

RUH | Emergency Surgical Ambulatory Care



Miss Sarah Richards
Consultant General Emergency Surgeon
ECIST June 12th, 2014



RUH | Our story and evolution



“Staff were exhausted with the overcrowding and I did not want to be seen as an alarmist but it just felt very unsafe. It may sound strange but when I invited ECIST in and they did their diagnostic visit, they confirmed to me that the hospital was unsafe and to be honest this was a relief.

My first instinct was to listen to the staff, doctors and nurses in the main to hear what needed to happen. Clinicians will respond in my experience if the changes make sense to them and benefit the patients”.

Chief Operating Officer, RUH



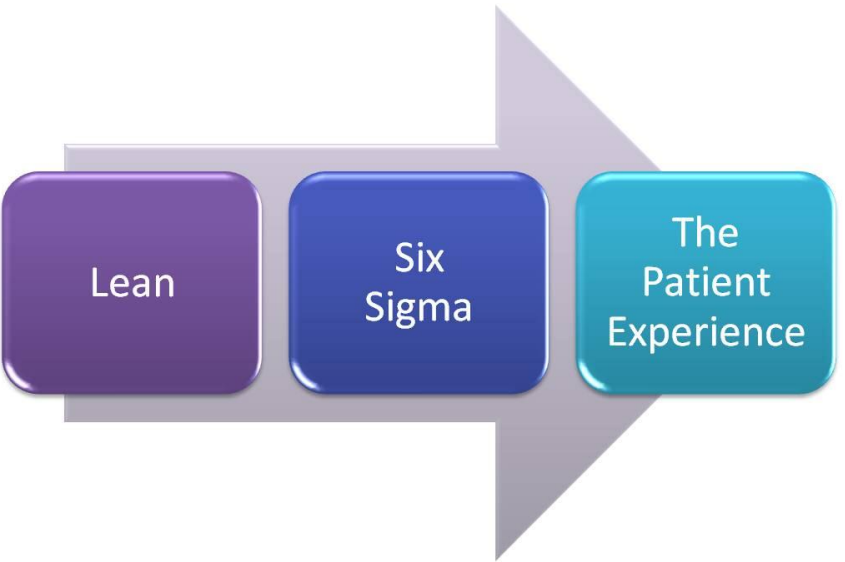
RUH Patient Experience



FAO: **James Scott / Lisa Hunt**
Chief Executive / Deputy Chief Executive
Royal United Hospital
Bath NHS Trust
Combe Park
Bath
BA1 3NG
28 August 2011

Letter of Complaint by Family Members on behalf of Mr. ~~Stinson, Carmel~~

I am writing to you to complain about the way my father was treated prior to his stoma operation, exacerbated by his prostate cancer condition. As you will know from your records his operation was scheduled to take place on Wednesday 25 May 11, however, he was told his operation had been cancelled because of emergency



RUH | What is “General” Surgery?

- Major gut and abdominal problems- such as gallstones, appendicitis, hernias, abscesses, colonic emergencies, pancreatitis.
- We admit circa 5000 per year at RUH

Spectrum

Acutely unwell



Well, but requiring urgent investigation

Elderly, infirm



Young, independent

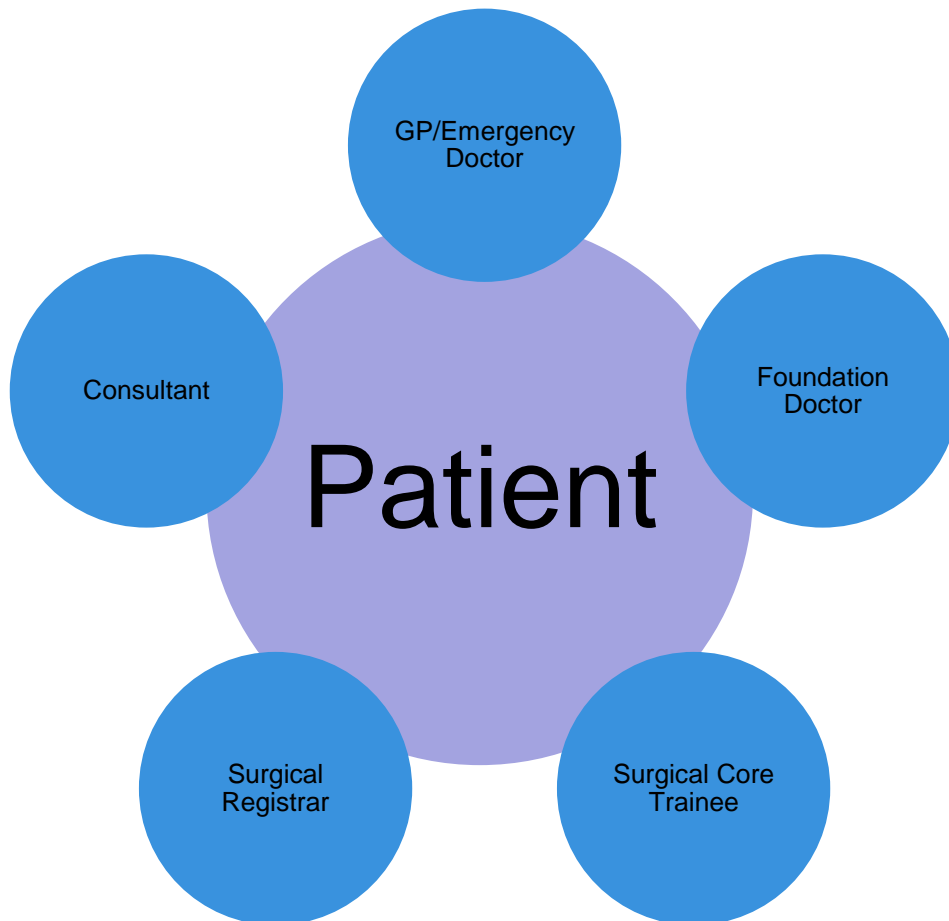
RUH Referral Pathways



Unnecessary admissions
Unnecessary waits
Minutes matter for those
needing life saving surgery

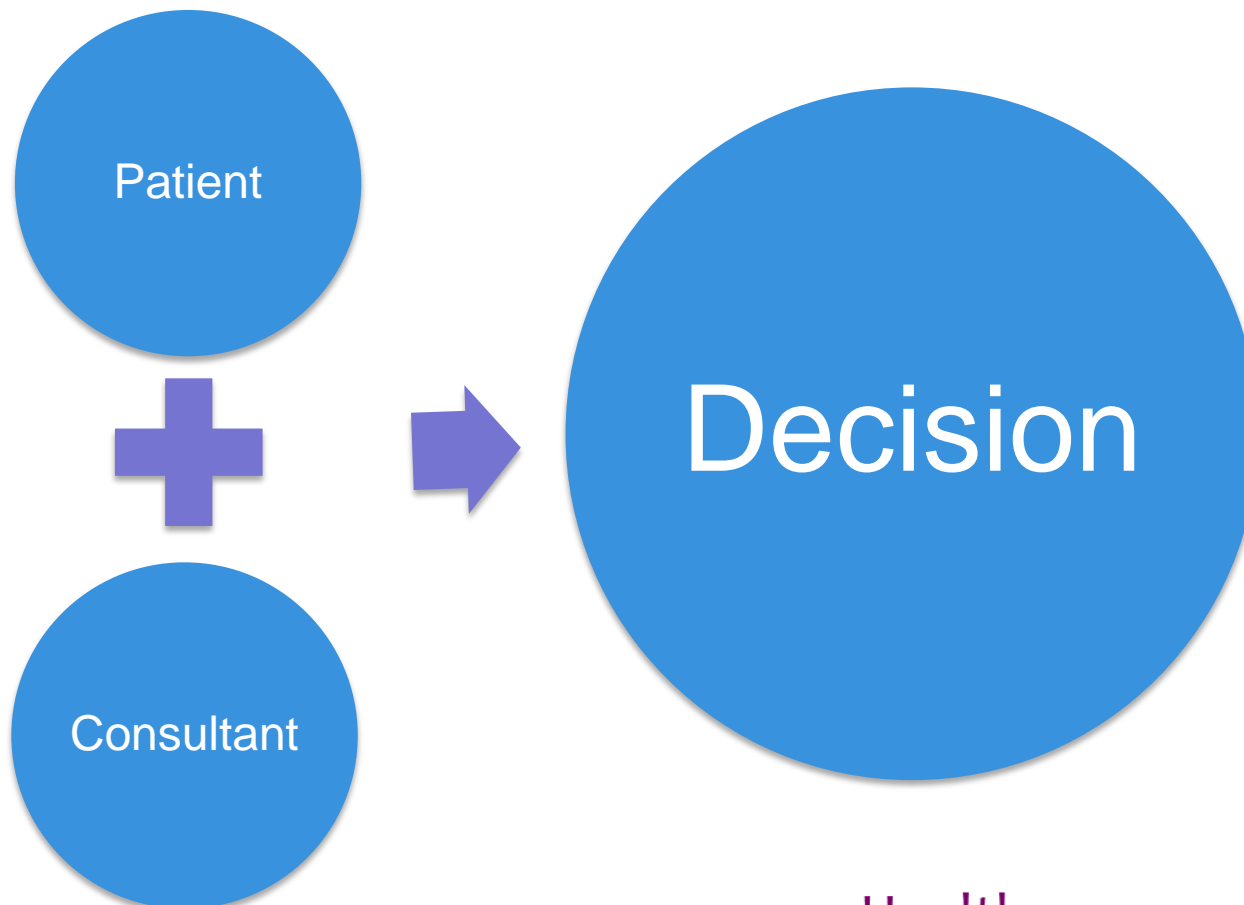
- Emergency referral/admission- specialist opinion same day
- Cancers/some other pathways- 2 week wait
- Out-patient appointment- 4-6 weeks (even after admission)

RUH | Traditional Process



- Investigations ordered
- Queue
- Further wait for a decision
- If operation needed
- Further wait
- Cancellations if urgent other cases

RUH | New Process



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RUH | Hang on.....



That's ambulatory care.....

(and medics have been doing it for years)

RUH Who's suitable for ESAC?

Ambulant adults with:

- Abscesses- torso and peri-anal (not breast)
- Right iliac fossa pain
- Right upper quadrant pain
- Painful jaundice
- Small volume rectal bleed
- Mild diverticulitis
- Painful non-obstructed hernia
- Post-op problems
- Wound problems

RUH Who's not suitable for ESAC?

- Children
- Evidence of sepsis or haemodynamic instability
- Pancreatitis (without discussion with SpR)
- Possible AAA
- Possible anastomotic leak or bile leak
- Large volume bleed
- Significant concurrent illness
- Reduced mobility/no home input/lives alone or some distance away
- Cognitive or communication difficulties

RUH | Week before



- NONEL admission c£1600
- OP c £120

What to do?????

RUH Off we went!



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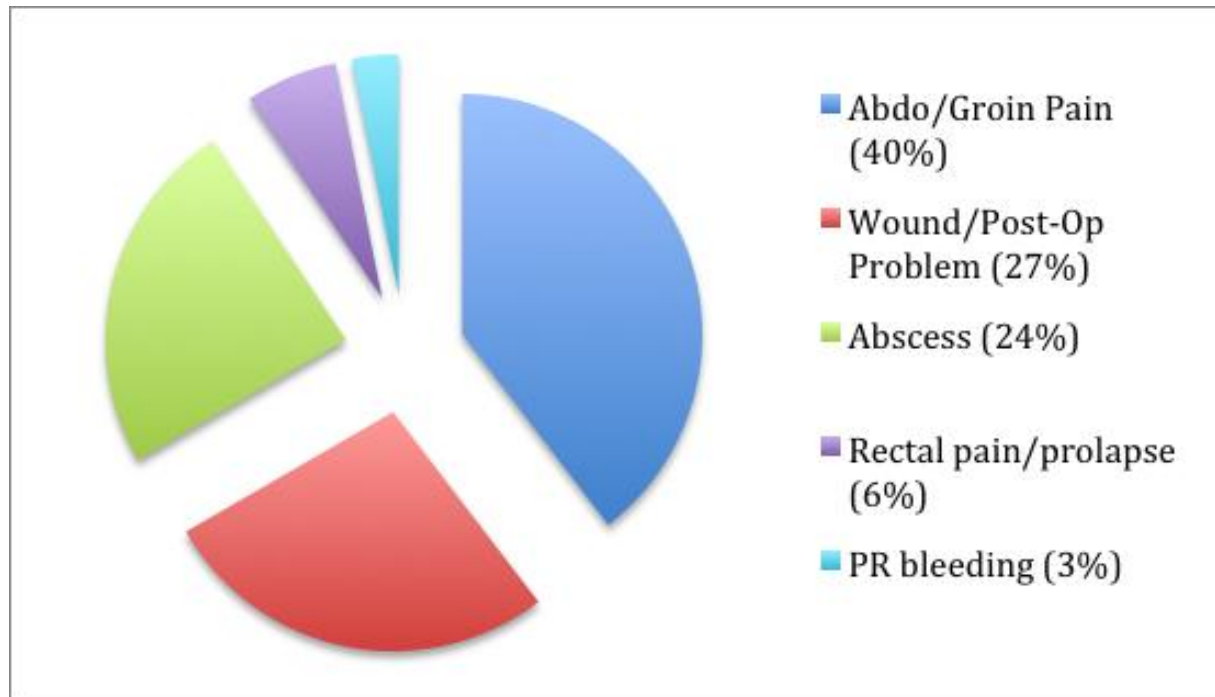
RUH Emergency Surgical Ambulatory Clinic

- Started in May 2013
- Referrals from GPs, Emergency Department, Surgical Teams and patients
- Consultant-led personalised service
- Dedicated ultrasound and rapid access to CT/MRI
- Rapid access to three additional theatre lists a week
- Ability to follow up quickly

RUH Initial Challenges

- Different way of working
- GPs perplexed, process evolved
- Little notice for theatre
- Radiology
- New roles and conflict
- Recording data
- Day surgery on main ward

RUH | ESAC Presenting Complaint



RUH | What has happened?

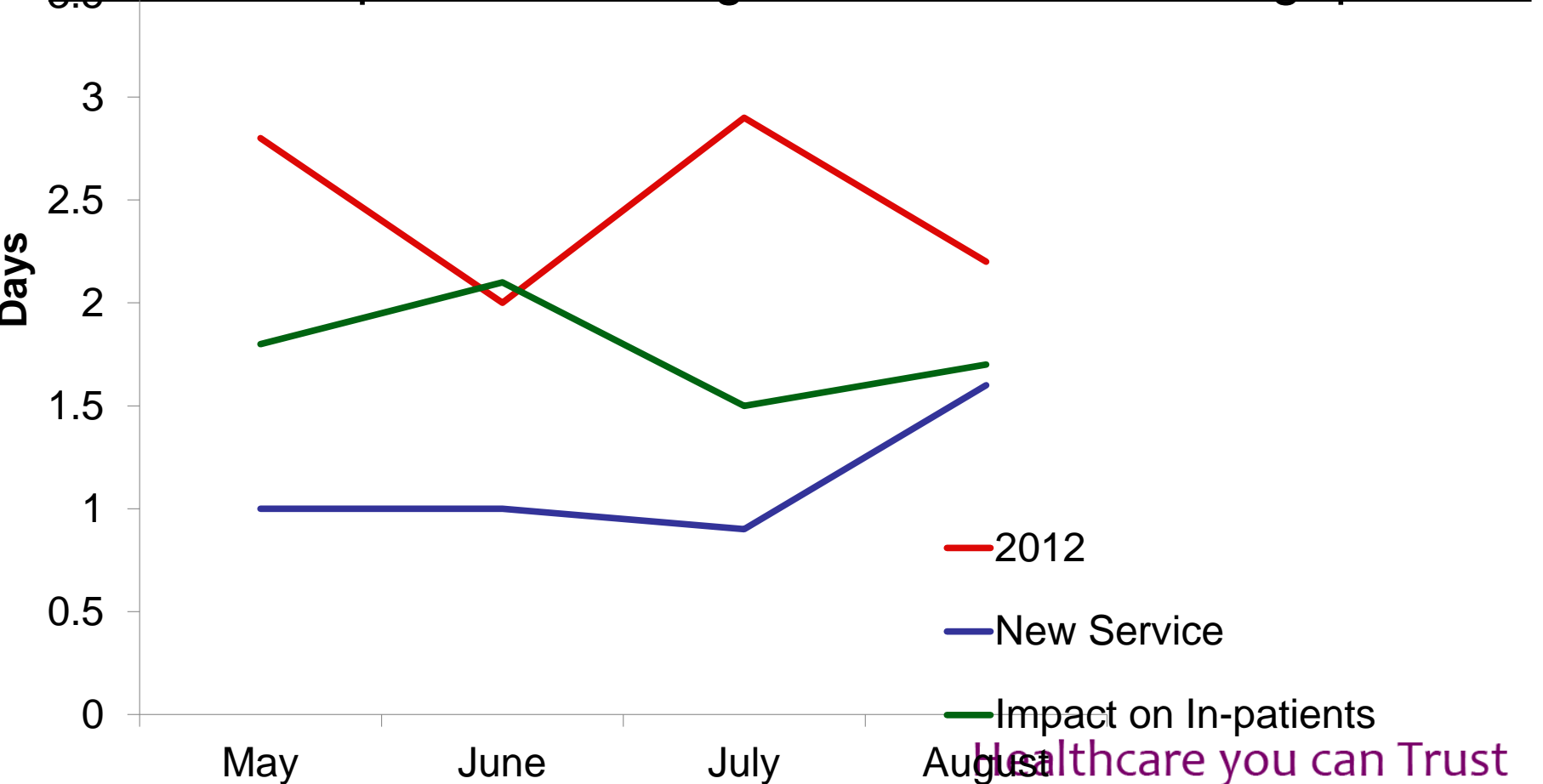
- Approximately 140 patients seen per month

| Outcome | Percentage (%) |
|---|----------------|
| Home same day | 48 |
| Home same day after local procedure/dressings | 34 |
| Operation same day | 10 |
| Admit as normal | 5 |

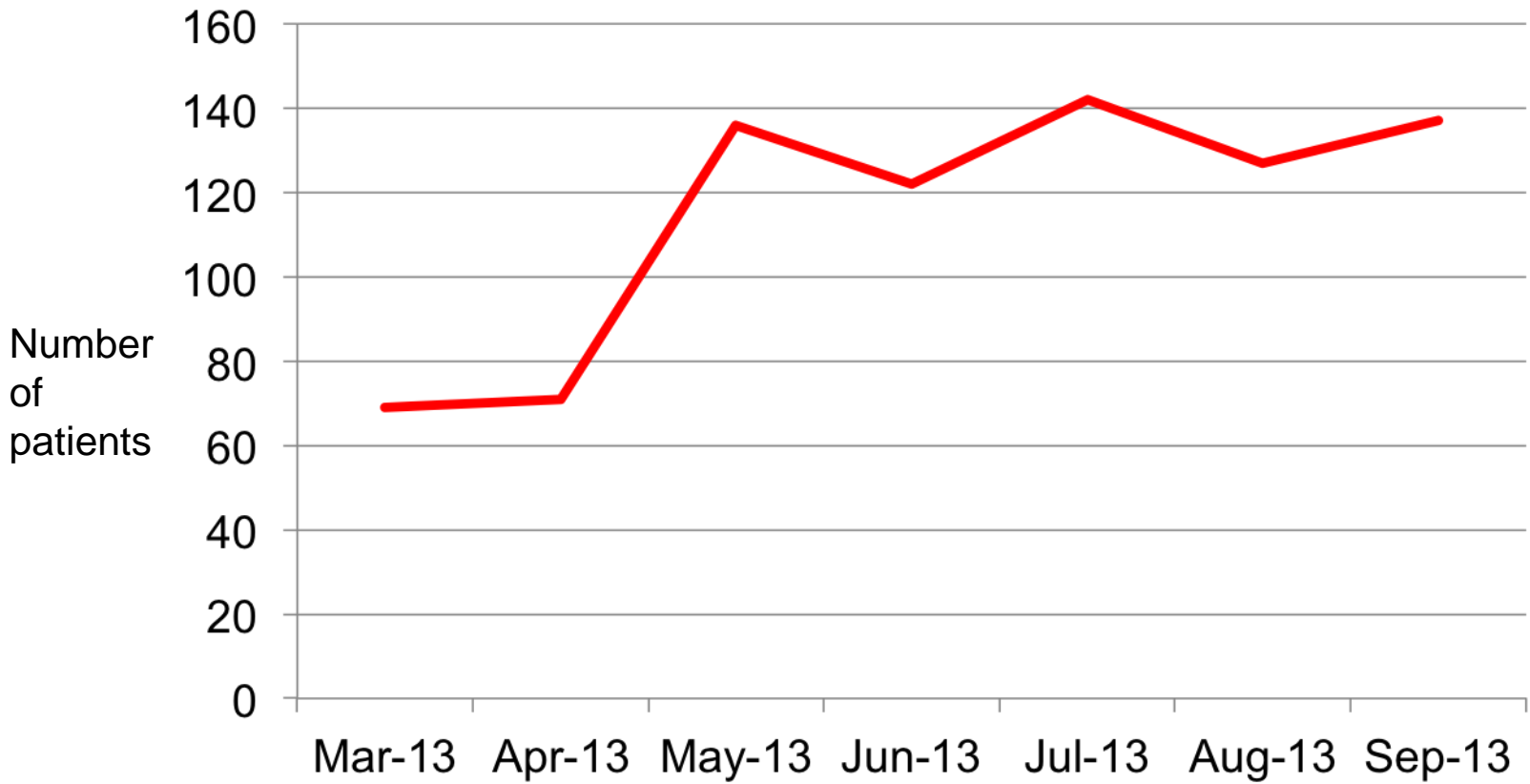
- Minimum of 82% of patients go home the same day and are saved a hospital stay

RUH Other Impacts

Wait for an operation for “urgent non-life threatening” problem



RUH Zero length of stay



RUH | Bed savings per month

- 85-90 bed stays saved in ambulant patients
- Additional 30 bed stays saved in IN-PATIENTS awaiting urgent surgery

RUH Patient Stories

32 year old mother RIF pain. Bloods, US, urinalysis- diagnosis uncertain.

Seen in ESAC next day- symptoms evolved. Laparoscopic appendix that day and home.



35 year old self-employed plumber.

Painful groin hernia.

Seen in clinic and repaired that afternoon.
Home the same day.

RUH Patient Stories

35 year old single mother of two, admitted with pancreatitis for 1 week.

Discharged home to children and readmitted 1 week later for planned gallbladder surgery to prevent recurrence.



75 year old, rescue dogs at home.

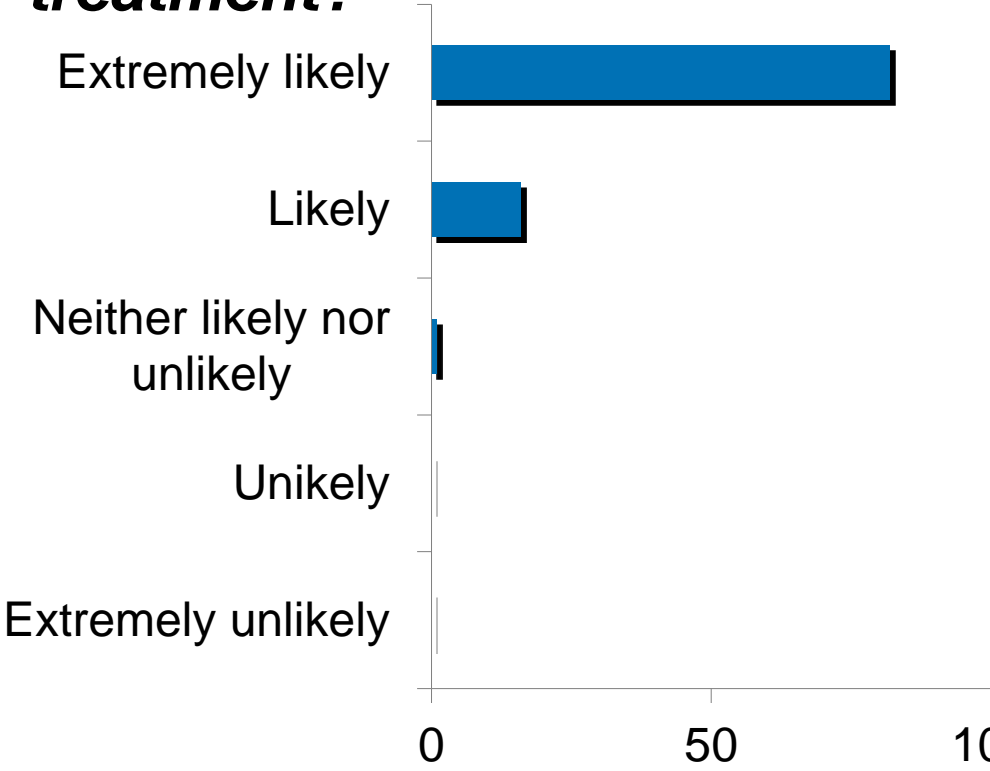
Seen with abdominal pain.

Urgent same day CT scan organised, home same day with antibiotics and seen daily in clinic until better.

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RUH Patient Satisfaction

“How likely are you to recommend our service to friends and family if they need similar care or treatment?”



99% of patients would be extremely likely or likely to recommend the service

N=119

RUH | Kind Words

“I am extremely grateful to have been seen on this new pathway; my life had come to a complete stop and I hadn’t been able to work for six weeks. For me it was so important and fantastic that I was able to benefit from this new service.”

RUH | A bit about the money.



We have been commissioned!

- Admission= £1600 plus surgery
- ESAC= £765 plus surgery
- Standard clinic= £120

RUH More challenges

- Trolleys, trolleys, trolleys
- Serious untoward incident
- Service expanding and more of a beast
- Now recorded as new tariff so perversely LOS has increased over all
- Measurement of improvement now very hard
- Radiology perplexed by pathway

- I cling to the fact that we are doing the right thing

RUH | Where are we now?

“The quality of the patient care and experience has rocketed evidenced by a whole raft of KPIs.... Overall if you work on the right things and aim to test/take some risk in a controlled way it becomes self fulfilling - success breeds success. There is a core of around 15 clinicians (including Sarah!) who have really made things happen and it has been energising for all of us to see the benefits”

Chief Operating Officer, RUH.

RUH Impacts

- Patient care
- Organisation
- Culture and Morale - Quality Improvement
- National
- Me!

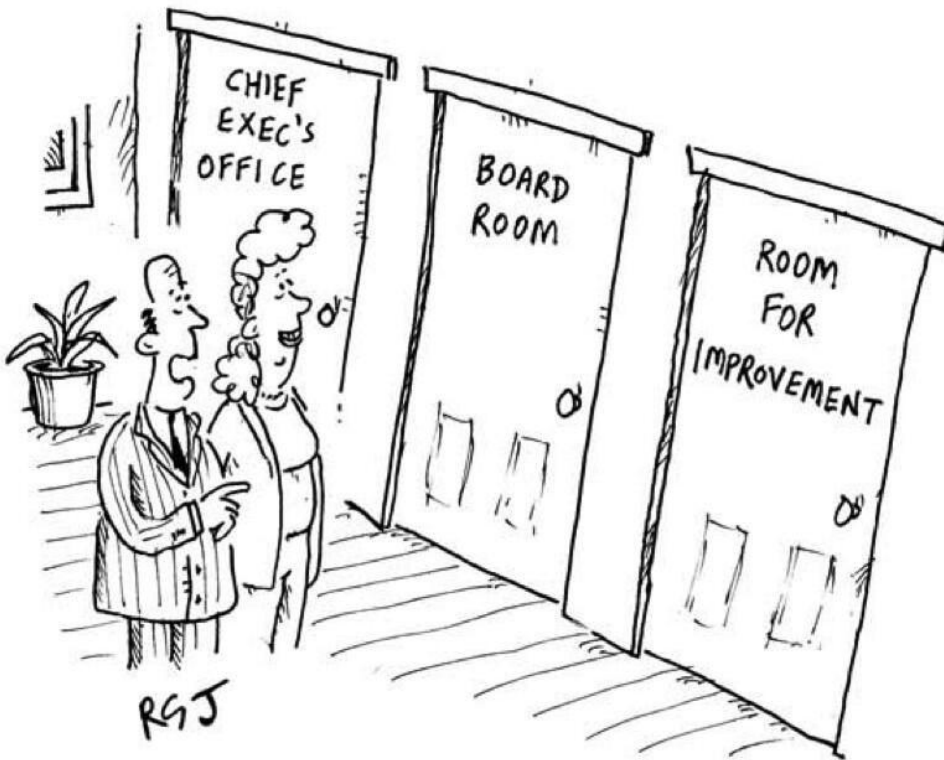
RUH | Going forward

- £500k for two more surgeons and infrastructure
- 7 day working
- Accelerated discharges
- Reduced re-admissions
- Emergency Surgical Nurse Practitioners

RUH More challenges

- Expanding the team, new style surgeons
- Driving demand
- Surgical activity up 22% on last year
- Pressure to scale up to other Trusts
- Trolleys, trolleys, trolleys
- Consolidate learning

RUH | Any questions?



"That's how seriously we take improvement around here."

ANY QUESTIONS?

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