



Administrative Medicine Part II Fellowship Examination 2011 Case Study 3

Q.5

You are the Director of Medical Services of an outer metropolitan health service providing emergency, medical, surgical, obstetric, mental health and aged care and rehabilitation services in a 250 bed secondary hospital predominantly staffed by visiting specialists and junior medical staff.

You have been surprised by the high number of medical emergency response calls. An audit of patients requiring emergency response showed the following interesting points:

- an average age of 85.
- Patients had been inpatients for on average 10 days before the call, and
- in most cases had been first seen by the visiting specialists an average of 4 days after admission.
- Most of the care had been provided by junior medical staff.
- The patients typically had multiple co-morbidities and admissions (average 11 annually) and
- Generally they had no advanced care directives.

Your personal attendance at several emergency responses revealed visiting specialists and junior staff were not well trained in resuscitation or emergency responses. On one occasion the patient quite justifiably looked terrified mostly due to the lack of clinical acumen and leadership displayed by the team.

Your discussions with patients reveal that many have had previous discussions with their GPs and had decided that they did not want extensive life-saving measures. However patients felt intimidated bringing up the subject with junior medical staff or visiting specialists on their occasional ward rounds.



香港社會醫學學院
HONG KONG COLLEGE OF COMMUNITY MEDICINE
founder College of the Hong Kong Academy of Medicine
Incorporated with limited liability



Tel: 2871 8844

Fax: 2580 7071

E-mail: hkccm@hkam.org.hk

Junior medical staff state that they have little or no supervision and have a great deal of difficulty contacting visiting specialist staff, and getting them to come in to attend patients and they rarely discuss advanced care directives.

Average length of stay in the medical ward is 3 days longer than the state average. No information is available on patient complaints or adverse events and peer review is not undertaken.

How will you manage this situation?



Administrative Medicine Part II Fellowship Examination 2011

Case Study 3

Q.5

Key Points for Examiners

Issues:

- Inadequate emergency response
- Supervision of junior staff
- Consultant responsibilities for patient care
- Advanced Care Directives
- Extended lengths of stay
- Lack of incident or complaint management system
- Lack of peer review
- Recent national initiatives on the detection and management of the deteriorating patient

Immediate:

- Urgent team based **training** in medical emergency response
- Urgent review of medical emergency callout criteria

Medium to long term:

- Establish system for review of all emergency response cases
- Implement system of multidisciplinary multispecialty case review for all patients who stay longer than the average length of stay for their diagnosis
- implement standard pathways care for common conditions Implement
- Implement policy for Advanced Care Directives
- Establish peer review, morbidity and mortality meetings, electronic auditing systems, incident and complaint handling system, Open Disclosure, clinical handover systems, multidisciplinary multispecialty clinical review and case management
- Review length of stay data and publish and consult medical staff on variations from benchmarks
- Develop plan for benchmarking and reducing length of stay
- Implement industry clinical governance initiatives such as clinical handover, clinical supervision of junior staff, evidence based practice, treatment guidelines and standards
- Implement performance management of medical staff