Standard Operating Procedure

SOP ID	The Acute Floor Zone – Emergency Surgery Unit (incorporating Surgical Assessment)
Version	Complete
Title	Surgical Assessment Unit
Issued by	Division of Surgery (Lead Mr Simon Dwerryhouse)
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Directorate	Surgical

1. Introduction

Increasing demands on all healthcare services means it is important that patients receive the right care at the right time in the right place.

The Emergency Surgery Unit consists of 16 beds and a Surgical Assessment Unit (SAU), which has 8 chairs and two assessment trolleys.

This document relates to the operational day-to-day running of the Emergency Surgery Unit (incorporating SAU) and provides guidance on how patients will flow through the Unit to ensure the delivery of 'right care, right place, right time' for all emergency surgery patients.

2. Responsibility

It is the responsibility of all SAU staff including Nursing, Medical and Allied Health Professionals to follow this SOP in accordance with the Trust Escalation Policy and Corporate Strategy.

It is the responsibility of all staff *referring* patients to SAU to follow this SOP to ensure that the correct patients are referred to the unit.

Table 1 – SAU TEAM MEMBERS

Team members:	Details
Consultants	Mr Vipond Mr Hewin Mr Hornby Mr Dwerryhouse Mr Higgs Mr Jaunoo Mr Cook Mr Roe Mr Scott Mr Peacock
Matron	Jules Roberts
Deputy Director of Surgery	Bernie Turner
Advanced Nurse Practitioners	Lou Buckle
ED Consultant link	Rob Stacey Elinor Beattie
Nursing Leads	Emma Harker Ruth Keating
Pharmacy lead	Phoebe Bianchi
Deputy Director of Unscheduled Care and Flow	Sherri Cheal

3. SAU

3.1 The SAU will be based on Ward 5A and is open 24 hours, 7 days a week.

3.2 All patients presenting to ED with suspected acute general surgery conditions will be referred on to and assessed on the SAU.

3.3 The ED team will undertake triage as usual to assess the patient's NEWS. If the patient has a NEWS of 2 or less and meets the agreed criteria, the ED team will ring the **SAU Co-ordinator on 6681or contact them on their designated mobile phone number 07966178889**. If the SAU Co-ordinator determines that a space is available, ED will send the patient up and allocate on TRAK.

3.4 The only exemption for admission to the SAU will be patients who have been initially stabilised in ED Resus. These patients will be admitted to a bed on the Emergency Surgical Unit (ESU) on 5a when it is deemed clinically appropriate to transfer them from ED. Further information on exemptions is in Section 4 and in the Appendix.

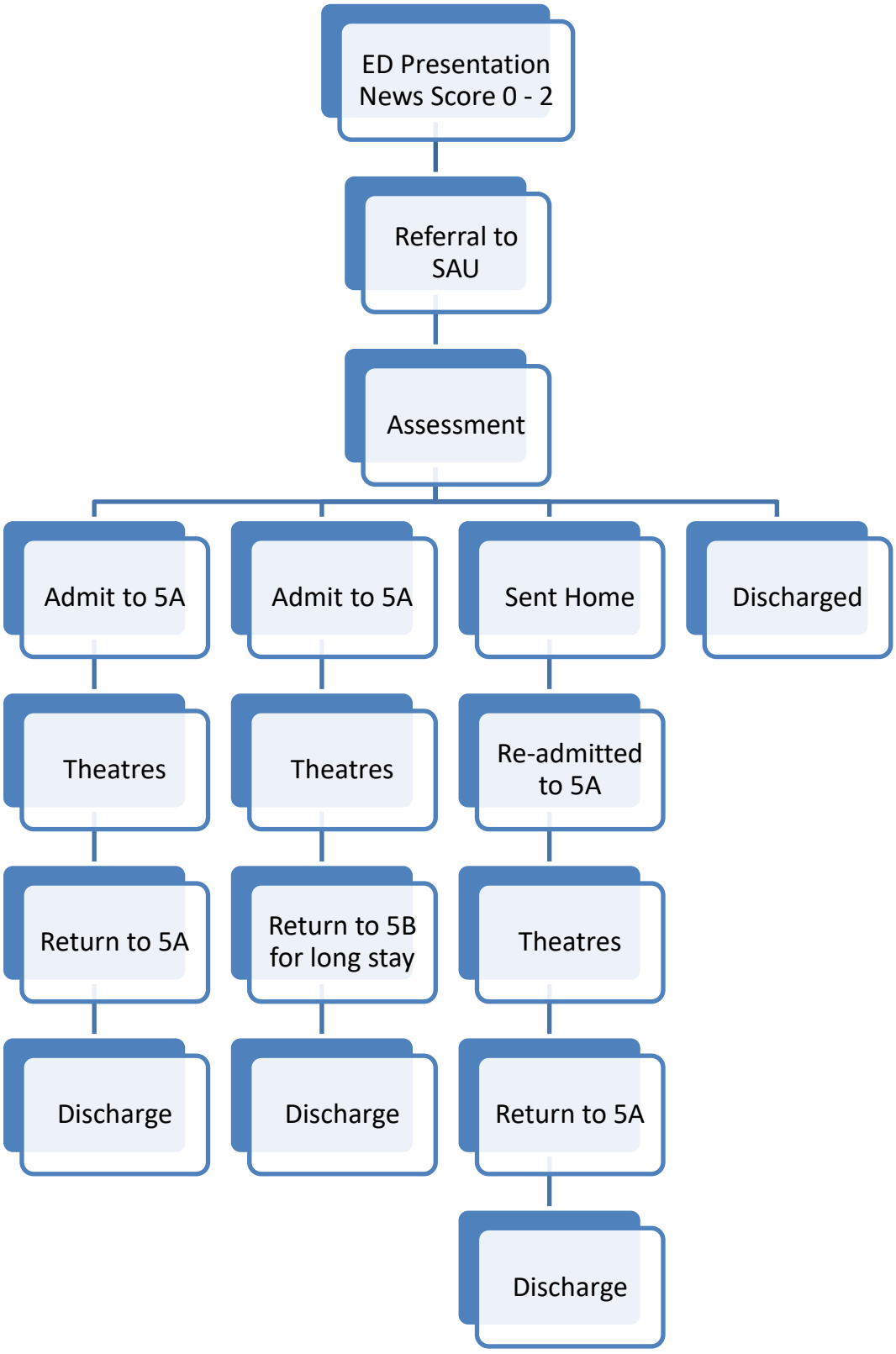
3.5 The SAU will operate with 8 chairs for the assessment and care of patients presenting with acute general surgery conditions.

3.6 Patients will be streamed on the SAU to the most appropriate clinical pathway dependent on their symptoms and diagnosis. After assessment, patients will be either: -

- admitted onto the ESU on 5a
- be sent home and asked to return at a later stage for further treatment
- be discharged

3.7 Patients admitted from the SAU onto the ESU may stay on ESU is their stay is likely to be less than four/five days: patients with longer expected stays due to their diagnosis will be transferred post procedure to ward 5b which houses major abdominal surgery patients.

3.8 The flow of patients from SAU after assessment, will be: -



4. Emergency General Surgery patients

4.1 All General Surgical admissions should be admitted via SAU, with the exceptions as noted in 4.4 and 4.5.

4.2 When in escalation, this continues to be the route of admission.

4.3 It is anticipated that the majority of referrals to SAU will be admitted to a chair prior to assessment.

4.4 Patients with suspected acute general surgery condition (see appendix 1) and with NEWS score 0-2, may be referred direct to the SAU coordinator.

4.5 Referrals from ED with NEWS 0-2 should not be given intravenous morphine but can be prescribed Oramorph if clinically appropriate.

4.6 Patients with suspected acute general surgery condition (see appendix 1) and with NEWS 3 or greater must be referred directly to the Emergency Surgery medical team.

4.7 Those patients accepted by SAU will be cared for by a trained nurse with the necessary skills, knowledge and experience.

4.8 The Emergency General Surgery team will work hand in hand with nursing colleagues in caring for these patients ensuring comprehensive plans and treatment regimes.

5. SAU Nursing

5.1 The Nursing workforce in the SAU is led by the Matron for General Surgery.

5.2 There will be a Ward Manager on SAU and ward nurses to provide care for patients within Safe Staffing Levels.

5.3 On every shift there will be a dedicated Senior Staff nurse to coordinate and to triage admissions.

5.4 All areas are staffed over 24 hours, 365 days per year with staffing ratios agreed.

5.5 The SAU will be staffed with a Co-ordinator on every day shift in addition to three registered nurses, making a total of four trained staff on shift. Alongside the registered nurses are three Health Care Assistants on every day shift forming a rota pattern of 4/3 maximum staffing and 4/2 minimum staffing. There will be 3/2 at night.

Table 2 – SAU STAFFING

	RN	HCA	
Early 7.15-15.15	4	3	
Late 11.45-19.45	4	3	
Night 19.15 - 07.45	3	2	

6. Duties of Co-ordinator

6.1 The SAU coordinator is key to ensuring that the smooth and timely transition between ED, Site Management, SAU and then to subspecialty wards.

6.2 The SAU coordinator needs to maintain regular contact with the ED Co-ordinator to ensure that all surgical patients are admitted to SAU within one hour of the referral being accepted / decision to admit being made. It is envisaged that, in the future, the SAU Co-ordinator will access the ED screen directly and pull patients up from ED.

6.3 The coordinator is responsible for the onward movement of patients out of SAU to create beds for admission.

6.4 The coordinator will enact escalation policies if beds are unavailable and patients are waiting at home or waiting in ED.

6.5 The coordinator will liaise with the medical teams to identify discharges on the post take ward round and to identify patients suitable for onward transfer.

6.6 The coordinator will maximise use of the discharge lounge.

6.7 The coordinator will escalate the need for discharge-dependent investigations.

6.8 The coordinator is responsible for the overall running of the unit and is expected to escalate problems to the Matron, Site Management, General Manager or the on call specialty consultant if required.

7. Emergency Surgery Patients and Trust Escalation

7.1 The SAU will work under the Trust escalation policy on the pre-emptive transfer of a patient to the unit. This incorporates the transfer of a patient to the corridor on SAU providing that this happens: in hours, with an identified discharge available to ensure bed availability and is clinically safe for the patient and staff.

7.2 In times of escalation, it is critical for patient safety that agreed standards for handover will be maintained when the patient is referred to the surgical team and on arrival on SAU.

7.3 Patients, following assessment on SAU, will be assessed for suitability for transfer to escalation beds.

7.4 Suitable patients for transfer to escalation beds include:

Abscess
Non-specific abdominal pain or ?appendicitis
Post-operative appendicectomy
Uncomplicated biliary disease
Uncomplicated PR bleed

7.5 Unsuitable patients include: -

Intestinal obstruction
Acute pancreatitis
Post op laparotomy
Unstable PR bleeds

8. Collaborative Working

8.1 All teams across the 5th Floor will work together to maximise the benefits to patient care and experience.

8.2 It is expected that ED, Site Management and the staff on the 5th Floor will work collaboratively to ensure the safe flow of emergency surgery patients. Regular feedback will be sought between all stakeholders to resolve issues and ensure the delivery of excellent patient care.

9. Reporting/Audit/Emergency

9.1 The computerised system Trak Care will be used in SAU. Patients admitted to SAU will be recorded separately from those admitted directly to the ESU on 5a. These data will be used for monitoring purposes.

9.2 The ED Department will monitor waiting times for surgical emergencies.

9.3 The Lead for Emergency Surgery will work with his counterpart in ED on metrics to demonstrate improvement in patient flow and safety.

APPENDICES

1. REFERRALS TO SAU FROM ED

Information that is required from the referrer to SAU

2. SAU DOES NOT ADMIT THE FOLLOWING:

1. Upper GI Bleed/ haematemesis

2. Diarrhoea with no abdominal symptoms
3. Urinary tract infection
4. Back or hip pain
5. Wound problems post cardiac, thoracic, neurosurgery, orthopaedic surgery
6. PEG problems
7. Sacral sores
8. Swollen legs
9. Hand/ joint infections or abscesses
10. Head injury

IF SURGICAL ADMISSION STILL CONSIDERED APPROPRIATE PATHWAY

Discuss with Surgical ST or Emergency General Surgery Consultant.

3. FLOORPLAN:

SAU | Emergency <=3 days LoS | Emergency General Surgery | Emergency >=4 day LoS | Electives