ADMISSION TRENDS IN AMU – AN OPPORTUNITY IN A PANDEMIC

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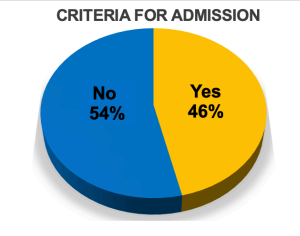
INTRODUCTION

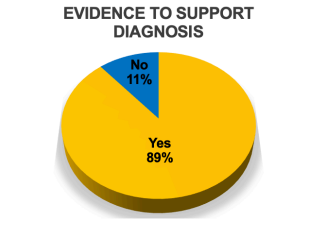
An audit was conducted to assess the compliance with the national admission criteria[1] before the winter surge of 2021. The focus was to identify system factors which might have contributed to good or bad practices in this regard. The aim was to design a strategy which built on positive findings and identified solutions for factors which could be improved upon.

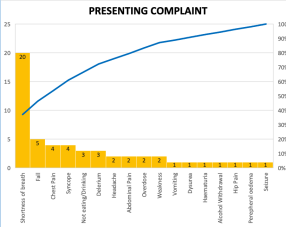
METHODOLOGY

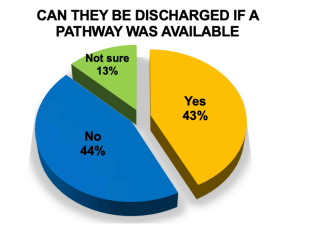
Online electronic data forms were designed and data collected over a 24 hour cycle based on the admission criteria. This was expanded upon by looking at robustness of evidence base for decision making and practice.

RESULTS









- 1 in 5 patients of the data set showed either no clear diagnosis or no evidence to support the diagnosis

DETAILED ANALYSIS

REVIEW & MANAGEMENT

- Poor decision making reflective of Type 1 thinking
- Unclear plans
- Unnecessary tests undertaken
- IV antibiotics prescribed when oral antibiotics would have been sufficient

SYSTEM ISSUES

- Lack of access to frailty Service
- Social care input would have met patient needs at home
- Lack of confidence/ utilization of the 2 week cancer wait pathway for discharge from ED
- Lack of confidence/ availability of follow up clinic when the patient is known to specialty
- Referral criteria and lack of acceptance from community teams

PROCESS & DECISIONS

- Unnecessary imaging
- Poor handover
- Medical admissions has least resistance
- Unnecessary change of clinical locations in medically optimized patients

INTERVENTION

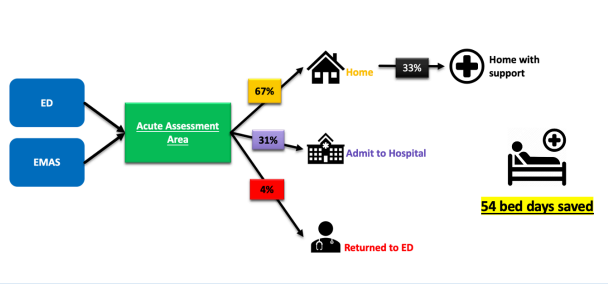
Based on the initial results, we learnt that the organizational and structural norms did not support radical intervention to bring about short term changes. We felt that the most optimal approach would be to create an assessment area outside of ED & the medical inpatient wards. In this area we focused on documentation, staffing and early decision making.

A criteria for acceptance was :

1. Not seen by medical team in ED
2. NEWS score <5
3. Absence of diarrhea

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.

OUTCOME OF INTERVENTION



DISCUSSION

The decision making process for acute admissions from ED remains suboptimal for multiple reasons. Coupled with human factors, logistical issues also contributed to the poor results obtained in this study. We designed an intervention which was non-conventional, to see if a change in environment/location along with process and expectations could change outcomes and in a limited trial found that this was the case.

It was identified that

- ❑ Organizational norms should be changed in order to render the existing system beneficial
- ❑ Introduction of new process maps is essential to achieve better efficiency
- ❑ Making a clinical decision should be evidence based and its practice should be encouraged in the future

ACKNOWLDGEMENT

Dr Mohsin Zaman – Clinical Lead in Acute Medicine, Northampton General Hospital

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