

Society for Acute Medicine



**2nd International Conference
Imperial College, London
29 - 30 September 2008**

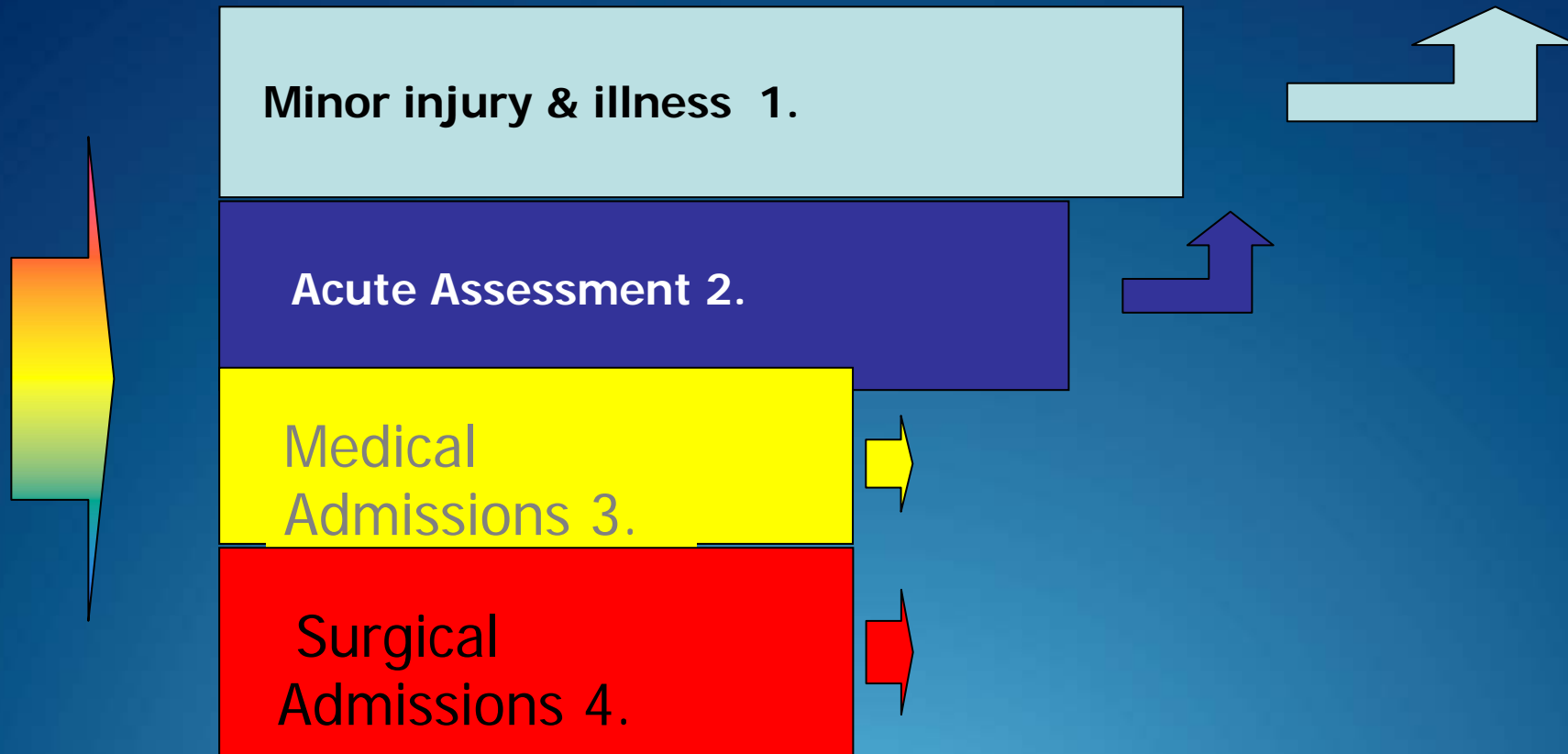
Imperial College
London

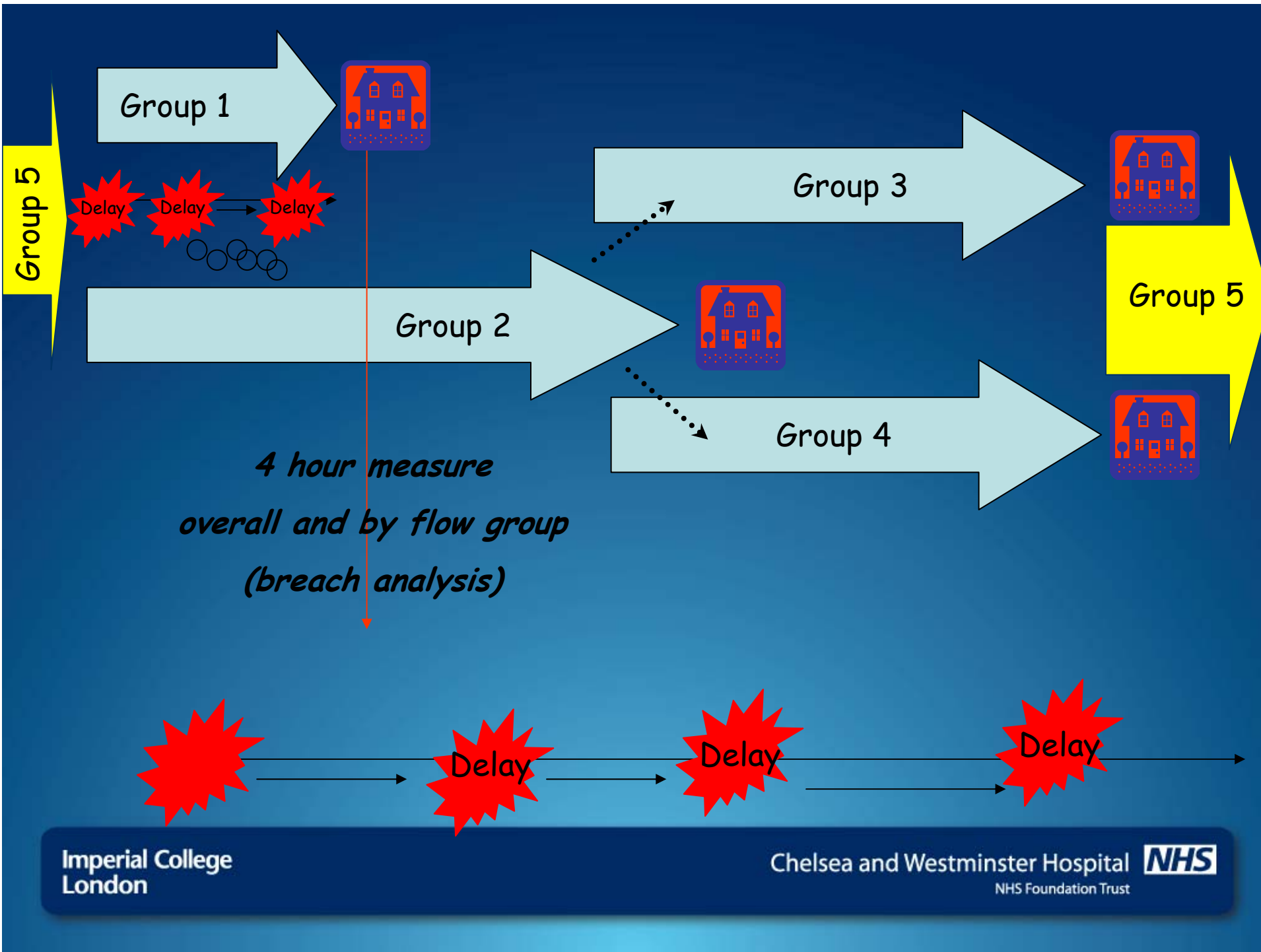
Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Acute Medicine

- Manage the acute unselected take
 - Take ownership
 - General medicine Acute Medicine
- Organisation
- Leadership – medical, nursing, managerial.....
- Multiprofessional team
- Integration

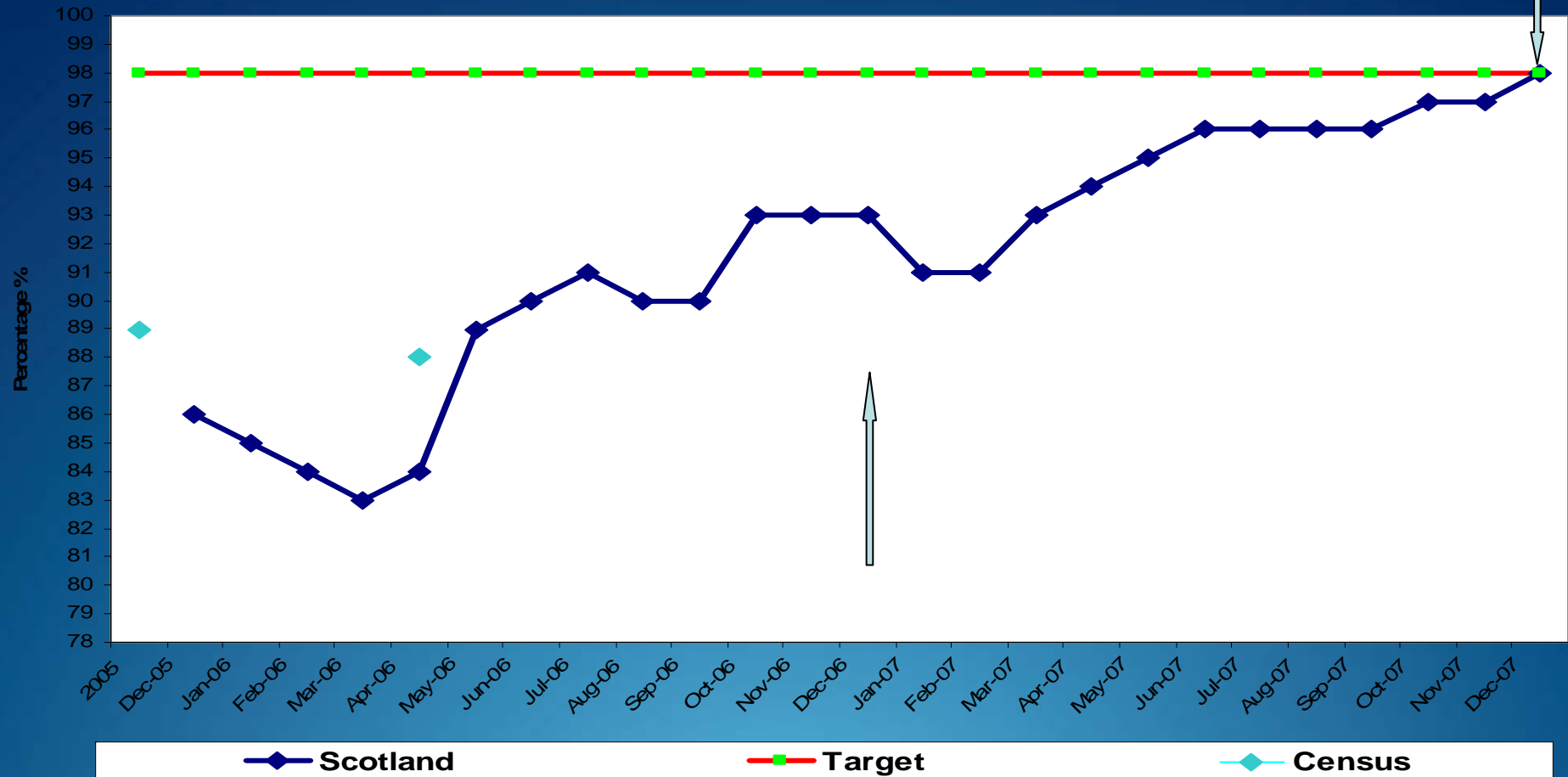
Key patient flows through Emergency Care



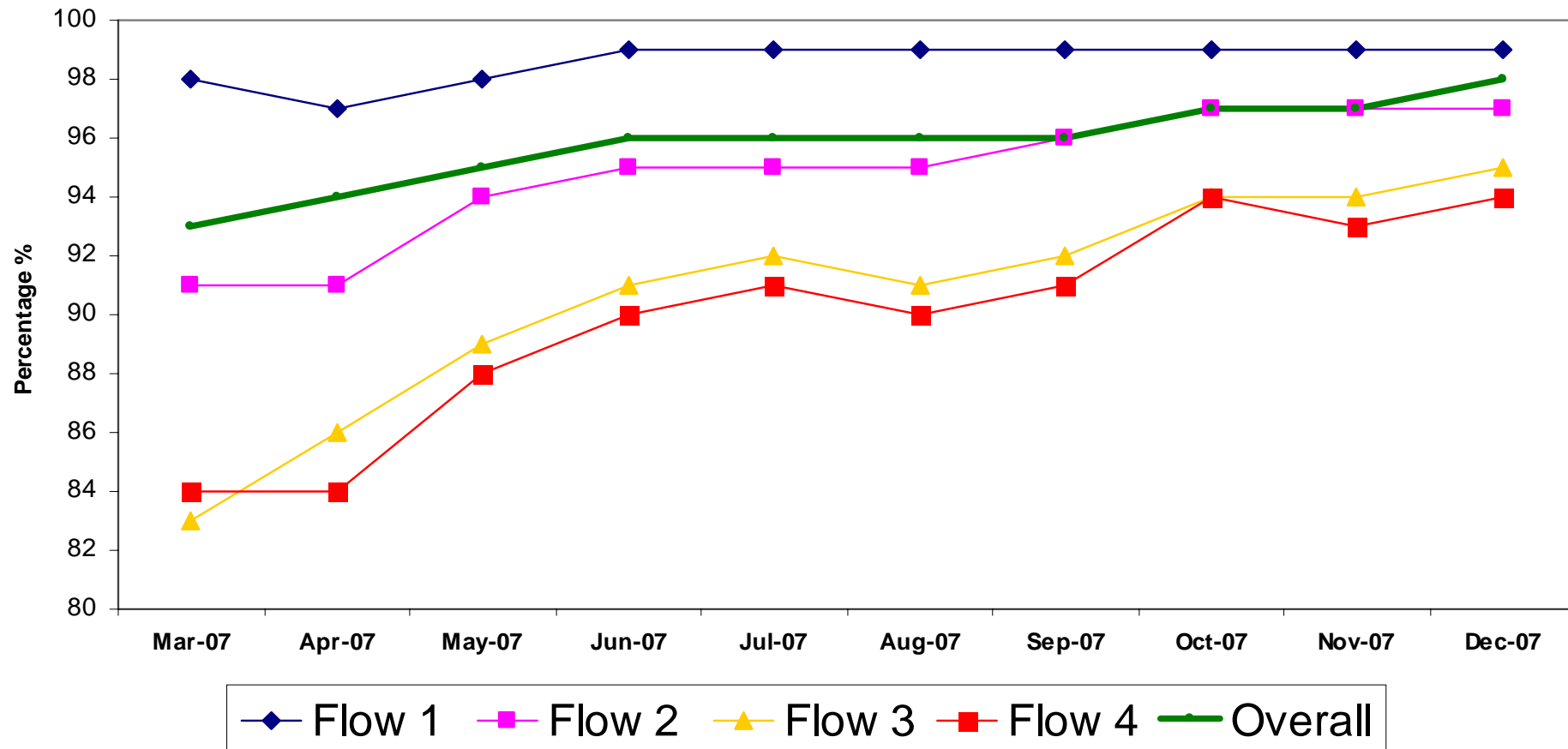


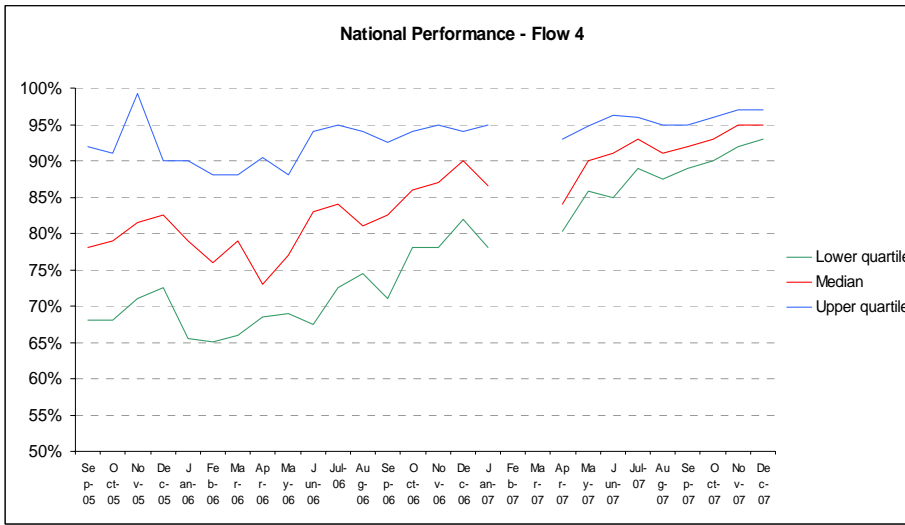
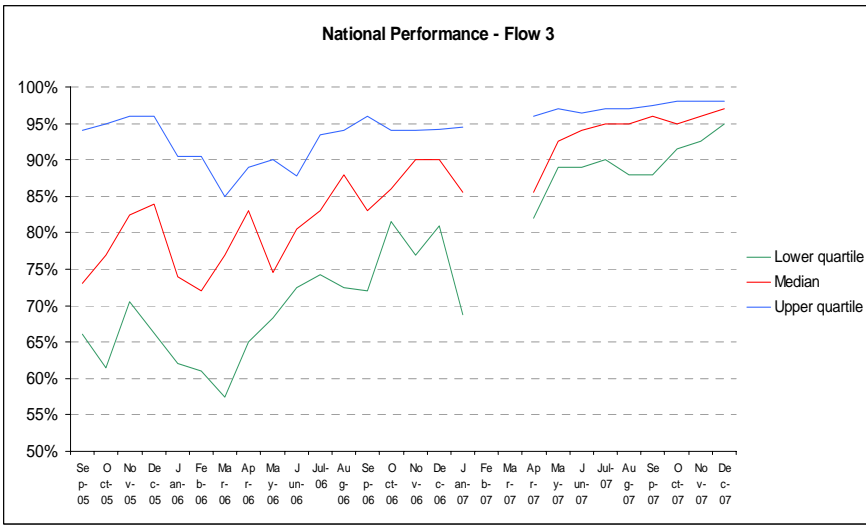
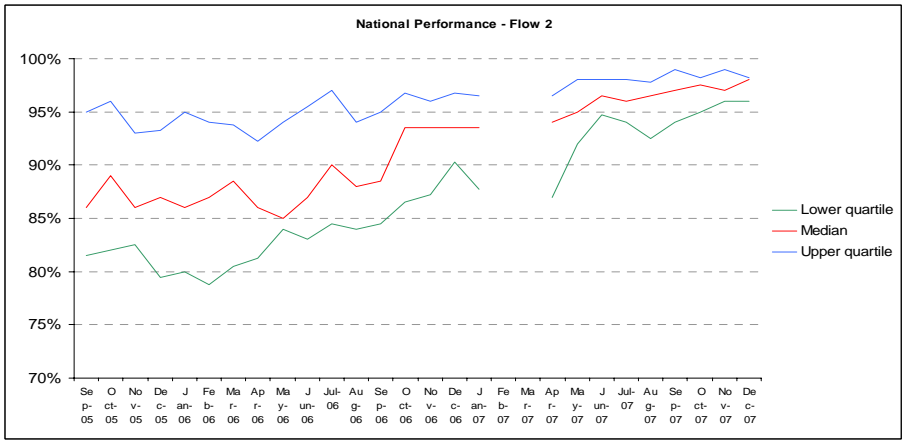
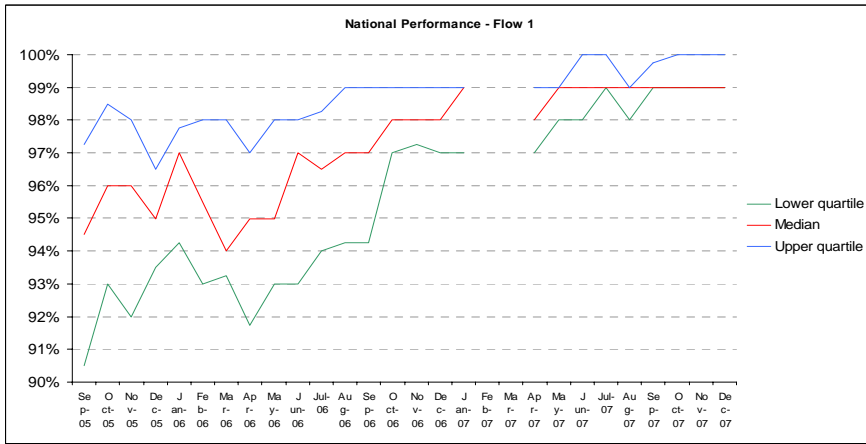
National Progress

Unscheduled Care Collaborative Programme
National Performance



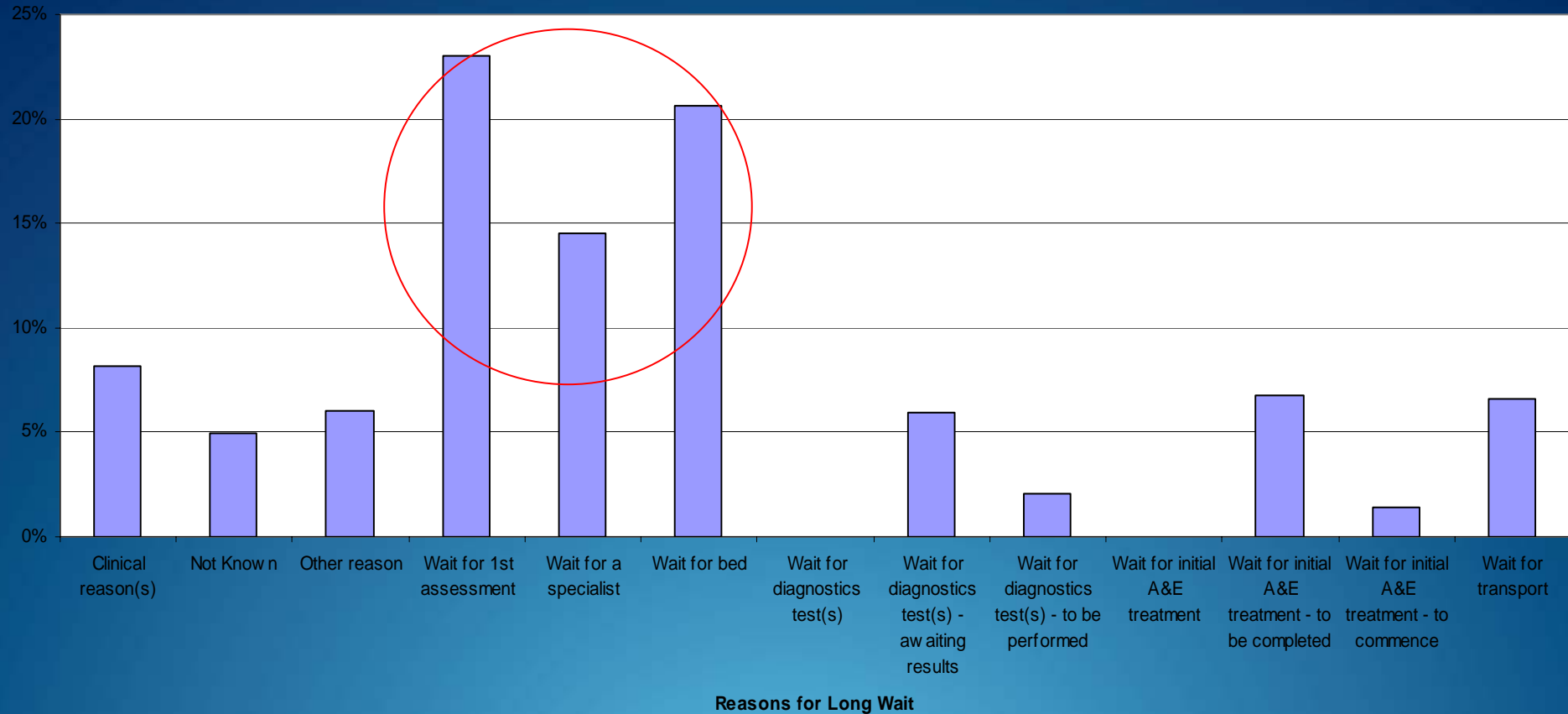
Unscheduled Care Collaborative Programme NHSScotland by Flow





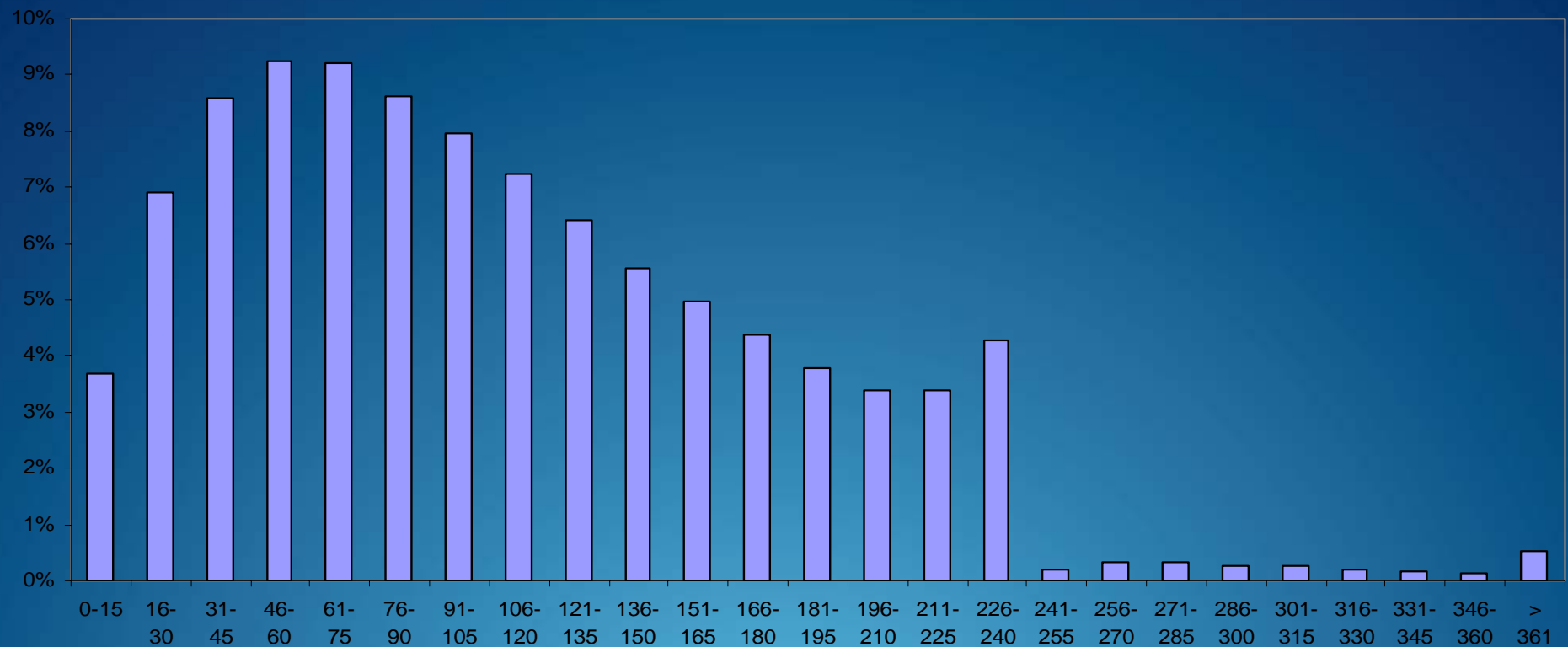
Scotland Breach data by flow

NHSScotland Breach Analysis - All Flows
- December 2007 -

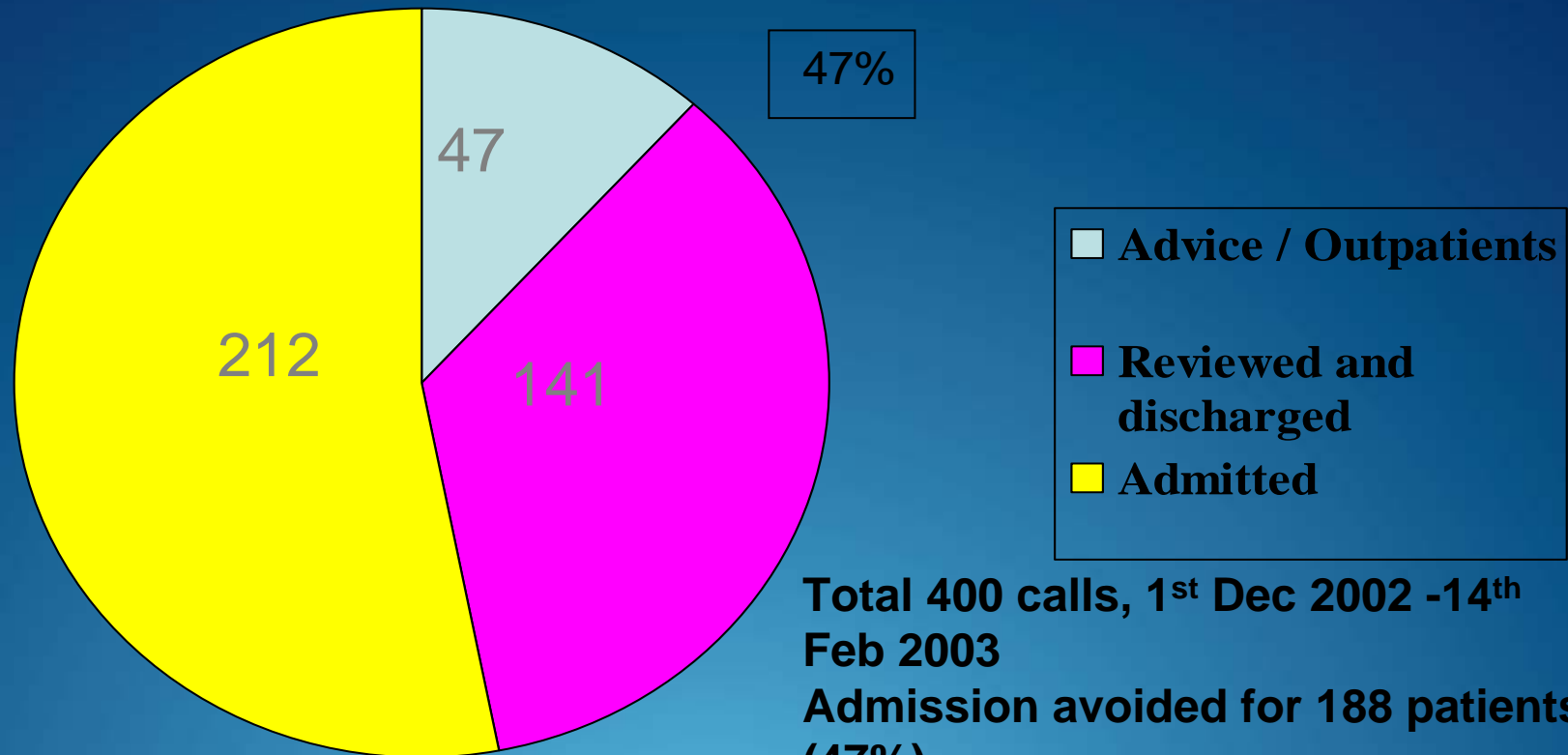


Overall patient flow within 4 hours

NHS Scotland Overview
December 2007



Outcome following call to Consultant requesting admission



Total 400 calls, 1st Dec 2002 -14th Feb 2003
Admission avoided for 188 patients (47%)

Assessment is a simple process....



Initial Assessment
and decision over
tests and immediate
treatment

Tests conducted
and results
collated



Test results considered
and decision made:

Treatment

Disposition

....which is all too frequently bedevilled by delay



Initial Assessment and decision over tests and immediate treatment

Delays in despatch of tests, queues for test, before analysis and collation of results and in returning results

Tests conducted and results collated



Delay before assessment or partial assessment due to absence of specialist

Delay before tests are considered at next ward round

Test results considered and decision made:
Treatment
Disposition

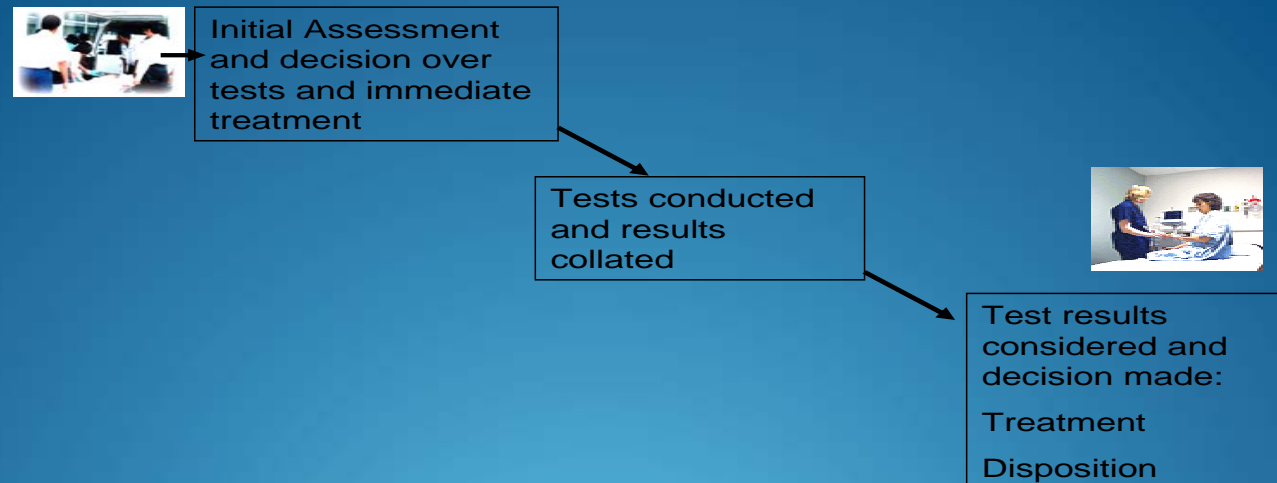
The model of success requires teamwork....

High consultants presence at all times with involvement of other specialities.

Physiotherapists and Occupational Therapists are 'built into' the unit and start their assessment early.

Nobody is precious about 'their' patients – any clinician can revise another's decision. In effect no-one 'owns' the patient.

Primary Care physicians are built into the process to identify patients that can go home and set up appropriate support.



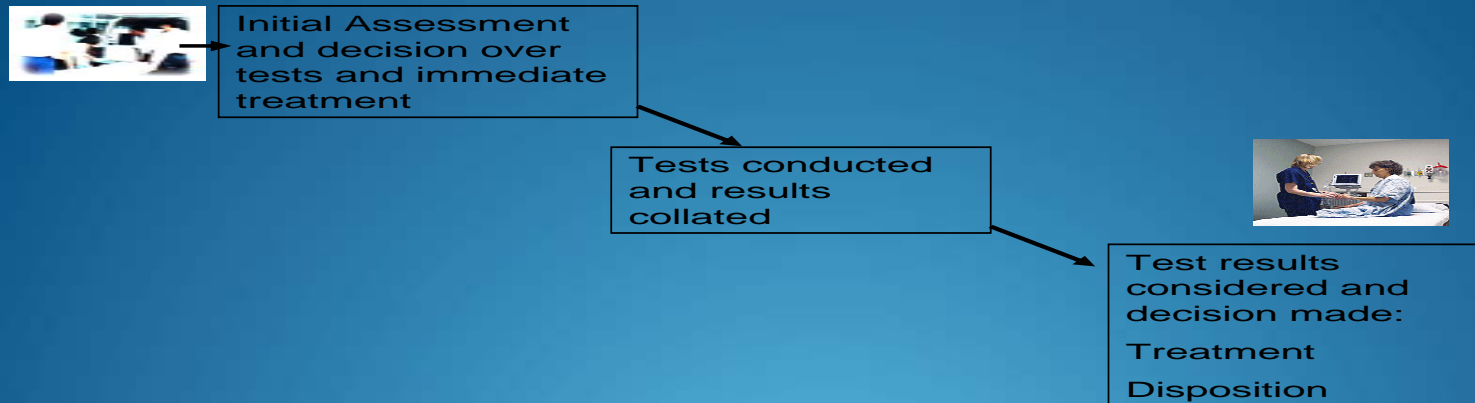
..is based on making information readily available and highly visible and building in twice daily review

Diagnostic & pharmacy disciplines are available 7 days a week.

White boards used to make visible the status of all patients and to record next actions.

Common information presented to all clinicians, accessible at point of need with all test results available.

Twice daily consultant review of all patients through an accelerated ward round



Faster assessment of patients arriving at hospital offers real advantages

- Rapid assessment reduces length of stay
- Discharge rates can be increased with no increase in readmission
- Assessment is no slower and mortality no higher at weekends (in contrast with the general picture where slower assessment has been shown to lead to higher mortality)
- Door to needle time for MI is rapid
- Fragile elderly can be assessed and discharged safely in 48 hours
- And there is no doubt that patients and clinicians much prefer it!

All of which focuses on one aim....

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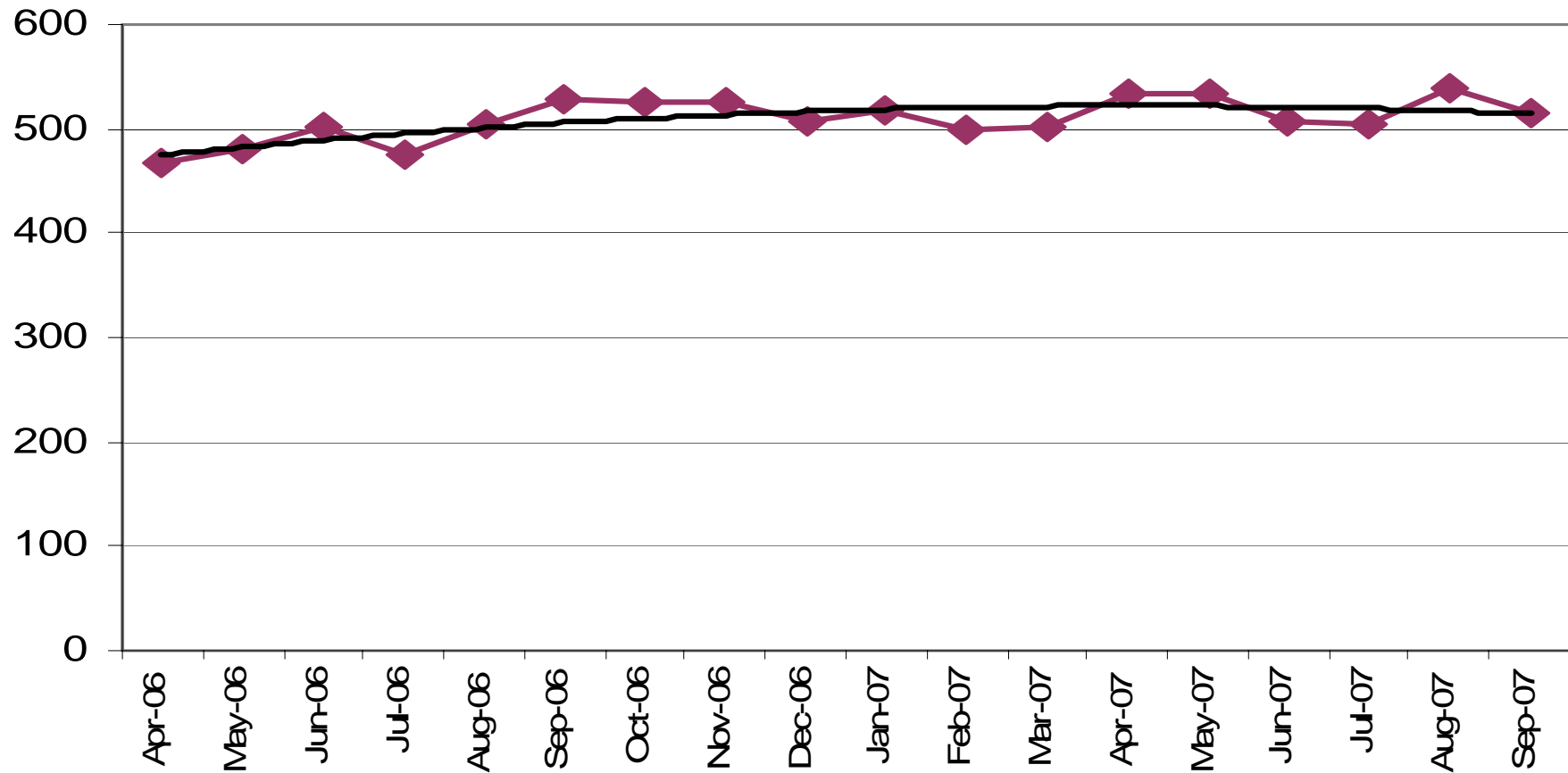
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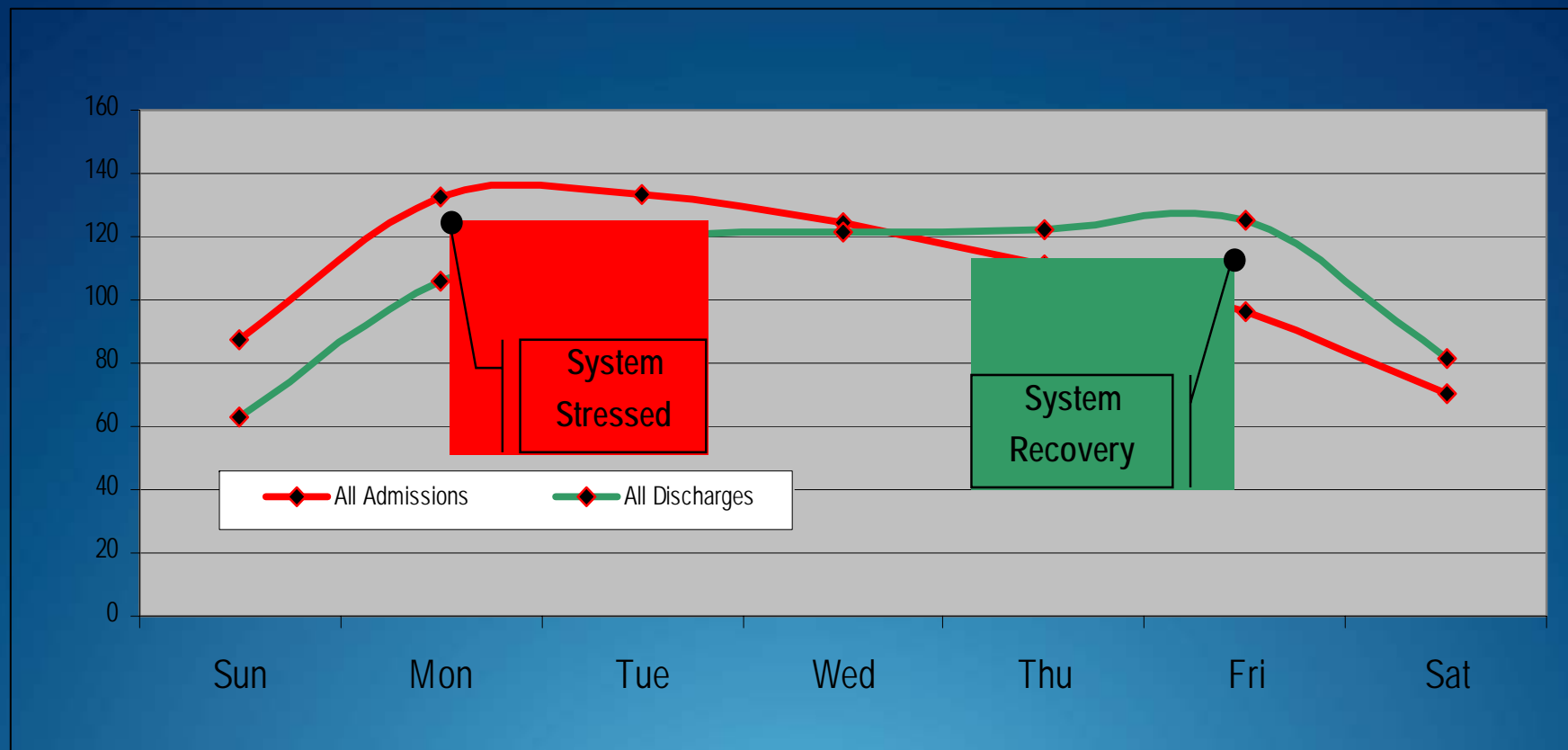
The process is front-loaded - The entire focus is on quickly identifying the destination for the patient.

Adult Medical Admissions by month



'System Stress'

Admission and Discharge Profile all specialties



Number of Admissions (per day)

Borders General Hospital

