

AB188. 166. The implementation of a protected emergency theatre pathway for acute urological admissions

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Background: The Saolta University Healthcare Group consists of seven hospitals covering a population of approximately 709,000. Galway University Hospital is the only tertiary referral centre for acute urological emergencies within the group. Previously, there was no dedicated emergency surgery pathway for urological cases and these were added to a congested, shared emergency list. Research has demonstrated that an increased time to definitive surgical intervention for urinary tract calculi leads to increased mortality. Problem areas were identified in the emergency surgical pathway and a multidisciplinary team was established to identify solutions. Recommendations

included the utilisation of a dedicated algorithm to improve governance and prioritization of emergency cases, creating extra emergency theatre capacity, and the development of dedicated specialty-specific emergency pathways.

Methods: Data was prospectively collected for 30 days prior to and after the implementation of the recommended changes ('Kaizen Project'). Emergency theatre waiting times and length of hospital stay were the primary end points.

Results: Mean waiting time on the emergency list decreased from 55.8 to 13.2 hours. The saving of 42.6 hours per case translates to 852 bed days saved per annum. Mean length of stay also reduced from 5.2 to 2.8 days.

Conclusions: The implementation of protected, specialty-specific acute surgical pathways has streamlined the turnover of acute urological cases. It has had a positive impact on the waiting time for emergency theatre and hospital stay for patients. The implementation of day of surgery transfers from referring institutions and ring-fenced emergency surgical beds are the next frontier in further streamlining the emergency theatre pathway.

Keywords: Audit; quality improvement; emergency theatre

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