Difficulties in Defining Quality: Preliminary Findings of a Scottish Audit of Acute Medical Care

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Aim and Objectives

• To develop a population based systematic and continuous collection of a defined dataset of patients accessing acute medical services in Scotland.
• Application of this data set for local and national quality improvement.

Methods

• This work has been ongoing since January 2013.
• Representation was sought from each of the 28 Scottish AMUs.
• Initial data collection is based on the Society of Acute Medicine Quality Indicators (QIs).
• All medical presentations/admissions/boarders/first presentations of ambulatory care conditions are included.
• Each unit undertakes case note review of 5 patients each week on randomly selected pre-specified days.
• Regular meetings were held to discuss interpretation of the QIs.
• Guidance notes have been produced to aid standardised data collection.
• This has proven challenging given the varied delivery and differing patient flows throughout Scotland and further work is required.

Preliminary results for July/August 2013 from 11 Units

What’s next?

• Further work on QI 4 – only a minority of units are currently able to access mortality, direct AMU discharge and readmission data.
• Unit visits to map flow and optimise data collection.
• Reliable contribution from an increasing number of units.
• Further utilisation of electronic data collection.
• Rationalising and expansion of the data set.

QI No 1: All patients should have an EWS measured on arrival (within 15 minutes)
Chart 1: Time from arrival to 1st EWS. Mean = 14.59 mins.

QI No 2: All patients should be seen by a Competent Decision Maker within 4 hours of arrival (240 mins)
Chart 3: Time from arrival to Competent Decision Maker Review. Mean = 2.89 hrs.

QI No 3: All patients should be seen by a Consultant within 14 hours of arrival (840 mins)
Chart 3: Time from arrival to Consultant Review. Mean = 8.35 hours.