

# An Acute Problem?

NCEPOD

# Paul F Jenkins

Consultant in Acute Medicine,  
Norfolk and Norwich University  
Hospital

President of the Society for Acute  
Medicine UK

The background features a dark purple color with several wavy, overlapping lines in a slightly lighter shade of purple and black, creating a sense of movement and depth. The word "SAMUK" is centered in a gold, serif font.

SAMUK



# The Sub-Specialty of Acute Medicine

# “An Acute Problem”

Interpretation of the data

# Interpretation of the data 1.

- Complete data obtained in 1154 (68%) of 1677 cases
- i.e. 7.4 patients per participating Hospital throughout the 1 month trial period
- Average medical intake in England and Wales is now 40 Patients in 24 hours
- Proportion of medical patients requiring intensive care is small (0.6%)

## Interpretation of the data 2.

- “10% of the patients had incompletely recorded histories and/or physical examination” but...
- 43% patients were referred direct from A&E departments
- It could be that an appropriate emphasis was placed on physiological assessment rather than a detailed history
- May explain lack of consultant physician review before ICU admission

## Interpretation of the data 3. (standard of pre-ICU care)

- 90% had an acceptable history
- 87% had a complete clinical examination at 1<sup>st</sup> contact
- 93% had a diagnosis at initial review
- 90% had a correct diagnosis
- 87% had an initial treatment plan and this was followed in 96%
- Treatment deemed prompt and appropriate in 58% (should read 74%)

# SAMUK

Welcomes NCEPOD involvement in acute medicine,

Recognises the need for organisational change and

Appreciates support for the role of the Acute Physician.

However, correction of errors should involve a 'no blame culture'. The failure is usually in the system, not the individual.

## In particular.....

- Ensuring that Junior Clinicians achieve competency in dealing with the unstable patient: MMC, IMPACT and ALERT courses
- Adequate and informed documentation of physiological parameters
- The importance of recognising changes in these and responding to them
- Senior support and supervision essential

# The Acute Medical Unit

- Is focussed to the recognition and treatment of the acutely ill patient
- Is not just about triage
- Resources and skill mix can be audited
- Team-working is facilitated
- The multi-professional approach can be engendered

# Future Development

- Integrated Front-door and Critical Care Services.. “Streaming”, not Departments
- Banish traditional specialty boundaries in the care of the critically ill
- Develop a breed of ‘Urgent-Care’ Clinicians.....to support...
- .....a Hospital-wide service

# The Acute Physician: Training

- Current SpR Training Programmes
- Urgent need for more trainees.....this means appropriate 'numbers' with associated funding

*Interest among Junior Clinicians is growing*

# The Acute Physician: Role and Rota

- Direct supervision of junior medical and nursing staff: *this offers an ideal training opportunity*
- Early senior review of all presenting patients, not just the critically sick
- Appropriate management planning
- Timely (and cost-effective) investigation and treatment

# The Acute Physician: Role and Rota

- The concept of ‘senior’ support
- The necessity for sustainable working patterns and therefore...
- ... ‘shift work’
- An opportunity for flexible and part-time working

## However,

- One pattern will not fit all
- The successful introduction of Acute Physicians will take time
- The acute role of the Specialist Physician remains vital and *their enormous contribution to the Acute Intake must be recognised*

# Professional Interfaces

- Acute Medicine
- “Specialist” Medicine
- Intensive Care Medicine
- A&E Medicine
- Surgical specialties

# In Summary

- This report offers valuable information
- There is an urgent need for organisational change
- There are training and resource issues
- There is a wonderful opportunity to change the way we care for the critically ill...for the better
- Traditional Specialty 'boundaries' should be challenged with competency being the fundamental principle

## NCEPOD, 'An acute problem'

- Should be congratulated on addressing this issue
- There are questions to be answered
- Future development must embrace a 'No-blame, learning culture'

We all want the same thing:

**Premier Quality Care for Patients**