

# Showcase Sites: North Bristol NHS Trust

# SURGICAL EMERGENCY CARE

## North Bristol NHS Trust

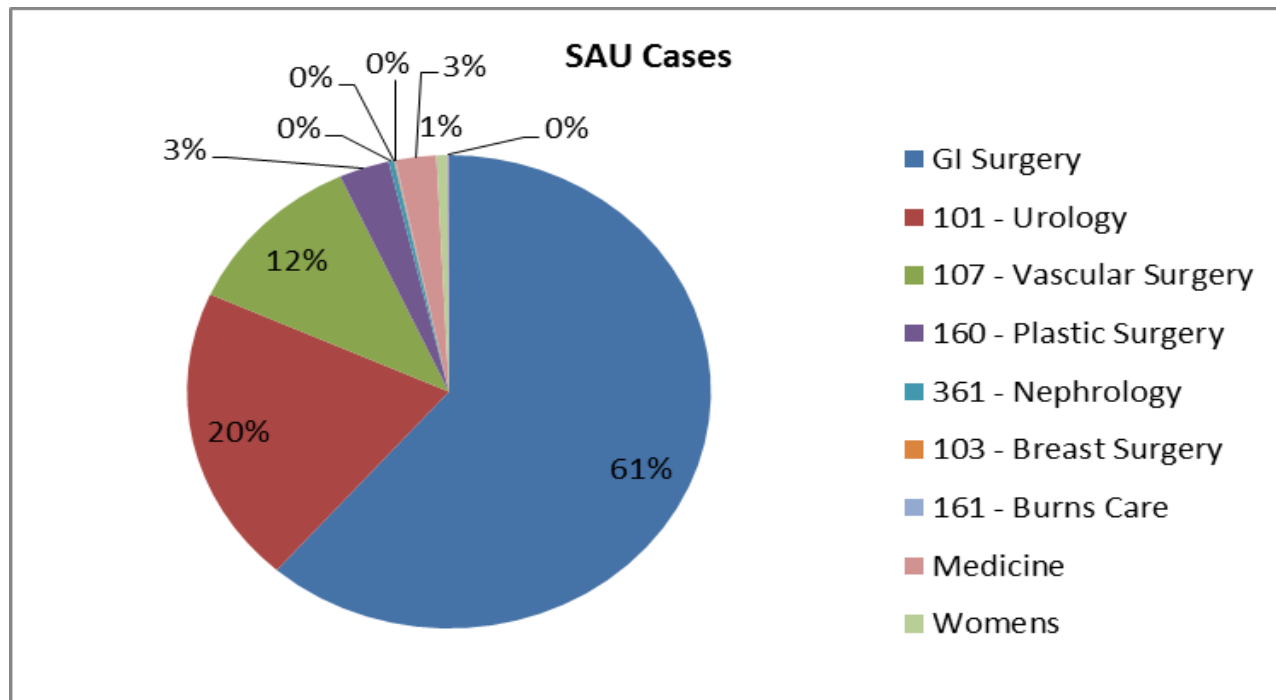


# Surgical Assessment Unit

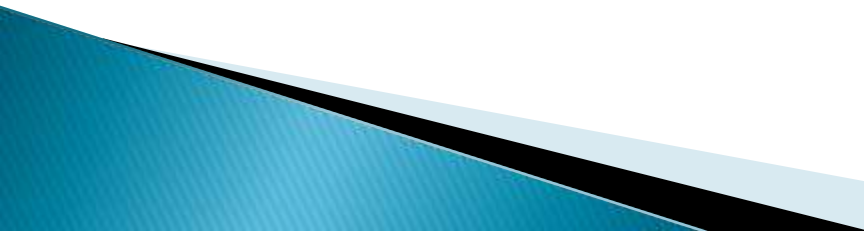
32 bedded unit, 1 'procedure' room

Nurse led, Multiple Consultant led WR

Input from: Hospital@Home, React, Geriatrician Registrar

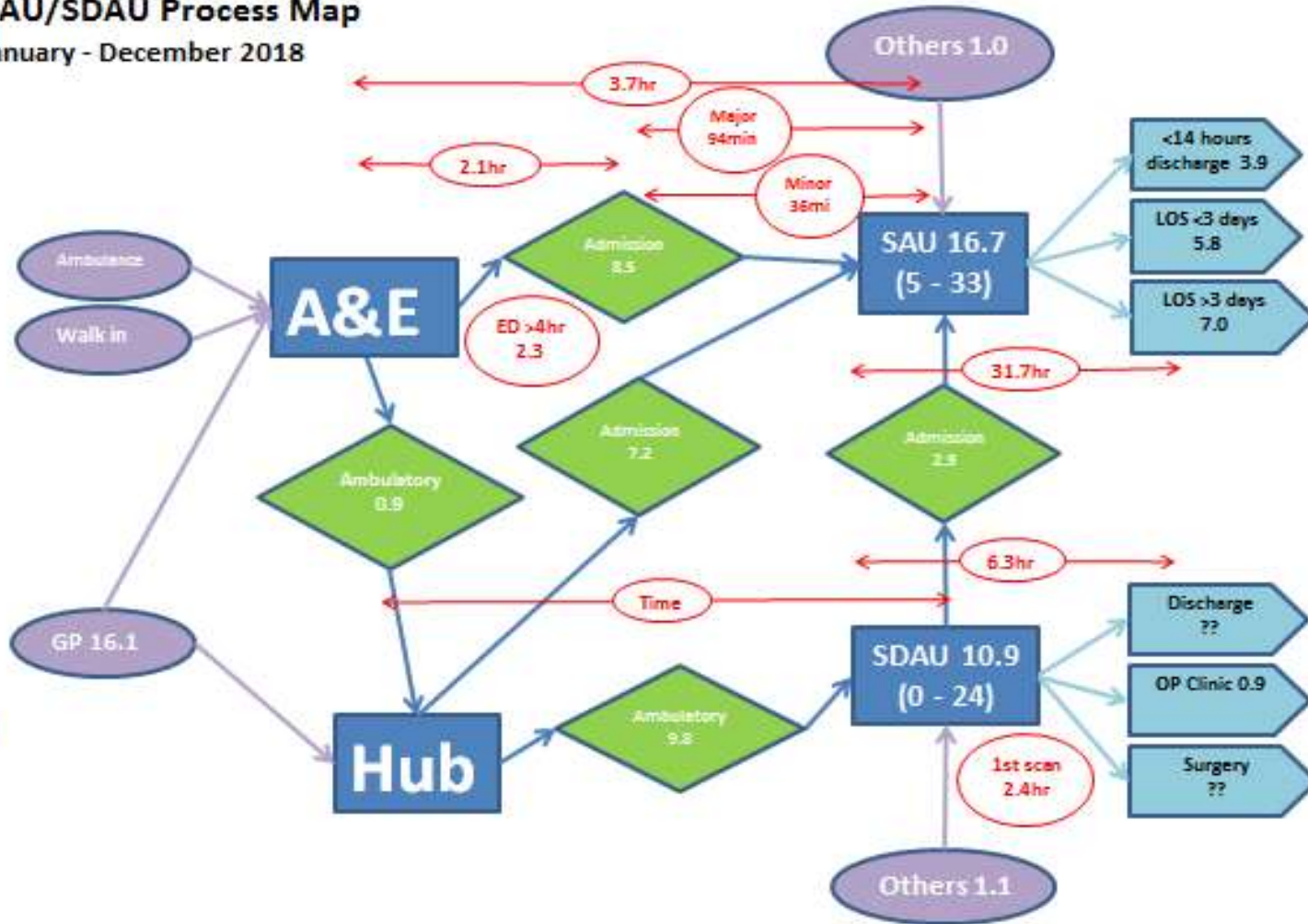


# SURGICAL DAY ASSESSMENT UNIT

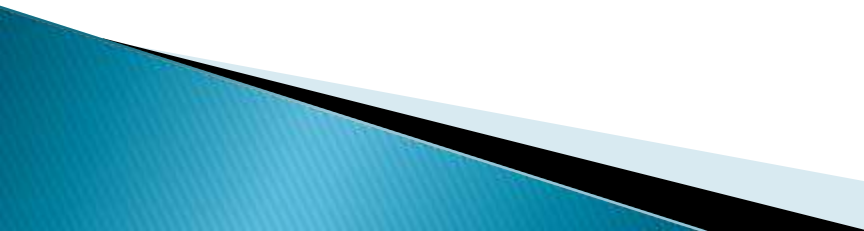
- ▶ Located in outpatient area using 4 clinic rooms
  - ▶ Close proximity to ED and Diagnostics (MRI, CT)
  - ▶ Staffed by 1 RN and 1 HCA from SAU workforce
    - ▶ Urology registrar (support by consultant)
    - ▶ GI Consultant, F2 and F1 (registrar on SAU)
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#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

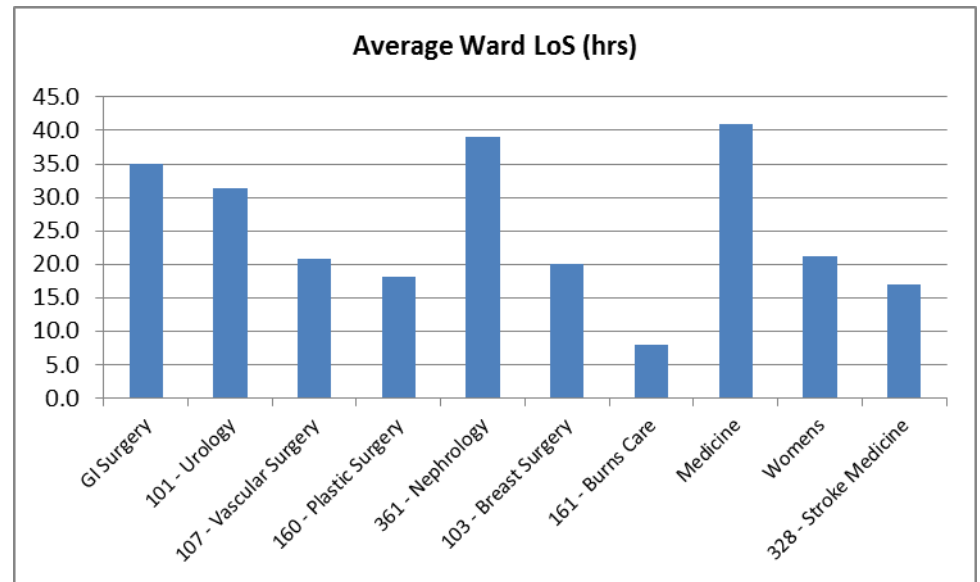
# WINTER 17/18 VS 18/19

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%
<b>Total</b>	<b>75.9%</b>

## 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%
<b>Total</b>	<b>72.8%</b>

## 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%
<b>Total</b>	<b>84.6%</b>

## 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%
<b>Total</b>	<b>89.2%</b>

## 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