

Showcase Sites: North Bristol NHS Trust

SURGICAL EMERGENCY CARE

North Bristol NHS Trust

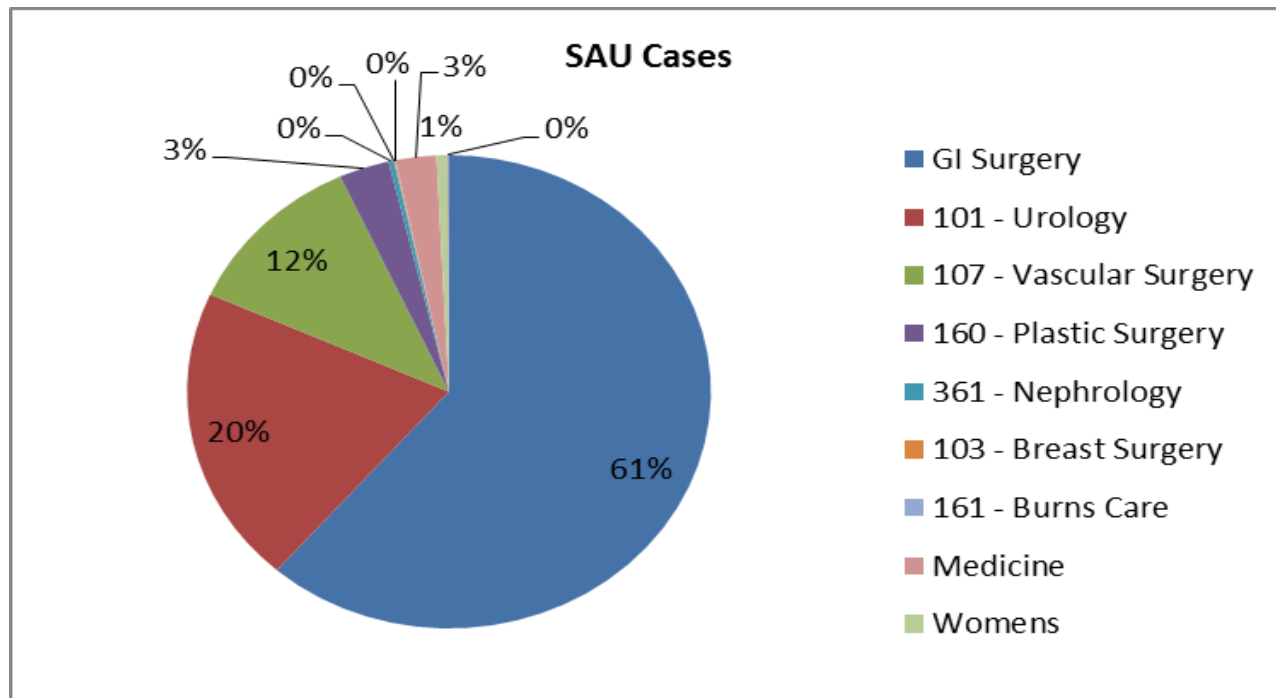


Surgical Assessment Unit


32 bedded unit, 1 'procedure' room

Nurse led, Multiple Consultant led WR

Input from: Hospital@Home, React, Geriatrician Registrar

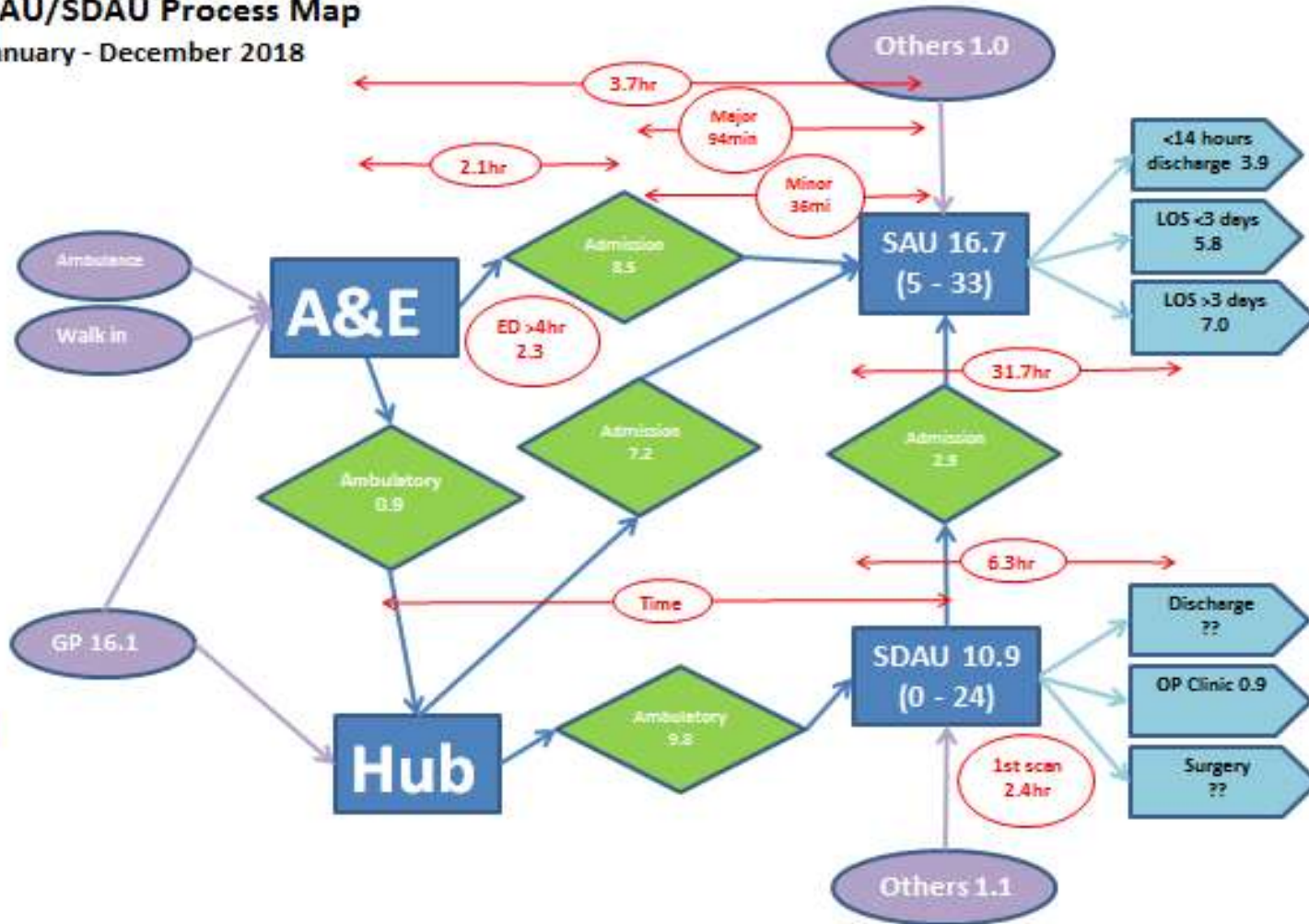


SURGICAL DAY ASSESSMENT UNIT

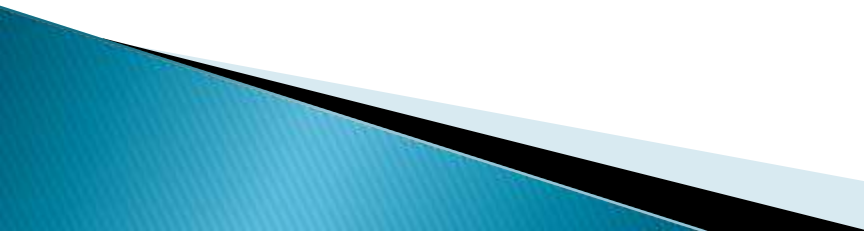
- ▶ Located in outpatient area using 4 clinic rooms
 - ▶ Close proximity to ED and Diagnostics (MRI, CT)
 - ▶ Staffed by 1 RN and 1 HCA from SAU workforce
 - ▶ Urology registrar (support by consultant)
 - ▶ GI Consultant, F2 and F1 (registrar on SAU)
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SAU/SDAU Process Map

January - December 2018



18/19 Service Re-design and Improvements

- Re-located SDAU to outpatient setting
 - Additional 400k worth of additional investment into kit, capital and workforce
 - Change in IT systems to introduce electronic FLOW system covering SDAU and SAU as separate entities
 - Improved data analysis and management to identify further opportunity
 - NO MORE AMBULATORY > fit to sit versus bed required
 - Increase in ring fenced 'hot' theatre capacity for urology and GI to allow for quicker access for emergency patients such as hot stones or laparoscopic cholecystectomy
 - Increased ring fenced ultra sound capacity for surgical emergency admissions.
 - Protocolised Pathways; Abscess/Biliary/UGI/LGI Pain/LGI bleed based on NEWS/Stability
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KEY OUTCOMES

		SAU Measures				SDAU Measures				
Year	Month	SAU Cases	SAU AvLoS	SAU <14hr Discharge	% SAU 14hr Dis	SDAU Cases	SDAU Avg Dept hrs	SDAU Conversions	% SDAU Conversions	SDAU Avg time 1st Scan
2017 Total		4900	39.7	814	16.6%	3777	6.1	1223	32.4%	3.1
2018 Total		6106	31.7	1430	23.4%	3983	6.3	1064	26.7%	2.4

- Reduction in transfer time from DTA within ED to SAU/SDAU: for Minors patients 21 minutes (avg. 54 minutes reduced to 33 minutes); and 10 minutes for majors patient
- Reduction in LoS on SAU ward from 38.5 hours to 32.1 hours.
- Increase of 6.8% admission avoidance with 76.09% of patients assessed via SDAU and discharged same day in winter 2018/19

		SAU/SDAU Combined Measures				
Year	Month	GP Adm Saved	% GP Adm Saved	Avg ED Wait hrs	Majors Avg DTA Wait mins	Minors Avg DTA Wait mins
2017 Total		2005	44.1%	3.8	111.2	51.7
2018 Total		2360	40.2%	3.7	94.5	36.0

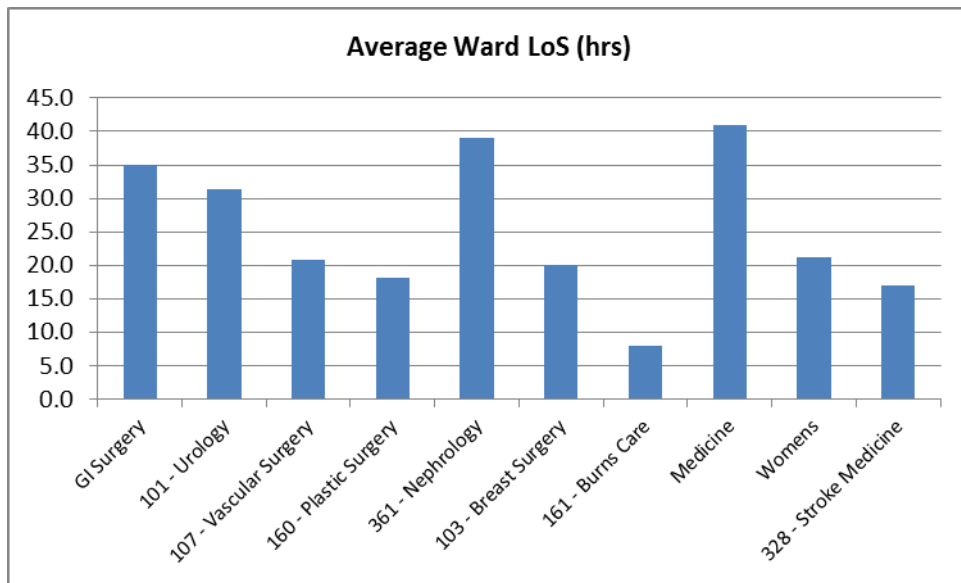
WINTER 17/18 VS 18/19

Week_Start	SAU Measures				SDAU Measures				SAU/SDAU Combined Measures				
	SAU Cases	SAU AvLoS	SAU <14hr Discharge	% SAU 14hr Dis	SDAU Cases	SDAU Conversions	% SDAU Conversions	SDAU Avg time 1st Scan	GP Adm Saved	% GP Adm Saved	Avg ED Wait hrs	Majors Avg DTA Wait mins	Minors Avg DTA Wait mins
Total	1731	32.1	354	20.5%	1343	321	23.9%	2.0	603	42.1%	4.1	102.2	32.6
Change	12.0%				21.1%	-5.6%		-20.3%	-1.3%		3.0%	-8.9%	-39.4%

0 complaints for March 2019

Average of 3-5 empty beds to start day each day on SAU

Improvement in LOS on SAU supporting better FLOW through ED



Emergency Theatre Provision

We monitor our emergency theatre based on the above KPIs. For GI surgery we perform as follows; (aiming for 85% as per NELA recommendations)

Immediate

% In Target	
FirstD	Total
Nov-17	79.4%
Dec-17	77.6%
Jan-18	76.9%
Feb-18	77.6%
Mar-18	70.6%
Apr-18	68.6%
May-18	78.4%
Jun-18	80.0%
Jul-18	78.8%
Aug-18	80.4%
Sep-18	76.0%
Oct-18	67.4%
Total	75.9%

Emergency

% In Target	
FirstD	Total
Nov-17	65.9%
Dec-17	68.0%
Jan-18	76.7%
Feb-18	75.0%
Mar-18	71.4%
Apr-18	76.3%
May-18	75.2%
Jun-18	81.5%
Jul-18	71.3%
Aug-18	73.7%
Sep-18	71.6%
Oct-18	67.9%
Total	72.8%

Urgent

% In Target	
FirstD	Total
Nov-17	78.7%
Dec-17	81.0%
Jan-18	88.5%
Feb-18	83.6%
Mar-18	85.9%
Apr-18	86.7%
May-18	87.4%
Jun-18	89.6%
Jul-18	84.7%
Aug-18	84.4%
Sep-18	80.2%
Oct-18	83.5%
Total	84.6%

Scheduled

% In Target	
FirstD	Total
Nov-17	79.6%
Dec-17	81.3%
Jan-18	87.1%
Feb-18	87.3%
Mar-18	87.0%
Apr-18	87.9%
May-18	87.9%
Jun-18	91.5%
Jul-18	94.0%
Aug-18	91.9%
Sep-18	91.6%
Oct-18	91.7%
Total	89.2%

Chole-Quic

Wait for Surgery 8 days < 30% to 100%

Waiting List 120 reduction to 20

NEXT STEPS

Expansion of nurse practitioner role

Triage: phone calls via ward nursing team to increase accuracy?

Safari Ward Rounds; delays to TTAs/pharmacy

Embedding nurse led discharge/enhanced recovery pathways
(emergency laparotomy etc)

Key focus on frailty patients

Further review of flow into emergency theatres/identification of
quick access