Towards an evidence base for staffing of AMUs

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Safety in numbers: lack of evidence to indicate the number of physicians needed to provide safe acute medical care

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Patient safety in hospital is dependent on a multitude of factors. Recent reports into the failings of healthcare organisations in the UK have highlighted low staffing levels as a risk factor. The Francis Report recommended that hospital boards should be held responsible for patient safety and that hospitals should have evidence-based tools for establishing the staffing needs of each service. The report into patients' safety commissioned by the Department of Health (DoH) found that the number of doctors working in emergency departments was substantially lower than in the United States. This article discusses the challenges of providing safe acute care and the need for evidence-based staffing models.
Introduction

• Clerking process integral part of acute medical team’s role

• The time this takes will have significant implications on staffing models required

• Delays in patients being seen may also potentially impact on morbidity and mortality
RCP document ‘Consultant physicians working with patients: acute internal and general medicine’

2013 edition: foundation or core medical doctor should be allowed 1 ½ hours to complete the formal assessment of a patient
Method

• Observation of 40 clerkings of acute medical admissions on our AMU unit in January 2014

• Recorded what task the doctor was doing at each minute of the process
Method

- 9 patients seen by FY1
- 10 patients seen by CMT
- 12 patients seen by SpRs
- 9 patients seen by consultants
Overall average time

- Consultant – 15 minutes (range 8 – 22 minutes)
- SpR – 32 minutes (range 16 – 63 minutes)
- SHO – 38 minutes (range 12 – 64 minutes)
- FY1 – 55 minutes (range 47 – 64 minutes)
<table>
<thead>
<tr>
<th>Activity</th>
<th>FY1 (mins)</th>
<th>SHO (mins)</th>
<th>REG (mins)</th>
<th>CONS (mins)</th>
<th>average time spent across all grades of doctors (minutes)</th>
<th>% of clerking time (all grades combined)</th>
</tr>
</thead>
<tbody>
<tr>
<td>History + Examination</td>
<td>17.5</td>
<td>9.8</td>
<td>8.4</td>
<td>7</td>
<td>10.6</td>
<td>31%</td>
</tr>
<tr>
<td>Discussion with patient</td>
<td>5</td>
<td>3.3</td>
<td>2.2</td>
<td>3.2</td>
<td>3.4</td>
<td>9.8%</td>
</tr>
<tr>
<td>Communication with Relative</td>
<td>7.4</td>
<td>8</td>
<td>3</td>
<td>8</td>
<td>6.6</td>
<td>19%</td>
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<tr>
<td>Communication with Nurses</td>
<td>2</td>
<td>3.1</td>
<td>3</td>
<td>1</td>
<td>2.3</td>
<td>6.5%</td>
</tr>
<tr>
<td>Communication with other Doctors</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>4.3</td>
<td>12.1%</td>
</tr>
<tr>
<td>Documentation</td>
<td>25</td>
<td>12</td>
<td>12</td>
<td>8.4</td>
<td>14.4</td>
<td>41%</td>
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<tr>
<td>Drug prescribing</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>14.3%</td>
</tr>
<tr>
<td>Reviewing results</td>
<td>3.3</td>
<td>2.1</td>
<td>3.1</td>
<td>1.5</td>
<td>2.5</td>
<td>7.1%</td>
</tr>
<tr>
<td>Ordering Investigations</td>
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<td>6</td>
<td>3</td>
<td>2.5</td>
<td>4.5</td>
<td>12.7%</td>
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<tr>
<td>Practical Procedures</td>
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<td>3.3</td>
<td>3</td>
<td>3.2</td>
<td></td>
<td>6.9%</td>
</tr>
<tr>
<td>Previous Notes Review</td>
<td>5.7</td>
<td>3</td>
<td>3</td>
<td>3.5</td>
<td>3.8</td>
<td>10.9%</td>
</tr>
<tr>
<td>Review with Senior</td>
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<td>8</td>
<td>8</td>
<td></td>
<td>8.0</td>
<td>17.2%</td>
</tr>
<tr>
<td>Interruptions</td>
<td>8</td>
<td>5.1</td>
<td>5.3</td>
<td>2</td>
<td>5.1</td>
<td>15%</td>
</tr>
</tbody>
</table>
Clinical frailty scores

Average 28 minutes (35% of cohort)

Average 42 minutes (18% of cohort)
Discussion

- Using experienced frontline staff may reduce time to admit patients

- Potential impact on junior doctors learning opportunities

- Time taken does not necessarily equate to quality

- Documentation potentially modifiable?
Discussion

• Clerking is not usually the only job the on-call team is responsible for

• Consideration needed for additional aspects of on-call role
Conclusion

• This provides the first building blocks for staffing levels in our local unit

• Unlikely to be a ‘one-size fits all’ model
• Thank you

• Any questions?