Patient flow through Acute Medical Unit: A Quality Improvement Journey.
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Global Aim
To provide high quality acute medical and nursing care including rapid diagnosis, management, discharge or transfer to the appropriate ward in a timely fashion.

The Seven Steps
1. Daily MDT meetings at fixed time 12:15 Monday to Friday.
2. White board created (displaying discharges for same day and next day) to be completed at MDT and displayed to keep everyone up to date.
3. Letters were prepared in advance for potential discharges and pharmacy helped with the drug section in the letters.
4. Correct discharge coding, accurate timely input of time of discharge both on paper and the electronic system.
5. Ward round redesigned to see the potential discharges first, after reviewing the sickest patients.
6. Introduction of early morning bloods so that results were available at the time of ward round to aid decision making regarding discharges.
7. Discharge leaflets were introduced. Early communication with the patient and their family regarding potential discharge date and awareness regarding what to expect on the discharge date (i.e. home before lunch).

Results
1. Run chart below shows gradual improvement in the percentage of discharged patients before 3pm. However, it also shows variations based on different identifiable factors as annotated.
2. At around 40 weeks, we reached the target of 50% and continued to sustain that target, without any further intervention, over the 12 further weeks which were monitored.

Conclusions
1. Team effort and smart planning can increase the number of beds available by mid afternoon.
2. This can further increase, if radiological and specialty review slots can be allocated to AMU on a priority basis.
3. Numbers can only be maintained if there is no shortage of staff and continued awareness programs are arranged for newly inducted staff.
4. Pharmacy input by completing the medications section and medical input for early discharge letter preparation are vital for early discharges.

Future Targets
We would like to expand this project into 2 further areas:
Theme 2 – Flow into AMU: we aim to increase the percentage of admissions from ED to AMU before 5pm – this involves working closely with the ED and patient flow teams.
Theme 3 – Flow out of AMU to base wards: we have begun work to identify complex respiratory patients on the ward round and hand over to the respiratory team before 12:45. This aims to facilitate timely transfer of these patients to specialty care as soon as possible.