

Ioannis Gerogiannis, Kingston Hospital

Kingston hospital SAEC's first six Months



Surgical Ambulatory Emergency Care

How can we maintain momentum?

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Kingston Hospital's Journey

This time last year, there was no SAEC at Kingston. We've come a long way!

Patients used to be admitted overnight for urgent investigations (+)



A steering group was established to create a more streamlined approach

Who was involved

Managers



IT Department



Doctors (Surgical, ED, Radiology)





Nurses



Admin team



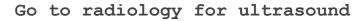
What does the patient journey look like

Discharge from ED with patient information leaflet





Arrive at 8am the following day - Bloods taken







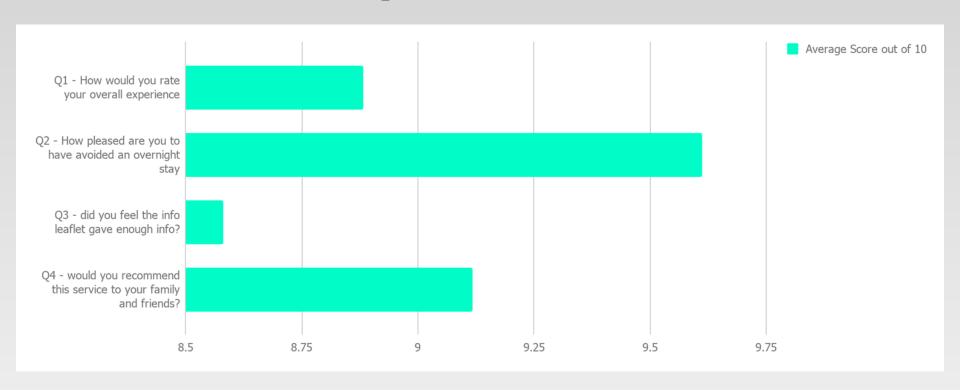
Wait for surgical SpR for results and plan - approx 11.30am



How have we done?

- In 6 months we've seen 181 patients
- 181 bed days saved
- 14 patients were admitted the following day
- 10 went on to have operations

What do the patients think?



What do the patients think?

"Staff very polite and friendly and clear in their communication.

There was a **long Wait** day before (2.5hrs) to see the Consultant, but the nurse was apologetic and kept me informed. Thank you.

"The service has improved a lot! I am **Very happy** with the way they have looked after me so far. **Well done**!"

"Everybody very **friendly**. I was kept informed all the time."

"Waiting time is nearly **3 hours** with no indication as to when I will be seen"

55% Pts didn't receive an info leaflet about what to expect the following day.





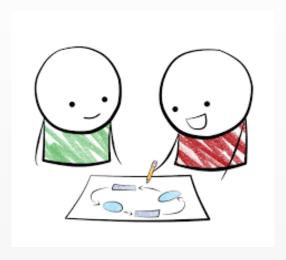
What have been the bumps the road

- A changing workforce we lose momentum!
- Nursing staff don't know who to go to when there are problems.
- Doctors may not know what's required of them (eg information leaflets not given out, inappropriate patients sent to SAEC).
- Difficulties in 'coding' the SAEC
- No easy way to admit patients direct from SAEC

How can we maintain momentum?

Can you Help us?

We'd like you to take 3 minutes in pairs coming up with ways to maintain levels of enthusiasm in a changing workforce...



Some ideas we came up with

- Improve communication with doctors changing over
- Introduce SAEC project to surgical doctors at induction
- Printed copies of SAEC information leaflet to leave in ED rather than on shared drive

Any comments or questions?

Thank you