7-day acute respiratory service – a feasibility and impact study

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Aims

Our trust operates out of two acute hospitals and intends to consolidate acute care into one new hospital with a reduced bed base in 2018. Our specialty experiences a high readmission rate (13% compared with national average 6%), and the second highest number of cross-specialty consults, with only 59% seen within 24 hours (local standard 90%). Feedback from trainees contained adverse comments on high workload and supervision. These were the drivers for us to devise a 7-day pilot for 1 week and to assess the impact on prespecified outcomes.

Methods

A set of qualitative and quantitative metrics was agreed in a series of meetings with consultant physicians, radiologists, nurse specialists, pharmacy, community respiratory team, trainee doctors, matrons and the hospital analyst. This pilot was well advertised within the trust. Plans were made to backfill participating clinicians' routine duties, eg weekend general internal medicine on-call for the respiratory physician was covered by an acute physician. Results from this pilot were compared with corresponding data from the previous year, employing a statistics process control.

Results

The number of weekend discharges in the respiratory wards was higher (not significant), readmission rates were reduced (not significant), and no significant changes were noted in midnight free beds, discharges before lunch, number of admission and discharges, or length of stay. All respiratory consults were seen in 24 hours. A patient survey indicated a preference for the daily presence of consultants on ward rounds and there was an improved score for communication to patients and carers. A trainee survey indicated improved scores for education, feedback and opportunity for procedures. However, the stress level scores were higher in the pilot week. Out-of-hours workload was unchanged, but respiratory ward patients had clearer plans. Consultants felt that it was a rewarding experience with continuity of care and opportunities to train juniors, frustrations were expressed when diagnostics were delayed. They also reported that prolonged and intense inpatient work was physically tiring.

Conclusions

Our 7-day consultant-led respiratory service pilot demonstrated qualitative improvement in patient and trainee satisfaction levels. Process measures such as weekend discharges and readmission rates improved; however, the duration of the pilot was too short to witness statistical significance. Backfilling of other elective work of the consultants and registrars was necessary to ensure no overall loss of clinical activity. The sustainability of such a model has many challenges in the current finance-constrained NHS. The department is a development site for the RCP Future Hospital Programme. ■

Conflict of interest statement

None.

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