



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



**ACUTE
MEDICINE**



Terms of Reference Acute Medicine Nursing Interest Group (AMNIG)

Version 3



ROYAL COLLEGE OF
PHYSICIANS OF IRELAND



Office of the
Nursing & Midwifery
Services Director

Document no. 1	Document developed by Richard Walsh, Director of Nursing National Acute Medicine Programme
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Glossary

AMAU	Acute Medical Assessment Unit
AMNIG	Acute Medicine Nurse Interest Group
AMU	Acute Medicine Unit
AMSSU	Acute Medical Short Stay Unit (Ward)
ANP	Advanced Nurse Practitioner
CANP	Candidate Advanced Nurse Practitioner
CCO	Chief Clinical Officer
CCP	Clinical Care Programmes
CSP	Clinical Strategy and Programmes
CSPD	Clinical Strategy and Programmes Division
DoH	Department of Health
DoN	Director of Nursing
H.S.E.	Health Service Executive
ICCP	Integrated Clinical Care Programmes
MAU	Medical Assessment Unit
MSSU	As Per AMSSU above
NAMP	National Acute Medicine Programme
NCAGL	National Clinical Advisor Group Lead (Acute Hospitals)
NLIC	National Learning and Innovation Centre
NMBI	Nursing and Midwifery Board of Ireland
ONMSD	Office of the Nursing and Midwifery Services Director
RANP	Registered Advanced Nurse Practitioner

1.0. Background

The Acute Medicine Nurse Interest Group (AMNIG) was established in 2012 to provide an opportunity for nurses to guide, shape and influence the multidisciplinary design and delivery of care to the acutely ill medical patient across the Irish health service, in particular within the Health Service Executive (HSE) funded acute hospital setting.

The group offers a collective informed view of nursing to the National Acute Medicine Programme (NAMP), Office of the Nursing and Midwifery Services Director (ONMSD) Clinical Strategies and Programmes Division, Health Service Executive (H.S.E.) and the Department of Health.

Acute medicine nurses seek to place the patient at the centre of all discussions around practice, service design, delivery processes and evaluation; and to continuously demonstrate nursing values of Care, Compassion and Commitment along with H.S.E. organisational values.

2.0. Aim / Purpose

The aims of AMNIG are to:

- Support the NAMP in providing, accessible, safe, timely, co-ordinated appropriate care and decision making for acutely ill medical patients
- Act as an advisory group and specialist nursing resource to programme leads, service and programme directors and to policy makers
- To ensure availability of an appropriately educated and experienced workforce to meet patient needs

2.1. Objectives

AMNIG will meet its aims by

- Supporting nurses in the implementation of the Acute Medicine Model of Care by:
 - identifying / assisting in the preparation and development of nursing specific work streams required by the programme
 - seeking and participating in opportunities for developing new ways of working and for integrated care delivered by interdisciplinary teams
 - engaging in interdisciplinary collaboration on a range of unscheduled care activities seeking to improve learning , and innovation for quality improvement, integrated care, improved patient outcomes and experience
 - improving services based on patient and staff feedback
 - actively promoting evidence based care, and management
 - contributing to clinical care programme audit and research
 - presenting at conferences and educational forums
 - maintaining a database of members and unit organisation and staffing arrangements

- Supporting the Acute Medicine Programme in identifying and addressing patient needs by:
 - engaging staff in surveys, working groups, audit and research, team site visits, design of information systems through data collection analysis and reporting
 - maintaining a ‘repository’ of resources enabling sharing of examples of best practice in meeting patient needs and integrated approaches to care delivery and management

- Designing and Implementing opportunities for
 - continuous professional development planning for all nurses
 - conducting regular education and development needs analyses to inform education programme design
 - building capacity and capability in leadership and management
 - role development and expansion at the levels of core, specialist, enhanced and advanced nursing practice
 - evaluation of the changes in the nursing contribution to patient care and service delivery

3.0. Governance

The group will be chaired by the DoN, NAMP

The group reports into the NAMP Clinical Lead(s)

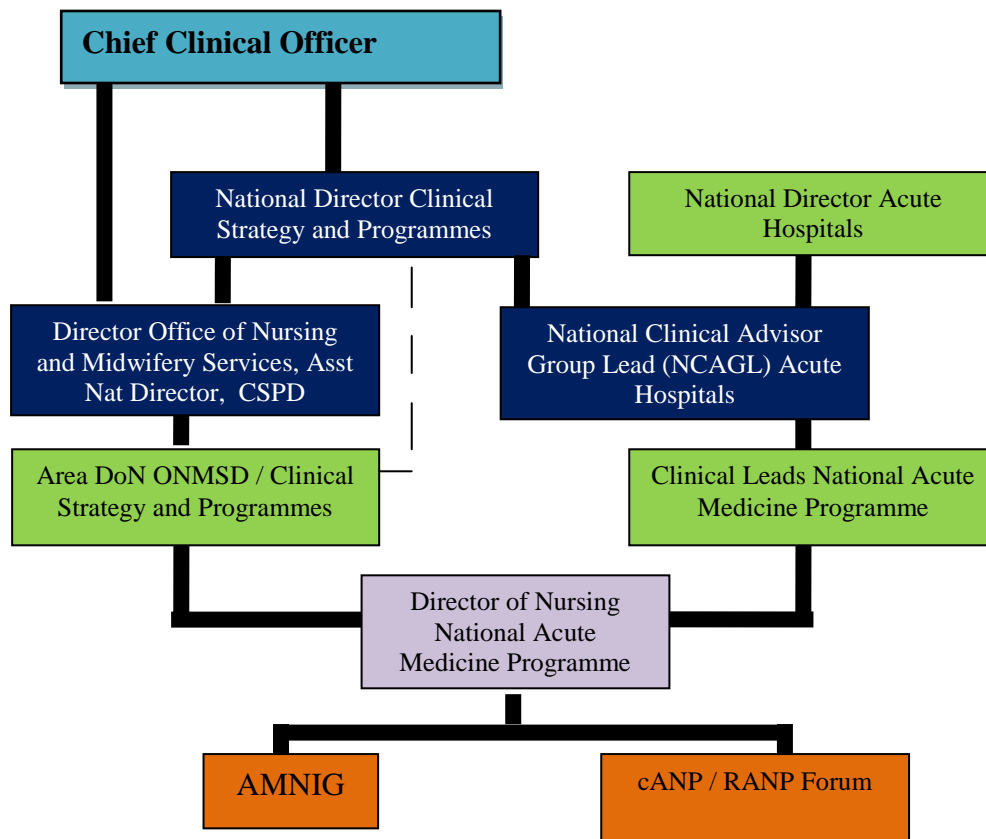
3.1. AMNIG Reporting Relationships Organogram

See Diagram 1 below.

Progress on annual work streams will be reported to

- the Director Clinical Strategy and Programmes Division (CSPD) via the NAMP programme manager
- the Area Director of Nursing, Clinical Strategy and Programmes, Office of the Nursing and Midwifery Services Director (ONMSD), **Clinical Strategy and Programmes Division**
- the ONMSD Leadership Team
- National Clinical Advisor Group Lead (Acute Hospitals)

Diagram 1. Reporting Relationship Organogram



4.0. Membership

DoNs in acute hospitals with AMUs are invited to nominate to the DoN, NAMP staff members as hospital representatives from the grades listed below ;

- Directors of Nursing
- Assistant Directors of nursing with operational responsibility for the acute medicine unit (AMU/ AMAU/ MAU /AMSSU)
- Unit Clinical Nurse Managers (CNMs) including CNMs with joint responsibility for Emergency Departments /Acute Medicine Unit and/ or Acute Floor
- Dedicated acute medicine Clinical Nurse Specialists and candidate Advanced Nurse Practitioners (cANP) / Registered Advanced Nurse Practitioners (RANPs) in acute medicine
- Participation by nomination of DoNs of non AMNIG members on work groups will arise from time to time

An electronic database of members and contact details will be maintained by the NAMP DoN and Programme Manager to facilitate communications and provide details to chairpersons of groups to which members have been nominated. Inclusion in the membership is taken to imply permission for details to be maintained on the database and used for the purpose intended.

5.0. Responsibilities of the Acute Medicine Nurse Interest Group

The responsibilities of the members are to:

- Review and agree membership of the group
- Attend Interest Group meetings as required
- Present updates on subgroup work streams, membership of committees and seek advice of the group, etc
- Escalate matters outside of decision making role or scope of AMNIG objectives to the NAMP team for advice
- Provide guidance and assist in reviewing existing policies, guidelines and national and international best practice pertaining to the area of acute medicine care
- Contribute to the debate and formulation of nursing responses to the development of unscheduled / emergency care which focuses on integrating services
- Draft, finalise and approve national standards and guidance documents as required
- Promote an ethos of consultation with patients, staff and relevant stakeholders
- Review and incorporate feedback from consultation process into draft practice and service standards and Quality Improvement initiatives
- Submit for approval, all documents pertaining to the terms of reference of the group or for publication to the Director ONMSD and National Director CSP and to the NAMP Team for approval
- Participate at hospital level in committees established to plan, monitor and develop acute medicine services e.g. unscheduled care committee and acute medicine governance committee.
- To inform the programme nursing lead of issues of concern relating to the implementation of the model of care at a local level
- Represent the AMNIG and NAMP on committees where such participation is invited,
- Report back to the AMNIG and / or NAMP on proceedings of committees and seek advice on NAMP policy on decisions to be taken
- Provide the programme with data on staffing and skills mix, service organisation and delivery, nursing practice developments and quality improvements as requested

6.0. Meetings

- Meetings will be convened by the DoN NAMP
- Frequency of meetings - minimum of 4 per year. Additional meetings will be convened as required to support work of the programme, conduct consultation, etc
- The DoN NAMP will provide a draft Agenda. All members may seek inclusion of agenda items for discussion by emailing requests to the administrative support and/or DoN
- Greater than 50% of AMNIG members in attendance at a meeting must be in favour of a course of action in order for the action / decision to be considered approved
 - Decisions will be made by panel consensus using e.g. majority vote, consensus meeting/survey, etc.
- Meetings will be scheduled at least nine months in advance.

- Meetings will take place face-to-face. Teleconference facilities will be provided for AMNIG meetings when possible
- Finalised agendas and location of scheduled meetings will be circulated at least four weeks in advance to enable rostering amendments to be made to facilitate attendance
- Minutes will be circulated within two weeks of meetings for correction, factual accuracy check and to enable actions to be communicated and acted upon by identified members
- Minutes must be approved at the next meeting

7.0. Communications

- Members of the interest group will be kept informed through email, social media, text and telephone. The mode of communication will be determined by the degree of confidentiality and sensitivity of the communication.
- Each member, participating in and using social media in pursuit of the activities and objective of AMNIG will at all times do so with reference to H.S.E. and Nursing and Midwifery Board of Ireland Guidelines for the use of social media.
- Members may join a private “Whatsapp” group by informing the DoN of their mobile phone number. The DoN will act as moderator
- The “Whatsapp” group is not for personal communications or matters unrelated to the work of the NAMP and AMNIG
- An AMNIG twitter account @AMNIG1 #acutemednursing is available and moderated by the DoN
- All future forms of electronic communication by the group must be approved by the chair and NAMP where necessary
- AMNIG has a dedicated web page on HSE LanD which contains resources relating to the business of AMNIG, nursing and NAMP publications.

*Members are reminded not to share telephone numbers of “Whatsapp” group members without the member’s permission.

8.0. AMNIG Sub-Groups and Representation

The AMNIG and its parallel group the cANP / RANP Forum will work collaboratively when necessary and either may establish working groups and nominate members to various external committees where the work of the groups and committees is relevant to the aims of the NAMP, AMNIG, the Forum and / or Integrated Clinical Care Programmes.

Members of the AMNIG and / or the cANP / RANP Forum may be requested to sit on sub groups established by either group .

8.1. Subgroups – Working Arrangements

- AMNIG shall appoint a chair and members to subgroups.

- The AMNIG shall agree the terms of reference and outputs / outcomes expected of subgroups. These will be communicated to the subgroup through the Chair of the Interest Group.
- The sub-groups will produce the outputs required to support the work of the AMNIG.
- The sub-groups shall submit all documentation, project updates and outputs through the Chair to the Interest Group for discussion and approval.
- The sub-group members shall attend the AMNIG meetings to present documentation developed by the sub-groups and approved by the Chair of the AMNIG. The sub-groups will present a progress report against their work plan at each AMNIG meeting.
- The sub-groups do not require a quorum
- The sub-groups may invite subject matter experts to assist with particular pieces of work but if there are resource implications funding/approval must be acquired. These members shall be subject to the same responsibilities as the sub-groups for the duration of their involvement.
- Subgroups shall be deemed to cease operation upon completion of the work stream and this will be noted at the next meeting of AMNIG

8.2. Nomination to and Cessation of membership on External Committees

- Nominees to external groups may be sought from and will be agreed by AMNIG. Nominee details will be communicated by the NAMP DoN NAMP to the requesting agency
- In the interests of expediency and where a nomination to an external group is urgently requested the NAMP DoN may appoint a nominee to represent AMNIG. This decision will be notified to members as soon as is practicable. The decision will be ratified and noted at the next AMNIG members meeting
- Members who no longer qualify i.e. no longer in a CNM (acute medicine) role, or nominated by the Director of Nursing, for membership of AMNIG and who represent AMNIG on external groups shall immediately notify the Don NAMP. AMNIG will, through the DoN NAMP identify and nominate an alternative to represent its interests
- The Nominee shall liaise with the AMNIG Chair on all matters of policy which require an AMNIG or NAMP position prior to decisions potentially impacting on the NAMP or its aims and objectives being made by the external committee
- The nominee shall provide a verbal update to each meeting of AMNIG and an annual report by end of November of each year

9.0. Administrative Support

Administrative support shall be available to the group to support the organisation of: meetings and conferences, circulation of documentation, maintenance of member database, updating the AMNIG change hub and signposting of resources to members.
Contact

Ms Naomi Oldenburg

Email: NaomiOldenburg@rcpi.ie
Tel: 01 8639782