

APPENDIX 3: ADDITIONAL CASE STUDIES HIGHLIGHTING GOOD CARE

A patient presented to a district general hospital emergency department and was seen by a surgical team following an incident in which they jumped off a metal fence and the skin and underlying tissues from the underlying structures of the elbow were separated. The hospital was part of a network with a local plastic surgery team and this led to a quick transfer for definitive therapy.

Reviewers felt that this was a good example of how a well-functioning network leads to timely care.

A patient with a knife injury to their forearm was seen in an emergency department and referred to the orthopaedic team who performed a tendon repair. During the same admission the patient was seen by the teenage support services and they and their family were given ongoing support following discharge.

Reviewers felt that this was an example of excellent holistic care.

A boy with a testicular pain presented to his local district general hospital. He was seen quickly in the emergency department and referred within an hour of arrival to the urology team who assessed the patient and took him to theatre for scrotal exploration 90 minutes later. The patient underwent a bilateral orchidopexy and was discharged home later that day.

The reviewers commented that this case was an example of excellent care provided in a district general hospital.

A patient with spina bifida and known urinary drainage issues presented to their tertiary hospital with urinary retention. The surgeons took the patient to the operating room quickly, where the patient was 'slotted in' between cases for relief of urinary obstruction.

Reviewers felt that this was a good example of optimisation of theatre time.

A baby ingested a battery from a car key at 16:50 and arrived at the emergency department at 18:19. The notes contained a trust pathway which included a two-hour window from ingestion to removal. Honey was given on three occasions. An X-ray showed that the button battery was in the cervical oesophagus. The patient underwent a rigid oesophagoscopy and the battery was removed at 20:30 under general anaesthetic. Acetic acid was applied topically and a nasogastric tube inserted. The patient was transferred to a tertiary centre for review and then discharged. They went on to make a full recovery and an interval contrast swallow was normal.

Reviewers felt that this was an example of prioritisation of skilled care that resulted in an excellent outcome.