101 PROJECT: A REVIEW OF 24H EMERGENCY MEDICAL ADMISSIONS

Belen Espina\(^1\), Robin Fackrell\(^2\), Jonathan Osborne\(^3\), Elizabeth Hersch\(^4\), Tim Craft\(^4\)

1. Acute Medicine Department, 2. Older People Unit, 3. Bath and North East Somerset CCG, 4. Medical Director
Royal United Hospitals Bath NHS Foundation Trust

**BACKGROUND & AIM**

A record number of 101 emergency admissions were recorded on the 20.11.2016, mostly medical.

Aim: to establish whether some medical admissions were avoidable and to describe interventions at the interface between primary and secondary care based on existing services aim at reducing these.

**METHODS**

Retrospective review of 40 random emergency medical admissions cases notes over a 24h period on the 20.11.2016 (weekend).

Stage 1: All case notes were independently reviewed by an acute physician and by a geriatrician. Admissions deemed “strongly acuity-driven” were excluded. Discordant cases were review further on stage 2.

Stage 2: Selected cases from stage 1 were reviewed in a panel by two GP and an acute physician. A structured pro forma was used to establish the possible factors influencing admission (Figure 2)*.

**RESULTS**

Stage 1: 31/40 (80%) cases were found to be appropriately admitted, 9/40 (22%) cases were found by at least one the reviewers to have a moderately acute medical condition and thus possibly avoidable.

Stage 2: A further 1/9 admission was deemed unavoidable after the second review. Of the rest 5/8 were suitable for ambulatory emergency care (AEC), 2/8 were suitable for minor injury units (MIU) but transported with ambulance to hospital, and 1/8 admission with a fall that was discharged within 24h and required physiotherapy and OT assessment could have been managed by community services (Table 1 and Figure 3).

**DISCUSSION**

- In this retrospective study 80% of emergency medical admissions were deemed unavoidable.
- 20% (8/40) medical admissions could have been avoided; 5/40 were deemed suitable for our AEC unit. Current opening hours only include weekdays and there is no availability over the weekend.
- Improved ambulance triage and a community run falls service could have avoided 3/40 admissions in this study. This latter is currently being trialled in some of the surgeries.

**CONCLUSION**

- Extended AEC hours, improved ambulance triage and a community run falls service could have avoided 20% of the admissions in this study.
- A further review of the viability and cost efficiency of extended AEC hours (weekend opening) is being considered.
- A review of emergency medical admissions during a weekday is also planned.

**REFERENCES**
