

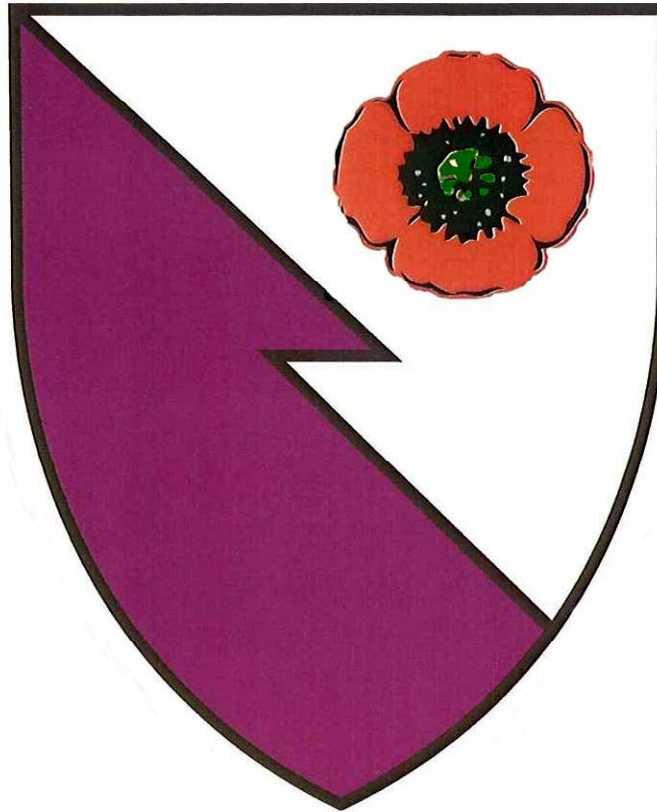


Emergency Admissions-

Emergency
Medicine
Perspective



Casualty or A&E or Emergency Medicine





- Size of the service
- Increase in Admissions
- 4 hour target
- Review of relevant recommendations in the report



High volume

- Almost 3 million emergency admissions each year
- Increase of 750,000 over the past five years.



Patients per year per population of 250,000 people

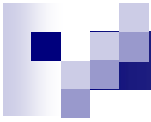
A&E attendances	60,000 (12,000 admit)
Emergency Admissions (all sources)	22,000
General Medicine	6,000
Other Medical specialties	3,000
Surgery	2,200
Orthopaedics	1,300
Gynaecology	900
Plastic/chest/maxillo-facial surgery	400
Adult mental health	300
MI requiring thrombolysis or PCI	60
Major trauma	50



Admitting specialties

- General Medicine
- General Surgery
- Orthopaedics
- Others








Why increase?

(Our future health secured? -Kings Fund)

- Chest pain

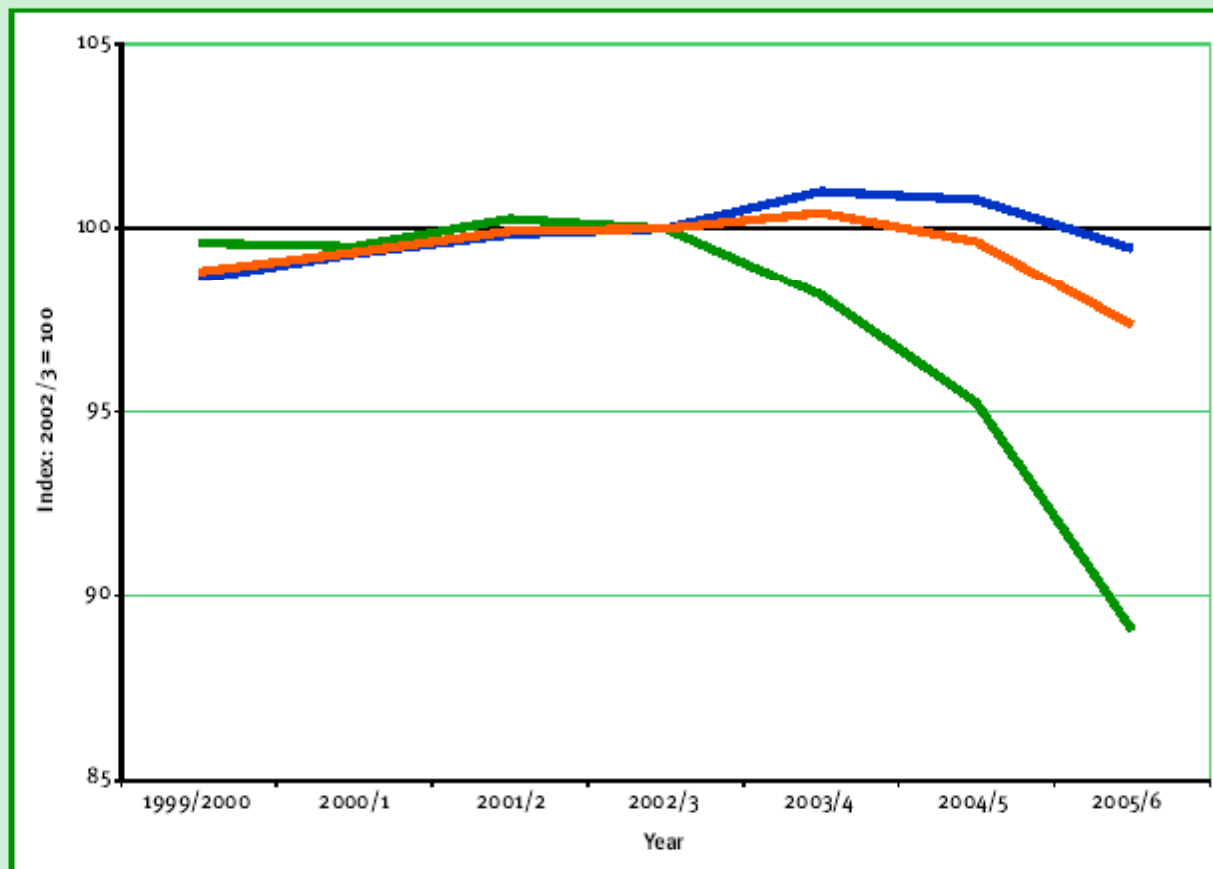


Increase (King's Fund)

- Elderly- chest pain
- SOB
- Abdominal pain
- Pneumonia
- Urinary Tract Infection
- Syncope




34 NUMBERS OF HOSPITAL BEDS, 1999/2000 TO 2005/6



KEY

- Acute
- Geriatric
- General and acute

Source: King's Fund analysis; Department of Health 2006d



Quality- 4 hour target

- Generally good for patients
- Generally good for ED staff
- Focus on admission systems
- Led to creation of EAUs
- Active management of flows



4 hour target- downside

- Some patients need longer
- Pressure on ED staff
- Danger of patients becoming part of process rather than individuals





NCEPOD Quality

- Majority good
- Significant minority could be better
- Worrying 7% “less than satisfactory”



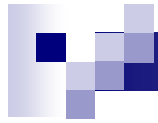
Recommendation-seniority of doctor

- 3 million admissions
- 700 Emergency medicine consultants
- 50% departments have 24 hour senior/middle grade cover



College of EM- policy

- By 2012 every ED should have 24 hour senior/middle grade presence in the ED
- (By 2012 2000 fully trained EM doctors)



Documentation

- A confession



Training/support

- Effects of MMC
- 4 monthly rotations
- Many more junior doctors

- Excellent training environment
- Good supervision in some departments
- Challenges in small departments



24 hour CT

- CEM policy for many years
- Worrying that 15% no access to CT
- Impossible to deliver high quality Emergency Care without immediate CT access



Transfers

- Challenges of reorganisation of services
- Challenges of tertiary centres
- Transfer critical care under-developed



Concept of Shared Care

- Hard concept to get across to admitting specialties
- A minority of patients need input from more than one specialty



Handover

- Clinician to clinician
- Immediacy
- Documentation



Unnecessary Admissions

- 6%, even in this “serious” cohort, might be inappropriate
- Questions of end of life care.
- Lack of good care plans
- Lack of immediate community support for critical events in process of plans



Summary

- College of Emergency Medicine welcomes this report
- Strongly support the involvement of senior staff in care of very ill patients
- Committed to working with other specialties to improve care