Background
The Acute Medical Assessment Unit (AMAU) and the Acute Medical Unit (AMU) in Tallaght Hospital are supported by a multidisciplinary team consisting of five Health and Social Care Professionals (HSCPs):
1. Physiotherapist (1 WTE),
2. Occupational Therapist (0.5 WTE),
3. Speech and Language Therapist (0.5 WTE),
4. Dietitian (1 WTE),
5. Medical Social Worker (1 WTE).

HSCP's play a key role in the delivery of acute medicine, providing therapeutic and diagnostic care to patients. Early access to HSCPs is a central part of the operational success of the National Acute Medicine Programme. This is essential in order to identify individual patients' needs and appropriate treatment, and to facilitate early, effective discharge planning.

Aims / Objectives
The HSCP Implementation Steering Group (HSCPIG) of the National Acute Medicine Programme developed a recommended framework of Key Performance Indicators (KPIs) (Figure 1).

The purpose of these KPIs was to:
• highlight where HSCPs are delivering quality, timely care to acute medicine patients,
• highlight where there are shortfalls to empower business cases.

The two proposed KPIs included:
1. Proportion of patients seen within the desired response time from referral based on expected length of stay (LOS).
2. Proportion of AMU patients referred to HSCPs but discharged before seen (DBS).

In response to this, the MDT decided to conduct a pilot project to establish HSCP activity within the AMAU / AMU using the proposed KPIs.

Proposed Referral to Response Times for HSCP in Acute Medicine
Priority will be given based on Clinical Acuity, and all times being equal may be then based on LOS. At all times appropriate clinical judgement must be used by the relevant HSCP

<table>
<thead>
<tr>
<th>Clinical Acuity</th>
<th>Length of stay</th>
<th>Any/Therapies</th>
<th>Diagnostics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent</td>
<td>0 days</td>
<td>&lt;4 hours</td>
<td>Test performed same day</td>
</tr>
<tr>
<td>Soon</td>
<td>1-2 days</td>
<td>&lt;24 hours</td>
<td>Test performed in &lt;48hrs</td>
</tr>
<tr>
<td>Routine</td>
<td>&gt;2 days</td>
<td>&lt;24 hours</td>
<td>Test performed based on clinical acuity but aim for &lt;5 days</td>
</tr>
</tbody>
</table>

Figure 1

Method
An audit was conducted using the recommended KPIs for all HSCP referrals, and data was collected over a one month period between July and August 2017. The data recorded for each patient referred included:
• time referral was sent
• time referral was received
• time patient was seen
• if patient was seen within the desired response time
• number of patients discharged before seen

Findings / Results
Of note, all patients referred during this month had an estimated LOS of 1-5 days. No referrals met the urgent category of clinical acuity as per Figure 1.

1. Proportion of patients seen within the desired response time from referral

2. Proportion of AMU patients referred to HSCP but discharged before seen (DBS)

In response to this, the MDT decided to conduct a pilot project to establish HSCP activity within the AMAU / AMU using the proposed KPIs.

Reasons for patients being discharged before seen included:
• caseload pressure
• patients discharged before EDD
• annual leave
• inappropriate referrals

When all the HSCP data was combined, almost 70% of patient referrals were seen within 24 hours. Less than 10% were discharged before seen. "Other" in Figure 2 represents the percentage of patients transferred to another ward before being seen.

Conclusion
The findings from this audit highlight that the HSCPs in the AMAU / AMU are delivering timely care to acute medicine patients.