

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

**Authors:** Hazel Gilbert, Holly Lyne, Shaznin Visanji,\* Amber Hawksley\* and Robert Barker

## 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).<sup>1</sup> 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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**Author:** Barnet Hospital, Royal Free NHS Trust  
\*RCP chief registrar