Improving Safety Perceptions in the AMU Reception Area

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1. Background
Patients referred by primary care to the Acute Medical Unit (AMU) used to access the hospital through a single point of access in the Emergency Department (ED) but due to excessive demand this was changed to send these patients directly to the AMU reception area. This redesign resulted in high levels of staff stress being reported specifically regarding clinical risk, poor patient care and inequalities in access route.

2. Project AIM
As a QI team we planned to increase the safety of the admission process. We anticipated that this would result in an improvement of staff perceptions of safety and therefore a reduction in staff stress level.

3. Project design
Focus groups and a questionnaire were used to gain an understanding of key staff stressors regarding patient safety within the area. We used PDSA cycles to implement change and post QI project questionnaire to assess the impact of improvements made. We also used ‘time to initial observations’ to triangulate any perceived improvements as this is one of the ED Care Quality Indicator (CQI) and therefore could be used to benchmark safety.

4. Changes
3 Key themes were identified:
- **Staffing:** We increased nursing numbers and provided an Acute Medical Technician (AMT) to cover the queue.
- **Environment:** 3 clinic rooms were acquired to be used for initial assessment.
- **Process:** Clinical and organisational guidelines were developed regarding escalation procedures as well as roles and responsibilities for all clinical staff.

5. Outcomes
The survey was completed by 23 members of the multidisciplinary team. It used a 4-point Likert scale to measure perceptions before and after the QI project.

Staff safety perceptions improved in 75% of respondents by an average of one third. No staff felt that the queue had become less safe.

Key themes attributed to these perceptions were the introduction of the AMT and the formulation of process and agreement of guidelines.

Time to initial observations showed a 43% median reduction (n=38 pre and post). Process times also improved as seen on the statistical process chart below.

6. Lessons and limitations
- Focus was necessary in order to effectively use QI methodology
- A multidisciplinary approach was highly beneficial in terms of engagement and understanding others perspectives
- Throughout this process the structure and management teams changed significantly but as we had anchored our aims on external factors we could realign our objectives to remain relative
- Get your baseline data as soon as possible and keep measuring
- Think about triangulation of results early

Next steps
- Continue PDSA to evolve current processes
- Perform audit of length of stay/ time to consultant review before and after process and in relation to ED admissions