Audit of Consultant review times of patients admitted onto the Acute Medical Take following targeted intervention.

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BACKGROUND  
The Queen Elizabeth Hospital is a busy district general hospital catering for a demographically challenged, diverse and rapidly growing population. A recent CQC report highlighted many positives within the inspection areas of Safety, Effectiveness, Caring, Responsiveness and being Well Lead. Within the ‘responsiveness’ remit, the A&E services ‘regularly fall below’ the national standard of ‘94% of patient's being admitted, =discharged within 4 hours.’ Specifically the ability of this service is constrained by the facilities and the pathway from A&E to a ward. Being seen by the Consultant on call quickly is one part of the service, which, if optimised, enables quicker decisions to be made re: admission/discharge from the acute emergency services, and may help the hospital get a step closer in achieving the national standard.

AIM  
We audited Consultant review times for patients accepted onto the acute medical take, before & after implementing two interventions. National guidance compliance was assessed against Society of Acute Medicine (SAM) guidelines, requiring 100% Consultant reviews to be completed within 14hours from acceptance, specifically 8hours for patients between 0800-1800.

Methods  
In Phase I, a 24 hour period of acute medical admissions was audited. The data collection tool included patient demographics, time referred to the medical team & consultant review time. In Phase II we audited the effects of two interventions (a) familiarising on-call staff with National Guidelines and (b) prioritising Consultant review time by Junior-Doctor Review time. These interventions were implemented for 1week and data was re-collected for a similar 24 hour period. The results were tabulated, analyzed for actual, mean and median times. A percentage for compliance was calculated.

Outcomes  
Phase I: Day Take (A) n=19(12F, 7M), 79% patients were reviewed by a Consultant within 8 hours, 21% patients were reviewed >8 hours(mean:06hrs 3mins, median:06hrs22mins). Night Take (A) n=15(10F, 5M), 66.6% patients were reviewed within 14hours and 33.3% of the patients were reviewed >14hours (mean: 12hrs 52 mins, median: 13hrs 0mins). This demonstrated non-compliance with National guidance. Phase II: Day Take (B) n=13(7F, 6M), 100% patients were reviewed within 8 hours (mean time:02hrs 56mins, median:02hrs 28mins). Night Take (B) n= 16 (10F, 6M) 100% patients were reviewed within 14hours (mean:13hrs 11mins, median:13hrs 03mins). 100% compliance with National guidelines was seen for Day and Night takes.

Conclusion  
This completed audit demonstrates that following implementation of (a) familiarising on-call staff with National Guidelines and (b) prioritising Consultant review time by Junior-Doctor Review time, the clinical service became 100% compliant with Society of Acute Medicine guidelines.