

Acute Gynaecology Patients at Musgrove Park Hospital: Improving Efficiency and Patient Experience

Dr Hannah Carden, Chief Registrar O+G, Somerset NHS Foundation Trust

Background

- Ambulatory emergency gynaecology patients were being seen in the Surgical Decisions Unit (SDU) on an 'ad-hoc' basis with no set timing or structure, often being brought in for scans and reviews at busy times in the day with less senior cover. This caused delays in patient care and a challenging and unpredictable workload.
- The gynaecology on call team were responsible for reviewing these patients alongside the inpatient and on-call workload.
- A preliminary service evaluation in July 2024 (85 patients) demonstrated that patients waited an average of **1h27m** from arrival until their scan and spent an average of **3h02m** in the department overall, and established requirements for the service.
- Pre-implementation data from December 2024 - February 2025 demonstrated patients spend an average of **3h27m** in the department overall.

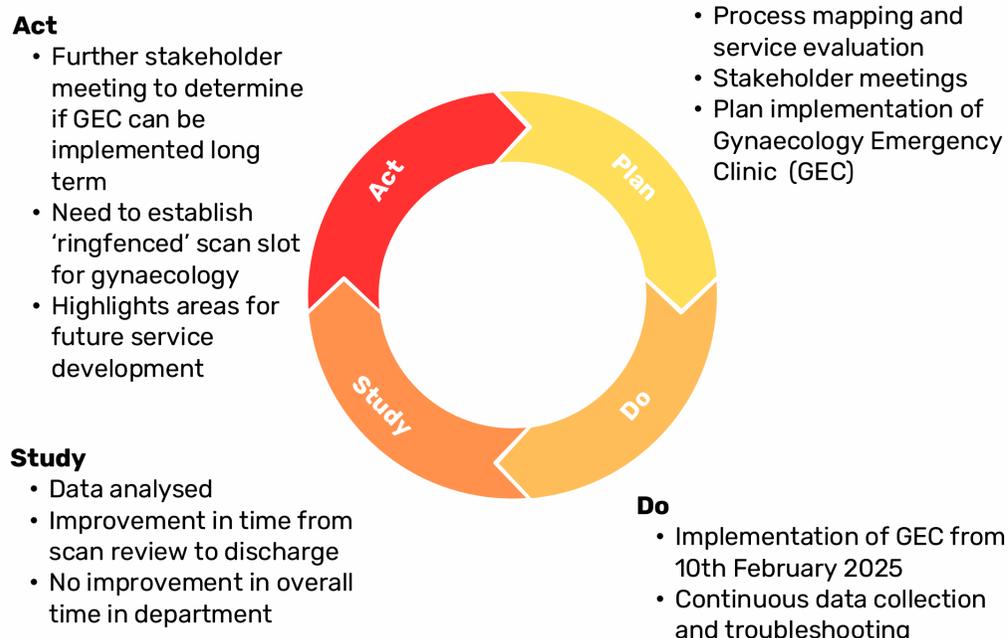
Aims and Measures

- Primary Aim
 - Reduce the overall time spent in the department for ambulatory emergency gynaecology patients from **3h02m** to **1h30m** by **May 2025**
- Secondary Aims
 - Reduce the variability in day-to-day workload
 - Improve patient satisfaction
- Measures
 - Time from arrival - discharge
 - Time from arrival - start of scan
 - Time from scan report - discharge
 - Overall number of patients seen per day

Methods and Gynaecology Emergency Clinic (GEC)

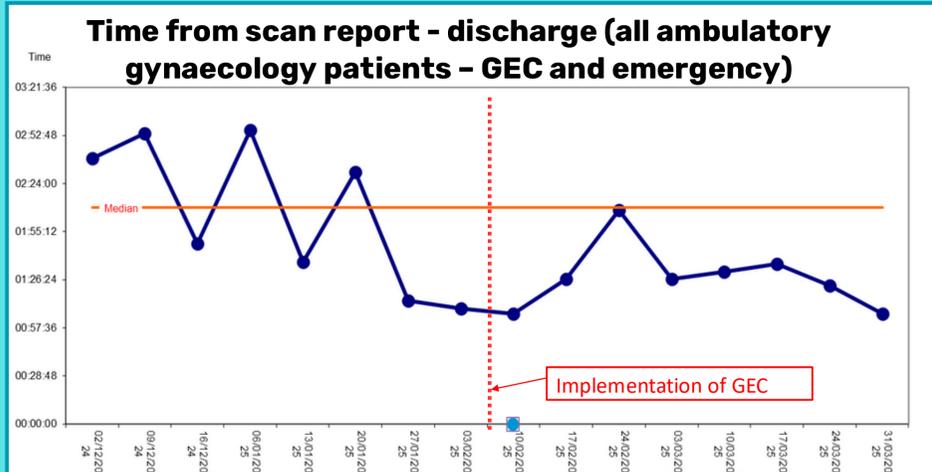
- Meetings with key stakeholders to design GEC
- 2 'scan' slots and 2 'non-scan' slots per weekday (based on service evaluation data) booked on shared online calendar
- Mornings (more senior support)
- N.B. No 'ringfenced' scan slots available
- Emergency patients still seen 'ad-hoc' if required
- Separate SHO to staff with separate bleep
- Referrals via on-call registrar/consultant
- Implemented from 10th February 2025

PDSA Cycle



Results

- Data from 8 weeks pre-implementation and 8 weeks post-implementation
- No significant change to overall number of patients seen per week (no detrimental impact on service)
- No significant change to **time from arrival - start of scan**
- No significant change to **overall time in department**
- Significant improvement to wait time from scan report until discharge** (see run chart) - median reduced from **2h10m** to **1h20m** (GEC patients only) or **1h27m** (all patients)
- Qualitative feedback from colleagues
 - Positive feedback from gynae team
 - Concerns addressed from SDU team



Conclusions

- Although no change in overall time in department, improvement in discharge times once scan done and reported
- Highlights need for 'ringfenced' scan slot(s) to reduce overall time in department
- No detrimental impact on our service or other services
 - No significant change to overall numbers seen
 - Stable wait times for scans - not negatively impacting other services

Next Steps

- Ongoing stakeholder meetings
- Trial of gynae scans being prioritized - further PDSA cycle
- Aim for 'ringfenced' scan slot(s)
- Patient and further colleague feedback
- Secure funding for optimal equipment
- Highlights areas for longer term service development: benefits of gynaecology emergency clinic but need for gynaecology funded assessment unit to fully implement

Challenges and Lessons

- Importance of engagement with stakeholders (such as ultrasound department and leads for surgical decisions unit) at all stages of project and need to demonstrate consideration of each stakeholder's individual priorities
- Using data to support stakeholder discussions - all data is helpful (even if to disprove concerns)
- Flexibility to make small changes during process (e.g. separate bleep, changes to calendar)
- Keeping team informed of plans and changes
- Need to make small changes at a time