Acute Medicine Programme

A clinician-led initiative of the Royal College of Physicians of Ireland (RCPI), the Irish Association of Directors of Nursing and Midwifery (IADNAM), the Therapy Professionals Committee (TPC), the Irish College of General Practitioners (ICGP) and the Directorate of Quality and Clinical Care of the Health Service Executive.

**Overarching aims**

The programme will provide a framework for the delivery of acute medical services and ensure that all acute medical patients will experience:

- A better patient experience
- Elimination of trolley waits
- Safe quality care
- Expedited diagnosis and the correct treatment
- An appropriate environment
- Respect of their autonomy and privacy
- Improved communication
- Timely care from a senior medical doctor working within a dedicated multidisciplinary team

**Key benefits**

- Quality: Reduce the admission rate of medical patients by 10% per year for 3 years post full implementation without increasing 30 day readmission, thus enhancing the global patient experience.
- Access: Every medical patient presenting to the AMU/AMAU/MAU will be seen by a senior medical doctor within one hour.
- Cost: Generate medical bed day savings of 10% per year for 3 years post full implementation.

**Key components of the programme**

1. **Hospital models**

   The programme proposes models for 4 levels of acute hospitals in relation to acute medicine patients:
   - Model 4: tertiary hospital
   - Model 3: general hospital
   - Model 2: local hospital with selected (GP-referred) medical patients
   - Model 1: community district hospital

   The models enhance the safe provision of patient care. The level of service which can be safely provided in any hospital will determine which model applies.

   Implementation and staffing arrangements for each model will be agreed locally in consultation with the programme.

2. **Acute medical units**

   3 types (ascending level of complexity)

   - **Model 4 hospitals – acute medical unit (AMU):**
     - facility whose primary function is the immediate and early specialist management of adult patients (i.e. aged 16 and older) with a wide range of medical conditions who present to hospitals.
     - rapidly assess, diagnose and commence appropriate treatment.
     - patients will be referred directly from primary care (and some onward referrals from ED).
     - decision regarding discharge/admission will be made within 6 hours (facilitated by dedicated radiology, laboratory and other services).
     - will operate on a 24/7 basis.
     - will be co-located with the ED.
     - will adopt a standardised approach to common presentations (care bundles, care pathways, guidelines and patient information).

   - **Model 3 hospitals – acute medical assessment unit (AMAU):**
     - AMAU in a model 3 hospital will operate as an AMU with the following exceptions:
     - hours of operation may vary from 12 to 24 hours, 7 days per week, depending on service need.
     - any admissions will be to in-patient beds in a defined area and serve a clinical decision support function.
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   - **Model 2 hospitals – medical assessment unit (MAU):**
     - will see GP referred, differentiated medical patients who have a low risk of requiring full resuscitation.
     - will have assessment beds in a defined area and serve a clinical decision support function.
     - any admissions will be to in-patient beds in a model 2 hospital.

3. **Navigation hub**

   The programme recommends the establishment of a navigation hub within each Integrated Service Area (ISA) to:
   - support the streaming of patients to the most appropriate available care setting
   - enhance communication between primary care, community services and hospital-based services.
   The navigation hub will be staffed by case managers, who will co-ordinate the use of bed resources within an ISA.

4. **Early warning score (EWS)**

   An EWS is a physiologically based system of scoring a patient’s condition to help determine illness severity and predict patient outcomes. The programme mandates the national implementation of EWS to help in the early detection of patients who are likely to deteriorate.

**New pathways for medical patients**

<table>
<thead>
<tr>
<th>Current situation</th>
<th>Timeline</th>
<th>Future situation</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient with a medical problem/acute medical problem</td>
<td>Day 1</td>
<td>Patient with a medical problem/acute medical problem</td>
<td>Day 1</td>
</tr>
<tr>
<td>Patient seen GP</td>
<td>Day 15</td>
<td>Patient seen GP</td>
<td>Day 15</td>
</tr>
<tr>
<td>GP diagnoses patient and refers patient to AMU for further investigation/management</td>
<td>Day 20</td>
<td>Patient’s condition improves</td>
<td>Day 20</td>
</tr>
<tr>
<td>Patient referred to AMU</td>
<td>Day 20</td>
<td>Patient referred to AMU</td>
<td>Day 20</td>
</tr>
<tr>
<td>AMU diagnoses and treat patient</td>
<td>Day 23</td>
<td>AMU discharges improved patient to the care of their GP</td>
<td>Day 23</td>
</tr>
<tr>
<td>Patient’s condition deteriorates</td>
<td>Day 27</td>
<td>GP receives discharge communication from patient</td>
<td>Day 27</td>
</tr>
</tbody>
</table>

*It is anticipated that at least 50% of patients will be discharged within 48 hours of referral from the AMU. If admission is required the decision will be made within 6 hours and the patient will remain within the short stay beds of the AMU for a period of up to 48 hours. If further hospital-based care is required the case manager will liaise with the navigation hub to organise appropriate care in a timely manner.*

**Key deliverables for 2011**

- Support focused implementation of the programme in 12 sites (a site may incorporate a number of hospitals)
- Provide direction to other sites who wish to progress the acute medicine model
- Engage with a number of national initiatives which will support the Programmes (e.g. Early Warning Score, Retrieval Service, Community Intervention Team development, Out-patient Parenteral Antimicrobial Therapy)

**Programme contact details**

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     - patients will be referred directly from primary care (and some onward referrals from ED).
     - assessment and treatment by Physicians, supported by Nursing and Therapy Professionals.
     - decision regarding discharge/admission will be made within 6 hours (facilitated by dedicated radiology, laboratory and other services).
     - will operate on a 24/7 basis.
     - will be co-located with the ED.
     - will admit patients (estimated length of stay <48 hours) for a short period for acute treatment/observation to associated medical short stay beds.
     - will adopt a standardised approach to common presentations (care bundles, care pathways, guidelines and patient information).

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