

ACUTE CARE

Head for a better result

Three critical factors decide the efficiency of an acute medical care unit, say Paul Glynne and colleagues

The effective operation of an acute medical unit depends on three critical factors: rapid access to clinical decision makers and diagnostic imaging, an integrated multidisciplinary team and effective follow-up. Patients admitted via the emergency pathway comprise some of the most unwell patients within the hospital and it is crucial that organisations ensure that the pathway for these patients is adequately resourced and well managed.

University College London Hospitals Foundation Trust introduced its acute medical unit (AMU) in 2005. It combined four wards into a 56-bed purpose built acute assessment and admissions unit. From inception, the trust established the unit with consultant acute physician presence 12 hours per day on week-long rotations, providing rapid and effective clinical decision making.

Over the past six years, our acute care model has been refined and improved, underpinned by strong clinical leadership both locally and from the trust board. Medical “firms” of junior doctors providing excellent continuity of care have been re-established. The rigour and discipline of a structured daily routine involving a multiprofessional team has been embedded in our day to day practice. This has enabled an integrated approach to patient assessments, facilitating rapid

decision making and execution of safe, early discharge plans.

Other improvements to the acute care pathway have concentrated on the introduction of models of care tailored to the specific needs of the trust’s local population. Examples include the development of an acute care of the elderly service, establishment of the London Pathway for homeless patients and a nurse led service for patients with chronic obstructive pulmonary disease. Introduction of a healthcare assistant led discharge service has facilitated timely and cost effective discharge.

Close collaboration

AMU pathways have relied on close liaison with allied specialties. One collaboration that has been particularly successful is the interaction with our acute radiology service, which provides access to same-day imaging. Outsourcing of out of hours imaging reporting has seen benefits in terms of improved reporting turnaround,

improved report quality and better working hours for radiology trainees. We are supported by a daily cardiology consultant ward round and a drive towards improved turnaround times in pathology has also contributed to improved care.

All improvements have been monitored through the trust’s performance management information system, which tracks changes in specific metrics assigned to each service enhancement.

The AMU team has focused on making the model as safe as possible for patients, particularly in reducing medication risk. This work is paying off. Audits of prescription errors have shown the team is achieving a rate of almost 20 per cent less error than the national average.

The team has worked to reduce this further by introducing a north central London sector-wide drug chart to ensure familiarity among doctors who are rotating between hospitals.

Other actions taken to improve safety have included a redesign of nursing paperwork and the introduction of a nursing safety brief where patient issues are discussed at the start of each shift, timetabled multidisciplinary team meetings ensure patients are triaged from the AMU effectively and safely, and e-communications with GPs and

£700k
Annual saving in staff costs as a result of the acute medical unit



University College London Hospital’s acute medical unit has helped facilitate fast decision making and safe, early discharge

community care have improved.

To implement these changes in acute medical pathways, we have had to tackle difficult issues such as consultant working patterns, integration of juniors within the accident and emergency department and access to multiprofessional rapid response and therapies teams. To enable this to work seamlessly, the trust changed its organisational structure so that the AMU, A&E and operations teams now sit within the same division.

A dedicated focus of the AMU has also been to improve efficiency, which was realised



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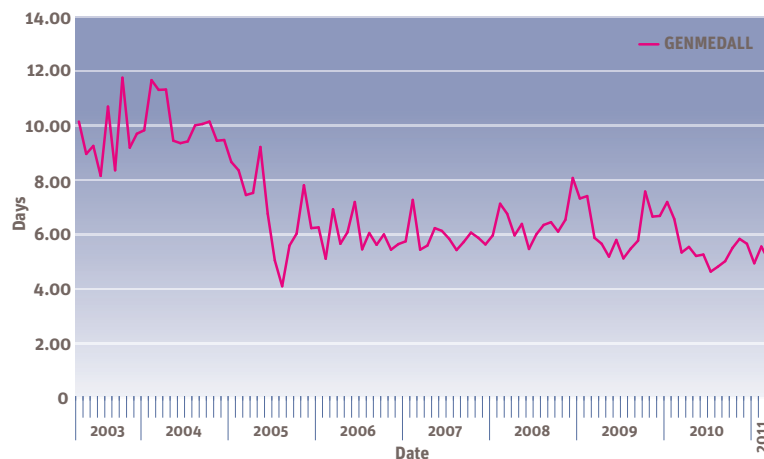
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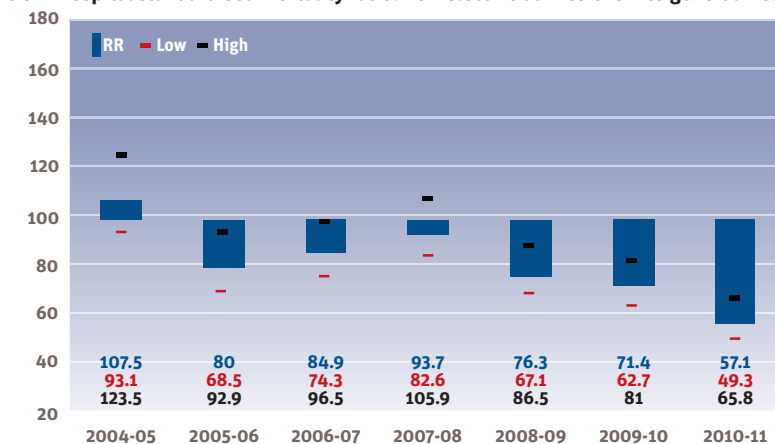
LENGTH OF STAY HAS FALLEN

Average length of stay over time



STANDARDISED MORTALITY RATIO HAS FALLEN

UCLH hospital standardised mortality ratio: non-elective admissions into general medicine



from its opening, with the closure of 14 beds and a corresponding reduction in staffing valued at more than £700,000 a year. A further 10 beds' worth of efficiencies were achieved in April 2010.

Clear benefits

The changes, coupled with the provision of consultant led high quality care and the support of our multidisciplinary team, have shown a clear reduction in the average length of stay in hospital for medicine, providing genuine reductions in cost to UCLH's local health economy.

Graph 1 shows our reduction

in length of stay for all non-elective general medicine patients under geriatric medicine, thoracic medicine, general medicine and infection specialties at the trust. The information indicates a significant reduction in length of stay at the introduction of the unit, with a sustained reduction and smaller improvements in later years.

The readmission rate has not increased, as length of stay remains below the national average. Our newly defined pathways have also led to reduced length of stay for elderly patients using our acute care of

the elderly service within the AMU, and an enhanced safer discharge for homeless people using the London Pathway.

Importantly, the hospital standardised mortality ratio has declined coinciding with the introduction of the AMU model and has continued to reduce as pathways for complex patients have been implemented.

The efficiency improvements achieved since the establishment of the AMU have been significant, with improvements in patient care and benefits to the wider organisation through containing the emergency pathway and facilitating elective

surgical flow through the hospital.

These pathways will ensure the efficiency gains in terms of reduced length of stay are delivered effectively when positioned alongside the strong leadership and teamwork of the AMU team. ●

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