

Authors: Dimitrios damaskos, Christopher Deans, Hugh Paterson, Simon Paterson-Brown

THE EDINBURGH EMERGENCY SURGERY ORGANISATION: ‘SPECIALIZATION’ OF EMERGENCIES AS A WORKING MODEL

THE EDINBURGH EMERGENCY SURGERY ORGANISATION: ‘SPECIALIZATION’ OF EMERGENCIES AS A WORKING MODEL

D. Damaskos¹, C. Deans¹, H. Paterson², S. Paterson-Brown¹

¹General Surgery, Royal Infirmary of Edinburgh, Edinburgh/UNITED KINGDOM, ²Colorectal Surgery, Western General Hospital, Edinburgh/UNITED KINGDOM

Introduction: Emergency surgery has gained much attention following the publication of NELA. In Edinburgh we have adopted a unique approach to the organization and delivery of emergency surgical care.

Material and methods: Edinburgh has a split site emergency ‘specialisation’. The Royal Infirmary (RIE) undertakes specialist upper GI surgery (oesophagogastric and HPB) and general surgery. The Western General Hospital (WGH) performs specialist colorectal surgery and general surgery. In addition, the RIE has the accident and emergency department. Both sites have a surgical assessment unit. Patients are triaged to the appropriate site upon pre-agreed protocols. Both sites are staffed 24 hours and consultant delivered ward rounds are conducted twice daily. An additional ‘hot’ clinic is run daily to review ambulatory patients.

Results: An average 190 patients are assessed at RIE each week. On the target set by NELA for all patients to be reviewed within 14 hours by a consultant, RIE scores 90% (NELA 55%). The introduction of the ‘Hot’ clinic has reduced admission rates from 85% to 54% releasing bed availability and reducing unnecessary admissions. During 2015, 259 emergency operations were performed after midnight at RIE with a Consultant present for 97% of cases (NELA 80%).

Conclusion: ‘Specialization’ of emergency services in Edinburgh has

resulted in emergency patients receiving specialist input for the delivery of emergency care. The service is Consultant-delivered improving the standard of care and providing training in a supervised setting. The introduction of the 'hot clinic' has reduced unnecessary hospital admissions and improved patient satisfaction.

References:

Disclosure: No significant relationships.