

VISIT TO ST. JOHN'S HOSPITAL- THE START OF A NATIONWIDE BENCHMARKING EXERCISE

On September 7, 1994 a visit to the Department of Geriatric Medicine at St. John's Hospital NHS Trust at Howden in Livingston, West Lothian was made following reports that 'their performance indicators were the best in the country'. The following summarises the salient features of this hospital in an attempt to identify those characteristics that enabled the mean stays in *both the acute geriatric assessment ward and the general medical wards* to remain short and the throughputs high. In the benchmarking exercise that follows, a series of tables of performance indicators are provided for the five acute provider trusts in GGHB with departments of medicine for the elderly and St. John's Hospital. General Internal Medicine (G(IM)) mean stays for the 75+ elderly with the appropriate discharge code are examined against the throughput for the geriatric ward at the same hospital and the degree of correlation measured. Additional factors such as cross-boundary flow, elective vs emergency classification of admissions and the numbers of admissions as a proportion of elderly catchment are examined. The per capita ratios (65+, 75+ and 85+) of the various types of long term beds are examined for the GGHB area as a whole and compared to those of W. Lothian district so as to rule out differences in provision of these resources as explanations for discrepancies in acute hospital ward efficiency. Finally, an attempt is made to compare the cost per patient processed at each of the 6 hospitals involved using both published (1993/4 NHS Cost Manual, ISD) and reported recent prices quoted by the departments of finance at each hospital.

SUMMARY OF CHARACTERISTICS OF ST. JOHN'S HOSPITAL

Nature of hospital: District General Hospital

Location: Livingston, W. Lothian

Catchment area: 146,730 (the population of West Lothian District)

6,208 people > 74 years of age - 4.2%

16,091 people > 64 years of age - 11.0%

This is noticeably different from GGHB's population (catchment area) 6% of which is >74 and 15% of which is >64 age group.

The catchment area includes Whitburn, Bathgate, Blackburn*, West Calder, Broxburn*, East Calder, Mid Calder, Fauldhouse, Timerets. (* contains some deprived areas)

According to Vera Carstairs' scheme for measuring deprivation, scores are reasonably low in West Lothian. *That is to say that there is relatively little socioeconomic deprivation in their catchment area except for pockets in areas marked with an asterix.*

Original Location: Bangour Hospital

Transferred in 2 phases: Phase 1, 1989
Phase 2 - (including transfer of Geriatric wards 8 & 9),
in 1991

Consultant-level staffing in medicine for the elderly:

Dr. John Wilson and Dr. D. Farquhar, both refer to themselves as 'consultant general medical physicians specialising in the care of the elderly' rather than as geriatricians.

Both consultants have admitting privileges on a 24 hour basis to their geriatric wards, to the acute general medical wards and to the CCU, and both share the general medical rota as do their junior medical staff. Each of these two consultants are on call for acute general medical receiving every fortnight, which together covers one day in seven.

Physical layout of the Geriatric Wards: Ward 8: 30-bedded "slow stream" or
"slower recovery" or rehabilitation ward
Ward 9: 30-bedded acute geriatric ward

Junior staff in care of the elderly:

These are usually two 'middle graders' supporting the two consultants and these are currently a senior registrar and registrar but can be anything down to two SHOs. There is also always one JHO. JHOs in general medicine are loaned to the geriatric Wards 8 & 9 for one month out of their 6 month training block to "get a flavour of providing care for elderly people". During the working hours for this month this JHO covers the geriatric wards only and when on call is on call for all the medical and geriatric wards - so the work is heavy - although being called up on the rota is infrequent as the week is shared with the other six general medical JHOs.

SHOs in General Professional Training spend a block of several months in Geriatric Medicine in addition to G(I)M whilst other SHOs do pure G(I)M.

One Registrar being trained in Geriatric Medicine does both Geriatric and G(I)M.

Physical layout of General Medical services: 2 30-bedded medical wards
1 12-bedded medical admission unit
1 6-bedded CCU

Consultant level Staffing in general medicine: 6 medical consultants including the two consultants specialising in medicine for the elderly (4 + 2). These 6 consultants cover the week for acute medical receiving whereby they receive into the medical admission unit all medical patients of all ages. The physicians specialising in care of the elderly quickly transfer a large percentage of elderly patients to the geriatric ward shortly after. (The seventh day is covered by one or the other of the two physicians specialising in care of the elderly).

Junior staffing in G(D)M: There are usually 2 Registrars, 4 SHOs and 7 JHOs. There is occasionally a senior Registrar in the medical unit. Each of the 7 JHOs spend

General Internal Medicine in Academic Settings

Dr. John Winters and Dr. E. Ferguson, both senior faculty members at a prominent general internal medicine teaching hospital in the United States, discuss their experiences.

Both consultants have interesting backgrounds as 1st-year house officers in their respective fields. As the senior general internal medicine resident on the ICU, and then as the general medical intern on the first floor medical ward. Each of these two consultants are on call for acute general medical teaching every weekday, which together covers one day in each week.

Consultant General Internal Medicine—Ward 6 30-bedded "new stream" or "new recovery" or rehabilitation ward.
Ward 9 10-bedded acute geriatric ward.

Academic Settings in General Internal Medicine

There are roughly two parallel tracks supporting the two consultants and their respective academic careers. The first track is general internal medicine and the second track is general internal medicine with a subspecialty focus. The first track is general internal medicine and the second track is general internal medicine with a subspecialty focus. The first track is general internal medicine and the second track is general internal medicine with a subspecialty focus.

Ward 10 10-bedded medical unit
Ward 11 10-bedded medical unit

Dr. Ferguson being trained in Geriatric Medicine from both Geriatric and GIM.

Physical Aspects of General Internal Medicine
1 30-bedded medical ward
1 10-bedded medical unit
1 10-bedded ICU

Consultant General Internal Medicine—8 medical consultants including the two consultants specializing in medicine for the elderly (4-5). These 8 consultants cover the work for acute medical teaching whereby they rotate into the medical education unit all medical patients of all ages. The physicians specializing in care of the elderly quickly transfer a large percentage of elderly patients to the geriatric ward shortly after. The seventh day is covered by one or the other of the two physicians specializing in care of the elderly.

Senior Staffing in GIM—There are usually 3 Residents, 4 SMOs and 7 HCRs. There is occasionally a senior Registrar in the medical unit. Each of the 7 HCRs spend