AMU In-Patients and Outliers: Comparing Care

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Aim

Due to bed pressures, it is not always possible for acute medical patients to be admitted to the Acute Medical Unit (AMU) itself. Studies have suggested that outlying patients have poorer clinical outcomes than AMU in-patients\(^1\). We were concerned that our outlying patients were staying longer in hospital. We aimed to investigate whether ‘outliers’ have longer hospital stays, or a difference in mortality.

Methods

- Prospective audit
- 165 consecutive admissions on the acute medical take
- Admitting ward noted
- Each patient followed up to point of discharge
- The length of stay (LOS) was recorded for each patient
- In-patient deaths recorded for each patient

Results

- Of the 165 patients, 44 patients (26.6%) were admitted to outlying wards
- The mean LOS for AMU patients was 3.95 days (SD 3.35)
- The mean LOS for outliers was 7.27 days (SD 5.19)
- Only one death occurred in each patient group

Discussion

Although mortality is equal, outliers stay significantly longer in hospital than AMU base ward patients admitted with similar diagnoses. This may impact negatively on the patients, and represent a strain on NHS resources. The cause for the prolonged hospital admission in outliers is likely multifactorial.

- Outlying patients tend to be seen after the AMU ward round, delaying in-patient investigations
- AMU patients are under the medical team’s constant supervision; problems with outliers may be brought to the team’s attention later in the working day
- Outliers were reviewed by an Senior House Officer, who may be less confident in discharging patients

Conclusions

This discrepancy in LOS may reflect a two-tier care provision for acute admissions. We must focus on our outlying patients to ensure they receive high-standard care.

References