Introduction

- The importance of “front door” senior decision makers in demand management has been emphasised in the recent document co-produced by SAM and RCP London, Urgent and emergency care: a prescription for the future.
- GP referral calls for medical admission to AMU at UHSFT have been taken by the Acute Medical Consultant since 1999 (Mon-Fri, 08:00-22:00).
- It is popular with local GPs as they obtain an “expert opinion”.
- Consultant triage facilitates admission avoidance through offering advice, recommending other pathways eg rapid access clinics, ambulatory care or different specialty inpatient referral. This supports the Acute Medicine Task Force: Acute Medical Care. The right person, in the right setting - first time.
- However it is important to evaluate the impact and ensure that admission avoidance does not simply delay admission with adverse outcome.

Key Questions/Aims

1. Does Acute Medicine Consultant phone triage of GP referrals to AMU result in admission avoidance?
2. Have there been any adverse outcomes as a result of not admitting patients?
3. Are GPs calling the AMU team with appropriate specialty referrals?

Method

- Referrals to AMU were identified using the UHSFT AMU electronic admissions list over 52 consecutive days during Spring 2013.
- Subsequent admissions or adverse outcome at 7 and 30 days were identified from our electronic record system.

Results

- There were 2550 referrals for admission over 52 consecutive days. This included 671 referrals from General Practice.
- GP referral outcome: Admission was advised in 566 (84.3%), 75 (11%) were managed with “advice only”, 30 (4.4%) calls advised referral to other specialties.
- 9 (12%) of advice calls were admitted within 7 days of referral, 2 further patients were admitted for unrelated reasons by day 30.
- One terminally ill patient with glioblastoma died at home within 24 hours of referral.
- Overall 14.3% (96/671) of GP referrals for admission to AMU were prevented by “advice only” (66) or were redirected (30) to a more appropriate specialty.
- This represents 1.86 admission/day saving across a 48 bedded unit.

Conclusion

- Consultant triage of GP referrals enabled admission avoidance of 64 patients over 52 days and redirection of a further 30 patients.
- It has been shown to be safe, efficient and is likely to benefit the patient experience through reducing hospitalisation and promoting referral to the most appropriate specialty. This aligns with the NHS quality agenda.
- Further efficiencies and improvements could be made through specialty collaboration of admission pathways (eg haematuria) and information provision to GPs regarding local practise eg stroke referrals should be referred directly to ED at UHSFT.
- Regular audit of “advice calls” is important to identify delayed admissions and adverse events.

References


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