

THULAS
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Elective report- Whipps Cross hospital

ACCIDENT
& EMERGENCY

Objectives

1. Describe the pattern of disease in the population at the emergency department at Whipps Cross hospital and compare this to the rest of the UK.
2. Describe how the services are organised and delivered to patients within this hospital compared to other hospitals in the UK.
3. Discuss the common presentations in A+E. How can admissions to A+E be reduced?
4. My learning experience from this placement and how I felt about the health provisions provided.

Whipps Cross hospital emergency department provides care for a diverse population of people, including some of the most deprived areas as well as some of the most affluent areas. The large and newly built department includes the 24 hour accident and emergency, emergency medical centre and resuscitation room, thus providing a range of different facilities within the whole department. This meant that I was able to witness a wide range of conditions at the hospital that I would not have been able to observe elsewhere. Common presentations to the accident and emergency department included joint injuries and lacerations and well as cardiac and respiratory conditions. Having worked in emergency departments in south London, these were also the more common presentations there. Across east London, in terms of health campaigns, those commonly targeted included obesity, healthy eating and smoking. These have also been targets of campaigns around other areas within the UK. However, in terms of patterns of disease in east London when compared to other areas, TB is a common presentation, and this is rarely a diagnosis in other regions of the UK.

Whipps Cross has the same health services as other NHS run hospitals. Whilst at the accident and emergency department, I was able to observe the process in which patients are admitted. This included those who were transferred by ambulance or by walking-in. The initial assessment is carried out by a nurse who monitors the patient's vital signs and performs an ECG. The patient was then examined by the doctor, who ordered further tests as necessary. Part of my placement included taking histories, examining patients and performing procedures such as bloods, cannulation, ABGs etc. Depending on the results of the tests, the patients were then either discharged or transferred to the relevant departments within the hospital. Joining the various teams allowed me to gain a greater understanding of how people are assessed and how the hospital works. Having worked in other emergency departments, the process of admitting patients was run in a similar method, but the system worked better due to the greater amount of space and facilities available at this hospital, compared to those with smaller emergency departments. As well as initially assessing patients in the accident and emergency department, whilst in the emergency medical centre, I was able to attend ward rounds and perform the daily duties of the junior doctors such as writing in the notes and assisting with procedures such as lumbar punctures and chest drains. It was interesting to see the work up between the initial assessment of the patient, with the following practical procedures performed and investigations, which led to a diagnosis.

Although the emergency department has a good method in terms of assessing patients, the department can become extremely busy at times with patients whose admission could possibly have been avoided. Research has shown that the number of hospital admissions can be reduced by various methods. These include better self-management in reducing unplanned admissions for patients with COPD and asthma. Self-management means the patient developing an understanding of their condition so that they can cope better with their symptoms at home (Effing *et al*, 2007). It has also been found that making a senior clinician review a patient in the emergency department was shown to reduce inpatient admissions by 12%

(Rogers *et al*, 2010). Also, another possible method of reducing admissions to A+E is by increasing the continuity of care with their GP. This included better discharge planning and communication. This has shown to reduce emergency admissions across all age groups.

I chose this elective experience as I knew it would enable me to see a vast range of medical conditions and put my medical school experience into practice. I feel more confident in terms of dealing with patients, performing practical procedures and linking investigation results to diagnoses. I was also very impressed with the A+E department as it is well designed to allow an easy flow between minors, majors and resus. The newly built department has been shown to be very successful in providing focused and effective care to patients.