergency general surgery (acute abdominal pain). *RCS* 2014.
2. NHS England, Transforming urgent and emergency care services in England. *NHS*, 2013.
3. C Rance, et al. (2016). Front door surgeons: the rise of consultant-delivered acute surgical care. *The British Journal of General Practice*, 66(646), 234–235.