The impact of Acute Physician led Rapid Assessment on patient flow
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Introduction
The House of Commons Health select committee recently highlighted some of the challenges faced by the NHS, illustrated by its performance failure against the four hour access standard1. Service delivery through the introduction of acute medicine rapid assessment and triage (RAT) and development of ambulatory services have been suggested by the Royal College of Physicians as potential solutions to cope with increasing pressures2. Implementation of RAT in ED has been shown to reduce the number of patients waiting3.

At Russells Hall Hospital, Dudley, (a Teaching Hospital of the University of Birmingham), we introduced an acute physician-led (Registrar or Consultant) Acute Medicine Rapid Assessment and Triage (AMRAT), to help improve patient flow within our unit. The rota of the acute medicine registrars and consultants was rearranged to incorporate AMRAT.

The aim of this project was to assess the impact of AMRAT on the flow of patients referred to our AMU, in particular its effect on time to medical review as well as time to discharge or transfer from AMU to a ward.

Method
100 randomly selected notes of patients who attended our AMU in March 2013 were retrospectively analysed comprising of 50 patients in the AMRAT group and 50 in the traditional triaging group.

Times to first medical review and discharge or disposal from AMU to ward were recorded.

The data was collected on a standardised proforma and analysed using Microsoft Excel. Mean and percentages were compared.

Results
The waiting time to see a doctor on arrival was less than 30 minutes in 40/50 (80%) in AMRAT group compared to 13/50 (26%) in the traditional group.

29 of 50 (58%) patients in the AMRAT group were discharged on the same day compared to 20 of 50 (40%) in the traditional group.

Of the patients who were discharged from AMU, 79% in the AMRAT group were discharged within two hours. Only 6 of 29 (21%) patients waited beyond 2 hours for discharge. In total, 23/50 (46%) patients were disposed of AMU within 2 hours of arrival.

In the traditional triage group, 5 of 50 (10%) patients were discharged within the same 2 hour period.

45 (90%) patients stayed in the department beyond 2 hours out of which 30 (67%) were admitted to the wards. 15 of 20 (75%) patients who were eventually discharged from the department waited beyond 2 hours for that decision to be made.

Conclusion
The AMRAT group of patients were seen earlier and had quicker senior led decision making.

About 5 times more patient spaces were created in AMU within 2 hours in AMRAT group.

Implementation of AMRAT in AMU may improve time to initial assessment and patient flow, potentially contributing to relieving capacity pressures.

References
2. Urgent & Emergency Care: A Prescription for the future; RCP July 2013 Position statement

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