An Evaluation of Consultant Input into Acute Medical Admissions Management

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Aim
This study aims to evaluate Consultant input in acute medical admissions by reviewing current organisation of medical care and consultant practice in acute hospital sites across the UK, against Acute Medicine Taskforce recommendations. 1

Method
• Following a pilot study (2008), all Acute Trusts in England, Wales and Northern Ireland were invited to participate in an on-line survey of practice between Feb – April 2010.
• The responses were analysed in an audit against national guideline standards and compared with the 2008 pilot on the service organisation and Consultant staffing arrangements covering acute medical admissions. 1

Results
• 109/164 acute trusts (66%) completed the survey, representing 126 hospitals, of which 114 (90%) were in England.

Key Findings
• The majority of hospitals achieve the key standards of having a dedicated Acute Medical Unit (98%), recognised leadership (88%), operational policies (83%) and Early Warning Scoring systems (98%).
• Many hospitals fail to comply with recommendations for Acute Medical Consultant work patterns (61%), on-call protected time (48%) and at least twice daily Consultant review of patients (51%).
• There are positive trends in the number of hospitals achieving standards since the pilot study in 2008 (see bar chart).

Capacity for Direct Admissions
• 87% hospitals admit patients direct to the Acute Medical Unit (AMU).
• 71% of hospitals regularly exceed their capacity to admit patients direct from GPs, an increase from 47% in the 2008 pilot study.

Pattern of Acute Medical Consultant Working
• In most hospitals (91%), ‘Consultant of the day’, rather than the recommended ‘Consultant of several days’ remains the usual pattern of Acute Medical Consultant working.
• Over weekends it is more usual for Consultants to work 2 consecutive days.
• Only a small minority of Acute Medical Consultants work or are on call at weekends.

Other Facilities
• 26% of Acute Medical Units do not have a blood gas machine or an agreed rapid laboratory response time.
• 86% of Acute Medical Units have facilities for level 1 care.
• 39% of Acute Medical Units in >500 bed hospitals, have facilities for level 2 care.

Conclusion
To increase the impact of the Acute Medical Consultants in acute medical admissions management the following need to be addressed:

- Efficient systems are needed to avoid acutely ill patients by-passing the Acute Medical Unit and this should be a priority for Acute Medical units.
- Ensure Acute Medical Consultants are available to provide assessment and management of acutely ill patients 7 days a week.
- Ensure Consultants who contribute to Acute receiving are released from conflicting duties.
- Ensure at least twice daily Consultant review of patients in Acute Medical Units.
- Ensure that there is adequate level 2 provision of care for acute medical patients.
- While the organisation and adequacy of acute medical care appears to be improving additional work is needed to ensure national standards are achieved.

Reference

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