Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

ACUTE MEDICINE

Terms of Reference

National Acute Medicine Programme
cANPs / RANPs (Unscheduled Care Acute Medicine) Forum

December 2018

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Office of the Nursing & Midwifery Services Director

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Definitions

Acute Floor	An integrated service configured to manage unscheduled care demand. This may be co- or proximally located clinical and support services which work together to manage unscheduled demand on a day to day basis. The concept relates to co- or proximally-located integrated acute services within a model 3 or 4 hospital to meet the predicted requirements of patients presenting for unscheduled care through effective and efficient streaming of patients direct to the appropriate clinical services. It broadens the front door to improve rapid access to specialist services and risk assessment, and smooths flow through the acute system.[1]
AMAU	An acute medical assessment unit (AMAU) will operate as an AMU with the following exceptions: It will be located in a Model 3 (general) hospital; the hours of operation may vary from 12 to 24 hours, 7 days per week, depending on service need: and it will not have contiguous short stay medical beds[2], [3]
Ambulatory Care	**Ambulatory care** is clinical care which may include diagnosis, observation, treatment and rehabilitation, that is not provided within the traditional hospital bed base or within traditional out-patient services, and that can be provided across the primary/secondary care interface. In the context of acute medicine, it is care of a condition that is perceived either by the patient or by the referring practitioner as urgent, and that requires prompt clinical assessment, undertaken by a competent clinical decision maker. The healthcare setting may vary, but for optimal clinical care will often require prompt access to diagnostic support. Ambulatory care must be high quality care, designed to ensure the best outcomes for patients. It is the responsibility of those delivering the care to ensure that resources are deployed in the most cost-effective manner [4] The underlying principle of Ambulatory Emergency Care (AEC) is that a significant proportion of adult patients requiring emergency care can be managed safely and appropriately on the same day either without admission to a hospital bed at all, or through admission for only a few hours. This principle is applicable to patients across specialties and may be provided in a variety of settings such as Acute Medical Assessment Units, Acute Medical Unit or dedicated multispecialty Ambulatory Emergency Care Units depending on local configuration. In the Acute Floor, the physical layout should be designed to reflect the emphasis on ambulatory care, with less dependency on bed-based models[5].
AMU	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 acute medical conditions who present to a Model 4 (tertiary) hospital. Its aim is to provide a dedicated location for the rapid assessment, diagnosis and commencement of appropriate treatment. Physicians, supported by a multidisciplinary team, will carry out patient assessment and treatment. It is envisaged that AMUs will operate on a 24/ 7 basis. The AMU should be co-located with the Emergency Medicine Service.

[1] Health Service Executive '*Developing an Acute Floor Model for Ireland' Version 1.0 October (2017*) Dublin. H.S.E.
[2] Health Service Executive *Report of the National Acute Medicine Programme* (2010) p. 17: H.S.E. Dublin
[3] Health Service Executive *Developing an Acute Floor Model for Ireland, (2017) Version 1.0, October :* p. 16-17: Dublin: H.S.E.
[4] Health Service Executive (2010) *Report of the National Acute Medicine Programme* p. 6: H.S.E. Dublin
[5] Health Service Executive *Developing an Acute Floor Model for Ireland,* (2017) Version 1.0 October*:* p.17: Dublin: H.S.E.

	If required, patients can be admitted to the short stay medical beds within the unit for a short period for acute treatment and/ or observation where the estimated length of stay is less than 48 hours[6].
MAU	A medical assessment unit (MAU) in a model 2 (local) hospital (ref section 4.1) will manage GP referred, differentiated medical patients who have a low risk of requiring full resuscitation. Only patients referred by a GP will be seen. This unit will have assessment beds in a defined area and serve a clinical decision support function. 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[7].
Unscheduled Care	Unscheduled care (USC) is when someone accesses health and social care services unexpectedly. Unscheduled care can occur at any time and crosses the traditional boundaries between general practitioner, community and hospital services Service provision may be through Urgent Care or Emergency Care facilities eg. AMU, AMAU, MAU, ED, Local Injury units[8]. Unscheduled Care (USC) is any care or contact with the health services seeking help, advice or care that cannot reasonably be foreseen or planned before a patient presents. It is care that can be requested at any time and therefore must be available 24/7. By definition USC is urgent and requires immediate action at time of presentation[9]. Unscheduled care, by definition, is urgent with the need to take action at the time of contact with services. Unscheduled care does NOT imply the delivery of routine or non-urgent services on an as required and uncontrolled basis 24hours a day[10].

[6] Health Service Executive *Report of the National Acute Medicine Programme* (2010) p. 16-17: Dublin: H.S.E.
[7] Health Service Executive *Report of the National Acute Medicine Programme* (2010) p. 18: Dublin: H.S.E.
[8] Adapted from:Health and Social Care Knowledge exchange. Available at: http://www.knowledge.hscni.net/Topics/Index/45 Accessed June 25th 2018
[9] Adapted from: National Health Service (U.K.), *Commissioning a new delivery model for unscheduled care in London.* P2. NHS Healthcare for London. Available at: https://www.google.ie/search?q=NHS+definition+of+Unscheduled+Care&ie=utf-8&oe=utf-8&client=firefox-b&gws_rd=cr&dcr=0&ei=M1l4WraPG6rWgAb3t5tg Accessed January 30th 2018 .
[10] Adapted From: Hallaran. F., Robertson-Steel, I,. *A Guide to Good Practice - Unscheduled and Emergency Care Services*. P.6.: Available at: www.wales.nhs.uk/docopen/156585/ . Accessed: January 30th 2018

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
CCP	Clinical Care Programmes
CCO	Chief Clinical Officer
CPD	Continuous Professional Development
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
IAANMP	Irish Association Advanced Nurse and Midwife Practitioners
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 overarching aims of the National Acute Medicine Programme (NAMP) are to ensure that all acute medical patients will experience: Safe, quality care; expedited diagnosis; the correct treatment; an appropriate environment; respect of their autonomy and privacy; Timely care from a senior doctor working within a dedicated multidisciplinary team; improved communication and, a better patient experience

(Report of the Acute Medicine Programme, RCPI. 2010)

The Report advocated for the development of nursing to meet patients' needs and to manage, integrate and co-ordinate care. It envisioned the addition of Registered Advanced Nurse Practitioners (RANPs) with senior clinical decision making capability as members of the acute medicine multidisciplinary team.

In late 2016 and 2017 an Expert Advisory Group in Advanced Practice Acute Medicine Nursing, established by the Director Office of Nursing and Midwifery Services (ONMSD) Health Service Executive (H.S.E) undertook (a) a literature review and (b) a nationwide consultative process on the potential roles and scopes of practice of Acute Medicine RANPs in Model 2, 3, 4 acute hospitals. Its intention was to publish a 'Guiding Framework' as a resource to hospitals considering development of acute Medicine RANPs.

RANPs acute medicine work across the entire range of ambulatory and in-patient acute medical service to meet the unscheduled care needs of acutely unwell medical patients aged 16 and above. Both the literature and nationwide consultation identifies actual and potential service provision by RANPs Acute Medicine as occurring in the Acute Medical unit (AMU)[11], Acute Medical Assessment Unit (AMAUs), Medical Assessment Unit (MAU), Acute Medical Short Stay Unit (AMSSU / MSSU), medical in-patient wards, and out-patient settings including virtual clinics aided by telecommunications and other technologies.

Since 2012 two candidate ANPs (cANPs) were at differing stages in preparing for RANP status, successfully achieving NMBI registration in December 2016 and January 2017 respectfully. Their experience greatly assisted the deliberations of the expert group.

As a result of requests made during the the expert group consultative process the National Learning and Innovation Centre (NLIC), supported the NAMP by hosting a 'Business Planning Masterclass' the attendees at which were acute medicine unit clinicians and business managers,

[11] Hereinafter AMUs is taken to refer interchangeably to the range of service units identified within the Acute Medicine Model of Care (2010), i.e. Acute Medicine Units (AMUs), Acute Medical Assessment Units (AMAUs), Medical Assessment Units (MAUs) and Acute Medical Short Stay Units (AMSSUs). It may also be taken to support RANPs (acute medicine) operating across all acute and community service areas where the primary focus is the medically unwell adult within an overall Acute Medicine Governance Structure

The Chief Nurse, Department of Health (DoH) published "*Developing a Policy for Graduate, Specialist and Advanced Nursing & Midwifery Practice Consultation Paper"* (Department of Health, March 2017). It proposed expansion of the existing numbers of all ANPs to 700 by 2021. Following extensive consultation and feedback a Policy Implementation Steering Group, with representation from the National Acute Medicine Programme, was established.

On foot of expressions of interest and business case submissions the first cohort of 120 cANPs were appointed nationwide, into demonstrator site positions across four categories of clinical practice: unscheduled care (including acute medicine and emergency nursing), rheumatology, respiratory, older persons. The first cohort included 16 cANPs from acute medicine units representing 10 acute hospitals.

Implementation of the policy will demonstrate the contribution advanced nurse practitioners in each area of clinical practice will make toward hospital avoidance, improved patient experience (access and improved waiting times), expediting discharge and co-ordination of care and follow up.

With the publication and subsequent establishment of the DoH Steering group and due to significant overlap of intention, the work of the ONMSD expert group was temporarily deferred in order to re-focus key group members attention to supporting the work of the Department. The outputs of the expert group, working through the ONMSD heavily influenced and informed discussions and documents supporting policy implementation .

In addition to the linkage held between the NAMP and the ONMSD and NMPD formal linkages have been established between the NAMP and the DoH on foot of the introduction of the Chief Nurses' policy. These enabling structures serve to assist the Chief Nurses' Office, ONMSD and NAMP to work collaboratively in supporting cANPs and Local Implementation Groups implement the policy.

The Acute Medicine cANP / RANP forum was established in April 2018 to support the implementation of the recommendations outlined in "*Developing a Policy for Graduate, Specialist and Advanced Nursing & Midwifery Practice Consultation Paper"* (Department of Health, March 2017). This policy document has contributed to the workforce planning agenda for the H.S.E. and Department of Health (DoH) and assisted in realising some of the specific workforce and nursing recommendations of the NAMP Model of Care Report (HSE 2010). The forum was also born out of the NAMP desire to provide an enabling channel for ANPs and the NAMP to collaborate and with the wider health service stakeholder group to build ANP services, capability and capacity, integrate care at service and multidisciplinary level continuously develop and expand roles, for the benefit of patients. The NAMP also envisages the forum as a collective point for obtaining expert nursing advice on programme developments impacting on the quality and outcome of patient care, e.g. clinical and service pathways, ambulatory care, multidisciplinary team development and leadership,

Future role development and support for RANPs is pivotal to the ongoing development and expansion of the role. The cANP / RANP Forum will play a large part in supporting the ongoing learning needs of the membership of the forum.

2.0. Aims

The overall aims of the cANP/RANP Acute Medicine Forum is to:

1. Support implementation of the Department of Health Draft Policy on Advanced Nurse practice as it pertains to Unscheduled Care, and in particular to the area of acute medicine advanced nurse practice
2. Clarify the cANPs / RANPs scope of practice and explore opportunities for expanding the scope of the role and professional capability across ambulatory, inpatient care, unscheduled care settings and other settings
3. Support the development of integrated service delivery underpinned by interdisciplinary and multidisciplinary working.
4. Ensure that the patient is at the heart of service delivery with the nurse cANP /RANP enabling patient choice, providing a full episode of care in a variety of location's and supporting the patient journey in health and illness

2.1. Objectives

1. To enable capacity building of cANPs & RANPs:
    - keep members abreast of the acute medicine model of care, the 'acute floor' , standards and systems to support service delivery, Integrated clinical care programme (ICCP) and Clinical Care Programme (CCP) initiatives and collaboratives
    - engage and lead on in inter-professional education to support integrated delivery of care
    - collaborate with the development of flexible multi-tasked professionals that support the health system promote integrated patient centred care and address patient needs
    - provide opportunities for sharing of best practice, data, and peer support
    - through consultation, seeking patient feedback to inform quality improvement initiatives
    - provide an expert voice on matters pertaining to the contribution advanced nursing practice (acute medicine) brings to improved team based care, decision making and the quality and integration of patient care across and within service areas
    - when requested to nominate members to represent advanced practice (acute medicine) on appropriate committees, working groups, inter / cross clinical care programme initiatives and collaboratives etc.
    - contribute to the workforce planning agenda for the HSE and DoH and assist in realising the specific workforce and nursing recommendations of the National Acute Medicine Programme
    - seek out and promote opportunities for the expansion of the number and locations of RANP Acute Medicine services

2. To conduct and support research and audit specific to the role which support and equip cANPs with the capability to deliver safe and responsive care in a variety of service settings
    - identifying competencies, both generic to the role and specific based on agreed caseloads

- identify and develop proposals for research and audit
- provide research expertise to the NAMP
- Advise on and participate in the development, testing and implementation of key RANP practice metrics to aid monitoring, measurement and quality improvement

3. To Support the Continuous Professional Development needs of RANPs working within the Acute Medicine field of practice
   - Provide for mechanism for access to RANP clinical supervision and exposure to experiences of cANPs preparing for registration
   - Identify needs and seek appropriate learning and education solutions to meet ongoing professional and clinical capacity development, adaption to changing patient needs, service configuration and updates in the model(s) of care
   - Provide a forum for relevant clinical presentations and evidenced based practise
   - Organise and Co-ordinate cANP / RANP CPD study days

4. Propose an annual workplan to the DoN NAMP for approval of the NAMP team and where relevant by the Director ONMSD

3.0. Governance

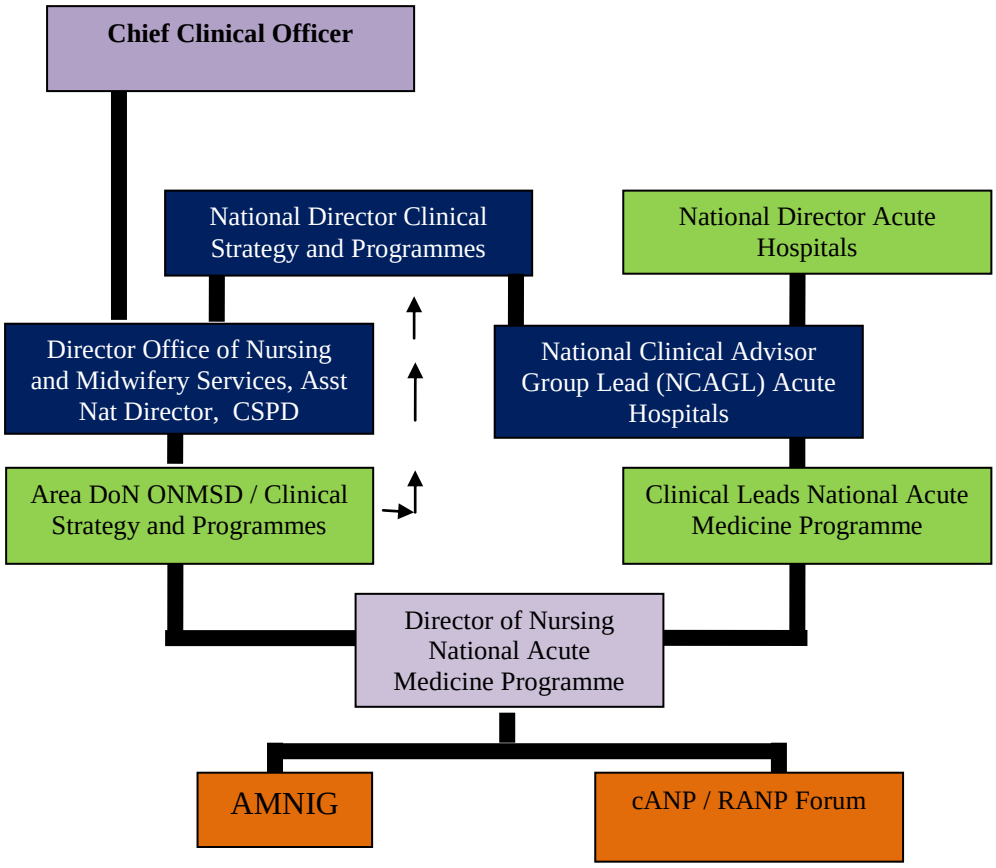
The Forum is established under joint governance of the ONMSD and NAMP. The Forum will for an initial period be convened and chaired by the DoN, NAMP. At an appropriate time - to be agreed by the NAMP clinical leads and Director ONMSD - the Forum will appoint its own Chairperson (convenor) and Secretary. The DoN NAMP re retain full membership of the Forum in perpetuity for the lifetime of the forum.

Governance and reporting relationships are set out in diagram 1. below

The DoN NAMP will report on the work of the forum and associated work streams to the:

- Area Director of Nursing, ONMSD, CSPD
- ONMSD leadership Team
- NAMP Clinical Leads and Team
- National Clinical Advisor Group Lead (Acute Hospitals) at meetings convened with the NAMP
- Other senior HSE management as requested

3.1. Diagram 1. Forum Reporting Relationships Organogram



4.0. Membership

All cANP or RANPs (acute medicine). cANP / RANPs will be automatically registered as members upon notification to the DoN NAMP of the appointment of a nurse into either an acute medicine cANP or RANP position.

cANPs and RANP members must work in acute hospitals which provide acute medicine pathways and services, and whose acute medicine units are either recognised or undergoing a process of recognition with the HSE as being in compliance with, and implementing the Acute Medicine Model of Care.

During the early stages of Department of Health and HSE implementation of the DoH draft policy for advanced practice NMPD Advanced Practice Officers (or representative Officers) will be ex-officio members of the group. This will be on an advisory basis in relation to work pertaining to demonstrator site support and candidate preparation for registration.

Service needs may be represented by nominees agreed amongst Group Chief Directors of Nursing and Midwifery. A nominee from the Heads of University Departments of Nursing Studies may also be sought reflecting demonstrator project arrangements between the Universities, ONMSD, and DoH

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 cANP / RANP Forum

The responsibilities of the members are to:

- Review and agree membership of the group
- Appoint a secretary to take notes and circulate agendas, meeting notes, etc
- Attend meetings as required
- Refer back to aims and objectives in this Terms of Reference when determining scope, actions and work streams to ensure consistency between the TOR, the Forum and the NAMP model of care
- Present updates on work streams, membership of committees and seek advice of the group, etc
- Escalate matters outside of decision making role or scope of group aims and 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 cANP & RANP responses to the development of unscheduled / emergency care which focuses on integrating services across the acute floor
- Produce outcomes from various identified work streams
- Participate in and lead on the drafing, consultation and recommendation of standards and guidance documents to the relevant policy or operational authority incorporating feedback from survey responses and consultation process into draft documents as appropriate
- Consult with relevant stakeholders, including but not limited to: the public, patients, the Irish Association of Advanced Nurse and Midwife Practitioners (IAANMP) and staff
- Develop or contribute to the development of standardised patient experience surveys (e.g. patient recorded experience of care and / or patient reported outcomes of care)
- Submit for approval, all documents pertaining to the terms of reference of the group, or where prepared for publication, to the NAMP team, Director ONMSD and National Director Clinical Strategy and Programme's (CSP)
- Participate at hospital level in committees established to plan, monitor and develop acute medicine services e.g. specialist and advanced practice, 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 NAMP on committees where such participation is requested,
- Report back to the NAMP on proceedings of committees and seek advice on NAMP policy prior to representing NAMP position on decisions to be taken

- Provide the programme with data on service configuration, staffing, service delivery, skills mix, , advanced nursing practice developments (scope, location and role) and quality improvements as requested

6.0. Forum Meetings

- Meetings will initially be convened by the Director of Nursing NAMP
- The forum will appoint a secretary to record, maintain and circulate meeting notes
- Frequency of meetings - minimum of 4 per year. Meetings will be scheduled at least six months in advance. Additional meetings will be convened as required to support work of candidates and RANPs or of the clinical programme, conduct consultation, etc
- Extra-ordinary meetings may be convened by the chair in order to support the work of the ONMSD, NAMP or the Forum. Extra-ordinary meetings may also be convened in respose to a request by the Director ONMSD, Clinical Leads NAMP or the members of the Forum where such requests contribute to the management of the forum and relate to its focus
- Meetings will take place face-to-face. Teleconference and electronic meeting technology and facilities use will be encouraged where possible to facilitate the work of the group
- The secretary will provide a draft agenda via the administrative support to the forum. All members may seek inclusion of agenda items for discussion by emailing requests to the secretary or administrative support
- Non members, members of subgroups, and speakers may be invited to attend on the agreement of the forum
- Finalised agendas and location of scheduled meetings will be circulated at least two weeks in advance to enable rostering amendments to be made to facilitate attendance
- Greater than 50% of forum 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.
- Draft meeting notes will be circulated within two weeks of meetings taking place to enable correction, factual accuracy check and to for actions / responsibilities for auctioning to be communicated and acted upon by identified members within the timeframe agreed
- Meeting notes must be approved at the next meeting
- Copies of notes will be submitted to the NAMP leads for noting. A copy may also be maintained on the NAMP Nurse Interest Group Change Hub (HSELand) accessible to all members registered with HSE land to access the change hub.

7.0. Communications

- Members of the forum 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 the forum 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
- Member cANPs and RANPs may join a private "Whatsapp" group by informing the NAMP 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 Acute Medicine Programme and the forum
- An Acute Medicine Nurse Interest Group (AMNIG) twitter account @AMNIG1 #acutemednursing is available to the forum for communications and is moderated by the DoN
- All future forms of electronic communication by the group must be approved by the chair in consultation with the DoN NAMP and the wider NAMP team where necessary
- AMNIG has a dedicated web page on HSELanD accessible to all acute medicine nurse interest group and cANP / RANPs which contains resources relating to the business of AMNIG, the Forum, and NAMP publications

*Members are reminded not to share telephone numbers of "Whatsapp" group members without the member's permission.

8.0. Sub-Groups and Representation

The forum and its parallel group AMNIG will work collaboratively 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 AMNIG, the Forum or the clinical care programme(s) and Integrated Clinical Care Programmes.

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

8.1. Subgroups – Working Arrangements

- The cANP / RANP forum (the group) shall appoint a chair and members to subgroups
- The forum shall agree the terms of reference and outputs / outcomes expected of subgroups. These will be communicated to the subgroup through the Chair of the forum
- The sub-groups will produce the outputs required to support the work of the forum
- The sub-groups shall submit all documentation, project updates and outputs through the Chair to the forum for discussion and approval
- The sub-group members shall attend the forum meetings to present documentation developed by the sub-groups. The sub-groups, through their chairs or secretary will present a progress report against their work plan at each forum 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 the forum

8.2. Nomination to and Cessation of membership on External Committees

- Representatives sought from the forum for nominees to external groups will be agreed by the forum and details communicated by chair or the DoN NAMP to the requesting agency
- In the interests of expediency and where a nomination to an external group is urgently requested the chair or DoN may appoint a nominee to represent the forum. This decision will be notified to members as soon as is practicable. The decision will be ratified and noted at the next forum meeting
- Members who no longer qualify for membership of the forum i.e no longer practicing as a cANP or RANP Acute Medicine, and who represent the forum on external groups shall immediately notify the Don NAMP and resign their position on the external group. The forum will, through the chair in consultation with the DoN NAMP identify and nominate an alternative to represent its interests
- The nominee shall liaise with the forum Chair on all matters of policy which require a NAMP position prior to decisions being made by the external committee
- The nominee shall provide a verbal update to each meeting of the forum and an annual report by end of November of year
- Where a nominee misrepresents of fails to represent the views of the forum, ONMSD or NAMP on groups he / she may be requested by the NAMP team through the DoN or Chair to step down and or be removed from membership of the Forum

9.0. Administrative Support

Administrative support shall be available to the group to support the organisation of: convening 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