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In this issue

Diagnostic errors in accident and emergency

Diagnostic errors in A&E are common and much talked about but they have been little studied. This paper describes the errors that occurred in one department over a four year period (p 263). The commonest errors are fractures missed on radiographs by SHOs. Ways of reducing the error rate need to be found.

A new source of 999 referrals

NHS Direct has developed rapidly and is now an integral part of the National Health Service. It represents a new source of referrals to A&E departments and this study looks at the differences between 999 cases from this source and those who self dialled (p 302). NHS Direct patients were younger and had suffered their symptoms for longer. Few had suffered trauma. Both groups received similar triage categories suggesting that severity of illness is equally well assessed by self as by NHS Direct. At present NHS Direct referrals represent only a tiny proportion of all 999 cases—this may grow in the future.

A survey of the perceived quality of patient handover by ambulance staff in the resuscitation room

The handover of a patient in A&E should be speedy, focused and given in an organised manner by ambulance crews. It has not previously been studied in the UK and this study aimed to examine current perceptions of this aspect of patient care (p 293). Questionnaires were sent to medical and ambulance staff asking about the perceived quality of handovers in various clinical situations. This showed a generally positive perception in all areas except paediatric emergencies. There was a perceived lack of training in giving a handover and a lack of structures to provide feedback to ambulance crews. This represents a first insight into the handover process, an area that may benefit from further study.

A more structured message is needed to announce the arrival of a seriously ill or injured patient

Current literature focuses on the use of prehospital triage to assist in patient transport to the appropriate destination. Many ambulance services use prior alert systems to ensure appropriate medical personnel are available on arrival at hospital. Transport times are usually short in these cases allowing for limited hospital preparation. This paper explores prior alert calls made to a London teaching hospital and analyses the message for useful content and appropriateness (p 289). The findings confirm very little over triage occurs, but crews do not relay useful information from scene. In addition, there is poor documentation in ambulance records of the objective findings at scene that may have assisted the decision to make a prior alert. It is suggested that standardising both the protocol for making a blue call based on observations at scene, and structuring the message may assist in optimising the appropriate response for individual patients.

An objective profile of alcohol use in accident and emergency attenders

There are established links between alcohol use and accidents, assaults and domestic violence, often leading to A&E attendance. However, the prevalence of alcohol use in a representative group of NHS A&E patients has not been objectively determined. Awareness of prevalence may help to monitor the outcome of initiatives to reduce alcohol dependence. We used a saliva test to measure alcohol concentrations in a representative group of A&E attenders (p 250). A quarter of attenders had positive results, but the levels were generally quite low. In those subgroups with relatively high levels, routine testing for alcohol may be useful. A&E departments should be evaluated as appropriate settings for brief interventions with problem drinkers.