



SEVEN DAY SERVICES CASE STUDY

APRIL 2016

Dorset County Hospital NHS Foundation Trust

Using audit cycles to embed seven day consultant reviews for emergency admissions

AT A GLANCE:

- Junior doctors at Dorset County Hospital NHS Foundation Trust undertook two consultant review audits, against the clinical standard for review of patients within 14 hours of admissions to identify areas for improvement
- A key driver for the initiative was the requirement to meet a CQINN
- The audit was designed and conducted by junior doctors and included all emergency admission for surgery, medicine and paediatrics
- The audit cycle produced an increase in compliance with the clinical standard from 59% in surgery and 64% in medicine to 88% and 89% respectively.

Dorset Count Hospital NHS Foundation Trust identified consultant review of emergency admissions as an area of concern via the trust's Quality Committee who were seeking assurance that they were meeting the 7 day clinical standard 2. The standard states that patients that are admitted as an emergency admission must receive a thorough clinical assessment by a suitable consultant (7 days a week), within 14 hours of arrival at the hospital in 2014/15.

As a result junior doctors designed an audit to establish whether the hospital was compliant in providing consultant review within 14 hours of decision to admit. The purpose of the audit was also to highlight whether there was a difference in the level of consultant review at weekends compared to week days.

How the improvements were made

Junior doctors co-designed the audit methodology and data collection methods. The base line audit period was selected to incorporate a Bank Holiday weekend and ran from 00:1 on 21 May 2014 to 24:00 on 27th May 2014.

The sample was identified by extracting data from the patient administration system for all emergency admissions to Dorset County Hospital during the audit period. Where possible the notes of each patient were reviewed by the auditors and a simple audit proforma was completed for each.

Completed proformas were collected by the audit department and the data collated onto a spreadsheet. Where possible, any notes that had been missed, due to patient movement or discharge, were then follow up and audited by the patient safety coordinators.

The proforma included details of:

- Division and specialty
- Recording of early warning scores on admission,
- Number of hours from referral to emergency medical until to be seen by a competent clinical decision maker
- Number of hours from admission till consultant review (excluding initial assessment if made by the Consultant)
- Nature of review eg. consultant-led ward round, documented or SpR to consultant phone call/ discussion documented
- The initial May audit did not include paediatrics but the re-audit in October 2014 did include paediatrics
- Whether patient was discharged from the emergency medical unit.

What was achieved

- The audit conducted in May 2014 included 3012 patients admitted during the audit period, using the codes for the emergency admission form the patient administration system. Of these 263 notes were audited.
- The audit conducted in October 2014 included 229 patients admitted to Dorset Count Hospital during the audit period, with a total of 259 patient records audited.
- Analysis of the first audit identified variation in ward round practices and initiated investigation into the prioritisation of patients.
- There is now a handover meeting at 08.30 and the acute physician starts the post take ward round at 09.00. The team is split into two one half led by the consultant and the other by a 'senior' decision making registrar. Patients are reviewed in priority of need and availability. The ward round is completed at 11.00 with formal exchange between the two halves of the team.

Standard	N	May 2014	Oct 2014
100% of adult emergency patients should have their case reviewed by a Consultant within 14 hours of being admitted to Dorset County Hospitals	Medicine	64%	88%
	Surgery	59%	89%
	Paediatric	-	92%

What was the impact

- The May 2014 audit identified non-compliance with the standard but greater compliance in October 2014. Compliance, increased in medicine and surgery from 64% and 59% to 88% and 89% respectively. Auditing of practice continues in 2015. Senior review has become part of business as usual and findings are fed back at local division meetings.
- There were no changes in job plans or recruitment of consultants.

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TOP TIPS

- Auditing of practice is in itself a useful tool to raise awareness of practice and change behaviours.
- Junior doctors are a useful resource for auditing clinical standards to change behaviours in colleagues.
- Empower junior doctors to identify and make improvements to consultants working practices such as consultant reviews and ward round procedure .