

Integrating AOS within Acute Medicine and Ambulatory Emergency Care

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Where
EVERYONE
Matters

Acute Medicine- 15 Years

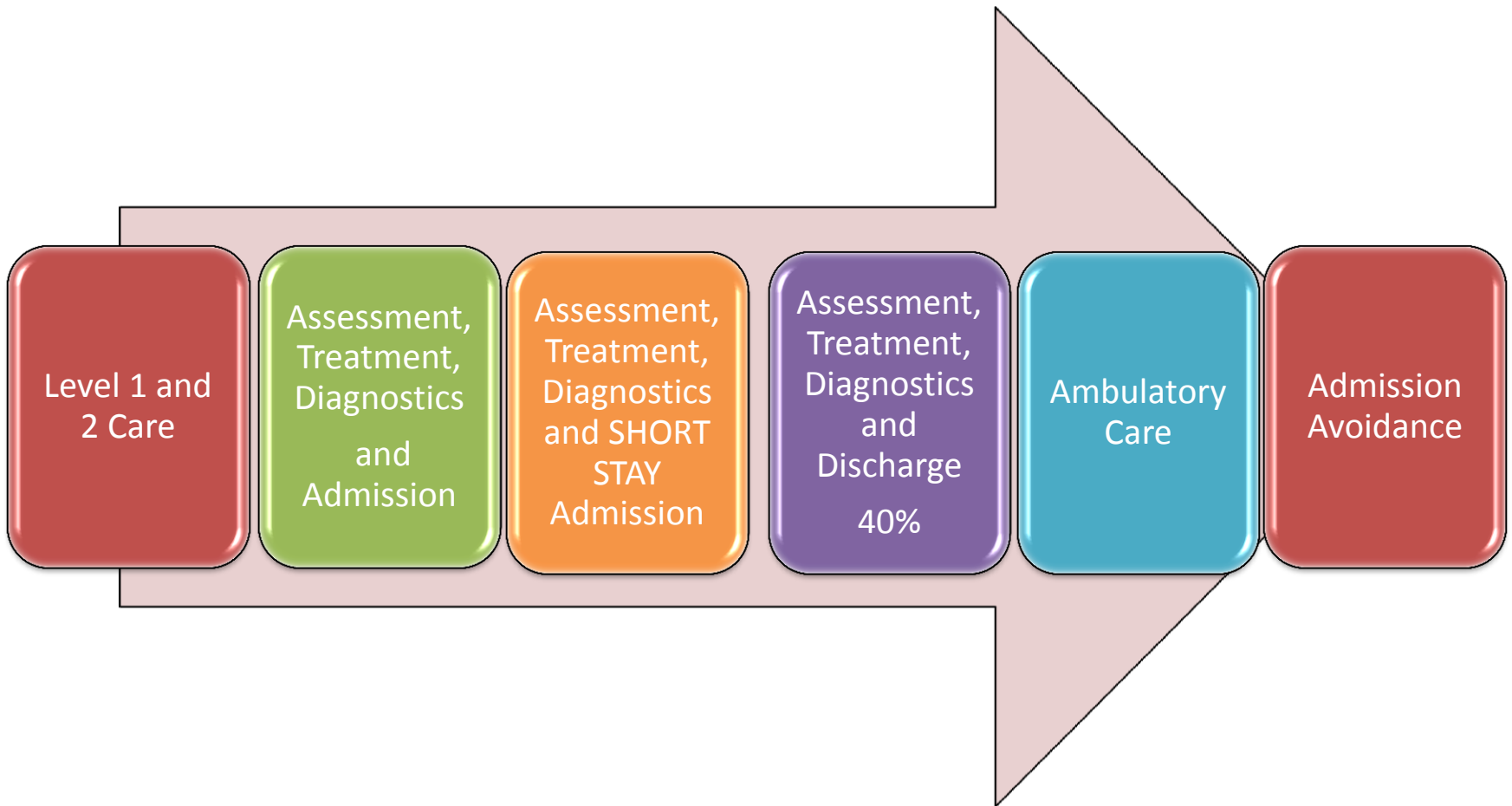
- Deal with acute medical emergencies and first 72 hours in patients stay
- Evidence that acutely unwell patients treated sub-optimally
- Getting BASICS wrong
- Senior decision makers at the front door
- **“See the right person, in the right setting, first time”**
- Decreased mortality rates, LOS without increasing re-admissions
- Fastest growing specialty in UK!
- AMU’s SAFE places

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Acutely ill patients in hospital

Recognition of and response to acute illness in adults in hospital

Acute Medicine- 72 hours

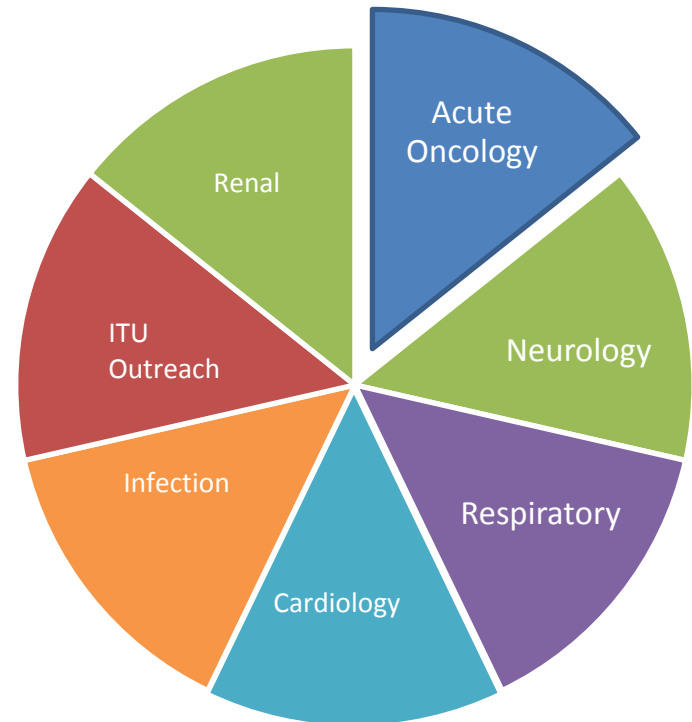


AOS and Acute Medicine- SISTERS!!

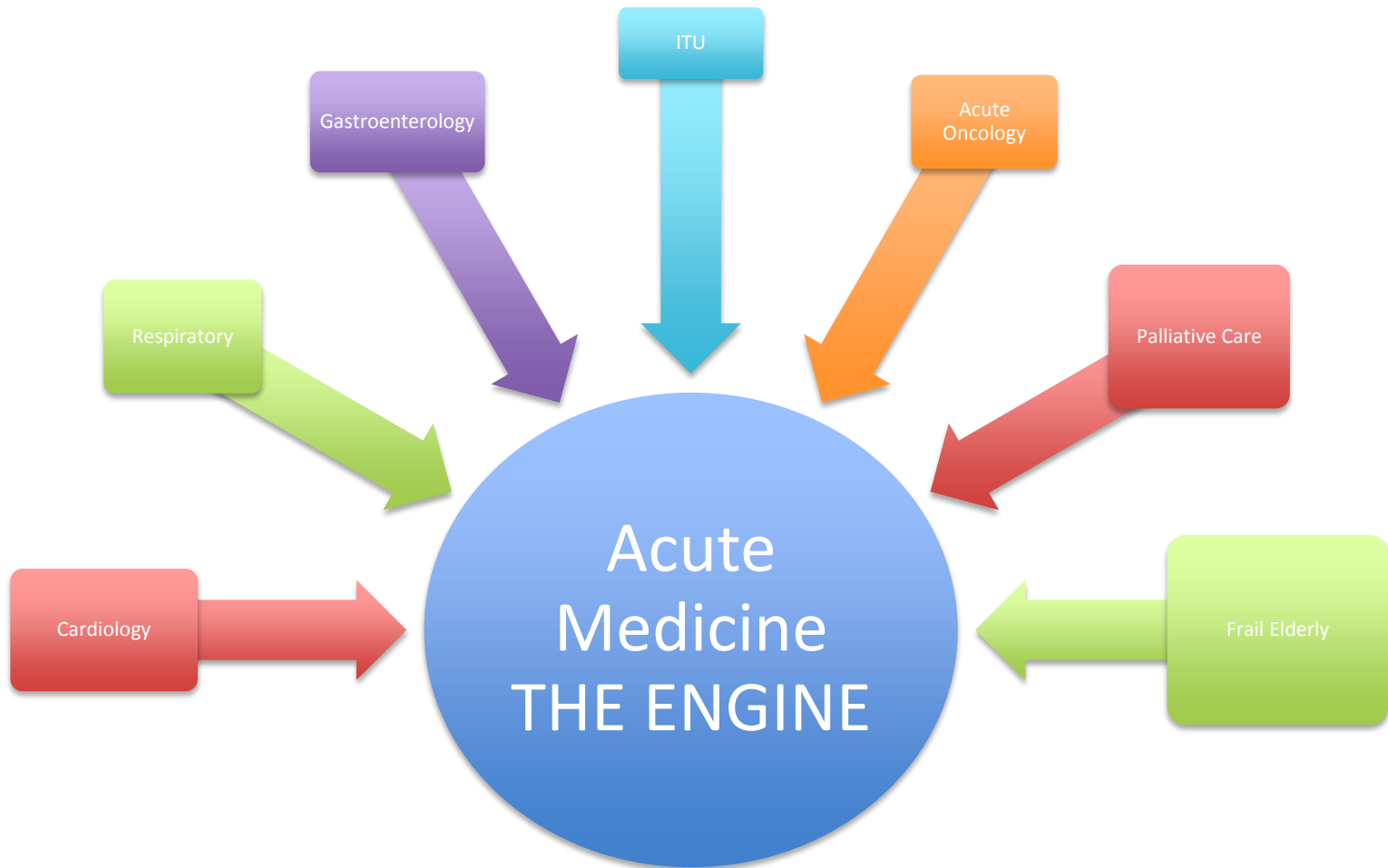
We Need you!!

- Specialties go hand in hand
- We cannot work without you and vice versa
- ROBUST RELATIONS
- Goal is the same- prompt review and decision making
- Highest Quality Of Care for our patients

Acute medicine



Model Of Care- In reach specialist advice



Challenges!

- Workforce (not enough Acute Physicians)- GIM Cons
- Juniors constantly changing 4/12, inconsistency and variability in work
- EWTD, MMC impacted on exposure to acute medical emergencies
- Pressures (flow/ 4 hour targets in ED/ capacity)
- Acuity and intensity has increased
- Expectations from AOS, cardio, respy, ITU, gastro, COE, micro
- Time!