Quality Improvement Project – Improving Efficiency of Initial Investigations and Treatment for GP admissions to AMU

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Method: This Quality Improvement Project (QIP) aimed to reduce the amount of time between General Practice (GP) admissions arriving on the Acute Medical Unit (AMU) and having their initial investigations and treatment. The project took place over a period of 8 weeks. The daily Lorenzo admission list was reviewed to identify GP admissions, followed by a clinical notes review to identify the timing regarding patient admission to the Acute Medical Unit, arrival of initial blood tests to laboratory, formal clerking to AMU and commencement of treatment. An initial two weeks of baseline data collection was followed by 3 interventions at two-week intervals, during which data collection continued. The interventions were as follows: i) verbal prompting to unit co-ordinators to highlight GP admissions on Cayder system and in Doctors handovers to encourage area-based doctors to assess GP admission fully on immediate arrival; ii) posters both in Bed Bureau and clinical areas reminding co-ordinators to highlight GP admissions, and encouraging doctors to continue the initial “triage” of patients; iii) email to medical staff highlighting project and inviting suggestions for change, verbal prompting in nursing handovers for nurses to highlight GP admissions.

Results: Over this QIP period there were 390 GP admissions; of these 271 case notes (69.5%) were reviewed. At baseline, average waiting time of GP admissions for clerking was 02:22 hours, bloods arriving in laboratory at 03:34 hours, and time to initial treatment was 05:52 hours. The average times were statistically compared using paired t-test. After Intervention Three, the average time to be clerked was reduced by 19 minutes (p=0.092). Overall mean time for bloods to arrive in the laboratory was reduced by 78 minutes (p=0.0023). The overall mean time for commencement of initial treatment was reduced by 178 minutes (p=0.007).

Discussion: Admissions from GP represent a significant number of patients presenting to the Acute Admissions Unit (AMU). Unlike patients presenting from the Emergency Department, these patients are not admitted with basic investigations already performed, or initial treatment commenced. It has been noted that such patients from GP seem to wait significantly longer for initial investigations and initiation of treatment. This can have a negative impact on patient outcomes, and the difficulty in providing safe and effective care for GP patients in the AMU was highlighted in the Care Quality Commission Scheduled Report for Hull Royal Infirmary, published in May 2014.[1] This Quality Improvement Project was successful in significantly improving the average time taken for initial investigations and treatment to be commenced in patients arriving on the Acute Medical Unit from General Practice. We believe these results reflect a positive change in attitude towards GP admissions onto the Unit, and it can be expected that a reduction in average waiting time for initial treatment will be of positive benefit to patient outcomes.

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References