

Same Day Emergency Care (SDEC) Referrals from Velindre Cancer Centre (VCC) Treatment Helpline

Team Members:

Clare Small, Cancer Service Programme Manager, ABUHB

Kay Wilson, Lead AOS Nurse, ABUHB



Objectives

Overarching Aim: Improve the patient experience for cancer patients impacted with complications of their treatment or disease progression

Work collaboratively with colleagues at ABUHB and VCC to co-design new pathway into SDEC.

Improve patient experience, by providing quicker access to specialist oncology advice, in a calmer and more comfortable setting.

Reduce the pressure at the front door within A&E and MAU settings.

Improve bedside generalist education on Acute Oncology for colleagues.



Project Approach



Collaboration

Briefing and introductory workshop
with all departments

Pathways

Development of pathways and
agreement of criteria via email
communication and short meetings.

Communication

Development of Communication plan
prior to pilot and during pilot

Project Impact

12 patients supported, £4500+ saved in 10 weeks on LOS

Of the 12 patients seen, 3 were provided care closer to home than pre-implementation, resulting in a total saving of 90 miles and 191 minutes for those patients. This was a reduction in 85 kg of Co2., the same as offset by approximately 4 trees a year.

In A&E 78.2% of patients are seen in less than 12 hours. In SDEC our average patient stay was 4 hours, potentially saving each patient up to a further 8 hours wait



Learning

Patient and staff education on what SDEC means.

1 month pilot was too short - it took a long time for communication on the pathway to reach all involved staff

Smaller meetings with quick actions worked better than formal task and finish group/project group approach

Networking and building team relationships along the pathway is key

Staff turnover



Patient Story

36YO palliative patient called the VCC treatment helpline at 07:30, feeling generally unwell post chemo.

They were advised to attend SDEC at GUH after they opened at 09:00, a 10 mile and 22-minute round trip.

AOS reviewed the patient at 11am, gave IV fluids and discharged at 17:00, with an appointment for day return for repeated bloods.

The patient was home in time to have dinner and do bed time routines with their children.

Previously, IV fluids, and repeat bloods would have resulted in an overnight admission via A&E costing the health board approx. £500 per night.

