

# Game Changers

## **SURGICAL AMBULATORY SERVICE (SAmS) – ONE STEP BEYOND EmSU!**

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We previously reported how the Emergency Surgical Unit (EmSU) revolutionised the management of unscheduled general surgery in the Belfast Trust.<sup>1</sup> Having just celebrated its 7<sup>th</sup> birthday it has established itself as a pioneer of ‘good surgical practice’, delivering high quality emergency surgical care all day, every day. Regardless, Emergency Departments continue to be overwhelmed and new initiatives have spawned to address the ever-increasing demand.

Ambulatory care is the latest initiative to emerge with the principal aim of avoiding hospital admissions whilst affording more ergonomic, efficient care at source. NHS England have established a template for ‘Same Day Emergency Care’<sup>2</sup> and this blueprint has been successfully piloted and developed. Twelve established principals underpin successful Surgical Ambulatory Emergency Care.<sup>3</sup>

Recognising a list of ‘Ambulatory sensitive conditions’, pathways and protocols can be designed to facilitate enhanced patient flow and high-quality care. SAmS, the Belfast Trust model, was piloted on the 1<sup>st</sup> June 2017 becoming fully operational one year later. It now boasts a full complement of Medical and Nursing staff operating 5 days a week drawing referrals from Emergency Departments and Primary Care.

SAmS manages a median of 20 cases daily with access to ‘same day’ radiology and expedient endoscopy and surgery. Its success is reflected by a 20% decrease in the number of admissions to EmSU. Successful clinical environments can create more work but treat patients who would otherwise suffer from the frustration of protracted investigation pathways and lengthy waiting lists if managed through traditional channels.

With the backdrop of Covid19, to avoid overcrowding in Emergency Departments, we are on the cusp of seismic regional change through the introduction of Urgent Treatment Centres whose principal aim is to triage to Ambulatory Care. Well established Ambulatory Units like SAmS are pivotal to the success of this model.

**“It is not the strongest of the species that survives, nor the most intelligent; it is the one most adaptable to change.”<sup>4</sup>**

### **REFERENCES:**

1. The Emergency Surgical Unit (EmSU) — Revolutionising Unscheduled Care in Surgical Patients. Clements JM, Clements JD, Clements WDB. *Ulster Med J* 2016;85(3):223-224

2. NHS Improvement. *Same Day Emergency Care*. Available from <https://improvement.nhs.uk/resources/same-day-emergency-care/> (Accessed 31<sup>st</sup> July 2020)
3. Surgical Ambulatory Emergency Care Network. *Surgical Ambulatory Emergency Care Network Toolkit*. Available from <https://www.ambulatoryemercare.org.uk/uploads/files/1/News/SAEC-TOOLKIT-version-1---September-2018.pdf> (Accessed 31<sup>st</sup> July 2020)
4. Darwin CR. *On the Origin of Species by means of natural selection, or the preservation of favoured races in the struggle for life*. John Murray Publishing: 1859

## **HEART IN THE RIGHT PLACE: THE AMBULATORY CARDIOLOGY UNIT**

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How we deliver healthcare is rapidly changing. In 2015 the Belfast Health and Social Care Trust piloted the Ambulatory Cardiology Unit (ACU), with the aim of improving quality of care. ACU provides a facility where patients attending the emergency department with new or known cardiac conditions can receive early follow up and evaluation by the cardiology team. For clinical presentations such as syncope, timely assessment by specialist staff has already been shown to reduce unnecessary hospitalisations, improve diagnostic rates, and reduce healthcare costs.<sup>1</sup>

In its first year ACU was involved in 1644 patient episodes. A review of the first year of service demonstrated an overall reduction in admissions to cardiology beds by 13.5%. In particular, admissions with atrial fibrillation were reduced by 24%, syncope by 29% and pericarditis by 45%. Only 1.7% of patients assessed in ACU required hospital admission within 30 days.<sup>2</sup> This indicates a safe and effective change in healthcare systems and structure.

There are ever increasing pressures on our unscheduled care services. In this climate, any workable alternative should be considered. ACU has demonstrated how a small service can have a significant impact and this model has potential to be adapted by other specialities.

### **REFERENCES:**

1. A novel ambulatory syncope assessment unit is safe and cost-effective in a low-risk patient cohort, MacLachlan, H.I., Allen, C.J., Balaji, G., *The British Journal of Cardiology*, April 2018; 25:58–62.
2. The ambulatory cardiology unit; reduction of admissions and patient outcomes after 1 year. Byrne J, Morrison K, Trainor W, et al. *Heart Journal*. 2017;103:A21.

