**INTRODUCTION**

- In August 2013 our Trust implemented a new model for acute medicine.
- In this model, 10 whole-time equivalent acute physicians run the medical take and acute medical unit (AMU).
- Acute physicians are present in the AMU from 7am to at least 9pm, 7-days per week.
- We also increased acute medicine input to the Emergency Department (ED).
- Prior to this we had a hybrid model with general medicine, where weekend working was mainly aimed at post-take ward rounds as opposed to continual shop-floor working.
- The aim of this study was to evaluate our performance under the new model against SAM’s clinical quality indicators (CQIs).

**METHOD**

- Over 15 days in May/June 2013 we collected CQI data on 405 consecutive patient admissions to our AMU.
- We repeated this study over the same time frame in 2014.
- In 2014 we excluded ambulatory care unit patients as this unit did not exist in 2013.

**RESULTS**

- In 2014 we saw 456 patients (12.5% increase).
- 7 day Consultant working improved the percentage of patients reviewed within the target time.
- There was a reduction in the time to see an RMO suggesting Consultant presence is improving and aiding junior doctor performance.
- Patients presenting between 1500 and 2100 were most likely to have prolonged waits for Consultant review.

**CONCLUSION**

- As an acute consultant body our times to see patients have improved, although there clearly remains room for further improvement.
- There was a 12.5% increase in workload over the 12-month period, which we feel reflects the closure of a local ED.
- Capacity and flow limits our ability to have GP referrals admitted directly to AMU.
- Further work is required to focus on patients presenting at times of the day associated with prolonged waits for Consultant review.
- With our increased commitment to ED in-reach and ambulatory care we feel this data does not capture some significant improvements.
- This data adds further support to the effectiveness of the 7-day Consultant working model.

**References**