The National Acute Medicine Programme (NAMP) enables the appropriate streaming of acutely unwell medical patients away from Emergency Departments into Acute Medical Assessment Units to improve clinical care and the patient experience.
What is the National Acute Medicine Programme?

The NAMP is the leading initiative of the Clinical Care Programmes.

The Programme established a new model of service delivery, quality of care and effectiveness for the benefit of medical patients.

The Programme is a clinically led multidisciplinary initiative targeting acute hospitals which aims to optimise, standardise and improve the management of acutely ill medical patients.

Programme Objective:

- 95% of all medical patients attending AMAU should spend less than 6 hours from ED registration to AMAU discharge.
- All patients will be seen by a senior doctor within 1 hour of arrival.
- Implementation of the National Early Warning Score (NEWS).
- Access to same day diagnostics and reporting.
- Elimination of trolley waits for medical patients.

Benefits:

- Improvements in quality and service.
- Improved access to services - rapid access to day diagnostics and reporting reducing the need for overnight admissions.
- Increased efficiency:
  - Changes in work practices.
  - Reduction in all medical trolleys in ED.
- Proactive leadership.
- Improvements to patient experience time for unscheduled care.
- Early decision making and intervention.
- Early detection of patient deterioration.
- Investigate to discharge rather than admit to investigate.
- Minimising risk to patients as a result of long delays.
- Patient pathways and flows improved.
- Patients are cared for in a dignified environment.

National Acute Medicine Improvement Benchmarks:

<table>
<thead>
<tr>
<th>Metric</th>
<th>National target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of patients with LOS≤1</td>
<td>25%</td>
</tr>
<tr>
<td>% of patients with LOS 1-2 days</td>
<td>31%</td>
</tr>
<tr>
<td>% of patients with LOS &gt; 2 days</td>
<td>44%</td>
</tr>
<tr>
<td>% of patients with LOS &gt; 14 days</td>
<td>11%</td>
</tr>
<tr>
<td>AvLOS for those staying &gt; 2 days</td>
<td>6-10 days</td>
</tr>
<tr>
<td>Overall AvLOS for medical patient</td>
<td>5.8 days</td>
</tr>
<tr>
<td>% with total medical assessment time &lt; 6 hours (ED registration/1st registration to AMAU departure)</td>
<td>95%</td>
</tr>
<tr>
<td>% with 9 hour time to departure (from registration to departure)</td>
<td>100%</td>
</tr>
<tr>
<td>28 day re-admission rate</td>
<td>No increase</td>
</tr>
</tbody>
</table>
Building System Capacity and Capability

A Planning Number has been determined for each acute hospital, based on the number of discharges, to predict the demand and capacity requirements to meet the service needs.

Acute Medical Assessment Units (AMAUs in Model 3 & 4 hospitals), Medical Assessment Units (MAUs in Model 2 hospitals) and Medical Short Stay Units (MSSUs) have been established to support the implementation of the programme.

The NAMP has established shared learning networks and undertaken process improvement initiatives with a number of sites.

Formation of the Irish Society of Acute and Internal Medicine (ISAIM) to support research, training and education and the development of Acute Medicine in Ireland.

Establishment of Clinical Advisory Groups for Medicine, Nursing and Health and Social Care Professionals to develop the Acute Medicine Pathway.

National Early Warning Score (NEWS) and Compass Education Programme

The National Early Warning Score and Compass Education Programme is a work stream of the National Acute Medicine Programme.

Background
Numerous studies have highlighted that failure to recognise clinical deterioration in patients in the acute hospital setting lead to delays in appropriate management.

Purpose
The NEWS and COMPASS Education Programme was set up to standardise the assessment of acute illness severity, enabling a more timely response using a common language across acute hospitals nationally.

What is it?
The NEWS is a bedside track and trigger scoring system used by nursing staff when recording patient’s vital signs. Each vital sign is allocated a score based on the measured physiological parameter. These scores are added together to give the early warning score. Based on the score a response may be triggered utilising a structured communication tool (ISBAR) in line with the escalation protocol.

The NEWS is supported by a National Clinical Guideline, which was quality assured by the National Clinical Effectiveness Committee (NCEC) in the Department of Health and endorsed for use nationally by the Minister for Health.

It is recommended by the Health Information and Quality Authority (HIQA) and the Clinical Indemnity Scheme, State Claims Agency.
A National Acute Medicine Programme (NAMP) Implementation team was set up with representation from medical consultants, nursing and allied health professions. An innovative collaborative approach was adopted to enable implementation across multiple sites through sharing the experience, knowledge and skills of those in similar sites.

Awards
The National Acute Medicine Programme has received a number of awards, including the following:

- Public Health Service Excellence Award - Gradam An Taoisigh
- Healthcare Innovation Award - Patient Safety Initiative
- Irish Healthcare Award - Excellence in Healthcare Management

For contact details and further information please visit the programme website at http://www.hse.ie/acutemedicine