Reflections on SAM’s spring meeting
9-10 May

On SAMBA 2013, physical examination in practice survey, joining the committee and more...

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SAM Glasgow
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Welcome to the latest edition of Acute News, SAM’s regular update of all that is going on in the busy world of acute medicine.

This edition includes a number of reflections on our recent spring meeting, as well as a taster of what is to come in the autumn in Glasgow.

We are introduced to our two new trainee representatives, and are reminded of the up-coming Acute Medicine awareness week in July. You can download your registration forms and useful resources via our website.

The latest SAM Benchmarking Audit (SAMBA 2013) is also rapidly approaching, and I would urge you all to register now with your audit department and Caldicott guardians to ensure that your Unit is included in this key data collection opportunity. We are extremely grateful to Dr Chris Subbe for all the hard work which he has put into this project over the past two years. Louella Vaughan, who recently took over from Prof Derek Bell as chair of the research committee, has included an update on some of the other research activity planned over the coming year, and the opportunities for participation in this.

Thanks, once again, to Claire Charras, our communications officer, for all her hard work in pulling together the articles for this edition, which will probably be the last before I hand over the Dr Alistair Douglas in the autumn. Enjoy the summer and I hope to see you all in Glasgow in October!

Online

E-news: Sign-up today to SAM’s weekly e-news round

Every Sunday you will receive a summary with the latest headlines in acute and medical news.

Facebook: The Society for Acute Medicine

Twitter: @acutemedicine

Hashtags: #teamAMU #SAMGlasgow #AMAW13

LinkedIn: The Society for Acute Medicine
Save the date for SAMBA!
20th of June 2013

Don’t forget that the Society for Acute Medicine’s second benchmarking audit (SAMBA) will be taking place next week on 20th June. The aim of SAMBA is to collect data on basic quality markers for AMUs; assess compliance with key-indicators for several conditions; explore the availability of data items required to generate propensity scores for a national audit and research program in acute medicine and become a regular monitor of our work in acute medicine. In order for the information to be valid it is crucial that we obtain an accurate reflection of activity right across the UK, so we need as many units to participate as possible.

Last year’s baseline data were presented by Dr Chris Subbe at the SAM meeting in Coventry and will feature in the next edition of the acute medicine journal. Considerable variation was demonstrated in service models and outcomes from the units which participated in last year’s data collection. Key figures from the audit:
• 28% of patients were seen within 30 minutes
• 39% of patients were seen within 60 minutes
• 9% were discharged prior to consultant review
• 74% of those not discharges were seen within 14 hours.

There is a considerable variability in services models and outcomes. We have already had a fantastic response, but it is not too late for you to ensure that your unit is involved. All of the participants in last year’s audit are listed in the acute medicine journal article and we will aim to do the same following collection of this year’s data. More information and resources are also available via our website here or you can contact Dr Chris Subbe (csubbe@hotmail.com) directly to ensure your local data are included in the national picture.

Acute Medicine Awareness
Week 15-21 July 2013

We are getting really exciting about acute medicine awareness week this year and we hope you are too. Those of you who took part in it last year will probably find it to be a breeze to set-up having had last year as a test run!

All of the materials you need are now available on our website; however please remember to email your registration forms to Claire Charras communications@acutemedicine.org.uk to make sure you receive our promotional merchandise, which will include some stickers, balloons (green & white) and SAM lanyards for your team to wear!

The awareness week will be held from the 15th till the 21st of July, allowing you to pick a day that is the most suitable for you and your unit to arrange fundraising and awareness raising events. We would like to encourage you to base your events around some of the key messages that SAM represents that are seven-day working in the AMU, clinical quality standards on the AMU and the delivery of safe and high quality patient care. We have had a few ideas of our own which you can find on our website, but feel free to be as creative as you like.

Some of you may remember we published in collaboration with the West Midlands Quality Review Service our Clinical Quality Standards for Acute Medical Units document. We aim to co-incide this year’s event with publication of an equally significant document – more details will follow nearer the time. We would like this year’s events to be even more successful than last year’s. Feedback from those who took part in 2012 indicated that it provided a fantastic team building opportunity, as well as a useful boost to some of our units’ charitable funds. Our communications team will endeavour to help and support you to run your event. To share ideas and see what others are doing, join our Facebook events page and follow us Twitter.

Teamwork on the AMU is absolutely vital in everything we do; building stronger teams by running events like this will make us even more effective.
The past few years has seen a steady increase in the volume and quality of submissions for posters and oral presentations of work taking place on acute medical units across the UK; there is a fantastic opportunity to showcase this work in Glasgow, where the capacity for our poster display is bigger than ever; we are also planning two oral presentation sessions, to give even more researchers and clinicians the chance to share their findings with our audience. We encourage submissions of abstracts up to 250 words from all members of the multi-professional team, but remember that the deadline is July 31st – details can be found on the website.

This is just a taster of what is waiting for you in Glasgow; for the full programme, please visit our website and remember that ‘early bird’ discounts are available if you book in before the 30th of June!
REFLECTIONS ON SAM COVENTRY

by Dr Chris Roseveare

It was always going to be a challenge to follow the novelty of last spring’s meeting in Dublin; the Hilton hotel in Coventry may not have had quite the allure of Ireland’s capital city, but a fantastic programme and some excellent speakers ensured an attendance of over 300 and a great opportunity to network with colleagues from across the UK.

The opening symposium, entitled “How should the deteriorating patient be managed” co-incided with the launch of the latest Acute Care toolkit: ‘The medical patient at risk’. Professor Julian Bion, Dean of the Faculty of Intensive Care Medicine provided an intensivist’s perspective on the challenges of recognition and escalation in this group of patients; Arun Chaudhuri, acute physician from Dundee presented a series of cases illustrating the importance of early senior engagement, while consultant nurse Rachel Binks from the National Outreach Forum emphasised the need to involve the whole AMU team in this process.

As usual for our spring meetings there was a strong clinical flavour throughout the two day event, which aimed to provide full value for its 12 hours of CPD. The clinical symposia on day one included a session devoted to medical toxicology – a common reason for presentation to the AMU, but a topic which has been rarely covered in previous SAM meetings. Stephen Waring provided an excellent summary of the common ‘toxidromes’ – those constellations of symptoms which can provide clues to the drugs which an unconscious or unco-operative patient may have taken. Following this Nigel Langford used a case of the death of a young woman in the USA to highlight the dangers of the serotonin syndrome; though widely reported in the American media at the time this condition is perhaps less widely known than the more dramatic neuroleptic malignant syndrome, but both need to be considered in patients who have recently started or increased doses of their SSRI or neuroleptic medications.

The afternoon included an important summary of the benefits – and risks – of the novel anticoagulant drugs which are increasingly being used for the treatment and prevention of venous thromboembolism and for prophylaxis in patients with atrial fibrillation. While these drugs will clearly have a huge role to play in the future management of patients with these conditions, the difficulties in monitoring compliance, and in reversal in the event of bleeding requires that the decision to use needs to be taken carefully and in collaboration with the patient.

Feedback suggested that the final session provided the most popular, and thought provoking presentations of the two day conference. The three speakers provided different perspectives on how we can learn from experience in Acute Medicine. We were delighted to welcome Dr Charles Turton, clinical advisor physician to the Parliamentary and Health Service Ombudsmen to open this session. His talk included some case histories which were enough to make grown acute physicians shudder, as well as some practical advice regarding the handling of complaints. Early acknowledgement, where appropriate, that an error had occurred is crucial in his experience. Local acute physician and conference organiser Tom Heaps provided the final talk of the session, with a fascinating insight into the reasons for errors in diagnosis; many in the audience were able to identify with these issues, and the engagement of the audience in the discussion which followed – even at 4.30 on a Friday – suggested that this is a topic which warrants repeating in a future meeting.

It was a great privilege for me to chair the final session and close another successful SAM Spring meeting. Sadly this is the last time I will be doing this – Alistair Douglas will have this honour in Glasgow where he will take the reins following the AGM on 3rd October.
**Society updates**

**REFLECTIONS ON SAM COVENTRY**

**Nursing Parallel Session**

by Liz Lees and Helen Pickard

Liz and Helen left their parallel session feeling very enthused by the delegate responses. They used a debate to stimulate development work underpinning the delivery of the 6Cs in Acute Medicine (Chief Nurse for England, Nursing Strategy 2011). While Helen delivered a strong, raw, down to earth viewpoint positing thoughts against the 6Cs; Liz delivered an equally strong yet compassionate view, positing thoughts towards changing nursing attitudes towards its delivery. The audience was multi-disciplinary and included delegates from the Republic of Ireland who felt they wanted to do the same process with their staff. One delegate described it as a thought provoking session and enjoyed the interaction facilitated in the workshop. The outputs from the session are being structured into a report for the SAM website later this year and have been shared with delegates who left their contact details.

**Infectious diseases symposium by Dr Simon Fletcher**

Dr Philip Gothard, from the London Hospital for Tropical diseases ran through a number of cases of fever in the returning traveller. A fatal case of Lassa fever, contracted in West Africa was discussed. Although rare, this haemorrhagic fever is seen regularly within the UK, particularly in London. It is not particularly contagious and there have been no recorded cases of transmission within the UK. Patients do however require full isolation and this may, as in this case, be compromised by the severity of the patient’s illness. Ebola is much more infectious, but fortunately rare.

Malaria remains by far and away, the most common acute presentation, TB also being frequently diagnosed. Chloroquine resistant falciparum malaria is now common across South America, Sub Saharan, Africa, India and South East Asia. A particular problem exists with UK residents who visit their childhood or ancestral homes and may not use insect repellents, mosquito nets or prophylaxis. Diagnosis is usually not difficult if malaria is considered. Parenteral treatment is with Quinine in the first instance. The IV form of artemisinin, artesunate, is not licenced in the UK but available on a named patient basis.

Dr Penny Lewthwaite discussed meningitis and encephalitis in detail, particularly emphasising the importance of lumbar puncture in facilitating diagnosis. Opening pressures, differential WCC, paired serum glucose and lactate are all helpful in differentiating bacterial and viral illness. Lumbar puncture is safe in alert patients who have not fitted. Steroids are indicated in both pneumococcal and haemophilus infections. HSV encephalitis is a serious disease with high long term morbidity. Diagnosis may be difficult and often treatment is empirical. A CT may be ‘normal’ MRI being more sensitive. CSF PCR should be repeated at 48 to 72 hours if initially negative. A long course of aciclovir is indicated.

**Brainstorming the 6Cs**

Dr Christopher Ellis gave the final talk and presented a series of cases presenting to his service. His emphasis was really to think laterally. Always consider HIV/AIDS when infection of site ‘unusual’. TB infection is not always in the lung and may present with symptoms such as back ache. Not all fever is infection; particularly if it recurs and associated with non-specific systemic symptoms consider rheumatological disorders. ‘Limbic Encephalitis’ often presents with variable neurological symptoms and signs and seems to be becoming more common.
Trainee sessions
by SAM trainee representatives: Kirk Freeman; Amy Daniels; Ruth Johnson and Nerys Conway

It was great to see so many of you in Coventry – we hope you found the meeting both interesting and inspiring. We focused the trainee sessions for junior trainees covering specialist skills with a question and answer session with representatives from SAM Council and the acute medicine SAC.

Specialist Skills: There was an introduction explaining the necessity of the specialist skill along with some general advice. This included the importance of deciding on your specialist skill early and advice to focus on one specialist skill, as the curriculum requirements are quite onerous for all the skills and there is not a lot of time in training to start all over again. The skill must have a direct relevance to acute medicine, and it is worth considering which skill it is realistic to achieve in your deanery and to be able to maintain as a consultant in addition to increasing your employability!

⇒ Intensive care medicine: The process for intensive care medicine training is currently undergoing a change of structure. Until 31st July 2013 it is possible to apply for joint CCT with acute medicine. The joint CCT ICM training consists of basic, intermediate and higher training along with anaesthetic training but after July it will only be possible to do ICM as a single or dual CCT. Further information can be found at http://www.ficm.ac.uk

⇒ Ultrasound: Examples of the huge clinical impact USS can have were shown; which along with a theme running through the conference as a whole that ultrasound importance is increasing. At present there are no definite established acute medicine standard and trainees are using the Royal College of Radiologists recommendations for medical and surgical specialities. These are quite difficult to achieve and some trainees have come up against problems finding people willing to train them but it was felt that once you have acquired this skill it is important to have an active role in the teaching of others, so that we can begin to build up a self-sustaining body of acute medics practising and teaching their skills. More information can be found at http://www.rcr.ac.uk/publications.aspx?PageID=310&PublicationID=385

⇒ Echocardiography: The BSE accreditation requirements were discussed, which are very difficult to achieve, especially as the logbook must be completed within a year either side of the written examination. There is also a requirement for certain numbers of scans and attendance at meetings for on going BSE accreditation. It is hoped that, eventually, slightly more targeted standards may be written for acute medicine. More information can be found at http://www.bsecho.co.uk

Specialty Certificate Examination: On Friday we had the SCE session, which was well attended and consisted of 25 practice questions run as a mock examination.

SAM Glasgow: Don’t forget to book your study leave for SAM Glasgow in October. There will be an SCE revision course, if you have any suggestions for the trainee session please get in touch and we look forward to seeing you all there.
REFLECTIONS ON SAM COVENTRY

Care of the Older Person on the AMU

by Dr Mark Holland

The Society’s recognition and commitment to the care of older people was again in evidence at SAM Coventry 2013. Plenary Session 5 saw two hours devoted to the acute care of older people. The pedigree of our speakers was exemplary; all leaders in their field but perhaps more importantly, experienced clinicians working at the coalface.

Local speaker Dr Niall Ferguson gave a detailed overview of ‘Comprehensive Geriatric Assessment of Frail Older People’. His passion for the subject was palpable. In my practice, at least 25% of acute medical patients have complex needs. Niall showed us that assessing older people is both simple and effective. In the era post Francis Report, caring for older people has never been more important; following Niall’s talk there can be no excuse for any member of the audience saying they do not have the knowledge to make such an assessment.

On a personal note it was great to see Dr Nicola Cooper back in the UK following her stint in New Zealand. Nicola is busy now at Salford Royal Hospital in Greater Manchester. Her presentation, ‘Dizzy Dilemmas’, was a masterclass, in what for many is a heart-sink condition. For those who missed her talk, or simply need to be inspired again, a visit to the SAM website is highly recommended.

The session was completed by Dr Zoe Wyrko, Honorary Secretary to the British Geriatrics Society. Zoe’s presentation, ‘How to Set-Up an Acute Geriatrics Service’ gave a real-life account of how to take-on such a challenge. Zoe was honest, it is not easy but it is doable. Running such a service draws on the key values of SAM, hard-work, multiprofessionalism and above all, striving for the best we can provide for patients.

The Society is committed to excellent care for older people who present to the AMU. For future meetings I would like to see more nurses and AHP’s contributing to the Plenary Sessions around the care of older people. We know there are colleagues out there doing some great work, please come forward; you never know, the plaudits could all be yours next time.

So in summary, it was an honour to chair this session. Yet again our speakers came on and did tremendous and that’s all credit to them.

The Society’s online activities

During SAM Coventry, Twitter provided a great platform for delegates and speakers alike to share their thoughts on the meeting and talks that were being covered. Our online activities bloomed for two days and allowed us to get a few new followers (693 at time of writing)!

Some of our top tweeters included delegates - Dan Beckett, acute physician (@djbeckett); Sean Ninan, SpR Geriatric Medicine (@sean9n)- and speakers - Ron Daniels, CEO of Global Sepsis Alliance & UK Sepsis Trust (@SepsisUK); Phil Berry, consultant physician (@philaberry) and Zoe Wyrko, Geriatrician and BGS honorary secretary (@geri_baby).

A summary of some of the tweets from Coventry (#SAMCoventry) have been compiled using an online storyboard tool called Storify which you can access here.

Additionally, we now have a LinkedIn company page profile and our main events which are SAMBA, Acute Medicine Awareness Week and SAM Glasgow have a dedicated Facebook events page for those of you who would like to virtually confirm your attendance or participation to these.

If you have anything you would like to bring to the attention of fellow online acute medicine practitioners please use #teamAMU.
Introduction to Ruth Johnson and Nerys Conway...

SAM medical trainee representatives

SAM has recently elected two new trainee representatives, Ruth Johnson and Nerys Conway, replacing Kirk Freeman and Amy Daniels who have both completed their tenure on the council and have also now been appointed to consultant positions. Acute News caught up with Ruth & Nerys.

**As a trainee what support has SAM given you?**

Ruth Johnson

The main thing I think I get from SAM is the sense of being part of a community of like-minded people interested in acute medicine. Obviously the educational value of the conferences, journal and website content is great but I think I value more the sense of belonging and enthusiasm for acute medicine you get from mixing with colleagues.

**What do you hope to achieve during you time as trainee representative?**

I'd like to try to engage trainees more in shaping their own future - any suggestions or ideas on how to do this are welcome! We need to do more than just focus on keeping our heads down doing clinical work and need to be look at the bigger picture and take the lead (or someone else will!).

**What attracted you to acute medicine?**

I always enjoyed the variety of medicine, teamwork, and opportunity to develop efficient systems involved in AMU but have to admit that initially I was a bit put off by the thought of a lifetime of shift type working and anti-social hours. You have to do what you enjoy though as you spend a large part of your life at work. Ironically the flexibility of working different patterns from the nine to five is one of the things that now appeals to me about acute medicine. Many consultants I know work fewer but longer days and have more days off.

**Where do you see yourself in ten years’ time?**

Running a safe, efficient, happy AMU in a financially viable high performing DGH, not threatened with closure, with a great team and a good work life balance.

**Tell us something unusual about yourself.**

I once cycled to Germany at a week’s notice on a bicycle that came out of a skip!

Nerys Conway

**As a trainee what support has SAM given you?**

SAM has certainly provided me with a sense of community within the world of acute medicine. When I previously trained in cardiology and I was “changing paths” I found SAM very helpful in providing the information that I needed. I have also found our trainee sessions helpful at SAM such as discussing training problems, choosing a specialist skill, the specialty exam etc.

**What do you hope to achieve during you time as trainee representative?**

As acute medicine is a fresh, new and vibrant specialty, We all have a role in adapting and amending aspects of acute medicine to provide an excellent standard and quality of care for our patients. Through working together as a society, I feel that we can create a means by which a collective voice can enact real change for the most challenging patient population at the most dynamic period in the history of the NHS.

**What attracted you to acute medicine?**

Acute medicine offers us a huge range of patients and clinical problems. I relish the mixture of cases and we interact with almost every other speciality in the hospital by acting as the “gatekeepers”. As acute medicine is a young speciality there is so much we can implement and adapt as well as providing me with a constant professional and academic stimulus throughout my career.

**Where do you see yourself in ten years’ time?**

An acute medical consultant in a busy district general hospital working my way towards becoming clinical lead. Hopefully I will still we heavily involved in SAM and post-graduate teaching.

**Tell us something unusual about yourself.**

My biggest fears are gravy and butter.
Society Updates

SAM research committee news
By Dr Louella Vaughan

Acute medicine provides unique opportunities for new, original and forward-thinking research. The Research Committee facilitates and co-ordinates collaborative research and the collection of data relevant to acute patient care, as well as supporting the development of evidence-based standards for care.

SAM upcoming research events includes:
⇒ SAMBA 2013
The Society of Acute Medicine Benchmarking Audit (SAMBA) will take place on 20th June 2013. SAMBA aims to capture the exact amount of work that AMUs are doing across the UK. It is a way to make visible the achievements of Acute Medicine, while providing unit-level feedback to help improve patient outcomes, drive standards and ensure adequate resources. Every AMU in the UK can contribute to this valuable work. More details available here.
⇒ Physical Examination in Practice Survey
Practising clinicians’ views are sought about the value of physical examination in current general medical practice. This international survey will take under 10 minutes to complete and we encourage all those with experience in general medical work, including trainees, to complete the survey.
⇒ International Conference in Glasgow, 3-4 October 2013. Don’t be shy about submitting original research!
⇒ Join the Research Committee.

We are keen for new members with ideas for collaborative research to join the committee. We also have a number of new projects just starting that need support. The next committee meeting is on 25th of June 2013. For more details, contact Louella Vaughan.

Surveys are a highly valuable way of mapping variability in practice, spotting the gaps in resources and education that prevent best care for patients and promote quality and safety. The Research Committee has several surveys planned for later in the year, looking at the barriers to research in the acute setting, tools for assessing AMU nursing workload and acute care for adolescents and young adults. Please spare the time to participate! For more details on how to get involved please contact Louella Vaughan: Louella.vaughan@chelwest.nhs.uk

New research on the future of the nursing workforce in the AMU

The Society for Acute Medicine was delighted to be able to launch a key document summarising research undertaken into nurse staffing on the AMU, at its meeting in Coventry. The research involved a survey of acute medical units and was conducted by SAM Nursing representative, Liz Lees, along with Dr Liz Myers, nurse consultant from Ninewells Hospital in Dundee.

Following its launch, the research findings were also featured in articles in the Nursing Standard and Nursing Times.

The survey identified a variety of factors which affect recruitment and retention of nursing staff on acute medical units in the UK.

Launching the document, consultant nurse Liz Lees from Heartlands Hospital in Birmingham said: “This is the first research of its kind which specifically focuses upon nurses who work in acute medicine. It provides an insight into the current issues but crucially it also provides ‘advance notice’ and with this an opportunity to shape the future nursing workforce”.

Key recommendations included:
- Lead nurses from AMUs should undertake a skills analysis across all nurse bandings to identify the gaps and current training needs of their staff.
- A thorough understanding of the nurses’ workload and dependency within AMU is urgently required to keep pace with the acuity and volume of patients assessed and admitted.
- Staffing duty rotas need to be developed to take into account the potential for burn out and high stress levels through adequate time for staff development and consideration of CPD with each new rota.
- All AMUs should consider the development of advanced nursing roles.

A full summary of the research findings can be accessed here.
Right patient, right bed: Acute Care Toolkit 6

A new toolkit from the Royal College of Physicians recommends that patients admitted as emergencies should only transfer out of the acute medical unit to a ward area that has facilities to meet their clinical needs. The Medical Patient at Risk, the 6th in the RCP acute care toolkit series, was launched at our conference in Coventry at the beginning of May.

“One of the major drivers for this toolkit was the identification of shortcoming in the care of seriously unwell medical patients by NCEPOD”

With emergency departments and acute medical units currently under considerable strain, there is often great pressure to move patients rapidly to beds on wards throughout the hospital. The toolkit emphasises the importance of the National Early Warning Score (NEWS), in order to rapidly identify patients who are severely ill or at risk of sudden deterioration. However the limitations of such scoring systems are also highlighted – not every unwell patient will ‘trigger’ review if the score is used in isolation. Clinical Red Flags are also listed, including sudden onset headache, prolonged chest pain or syncope with symptoms suggestive of a cardiac origin. The toolkit clearly states that NEWS should be used as ‘an aid to clinical assessment, and not as a substitute for competent clinical judgement’.

Dr Rhid Dowdle, lead author for the toolkit and former SAM President said: “One of the major drivers for this toolkit was the identification of shortcomings in the care of seriously unwell medical patients by the National Confidential Enquiry into Patient Outcome and Death (NCEPOD). I hope the recommendations we have made will, if implemented, improve the care of this vulnerable group of patients.”

The toolkit recommends that:

⇒ No patient should be transferred from the AMU to a ward which is unable to meet their clinical requirements.
⇒ All hospitals managing acutely ill medical patients should have adequate provision of level 1 medical beds (enhanced care beds).
⇒ It is recommended enhanced care beds (level 1) should be embedded on Acute Medical Units for the management of newly admitted patients who are acutely ill but do not require ITU care.

The focus on Level 1 beds is a relatively new concept. The toolkit defines the patient group who would benefit from this ‘enhanced care’ environment, and provides recommendations for the frequency of observation. The importance of NEWS in triggering discussions about ceilings of care is also highlighted – a score of 5 or more should prompt a check that this decision has been clearly documented and communicated.

Dr Chris Roseveare, Society for Acute Medicine President said: “The toolkit highlights the importance of early recognition, followed by rapid, senior review for this high risk group of patients; I would strongly urge all of those working on acute medical units to download and read this document, which complements the previous toolkits in the acute care series”.

The toolkit is available to download [here](#).
Acute Care for Older People
BGS/RCP Meeting

On 26 June the British Geriatrics Society (BGS) and the Royal College of Physicians London (RCPL) will be co-hosting a meeting on “Acute Care for Older People” at the RCP.

Dr Chris Roseveare, SAM President will be presenting the acute medical unit in a session dedicated to the urgent care settings in the afternoon. Additionally, Louella Vaughan, chair of SAM’s research committee will be representing the Society.

In some hospitals, up to 40% of the acute take now comprises frail older patients; it is essential that all clinicians are able to recognise and manage the common geriatric syndromes. Acute Physicians have a key role alongside geriatricians in the management of this patient group. General and other specialty physicians need to be prepared to deal with frail older people. Geriatricians have a role to play in age-attuning acute hospital care both in terms of the environment and process of care. However, all clinicians involved in the acute medical take must be able to recognise and respond to geriatric syndromes including delirium, falls, immobility and functional loss.

Some of the highlights of the meeting include the role of general practice, the ambulance service and virtual wards; the clinical challenge of assessing older people in urgent care settings and safe routes home and thinking ahead.

Dr Simon Conroy, who put together the programme for the meeting said: “Acute care for older people appears to be the topic du jour. The increasing number of older people attending acute care should not be a surprise given the demographic pressures, yet many hospitals still appear slightly taken aback by the increasing age, complexity and number of patients accessing urgent care. A range of efforts to reduce hospital attendances do not appear to have attenuated the patterns over recent years. GPs are being performance managed on avoidable admission, emergency departments are beholden to the 4-hour wait and in-patient teams are hounded on a daily basis to discharge yet more patients. Is there a better way? We hope so. At a forthcoming conference hosted by the Royal College of Physicians, we will bring together relevant stakeholders to share ideas and thoughts about how to make things better. Importantly the speakers represent all stages of the patient pathway, as recommended in the Silver Book.”

For more information and to register for the meeting, please visit the BGS website.

The full programme is accessible here.

Acute Medicine Awareness Week
15-21 July 2013

For more information or to register your event, visit our website or contact:

Claire Charras, Marketing and Communications Executive
Email: communications@acutemedicine.org.uk
Telephone: 07 985 49 49 65

- Host a tour or open day of your AMU;
- Organise a quiz night, cake sale, silent auction, raffle, ball;
- Organise a sponsored sporting event like a marathon, a sports tournament

Following the success of last year’s Acute Medicine Awareness Day, SAM would like to encourage all AMUs to participate in events over a whole week in July 2013!
The Society for Acute Medicine
7th International Conference
SECC Glasgow
3-4 October 2013

This RCPL CPD accredited meeting will appeal to any clinician involved in the care of patients with an acute medical illness. Clinical updates, topical debates and presentations of the latest acute medical research will highlight the key challenges of acute and general medicine.