NHS

Surgical Ambulatory Emergency Care Network

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Fewer surgical bed days in Basingstoke Hospital thanks to new ambulatory service

www.ambulatoryemergencycare.org.uk

Introduction

Patients requiring urgent surgery for conditions like appendicitis and gall stones are benefitting from a new Emergency Surgery Ambulatory Clinic (ESAC) at the Basingstoke and North Hampshire Hospital (Hampshire Hospitals NHS FT).

The new unit, which opened in December 2018 with the support of winter capital funding from the Department of Health and Social Care, enables patients to be assessed quickly and a treatment plan put in place, without necessarily requiring admission to hospital.

Rapid assessment

The aim is to ensure that patients requiring emergency surgery are seen by senior surgical staff and have the same rapid access to diagnostic scans as inpatients. However, rather than waiting in a hospital bed, patients who are suitable to be discharged can go home and return to the hospital for their scan or clinic appointment at a later date.

Background to the project

Basingstoke and North Hampshire Hospital has a relatively small surgical footprint, with one emergency ward, one elective ward and one specialist ward treating peritoneal malignancy. Prior to the opening of the new ESAC, it had a 24-bedded Surgical Assessment Unit (SAU), with emergency admissions coming onto a six-bedded, same-sex bay. CQC feedback suggested the Trust needed to make improvements to the service.

Clinical Matron Emergency Surgical Admissions, Hayley Blandford said "Staff were disheartened. Handovers were difficult and we often ran out of capacity on SAU, due to having to accommodate inpatients who had nowhere else to go. As a consequence, we had less capacity to handle admissions from the emergency department (ED) which caused problems with patient flow."

Operations Manager, Genevieve Ryan added "Because SAU on the emergency admissions ward was so frequently bedded we had nowhere to assess patients and no chance of achieving same-day turnaround. The CQC had raised concerns about the fact that the bay was mixed gender, with implications for privacy and dignity. We addressed these concerns in Autumn 2018 by introducing all-male and all-female bays but we still didn't have an ambulatory mind-set. Staff were frustrated and patients tended to wait in ED and then get admitted to the hospital.

Then, in September 2018 we received funding to create a new dedicated ambulatory area next to the emergency surgery admission ward. The two SAU bays went back to being inpatient areas and a new ambulatory unit – ESAC - was created."

What they did

In September 2018, Hampshire Hospitals NHS Foundation Trust became part of the Surgical Ambulatory Emergency Care (SAEC) Network, which was set up to support organisations like theirs to develop a SAEC service. As well as one-to-one support from members of the Network team, the team from Hampshire attended events and worked alongside other organisations that were seeking to develop surgical ambulatory emergency care.

A new ambulatory unit

Basingstoke and North Hampshire Hospital created a new unit to handle emergency surgical patients. It opened on 27 December 2018. There was some disagreement at first about what the vision for the new unit should be. Genevieve said "Some wanted it to be a new SAU while others wanted an AEC Unit. There was discussion about what the unit would do, who it would see, which patients would be suitable and which wouldn't. It was a bit confusing but with the help of the SAEC Network team, we were able to reach a compromise, branding the unit as the Emergency Surgery Ambulatory Clinic (ESAC), a hybrid of the two services that would handle both surgical ambulatory patients and more acutely unwell patients."

ESAC has two rooms – one male and one female with four trolleys and two armchairs in each - and a waiting room with 15 chairs. On one side there is a clinic room, which is used for patient consultations and hot clinics (clinics that have 48-hour rapid access slots).

ESAC has two nurses, a Band 4 Associate Practitioner and a healthcare assistant. A senior house officer clerks patients into the unit, which is staffed by nurses from the C3 emergency surgical ward and is open 24 hours. If there are no patients, staff are pulled back onto C3.

Ambulatory criteria

Initially, the team began by applying detailed criteria to patients to identify who might be suitable for ambulatory care. However, as time went on they adopted more of a generic approach, based on how patients present rather than a specific diagnosis. This enables them to admit a broader mix of patients.

An ambulatory mind-set

Unlike many trusts working with the Network, Hampshire has not had a clinical lead heading up the ESAC project. In fact, within months of the project getting underway the project team had completely changed. Despite this, the fact that the people driving the project forward were passionate about ambulatory care meant the improvement work gained momentum. The hospital has succeeded in developing an ambulatory mind-set, thanks to the commitment of the improvement team.

Genevieve said "We had a surgical project manager who came to the first SAEC Network event. However, their role changed so I took on the strategic and project elements as Operations Manager, alongside Hayley Blandford, Clinical Matron. Hayley was a great asset, she is on the frontline and was keen to champion change. She had seen patients being admitted and waiting in a hospital bed for diagnostic scans without really needing to be there and wanted to improve the care we provided for our patients.

We also received a great deal of support from Lucy Tzouliadis, one of our emergency surgeons who had observed what happened when the non-elective pathway fell down. Richard Booth, our registrar who previously worked in Bournemouth - one of the trusts that has a highly effective ambulatory service -was also very supportive."

Both Hayley and Genevieve were newly in post, bringing an energy and enthusiasm for change to the project. They were joined by Miranda Chubb, a business intelligence analyst who was able to interpret baseline data and monitor improvements.

Hayley said "The fact that we now have a proper waiting room has been great for the patient journey. Rather than waiting on a hospital trolley, patients can sit in the waiting room, which is more comfortable. It's good, too, for encouraging our colleagues in ED to think about patients as potentially ambulatory. Instead of being given a hospital gown or wheeled up to ESAC, many patients are able to walk here themselves, or we go and collect them from ED, which helps to underline the fact that they are ambulatory."

Daily hot clinics

Hot clinics were trialled for three months, from April to June, in a side room before being made into a permanent clinic room. There is now a daily hot clinic, from 11am to 1pm. Staff see new GP referrals there, as well as patients who are called back to the unit for follow–up appointments, post-treatment or imaging. Hayley explained that this helps to give hospital staff confidence to discharge patients, knowing that they will be called back onto the unit for a check-up within a specified period of time.

A nurse triage phone

The unit also introduced a nurse triage phone, which handles incoming referrals from GPs and ED. Previously, referrals were bleeped through to the registrar but this could sometimes result in hold-ups, particularly if the registrar was in theatre. Now these referrals come through to the ESAC phone, which is answered from Monday to Friday, 8am to 8pm, by the clinical matron and her deputy. GPs appreciate being able to get through to the unit much quicker than before and, for the unit itself, it means being able to manage flow much better.

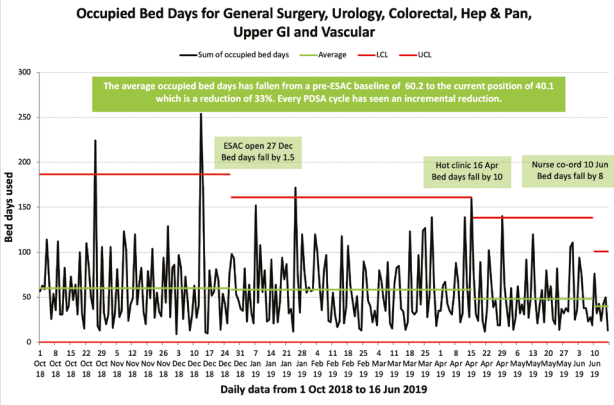
Hayley said "If we are particularly busy one day, we may suggest to the patient that they are seen the next day in the hot clinic or if we are not, we might ask them to come in straight away."

The unit will shortly be trialling taking paramedic calls on the nurse triage phone.

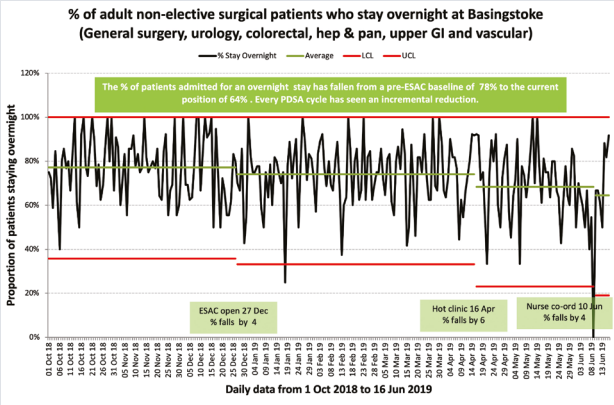
Impact of ESAC

Decrease in surgical bed days

Since it opened in December 2018, Basingstoke hospital has seen a decrease in the average surgical bed days for specialities using ESAC, from 60 to 40.



The percentage of surgical patients being admitted for overnight stays has reduced by 14% - down from 78% pre-ESAC to 64% now.



With each change it has made – opening the unit, introducing hot clinics, implementing a nurse triage hotline – the hospital has seen incremental improvements.

The unit now only has around three breaches per week, compared to around 40 before it was created. Hayley is proud of the fact that, so far, no patient has been bedded overnight in ESAC. She said "I measured the doorways myself and you can't fit a bed through them!"

The new ESAC unit has succeeded in improving patient flow, reducing breaches and cutting the number of admissions. It has quickly become a respected service and the site team is keen to keep the unit open and working fully, as it can see the impact that ESAC has had in a short time.

Improving the patient experience

Hayley said "One of the key benefits of ESAC is that it encourages the discharge of patients who don't need to be here, rather than admitting them to the hospital. We now routinely send people home who are waiting for ultrasounds, such as patients with right iliac fossa pain.

Before the unit opened, these patients had to stay in an inpatient bed. Now, they are called back onto the unit to have their ultrasound and then immediately booked into the hot clinic for a follow-up appointment. It is better for the patient journey, as patients can go home and sleep in their own bed while waiting for their scan, and it is better for the ward, as we only admit patients who really need to be admitted.

The clinic room has also made a big difference to us, as we can use it to do observations or scans and to take blood. For some patients, trolleys can be a bit intimidating so this has helped to improve the patient experience, too."

Staff motivation

Since the unit was launched, staff motivation has improved. A recent staff survey produced a great deal of positive feedback about ESAC. Some of the most rewarding moments mentioned by staff include:

"To see my patients being seen on time and plans made."

"Having the unit fully functional."

"Job done well. All patients seen in time."

"Seeing patients smile and thankful for care."

Challenges

Ensuring staff buy-in

The new service proved a challenge to staff, as it was a different way of working. The project team recognised the importance of keeping the workforce informed so that they would be aware of the vision for ESAC and the progress that was being made.

Hayley explained "We made sure we communicated how well we were doing, as well as any challenges and difficulties, to ensure the staff had a sense of ownership. We also helped to sort things out if people had problems. The nurses have picked up the new service and really run with it.

It was important, too, to ensure that information was cascaded to staff in ED about how ESAC can support them with patient flow. We have had regular meetings with leaders within ED. There are ESAC posters in the department with contact numbers and patient criteria.

We are currently in discussions about developing a staff exchange programme, beginning with our Band 4 associate practitioners. The idea is to improve relationships, and so that ED and ESAC staff have more insight into how each other work."

Coding patients

It proved challenging to ensure that staff had the appropriate IT training and could code patients properly. Additional administrative support was recently introduced, with an evening ward clerk who can assist with coding. Prior to this, the nurses had to do it themselves and some found it intimidating.

There were also some challenges around ensuring that there was always a sufficient number of senior level staff on the floor.

Hayley said "We now have a sister on every shift and the new way of working between ESAC and C3 itself has attracted new starters, both experienced and newly-qualified. Nurses looking for jobs at North Hampshire Hospital are interested in the exciting new way of working and final year students have enjoyed the varied and supported experience leading them to apply for jobs with us."

Timing

ESAC opened on 27 December 2018, a challenging time of year to launch a new service. Initially, there was no clinic room which made it difficult to have private conversations with patients or conduct assessments, but this was addressed with the launch of the new clinic room.

Clinic room

The team wanted to use a side room to create a private clinic area. However, finding a suitable space for this proved challenging. One of the rooms earmarked as a possible clinic had been fundraised by a member of staff who had subsequently died and it was dedicated to their speciality. Another was a colorectal nurse room that was used to assess patients, albeit infrequently. The room that was finally chosen had been used for patients who needed to be kept in isolation. These patients were moved to a different part of the hospital to make space for the ambulatory hot clinic and the decrease in overnight stays reduced the pressure on the need for this extra side room.

Next steps

Hampshire Hospitals NHS FT has three hospital sites at Basingstoke, Winchester and Andover. Following the success of ESAC in Basingstoke, a new combined surgical and medical ambulatory emergency care unit is being opened in Winchester.

Genevieve said "In Basingstoke, we were making it up as we went along but now things are going relatively smoothly here and we are using this experience to help us set things up in Winchester so it runs well from day one. For example, we've been talking to IT in advance about setting up a hot clinic code and we've arranged for all the equipment we need to be available from the start. We've also taken care to engage with different teams across the hospital and have already spoken to the ambulance service and agreed that we will accept patients directly from them."

Working with the SAEC Network helped the team to clarify its vision for ambulatory care, which was a little confused at the outset. One of its next steps is to more clearly differentiate patients who are ambulatory and who are coming into the SAU. Since October 2019, the two areas have had separate names and their own datasets. Genevieve said "We anticipate that a high number of patients coming onto ESAC will receive same-day care and won't be admitted."

The team hopes to carry out an experience based design analysis amongst patients and staff to get detailed feedback about the unit.

Hayley commented "Our population is growing, and demand on services is growing but our hospital footprint is not. Ambulatory care seems like an absolute no-brainer to me."

Key learning

Creating ESAC has been an important learning process for the team at Basingstoke hospital. Key learning points include:

- The team recognises the vital importance of engaging stakeholders fully in improvement work. They found it difficult to gain approval to create a clinic room and it took around four months for them to gain permission even to trial it. Hayley believes that part of the problem was that they hadn't engaged the stakeholders sufficiently or fully articulated the vision for ambulatory care.

  "We had been working with the SAEC team and so we already understood how and why ambulatory care would work," she said. "We had visited Bournemouth and Worthing and seen it in action, but our colleagues here in Basingstoke hadn't experienced ambulatory care before. We were trying to convince them to let us trial a hot clinic without really explaining the principles of ambulatory care or why we were so excited about it. Rather than getting annoyed about not being allowed to have a clinic, on reflection it might have been better if we had explained the value of ambulatory care, why it would work and our vision for the service."
- It is essential to have a team that is really passionate about making it work and is willing to "push things through, engage with the external programme and nag and chase!"
- Although the team succeeded without a clinical lead for the project, it believes that "things would have gone more smoothly if we had had a senior person with clarity of vision steering the project". The team had no dedicated executive sponsorship at the start of the project and this meant that there was not a clear steer from a senior level. This resulted in "more going round in circles and having to keep selling the idea of what we were doing". The project team had numerous conversations where they had to clarify the aim and progress to members of the team who were not directly involved in setting up the project.
- Having more people involved from different specialties would have made the process easier as these people could have acted as advocates for ambulatory care.
- Not all staff respond well to an ambulatory way of working. Genevieve said "Some staff members simply prefer inpatient care and the fact they can build a relationship with the patient. Ambulatory is a more independent way of nursing, with nurses working more autonomously, and with fewer nurses. It suits a particular type of person and is not for everyone."
- It is important to share your vision for ambulatory care with the nursing team and site staff and to steer them through the early stages. Hayley spends time in ESAC working alongside the nurses. She said "This is a new service and a new way of working. We work out problems together. In addition, I share data with them so they can see the difference that their work is making as well as identifying any problems. Without the enthusiasm and skills of the nursing team on C3 striving to make a difference for their patients none of this would have been possible."

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