MEASURING ACUTE CARE QUALITY INDICATORS IN A DISTRICT GENERAL HOSPITAL

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Background

In the last decade most acute hospitals have seen an inexorable rise in emergency medical admissions juxtaposed with a reduction in numbers of hospital beds and an increase in bed occupancy rates to above 85%. Acute Medical Unit provides timely access to senior physicians and a multidisciplinary team for assessment and decision-making and decrease pressure currently placed on the Emergency Department.

Objectives

✓ To evaluate whether time from admission to assessment by a member of medical team and by a consultant physician met the proposed National standards.1
✓ To assess whether further restructuring of junior shift patterns may be required so as to improve adherence to Quality of Acute Care indicators as outlined in RCP UK Consensus Statement 2008.

Methods

✓ Retrospective case notes review of 112 consecutive patients admitted to AMU in January 2011 was done.
✓ 100 patients were included in the audit, with insufficient data being available for analysis of remaining 12 patients.
✓ Data collected included date and time of referral from Emergency Department or direct admission to AMU, time of first medical review by a competent decision maker (SHO grade and above) and time reviewed by admitting consultant physician.
✓ The data were collected using a standardised proforma and analysed using Microsoft Excel.

Results

✓ The number of patients admitted during each hour period is shown in Figure 1.
✓ 6% of patients were seen by a competent decision maker within 30 minutes of referral to acute medical team. The mean waiting time for medical assessment was 166.5 minutes (median 128 minutes, range 0 - 465 minutes). The maximum waiting time was noted between 14.00 and 18:00 hours (Figure 2).
✓ 19% of patients were reviewed by consultant within 12 hours of admittance. The mean review time was 13.8 hours (median 14.15 hours, range 0-20.6 hours)(Figure 3).

Conclusion

✓ Restructuring of junior doctors’ working pattern, with staggered start times across the day to have more junior staff in the afternoon and early evening matching with peak admissions period.
✓ Consultant ward round at 8:00 hrs, 13:00 hrs and 17:00 hrs with extended consultant presence into the evening is recommended.

RCPE UK Consensus Statement on Acute Medicine, November 2008

Quality of Care Indicators

1. Patients should be assessed by a competent decision-maker within 30 minutes of in-hospital referral to an acute medical team from the emergency department or on arrival at an acute medical unit if directly referred.
2. A treatment and investigation plan should be formulated and instigated within 60 minutes of arrival.
3. Patients to be seen and management plan reviewed within 12 hours, but preferably sooner, by the admitting consultant physician.
4. Patients to have an early warning scoring system recorded at point of entry to care.
5. Patients to have regular early warning score undertaken, preferably as part of their routine, physiological recording (TPR chart) with locally defined response systems.
6. Single sex accommodation to be provided except when the within monitored areas (i.e. when the severity of the condition outweighs this)
7. Regular monitoring of key performance indicators in acute care
8. The initial assessment, investigation and treatment of all patients presenting in an unscheduled manner should be consistent with the ‘four hour standard’ regardless of their place of treatment (ED, AMU or joint early care unit) NHS Boards have policies and guidance in place to ensure the timely undertaking of investigations appropriate to unscheduled care patients

Performance Indicators

1. Mortality rates
   (i) Within 48 hours of admission
   (ii) Hospital mortality rates
   (iii) Weekend vs. midweek mortality rates
   (iv) Day vs. Out of hours (0800-1900h vs. 1900-0800h)
2. Direct discharge rates monitored within 24 or 48 hours of admission
3. Re-admission rates within 7 days of discharge
4. Intermittent audit of tracker conditions including medication
5. Patient experience

Reference