

EVIDENCE HOW A MANAGED PAEDIATRIC SURGICAL NETWORK CAN INFLUENCE PATIENT PATHWAYS

Esme Bennett², Thomas Sullivan², Maurizio Pacilli¹, Marie-Klare Farrugia¹, Simon Clarke¹
¹Chelsea and Westminster Hospital, London, UK, ²Imperial College, London, UK

Aim: An audit of outcome in a Paediatric Surgical Network demonstrated high levels of inter-hospital transfer and delay in time to theatre for acute scrotal patients. Through engagement with local network surgeons, an "Acute Scrotum On-Call rota" was established to keep children where possible (older age etc.) at point of presentation with the aim of reducing transfers and therefore potential orchidectomy rates.

Methods: All cases of acute scrotum over a 24-month period were retrospectively reviewed at a tertiary centre; operative database, personal logbooks and case notes were analysed. Comparison with data from the Initial audit then took place.

Main results: Total number of acute scrotal patients presenting to the tertiary centre over a 12 month period reduced from 46 to 25 following the network rota suggestion. Inter-hospital transfer of patients with an acute scrotum diagnosis fell from 26% (12/46) to 20% (5/25) (P=0.57). Median age fell from 118 months to 112 months (P=0.19). Median time from ER presentation to operating theatre reduced from 233 minutes (range: 95-867 mins) to 176 mins (range: 95-754 mins) (P=0.20). The number of actual testicular torsions referred from other centres reduced from 60% (3/5) to 0% (0/8) (P=0.01). This study reiterated the initial audit finding that time to theatre is significantly greater in patients referred between secondary and tertiary centres (median 404mins), than those presenting directly to the tertiary hospital (median 181mins) (P=0.012).

Conclusions: Engagement with secondary care surgical departments through a managed paediatric surgical network has significant advantages. This closure of an audit loop demonstrated an initial regional problem which then resulted in implementation of clear patient pathways. A significant effect in reducing patient transfer between centres was the direct result, therefore potentially optimising patient outcome.