

The Reconfiguration of an Acute General Surgery Service in the context of COVID

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Introduction

During the COVID crisis, our Trust developed a new plan for the management of acute patients in the Adult Assessment Unit (AAU) to streamline patients away from the Emergency Department (ED). Despite the disruption of services, we were asked to develop a new strategy for the management of acute admissions to a separate clinical area.

Aims

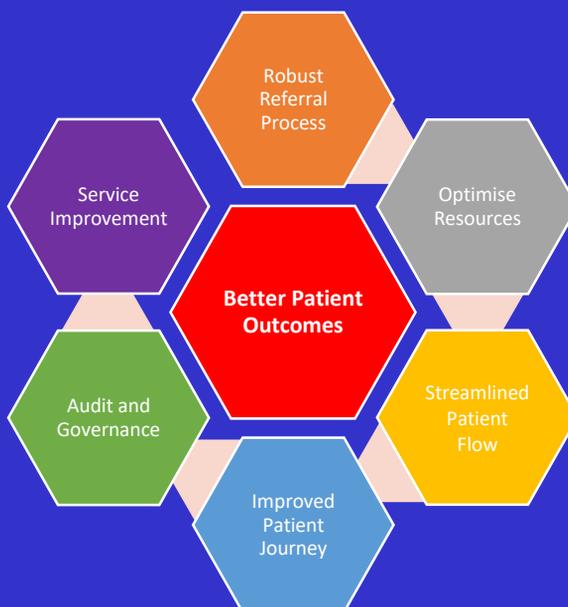
To develop a sustainable patient-centred acute general surgery pathway suitable for both COVID and the post-COVID era.

Methods

We adopted a multi-disciplinary approach and developed a referral pathway to cover a spectrum of patients including critically unwell patients requiring emergency surgery to less acute ones requiring review, reassurance and discharge. We piloted this over a period of 2 weeks with rapid audit and improvement cycling thereafter.

Results

During the initial pilot phase, a total of 168 patients were referred to general surgery with 68 patients were seen in the AAU. The median time to initial assessment was found to be 20 minutes (range 5 – 170 minutes). The median time taken to decide to admit or discharge a patient was 105 minutes (range 10 – 405 minutes). The length of stay ranged from 10 minutes to 635 minutes. The pathway developed was well received by all key stakeholders and was utilized as a model for other specialties.



Conclusions

A safe and effective service reconfiguration can be developed quickly provided that all key stakeholders are actively involved and open to service improvement and change. Rapid cycling and revisions of this pathway enabled the service to be expanded and may be used as a framework for the development of further services.

References

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