Acute Medicine consultant led GP triage reduces hospital admissions and increases the productivity of medical clerking teams

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Introduction

Acute services face unprecedented challenges managing acute medical referrals\(^1\). Collaborative working is required across the healthcare sector with clear and accessible lines of communication to ensure patients are directed to the right care, first time\(^2,3\). Evidence suggests that admissions are reduced by Acute Medicine (AM) consultant telephone triage of referrals\(^4\). At our district general hospital, we evaluated a change in our traditional GP referral pathway to improve efficiency on the Acute Medical Unit.

Aim

We hypothesised that AM consultant triage of GP referrals to the medical take would reduce the number of acute admissions and also facilitate decision-making and productivity of the take team with fewer unclerked patients at handover.

Methods

AM consultants oversee the medical take at Basingstoke and North Hampshire Hospital between 0800-1600. GP telephone referrals are taken by the medical registrar on-call. We prospectively collated data on the impact of GP referrals being taken by the AM consultant compared to usual practice. Comparative data was collected on deferred referrals, same day discharge and the number of patients unclerked at handover (1600 & 2100). Data was collected over 18 days for AM consultant triage and 19 days for medical registrar triage.

Results

295 GP referrals were included (156 consultant led and 139 registrar led) with 242 (82%) accepted to the Acute Unit. Of the 242 patients seen, 55 (22.7%) were discharged the same day. AM consultant triage reduced medical admissions compared to triage by the medical registrar (24% v 11.5%, \(p<0.01\)). There was also a non-statistically significant increase in same day discharges of accepted GP referrals (20.5% v 16.5%, \(p=0.45\)). Consultant triage improved the productivity of the on-call medical team with less patients awaiting clerking at the handover times examined (\(p<0.05\)). See table 1 and Figure 1.

Discussion

AM consultant telephone triage reduces the number of medical admissions and also provides benefits in terms of same day discharge of accepted GP referrals. It also improves productivity of the on-call medical team, resulting in more timely assessment and management of acute medical patients. A cost-benefit analysis must be undertaken prior to implementing the service full time. It is also important to consider the impact of delivering such a service on the training and experience of medical registrars.

References

2. Joint statement on integrated care. Royal College of Physicians, Royal College of General Practitioners, 2015
3. Acute and emergency care: prescribing the remedy. Royal College of Physicians, The College of Emergency Medicine, Royal College of Paediatrics and Child Health, Royal College of Surgeons, 2014