‘Overview of Acute Medicine and future challenges in Ireland’

ACUTE MEDICINE

Prof Garry Courtney
National Clinical Lead for Acute Medicine

Clinical Design & Innovation
Person-centred, co-ordinated care

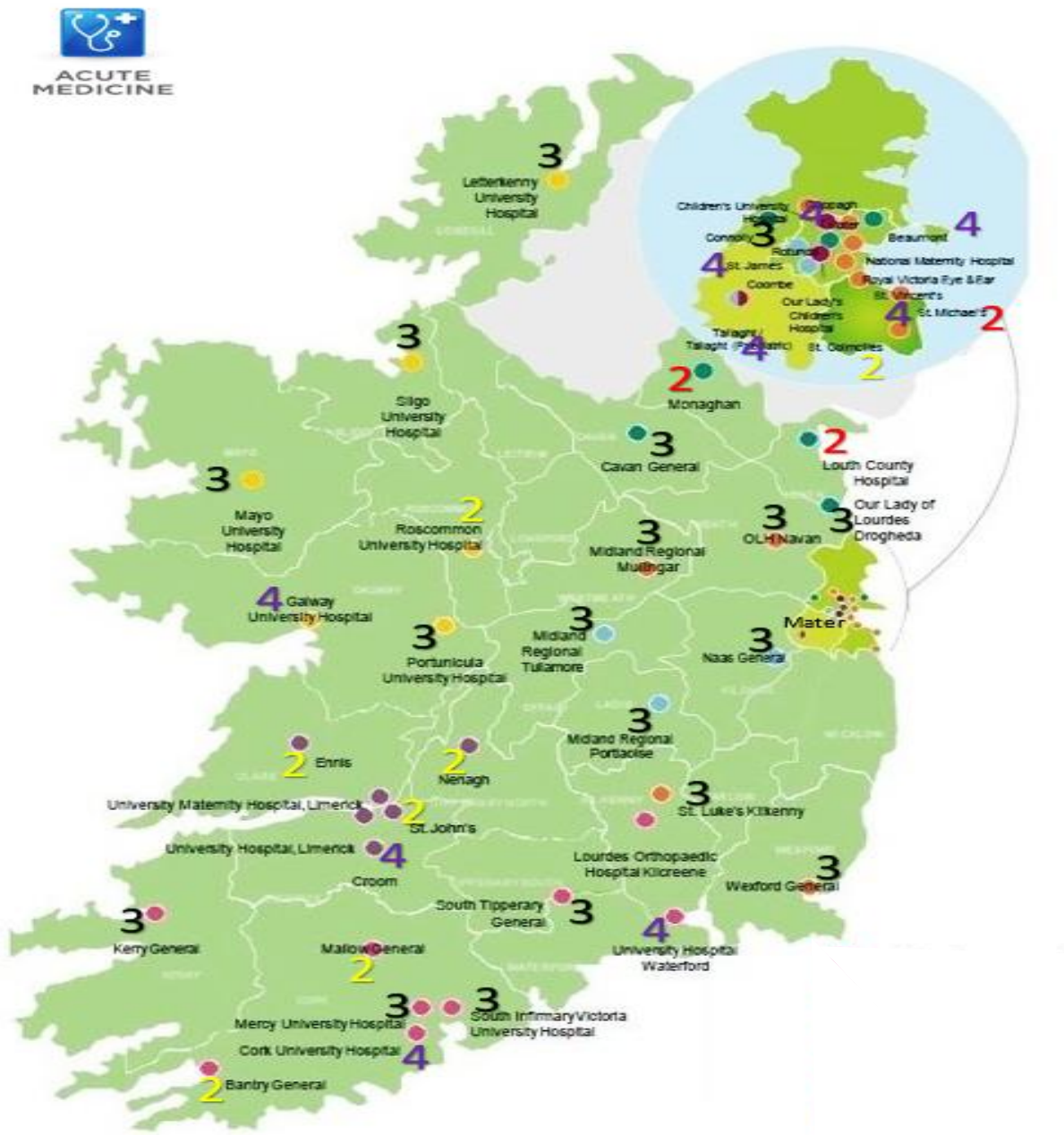
HSE

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

Specialty

- Acute medicine *
- Cardiology
- Clinical (medical) genetics
- Clinical Immunology
- Dermatology
- Diabetes mellitus
- Endocrinology
- Gastroenterology
- General medicine
- Genito urinary medicine
- Geriatric medicine
- Haematology
- Infectious diseases
- Metabolic medicine
- Nephrology
- Neurology
- Oncology
- Palliative medicine
- Rehabilitation medicine
- Respiratory medicine
- Rheumatology
- Spinal paralysis
- Transfusion medicine
- Tropical

16yrs+

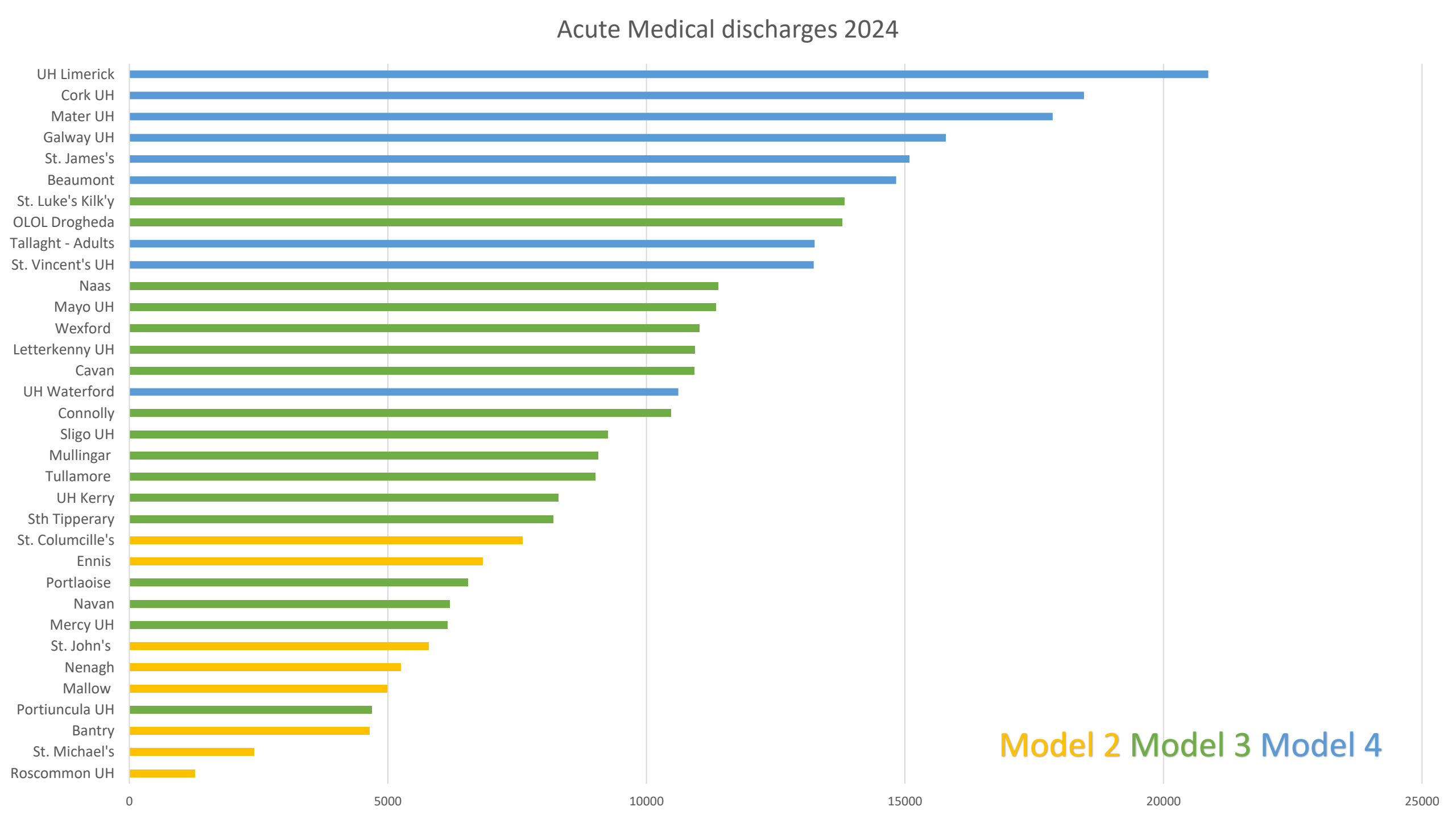


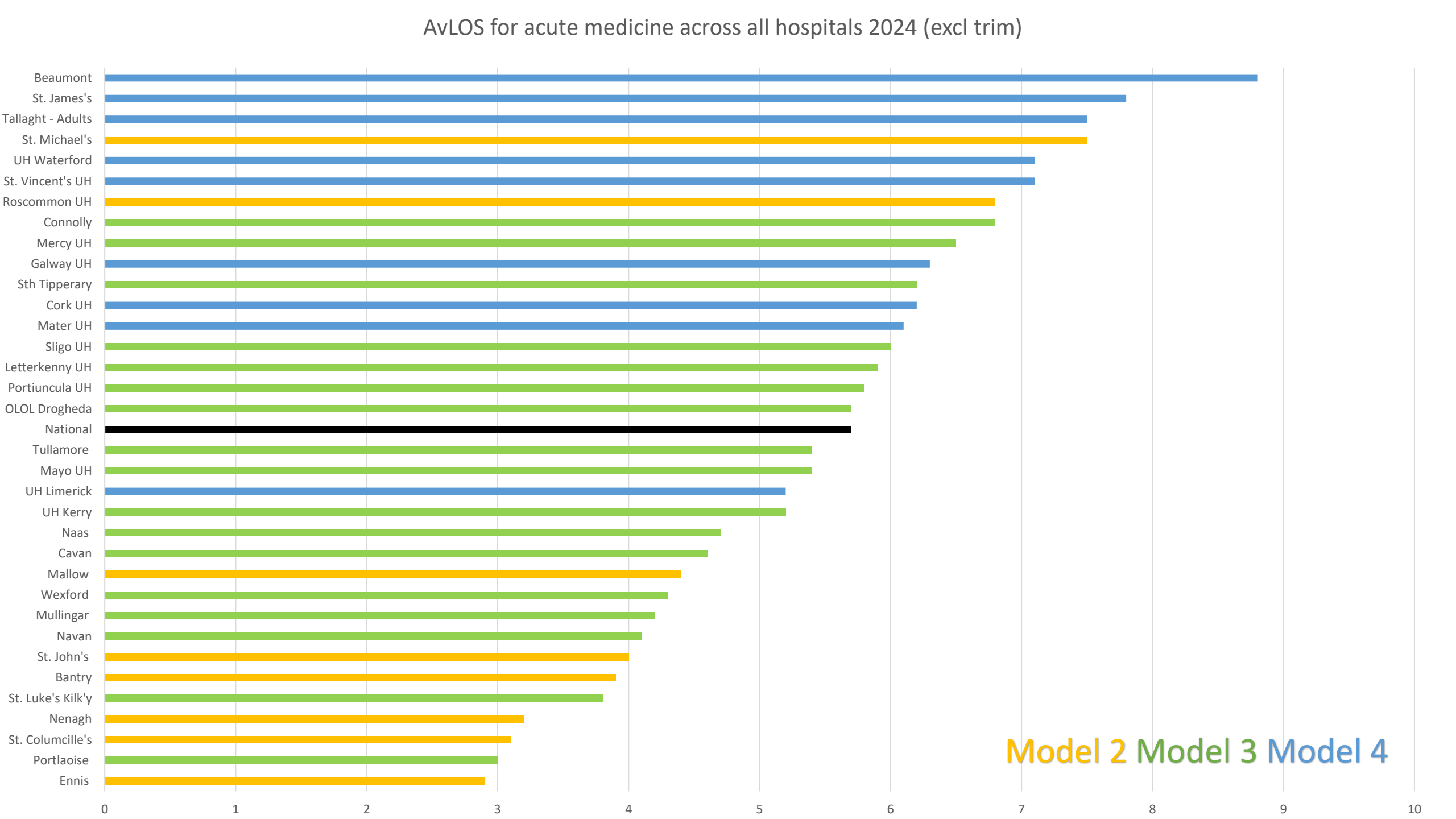
Acute medical bed days used and discharges Jan to Dec 2024

Hospital Model	Acute Medical bed days used 2024	% of all acute medical bed days used 2024	Acute medical discharges 2024	% of all acute medical discharges 2024
Model 2	212,444	8%	39,429	12%
Model 3	1,004,730	40%	161,157	47%
Model 4	1,298,598	52%	139,998	41%
	2,515,772		**340,584**	

	Acute Medicine
As % of adult Med & Surg emerg admissions	73%
As % of adult Med & Surg bed days used	77%

M4	69.59%
M3	80.18%
M2	99.08%


Acute Medical discharges 2024
UH Limerick
Cork UH
Mater UH
Galway UH
St. James's
Beaumont
St. Luke's Kilk'y
OLOL Drogheda
Tallaght - Adults
St. Vincent's UH
Naas
Mayo UH
Wexford
Letterkenny UH
Cavan
UH Waterford
Connolly
Sligo UH
Mullingar
Tullamore
UH Kerry
Sth Tipperary
St. Columcille's
Ennis
Portlaoise
Navan
Mercy UH
St. John's
Nenagh
Mallow
Portiuncula UH
Bantry
St. Michael's
Roscommon UH
0
5000
10000
15000
20000
25000
Model 2 Model 3 Model 4


AvLOS for acute medicine across all hospitals 2024 (excl trim)
Beaumont
St. James's
Tallaght - Adults
St. Michael's
UH Waterford
St. Vincent's UH
Roscommon UH
Connolly
Mercy UH
Galway UH
Sth Tipperary
Cork UH
Mater UH
Sligo UH
Letterkenny UH
Portiuncula UH
OLOL Drogheda
National
Tullamore
Mayo UH
UH Limerick
UH Kerry
Naas
Cavan
Mallow
Wexford
Mullingar
Navan
St. John's
Bantry
St. Luke's Kilk'y
Nenagh
St. Columcille's
Portlaoise
Ennis
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10
Model 2 Model 3 Model 4

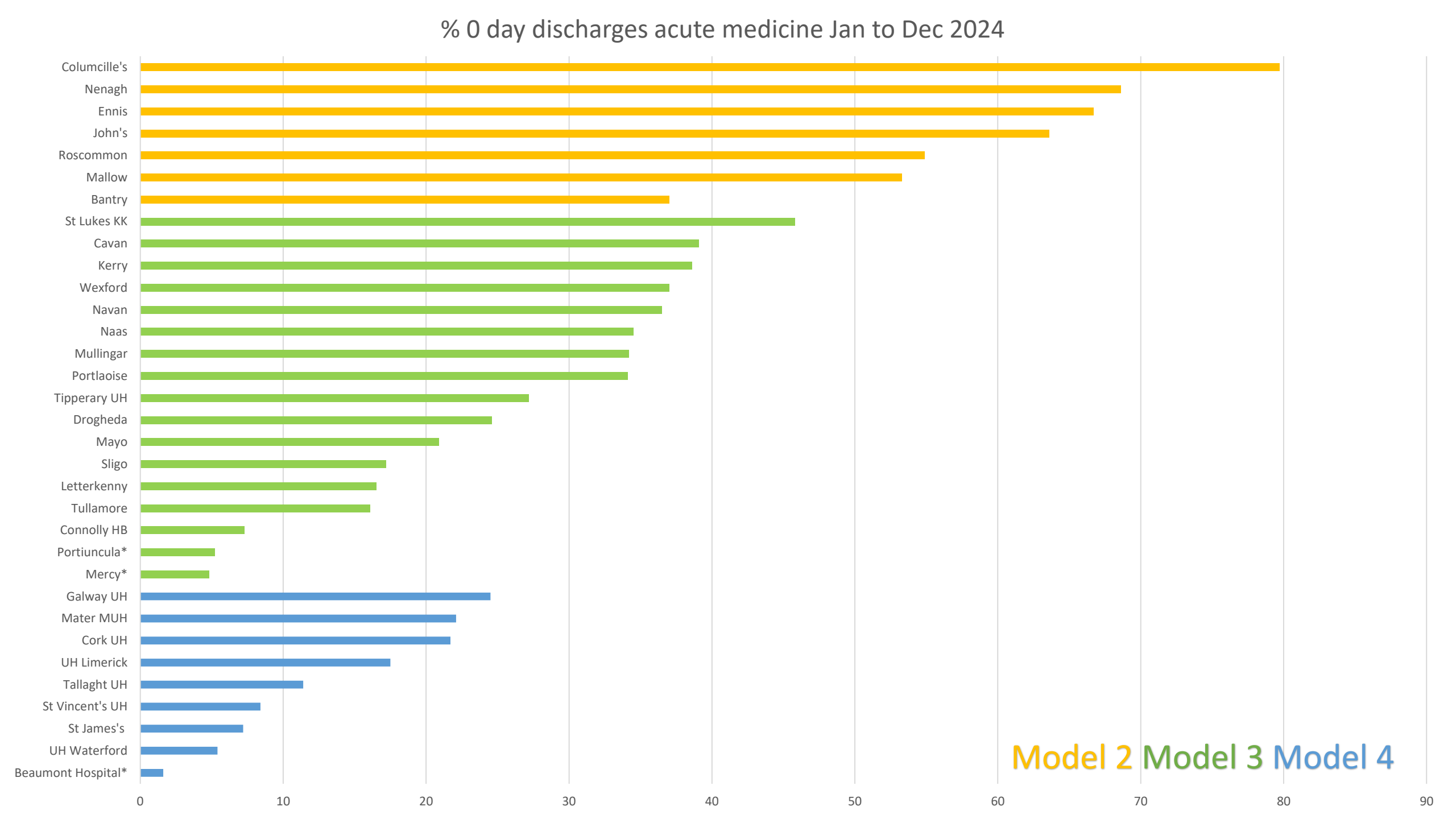
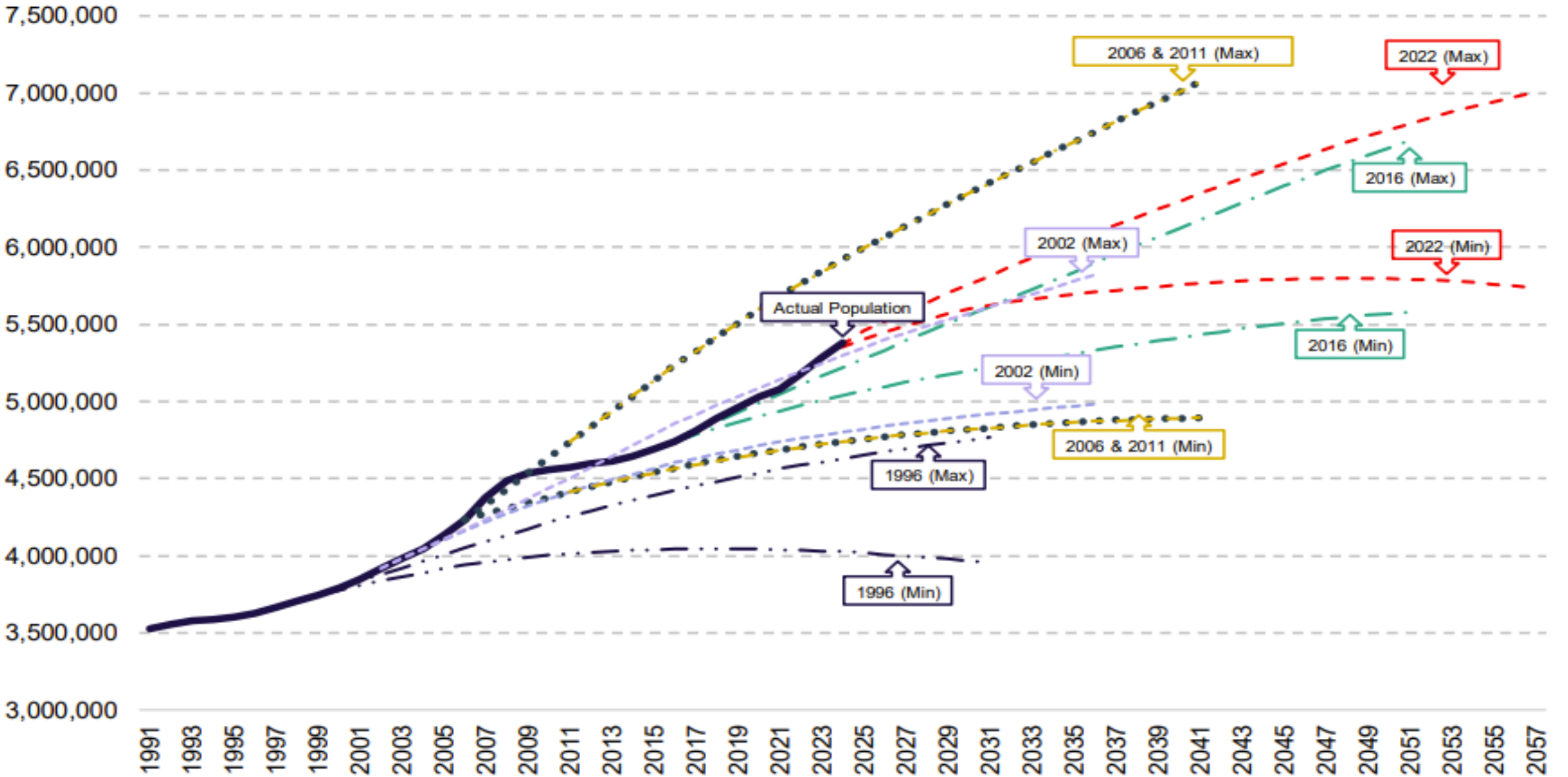

% 0 day discharges acute medicine Jan to Dec 2024
Columcille's
Nenagh
Ennis
John's
Roscommon
Mallow
Bantry
St Lukes KK
Cavan
Kerry
Wexford
Navan
Naas
Mullingar
Portlaoise
Tipperary UH
Drogheda
Mayo
Sligo
Letterkenny
Tullamore
Connolly HB
Portiuncula*
Mercy*
Galway UH
Mater MUH
Cork UH
UH Limerick
Tallaght UH
St Vincent's UH
St James's
UH Waterford
Beaumont Hospital*
0
10
20
30
40
50
60
70
80
90
Model 2 Model 3 Model 4

Figure 1: CSO Population Projections 1996-2022



Source: CSO, Population Projection Estimates

3. Improving flow across primary, secondary and community care

One of the biggest challenges with urgent and emergency care is the ability to separate the two and manage them differently. It will be important to find a way to organise the system to really understand the opportunities for future success.

Definitions[8]

Emergency: Life-threatening illnesses or accidents which require immediate, intensive treatment. Services that should be accessed in an emergency include ambulance (via 999) and emergency departments.

Urgent: An illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care services include a phone consultation through the NHS111 clinical assessment service, pharmacy advice, out-of-hours GP appointments, and/or referral to an urgent treatment centre (UTC).

Re-envisioning Urgent and Emergency Care:
NHS Confederation 2022

Same-day emergency care services

Same-day emergency care services (SDEC) have the potential to take stable patients out of emergency departments, where they do not require a bed but need a period of observation, specialist review, investigation, treatment or follow up. Some SDEC models have evolved into a 'pull' system whereby SDECs stream appropriate patients to them from the ED front door. There is potential for SDEC to be part of the solution, following further evaluation.

Re-envisioning Urgent and Emergency Care:
NHS Confederation 2022

Future State

- New ways of multidisciplinary working
- Separate Urgent Care from Emergency Care

  (Pre-triage streaming)
- Develop Same Day Emergency Care (SDEC)
- Confront Boarding (*wrong patient, wrong place, wrong time*)
- Switch from ABF to QBF
- Focus on patient care
- And staff care
- Equity, Efficiency, Equanimity, Equilibrium

The “Acute Take”: How it overlaps with the Acute Medical programme in a Model 4 Hospital

Mr Ryan Wylie, Operations Manager,
Dr Catherine McGorrian, Clinical Director
Emergency and Specialty Medicine Directorate
Mater Misericordiae University Hospital
Chair, RCPI Clinical Advisory Group for Acute Medicine

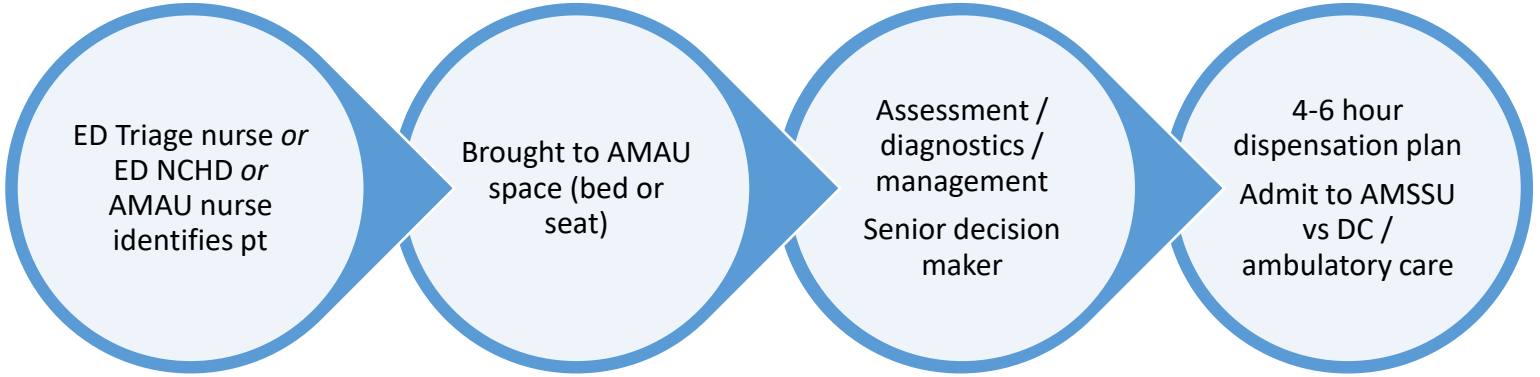
“All the hospitals are struggling with the acute take and post-call ward round”

The Traditional General Medicine on Call

- One Medical physician / consultant on call x 24 hours
- Next day ward round from 8am or 9am
  - Decisions come late
- Patients admitted to your specialty ward
- Managed by the general & specialty physician during the inpatient stay
  - lead clinician might not have been the best fit for the clinical issue

2012 Onwards : National Acute Medicine Programme Launch

- AMAU staffed with new acute medicine team– co located with ED
- Development of patient pathways
- AMSSU developed with a target LoS 72 hours.
- New concept and different perceptions



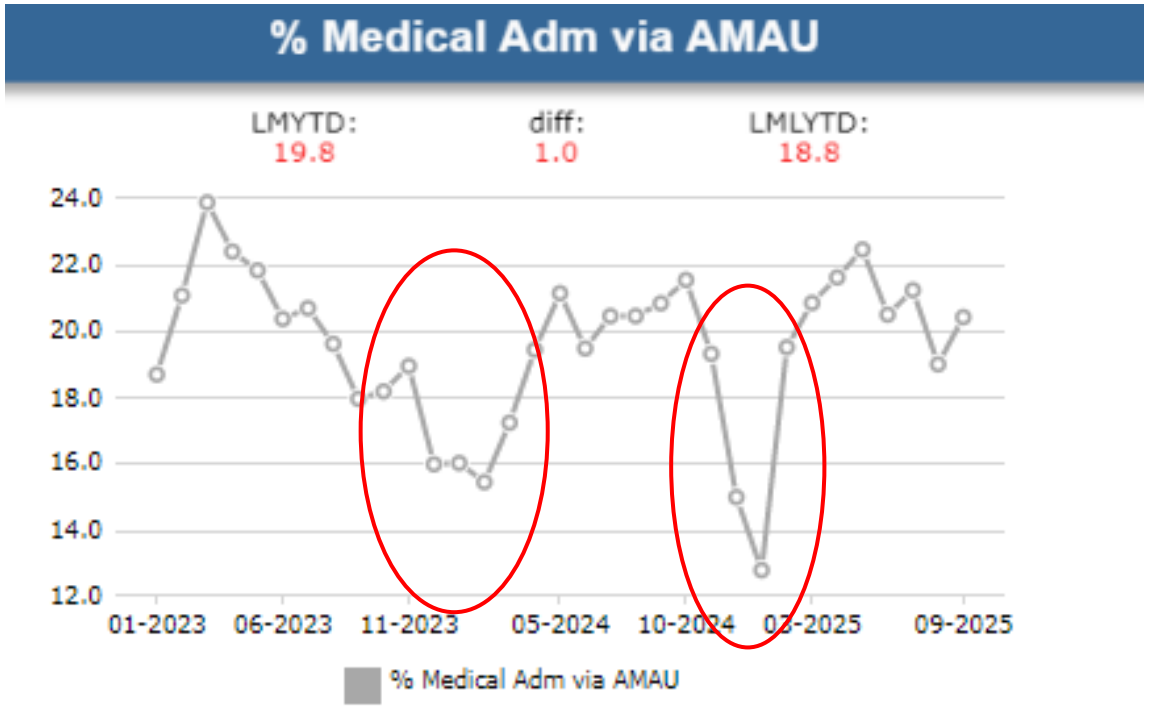
Post COVID: Rebuilding and Re-Tooling

- A new AMAU with 12 clinical spaces
- AMSSU co-located with 29 beds
  - New SOPS: flow routes and bedside cardiac monitoring
  - Grows the Acute team
  - Daily huddle and daily ward round
- Direct flow from AMAU to AMSSU
  - Communication
- Senior management support
  - Value the role of Acute Medicine
  - Importance in preserving rapid dispensation pathways

AMSSU

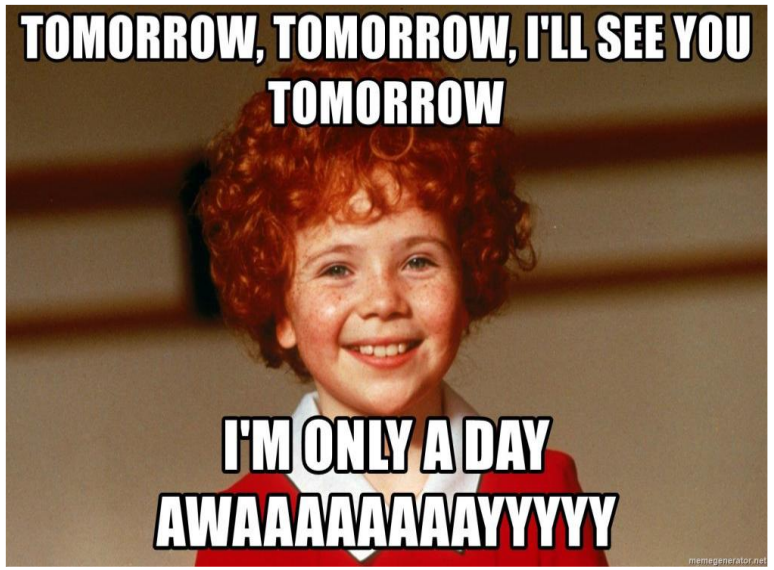
Challenges along the way

- Hospital escalation: leading to boarding into assessment beds



Acute medicine pathways to accommodate the “Acute Take” patients

- **Daily Stream from ED**
- **“See You Tomorrow”**
  - Stable unscheduled care ED patients
  - Next day attendance for assessment, diagnostics, senior decision maker
- **GP direct access to AMAU**
- **Saturday AMAU opening**
- **“Fit to Sit” patients – more ambulation**
  - Role of the streaming CNS



A new model to support the “acute take” / GIM on call?

- 2021: Acute admissions were increasing
- Traditional model of one consultant on call
  - Quality of care and patient safety
  - NCHD quality of learning and EWTD issues
  - Patient decisions coming later
- COVID pandemic – lessons of change and flexibility
- Gathered designates from GIM specialties
- *“We Not You”*
- Respectful communication - change agents – naysayers - resilience

Medical senior decision making

- Collaborative rounding model
- Up to 9 hours of senior decision maker acute rounding in ED / acute admission wards
- 9 hours of senior decision maker in AMAU
- Patients distributed to best specialty team at 10am meeting

Outcomes & Learnings

Patient discharges with Primary

Dx related to specialty: Jan to June 2024

2024-Medical Specialties-Patient Discharges from MMUH-HIPE Data Review						
% Ratio Specialty HIPE Coded for Primary Diagnosis on Patient Discharge						
All Admissions	Note: From Feb 2023 - Part Admits not included in the data					
Monthly Overview 2024	By Primary Diagnosis - New Definition					
By Specialty	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Cardiology	88%	89%	94%	93%	88%	90%
Endocrinology	25%	18%	22%	20%	10%	17%
Gastroenterology	69%	63%	82%	84%	77%	80%
Infectious Diseases	78%	88%	81%	73%	74%	74%
Neurology- (Non Stroke)	92%	98%	96%	96%	93%	93%
Nephrology	53%	56%	70%	55%	60%	90%
Respiratory	83%	90%	83%	85%	93%	84%
Rheumatology	27%	30%	20%	28%	25%	16%
Stroke	85%	94%	98%	92%	95%	95%

- MMUH 2024:
- 17,856 acute unscheduled medical admissions
- Of which 23% seen via AMAU
- & 13% more seen by acute med consultants in ED
- 3,943 patients who had same day discharges

Data with thanks to Ms Noreen Keane, MMUH

Data with thanks to Ms Mary Ryan, NAMP Programme Manager

Outcomes & Learnings

- Learnings from the Change process
  - Keeping the patient at the heart of the conversation
  - Resilience and Local Leadership

- *Maintaining a quality, consistent and effective AMAU stream is hard*

No room for complacency

What’s Next?

- Building on experience and success
- Maintain patient flow into acute assessment space
- Build capacity – ambulatory care
- Link to virtual ward
- Engage specialty services – vital role in unscheduled care

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- It takes a village….thanks to the Nurses, HCAs, HSCPs, ward clerk, admissions team, portering, ANPs, streaming CNS, Acute medicine and specialty physicians, ED doctors, diagnostics, radiology, pathology, patient services, catering & facilities, & the senior management team

Patient Flow
in St. Luke's General Hospital

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St. Luke's General Hospital
Carlow - Kilkenny

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Patient Flow Team

Assistant Director of Nursing 1 WTE

CNM3 Bed Managers X 2 WTE

CNM2 Discharge Planners x 2 WTE

Unscheduled Care Lead

Transport Coordinator x 1

Key Stakeholders from all disciplines

Overview

St. Luke's General Hospital has 337 beds of which 269 are for the Acute Service.

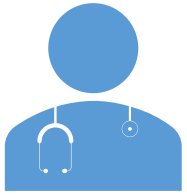
Patient flow was identified as a key priority for improvement within St Luke's Hospital.

Providing **high quality care** to the undifferentiated, undiagnosed patient is of great importance to all patients who access the Acute Floor and to the staff that work in it.

Delays in discharges resulting in patients boarding in ED and AMAU for long periods lead to **poor patient experience times and patient outcomes.**

Great work had been carried since 2023 which has led to Introduction of the **Visual Hospital**

The Visual Hospital process works by visualising patient demand for discharge and acting on this.



Patient demand to get in is very predictable. Equally patient demand to get out is predictable by the day and by specialty.

Around 25% of beds on wards are occupied by patients who are **medically fit enough for a safe discharge or transfer (MFFD)** but they are still occupying a bed.

Process underpinning these improvements –

Collaboration

Visual Hospital - all key stake holders were involved in planning to facilitate the delivery of an improved, safer patient journey.

- All patients have a predicted date of discharge within 24 hours of admission and for the more complex patients 48-72 hrs (with frequent review).

- 24 hour notice of pending discharge is given to all patients and care givers, which then allows for smooth discharges throughout each day of the week, focusing on earlier discharges.

- Weekly Home First meetings between the hospital and community services where all patients with a length of stay greater than 14 days are discussed, problems in delaying discharge are actioned. This effectively manages the length of stay process for patients.

- Weekly meetings between the Dublin SE team, St Luke's Hospital and Disability and Community Services to discuss all patients on the Delayed Transfer of Care list and actions taken.

Streaming Model

- Pre-Triage Streaming as been active in St Luke's Acute Floor for 25 years.
- All adult patients register and are pre-triaged, streamed to either the Emergency Department , the Acute Medical Assessment Unit or the Paediatric Assessment Unit.
- This ensures patients receive the right care at the right time in the right place and appropriate follow on care.

Acute Floor Data

- Attendances to the AF were 51,257 in 2024 which was an increase of 6.9% on the previous year, presentations range from 121/203 per day.
- Of those 11-19% are over the age of 75yrs.
- AMAU Attendances 2024 = 10,658 with a 65% discharge rate
- AMAU High Same Day Emergency Care discharges.
- Average length of inpatient stay is 3.3 days.
- 30d Readmission rate for medical patients is 13% and surgical patients 4.3%

Achievements

- Compliance with the KPIs in the ED and AMAU, now no patients waiting > 24 hours to transfer to a bed from the Acute Floor.
- All patients over the age of 75 years are prioritized for inpatient bed.
- Introduction of a Digital Solution Support System ensures staff are working with real time data underpinning compliance with KPIs.
- Additional MDT Huddles at specific times throughout the 24 hours in the ED
- 75% of patients in the ED + AMAU are reviewed, admitted or discharged within 6 hours and 99% of patients are cleared with 24 hours.
- Increased awareness and understanding among all staff of the KPIs which has led to Improved team work and communication.

Challenges at present

- Ambulance Turnaround Times, noticeable increase in presentations in the past year.
- Increase in GP referrals and late presentations and increase in walk-in presentations.
- CAMHS
- Disabilities
- Home Supports in the Community
- Inter-hospital transfers awaiting specialist care

Next Steps

- Ultimate Goal: no patients cared for on trolleys awaiting transfer to an inpatient bed
- Recovery is good following periods of surge activity

  Additional 2 AMAU Consultants has resulted in a decrease of 23% in overnight admissions

  Second Medical Register on duty at weekends to focus on discharges
- Introduction of the Virtual Ward and development of pathways
- CNM2 CIT/OPAT to focus on recruiting patients for this service

St Luke's General Hospital for Carlow Kilkenny

Author: Catherine Rowe
Role: RANP Acute Medicine

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St. Luke's General Hospital
Carlow - Kilkenny

Background to service development:

- 7 day AMAU service (08.30-22.00)
- Rapidly expanding population
- Growth & expansion of AMAU services underpinned by close interdisciplinary working relationships

Challenges for role development:

- Prolonged waiting times for less urgent cases
- Patient overcrowding
- Breach of patient experience times (PET)
- High incidence of patients leaving before assessment/completion of care
- High patient dissatisfaction
- Adverse patient outcomes

Key objectives:

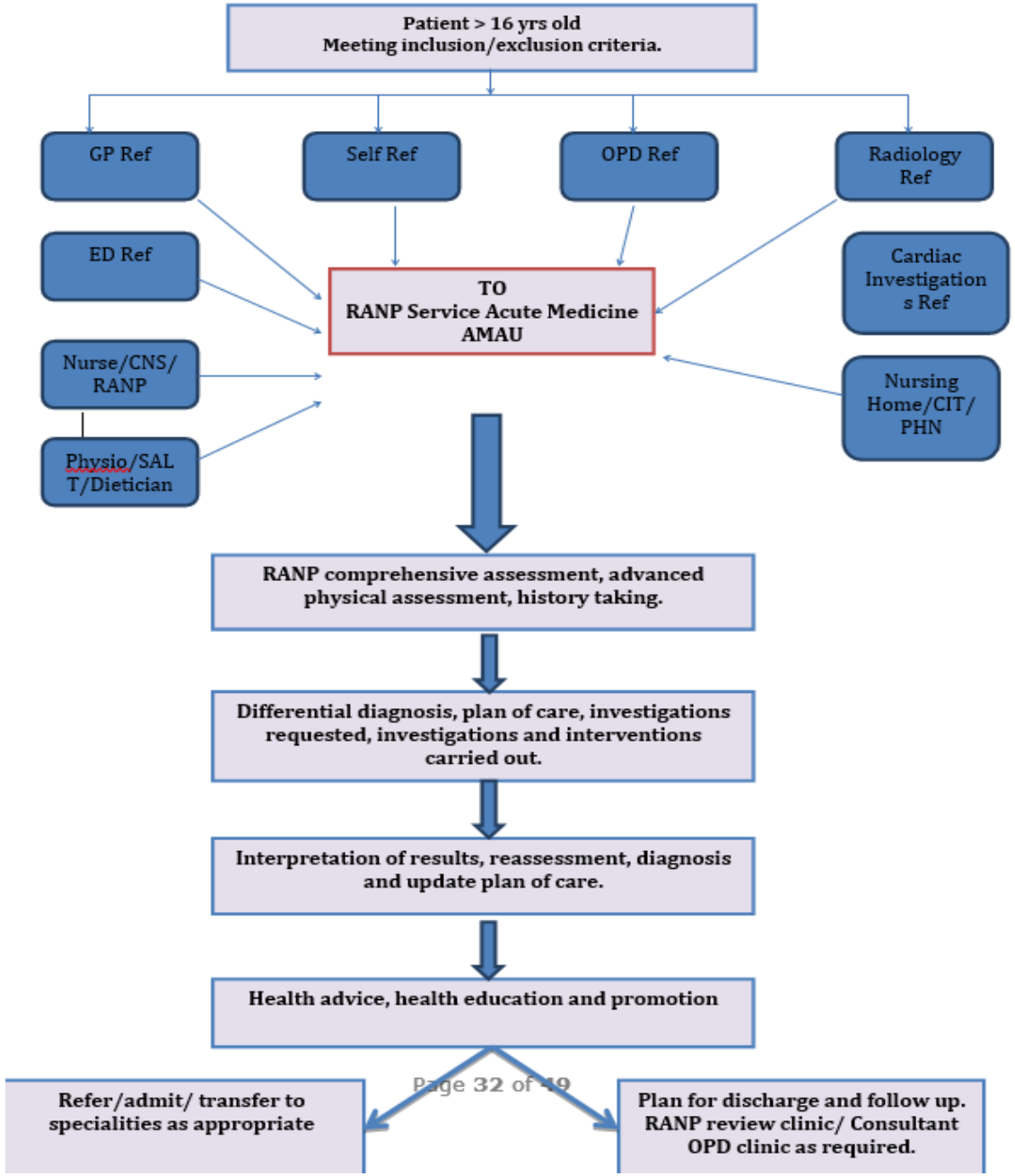
- Contribute to the total quality management of patient care within the AMAU
- Assess, diagnose, treat, evaluate, refer or discharge patients under the RANPs care
- Improved patient outcomes
- Improve the flow of patients & quality of care
- Facilitate the continuing professional development & education of the AMAU team
- Promote a collaborative approach to acute medical care

Inclusion/Exclusion criteria for the ANP service in AMAU*

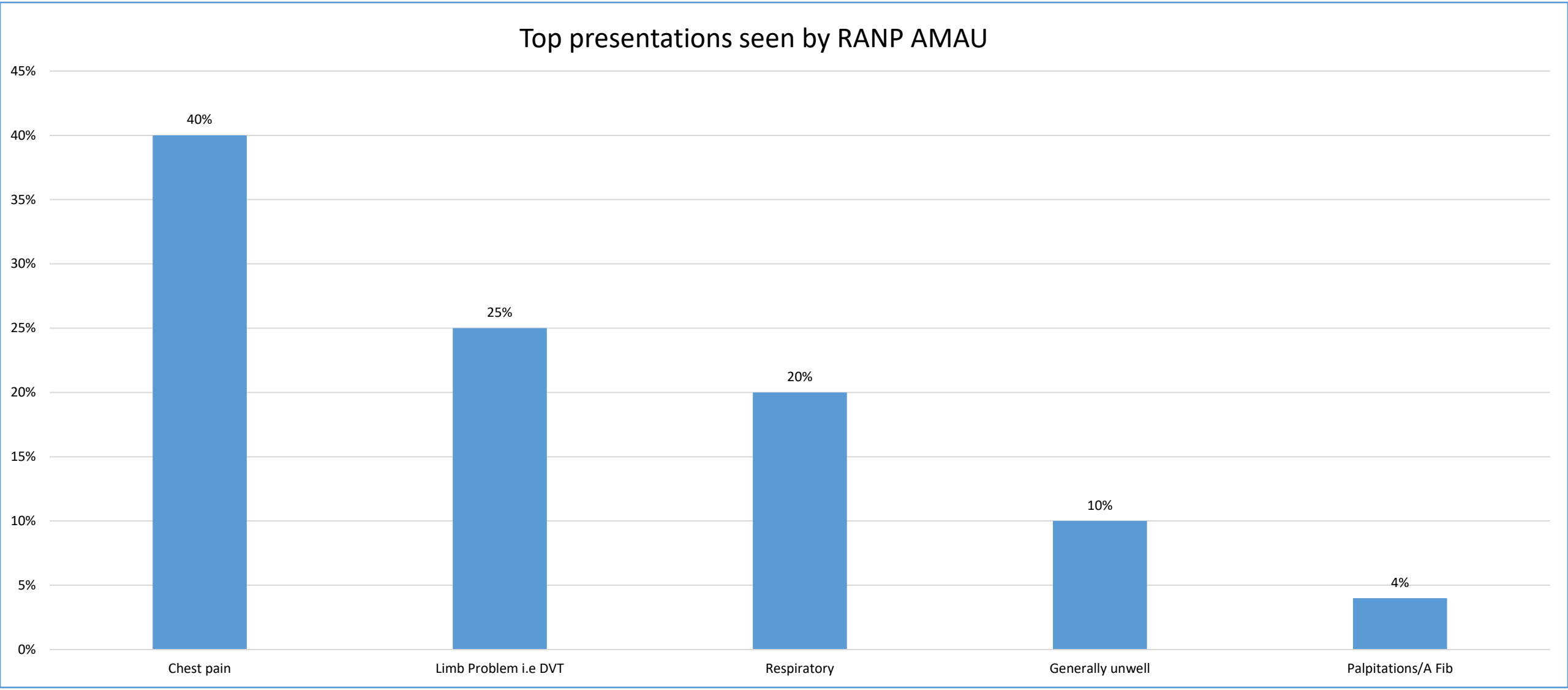
Inclusion Criteria	Exclusion Criteria
Respiratory • Acute SOB • Pleuritic sounding chest pain • Acute onset of cough • Acute episode of COPD	• Resp rate >28 • SaO2 < 88% on O2 • Stridor and/or breathing effort without air movement. • Respiratory failure needing greater than 40% supplemental O2 or non-invasive ventilation. • Difficulty speaking in full sentences
Cardiovascular • Chest Pain • Signs and symptoms suggestive of CCF • Suspected DVT/non traumatic upper and lower limb pain or swelling • Suspected Superficial thrombophlebitis • ACS or Angina	• Haemodynamically unstable patients • Patients presenting with haemodynamically unstable bradyarrythmia persistent HR less than 40bpm & 2nd & 3rd degree AV block /tachyarrhythmia persistent HR >130 or any ventricular arrhythmia • Life Threatening cardiac arrhythmia • Implantable device dysfunction
Neurology • Syncope • Headaches	• New Neurological deficit • Patients connected to the stroke pathway • Haemodynamically unstable • GCS < 13
Gastrointestinal • Abdominal pain • Vomiting + Diarrhoea • Dehydration	• NEWS > 6 • Life threatening electrolyte imbalance K > 7mmol/l and <2.5mmol/l or Na<120mmol/l • Melaena • Hematemesis
Genitourinary • Suspected UTI • Pyelonephritis • Dysuria, Frequency • Microscopic Haematuria • Renal angel pain/costovertebral angle tenderness	• Frank Haematuria
Other • Sore Throat • Cellulitis • Haemodynamically stable patients with anaemia. • C2H5OH intoxication	• Sepsis or septic shock • Haemodynamically unstable • Acutely ill patients who require urgent intervention/resuscitation or admission to high dependency unit. • NEWS > 6 • Life threatening electrolyte imbalance • Pregnant women • Patients presenting with complaint related with Active Cancer • Patients Under 16 years of age • Patients Presenting with Mental health problems • Transplant patients • Hb <8

*Clinical Judgement should be used in each case presentation

13. Referral Pathway to and from RANP service *(see appendix 1)*



Top presentations seen by RANP



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Data Summary 2023
RANP Service Acute Medicine

	RANP	% RATE	AMAU overall
# of patients seen by RANP Acute Medicine service 2023 total	1,393		9,814
# patients D/C	1,137	81.73%	61.27%
# patients admitted	250	17.9%	48.73%
Average time from seen by RANP to completion of Planned care	2:50hrs		
Average PET Time	3:45hrs		8:25hrs

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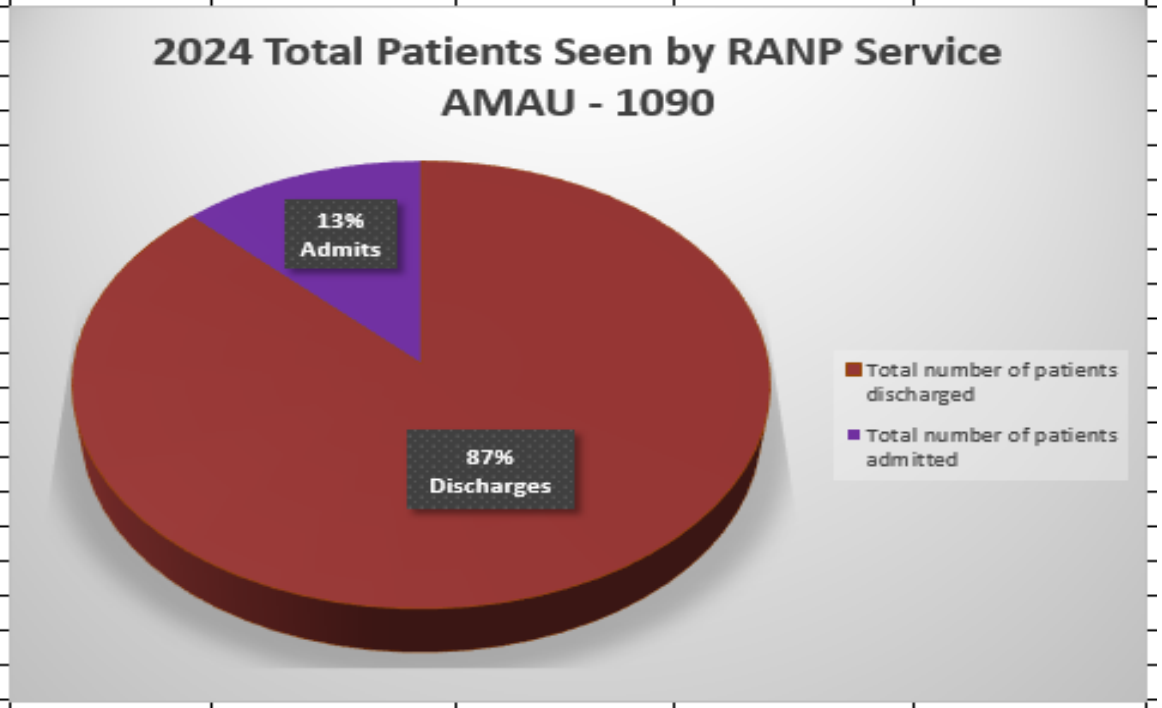
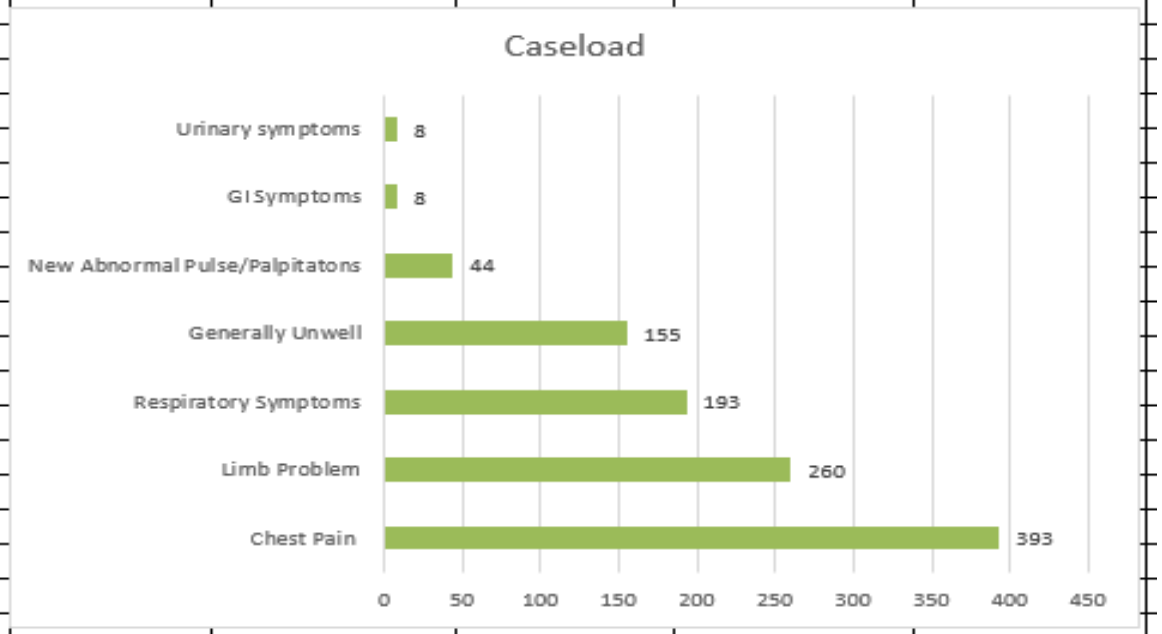
RANP Activity

# referrals for cardiac diagnostics	**294**	**21%**
# Patients requiring radiology other than Chest x-ray	366	26.30%
# D/C patients requiring no f/u from any HCP	545	48%

ANP Service AMAU 2024		
Total number of patients seen		1090
Total number of patients discharged		952
Total number of patients admitted		136
Average PET time		
Caseload	Chest Pain	393
	Limb Problem	260
	Respiratory Symptoms	193
	Generally Unwell	155
	New Abnormal Pulse/Palpitatons	44
	GI Symptoms	8
	Urinary symptoms	8
Investigations/ Refs	X-Ray	754
	Cardiac Investigations	223
	USS Doppler	186
	CT	28
	Resp referral	60





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Data Collection Tool

AUDIT SHEET ANP SERVICE AMAU

Date_____

L Number/ Initials	S/B	Presenting Complaint	Check in Time	Triage time	Time Seen	X-Ray Prescribed?	Additional investigations required? i.e. echo/ultrasound	Meds Prescribed?	Admit/ discharge	Time Plan completed	XRAY RPT

Future planning:

- Plan going forward is to provide 7 day RANP service in AMAU
- Advance planning for more ANPS to cover for 7 day service
- RANP review clinics
- Research projects

Tipperary University Hospital

Model 3 AMAU

DR RAQUEL BRAUNS , CONSULTANT AMAU

Overview

Initial State

AMAU Activity

Average Daily Attends	9.7
Median Daily Attends	6.5
Operational days	247
2023 Total Attends	2404
2023 Total Admits	528
Admit % Rate	22.0%

(a) People

- Medical Pathway activity number = 12 daily
- Medical Pathway Cat 2 patients in breach of 10-minute KPI

(b) Quality

- TAT for Covid Testing – 24hrs

Impacting:

- AMAU Overflow numbers
- Bed Days lost while awaiting diagnostics

(c) Cost

- Time for Cat 2 to be seen – in breach of 10-minute KPI

(d) Time

Target State

AMAU Activity

Average Daily	9.7
Median Da ds	6.5
Operati ys	247
202 ttends	2404
al Admits	528
t % Rate	22.0%

16- 24 AMAU patients daily

(a) People

- Medical Pathway activity nu = 12 daily
- Medical Pathway tients in breach of 10 PI

0 patients on Medical Pathway

(b) Quality

- TAT for Covid Testing – 2

Impacting:

- AMAU Overflow n
- Bed Days awaiting diagno

Results within 1 hour

(c) Cost

- Time for Cat 2 to be seen each of 10-minute KPI

Cat 2 within 10-minute KPI

(d) Time

AMAU ‘Protected, Prebooked & Increased’

Reason for Action

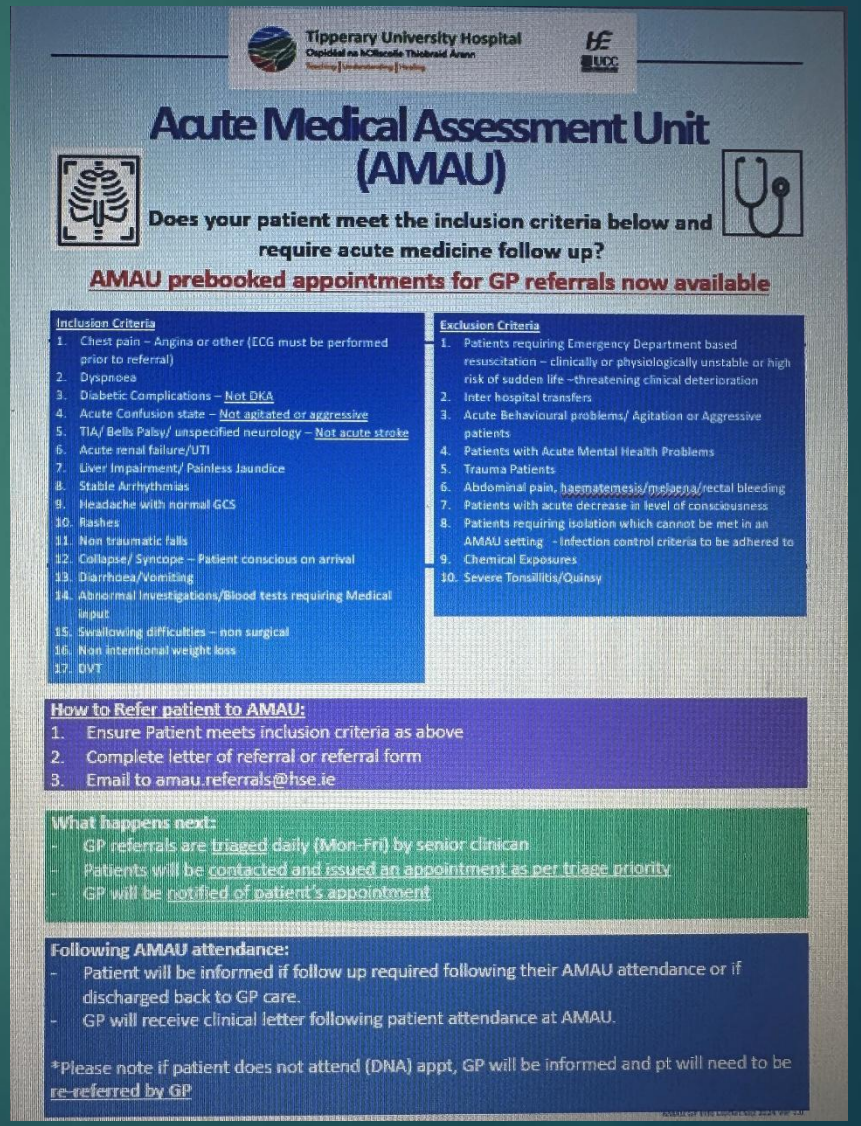
- To maximise the utilisation of the AMAU by increasing throughput

- Earlier start times for pre booked slots
- Networked with local GPs to increase the utilization of pre booked slots
- In order to reach 16 patients consistently per day we continue to aim to secure 6 patients for the early pre booked slots
- Further GP engagement- GP forum with physician group
- AMAU working has benefitted from being a protected “space” and not impacted by surge

Streaming

Reason for Action

- Streaming was identified as a service improvement strategy for directing patients to the appropriate pathway.
- It can improve patient flow and facilitates timely and efficient treatment in an appropriate location resulting in an effective patient experience/ value adding process.



Tipperary University Hospital
Ospidéal na hOllscoile Thiobraid Árann

Acute Medical Assessment Unit (AMAU)

Does your patient meet the inclusion criteria below and require acute medicine follow up?

AMAU prebooked appointments for GP referrals now available

Inclusion Criteria

1. Chest pain – Angina or other (ECG must be performed prior to referral)
2. Dyspnoea
3. Diabetic Complications – Not DKA
4. Acute Confusion state – Not agitated or aggressive
5. TIA/ Bells Palsy/ unspecified neurology – Not acute stroke
6. Acute renal failure/UTI
7. Liver Impairment/ Painless Jaundice
8. Stable Arrhythmias
9. Headache with normal GCS
10. Rashes
11. Non traumatic falls
12. Collapse/ Syncope – Patient conscious on arrival
13. Diarrhoea/Vomiting
14. Abnormal Investigations/Blood tests requiring Medical input
15. Swallowing difficulties – non surgical
16. Non intentional weight loss
17. DVT

Exclusion Criteria

1. Patients requiring Emergency Department based resuscitation – clinically or physiologically unstable or high risk of sudden life –threatening clinical deterioration
2. Inter hospital transfers
3. Acute Behavioural problems/ Agitation or Aggressive patients
4. Patients with Acute Mental Health Problems
5. Trauma Patients
6. Abdominal pain, haematemesis/melaena/rectal bleeding
7. Patients with acute decrease in level of consciousness
8. Patients requiring isolation which cannot be met in an AMAU setting - infection control criteria to be adhered to
9. Chemical Exposures
10. Severe Tonsillitis/Quinsy

How to Refer patient to AMAU:

1. Ensure Patient meets inclusion criteria as above
2. Complete letter of referral or referral form
3. Email to amau.referrals@hse.ie

What happens next:

- GP referrals are triaged daily (Mon-Fri) by senior clinican
- Patients will be contacted and issued an appointment as per triage priority
- GP will be notified of patient's appointment

Following AMAU attendance:

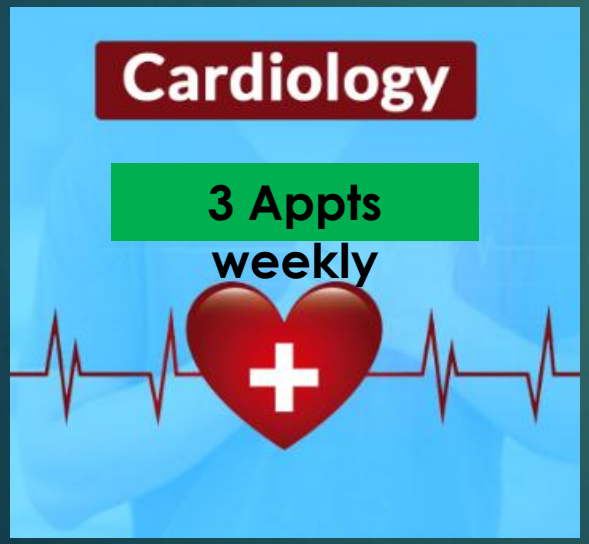
- Patient will be informed if follow up required following their AMAU attendance or if discharged back to GP care.
- GP will receive clinical letter following patient attendance at AMAU.

*Please note if patient does not attend (DNA) appt, GP will be informed and pt will need to be re-referred by GP

Rapid Access Clinics

Reason for Action

- To allow alternate pathway from AMAU directly to Cardiology and Respiratory specialty initially

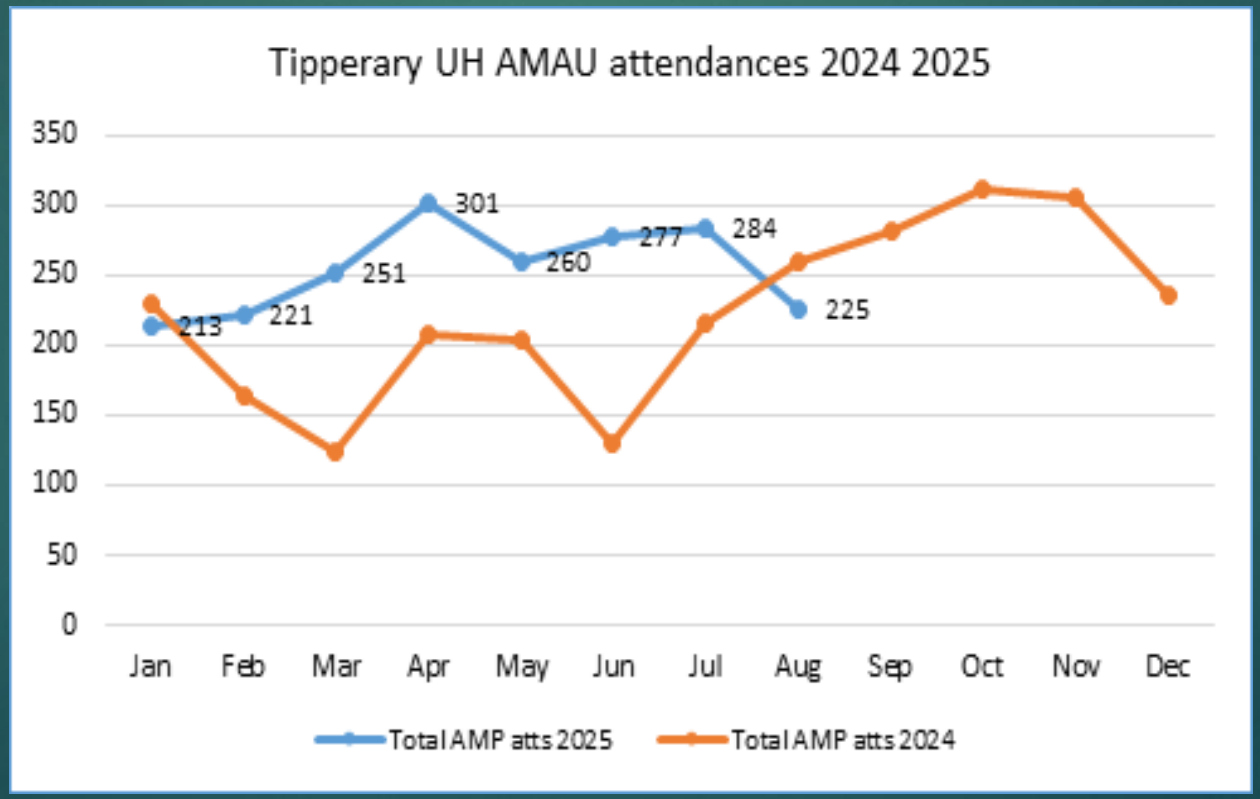


- Cardiology and Respiratory services are in agreement to provide Rapid access clinic slots.
- Respiratory rapid access – 2 slots per week
- A Fib – 1 slot blocked specifically for AMAU as rapid access.
- Rapid Access Cardiology RAC Clinic – 2 slots weekly

Out of hours Diagnostics

- Cardiology diagnostics available 8-1800- on Saturday's to alleviate pending request times.
- Radiology facilitating lunchtime slots , for example to maximise the AMAU pre booked attendances.

High level summary of AMAU monthly attendances



Insights

Challenges:

- Ensuring adequate GP referrals to uptake pre booked slots @08.30am
- Timely arrival of patients to their appointment to ensure work up/ diagnostics and consultant review is complete in morning session therefore facilitating the phased arrival and discharge from the unit resulting in afternoon session capacity
- Additional admin supports required to ensure GP prebooked appts fully scheduled and utilised in the running of the AMAU
- Working group engagement

Worked Well:

- When patients arrive to AMAU @08.30am , this allowed processing of patients and subsequent ward rounds for early senior decision making
- ED approach to Category 2 patients -continues
- AMAU protected service (not used for surge capacity)

Benefits:

- Patient pathway from pre booked to AMAU- very smooth and direct
- Patient benefit to access specialist care first time
- Reduce ED triage interventions
- Direct pathway to AMAU (ED Attendance avoidance)
- Utilisation of available diagnostics to support decision making and pts plan of care and discharge where appropriate

Key Next Steps

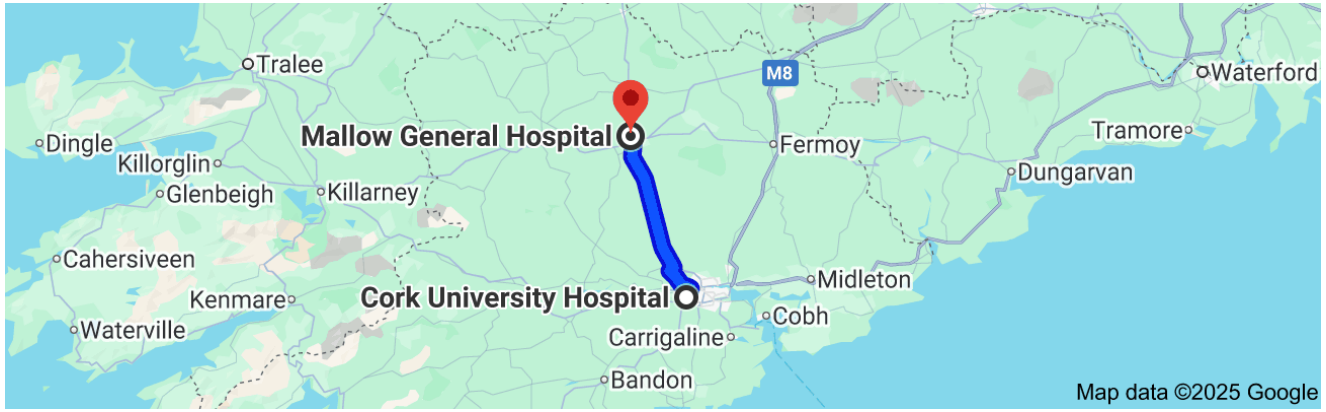
- Further Expansion of AMAU
- Increase throughput from 16 to 24 patients daily
- Increase staffing to meet demands
- Additional ANP support
- Currently 1 ANP
- Extended hours 6 day operation Monday to Saturday 8 to 10 pm
- GIM Rapid Access Clinic
- Short Stay Unit

Thank You

Keeping it local - Medical Assessment Units in Model 2 hospitals

Dr Daniel Schmidt, Consultant Gastroenterologist & Acute Physician,
Mallow General Hospital

Background



38 min (37.6 km) via New Mallow Rd/N20

- Who am I
  - Returned 2019 from Addenbrookes
  - Acute Medicine
    - 60-130 admissions per day
    - No specialty cardiology/respiratory
  - Hepatology

- What is MGH/Model 2 Hospital?
  - Small Hospitals Framework
  - 7/8 Model 2 hospitals
    - Practice is heterogenous across sites
  - Some misunderstanding about what we provide

COVID 19

- 54 beds
- Limited capacity to take transfers

Post - COVID

- 74 beds
- 98 beds in
- 2026

MAU – How is it run/staffed

- 6 Consultants – GIM/Specialty
- Daily 0800-2000
  - Weekday
  - Weekends
    - Reduced staff
    - Reduced diagnostics
- Access
  - GP referral – all seen same or next day
  - Ambulance – call to on call Consultant
- Self presenters
  - Increasing challenge
- Scope of safe practice
- Transfers –
  - Stroke
  - Poisoning
  - Acute abdomen
  - STEMI
  - ICU
  - Bleeding

Diagnostics in MAU

- POC
  - VBG
  - CK/BNP/trop
  - D-dimer
  - CRP
  - Urea and Creatinine
- Echo/US
- Resp
  - PFT
  - FENO
- Radiology
  - US
  - CT
- Cardiology
  - EST
  - Echo
  - Event/Holter
- Gastroenterology
  - Endoscopy

Discharge pathways

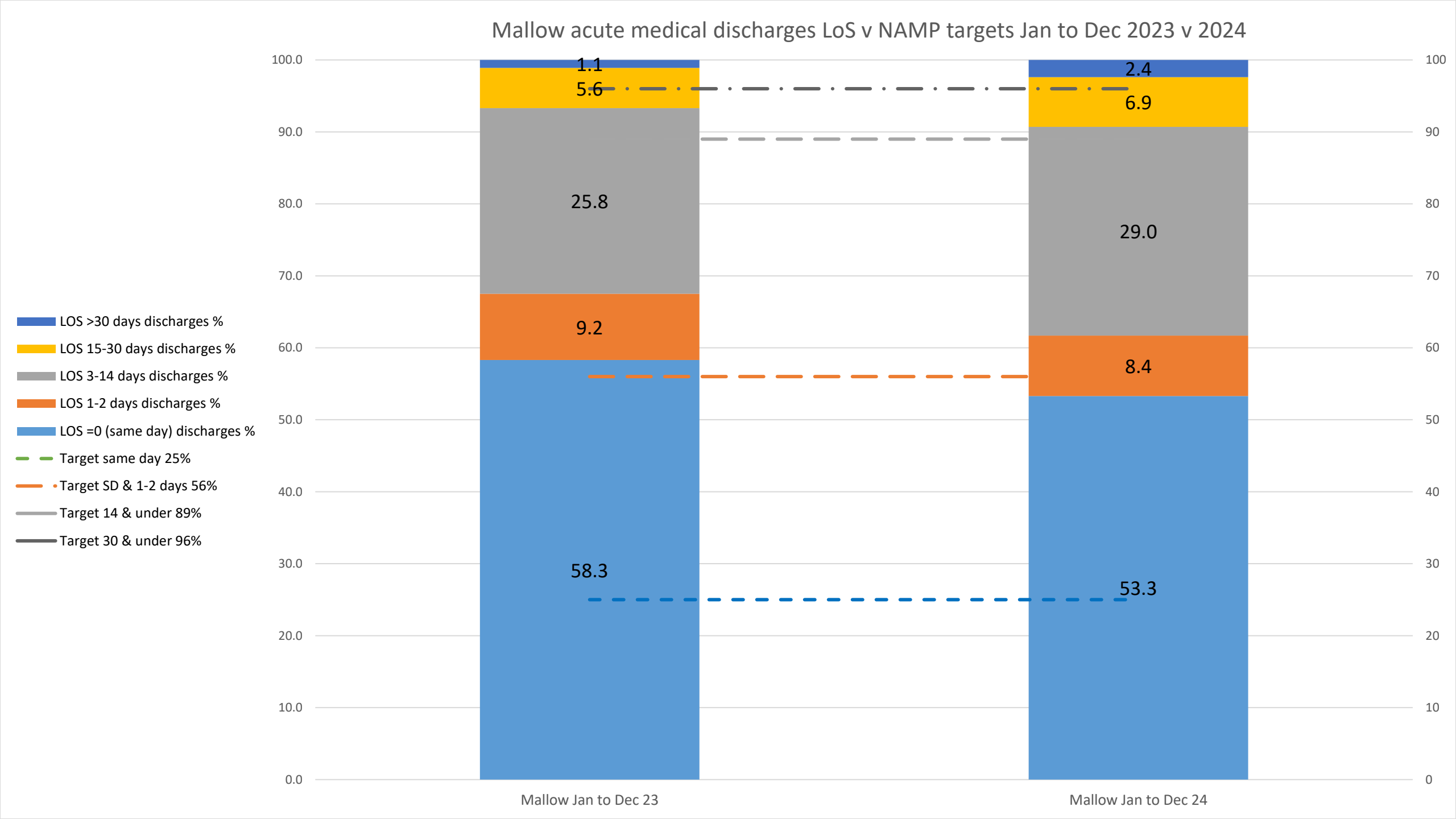
- COPD rehab
- Cardiac rehab
- Ambulatory Heart failure
- Diabetes CNS
- Tissue viability

A day in the life

- 14 patients
- 9 admitted
- (very unusual)
- Age 74-92
- Mean 83
- 4 patients cam by ambulance
- 1 incarcerated inguinal hernia
- 1 PUJ ureteric stone
- Overall vey high average care needs among admitted patients

Specialty work at MGH

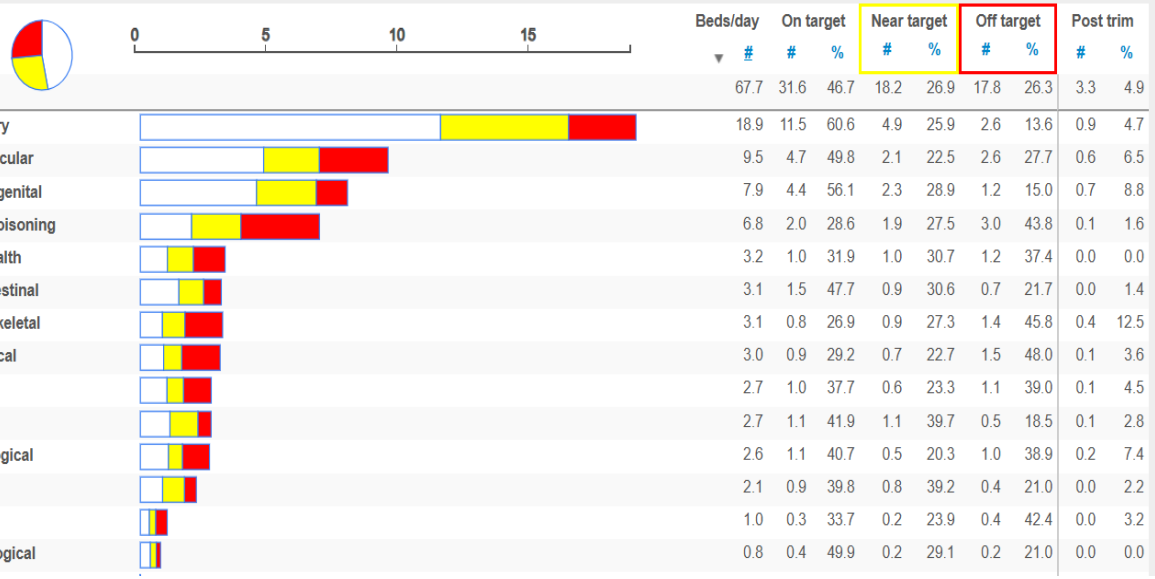
- Gastroenterology
  - 1000 new referrals per annum
  - 900 endoscopic procedures
  - 4-500 IBD patients
  - 100 on biologic therapies
  - 1400 OPD appointments per annum
- Respiratory
  - Gen resp clinic
  - COPD rehab
  - Regional centre for sleep studies
- Cardiology
  - Ambulatory heart failure
  - Cardiac rehab
  - Gen cardiology clinic
- Geriatric Medicine
  - Falls clinic
  - Memory clinic
  - LPF fair deal for the region
- Obesity/endocrinology
  - Regional centre for medical management of obesity
  - Diabetes clinic


Mallow acute medical discharges LoS v NAMP targets Jan to Dec 2023 v 2024
LOS >30 days discharges %
LOS 15-30 days discharges %
LOS 3-14 days discharges %
LOS 1-2 days discharges %
LOS =0 (same day) discharges %
Target same day 25%
Target SD & 1-2 days 56%
Target 14 & under 89%
Target 30 & under 96%
100.0
90.0
80.0
70.0
60.0
50.0
40.0
30.0
20.0
10.0
0.0
1.1
5.6
25.8
9.2
58.3
2.4
6.9
29.0
8.4
53.3
Mallow Jan to Dec 23
Mallow Jan to Dec 24

Summary of Acute Medical Activity by bed days used by DRG
Mallow General Hospital and CUH (Jan to Dec 2024)

Summary plot of beds per day on target, near target and off target (indicative)

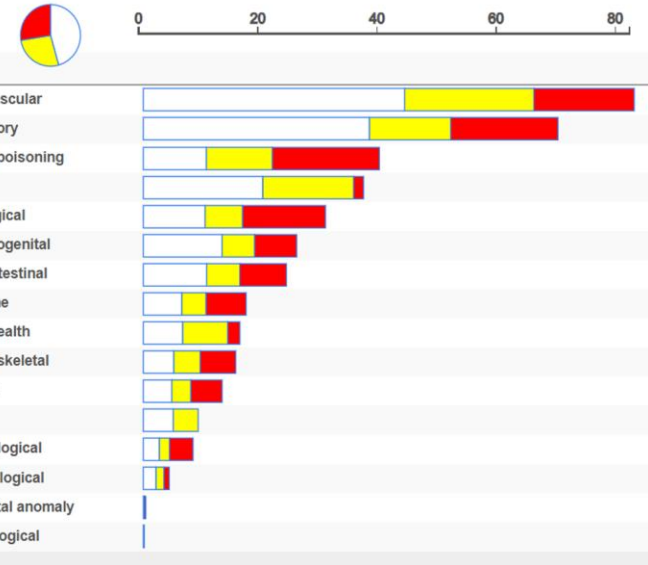
Group / Dx/Proc/Spec



	Beds/day	On target		Near target		Off target		Post trim	
	#	#	%	#	%	#	%	#	%
Total	67.7	31.6	46.7	18.2	26.9	17.8	26.3	3.3	4.9
Respiratory	18.9	11.5	60.6	4.9	25.9	2.6	13.6	0.9	4.7
Cardiovascular	9.5	4.7	49.8	2.1	22.5	2.6	27.7	0.6	6.5
Renal/urogenital	7.9	4.4	56.1	2.3	28.9	1.2	15.0	0.7	8.8
Injury & poisoning	6.8	2.0	28.6	1.9	27.5	3.0	43.8	0.1	1.6
Mental health	3.2	1.0	31.9	1.0	30.7	1.2	37.4	0.0	0.0
Gastrointestinal	3.1	1.5	47.7	0.9	30.6	0.7	21.7	0.0	1.4
Musculoskeletal	3.1	0.8	26.9	0.9	27.3	1.4	45.8	0.4	12.5
Neurological	3.0	0.9	29.2	0.7	22.7	1.5	48.0	0.1	3.6
Endocrine	2.7	1.0	37.7	0.6	23.3	1.1	39.0	0.1	4.5
Other	2.7	1.1	41.9	1.1	39.7	0.5	18.5	0.1	2.8
Dermatological	2.6	1.1	40.7	0.5	20.3	1.0	38.9	0.2	7.4
Cancer	2.1	0.9	39.8	0.8	39.2	0.4	21.0	0.0	2.2
Infection	1.0	0.3	33.7	0.2	23.9	0.4	42.4	0.0	3.2
Haematological	0.8	0.4	49.9	0.2	29.1	0.2	21.0	0.0	0.0

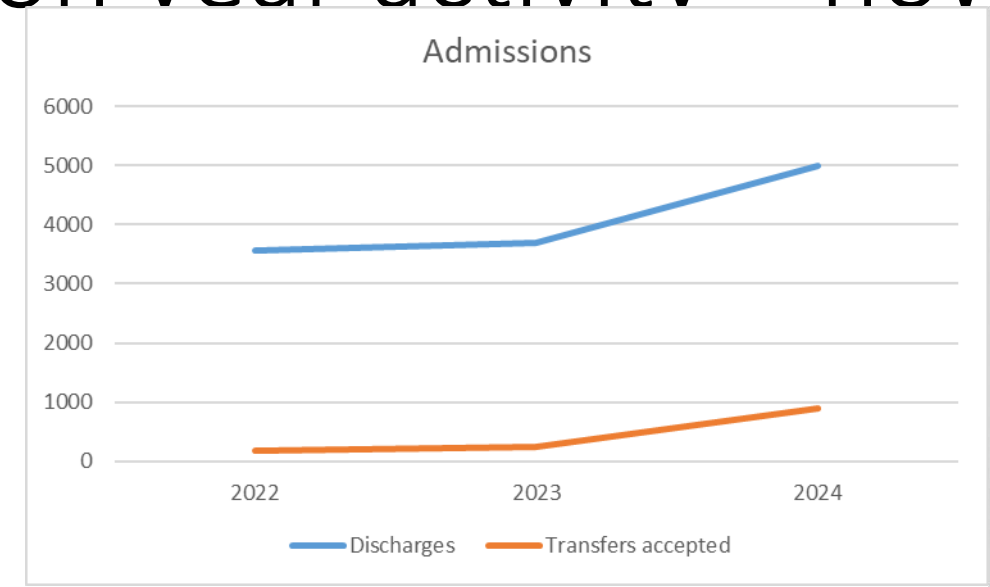
Summary plot of beds per day on target, near target and off target (indicative)

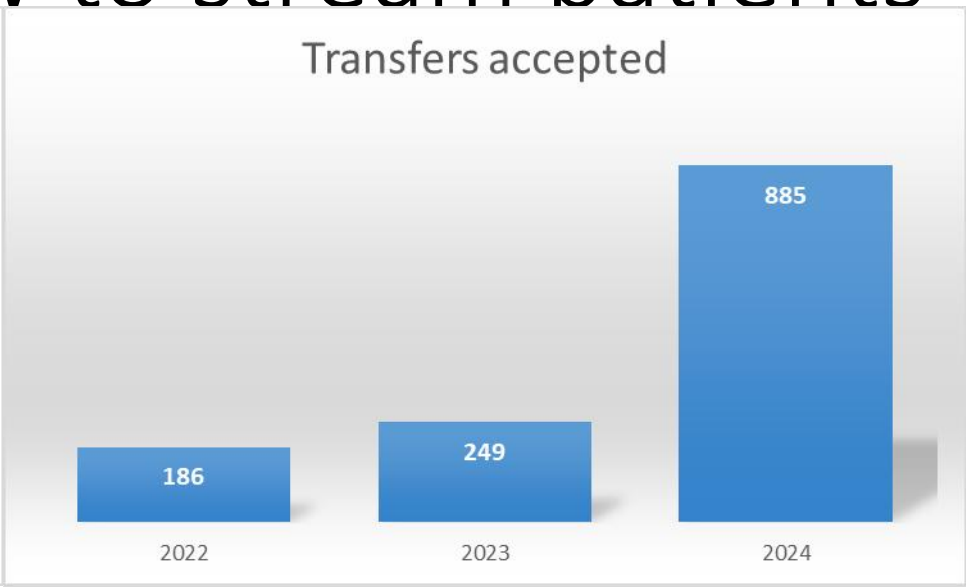
Group / Dx/Proc/Spec



	Beds/day	On target		Near target		Off target		Post trim	
	#	#	%	#	%	#	%	#	%
Total	393.8	179.7	45.6	105.6	26.8	108.4	27.5	43.3	11.0
Cardiovascular	82.4	43.9	53.2	21.7	26.3	16.9	20.4	11.3	13.7
Respiratory	69.6	38.0	54.5	13.7	19.6	18.0	25.8	5.6	8.0
Injury & poisoning	39.6	10.6	26.7	11.1	27.9	18.0	45.3	5.5	13.9
Cancer	37.0	20.1	54.3	15.2	41.2	1.7	4.5	2.4	6.5
Neurological	30.6	10.4	33.9	6.3	20.6	13.9	45.5	6.3	20.7
Renal/urogenital	25.7	13.2	51.4	5.5	21.2	7.1	27.4	2.8	11.0
Gastrointestinal	24.0	10.6	44.2	5.6	23.2	7.8	32.6	2.0	8.4
Endocrine	17.3	6.5	37.4	4.1	23.7	6.7	38.9	2.6	15.0
Mental health	16.2	6.6	40.8	7.6	46.6	2.0	12.5	0.2	1.0
Musculoskeletal	15.5	5.1	33.0	4.4	28.6	6.0	38.4	1.3	8.2
Infection	13.2	4.8	36.1	3.2	24.3	5.2	39.7	1.6	12.1
Other	9.2	5.0	54.7	4.2	45.3	0.0	0.0	0.4	4.6
Dermatological	8.4	2.7	32.3	1.7	20.3	4.0	47.4	0.8	9.4
Haematological	4.3	2.1	49.1	1.3	30.6	0.9	20.3	0.5	11.0
Congenital anomaly	0.4	0.1	18.7	0.1	19.8	0.2	61.5	0.1	23.2
Immunological	0.1	0.0	33.2	0.0	22.4	0.1	44.4	0.0	0.0

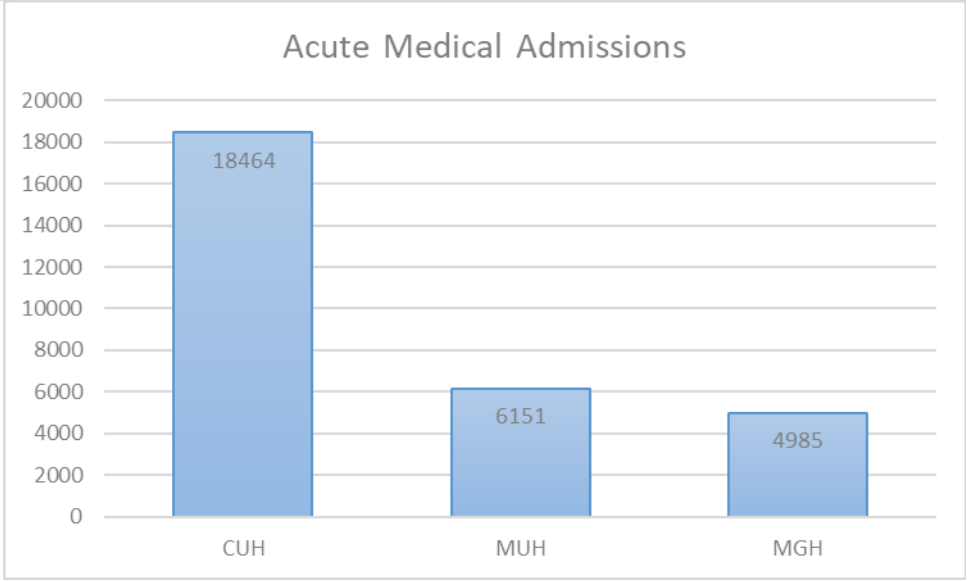
Year on year activity – how to stream patients

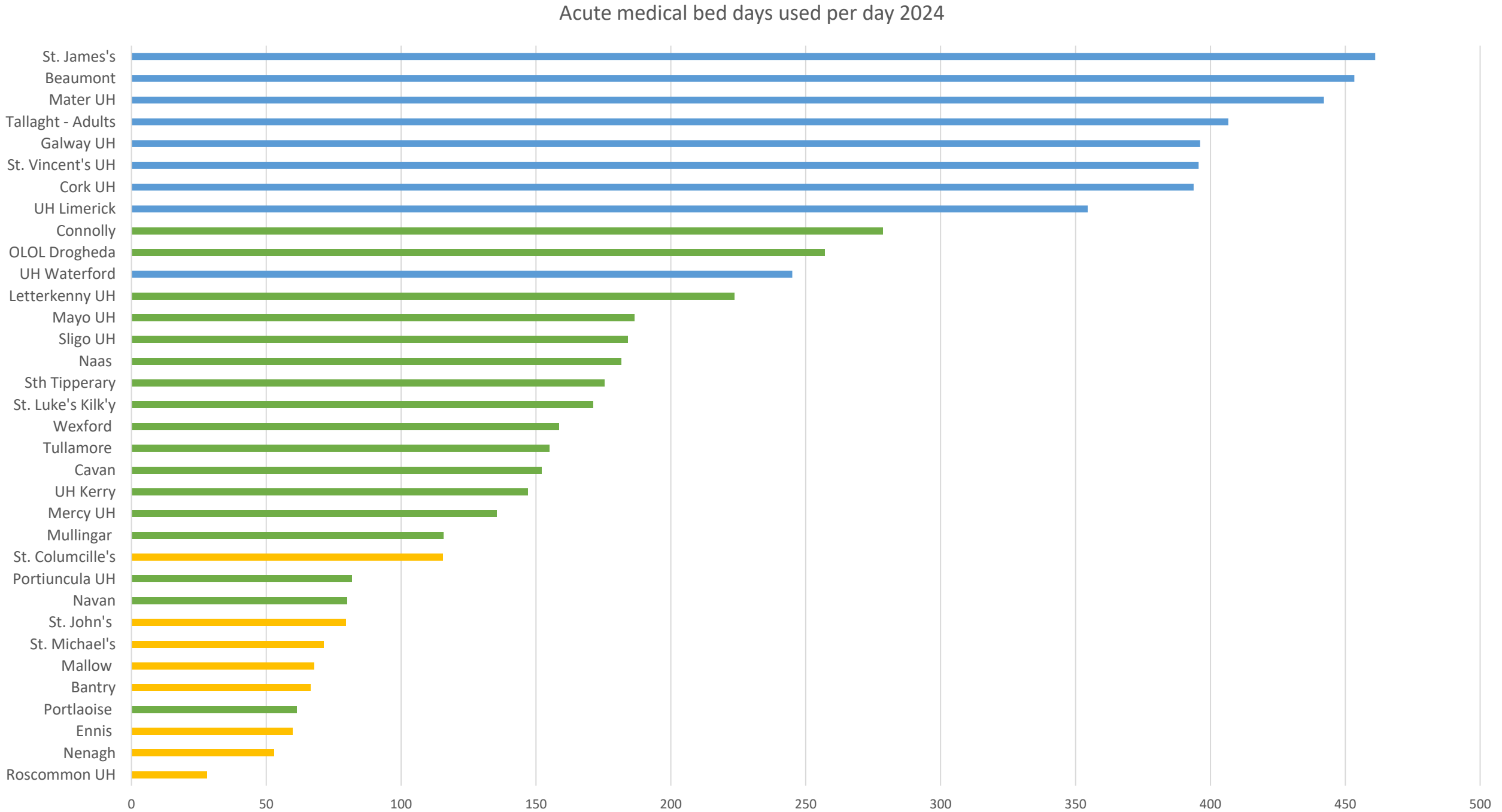


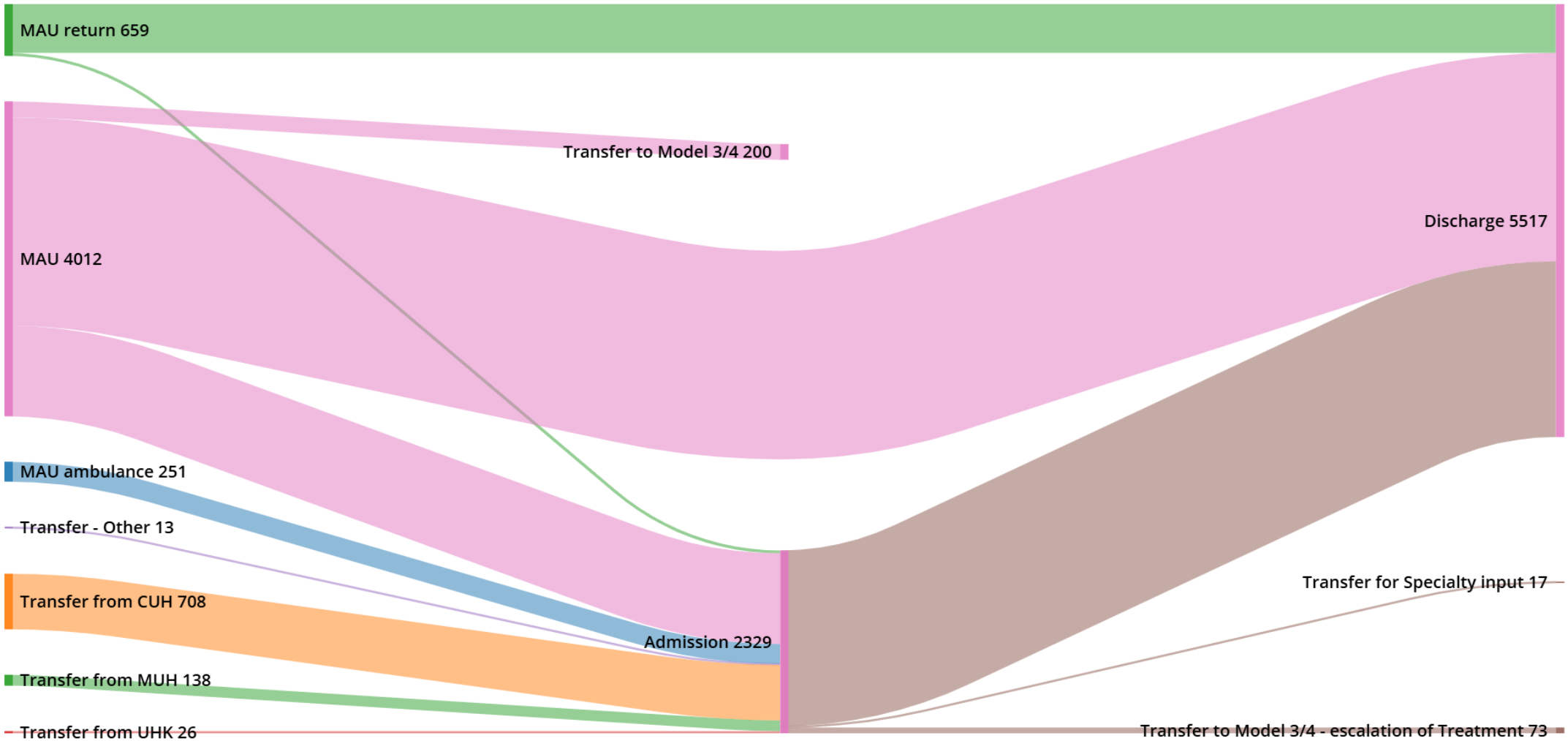


- Introduced CNM
- YOY 20% increase in discharges
- Comparison is difficult
- 60-70% of CUH medical admissions

- Age/frailty/isolation/rural




Acute medical bed days used per day 2024
St. James's
Beaumont
Mater UH
Tallaght - Adults
Galway UH
St. Vincent's UH
Cork UH
UH Limerick
Connolly
OLOL Drogheda
UH Waterford
Letterkenny UH
Mayo UH
Sligo UH
Naas
Sth Tipperary
St. Luke's Kilk'y
Wexford
Tullamore
Cavan
UH Kerry
Mercy UH
Mullingar
St. Columcille's
Portiuncula UH
Navan
St. John's
St. Michael's
Mallow
Bantry
Portlaoise
Ennis
Nenagh
Roscommon UH
0
50
100
150
200
250
300
350
400
450
500



Future

- Currently commissioning 24 bed ward
- This will require further increase in transfers
- May see increased MAU activity
- This will require additional staff and modifications to the model of care as currently provided

Acknowledgements

- MGH staff

- Acute Medicine staff