GP Admissions to the Acute Medical Unit at Royal Hampshire County Hospital: Reflections on our Team-Based Quality Improvement Fellowship

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The project
- Why did we do it? To improve the experience of GP referrals attending the AMU at RHCH, aiming for senior decision-making no more than 4 hours from time of arrival (mimicking the A&E 4 hour target)
- Why present it? To learn from our reflections and bear them in mind for future projects
- What was happening? GP referrals were perceived to be waiting longer than their A&E counterparts for a decision to admit, discharge or ambulate
- How did we gather evidence? 2 weeks of data collection on time of arrival, time to initial clerking, blood test results, chest x-ray completion and consultant review followed by run chart analysis
- What did we find? Delay to decision-making came down to time of post-take ward round, particularly following change of hands to the on-call general medicine consultant from 4pm

Challenges faced
1. Deciding on our project
   Our initial aim was too ambitious for our skills set and timeframe, so we had to redefine it to something more realistic and achievable
   Tip: Small changes can make big differences – take time to decide on an objective and don’t be afraid to change the scope of your project

2. Working as a team
   Our team was formed opportunistically based on timing rather than on skills contributed or experience
   Tip: Know your members and recognise whether the group is actually a team or not, and be aware of how group dynamics will change

3. Engaging stakeholders
   Because the scope of our project changed, one stakeholder lost interest and consequently we lost support for what we wanted to achieve
   Tip: Identify and invite stakeholders to be involved in the process, and use your data to support your argument for change

4. Testing commitment
   Some team members lost confidence in the project when the objective had to be modified
   Tip: Recognise the importance of testing commitment – even the most motivated individuals can’t achieve QI alone

5. Describing existing processes
   We thought we had a clear idea of where the problems lay in our unit, until we process mapped it and identified several missing areas
   Tip: Process mapping helps to identify major activities in a process and what steps are embedded in each activity

6. Establishing a baseline
   We were fortunate in that we had an IT system available which easily provided high quality, representative data
   Tip: Choose your data points carefully so that the objective of your project can be translated into specific aspects of care to be measured

7. Delivering change
   Although we weren’t able to progress beyond the baseline data collection phase, we know that QI is an ongoing process that can be continued by sharing what we’ve discovered so far
   Tip: Communicate and share what you’ve learnt with stakeholders and interested parties

8. Time management
   Halfway through our project many team members changed jobs, and were no longer working in the same environment as our project. Consequently, individuals’ priorities changed
   Tip: Think ahead about future competing roles and responsibilities

Final thoughts
We have found the team-based QI Fellowship a privilege to be a part of, and have learnt an incredible amount about what it means to deliver high standards of quality improvement in our clinical environment
We plan to go back to our stakeholders with what we’ve learnt, and hope they will carry on the project with the data we have provided them