

Does quicker access to a senior decision maker make a difference in the acute medical unit?

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Introduction

This project aims to reduce the time that clinically stable patients take to be discharged from the acute medical unit (AMU) by improving access to a 'senior decision maker' (defined as ST3 and above).¹ The patient cohort selected were those referred from their general practitioner (GP) directly to the AMU, of any age, and discharged within 24 hours of attendance, hence avoiding hospital admission. A target of 2 hours to senior review was decided on, as per national guidelines.

Material and methods

The grade of doctor and time taken to senior review was recorded for 27 patients using the above criteria over 6 weeks. This was compared with the length of time the patients spent in the department before being discharged.

A medical registrar was then moved to the AMU from Monday to Friday from 13.00 to 21.00 to increase access to a senior decision maker and to take pressure off the medical take team based in the emergency department.

Results and discussion

59% of patients had their initial clerking done by a doctor of foundation year 1 (FY1) grade, 24% by core training years 1 or 2 (CT1/2) and only 7% by a specialty registrar (SpR).

Time to senior review averaged 3 hours 19 minutes, ranging from 1 hour 32 minutes to 5 hours 45 minutes. Only 17.3% met the 2-hour target. The time to decision to discharge (DTD) averaged 3 hours 20 minutes, with a range from 16 minutes to 6 hours 52 minutes, meaning 62.5% met the 4-hour target.

A dedicated registrar based in AMU improved both the time to senior review and the time to discharge. Time to senior review averaged 2 hours 56 minutes and the time to discharge averaged 2 hours 59 minutes. 47% met the 2-hour senior review target and 75% met the 4-hour time to discharge target.

Conclusion

This is one PDSA (Plan, Do, Study, Act) cycle of an ongoing quality improvement project aiming to improve flow of GP-expected patients. These patients have traditionally been seen by the most junior medics and have often had a tortuous journey through the medical department despite the fact that 75% of them are discharged on the same day. ■

Reference

- 1 NHS Improvement and the Ambulatory Care Network. *Same day emergency care: clinical definition, patient selection and metrics*. NHS Improvement, 2018:1–15.

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