1. Aim

The project aim was to improve patient safety and quality of care in a newly created Ambulatory Unit within a well-established SAU. The Royal College of Surgeons (2014) acknowledged Ambulatory Emergency Care as beneficial, as up to 30% of surgical patients could be managed in this way.

2. Outline of project design

The ambulatory area comprises of a waiting room, 3 bay assessment area (see picture below) and a treatment room.

3. Changes made

4. Changes graphs

Graph 1 displays the volume of in-patient admissions to SAU at the beginning of the project. The data in green identifies the initial patients going through the ambulatory service. This emphasised the need to establish ambulatory care.

Graph 2 demonstrates the increasing number of patients that have been assessed and discharged through the ambulatory unit, with a marked reduction in in-patient admissions.

Graph 4: Time of diagnostics from time requested

5. Pilot

1. Staffing:
   a) trialled a range of shift patterns which identified the need for 08:00 – 20:00 shift, seven days a week.
   b) Discussions were held with senior management team to increase ward clerk hours.
   c) Audits demonstrated the need for a dedicated decision maker free from theatre commitments.
   d) Increasing demand and ongoing success of the ambulatory unit, highlighted a need for additional nurse practitioner hours, which also facilitated an additional twilight shift to ensure patients safety was maintained after official closing times.

2. Previous nursing assessment included multiple care plans and documentation which was unnecessary for the philosophy of an ambulatory unit, so a concise A4 initial assessment sheet was developed, piloted and ratified through documentation and medication formulary committees.

3. Similarly, medical clerking paperwork was reviewed in partnership with the medical team (P.Pucher), to develop two proformas (Ambulatory pathway & Right Iliac Fossa pathway) which enabled clear and succinct treatment plans and ratified by the Surgical Governance team (see below).

6. Measures

Data was initially collected for four days over a 2 week period in February 2016 (Days 1-4) and a follow up three days in June 2018 (Days 5–7).

Results:

There has been significant improvement in:

- Times of the first contact, observations and the prescribing and administering of analgesia (see graph 3).
- Time of review by senior decision maker: The first audit (Days 1-4) highlighted that patients had an unacceptable wait for senior review. On the follow up audit (Days 5-7) this has reduced to an average 2 hour review.
- There has been an increase in the number of patients receiving Ultrasound Scan on the day of assessment. Data showing extended wait times often relates to extra scans being actioned at the end of lists (please see graph 4).

7. Multi-Disciplinary Team (MDT)

Members of the MDT team

Project was led by the Senior Ward Sister, Lead Surgical Emergency Nurse Practitioner (SENIP) and Practice Educator from surgery in collaboration with the MDT.

- Steering group from SAU including HSW, RN’s and SENP met regularly to discuss development plan and ensure effective communication was maintained with the ward teams.
- Lead Consultant for SAU.
- Surgical Registrar led on the Medical Documentation.
- Sonographer team.

8. Sustainability

Data is collected monthly to monitor the continual activity within the ambulatory unit. This evidence supports the review of additional resources that may be required. Regular review of patient feedback, complaints and plaudits to maintain high quality and safe patient care.

9. Summary of lessons learned and personal learning

- We had to develop an entire new patient-centred approach to successful Ambulatory care, rather than trying to fit previous ways of working into the new ambulatory model.
- The importance of role development and workforce redesign to further improve the patient journey and meet the needs of any ever increasing change in service and demand.
- Our hard work culminated in a Pride of Portsmouth Best Peoples Award, Chief Executive Award for Outstanding Achievement (November 2017) (see picture below).

References:

Foundation of Nursing Studies (FoNS):
Successful application for the 6th year Patient First programme (supported by the FoNS) enabled the initial project of improving patient experience in ambulatory care to commence. This has led to further developments by the SAU Multidisciplinary team of our ambulatory service and pathways.

Methodology used:

- Patient feedback and diaries, patient focus groups and follow up phone calls.
- Audits looking at the time of patient arrival, to assessment, analgesia, plan, diagnostics, and senior decision maker review.
- Process mapped different patient journeys, focussing on delays in patient assessment, treatment and diagnosis.

This has led to a more transformational and patient-centred approach, hence, facilitating a flexible process which in turn helps reduce hospital admissions and the increasing pressure on the service. The process now allows:

- Assess, treat and discharge on the same day (this could also include the necessity for Outpatients investigations as follow up).
- Assess, treat and provide flexible treatment plan or review over a period of days as ambulatory attenders.
- Assess, admit and treat as inpatient.