QUALITY IMPROVEMENT FOR AN ACUTE MEDICAL UNIT:
A VISION FOR THE PRESENT!

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Introduction:
On the 20th of June 2012, The Society for Acute Medicine (SAM) launched its first Benchmarking Audit (SAMBA) to mainly assess certain quality indicators for a standard Acute Medical Unit (AMU).

With a vision to improve our AMU, we have incorporated a new, team based system.

Aims:
- To assess our AMU before and after introduction of the new system; this was piloted in September 2012, with actual launch in December 2012.
- To improve our services in line with the national and local guidelines.
- We have used SAMBA auditing tools to assess our own AMU.
- We have compared our data to the SAMBA results from June 2012.
- We have used SAMBA auditing tools to assess our own AMU.
- Pearson Significant Difference Calculator was used.

Methods:
- We have used SAMBA auditing tools to assess our own AMU.
- We have compared our data to the SAMBA results from June 2012.
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Results:
<table>
<thead>
<tr>
<th>Society for Acute Medicine Clinical Quality Indicators for AMUs</th>
<th>August 2012 N=30</th>
<th>September 2012 N=140</th>
<th>February 2013 N=35</th>
<th>June 2013 N=50</th>
<th>SAMBA June 2012 N=1006</th>
</tr>
</thead>
<tbody>
<tr>
<td>All patients admitted to the AMU should have an early warning score measured upon arrival on the AMU</td>
<td>97%</td>
<td>91%</td>
<td>91%</td>
<td>90%</td>
<td>92-96%</td>
</tr>
<tr>
<td>All patients should be seen by a competent decision maker within 4 hours of arrival on the AMU who will perform a full assessment and instigate an appropriate management plan.</td>
<td>Yes</td>
<td>30%</td>
<td>19%</td>
<td>29%</td>
<td>38%</td>
</tr>
<tr>
<td>All patients should be reviewed by the admitting consultant physician or an appropriate specialty consultant physician within 14 hours of arrival on the AMU.</td>
<td>Yes</td>
<td>66%</td>
<td>61%</td>
<td>77%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Society for Acute Medicine Clinical Quality Indicators for AMUs

Proportion of admitted patients who are discharged directly from the AMU (within 48 hrs)
- 64% | 65% | 43% | 34% | 40% |
Hospital mortality rates for all patients admitted via the AMU (at 48 hrs)
- 3% | 1% | 3% | 0% | 1.3% |
Proportion of patients discharged from the AMU who are readmitted to hospital within 7 days of discharge
- 0% | 0% | 0% | 0% | Unavailable |

Summary:
- We may have an improvement of 8% for our 4 hour review and 9% for the 14 hour consultant review in June 2013 compared to August 2012, which is not statistically significant.
- However, we have a disappointing decline in the accuracy of our documentation from August 2012 to June 2013.

Conclusion:
- We are far from the 100% target, but we are comparable to the national data.
- There is a lot of work yet to be done so that we can improve our targets including better documentation.
- There are specific areas in the clinical quality indicators which need to be clarified by the Society for Acute Medicine for improvement of services.
- Who is a competent decision maker? Upon arrival is up to how long?

Acknowledgements:
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References:
- Society for Acute Medicine. Clinical Quality Indicators for Acute Medical Units (AMUs), 2011.
- West Midlands Quality Review Service and the Society for Acute Medicine (2012); Quality standards for acute medical units WMQRS-SAM.