

Developing an emergency gynaecological service: a multidisciplinary approach

Dr. J King, Dr. D Prekop, Dr. C Gatta, Dr. C Burton, Mr. M James
Department of Gynaecology, Gloucestershire Hospitals NHS Foundation Trust

Introduction

A multi-disciplinary approach to patient care allows for more efficient and effective outcomes for both patients and service providers. On recognition of the need and benefit of a gynaecology emergency service (GEC) we set about creating a 'one-stop' GEC, allowing patients to receive a clinical review, imaging where appropriate and follow-up within one attendance. Critical to setting up the service was identifying stakeholders. We assessed the effectiveness of the GEC through a series of audit and questionnaires directed at the service users including healthcare professionals (HCP) and patient.

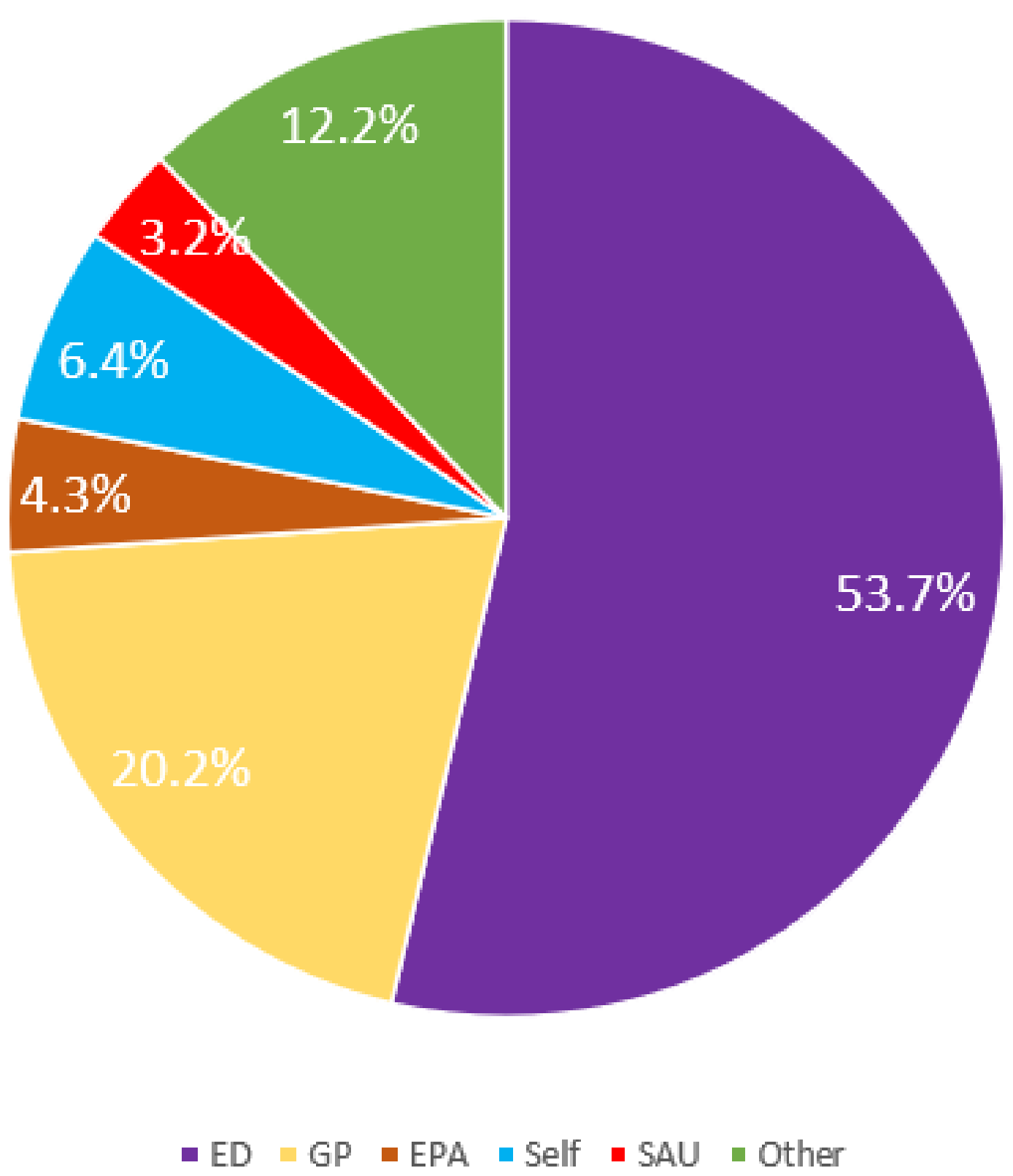
Aims

- Design a multidisciplinary clinic to facilitate a complete, same day gynaecological assessment
- Improve effectiveness of the clinic based on qualitative and quantitative assessment of patient and care provider experiences.

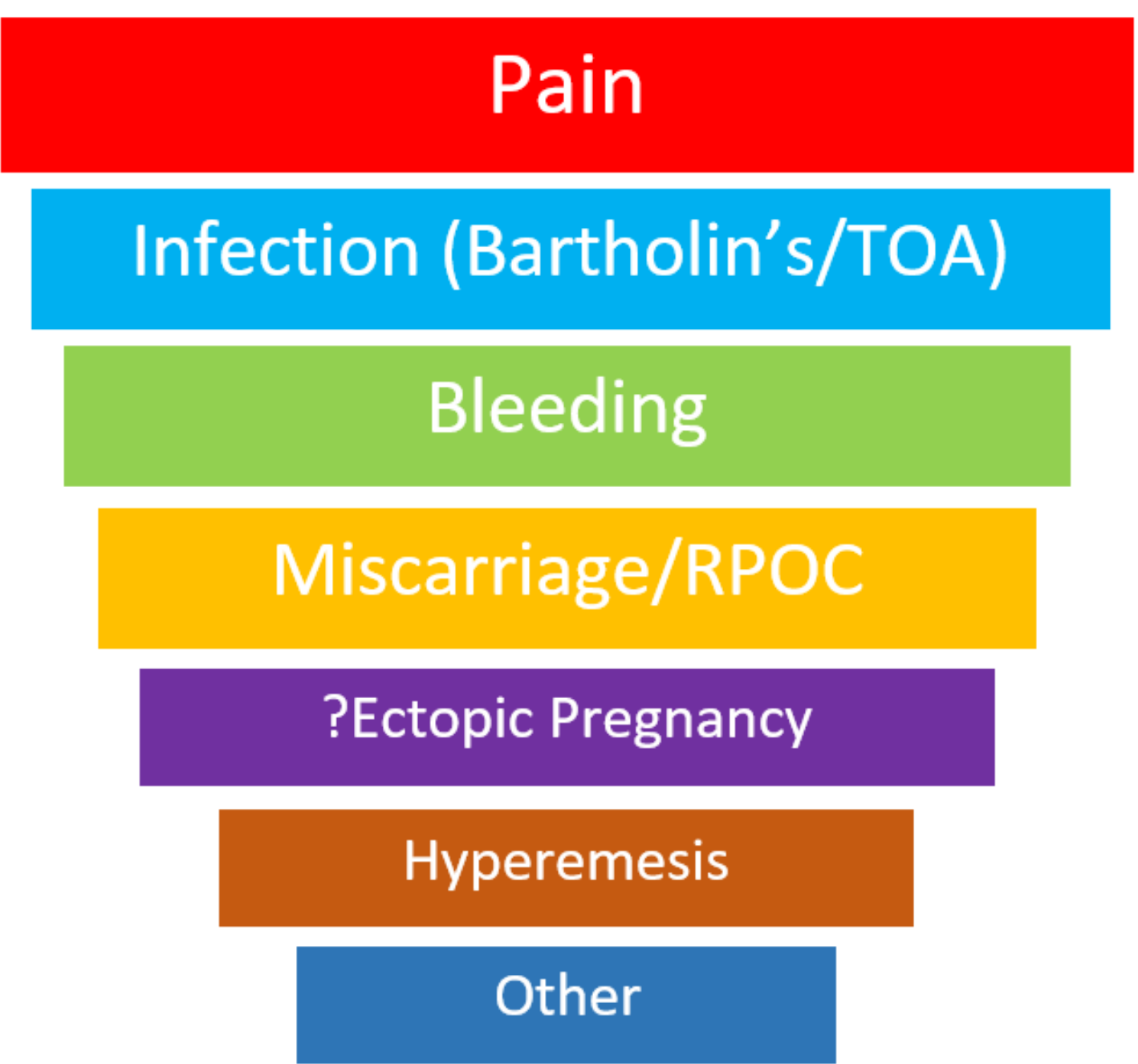
Methods

- Retrospective audit of 188 patient attendances to GEC over a three month time period – clinical notes and PACS imaging results reviewed to ascertain referral pathway, time awaiting review, time from admission to discharge, imaging required and performed
- Attained qualitative data from HCPs and patients to inform and design clinic inclusive of location, opening times, resources required and referral criteria.

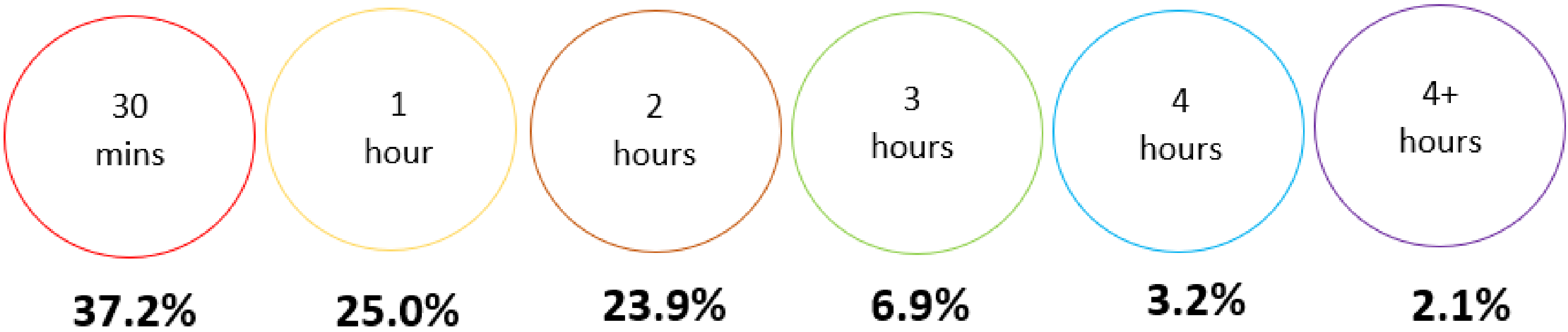
Results



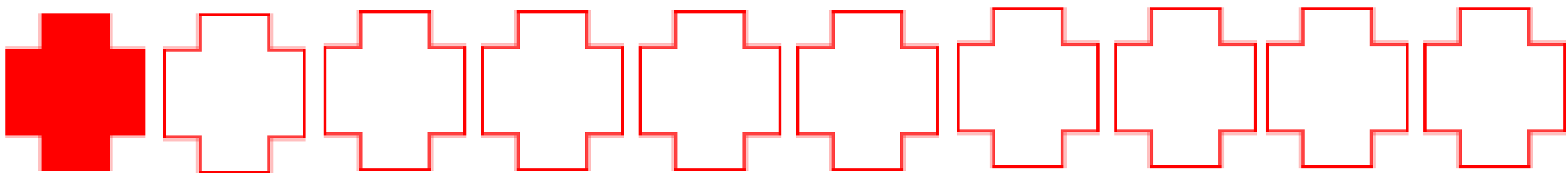
Referring party



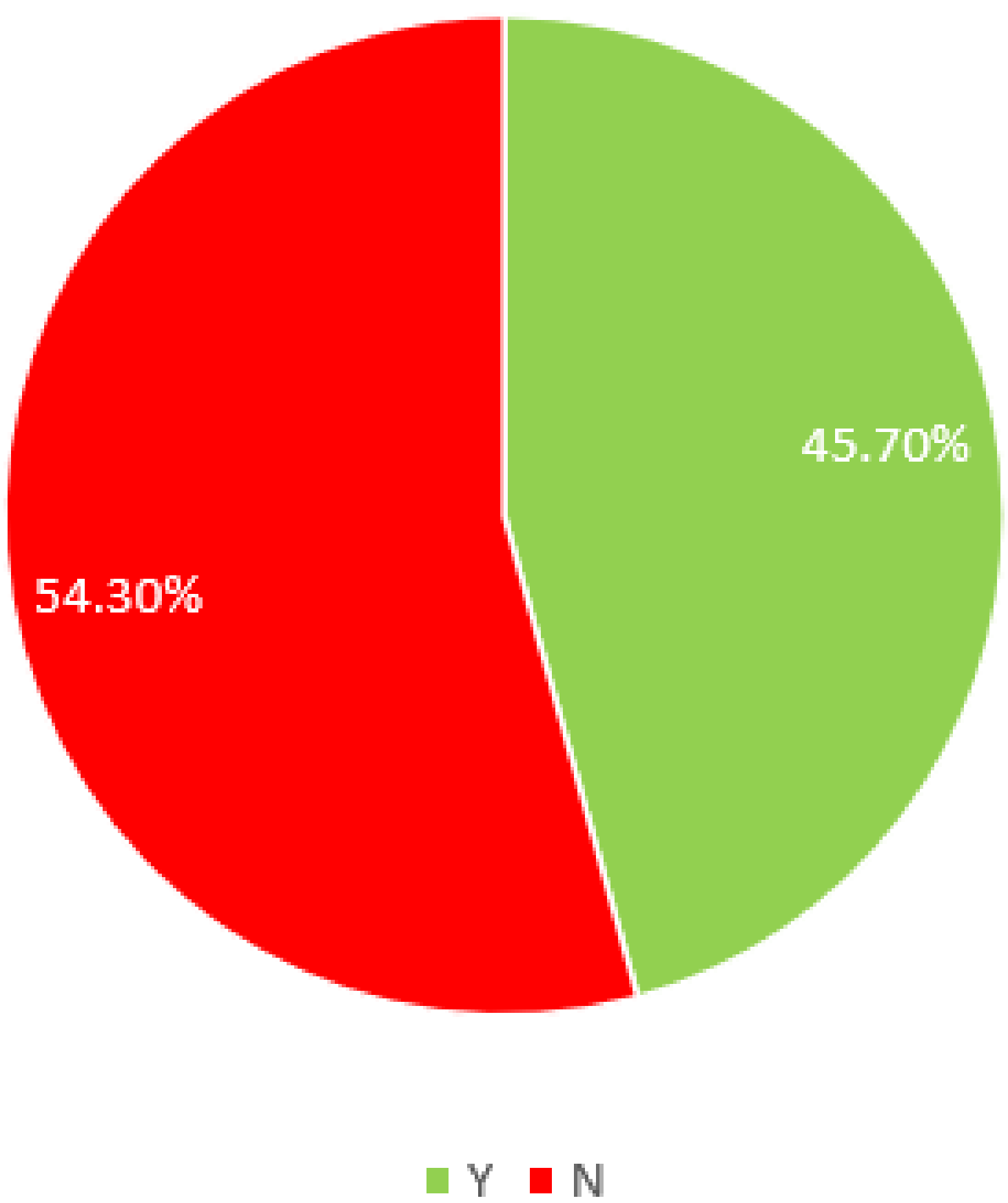
Referring complaint



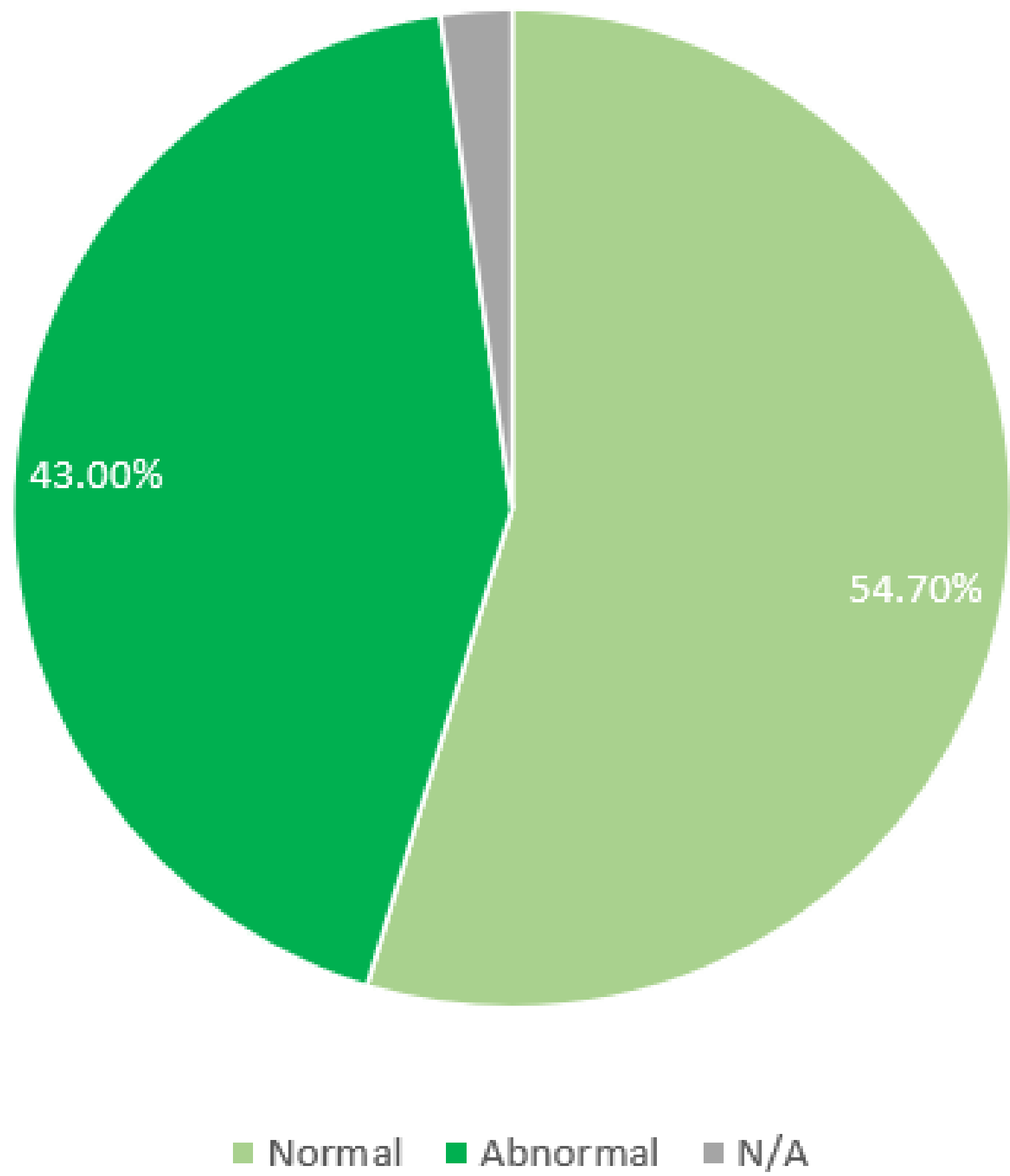
Time waiting for doctor review



% requiring hospital admission



Required same day USS



Results of USS

Feedback from HCPs and patients:

SHO level: Excellent location for reviewing and examining patients as dedicated space, however staffing levels and workload can be suboptimal
Reg level: Supervision can be variable and patient safety concerns exist when staffing levels are suboptimal
Nursing level: Feel well supported by colleagues however feel patient waiting time to be seen is currently too long
Patient feedback: Very satisfied with service and interactions with staff with 100% saying these items were either good or very good.

Key Findings

- **62.2% of patients** were seen by a doctor within **one hour** of arrival, of which 37.2% were within thirty minutes
- Over **one half** of patients were referred from the **emergency department**
- **10%** of patients required **hospital admission**
- **45.7%** of patients **required same day USS**, of which **43% were abnormal**
- The leading cause for referral was **pain**

Conclusions

Setting up an emergency clinic has numerous stakeholders and these stakeholders have different priorities as seen in the feedback section. A service should be designed around stakeholders and provide a service that is equitable and relevant to the population group we are serving.