3400 patients

- COPD
- CVA
- Syncope
- Pulmonary embolism
- Upper GI bleed
- Pneumonia

No significant difference

- Hospital mortality
  - Early
  - Late
- Readmission rate
- HDU/ITU utilisation

7 day system
Clinical Outcomes
Mon–Fri v Weekend
Proudfoot et al, 2004

Consultant of several days (≥ 1 day)

No other clinical duties

Twice daily acute take ward rounds 7/7 ….that review **all** patients

Dedicated time in AMU

Reduce adjusted case fatality rates (aCFR)

Reduces excess weekend aCFR

Reduces readmission rates

Medical consultant pattern of working

1.3 M patient episodes

In press

All emergency admissions to be seen by a consultant within 12 hours.

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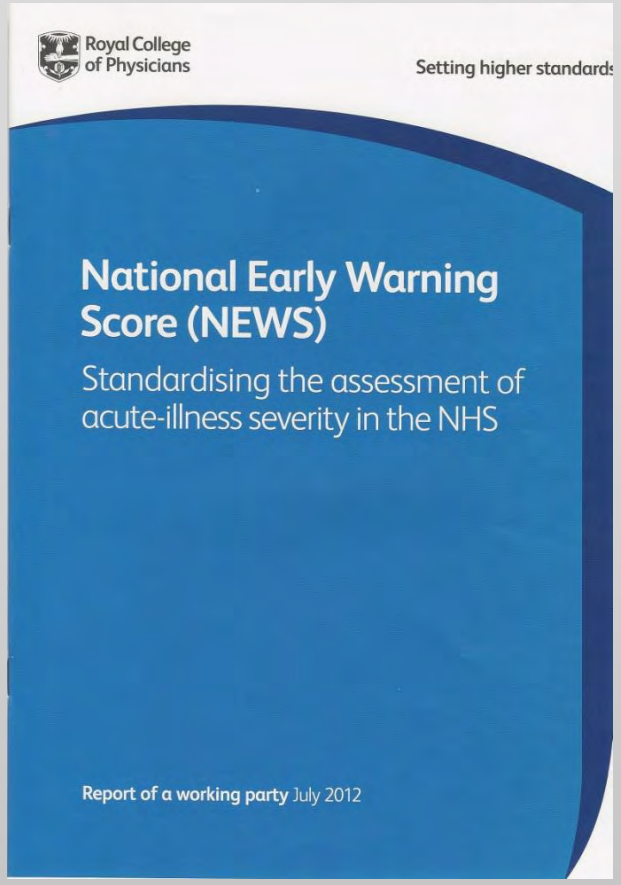
Adult acute medicine and emergency general surgery Standards -2012

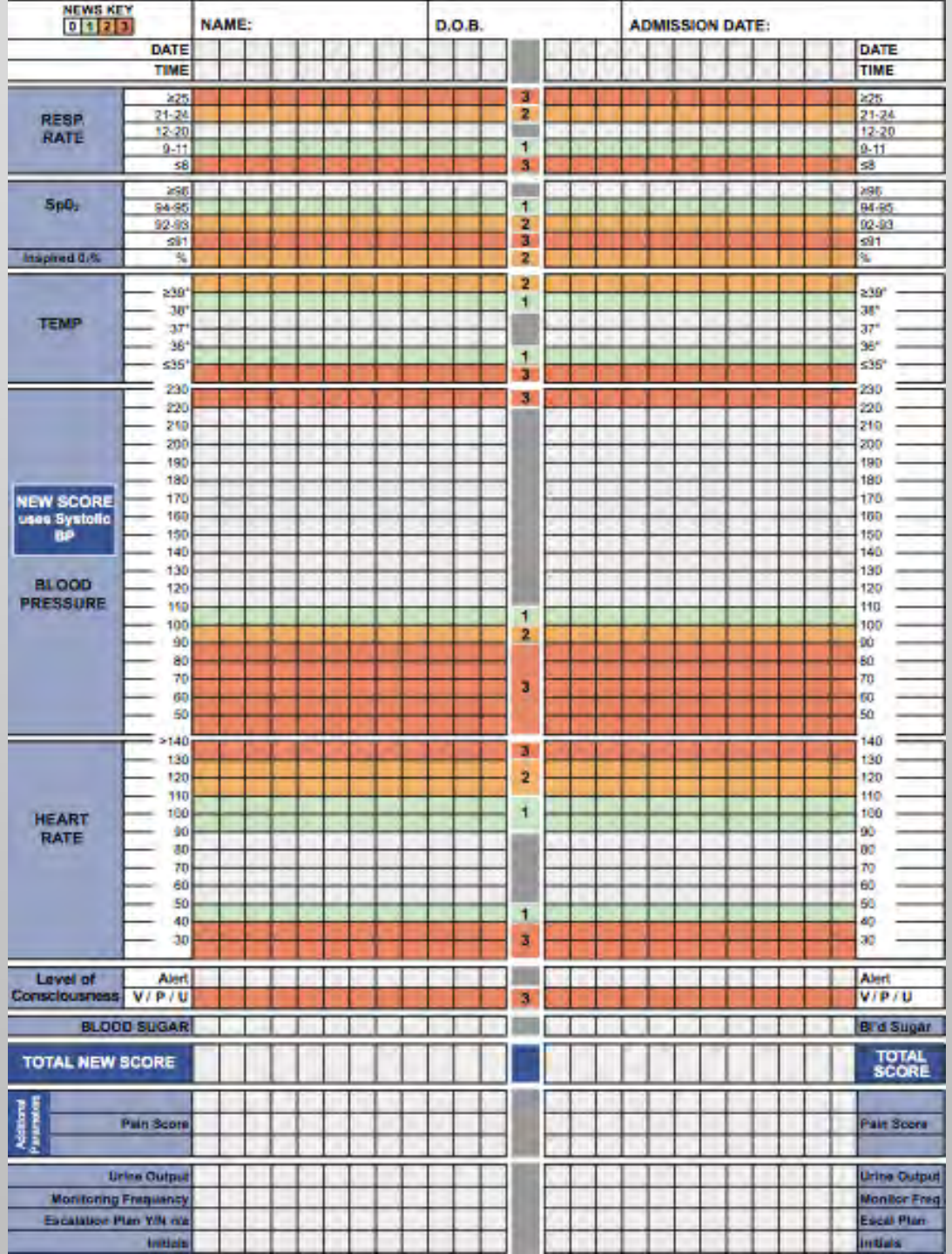
£££££



A common language for health care

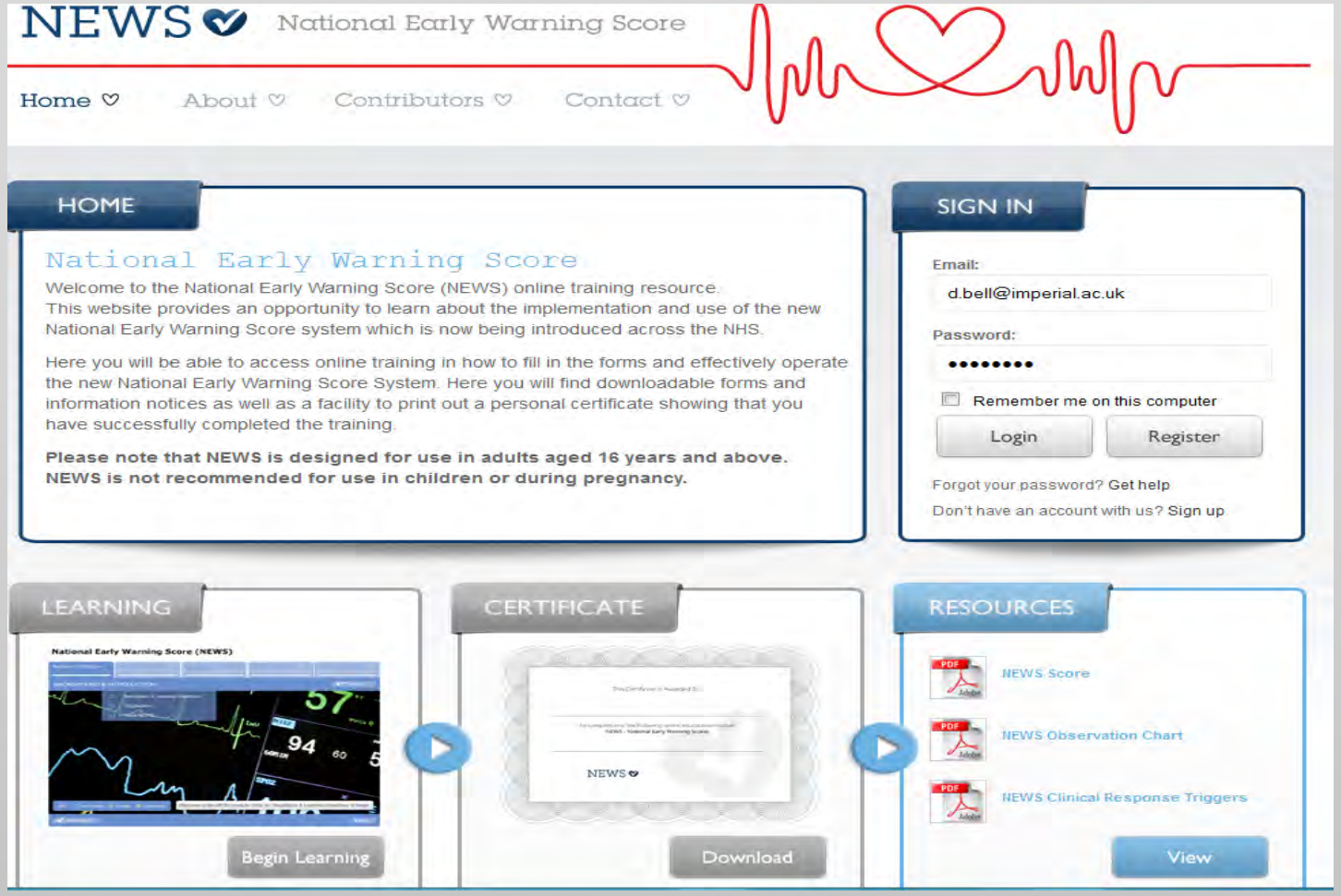
National Early Warning Scoring System

National
Early
Warning
Scoring
System



National Early Warning Score (NEWS)

PHYSIOLOGICAL PARAMETERS	3	2	1	0	1	2	3
Respiration Rate	≤8		9 - 11	12 - 20		21 - 24	≥25
Oxygen Saturations	≤91	92 - 93	94 - 95	≥96			
Any Supplemental Oxygen		Yes		No			
Temperature	≤35.0		35.1 - 36.0	36.1 - 38.0	38.1 - 39.0	≥39.1	
Systolic BP	≤90	91 - 100	101 - 110	111 - 219			≥220
Heart Rate	≤40		41 - 50	51 - 90	91 - 110	111 - 130	≥131
Level of Consciousness				A			V, P, or U

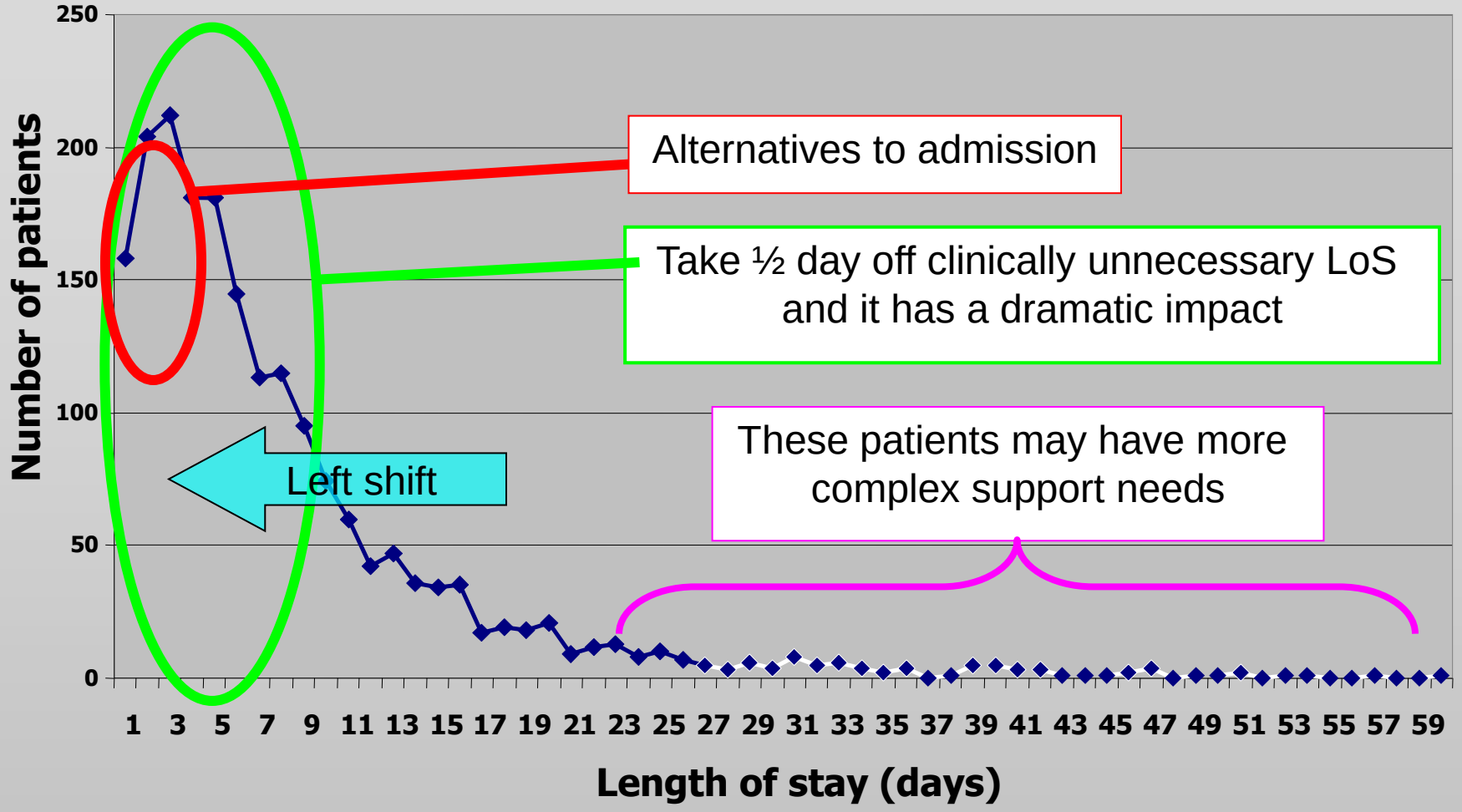


http://tfinews.ocbmedia.com

Acute medicine is that part of general (internal) medicine concerned with the immediate and early specialist management of adult patients with a wide range of medical conditions who present to, or from within *hospitals, acutely unwell*

Current definition of Acute Medicine

First 48-72 hours of care



40-50% of medical admissions in the UK stay ≤ 48hrs and holidays !

Frailty assessment

Stress hyperglycaemia

Biomarkers in acute disease

Large data set analysis to drive improvements in health care

Research

Understand and measure

Processes = the system

Improved outcomes = clinical competence + system

Patient experience – listen and learn

Systematic approach lower mortality lower readmissions

`For my part, I approve of paying attention to everything relating to the art, and that those things which can be done well or properly should all be done properly; such as can be quickly done should be done quickly; such as can be neatly done should be done neatly……

But I would more especially commend the physician who, in acute diseases, by which the bulk of mankind are cut off, conducts the treatment better than others.'

Hippocrates

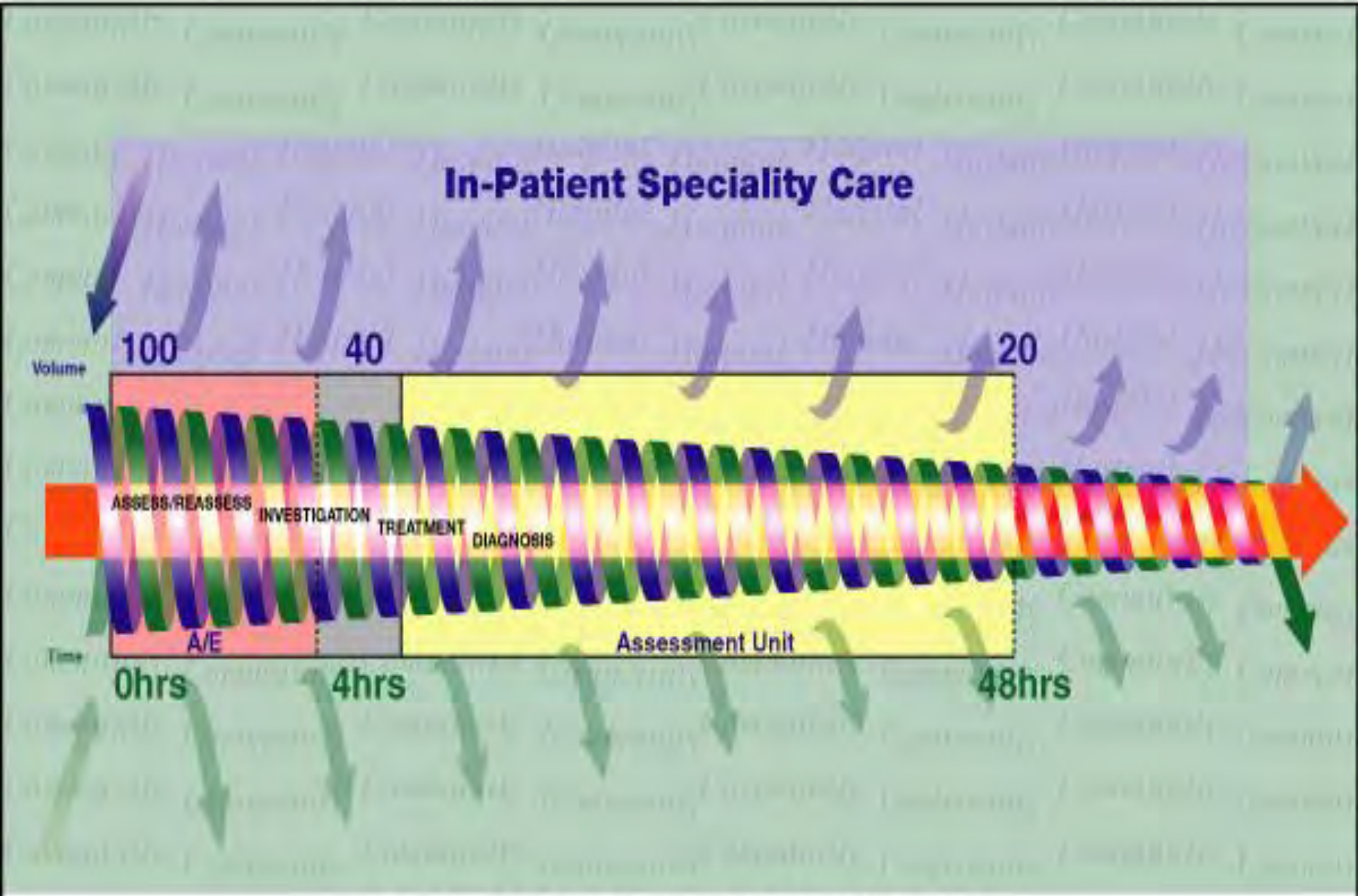
Acute Illness

Bedankt

Vragen ?

Het allerbeste voor de toekomst

Professor Derek Bell



Emergency Flows – D Bell/S Lam

Acute Medicine 2003

www.n**cepod**.org.uk/

2/3 of patients in hospital for > 24 hrs had clearly identifiable gross physiological abnormalities for > 12 hrs

AMU ‘safer’ than general wards

Confidential Enquiry into Patient Outcome and Death (CEPOD) for medical patients 2007

Whole system	Our responsibility
August Handover	Not just an FY1 problem
Continuity of Care	Design
Multi-professional working	Not role substitution
Training	Underutilised
7 day working	Extended Day
Clinical outcomes	Ownership
Patient Experience	Improve
Streamline care	Flow, care bundles

Acute care

Emergency Care Pathways Workshop, Delegates' Emotional Mapping Exercise

Smith G et al Resuscitation 2008

Bakir ROC 0.78

Table 1 Thirty-three aggregate weighted track and trigger systems used in the study with their physiological components (marked with ●)

Year	System	Author and citation	PR	BR	sBP	AVPU	Temp	Urine	Age	S_pO_2	F_iO_2
1997	1	Morgan[25]	●	●	●	●	●				
2000	2	Wright[45]	●	●	●	●	●				
2001	3	Subbe[79]	●	●	●	●	●				
2001	4	Subbe[79]	●	●	●	●	●		●		
2001	5	Fox[33]	●	●	●	●	●	●			
2001	6	Riley[77]	●	●	●	●	●	●			
2001	7	Cooper[41]	●	●	●	●	●	●			
2002	8	Subbe[70]	●	●	●	●			●		
2002	9	Wasson[81]	●	●	●	●	●				
2002	10	Odell[31]	●	●	●	●		●			
2002	11	Carberry[34]	●	●	●	●	●	●			
2003	12	Rees[29]	●	●	●	●	●	●			
2004	13	Rees[27]	●	●	●	●					
2004	14	Priestley[28]	●	●	●	●		●			
2004	15	Ryan[36]	●	●	●	●	●	●			
2004	16	Allen[37]	●	●	●	●	●	●			
2005	17	Goldhill[35]	●	●	●	●	●	●		●	?
2005	18	Chatterjee[38]	●	●	●	●					
2005	19	Heaps[39]	●	●	●	●	●	●			
2005	20	Andrews[40]	●	●	●	●	●				
2005	21	Bakir[73]	●	●	●	●	●		●	●	Air
2006	22	Smith[6]	●	●	●	●	●	●			
2006	23	Paterson[3]	●	●	●	●	●			●	?
2006	24	Lam[26]	●	●	●	●	●				
2006	25	Smith[30]	●	●	●	●	●	●			
2006	26	Gardner-Thorpe[32]	●	●	●	●	●	●			
2006	27	Hancock[43]	●	●	●	●	●				
2007	28	Duckitt[4]	●	●	●	●	●			●	Air
2007	29	Subbe[22]	●	●	●	●			●		
2007	30	Odell[42]	●	●	●	●		●			
2007	31	Barlow[44]	●	●	●	●	●	●		●	?
2007	32	Von Lilienfeld-Toal[82]	●	●	●	●	●				
2007	33	Von Lilienfeld-Toal[82]	●	●	●	●	●	●		●	?

PR – pulse rate; BR – breathing rate; sBP – systolic BP; Temp – temperature

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Adult acute medicine and emergency general surgery : core standards

Patterson C et al Clin Med 2011

Table 1. Audit standards and compliance.

	Source of recommendation	Scotland (%) n=23	London (%) n=25	Phi coefficient
Track-trigger system in use	**NHS QIS/NICE/RCP**	**23 (100)**	**25 (100)**	**0.00**
System initiated at admission				
To ED		20 (87)	23 (92)	
To AMU		3 (13)	2 (8)	
Either to ED or AMU	**RCP**	**23 (100)**	**25 (100)**	**0.00**
Type of system in use				
Single parameter		0 (0)	10 (40)	
Multiple parameter		1 (4)	1 (4)	
AWSS	**NHS QIS/RCP**	**22 (96)**	**14 (56)**	**0.46**
Either multiple parameter or AWSS	**NICE**	**23 (100)**	**15 (60)**	**0.49**
Parameters included				
Heart rate		23 (100)	25 (100)	
Respiratory rate		23 (100)	25 (100)	
Systolic blood pressure		23 (100)	25 (100)	
Level of consciousness		23 (100)	18 (72)	
Oxygen saturation		16 (70)	15 (60)	
Temperature		23 (100)	20 (80)	
All of the above	**NICE**	**16 (70)**	**10 (40)**	**0.30**
All of the above plus urine output	**NHS QIS**	**13 (57)**	**6 (24)**	**0.29**
System incorporated into observation chart	**NHS QIS/RCP**	**23 (100)**	**25 (100)**	**0.00**
Colour-coded chart	**NHS QIS**	**21 (91)**	**16 (64)**	**0.33**
System incorporated into electronic patient record	**RCP**	**0 (0)**	**2 (8)**	**0.20**
Graded response strategy	**NHS QIS/NICE**	**21 (91)**	**25 (100)**	**0.22**

AMU = acute medical unit; AWSS = aggregate weighted scoring system; ED = emergency department; NICE = National Institute for Health and Clinical Excellence; NHS QIS = National Health Service Quality Improvement Scotland; RCP = Royal College of Physicians.

Preventable deaths due to problems in care in English acute hospitals: a retrospective case record review study.

Hogan et al, BMJ Qual Saf July 2012

Reviewers judged 5.2% (95% CI 3.8% to 6.6%) of deaths as having a 50% or greater chance of being preventable.

The principal problems associated with preventable deaths were poor clinical monitoring (31.3%; 95% CI 23.9 to 39.7), diagnostic errors (29.7%; 95% CI 22.5% to 38.1%), and inadequate drug or fluid management (21.1%; 95% CI 14.9 to 29.0).

Figures suggests there would have been 11 859 (95% CI 8712 to 14 983) adult preventable deaths in hospitals in England.

Most preventable deaths (60%) occurred in elderly, frail patients with multiple comorbidities judged to have had less than 1 year of life left to live.

All emergency admissions to be seen and reviewed by a consultant within 12 hours.

A clear multi-disciplinary assessment to be undertaken within 12 hours and a treatment plan to be in place within 24 hours.

All patients admitted acutely to be continually assessed using a standardised early warning system (National EWS from JULY 2012)

When on-take, a consultant and their team are to be completely freed from any other clinical duties/elective commitments.

Consultant work patterns are to meet the demands for consultant delivered care with extended day working across the AMU seven days a week.

All patients on the AMU to been seen and reviewed by a consultant during twice daily ward rounds.

All hospitals admitting emergency patients to have 24/7 access to key diagnostic services.

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Adult acute medicine and emergency general surgery : core standards

Free downloadable PDF's

E learning package

Unique opportunity - national and international

National standardised documentation

- Patient safety
- Whole system (not just hospital)
- Staff training undergraduate – postgraduate
  - IMPACT
  - ALS

Commissioning

Improved audit and research

Currently

Acute Medicine and Assessment Units
part of the health care solution

Acute Medicine

- not traditional G(I)M
- now sub-specialty (2003)
- competency in early phase of medical illness (24-48hrs)
  - diagnosis
  - illness severity
  - immediate and early Rx
  - technical skills

Part of hospital strategy

- Critical care
- Elderly care
- Hospital at night

Assessment Units

- recognised clinical lead (sessions)
- **dedicated** staff plus equipped to deal with early phase of illness
- high quality care rather than time limited
- Direct patient to best care area
  - specialty
  - critical care
  - home