

Surgical Ambulatory Care Unit (SACU) Our Journey

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Trust







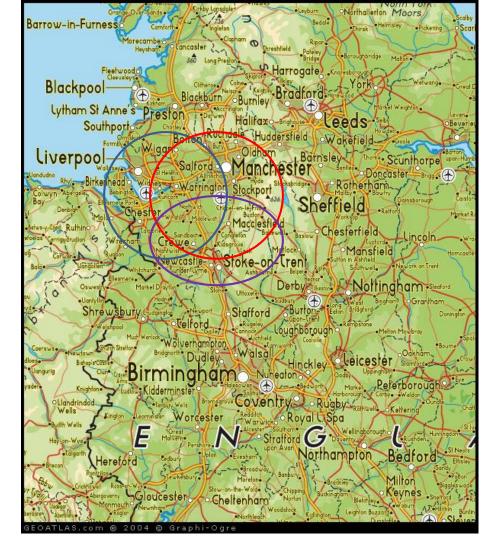














Why Ambulatory Care?

- Medical ACU
- A+E pressures with GP admission going there as no beds in SAU
- We had SAA but lost the space
- Challenge the way we manage the surgical take

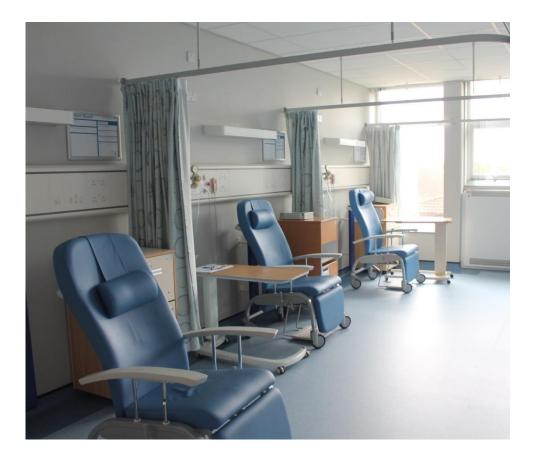


- New theatre and ITU complex
- Manged to refurbish old HDU
- September 2016 Surgical Ambulatory care Unit (SACU) opened











Our mission

 ...to provide high quality emergency care that can be managed safely and appropriately the same day without admission to a hospital bed.



SAEC Network

Cohort 1:

- · Aintree University Hospital NHS FT
- · Barts Health NHS Trust
- · The Royal Bournemouth & Christchurch Hospitals NHS FT
- · Central Manchester University Hospitals NHS FT
- · Frimley Health NHS FT
- · Kingston Hospital NHS FT
- · Mid Cheshire Hospitals NHS FT
- Norfolk & Norwich University Hospitals NHS FT
- · St Helens & Knowsley Teaching Hospitals NHS Trust
- · Whittington Health NHS Trust
- · Wirral University Teaching Hospital NHS FT



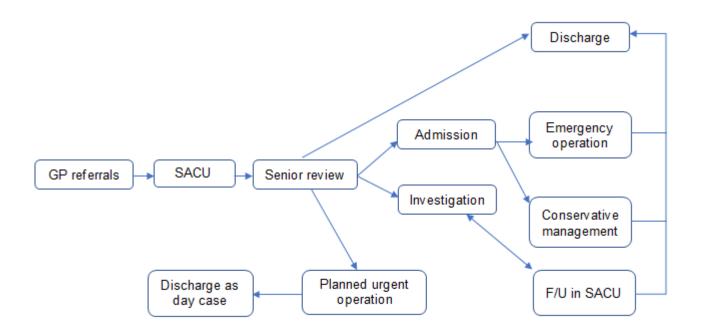








Flow diagram for SACU referrals





SACU Objectives and KPI's

- To reduce number of emergency surgery admissions:
 - 1a. 70% of patients to be discharged home the same day
 - 1b. 30% of surgical take Monday to Friday to go to SACU
 - 1c. 30-day readmission rates for patients discharged directly from SACU to be less than 8.5%
 - 1d. 7-day readmission rates for patients discharged directly from SACU to be less than 4%
- To reduce the number of overnight stays of emergency patients:
 - 2a. LOS on SACU to remain under 8 hours
 - 2b. LOS of emergency surgery patients to be reduced
 - 2c. To reduce surgical bed days to achieve a bed day saving for emergency general surgery patients
- All patients on SACU to receive a clinical review by a senior decision maker:
 - 3a. 85% of all patients attending SACU to have their first clinical review by a senior decision maker within 4 hours
 - 3b. 75% of all patients attending SACU to have their first clinical review by a senior decision maker within 2 hours
- To improve patient experience:
 - 4a. 90% of SACU patients likely to recommend the surgical ambulatory care unit



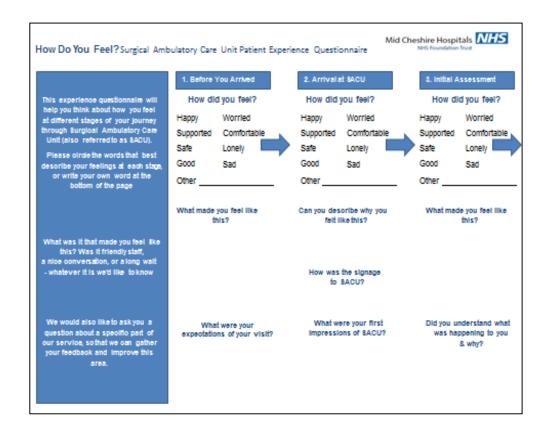
How did we do it?

- Engagement with primary care: ANP's take calls from GPs directly
- Experience based Design including staff and patients
- Patients allocated slots in SACU to be seen in timely manner
- Engagement with other specialities: agreed access to scan slots (USS, CT, MRI)
- Virtual ward reviews
- Flow coordinator in the unit
- Expansion of ANP's role



Engagement with patients

- Questionnaire devised utilising SAEC Network guidance.
- Designed to capture patient's views about the new service & map their emotional journey.
- Results reviewed on a monthly basis to capitalise on actionable comments in a timely manner.





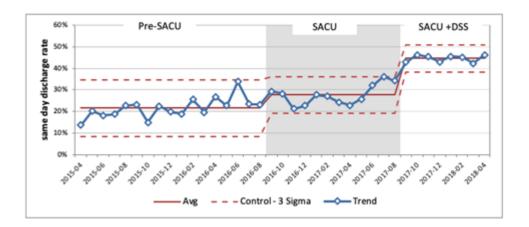
What was the impact?

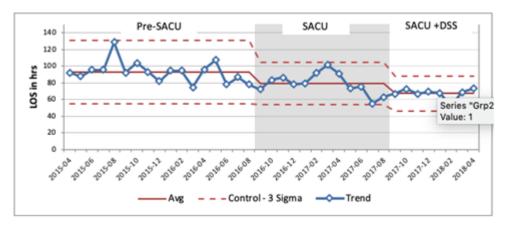




Effect on emergency referrals

- There was 104.5% percentage increase in same day discharge rate for emergency GP referrals
- same day discharge for all emergency referrals increased from 17% before SACU to 29% after introducing dedicated surgeon
- There was 25.88 hours reduction in the mean length of stay for emergency GP admissions
- There was 102 hospital bed stays saved every month since the opening of SACU



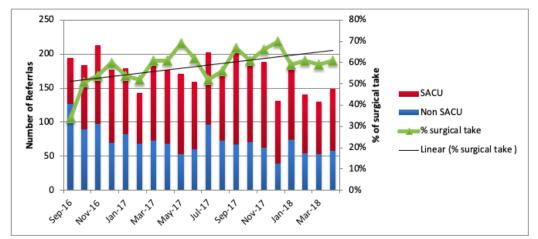


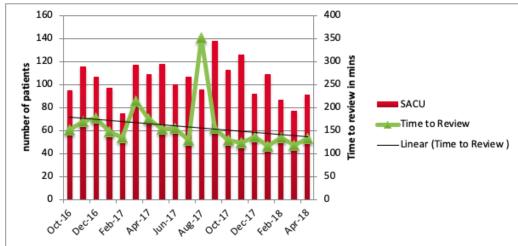




Effect on surgical take and waiting time

- There was 14.55% percentage increase in patients seen in SACU since having dedicated senior surgeon.
- Waiting time to senior review reduced from 178 minutes to 131 minutes

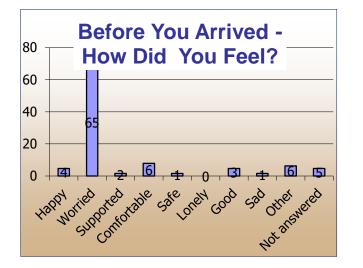


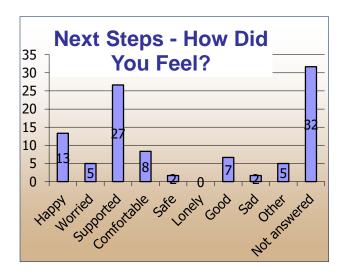




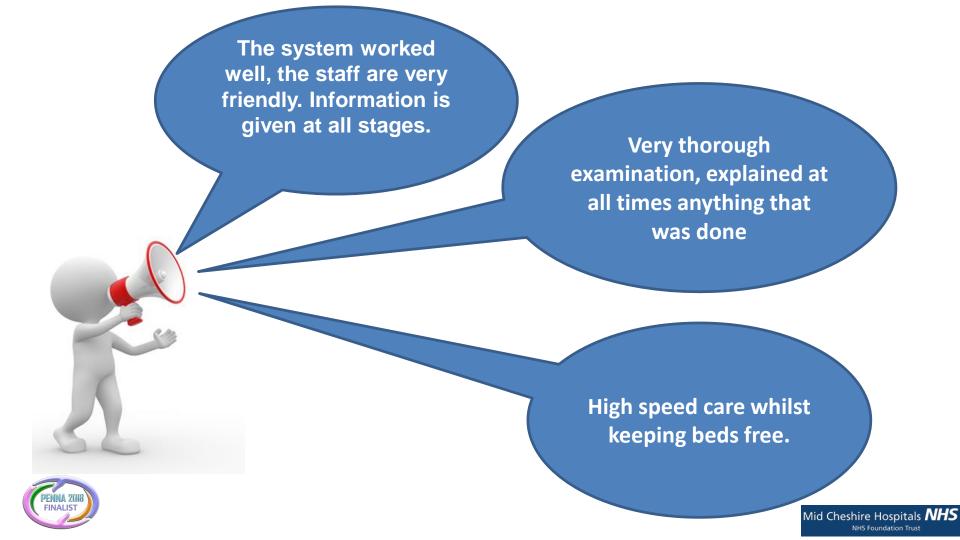
Patients' feedback

- ☐ 70% of patients worried prior to arrival, reduced to 6% following initial assessment on SACU.
- 100% of responses to First Impressions of SACU were very positive.
- Compliments were received to all grades of staff.









What is next?







New Referral

My Incoming Referrals





What is next?

- Pull from A+E
- Relocate the unit
- Integrate surgical PIU
- GP engagement





