





ASAU Patient Experience Report 2019



Improving Surgery in Ireland

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EXECUTIVE SUMMARY

The National Clinical Programme in Surgery (NCPS) is a strategic initiative between the Health Service Executive's (HSE) Clinical Design and Innovation and the Royal College of Surgeons in Ireland (RCSI). Clinical Design and Innovation, under the leadership of the HSE Chief Clinical Officer Dr Colm Henry, works through the clinical Programmes to define best practice and to assist in the development of evidence-based policy. The aim of the NCPS is to provide a framework for the delivery of safer, more timely and accessible, more cost effective and efficient care for surgical patients, working closely with the other National Clinical Programmes as well as with colleagues throughout the HSE, Department of Health, Slaintecare, acute hospitals, patient advocacy groups and other relevant stakeholders across the health system. Together, we are improving surgery in Ireland.

Over the last 3 years, Acute Surgical Assessment Units (ASAUs) have reshaped the way that we deliver unscheduled care to patients who present to hospital with an acute surgical condition. ASAUs allow senior surgical decision makers to see patients promptly, facilitating efficient and effective care. The development and expansion of ASAUs is an important component of the Acute Model of Care published by the NCPS in 2013 and is supported by the National Clinical Adviser and Group Lead (NCAGL) Dr Vida Hamilton and her colleagues in the Acute Hospitals Division. For individual hospitals, the accreditation process provides a standard for service improvement and for patients; it ensures consistency of the service received.

This report captures the voice of patients who have received care in our ASAUs over the last 12 months and is the first patient experience survey of care delivered by the accredited ASAUs in Ireland. It highlights very high levels of patient satisfaction with their experience, especially highlighting the quality of care, dignity and communication they experienced. Accredited ASAUs are not only clinically effective, but equally importantly, the experience of care is highly valued by the patients we serve. We are delighted to recognise and congratulate the front line staff in our accredited ASAUs across Ireland and we thank them for their work.

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Prof. Deborah McNamara Co-Lead NCPS

Prof. Paul Ridgway NCPS Clinical Advisor General Surgery

Prof. John Hyland Co-Lead NCPS

INTRODUCTION

The purpose of this survey is to illustrate how patients experience care delivered in ASAU in Irish Public Hospitals. The survey is limited to units that have reached the standards to be accredited by the NCPS ASAU Accreditation review board (ARB).

NCPS Acute Model of Care (NCPS, 2013), set out a process whereby considerable efficiency and safety benefits may accrue to acutely ill surgical patients. The Acute Surgical Assessment Unit provides a dedicated, transitory, bespoke area where acutely ill surgical patients (Manchester triage categories 3 & 4) can be assessed. They are then admitted to hospital or treated and ambulated. It is envisaged that approximately 40-60% of those patients seen will receive community care without the need for admission to the acute hospital setting. The major benefit is that Senior Surgical Decision Makers (SSDM) is available to the ASAU promptly, which reduces Patient Experience Time (PET) and allows early robust decision making. The ASAUs are currently stand-alone but it is envisaged that they will form part of the wider 'Acute Floor' in the coming years or be networked within hospital groups.

ASAUs were defined in a Minimum standards for Acute Surgical Assessment Units in Ireland document in 2018 (NCPS, 2018). These accreditation standards were developed by a partnership with the NCPS, Healthcare Pricing Office and Acute Hospitals division of the HSE. The membership of the review board reflects its origins (Appendix A). The accredited ASAU's activity is coded on the Hospital Inpatient Enquiry (HIPE) system which establishes the value of that activity if Activity Based Funding is extended to ASAUs after the pilot period is completed.

To date there are a number of accredited sites nationwide:

- University Hospital Galway
- Mater Misericordiae University Hospital
- St Luke's General Hospital, Kilkenny
- University Hospital Limerick
- Our Lady of Lourdes Hospital, Drogheda
- Cork University Hospital

Local variance exists in terms of inclusion and exclusion criteria (Appendix A) of patients suitable to be streamed to an ASAU, however are typically categorised as Manchester Triage (Manchester Triage System, 2014) Score 3-4 from the emergency department Triage system.

Benefits of an ASAU include:

- Admissions are concentrated in one area allowing rapid transfer from the Emergency Department or direct referral form Primary Care. Defined protocol should allow nurse triage from the Emergency Department (ED) department and Primary Care.
- Emergencies can be quickly prioritised by experienced staff.
- Consultant-led assessment can be provided regularly throughout the day.
- Same-day imaging and diagnostics should be available and provided for.
- Nurse-led early discharges can be facilitated.
- Emergency Department waiting time targets are supported.

ASAUs aim to reduce the length of stay and provide a more positive experience for the patient, fewer complications and a lower mortality rate. The ASAU is guided by the 10 guiding principles of an ASAU (Appendix B) and relies heavily on units collecting data for the Key Performance Indicators (KPIs), (Appendix C).

This report will:

- Provide the first documented patient experience, of care delivered within accredited ASAUs in Ireland
- Act as a benchmark for future patient experience surveys in ASAUs
- Provide recommendations for ongoing development as identified by patients
- Identify potential QI projects within Units.

DESIGN

A patient satisfaction survey was co-designed by the National Clinical Programme in Surgery, taking into the account views of the patient as well as views of staff who are working in ASAU nationwide, the overall aim of the survey was to provide a nationwide picture of how patients experience care delivered in and ASAU as well as proving that ASAUs are delivering a standard of care envisaged by the NCPS.

Secondly, an ASAU census was circulated to all units in the country to understand the staffing and infrastructure, along with self-reported KPIs.

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METHODOLOGY

As part of the ASAU Standards KPIs units are required to collect a minimum of 25 patient satisfaction surveys in any quarter. In July 2019, ASAUs nationwide collected patient experience surveys and aimed for 50 surveys per site.

Patients were handed the survey by a member of staff. Asking for their opinion on 10 statements rated on a scale of strongly agree to strongly disagree. The completion was optional and anonymous returning it to a collection box with in the unit. At the end of the study period all surveys were sent to the National Clinical Programme in Surgery for collation.

Individual units were feedback their individual results by the NCPS. We present the metadata form all sites in this report, together with the individual KPI characteristics of the units.

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	SITE 1	SITE 2	SITE 3	SITE 4	SITE 5	SITE 6
What are you current working hours of your ASAU?	09.00-17.00 Mon-Fri	08.00-16.00 Mon-Fri	24 hours a day	08.00-21.00 Mon-Fri	07.30-20.00 Mon-Fri	07.30-17.00 Mon-Fri
What is the current NCHD allocation for your ASAU?	3 (WTE)	1 (WTE)	Registrars: 4 SHO's: 4	2 (WTE)	08.00-18.00 Mon-Sun	1 Reg+1SHO/ day
What is your currect nursing allocation for your ASAU?	1.5 (WTE)	1 CNM2	Shift by shift allocation	7.9 (WTE)	8.66 WTE	2.5 Nurses
Please tell us your total ASAU attendances for 2019	1603	2614	7325	3142	2409 343 R/V Clinic Patients	1209 patients
What percentage of patients ASAU PET time was less that 4 Hours?	34.7%	%06	73% (Dec 2019)	80%	59%	80%
What percentage of ASAU patients were admitted?	48.74%	27%	57% (Q4 2019)	40%	27%	73%
What percentage ASAU patients were reviewed in 30 minutes?	98.4%	80%	33% (Dec 2019)	65%	78.4%	91%
What percentage patients were in category 5 Manchester Triage score?	0.13% cat 5 6.29% not Triaged	%0	Unknown	4 patients	%0	%0

Self reported data as part of ASAU census 2019

	ASAU PATIENT EXF SURVEY 2019	EXPERIENCE National overview
94% of patients understood where their care would be delivered	Waiting time to see a member of staff was satisfactory in 89% patients	of patients found the ASAU easily
Once seen the wait was satisfactory in 92% of patients	Confidentiality was maintained in 96% of patients	96% of patients fully understood the plan
Doctors maintained dignity and respect in 96% of patients	94% went away from ASAU Mowing the outcome	Nurses maintained dignity and respect in 100% of patients
88% patients discharged from ASAU received information leaflet	98% agreed that quality of care was satisfactory	Overall 95% of patients were happy with their visit
💙 @surgeryireland surgeryprogramme@rcsi.ie	@rcsi.ie	based on patient surveys in July 2019

WHAT ARE WE DOING WELL?

Patients are overall very positive about the experience of care delivered in an ASAU throughout the country with 95% of patients nationwide reporting that they are happy with their visit to ASAU.

The high level of satisfaction of dignity and respect delivered by Doctors and Nurses should be commended, delivering an excellent service.

Communication is reported as excellent throughout the country with 96% of patients leaving the ASAU fully understanding the plan and 94% understanding the outcome of the hospital visit.

Along with questions rated on a scale of strongly agree to disagree; a section was available to patients to free text the answer to the questions.

SKILLS	23	CULTURE	39
Taking bloods	2	Respect	2
Communication	3	Reassurance	3
Friendly	7	Kind	3
Listening	2	Helpful	2
Information giving	9	Caring	27
STAFF	76	Professionalism	2
Drs	6	SERVICE	113
Team	5	Praise	55
Staff	45	Positive from 'what can we do better'	44
Nurses	16	Environment	2
Receptionist	4	Speed	8

What did we do well? These responses were themed into the following categories:

Skill - this sections included comments from patients about individual skills of healthcare; communication was excellent, everyone listened to me well, the staffs were excellent at listening, to praise for an individual member of staff being skilled at taking blood.

Staff - patient singled out many staff for praise, where doctors and nurses were mentioned in the same comment this has been joined together to form staff, it is clear from this section that everyone patients came into contact with from reception staff welcoming patients to the unit to Doctors deciding on a treatment plan deserved a mention from patients.

Culture - where comments were made about the general 'feel' of a unit, they have been themed together to make the category culture, this includes feedback such as helpful, kind, professional.

Service - this is the category with the most comments, it is made up of comments that praised the service, environment and speed of service delivery. There is also comments added to this section from the question what can we do better and patients answered 'nothing'.

WHAT COULD BE DONE BETTER?

Patients find some ASAUs difficult to find. There needs to be some improvements around the amount of time to see the first member of staff, it is unclear if patients are referring to the time waiting to be seen in Triage or the time to see senior decision maker in ASAU.

Plans for longitudinal feedback:

- 1. The National Clinical Programme in Surgery will form a focus group of units throughout the county to design and develop a patient information leaflet as it is reported that only 88% of patients received an information leaflet.
- 2. The NCPS have provided individual ASAUs with their own sites feedback.

Patients were also provided a free text space to answer the question 'what could we have done better'

In answer to the question 'what could we have done better?' this question had fewer free text responses entered from patients but have been broken down into the following categories

INFRASTRUCTURE	6	ENVIRONMENT	5
Signposting	3	Food	3
Need more investment	1	Wheelchairs	1
Marketing	1	Noisy	1
Disease knowledge	1	FLOW/PROCESS	12
CARE	7	A&E wait	2
Listen	6	Results delay	1
More checks	1	Bloods delay	1
		Process	2
		Delay	6

Infrastructure - this included patients reporting that the signposting to units was problematic, that GP weren't aware about the service to a lack of knowledge about a very specific disease.

Care - In this section patients had commented that staff needed to listen more to their complaints of pain and check on patients more frequently

Environment - there were a number of comments about the standard of food, noise and lack of availability of wheelchairs

Flow and Process - patients complained about a number of waits that they experienced, including waiting for imaging, bloods, A&E and delays in being seen.

CONCLUSIONS

ASAUs in Ireland are a new concept but this survey shows that there has clearly been a shift in the way that unscheduled surgical care is being delivered. Patients have reported that accredited ASAUs are an excellent model of delivering Acute Surgical Care in Irish hospitals. The accreditation process helps ensure consistent practice and allows patients all over Ireland to receive the same standards of care.

This model of acute surgical assessment by a Senior Surgical Decision maker is shown to provide a PET time that patients are satisfied with, and a quality of care that is reviewed as excellent. The collation of data throughout the patient's journey enables us to illustrate that ASAUs are providing a high standard of patient centred care by frontline staff in a timely manner and that patients are overwhelmingly positive about this service.

This is a promising start to the continued incremental roll out of ASAUs, and in due course it is envisaged that more and more ASAUs will be accredited and function in the system.

APPENDICES

APPENDIX A

Membership of ASAU Accreditation review board:

Jamie Logan	Nurse Leads NCPS (Chair)
Prof. Paul Ridgway	National clinical adviser General Surgery NCPS
Prof. Deborah McNamara	Joint lead NPS
Prof. John Hyland	Joint Lead NCPS
Emma Benton	General Manager, office of NCAGL Acute Hospitals
Brian Donovan	Head of Healthcare Pricing, Healthcare Pricing Office
Maureen Lynne	Business Manager, Acute Hospital Finance, Healthcare Pricing Office
Laura Metcalf	Statistician, Healthcare Pricing Office

APPENDIX B

Ten Guiding Principles of an Acute Surgical Assessment Unit:

The primary aim of an ASAU is to deliver Senior Decision Making early in the pathway of selected triaged acute surgical patients

The main quality measures are to reduce PET and reduce inappropriate admissions thus providing better patient care

Additional gains should include savings in average length of stay (AvLOS), increased patient satisfaction, and decreased time to diagnostics and surgery if necessary

There should be a critical referral population size in order to deliver cost and other efficiencies. (In smaller units, merging with an Acute Medical Assessment Unit (AMAU) may be considered)

The ASAU should have robust Clinical Governance

The engagement and ongoing support of the Hospital Senior Management Team is important

The ASAU should be in a clearly designated area separated from other units within the Acute Floor

ASAU patients must have formally agreed access to a dedicated emergency theatre, diagnostics and inpatient beds

A review clinic to facilitate admission avoidance and interface with ambulatory care must be available to ASAU patients

An ASAU may contain bespoke elements to provide for specific regional or local needs

APPENDIX C

Key performance Indicators for ASAU's

KPI1: PET time less than 4 hours for 80%

- KPI2: Admissions less than 60% per month
- KPI3: Review in the ASAU in less than 30 minutes in 80% or greater
- KPI4: Less than 10% Triage Category 5 patients
- KPI5: Patient satisfaction sample of at least 25 patients in any quarter

GLOSSARY OF TERMS

Acute Floor	The co-location of Emergency Department, Acute medical assessment Unit and Acute Surgical Assessment Unit. Definition awaiting publication
ASAU	Acute Surgical Assessment Unit
AMAU	Acute Medical Assessment Unit
ED	Emergency Department
HIPE	Hospital Inpatient Enquiry
HSE	Health Service Executive
KPI	Key Performance Indicators
NCAGL	National Clinical Adviser and Group Lead
NCHD	Non Consultant Hospital Doctor
NCPS	National Clinical Programme in Surgery
PET	Patient experience time – defined as triage to time to disposition decision made
RCSI	Royal College of Surgeons Ireland
SSDM	Senior Surgical decision maker - defined as a person with authority and autonomy to admit or discharge a patient
WTE	Whole Time Equivalent

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