



# Case Study Barts Health



# Our Surgical AEC Journey – Process mapping

Royal London Hospital

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## Background – SAEC

- 3 Sites – Royal London Hospital, Newham University Hospital, Whipps Cross Hospital
- RLH, SAU – had an designated area.
  - Not fully utilised
  - Not well known
  - No permanent staff
  - No Data
- Through the SAEC programme, a number of changes were made.
- During the process mapping (third national workshop) – focused abscess pathway


## Background – Abscess Pathway

Pt was seen in ESAC or ED

- Instructed to return directly to DSU – different location
- ESAC worked well with DSU so a simple ‘Abscess pathway tray’ was used for information to flow between departments
- A patient from ED - they would arrive with no details the consent rarely followed the patient
- Patient would then slot into a early morning slot in emergency theatre once everything was sorted
- High number of cancellations – Who would cancel the patient?
- No Data as to if pathway through DSU worked or not

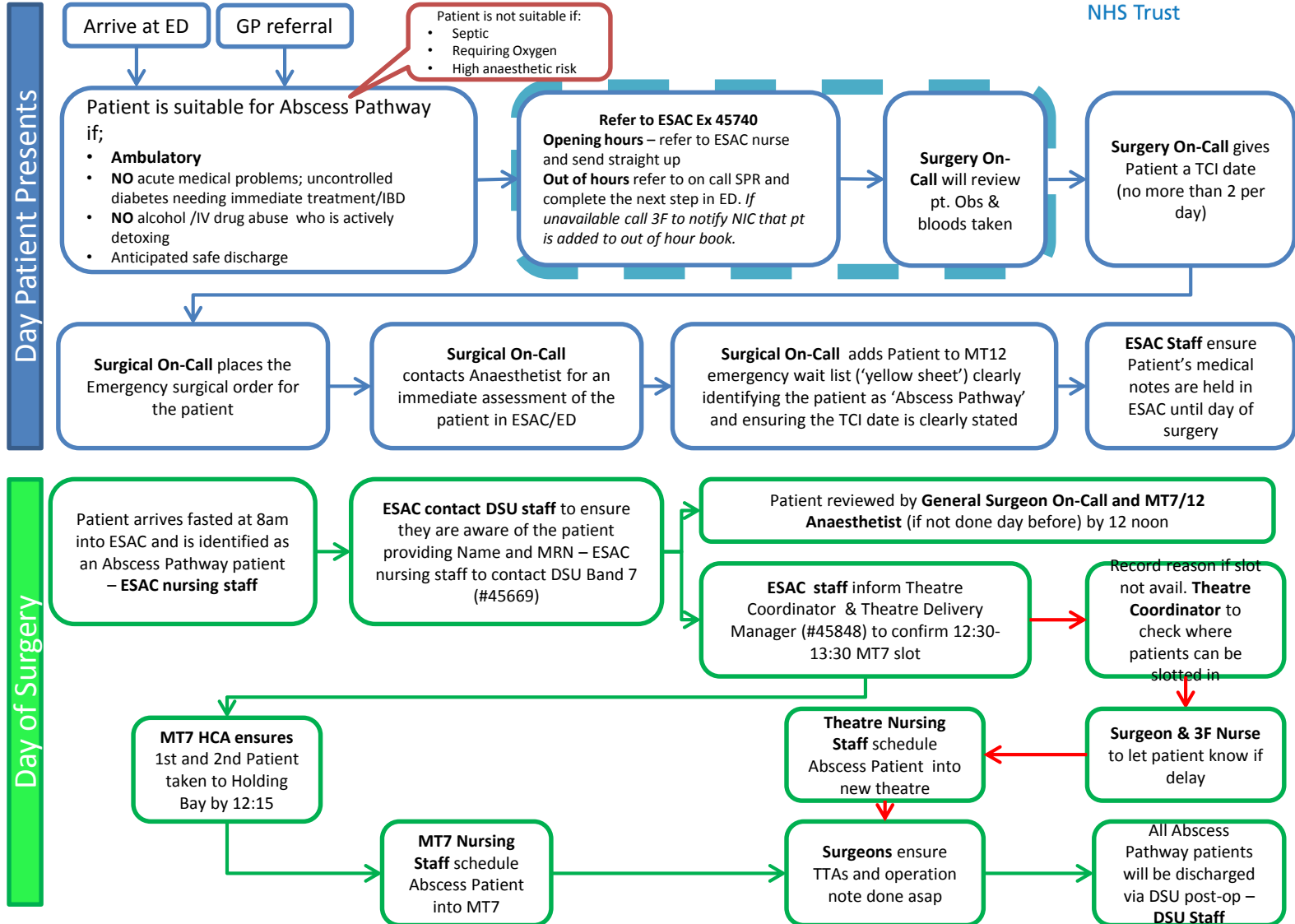
## Changes/Improvements

- Created a new pathway
- ESAC would be the main department where patients would start their journey
  - Assessment and Decision
  - Preparation for theatre
  - Anaesthetic review, consent , booked on the theatre list, pre and post op information provided etc
- The patient would recover in DSU
- We informed everyone, ED, Theatre, Consultants but was led by our ESAC Nurses
- Started a steering group to review the pathway
- Launched an audit to follow the patient



**Chance for  
Same Day  
surgery**

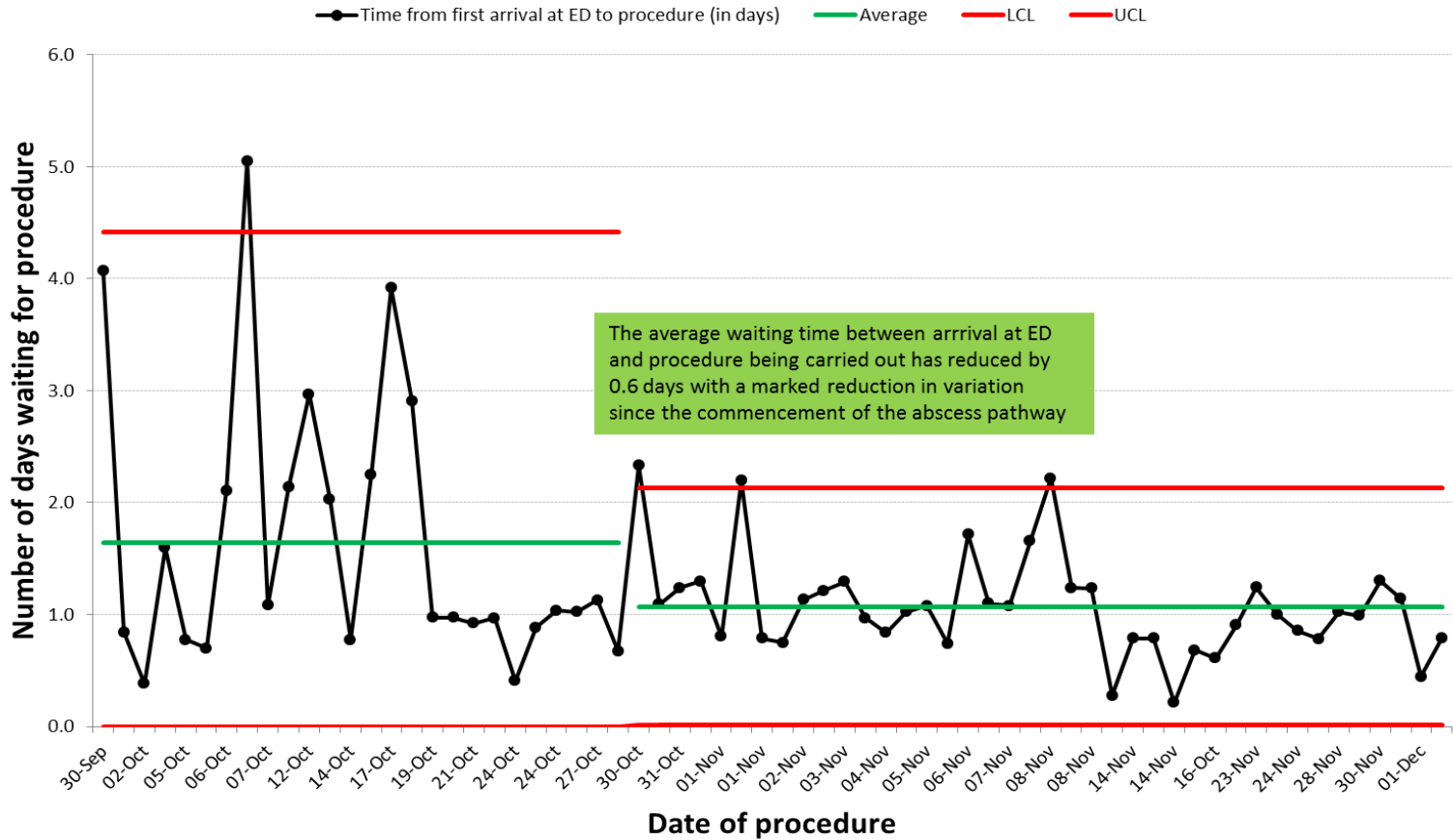
# Superficial Abscess Pathway



## Measurement/Impact of Changes

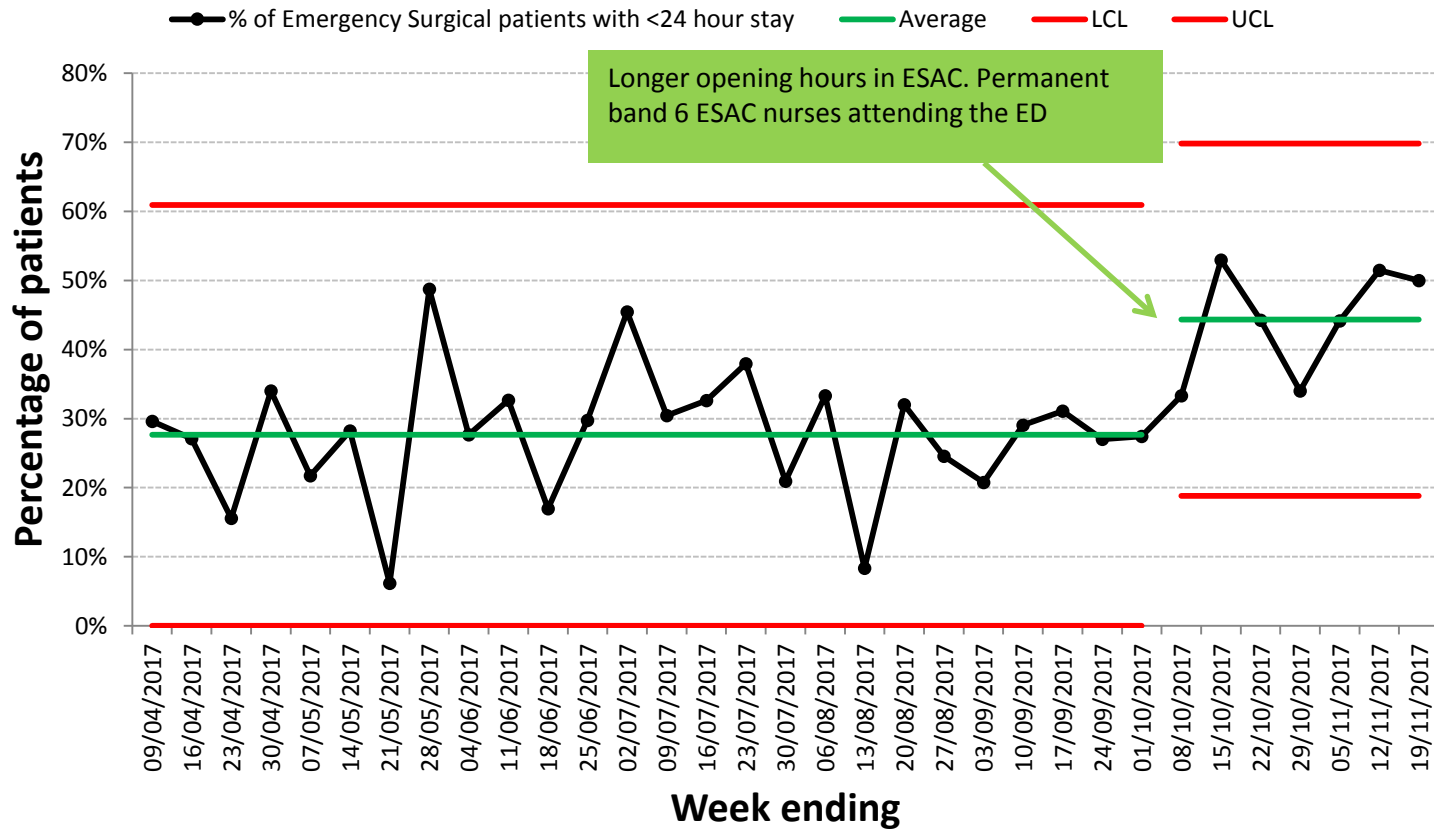
- Manual diaries to collect data into a spreadsheet
- One month of DSU data
- One month of ESAC pathway
- Sent all the data to the fabulous Mike Holmes
- We held a weekly review meeting initially
- At a similar time we started to see an increase in ESAC numbers of admissions

### Time from ED presentation to procedure (Abscess patients)





## Percentage of emergency surgical patients with 0 LOS



## Challenges

- The vast number of people who needed to know about the change.
- Everyone wanted the information presented in a different way.
- Managing anxiety, as the first two weeks were difficult!!
- Data collection and focus from our business intelligent units was limited as workload and demand across the trust is high.
- Perseverance is essential.



## Next Steps

- More Data collection – formulating a monitoring dashboard
- Carry out an audit across all three Sites, Royal London Hospital, Whipps Cross Hospital and Newham University Hospital
  - Abscess pathway
  - Biliary pathway
  - Wound Infection
  - Appendicitis

**Any Questions...**  
**Just Ask!**

