



New Care Pathway to Enable Ambulances Transfer Patients to a Model 2 Hospital Medical Assessment Unit

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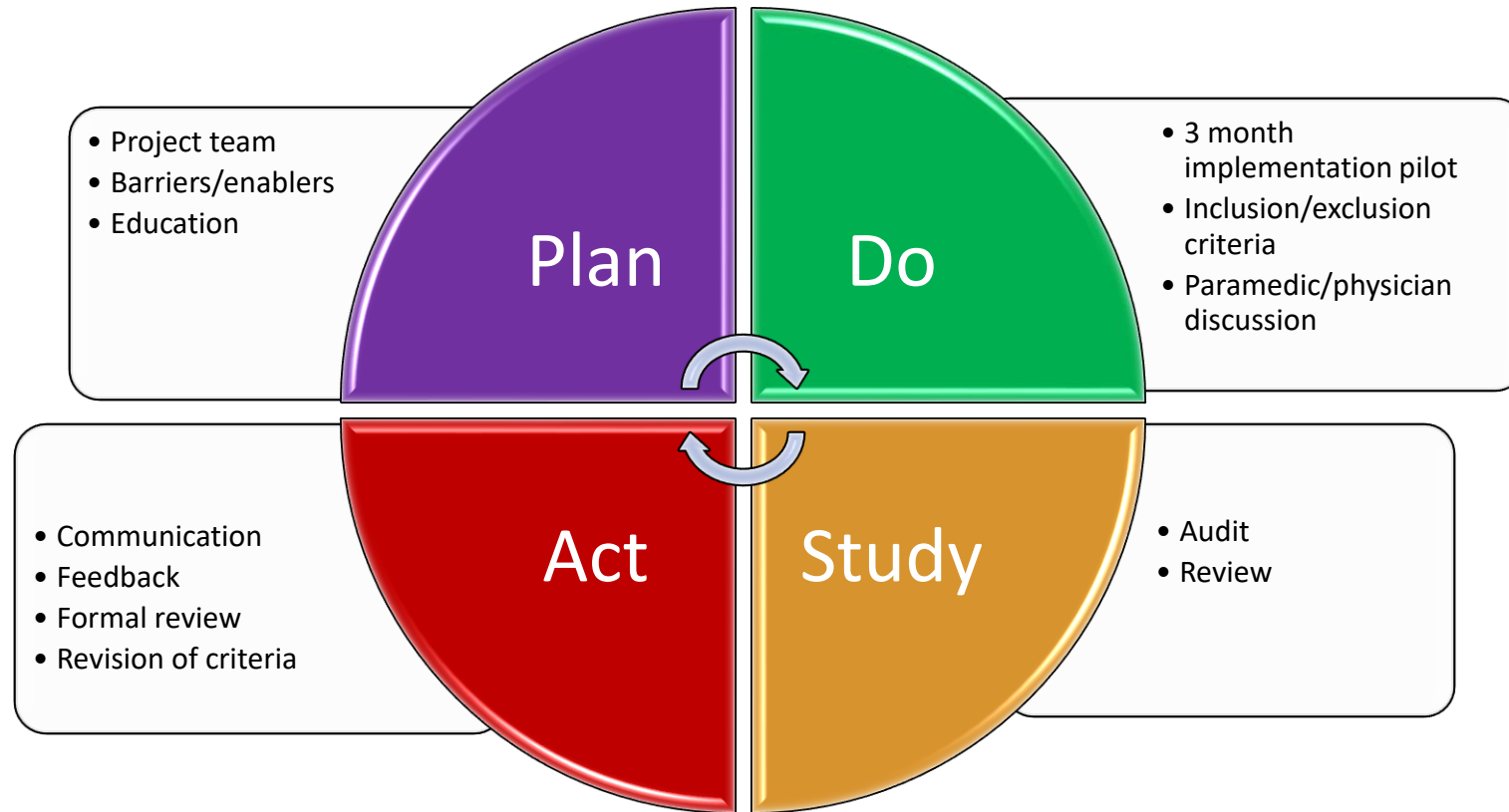
Clinical Lead

Mallow General Hospital

Background

- National Acute Medicine Programme 2010 defined the 4 hospital models
- Mallow General Hospital (MGH) designated a model 2 centre
- Emergency Department replaced with a Local Injuries Unit and Medical Assessment Unit (MAU) 2013
- Ambulance bypass protocols for emergency 999 or 112 calls
- Sláintecare report 2017 “right care, right place, right time”
- In collaboration with colleagues in the National Ambulance Service (NAS) we developed a pathway whereby certain low risk patients could be brought directly to the MAU of MGH rather than the nearest ED
- Implemented as a pilot in September 2022 for 3 months to assess feasibility, safety and effectiveness

Project Overview



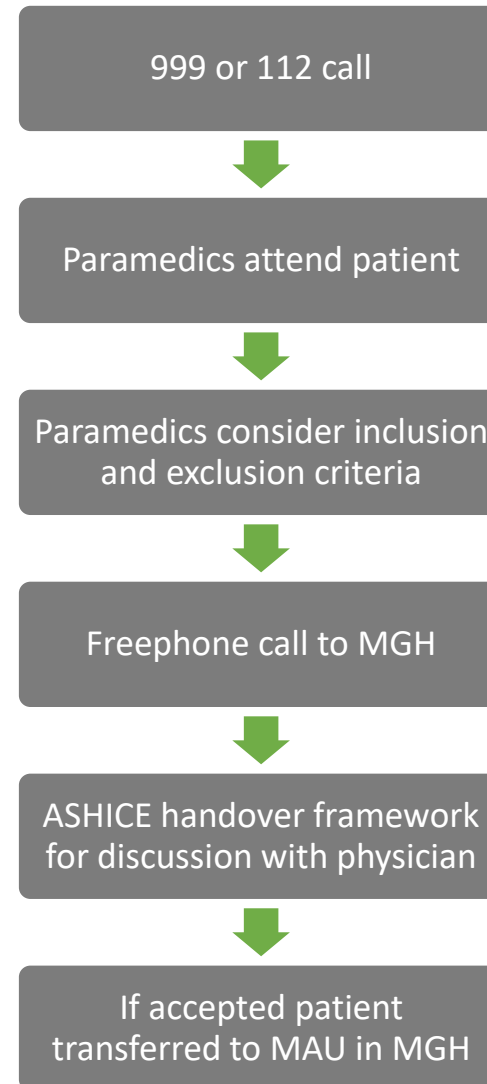
Inclusion Criteria

- Patient recently admitted and discharged from MGH
- Ceiling of care established and patient not for escalation of care to ICU
- Low risk medical patients with stable vital signs including, but not limited to the following:
 - Vasovagal syncope
 - Non-cardiac chest pain
 - Gastroenteritis
 - DVT
 - Musculoskeletal pain

Exclusion Criteria

- Infection likely to require advanced respiratory support
- ST Elevation MI
- Stroke within thrombolysis window
- Likely to require ICU admission
- Acute neurosurgical/neurological presentation
- Surgical presentation
- Alcohol and/or drugs related
- Trauma
- Low GCS

Pathway Outline



Study

- Clinical details of patients not accepted
- Descriptive statistics of patients accepted
- Estimated the amount of ambulance time saved for each patient accepted to the MAU at 150 minutes
 - Return journey time from MGH to CUH
 - Ambulance turnover time in CUH at time of the study

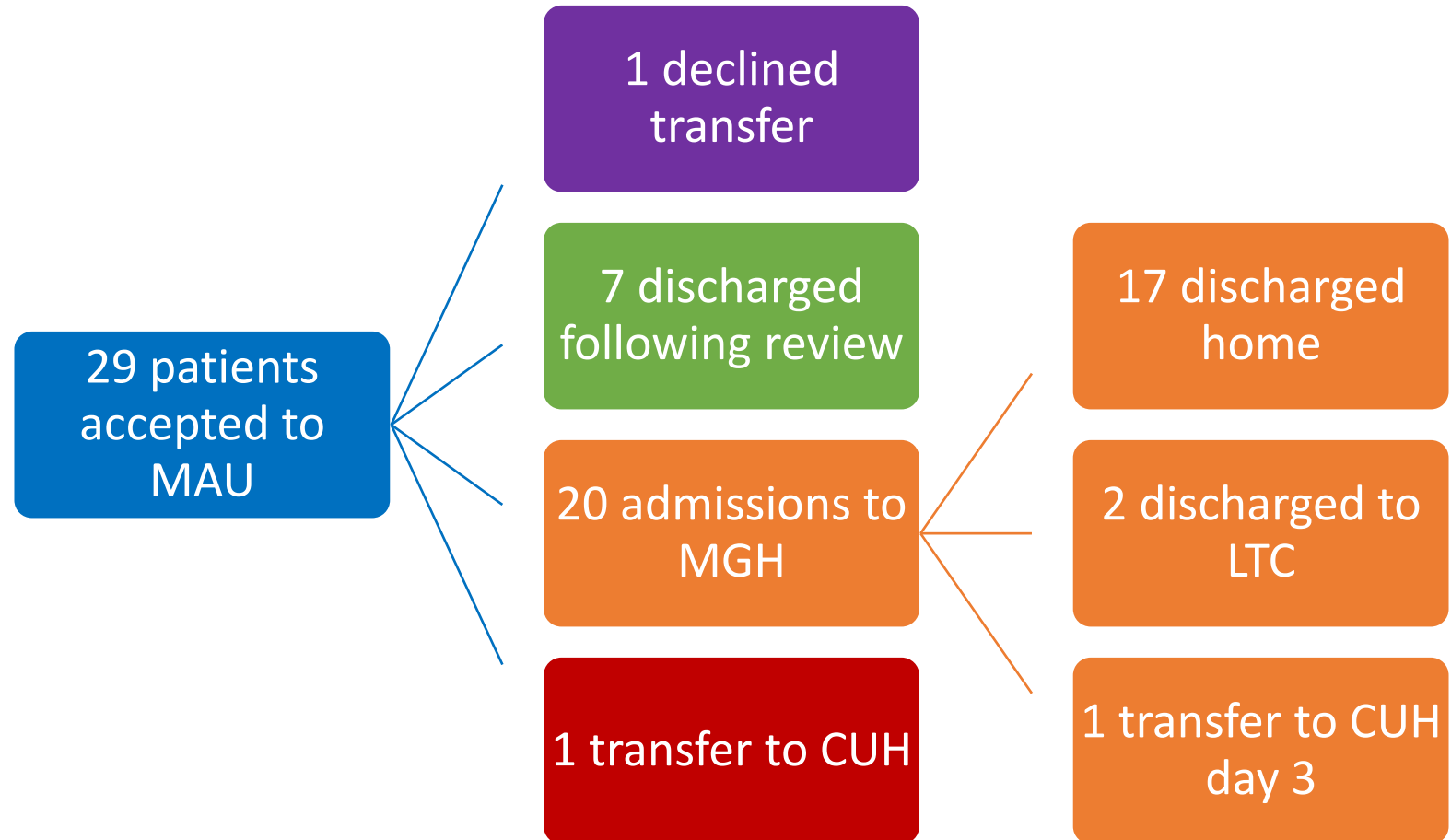
Results

- A total of 39 patients discussed
- Twenty-nine were accepted to MAU for review
- Mean age of those reviewed was 73 years

Patients not accepted

Patient number	Presenting issue	Reason
1	Head trauma requiring suturing	Trauma - defined exclusion criterion
2	Syncope, hypotension	No bed available, no CT available, unclear if haemodynamically stable
3	Abdominal pain post cholecystectomy	Required general surgery review
4	Acute alcohol withdrawal	Alcohol related - defined exclusion criterion
5	Respiratory sepsis requiring admission	No bed available
6	Recurrent epistaxis	Required ENT review
7	Flank pain following road traffic accident	Trauma - defined exclusion criterion
8	Frank haematuria	Required urology review
9	Question of septic arthritis	Required orthopaedic review
10	Renal colic	Required urology review

Results



Results

- Twenty admitted to MGH
- Mean length of stay for admitted patients was 8 days
- Seven of the 20 patients admitted to hospital presented due to frailty and falls
- Mean age of these patients was 84 years of age
- Mean length of stay of 12 days

Results

- Approximately 4350 minutes, or 72.5 hours, returned to the ambulance system over the 3 month period of this pilot


Challenges

- Calls received outside of the pathway operational hours
- The initial inclusion criteria caused some confusion
- Some external pressure to accept patients that did not fulfil the inclusion criteria
- One patient accepted required same day transfer to a model 4 centre
- Wasn't extended to weekends due to resource issues

Conclusion

- This pathway safely facilitated the assessment and treatment of patients in a setting close to their home

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Abstract

Background Reconfiguration of the Irish acute hospital sector resulted in the establishment of a Medical Assessment Unit (MAU) in Mallow General Hospital (MGH). We developed a protocol whereby certain patients deemed to be low risk for clinical deterioration could be brought by the National Ambulance Service (NAS) to the MAU following a 999 or 112 call.

Aims The aim of this paper is to report on the initial experience of this quality improvement initiative.

Methods The Plan-Do-Study-Act (PDSA) Cycle for quality improvement was implemented when undertaking this project. A pathway was established whereby, following discussion between paramedic and physician, patients for whom a 999 or 112 call had been made could be brought directly to the MAU in MGH. Strict inclusion and exclusion criteria were agreed. The protocol was implemented from the 1st of September 2022 for a 3-month pilot period.

Results Of 39 patients discussed, 29 were accepted for review in the MAU. One of the 29 accepted patients declined transfer to MAU. Of 28 patients reviewed in the MAU, 7 were discharged home. One patient required same day transfer to a model 4 centre. Twenty patients were admitted to MGH with an average length of stay of 8 days. Frailty and falls accounted for 7 of the admissions and the mean length of stay for these patients was 12 days.

Conclusions Our results have demonstrated the safety, feasibility and effectiveness of this pathway. With increased resourcing, upscaling of this initiative is possible and should be considered.

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Go raibh míle maith agaibh