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Deputy David Cullinane TD
Dáil Éireann
Leinster House
Dublin 2

PQ 35602/22

To ask the Minister for Health the functions of an acute medical unit, the nature of the work carried out in such a unit, the hospitals which have an acute medical unit; and if he will make a statement on the matter

PQ 35603/22

To ask the Minister for Health the functions of an acute medical assessment unit; the nature of the work carried out in such a unit, the hospitals which have an AMAU and if he will make a statement on the matter

PQ 35604/22

To ask the Minister for Health the functions of a medical assessment unit, the nature of the work carried out in such a unit, the hospitals which have an MAU and if he will make a statement on the matter

PQ 35605/22

To ask the Minister for Health the functions of a medical short stay unit; the nature of the work carried out in such a unit, the hospitals which have an MAU and if he will make a statement on the matter

PQ 35607/22

To ask the Minister for Health the number of patients assessed in each acute medical unit broken down by each unit for 2021 to the end of May 2022, in tabular form; and if he will make a statement on the matter

PQ 35613/22

To ask the Minister for Health the number of patients assessed in each acute medical assessment unit for 2021 and up to the end of May 2022 broken down by each unit in tabular form; and if he will make a statement on the matter

PQ 35614

To ask the Minister for Health the number of patients assessed in each medical assessment unit for 2021 and up to the end of May 2022 broken down by each unit in tabular form; and if he will make a statement on the matter

PQ 35615/22

To ask the Minister for Health the number of patients assessed in each medical short stay unit for 2021 and up to the end of May 2022 broken down by each unit in tabular form; and if he will make a statement on the matter

PQ 35617/22

To ask the Minister for Health the number of beds in each acute medical unit, acute medical assessment unit, medical assessment unit medical short stay unit and acute surgical assessment unit broken down in tabular form; and if he will make a statement on the matter

Dear Deputy Cullinane,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Questions, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

Response:

An extract from the Minimum Standards document on Acute Medical Units is provided in Appendix 1, page 5-6. It describes the functions and nature of work carried out in an AMU.

- See table 1 for list of AMUs in Ireland in 2021 and January to May 2022 as requested

An extract from the Minimum Standards document on Acute Medical Units is provided in Appendix 2, page 7-8. It describes the functions and nature of work carried out in an AMAU.

- See table 1 for list of AMAUs in Ireland in 2021 and January to May 2022 as requested

An extract from the Minimum Standards document on Acute Medical Units is provided in Appendix 3, page 9-10. It describes the functions and nature of work carried out in an MAU.

- See table 1 for list of MAUs in Ireland in 2021 and January to May 2022 as requested

Medical Short stay units are provided for under the National Acute Medicines Programme Model of Care to work alongside AMUs and AMAUs in Model 4 and Model 3 hospitals. In the main, they are only found in Model 4 hospitals.

Acute medical short stay wards come under the governance of the acute medicine team. It will only admit patients for a short period for acute treatment and/or observation where the estimated length of stay is less than 72 hours. Patients who require admission for longer than 72 hours must move from this unit to a dedicated in-patient ward.

See Appendix 2 for descriptor of MSSUs from Minimum Standards of Acute Medical Units document)

In relation to PQ 35615/22 Due to their nature as a short stay inpatient ward, acute medical patients are not assessed in Medical Short Stay Units. Rather, all patients are assessed beforehand in the AMU/AMAU. If it is deemed at that point, that patients need to be admitted overnight, but are likely to require hospital care for less than 72 hours, they are transferred to the Medical Short Stay Unit.

The National Acute Medicine Programme would like to highlight that many units (AMU's, AMAU's, and MAU's) were reconfigured during pandemic preparedness planning in March 2020. Some were reconfigured as additional inpatient capacity, whilst others were working at reduced capacity. Therefore activity during 2021 and Q1 2022 was lower than 2019 levels.

Given that almost all sites have now reverted to their previous capacity levels, attendances in Q2 & Q3 2022 show a return to pre-Covid-19 levels.

See table 1 for the number of patients assessed in each AMU, AMAU and MAU in 2021 and to May 2022.

Included in the aforementioned table 1 is the number of beds in each AMU, AMAU, MAU and ASSAU beds.

I trust this answers your question to your satisfaction.

Yours sincerely,



Emma Benton

General Manager

Acute Operations

Appendix

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Appendix 1 - Descriptor of an Acute Medical Unit (AMU) – Model 4 Hospital

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Appendix 2 - Descriptor of an Acute Medical Assessment Unit (AMAU) – Model 3 Hospital

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Appendix 1

(Extract from Minimum Standards for Acute Medical Units in Ireland)

Descriptor of an Acute Medical Unit (AMU) – Model 4 Hospital

An acute medical unit (AMU) is a 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 a model 4 (tertiary) hospital.

- It provides a dedicated location for the rapid assessment, diagnosis and commencement of appropriate treatment.
- It will have assessment trollies and assessment chairs along with facilities for triage, and ambulatory care service delivery.
- Ambulatory care services, supported by the range of nursing, diagnostic and therapy services may be available within the space available, or in an easily accessible area close by.
- Determination is made by a senior clinical decision maker (doctor or Advanced Nurse Practitioner) of whether an admission is necessary.
- Patients requiring short term overnight care will not be accommodated in the assessment area but in the medical short stay unit.
- Patients will be referred directly from primary care and by referrals from other sources including the emergency department (ED), out-patient department and other care settings, agreed locally.
- A decision regarding discharge/admission will be made within 6 hours of patient arrival and will be facilitated by dedicated same day diagnostic imaging, laboratory and other services. In the event of discharge, the relevant GP will be informed (on the same day) of the decision together with all relevant clinical details and care plans.
- AMUs will operate on a 24/7 basis.

Appendix 1 (continued)

- The AMU should be located beside the ED ideally in an acute floor configuration.
- Every AMU should have a designated lead consultant physician, clinical nurse manager and therapy lead.
- The National Early Warning System should be used for all registered patients
- The AMU will have an associated acute medical short stay ward under the governance of the acute medicine team. It will only admit patients for a short period for acute treatment and/or observation where the estimated length of stay is less than 72 hours.
- Patients who require admission for longer than 72 hours must move from this unit to a dedicated in-patient ward.
- An AMU is not a replacement for a traditional out-patient department (OPD) and should not be available to bypass traditional OPD services or investigations. It is not a day ward (i.e. a designated unit for planned and scheduled procedures/investigations/treatments possibly under local, regional or general anaesthesia, over a period of several hours and less than 23 hours).
- There will also be close links and interdependencies with emergency departments, critical care, medical specialist care, surgery and other specialties.
- Care pathways and protocols developed through the National Clinical Excellence Committee and national clinical programmes will direct the care of appropriate patients in AMUs.

Appendix 2 (continued)

(Extract from Minimum Standards for Acute Medical Units in Ireland)

Descriptor of an Acute Medical Assessment Unit (AMAU) – Model 3 Hospital

An acute medical assessment unit (AMAU) is located in a Model 3 hospital. It may operate similar to an AMU with the following exceptions:

- The hours of operation may vary from 12hrs 5 or 7 days per week to 24 hours, 7 days per week, depending on service need.
 - It may have contiguous short stay medical beds (up to 72hrs Length of stay).
 - It may be co-located with an acute surgical assessment unit (each having identified ring fenced assessment spaces)
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- An AMAU will see GP referred patients with the entire spectrum of acute medical conditions, some of whom may require urgent medical care.
 - It will have assessment trollies / chairs in a defined area, ideally located beside the ED preferably in an acute floor configuration.
 - The National Early Warning System should be used for all registered patients
 - Admissions from the AMAU will be to in-patient beds including specialist units (e.g. CCU, ICU, HDU, acute stroke unit). Patients who require level 3 or 3S ICU support will have guaranteed transfer to a model 4 hospital.
 - A decision regarding discharge/admission should be made within 6 hours and will be facilitated by dedicated radiology, laboratory and other services, including nursing, therapy professionals and medical social workers.
 - In the event of discharge, the relevant GP will be informed (on the same day) of the decision together with all relevant clinical details and care plans.
 - The unit should not serve as a location for scheduled day case treatments or for outpatient appointments.

Appendix 2 (continued)

- Ambulatory care services, supported by the range of nursing, diagnostic and therapy services may be available within the space available, or in an easily accessible area close by.
- Every AMAU should have a designated lead consultant physician, clinical nurse manager and therapy lead.

Appendix 3 (continued)

(Extract from Minimum Standards for Acute Medical Units in Ireland)

Descriptor of a Medical Assessment Unit (MAU) – Model 2 Hospital

A medical assessment unit (MAU) is located in a model 2 (local) hospital.

- MAUs may be operational from 8am to 8pm from 5 to 7 days per week.
- The MAU manages GP referred, differentiated medical patients who have a low risk of requiring full resuscitation.
- Only patients referred by a GP will be seen. GPs will refer low-risk medical patient (i.e. unlikely to require high intensity cardiopulmonary and/or neurological support) for assessment in the MAU during daytime hours.
- This unit will have assessment trollies and chairs in a defined area and serve a clinical decision support function.
- The National Early Warning System should be used for all registered patients
- The MAU does not have an overnight or short stay admission unit.
- The unit may be co-located with an injury unit.
- Admissions will be to in-patient beds in a model 2 hospital. Patients who deteriorate unexpectedly will have guaranteed transfer to a model 3 or model 4 hospital.
- Patients with a significant risk of clinical deterioration should be referred to the associated model 3 or 4 hospital. However, patients should not be transferred if a 'Do Not Resuscitate' order is made and/or if patients make an informed decision to remain in the model 2 hospital.
- A decision regarding discharge/admission should be made within 6 hours and will be facilitated by dedicated radiology, laboratory and other services, including nursing, therapy professionals and medical social workers.
- In the event of discharge, the relevant GP will be informed (on the same day) of the decision together with all relevant clinical details and care plans.
- The unit should not serve as a location for scheduled day case treatments or for outpatient appointments.

- Ambulatory care services, supported by the range of nursing, diagnostic and therapy services may be available within the space available, or in an easily accessible area close by.
- Every MAU should have a designated lead consultant physician, who will be jointly appointed to the model 2 and associated model 3 or 4 hospital, a designated clinical nurse manager and access to health and social care therapy resource.

Appendix 4

(Extract from Minimum standards for Acute Medical Units in Ireland)

- The AMU will have an associated acute medical short stay ward under the governance of the acute medicine team. It will only admit patients for a short period for acute treatment and/or observation where the estimated length of stay is less than 72 hours.
- Patients who require admission for longer than 72 hours must move from this unit to a dedicated in-patient ward.

Appendix 5

Table 1

(Acute) Medical Assessment Beds							Medical short stay beds	
Hospital	Model	Unit description	No of Assessment beds	Atts 2021	Atts Jan to May 22	Comment	No. of Medical Short stay beds	Comment
CORK UNIVERSITY HOSPITAL	4	AMU	16	2,805	1,260		25	
GALWAY UNIVERSITY HOSPITAL	4	AMU	19	11,871	3,999		9	
UNIVERSITY HOSPITAL LIMERICK	4	AMU	25	8,364	2,574		29	
TALLAGHT UNIVERSITY HOSPITAL	4	AMU	8	1,622	813		35	
MATER HOSPITAL	4	AMU	12	2,894	1,385		28	
ST VINCENT'S UNIVERSITY HOSPITAL	4	AMU	11	3,278	1,000		32	
CAVAN HOSPITAL	3	AMAU	6	205	566	Re-opened in May 22	4	Opened May 22
OLOL HOSPITAL, DROGHEDA	3	AMAU	8	3,806	1,680			
UNIVERSITY HOSPITAL KERRY	3	AMAU	8	788	493	Re-opened April 21		
MAYO UNIVERSITY HOSPITAL	3	AMAU	8	-	103	Re-opened in May 22		
MULLINGAR REGIONAL HOSPITAL	3	AMAU	6	2,975	1,462			
NAAS GENERAL HOSPITAL	3	AMAU	8	20	849	re-opened in Jan 2022		
PORTLAOISE REGIONAL HOSPITAL	3	AMAU	10	533	428			
SLIGO UNIVERSITY HOSPITAL	3	AMAU	11	1,889	506		15	Short stay beds being used as Covid-19 inpatient ward
SOUTH TIPPERARY HOSPITAL	3	AMAU	6	2,244	685			
ST LUKE'S HOSPITAL KILKENNY	3	AMAU	10	8,834	3,786			
TULLAMORE REGIONAL HOSPITAL	3	AMAU	6	2,281	542			
WEXFORD GENERAL HOSPITAL	3	AMAU	11	3,736	1,453			
BANTRY HOSPITAL	2	MAU	8	3,681	1,684			
ENNIS GENERAL HOSPITAL	2	MAU	10	6,809	3,185			

ST COLUMCILLE'S HOSPITAL, LOUGHLINSTOWN	2	MAU	6	3,514	2,139			
MALLOW GENERAL HOSPITAL	2	MAU	8	2,508	1,180			
NENAGH GENERAL HOSPITAL	2	MAU	7	1,295	845			
ROSCOMMON UNIVERSITY HOSPITAL	2	MAU	5	952	360			
ST JOHN'S HOSPITAL, LIMERICK	2	MAU	6	2,090	1,161			

National Acute Medicine Programme (July 22)