



Summary of Quality Indicator Survey

March 2013

Introduction

The Society for Acute Medicine (SAM) published its quality indicators and quality standards document (ref) in June 2012, co-inciding with the first Acute Medicine Awareness Day. This document, produced in association with the West Midlands Quality Insurance group outlined a series of key standards, which SAM recommended should apply to all Acute Medical Units in the UK. In addition, three key indicators were identified, as follows:

1. All patients admitted to the AMU should have an early warning score measured upon arrival on the AMU.
2. All patients should be seen by a competent clinical decision maker within 4 hours of arrival on the AMU who will perform a full assessment and instigate an appropriate management plan.
3. All patients should be reviewed by the admitting consultant physician or an appropriate speciality consultant physician within 14 hours of arrival on the AMU.

4. All acute medical units should collect the following data:
 - a. Hospital mortality rates for all patients admitted via the AMU
 - b. Proportion of admitted patients who are discharged directly from the AMU
 - c. Proportion of patients discharged from the AMU who are readmitted to hospital within 7 days of discharge

Method







In order to determine the extent to which these indicators and standards were being applied in Acute Medical Units, an on-line survey was circulated to SAM members using the email database. Questions are outlined in the results section. Anonymous responses were permitted, although respondents were invited to provide the name of their hospital and contact details on a voluntary basis.

Results






88 respondents started the survey, of whom 43 provided a name and address of their hospital; two responses were received from one hospital which was identified by name; it is not possible to know whether any of the 45 anonymous responses were duplicates.

Question responses are summarised below

1. Do all patients admitted to the AMU have an early warning score measured upon arrival on the AMU?

		Response Percent	Response Count
Yes - 100%		63.2%	55
>90%		29.9%	26
75%-90%		2.3%	2
50-75%		2.3%	2
25-50%		1.1%	1
<25%		1.1%	1
answered question			87
skipped question			1



2. Are all patients seen by a competent clinical decision maker within 4 hours* of arrival on the AMU who will perform a full assessment and instigate an appropriate management plan? * In most cases, clinical assessment and initiation of a management plan should be undertaken in much less time, and prioritised in accordance with clinical need; data collection should enable median and maximum times to be calculated for benchmarking.

		Response Percent	Response Count
Yes - 100%		15.7%	13
>90%		34.9%	29
75%-90%		32.5%	27
50-75%		13.3%	11
25-50%		3.6%	3
<25%		0.0%	0
answered question			83
skipped question			5

3. Are all patients reviewed by the admitting consultant physician or an appropriate speciality consultant physician within 14 hours of arrival on the AMU? ** **Consultant review for patients arriving on the AMU between 08.00-18.00 should usually be undertaken within 8 hours of the patient's arrival on the AMU with provision for earlier review according to clinical need; data collection should enable median and maximum times to be calculated for benchmarking.

		Response Percent	Response Count
Yes - 100%		16.9%	14
>90%		48.2%	40
75%-90%		25.3%	21
50-75%		8.4%	7
25-50%		1.2%	1
<25%		0.0%	0
		answered question	83
		skipped question	5

4. Are the figures from these first three questions derived from:

		Response Percent	Response Count
Formal local data collection?		44.6%	37
Estimated based on your observations?		55.4%	46
answered question			83
skipped question			5

5. Is your AMU collecting the following data?:

	Yes	No	Rating Count
Hospital mortality rates for all patients admitted via the AMU?	63.4% (52)	36.6% (30)	82
Proportion of admitted patients who are discharged directly from the AMU?	77.1% (64)	22.9% (19)	83
Proportion of patients discharged from the AMU who are readmitted to hospital within 7 days of discharge?	63.4% (52)	36.6% (30)	82
answered question			83
skipped question			5

6. When undertaking clinical duties on the AMU is the consultant free from other speciality, ward or management commitments?

	Weekdays	Weekends	Responses
Yes	85.5% (59)	75.4% (52)	69

7. Is your AMU consultant rota designed to ensure that individual consultants' duties are for 2 or more consecutive days?

	Weekdays	Weekend	Responses
Yes	44.3% (31)	71.4% (50)	70

8. Are appropriate* diagnostic and support services are provided seven days per week, to ensure that the full benefits of consultant delivered-care to patients are realised? *Appropriate implies access to diagnostic radiology, cross sectional imaging, ultrasound, endoscopy, non-invasive cardiology, pharmacy, physio / occupational therapy

	Weekdays	Weekends	Responses
Yes	90% (63)	21% (15)	70

9. Is the level of consultant staffing on your AMU sufficient to enable all patients to be seen on the AMU within 14 hours of arrival?

	Weekdays	Weekends	Responses
Yes	78.6% (55)	53.6% (37)	69

10. Is the level of consultant staffing on your AMU sufficient to enable all patients to be seen by a consultant within 6-8 hours of arrival on the AMU, during the period of consultant presence?

	Weekdays	Weekends	Responses
Yes	81% (57)	48.6% (34)	70

11. Is the level of consultant staffing on your AMU sufficient to enable all patients on the AMU to be seen twice daily by the AMU consultant or appropriate speciality team?

	Weekdays	Weekends	Responses
Yes	32.8% (23)	5.7% (4)	70

12. Does the consultant rota ensure a continuous consultant presence on the AMU of between between eight and 12 hours duration? This may be provided by a single consultant or multiple consultants in shifts.

	Weekdays	Weekends	Responses
Yes	85.7% (60)	54.3% (38)	70