

Admission trends on AMU: an opportunity in a pandemic

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Introduction

An audit was conducted based on the admission criteria to see how well admission beds were utilised right before the winter surge of 2021.¹ The aim was to look at practice and system factors that might have contributed to good or bad practices in this regard. The aim was to design a strategy that built on positive findings and identified solutions for factors which could be improved upon.

Methodology

The methodology of data collection was similar to the SAMBA data collection format. Online electronic data forms were designed and data collected over a 24-hour cycle on 18 November 2021, based on the admission criteria. This was expanded upon by looking at robustness of the evidence base for decision making and practice. The data were analysed and process changes were trialled.

Results and discussion

- > 22% of the dataset showed either no clear diagnosis or no evidence to support the diagnosis made.
- > 54% of the patients admitted did not satisfy the National Early Warning Score (NEWS) criteria for admission.²
- > Early discharge options could have been considered for 43% of the patients if services such as early supportive discharge, specialty hot clinics and outpatient parenteral antibiotic therapy (OPAT) were available, or same-day emergency care (SDEC) services were more appropriately utilised.

Intervention

Our initial plan was to use a Pareto chart from this audit to have a more focused look at the conditions that predominantly contributed to admissions, and to formulate targeted teaching and bedside decision tools to help support decision making. This was abandoned due to the proximity of the audit to the winter surge.

A new assessment area was designed to focus on mitigation for the factors that directly contributed to poor decision making. The area's process focused on diagnostic strategy, assessment and management with a strong emphasis on human factors and common diagnostic biases. About 9% of the acute bed base was assigned to this area and it processed around 20% of the take over a 5-day period. The area had a 74% discharge rate, showing a saving of 54 bed days.

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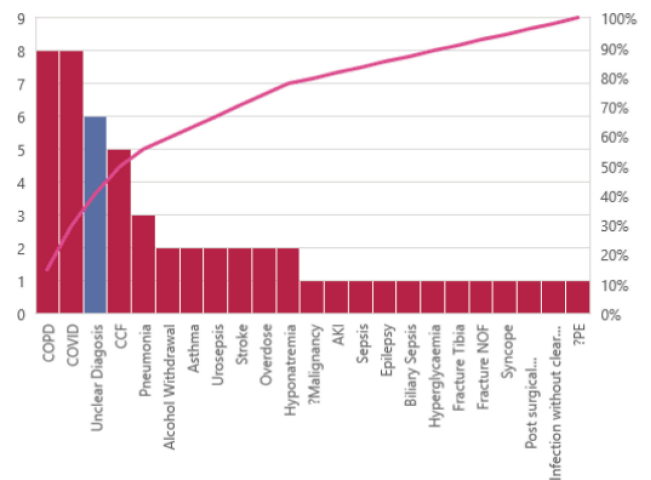


Fig 1. Diagnosis.

Discussion

The decision-making process for acute admissions from the emergency department remains suboptimal for multiple reasons. We designed an intervention that was non-conventional to see if a change in environment/location along with process and expectations can change outcomes, and in a limited trial found that this was the case. ■

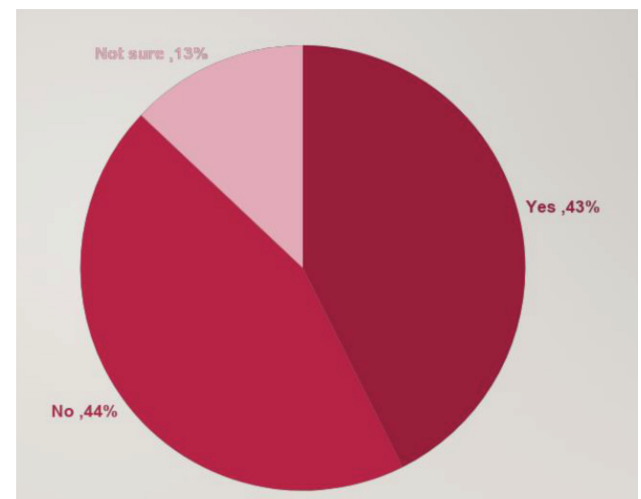


Fig 2. Could they be discharged if a pathway was available?

References

- 1 NHS Emergency Care Improvement Support Team. NEWS2 flow chart – Decision support tool. https://fabnhsstuff.net/storage/NEWS2__Decision_support_tool_V2.pdf [Accessed 21 March 2022].
- 2 National Institute for Health and Care Excellence. *National Early Warning Score systems that alert to deteriorating adult patients in hospital*. NICE, 2020. www.nice.org.uk/advice/mib205/resources/national-early-warning-score-systems-that-alert-to-deteriorating-adult-patients-in-hospital-pdf-2285965392761797 [Accessed 21 March 2022].