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COVID-19 and General Surgery in a District General; Safety and Quality data

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Aim: The Covid-19 pandemic forced departments to change standard modes of delivery of care. Within our unit, reductions in junior workforce and changed operating protocols resulted in greater consultant presence on in-patient wards and the ambulatory unit. This study aimed to determine the effect on patient outcomes by interrogation of data collected from weekly Safety and Quality Clinical Governance meetings.

Methods: Patients admitted between December 2019 and February 2020 were compared to those admitted between April 2020 and June 2020. The weekly meeting mandates consultant discussion of all readmissions, all patients who had a length of stay (LoS) of > 7 days and all admissions to critical care. Outcomes between the two time periods were compared.

Results: There was a marked reduction in admissions during the second study period. However, the proportion of patients discharged from ambulatory care increased as did the proportion of readmissions; in the pre-Covid period, there were 429 readmissions of which 188 (44%) were unplanned but in the post-Covid period, there were 311 readmissions. There were no serious adverse events from discharged patients or readmissions.

There were markedly fewer patients who had a LoS > 7days (179 patients versus 87) and a greater number of unplanned admissions to critical care (44% versus 64%).

Conclusions: Increased consultant presence may explain the reduced LoS and increased readmissions due to the greater 'risk' that senior clinicians are prepared to take. Enhanced consultant presence should be a permanent change, even after the pandemic is over.