

Improving the management of acute gynaecology care – what can we do better? A retrospective study to reduce admission and inpatient stay.

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INTRODUCTION

At Princess Royal University Hospital (PRUH), part of King's College NHS Trust, provision of emergency gynaecology care is through Accident and Emergency (A&E). The PRUH has successful surgical and medical admissions units, but no full-time gynaecology admissions service beyond in-hours appointment-based early pregnancy and gynaecology scanning unit (EPAGSU) and hyperemesis pathways. This can affect patient care: two presentations of acute pelvic pain had delayed diagnosis of ovarian torsion, contributing to loss of the ovary.

There is national pressure to improve same day emergency care for gynaecology patients to improve hospital admissions, length of stay, patient experience and ultimately cut costs.

We aimed to assess presenting complaints and outcomes of gynaecological A&E admissions over 6 months to identify opportunities to reduce admissions and improve outcomes.

METHODS

Retrospective analysis of all patients presenting to PRUH A&E with gynaecological conditions between 1st June 2021 - 30th November 2021.

Data captured by Symphony Electronic System electronic patient records.

Data collected: age, presenting complaint, reason for admission, grade of reviewing doctors, length of stay, imaging location (EPAGSU vs. main department) and requirement for surgery.

RESULTS

- 646 patients presented to A&E with acute gynaecology problems during the study period.
- 41% were admitted, representing 29 different diagnoses, 12,715 inpatient hours and a 42-hour mean length of stay (LoS). Similar numbers of patients present out-of-hours as in-hours.
- 9.2% of those presenting required surgery, but of the 27 people presenting with acute pain none had surgery (mean LoS 10 hours).
- On average, surgical patients had a LoS of 42.4 hours, whereas non-surgical patients had a LoS of 22.3 hours
- 49% of patients required a pelvic ultrasound, 94% of which were performed in the EPAGSU.
- 28 presentations were of suspected ovarian cysts: 46% were admitted, and 85% of those admitted had surgery.

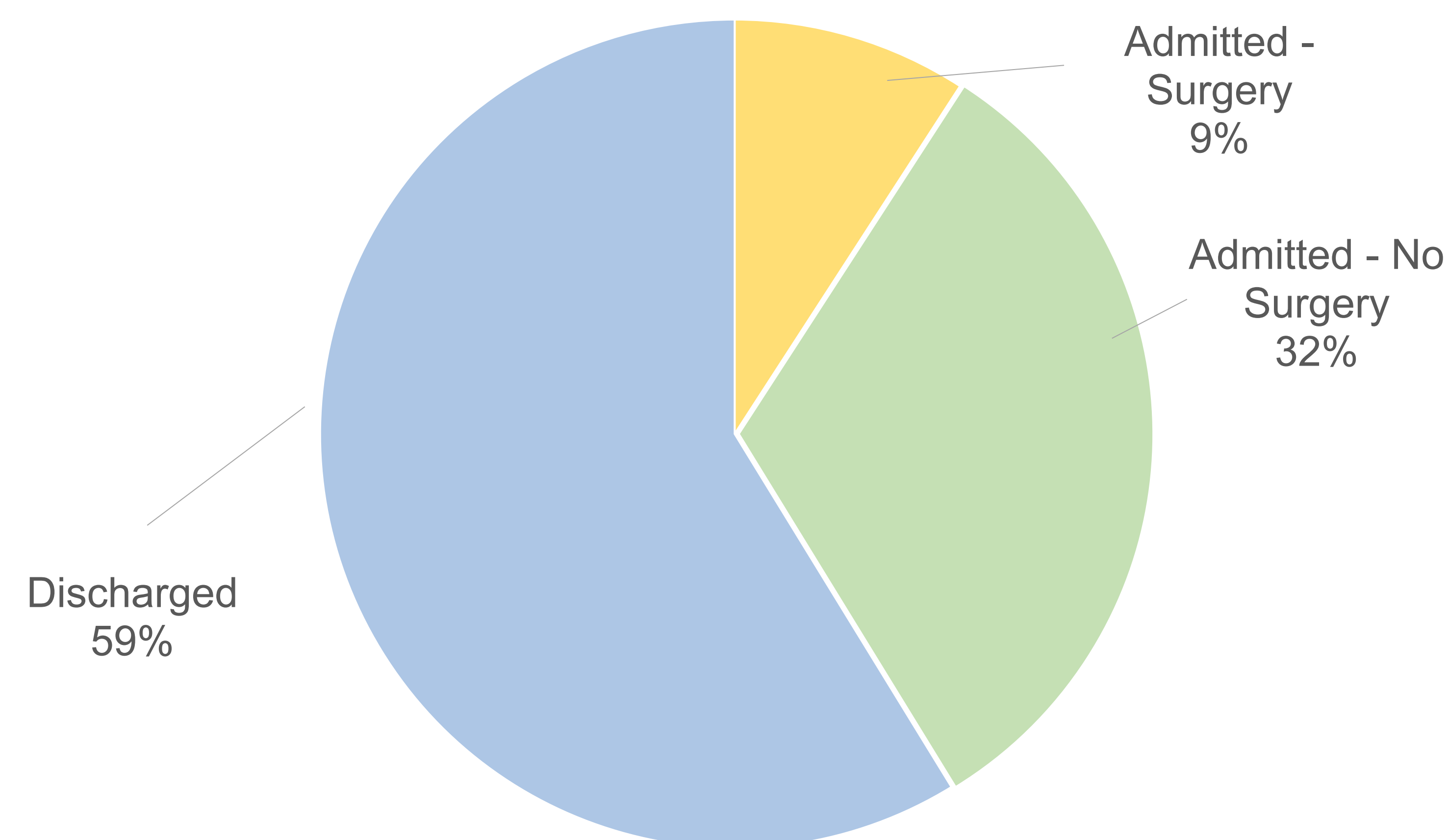


Figure 1: Breakdown of patients discharged versus admitted, and, of those admitted, the proportion that required surgery. N = 646.

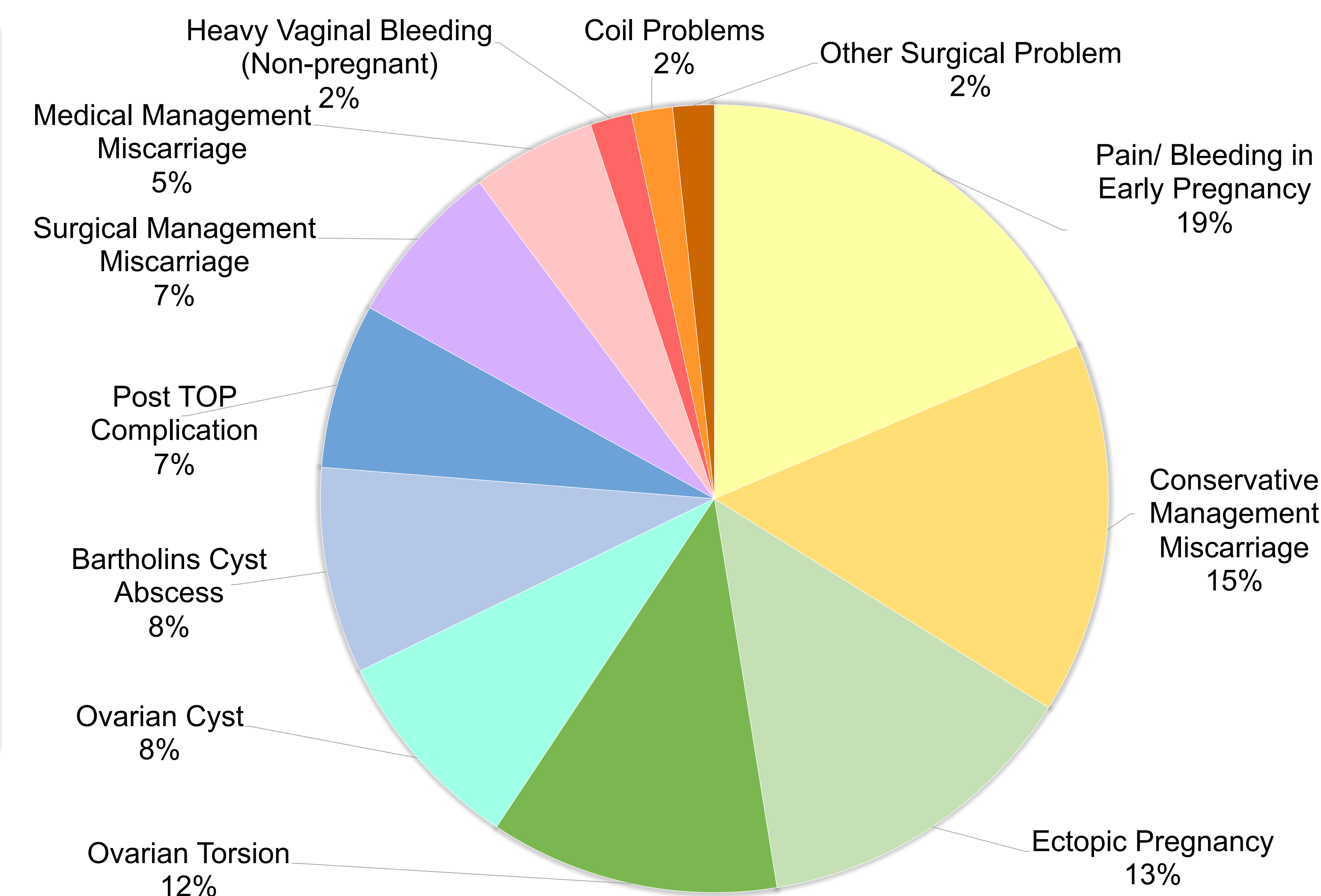


Figure 2: Pie chart illustrating working diagnoses of patients ultimately requiring surgery. N = 59. "TOP": termination of pregnancy.

On average, non-surgical patients stayed in hospital for 22.3 hours, and surgical for 42.4 hours.

9.2% of gynaecology presentations to A&E resulted in surgery.

CONCLUSIONS

Each month, around 100 patients are acutely referred to the on-call gynaecology team, of which 10% ultimately require emergency surgery.

Those not requiring surgery often have long hospital stays. Improving access to scanning could improve this.

We have increased availability of emergency scanning slots to 2 per day with plans to re-audit and assess whether this has improved admissions and LoS.