

Medical Assessment Units and Ambulatory Care -The Interface

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Ambulatory Care

Where admissions come from

■ Home

- Independent

- Assistance

- Family, friends, neighbours
- APAC (Hospital in the Home)
- Community Nursing
- Care packages

Ambulatory Care

Where admissions come from

■ Residential Care

Self care

- With or without assistance

Hostel

- Varying levels of care

Nursing Home



Presentation to Hospital

- Ambulance
- Waiting room in Emergency
- Admissions

Referrals

- Self (family and carers)
- GP
- APAC
- Hospital clinics
- Consulting rooms
- Ambulatory care unit in hospital

Emergency assessment

The interface

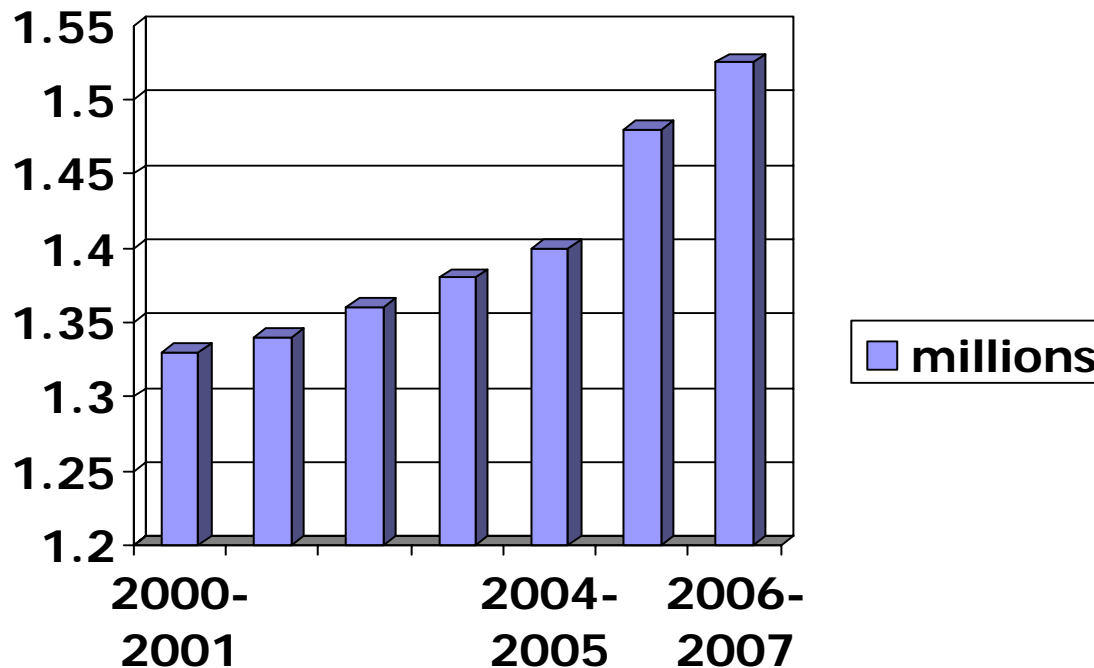
- Triage
- If not critical...wait
- Admitted to ED under ED team...wait
- Assessed by nurse and doctor
- Initial diagnosis
- Tests ordered...wait
- Initial management...wait
- Discussion with senior ED staff and Hospital medical teams
- Admission required
- Bed manager...wait
- Bed in a ward...wait
- Care taken over by hospital team in ward

Why the waiting?

- Emergency beds and staff
 - Absolute or relative
- Tests
- Hospital teams
- Hospital beds
- Patient transport

Hospital Admissions NSW 2000-2007

NSW Health 2008



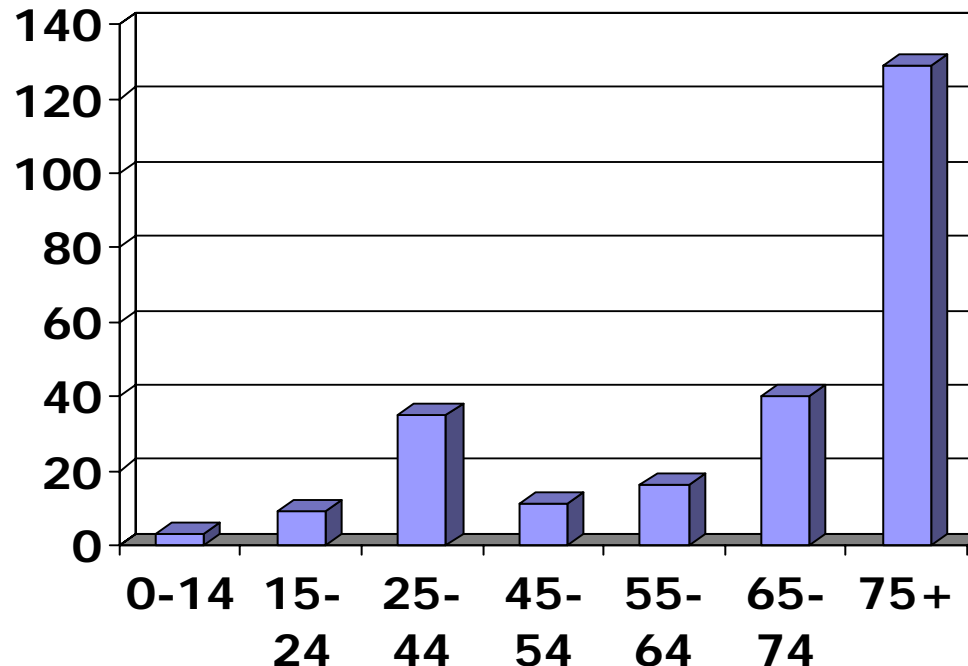
Age of patients admitted to Hospital

- Half of all hospital beds are occupied by patients over 65
- Hospital presentations of patients over 75 years growing by 20% per annum
- Average length of stay of patients 4 days, if over 75, 9 days

■ *NSW Health 2007*

Patients waiting more than 2 hours on an ambulance stretcher

NSW Health Oct-Dec 2007



Waiting to see a doctor

- Average wait for a patient over 75 years (triage category 3 to 5) to see a doctor in Emergency

■ **87 minutes**



A new interface

The Medical Assessment Unit

Medical Assessment Unit

- Alternate pathway for non-critical medical patients, often elderly, complex and many co-morbidities
- Rapid assessment and treatment by senior multidisciplinary clinicians, priority access to diagnostic services
- Admissions stay for up to 48 hours, majority discharged back to community

Reduce the waiting Medical Assessment Unit

- Admissions to unit
 - Direct from Emergency/triage
 - Direct from GPs
- Seen immediately by Medical team
- Tests done and treatment commenced
- Early discharge planning
- Allied Health

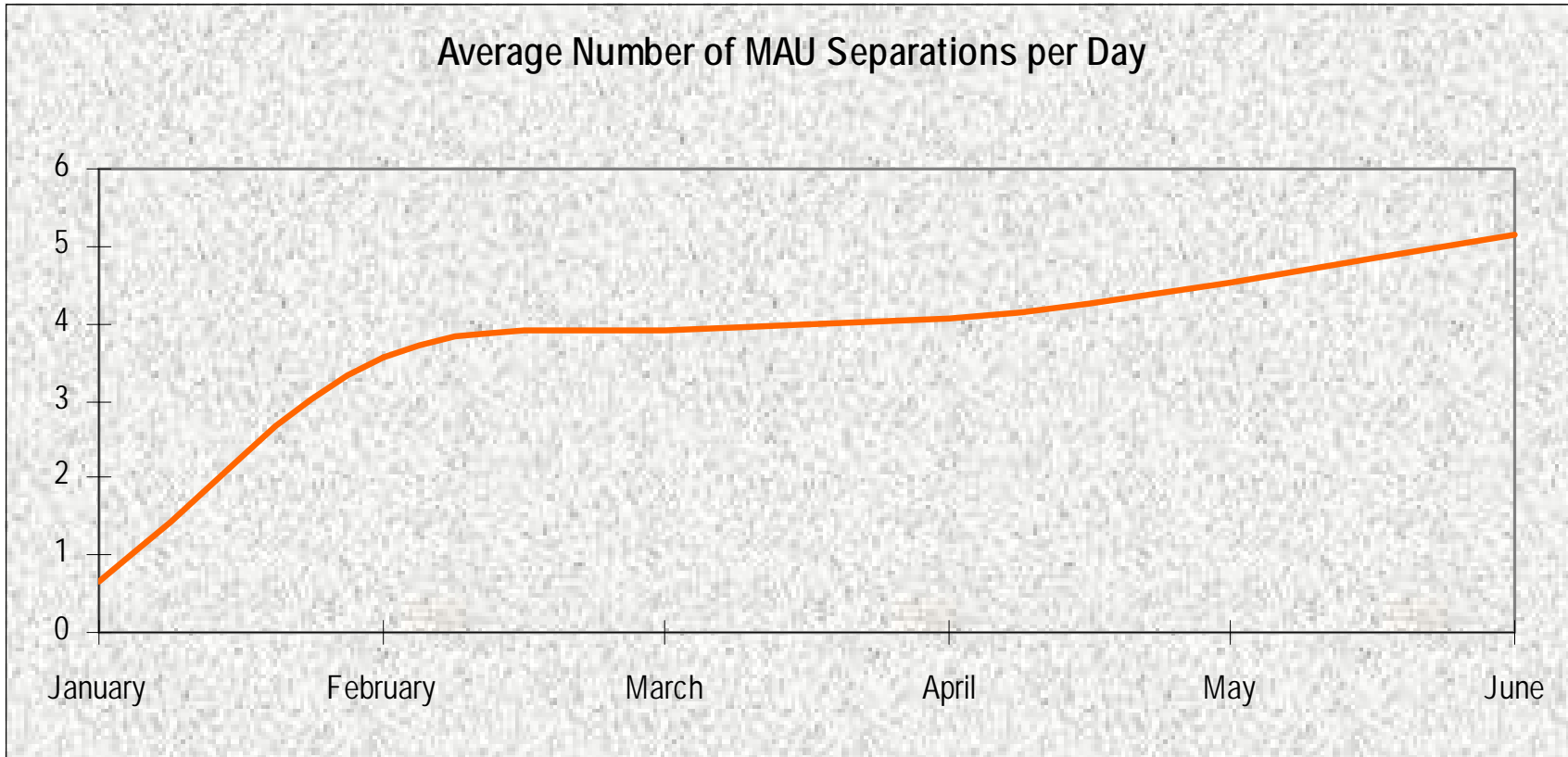
MAUs in NSW

- Based on models in UK, NZ and other Australian States
- 16 units now open
- More planned
- Over 250 MAU beds now open
- 500 MAU beds planned

MAU at RNSH

- Commenced mid-January 2008
- Located in 12C (Emergency level 2)
- Previously Rehabilitation ward
- Director and Hospitalist from May
- Acting NUM, CNC just appointed, CNE to be appointed
- 9 Consultant (General) Physicians, VMOs and Staff Specialists, most have sup-specialty interest too
- Common on-call roster with General medicine
- Advanced physician trainee, 2 BPTs, Emergency Reg, JMOs and interns
- 7.30am to 10.30 pm every day
- Registrar and intern
- Allied Health

Average Number of MAU Separations per Day



Admissions from Emergency

Current admission strategy

- From GP via ambulance
- Waiting room from GP or self referral
- Emergency Dept staff see patient
- MAU registrar contacted who accepts patient
- Bed manager
- Patient goes to MAU
- Registrar assesses and rings consultant

Waiting in Emergency

- 6.4 hrs, 7.4 hrs if >75
- Waiting for Emergency doctor
- MAU admission not considered
 - Twice daily MAU rounds in Emergency
- Waiting for beds in MAU
- Transport



What now?

- Admissions directly from GPs

- Admissions directly from Triage

Admissions from GPs

- Via Emergency Department
 - Ambulance
 - Waiting room
- Direct admission
 - Hospitalist or registrar
- MAClinic
 - Hospitalist

Admissions via MAClinic

- GP rings MAU admitting officer
- Decision made to send patient to MAClinic

- Appointment made
- Patient seen in clinic
- Admission or return to GPs care investigations/allied health or other referral expedited

MAClinic at RNSH

- Outpatients Department Level 3
- Bookings, Hospital Records
- Waiting room, consulting rooms
- Seen by Hospitalist
- Nursing
- Phone call and letter to referring GP

- At present 3 afternoons per week

Communication with GPs

- Local Division of General Practice
 - Newsletter
 - workshops
- Phone calls
 - Admissions and discharges
- Discharge summaries
 - Electronic medical record

FAX from Royal North Shore Hospital - Medical Assessment Unit (MAU)

Admission GP Notification

The patient below has indicated you as his/her nominated GP. The patient has given permission for NSCCAHS to obtain relevant information from their GP

Patients Name: _____

Patient's DOB: _____

General Practitioner: _____

Date of Admission to RNSH: _____

Admitting Diagnosis: _____

General Practice Confirmation

<input type="checkbox"/> Yes – this patient is known to me/my Practice	<input type="checkbox"/> No – this patient is NOT KNOWN to me/my Practice
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If yes, could you please provide us with any relevant medical/social information regarding this patient?

<input type="checkbox"/> Relevant Health Summary	<input type="checkbox"/> Relevant Specialists
<input type="checkbox"/> GP Management Plan	<input type="checkbox"/> Health Care Package e.g. APAC, ComPAC, TRANSPAC etc
<input type="checkbox"/> Team Care Arrangement	<input type="checkbox"/> Current Medications & Home Medicine Review
<input type="checkbox"/> Mental Health Care Plan	<input type="checkbox"/> Carers Details
<input type="checkbox"/> Recent Pathology & Radiology report/s	<input type="checkbox"/> Allied Health Support
<input type="checkbox"/> Known allergies	<input type="checkbox"/> Advance Care Directive

FAX this form and reports back to 9926 5077
Response within 24 Hours is appreciated



Admissions to MAU from Triage

- Patient seen in Triage by RN
- MAU patient identified
- MAU contacted, patient accepted
- Bed manager
- Transfer to MAU
- Patient admitted, seen by team
- Consultant contacted

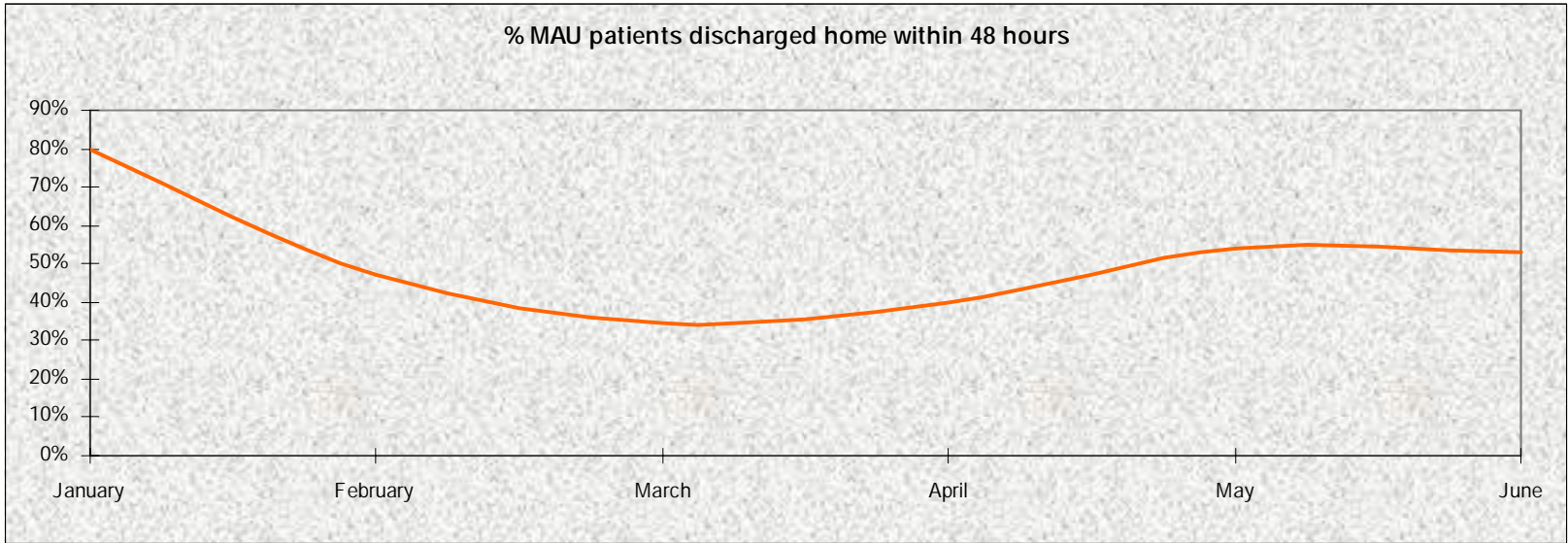
Admissions to MAU from Triage

- Everyone keen to implement this

- Reservations from
 - ED Physicians and Nurses
 - MAU Physicians and Nurses and Allied Health
 - Triage Nurses
 - RMOs
 - Bed Managers

Minimum requirements to implement

- Co-operation and confidence from all
- Training of Triage, ED and MAU staff
- Communication pathways
- Transport
- Clerical/ secretarial staff
- Agreement from ED to accept transfers from MAU to ED



What do the MAU KPIs tell us? – July 08

facility_id entifier	facility_name	Adms to MAU	Average total hrs in ED for all MAU pts	ALOS in ED for MAU patients	ALOS in MAU aged 65+	ALOS in MAU	% Trans from MAU within 48hrs	% Discharged home from MAU	% Discharged home from MAU within 48hrs	% MAU patients transferred to ward	ALOS MAU patients transferred to ward	% pts admitted directly to MAU
		114	7.3	7.6	46.1	40.9	70.2%	61.4%	72.9%	38.6%	8.9	4.4%
		134	7.1	7.5	45.9	48.4	62.7%	72.4%	70.1%	27.6%	10.5	5.2%
		72	7.8	9.1	107.6	106.1	31.9%	68.1%	32.7%	31.9%	11.3	13.9%
		170	3.7	6.5	40.2	37.3	73.5%	60.6%	79.6%	39.4%	6.2	42.9%
		10	6.5	7.2	86.9	91.2	40.0%	80.0%	25.0%	20.0%	9.9	10.0%
		181	6.4	7.4	90.0	85.8	41.4%	74.0%	38.8%	26.0%	10.3	13.3%
		169	7.4	8.0	87.5	69.9	63.9%	46.2%	66.7%	53.8%	11.3	6.5%
		290	7.5	8.7	47.5	43.2	69.0%	48.6%	72.3%	51.4%	6.9	13.8%
		66	12.9	14.5	111.6	109.4	25.8%	33.3%	13.6%	66.7%	15.5	10.6%
		212	8.1	9.8	54.3	56.3	48.1%	43.9%	38.7%	56.1%	9.3	17.5%
		118	14.1	16.3	70.2	64.7	52.5%	72.0%	55.3%	28.0%	8.2	13.6%
		154	2.4	5.5	38.9	37.4	72.7%	31.8%	46.9%	68.2%	6.9	57.1%
		191	6.4	6.7	40.0	38.4	70.7%	45.0%	77.9%	55.0%	8.6	5.8%
		145	7.0	7.5	80.1	74.5	31.7%	75.9%	32.7%	24.1%	14.1	6.2%
		155	8.7	8.8	65.1	63.8	43.2%	23.2%	44.4%	76.8%	11.0	1.3%

Current challenges at RNS

- Time waiting in Emergency 6.4 hrs
- Bed Block in MAU
 - Low transfer rate of patients to wards and to other facilities 26%
 - Spare beds filled with boarders
 - Discharge home in 48 hrs 38.8%
- Bed Block in Wards
 - Long LOS in MAU 85.8 hrs
 - Discharge home from MAU 74%

Summary

- Admissions from Triage to MAU can be done safely but must ensure that adequate staffing and training in place before implementation.
 - Programs to measure success of this strategy need to be developed
 - Aim is good patient care with excellent outcomes and rapid treatment and transfer from acute care
- GP referrals via MAU admitting officer or MA Clinic
- Discharges a major challenge