

# RCPE UK consensus statement on acute medicine (November 2008)

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## KEY POINTS

- The treatment and care of acutely ill patients is the core business of the NHS.
- Well-organised acute medicine has a pivotal role to play in improving patient care and outcomes.
- Multi-professional working and strong clinical leadership are essential.
- Communication between all parts of the health and social care system is vital.
- Education, training and research should be embedded in practice.
- Key challenges include standard setting, capacity, sustainability, resources and breaking down professional and organisational barriers.

NHS professionals are working together to develop an integrated and coherent approach to providing medical and surgical services for people who require urgent treatment and care.

The aim is to improve the quality, effectiveness and safety of patient care, taking account of rising demand for emergency care, particularly for older people. Other challenges include the European Working Time Directive, changes in GP working hours, technological advances, increased patient expectations and practical and cultural barriers to change.

Acute medicine is a new specialty which has a pivotal role in improving pathways of care. Previously, care provided for acutely ill patients often involved delays in assessment, poor outcomes and many people staying in hospital longer than necessary. Early involvement of a specialist team led by senior clinicians and the development of dedicated acute medicine facilities improves quality and ensures rapid assessment, investigation, diagnosis and management.

## DEFINING ACUTE MEDICINE

Acute medicine is that part of hospital medicine concerned with the immediate and early specialist management of adult patients suffering from a wide range of medical conditions requiring urgent or emergency care.

## KEY PRINCIPLES FOR HIGH-QUALITY, PATIENT-CENTRED ACUTE MEDICINE

From the information and evidence provided to the conference, we believe that the following principles should apply to the further development and effective delivery of acute medicine:

### Multi-professional working

Teamwork and strong, well-defined and consistent clinical leadership are essential. All members of the team should have respect for each other and their skills and work together across professional boundaries:

- Good communication is vital at all points on the care pathway; this includes working with the primary care team before and after the hospital episode, involving patients and carers and linking effectively with other hospital teams and support services.
- The team should include consultant physicians, nurse specialists and other professional staff including dedicated pharmacists, occupational therapists and physiotherapists, all of whom should be competent or training in acute medicine.
- Timely support is required from other services including social work, psychiatric and alcohol liaison, and critical care outreach.
- Dedicated porters, clerical and domestic staff are an important part of the team.
- Administrative support is required to manage the flow of patients through the acute medicine system. This should be tailored to provide maximum support for clinicians.

### Essential relationships

Acute medicine must work closely with other health and social care services to develop patient pathways which ensure effective assessment, diagnosis and management:

- Access arrangements to acute medicine should be clear and well communicated, particularly to primary and community care and emergency services.
- Alternatives to hospital admission should be fully explored, including the use of urgent outpatient referrals, intermediate care, ambulatory care, palliative care and end-of-life care.

- Discharge co-ordination is a core activity and should be managed effectively.
- Key partners include emergency departments; co-operation and co-location are desirable; there should be joint guidelines, compatible IT systems and a single assessment document.
- Rapid access to imaging, laboratory tests and other diagnostic services is crucial and should be available seven days a week to inform treatment and facilitate discharge.
- There should be timely involvement of other specialist teams, clear arrangements for the transfer of care and equitable access to high-dependency care.
- Patients, carers and the public should be involved in the design of services and the development of education and training initiatives.

### Education, training and research

Acute medicine, with its diverse mix of patients, provides a rich environment for education and research:

- All staff should have protected time for learning and access to appropriate training technologies and resources.
- There should be a local champion, with expertise in education, responsible for multi-professional education and training in acute medicine.
- There should be a wide range of educational opportunities to develop and maintain a workforce that is competent, skilled and up to date. These should include case reviews, morbidity and mortality meetings and simulation training.
- Supervised practice with effective feedback must be embedded in day-to-day working.
- Competency frameworks and the development of transferable skills should build on the work already undertaken by the health departments and professional bodies.
- The practice of acute medicine should be supported by a strong evidence base derived from research. Other clinical and health services' research activities should be encouraged in the acute medicine environment.

### Standards of care

There is early evidence that patients treated through an organised process of acute medical care achieve better outcomes. It is important that existing good practice is distilled into agreed standards and performance measures:

- Hospitals should have operational policies for acute medicine which explain the organisation of services and their inter-relationship with other parts of the health and social care system.
- Explicit standards must be set for acute medicine, including rapid assessment, the development of patient pathways, ready access to diagnostic services, treatment and effective discharge arrangements.
- Specific standards must be agreed to ensure effective working with other specialist teams.
- A standardised early warning score should be recorded, monitored and used to trigger appropriate action for all patients.
- Best practice and national guidelines on medicines reconciliation must be followed.
- The performance of acute medicine should be monitored using key performance indicators such as mortality and morbidity data, discharge and readmission rates and patient experience surveys.
- Clinicians working in dedicated acute medicine facilities should be competent in providing high-dependency care.
- The development of patient services, standard setting and performance monitoring should be supported by good information management and IT systems.

### KEY CHALLENGES FOR THE FUTURE

Good progress has been made in developing acute medicine as a specialty in its own right. Looking forward the key challenge will be sustainability – matching capacity to demand, securing resources for extended seven-day working and the co-location of services, codifying standards of care and striving for true multi-professional working and educational provision to improve patient outcomes and experience.

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