Introduction
Acute Medicine as a specialty has a major role to play in delivering efficient, cost-effective and high quality care to patients who are admitted as an emergency or become acutely unwell during their hospital stay. In order to improve the quality of care and performance, the Society for Acute Medicine (SAM), in collaboration with the RCP, proposed the expected standard of care using key indicators applicable to all Acute Medicine Units (AMUs). In October 2011, these indicators were revised and refined considerably, concentrating on the factors likely to affect immediate patient management soon after hospital admission. These quality indicators comprised of recommended times scales for use of an early warning score (EWS) system, complete assessment and initiation of management plan, and consultant review in the AMU. It also included monitoring of statistical data with regards to the length of hospital stay, discharges, mortality and readmissions.

Objective
The main objective of this survey was to appraise whether the AMUs in the North West of England are using the recommended indicators set by the Society for Acute Medicine (Table 1) in order to monitor the quality of care and performances.

SAM Quality of Acute Care Indicators:
1. All patients should have an early warning score measured and documented upon arrival on the Acute Medical Unit (AMU).
2. All patients should have undergone full clinical assessment and have a management plan initiated within 4 hours of their arrival on the AMU.
3. All patients should be reviewed by the admitting consultant physician or an appropriate specialty consultant within 14 hours of their arrival on the AMU.
4. All AMU should collect the following data: 
  - Hospital mortality rates for all patients admitted via the AMU.
  - Proportion of patients discharged from the AMU within 48 hours of admission.
  - Proportion of patients readmitted to hospital within 7 days of discharge from the AMU.

Table 1: Standards and Performance Indicators for Acute Medicine Oct 2011.

Method
This was a retrospective survey involving 24 regional hospitals. Data was collected over a two-week period in August 2011 and then March 2012 using a proforma based on above indicators. Either an AMU ward manager or an Acute Physician was contacted to complete the questionnaire via e-mail or phone. No audits were done to identify whether these protocols were adhered to in practice.

Results
- 21/24 AMUs responded to most of the questions
- All hospitals accepting acute medical admissions in this region had an AMU
- Eight units had a total capacity of more than 40 beds.
- The average number of acute medical admissions for all units involved ranged from 25 to 102 patients per day.
- No AMU used all key indicators as per recommendations.
- A summary of the audit standards and the results are shown in Table 2.

Audit Standards % of AMUs meeting standards
1. All patients should have an early warning score measured and documented upon arrival on the Acute Medical Unit (AMU) 100% (21/24)
2. All patients should have undergone full clinical assessment and have a management plan initiated within 4 hours of their arrival on the AMU
3. All patients should be reviewed by the admitting consultant physician or an appropriate specialty consultant within 14 hours of their arrival on the AMU 100% (21/24)
4. All AMU should collect the following data:
  - Hospital mortality rates for all patients admitted via the AMU
  - Proportion of patients discharged from the AMU within 48 hours of admission
  - Proportion of patients readmitted to hospital within 7 days of discharge form the AMU

33% (5/15), 20% (3/15), 39% (7/18)

Table 2: The percentages of AMUs in the North-West of England following recommendations made by SAM

Discussion
- This survey only reflects the AMUs in the North-West of England, and therefore is not representative of the UK as a whole.
- The aspirational standards set by the RCP and SAM is only partially adopted by a significant proportion of AMUs and not a single AMU met all the standards.
- On the other hand, some units are a step ahead and have established specialist on-call teams (critical care outreach teams) to deal with high-risk situations.
- A full assessment and a management plan within 4 hours is not included in many hospitals’ policies. This could be a challenge due to daily variation in the number of admissions, consistently high bed occupancy and the number of doctors available in the evenings and over the weekends.
- All AMU’s in the region stated that they aspire to have patients seen by a consultant within 14 hours. However, how many units have achieved this standard was not part of the study.
- The results with regards to data collection showed that not many units monitor the recommended subgroups. This survey enquired only about the unit’s involvement in data collection, not the hospital as a whole. If there was an enquiry as to whether the hospital monitored these data for the AMU, the results may show a substantial improvement.
- To summarise, this survey highlights the areas need improvement, mainly the monitoring of mortality rates and readmissions, and the time frames for full clinical assessment and initiation of management plan. A much larger study will be required to see the state of affairs in the rest of England.

References

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