SAMBA18 data – where do the new NICE guidelines fit in?

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Conflict of Interest

• Member of the NICE 094 Guideline Committee

• Advisory group to Dr Foster Ethics Committee – Uses and Abuses of Performance Data in Healthcare Report
Society for Acute Medicine Benchmarking Audit

• Annual data collection - 24 hours in June

• Site level - organisation and delivery of acute medical care
  • Numbers of staff/beds/critical care beds
  • Elderly care ‘take’, frailty units, surgical units
  • Access to point of care (POC) diagnostics

• Patient level
  • clinical quality indicators
  • national recommendations
  • demographic data needed to interpret performance
Society for Acute Medicine Benchmarking Audit

- All patients assessed by acute medical teams
  - Emergency Department (ED)
  - AMU
  - Ambulatory emergency care (AEC)

- Patients
- Process
- Pathway and outcomes
SAMBA 18 – The Patients

- 6114 patients
- 127 registered units
- 123 hospitals
- 104 acute trusts

<table>
<thead>
<tr>
<th>Age Range</th>
<th>SAMBA17 Number</th>
<th>SAMBA18 Number</th>
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<tbody>
<tr>
<td>16-29</td>
<td>361</td>
<td>484</td>
</tr>
<tr>
<td>30-39</td>
<td>340</td>
<td>471</td>
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<td>70-79</td>
<td>965</td>
<td>1246</td>
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<td>80-89</td>
<td>1072</td>
<td>1307</td>
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<tr>
<td>90+</td>
<td>456</td>
<td>434</td>
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</table>
Variation in % of patients >80 years old
• 6.0% of patients from care homes

• 20.4% of patients were in hospital in the previous 30 days

• SAMBA 17 – 12%
  SAMBA 16 – 13%

Increase in % of patients from care homes and % readmissions with increasing age

<table>
<thead>
<tr>
<th>Age group (years)</th>
<th>% Institutional Care</th>
<th>% readmissions within 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-29</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>30-39</td>
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<td>20</td>
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<td>26</td>
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<td>80-89</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>90+</td>
<td></td>
<td>32</td>
</tr>
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</table>

% of patients
Unit variation in % of patients who are being readmitted within 30 days
Advanced Care Plans

NG 94 Chapter 15: Offer advance care planning to people in the community and in hospital who are approaching the end of life and are at risk of a medical emergency

**NHS England** “ACP is essential in supporting delivery of the Government’s six point commitment to end of life care to reduce variation and ensure end of life care is of high quality and personalised by 2020 “
What proportion of patients have an advanced care plan available to the admitting team?

<table>
<thead>
<tr>
<th>AGE</th>
<th>Total % with ACP</th>
<th>Readmission &lt; 30 days % with an ACP</th>
<th>% where admitting team thought ACP should be in place</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-29</td>
<td>0.83</td>
<td>2.47</td>
<td>0.84</td>
</tr>
<tr>
<td>30-39</td>
<td>1.28</td>
<td>0.00</td>
<td>0.86</td>
</tr>
<tr>
<td>40-49</td>
<td>1.48</td>
<td>2.38</td>
<td>1.69</td>
</tr>
<tr>
<td>50-59</td>
<td>2.88</td>
<td>3.57</td>
<td>5.08</td>
</tr>
<tr>
<td>60-69</td>
<td>2.96</td>
<td>5.14</td>
<td>11.49</td>
</tr>
<tr>
<td>70-79</td>
<td>4.86</td>
<td>7.97</td>
<td>20.51</td>
</tr>
<tr>
<td>80-89</td>
<td>8.55</td>
<td>10.91</td>
<td>36.03</td>
</tr>
<tr>
<td>90+</td>
<td>12.56</td>
<td>15.32</td>
<td>59.84</td>
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</tbody>
</table>
Care Quality Indicator 1 – Early Warning Score within 30 minutes of arrival

Variation in scores

<table>
<thead>
<tr>
<th>Score</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>NEWS</td>
<td>75.3% of hospitals</td>
</tr>
<tr>
<td>MEWS</td>
<td>10.8%</td>
</tr>
<tr>
<td>Hospital own</td>
<td>8.3%</td>
</tr>
<tr>
<td>NEWS2</td>
<td>2.5%</td>
</tr>
<tr>
<td>VIEWS</td>
<td>1.7%</td>
</tr>
<tr>
<td>SEWS</td>
<td>0.8%</td>
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</tbody>
</table>
Care Quality Indicator 1 – Early Warning Score within 30 minutes of arrival

84.1% of patients had EWS < 30 minutes of arrival

AEC  82.2%

ED   85.4%

AMU  84.9%
Care Quality Indicator 1 – Early Warning Score within 30 minutes of arrival

Variation in % EWS < 30 minutes
Distribution of NEWS on arrival

![Chart showing the distribution of NEWS on arrival with bars representing SAMBA18 and SAMBA17 numbers.](chart_image)
Care Quality Indicator 2 – Review by a competent clinical decision maker < 4 hours

• Tier 1 competent decision makers – capable of making an initial assessment of a patient with acute illness

• Includes
  • FY1 and above
  • Advanced Care Practitioners
  • Physician Associates
Care Quality Indicator 2 – Review by a competent clinical decision maker < 4 hours

91.6% of patients reviewed < 4 hours

AEC  95.0%
AMU  88.9%
ED   91.4%
Care Quality Indicator 2 – Review by a competent clinical decision maker < 4 hours

variation in % competent clinican review < 4 hours
Time to consultant review - NICE Guideline Committee discussion

- Department of Health asked NICE to examine consultant review within 12 hours

- No evidence for any time standard

- ‘Pragmatic recommendations’ from Societies were ‘reasonable’. 12 hours for ICU (extrapolated to CCU/HASU)

- “the natural progression of the NHS in England is to deliver earlier and consistent consultant input into the patient journey”
Range of time targets

- **SAM**
  - 8 hours from admission if 08:00 – 20:00
  - 14 hours if admitted 20:00 – 08:00

- **NICE Quality Standards**
  - 6 hours from admission if 08:00 – 20:00

- **NHS England (ECIST)**
  - 3 hours daytime
  - 12 hours overnight

- **NHS England (7 day clinical services standards)**
  - 6 hours daytime
  - If predicted mortality 10% - consultant ‘involvement’ in 1 hour
NHS England

• This time standard should be determined locally, as part of the process of agreeing ‘internal professional standards’ (see section 4). ECIST recommends the earliest possible consultant review of all admissions - we suggest within 2-3 hours of admission between 8am and 8pm, and a maximum of 12 hours if the admission is ‘out-of-hours’, and much sooner if the patient is not responding

When should the clock start?

- Presents to ED
- Seen by ED
- Seen in ED by medicine
- Decision to admit
- Arrives on AMU (or other ward)
Consultant review times from hospital arrival

• Many patients spend a significant amount of their initial acute care journey in ED /waiting for a bed

• Capturing robust times for embedded process difficult to capture and validate (time referred to medicine, time seen by medicine, decision to admit) - time of arrival in hospital usually very well captured

• Makes sense from the perspective of the patient
Overall results for time to review

- 62.8% of patients requiring consultant review were seen within 12 hours of arrival in hospital

- AEC 73.8%
- AMU 65.3%
- ED 59.0%
Variation in % of patients reviewed by consultant < 12 hours
Admission through AMU

• **NG 94 Recommendation**

• 1.2.2 Assess and treat people needing hospital admission with undifferentiated medical emergencies in an acute medical unit.
Bypassing the AMU – medical and outlying wards

Next ward after AEC and ED (% of admissions)

- Direct to medical ward
- Direct to outlying ward

Chart showing:
- AEC: About 8% direct to medical ward, 2% direct to outlying ward
- ED: 24% direct to medical ward, about 4% direct to outlying ward
Ambulatory Emergency Care (AEC)

NHS Improvement

“We expect that hospitals introducing AEC could convert 30% of acute medical admissions to ambulatory care episodes”

AEC

• 20.1% of patients had their first medical assessment in AEC

• 22% of units met the NHS Improvement expectation of 30% of first assessments being undertaken in AEC

• Of patients seen in AEC, 79.5% were sent home the same day
Variation in % of initial medical assessments undertaken in AEC
CQI 4

• All AMUs should collect the following data:

• Hospital mortality rates for all patients admitted via AMU
# 7 day outcomes in SAMBA

<table>
<thead>
<tr>
<th>Outcome</th>
<th>% of all SAMBA patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Died in hospital</td>
<td>2.01</td>
</tr>
<tr>
<td>In patient</td>
<td>23.18</td>
</tr>
<tr>
<td>Medically discharged</td>
<td>72.20</td>
</tr>
<tr>
<td>Self-discharged</td>
<td>1.31</td>
</tr>
<tr>
<td>Transferred</td>
<td>1.30</td>
</tr>
</tbody>
</table>
Variation in % of patients in hospital at 7 days

% of patients
Mortality and inpatient status at 7 days by NEWS (% of patients)

NEWS

% of patients

0 1 2 3 4 5 6 7 8 9 10+

Died  In hospital
• 1.3.1 Healthcare providers should:

• monitor total acute hospital bed occupancy, capacity, ow and outcomes in real time, taking account of changes in a 24-hour period and the occupancy levels and needs of specific wards and units

• plan capacity to minimise the risks associated with occupancy rates exceeding 90%.
% bed occupancy during June 2018 of acute trusts submitting data to SAMBA18
SAMBA 18

• Almost doubling of % of patients who are admitted within 30 days of a prior admission

• Very few patients have Advanced Care Plans available to admitting teams, even if they have recently been in hospital and are >90 years old.

• Very high rates of EWS time targets and initial tier 1 review time targets

• Increase in AEC activity, and the right cohort is being selected for AEC (91.6% at home at 7 days, 4.7% in hospital, 0.2% died)
SAMBA 18

• Largest SAMBA to date

• Day of care survey – cautious about interpreting how a single unit functions

• Substantial variation across UK hospitals in process and outcomes – more work is needed to find out why, and how this affects patient outcomes

• Assessment over longer periods of time and during intense and sustained pressure over winter are needed
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