



Fedhlmeannacht na Scríbhíse Sláinte
Health Service Executive

Presented by Dr Orlaith O'Reilly, Department of Public Health, HSE South (South East)
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Irish National Acute Medicine Programme

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ROYAL COLLEGE OF
PHYSICIANS OF IRELAND
Achieving high standards of medical practice and patient care

Problem

Patients requiring urgent care experienced long delays.

The National Acute Medicine Programme established a new model of care streaming acutely unwell medical patients away from ED into Acute Medical Assessment Units.

Aims

Access – the patient journey through the urgent care pathway not to exceed 6 hours.

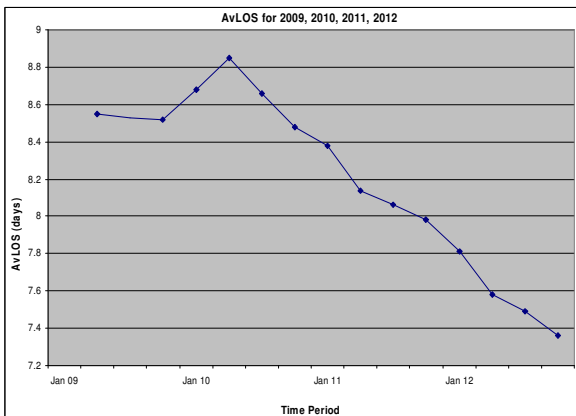
Access – eliminate trolleys waits for medical patients.

Quality and Safety – patients to be seen by a Nurse within 20 minutes and Senior Doctor within 1 hour of arrival.

Increased Efficiency – change processes; increase ambulatory care, reduce overnight admissions and shorten length of stay, resulting in bed day savings.

Big Dots

- 23% decrease in trolley waits.
- Targets achieved in some hospitals within 8 months.
- Decrease in ALOS from 8.5 to 7.4 days.
- 50,000 bed days saved, despite a 15% increase in admissions.



Implementation – National Programme

- National priority with the Minister, HSE and RCPI.
- National, regional and hospital multi disciplinary project teams.
- Diagnostic gap analysis for each site.
- Standard methodology for demand and capacity requirements, provision of adequate assessment and short stay units.
- Physician and Nursing rosters, senior decision makers to assess patients less than one hour.
- Guidelines for patient flow, discharge processes and bed management.
- Performance improvement through cycle of hospital visits by AMP team.
- Monthly monitoring of KPIs.
- Programme delivered workshops, training and coaching.

4 Areas of Intervention - Sites

1. Assess and Avoid Admission - target 25%

Interventions; adequate assessment area, senior decision makers, access to rapid diagnostics. All patients have Early Warning Score within 20 minutes. Close liaison with discharge planner, clear pathways to frail elderly service, stroke unit, CCU, community supports.

2. Short Stay – target 31% to have a length of stay less than 48 hours.

Interventions include; adequately sized short stay unit, all patients to be seen by Consultant within 12 hours of transfer from assessment, twice daily Consultant ward rounds, priority for diagnostics, white boards with visible data, regular team “huddle” to determine progress.

3. Efficient processing of ordinary patients – target less than 44% of patients to have a length of stay greater than 48 hours.

Interventions include; daily ward rounds, weekend nurse enabled discharges, active discharge planning, liaison with carers and community supports, transport.

4. Appropriate Care and Discharge of Complex Patients – target less than 11% of patients to have an LOS greater than 14 days.

Interventions; early assessment and identification of complex patients, streaming to geriatric service. Proactive discharge planning, liaison with funding agencies for community placements and supports.

Acute Medicine KPI Results

Intervention Area	Metric	National target	Performance 2012	Trend
1	% of patients with LOS=0	25%	18%	↑
2	% of patients with LOS 1-2 days	31%	26%	↑
3	% of patients with LOS > 2 days	44%	56%	↓
4	% of patients with LOS > 14 days	11%	11%	↓
	AvLOS for those staying > 2days	6 -10 days	12.5%	↓
	Overall AvLOS for medical patient	5.8 days	7.36	↓

Key Messages and Learning

- Importance of national clinical leadership and coalition with RCPI.
- Visible local leadership – CEO, Clinical Director and Director of Nursing do rounds daily.
- Buy in from Hospital Physician Groups, identifying the win win scenarios for specialist physicians.
- The capacity of assessment areas and short stay wards to be properly sized for the expected numbers of admissions, Short Stay Unit as a buffer zone, patients to be pulled first from Short Stay.
- Organisations need to invest in appropriate ICT support.
- Resilience and commitment needed by all.

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