How to establish a Ambulatory Urogynaecology Service

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Aims of session

• To consider what resources are needed to set up an ambulatory service

• To suggest clinic structures

• To demonstrate how to write a business case

• To explore how to evaluate and audit your service
What is ambulatory care?

Ambulatory care is a personal health care consultation, treatment, or intervention using advanced medical technology or procedures delivered on an outpatient basis (i.e. where the patient's stay at the hospital or clinic, from the time of registration to discharge, occurs on a single calendar day).

The Medical Dictionary
Benefits of ambulatory care?

- **To the patient**
  - ↓ morbidity
  - ↓ anxiety
  - ↓ length of stay
  - Quick recovery
  - Carer / partner can be present
  - ? Improved experience
  - Less hostile environment

- **To the service**
  - ↓ capital / consumable costs
  - ↓ staffing
  - ↓ waiting time
  - ↓ risks
  - ↓ admissions
  - Faster turn around
  - ↑ income / tariffs
What services can be offered?

- **Urogynaecology**
  - Flexible cystoscopy
  - Stent removal
  - Botulinum Toxin A injection
  - Bulking agents
  - Mini-slings
  - PTNS
  - ‘Lumps and Bumps’

- **General Gynaecology**
  - Hysteroscopy
  - Polypectomy
  - Endometrial ablation
  - Hysteroscopic sterilisation
  - IUCD / IUS insertion / removal
  - Batholins Abscess
  - Colposcopic procedures
What services can be offered?

- **Early Pregnancy**
  - Surgical management of miscarriage
  - Medical TOP
  - Hyperemesis day clinic

- **Nursing care**
  - Trial without catheter
  - SPC changes
  - Wound care
  - IV antibiotics
  - Bladder instillations
  - GnRh injections
  - Blood transfusions
Scoping exercise - service

• What does our service currently deliver (or not) in terms of outcomes?
• What do our patients and stakeholders think of our service?
• What is deficient in the current service? How can it be improved?
• What are our important stakeholders (e.g. GP’s) demanding from our service?
Scoping exercise - funding

• What is the current situation with costs?
  — How much does our service cost and how much are we paid?

• How have we developed our funding and why?

• What is our funding potential and why?

• How have important key ratios developed and why? (eg. new to follow up ratios)
Scoping exercise - staffing

- How have we developed the necessary competencies and motivation?
- What are our strengths and weaknesses?
- What opportunities and threats can we see and why?
- When have we been successful / less successful and why?
Service Drivers

• How does this service make patients more independent of healthcare services? eg:-
  – Does it offer more proactive management of chronic disease?
  – How will it address the inverse case law or needs of deprived groups?
  – How are patients involved in the design, development and delivery?
  – How does it improve quality?
  – How will this reduce unplanned admissions
  – How will patients be involved in their treatment?
Writing a business case

• **Structure should include:**
  – Executive summary
  – The case for changing the service
  – Benefits
  – Financial
  – Risks
  – Stakeholder involvement
  – Performance monitoring
Writing a business case

• As a minimum, you must establish and show:-
  – Demographics
  – Prevalence
  – Incidence
  – Evidence of unmet need
  – Projections (eg increasing age of population)
  – Current service provision outcome measures
  – Patient satisfaction
  – Weaknesses in the current service
Resources needed

- Staffing
- Clinical space / recovery space
- Consumables
- Equipment
- Administration support
Service Structures

• Consultant led procedures / Nurse led procedures / both?
• Full time lead nurse managing service?
• Rotation of nursing staff from ward / clinic areas?
• Nurse Vs theatre assistant
• Emergency pathways?
• Daily / weekly service
• Booked admissions only following clinic review?
• Discussion at an MDT?
Issues to be considered

- Identification of suitable / unsuitable patients
- Estimation of workload and staffing implications
- Turn around time for decontamination of equipment
- Clinical restrictions
Issues to be considered

• **Health and safety**
  – Sharps disposal
  – Needle-stick injury procedure
  – Decontamination procedure
  – Surgical count guidelines
  – Sensitive disposal
  – Emergency planning
  – Recovery area
Issues to be considered

• **Equipment**
  – Buy or rent
  – Service contracts
  – Storage between lists
  – Consumables

• **Training**
  – Official study day
  – ‘On the job’ training
  – Initial procedures performed with reps?
Issues to be considered

• Quality control and assurance
  – Medical engineering and physics

• Finance
  – Set up costs
  – Ongoing costs

• Developing an operational policy and treatment protocols
Operational Policy

Gynaecology Ambulatory Service
Women and Children’s Division

SECTION ONE

OVERVIEW

PURPOSE

The Gynaecology Ambulatory Service (GAS) is located on Katherine Monk Ward, 2nd floor of the Golden Jubilee Wing. The service is delivered from two bays consisting of 2 beds and 4 recliner chairs. It is a protected area dedicated to the purpose of delivering treatment to women with a diagnosed gynaecological condition whose care can be appropriately delivered in an ambulatory setting.

Women will be admitted for the following:

- Diagnostic procedures such as hysteroscopy and cystoscopy
- Minor surgical procedures e.g. Bartholin’s abscess, Surgical management of Misscarriage under LA (SMM) Female Genital Mutilation (FGM) cases
- Treatment and care of women with hyperemesis
Writing a operational policy

• Should include:-
  – Overview of service
  – Location
  – Hours of operations
  – Medical / nursing establishment
  – Internal / external referral pathways
  – Admission / discharge criteria
  – Transfer to inpatient care
  – Follow up
  – Performance monitoring, management and audit
  – Cleaning and maintenance
  – Supplies and procurement

To include local policies
Writing a treatment protocol

- Should be available for each procedure and include:
  - Indications / contraindications for procedure
  - Potential complications
  - Consent and accountability
  - Key points
  - Equipment
  - Patient preparation
  - Performing the procedure
  - Post procedure
  - Follow up
  - Documentation

Urogynaecology Nurse Specialist

Flexible Cystoscopy Protocol

For use in the Gynaecology Ambulatory Service

Section 1 – Training and competence required
Section 2 – Flexible cystoscopy
Section 3 – Intra-detrusor injections of Botulinum Toxin A
Section 4 – Removal of ureteric stents
Documentation

- Procedure specific consent and patient information leaflets (risk and governance reviewed)
- Decontamination audit trail
- Appointment letter / patient instructions
- Safer surgical checklist
GYNAE AMBULATORY SURGICAL SAFETY CHECKLIST

King’s College Hospital NHS Foundation Trust, 2012

World Health Organization

SIGN IN
BEFORE PROCEDURE

Would the patient/carer please verify:

☐ Patient name, DoB, hospital number
☐ Patient’s known allergies
☐ Planned procedure

☐ Confirmed with surgeon that all essential images are available and correct/ Not applicable
☐ All essential Instrument tray/devices/ sutures are available and substitutions confirmed acceptable to surgeon

☐ Does the patient require antibiotics? Yes/No
☐ Procedure and other monitoring equipment confirmed to be functioning & emergency drugs available.
☐ Pregnancy Test: Positive / Negative (Please Delete)
☐ Batch Number: Expiry Date:
☐ Urinalysis Results: (for Urogynae patients only)

☐ Sign in checks are now completed.

SIGN OUT
PRIOR TO DISCHARGE

☐ Please confirm the procedure performed?

☐ If a specimen is produced, please confirm it is labelled with:
☐ Correct patient
☐ Specimen type (Cytology/Histology/Culture) and how it is to be sent. Is it Routine/Urgent
☐ Correct site

☐ Is the count for instruments, swabs, and sharps correct?

☐ Botulinum toxin A
☐ Batch Number:
☐ Expiry Date:

☐ Are there any concerns for recovery and management of this patient? Y/N (Please Delete)

☐ If Yes – Please document details on EPR

☐ Sign Out is now completed. Thank you.

“Surgical safety checks” form is to be attached into patient’s documentation.

Patient’s Name__________________________
Date of Birth ___________________________
Hospital Number________________________
Date ___________________________
Procedure_________________________

Please attach equipment tracker sticker here

All checks have been included in full

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Ward: ___________________________ Date: ___________________________
Audit and Evaluation

- To assess treatment efficacy:
  - Bladder diary variables
  - Urgency scores
  - Quality of life scores
  - Patient satisfaction
  - PPBC
Audit and Evaluation

- To assess the service provision:
  - Number of patients through the service
  - Reduction in admissions
  - Conversion to GA
  - Money saved / made
Audit and Evaluation

- To assess patient satisfaction and experience:
  - How are we doing survey
  - Friends and family test
  - Patient stories
  - Repeat visits to service
Improving the patient experience

• Tips to enhance experience:
  – Communication skills
  – Background music
  – Distraction
  – Environment
  – Choice to use service
Conclusions

• Setting up an ambulatory service can be a lengthy process
• Networking with other units and sharing of documentation
• Regular re-assessment of the service to ensure needs of the patient and hospital are met
• Ensure that patients have a choice