NHS Board
NHS Dumfries and Galloway

Contact
Joan Pollard

Email
jpollard@nhs.net

Title
Pilot of a Surgical Assessment Unit within Dumfries and Galloway Royal Infirmary

Category
Whole System Patient Flow

Background/context
NHS Dumfries and Galloway was struggling to achieve the interim four hour waiting times target (95 per cent) within the emergency department at Dumfries and Galloway Royal Infirmary (DGRI). The opening of the Acute Medicine Unit with access to assessment beds had improved the medical flow of patients providing better experience for the patient and improved performance against the target for this flow. However, traditionally Flow 4 – the surgical admissions flow – was the lowest performing flow for the four hour emergency access target (appendix 1). This performance led to slow assessment and poorer care of patients. As such the Board agreed to the trial of a Surgical Assessment Unit (SAU).

Problem
Traditionally all surgical patients referred for emergency admission by GPs, or assessed as requiring emergency admission by the emergency department, were managed within the emergency department.

The assessment of the patient followed a very traditional pattern with the junior undertaking an initial clerk-in followed by a hierarchy of assessment. This assessment could be delayed because the senior medical staff were in theatre or otherwise busy within the ward.

Aim
NHS Dumfries and Galloway was keen to deliver high quality assessment, treatment and diagnosis for all acutely ill surgical patients with prompt access to decision maker followed by rapid initiation of treatment and investigations and either admission or
discharge as appropriate. It was anticipated that the introduction of a Surgical Assessment Unit would support these goals and improve performance against the four hour target.

**Action taken**

A five bed area (one single and one four bedded room) was identified within one of the general surgical wards to support development of a Surgical Assessment Unit.

The surgical assessment area was provided with dedicated nursing staff, being sited within the ward area itself provided improved access to medical staff within the ward.

The unit was opened on 2 December 2013 although initially (until 6 January 2014), due to recruitment difficulties, was only open between 8am and 8pm. The unit is now fully functioning and is open 24 hours per day, seven days per week and receives adult surgical emergency admissions with the exception of orthopaedic and gynaecology presentations.

The surgical admissions flow was redesigned so that GP referred patients received a quick initial assessment in the emergency department before going on to be formally assessed in SAU. The self-presentations or 999 ambulance patients are assessed in the emergency department before being referred on to the unit. The unit was provided with dedicated nursing input, FY1 and middle grade cover, access to a range of diagnostic tests and a single room where treatments could be carried out.

The unit has functioned well since opening.

**Results**

**Impact on the Emergency Department**

The SAU has undoubtedly had a beneficial impact on the emergency department. Firstly, since opening there has been a step change improvement in our emergency department four hour performance (appendix 1). This has gone from achieving around 70 per cent to 90 per cent performance, including one week where we reached 98 per cent. Secondly, the length of time our patients are spending in the emergency department has reduced dramatically (appendix 2). Finally, the emergency department staff have found that the unit helps to improve their
working as the surgical patients move from the unit much faster.

**Impact on General Surgery**

The General Surgery staff are finding the unit beneficial as the patients are easier to manage once in the SAU. In addition, the patients are being looked after by trained surgical nurses rather than emergency department staff who are working with a range of patients.

**Performance of SAU**

The SAU is showing strong performance against its original measures. We are currently using a manual input for data collection the information which suggests that 21 per cent of patients are being discharged directly from the SAU. Work is currently underway with information services to capture this data using existing systems.

**Efficiency savings and productive gains**

As already outlined the aim of this pilot was to improve the quality of patient journey for the surgical flow of patient. This also forms a key component of the of our improvement towards the four hour emergency department waiting times target and early steps towards the development of our combined assessment area in the new District General Hospital. No cash releasing savings were envisaged.

However as can be evidenced by the mean waiting times in the emergency department (appendix 2) the impact of this investment has been to improve the efficiency of flow in the emergency department.

**Sustainability**

The pilot is designed to inform the development of a combined assessment unit for the new District General Hospital and has been extended for another year.

**Lessons learned**

Key to the success of this pilot has been the high level of engagement of the wider team throughout.

In the initial planning stages there was a weekly meeting of key staff to develop and agree the operational policy and detail of the
During the initial weeks of the unit opening there was a daily huddle to identify and resolve issues as they developed. This high level of engagement has continued with a weekly ward huddle and until recently a two-weekly steering group meeting. The steering group meeting has dropped to monthly in the last week.
Appendix 1

Performance against the four hour target for the surgical emergency admission flow (includes gynaecology and orthopaedic admissions)
Performance against the four hour target for the general surgical emergency admission (general surgery only)
Appendix 2

Median wait times in the emergency department for patients admitted as a general surgical emergency
Median wait times in the emergency department for all patients