Acute Medicine Model

Will Orr
Care Group Director – Urgent Care
Medical Team Based In ED

- Increased medical cover (Acute Medicine and Interface Geriatrics) provided to ensure adequate cover across all these areas and increased presence into ED (operating hours 8-5 Mon-Fri initially).
Traditional model of delivering medicine

Number of Investigations

Time

Senior Decision
New model of delivering medicine
Medical Team Based In ED

- Increased medical cover (Acute Medicine and Interface Geriatrics) has been provided to ensure adequate cover across all these areas and increased presence into ED (operating hours 8-5 Mon-Fri initially).

- Medical clerking team move into ED
Medical Team Based In ED

- Increased medical cover (Acute Medicine and Interface Geriatrics) has been provided to ensure adequate cover across all these areas and increased presence into ED (operating hours 8-5 Mon-Fri initially).

- Medical clerking team move into ED

- Closer working between Acute Physicians, ED team and POD/ECPod to enable decision making earlier in patient pathways and to control/reduce the demand for overnight stays/IP beds, particularly in the evening and at weekends
Easy Early Referral Process - STAT to Acute Med

- Face-to-face referrals to Acute Medicine (AM) (current system using bleeps & mobile phones etc can be unreliable & time inefficient), and start regular use of Instant Messaging to support this (eg Siilo).
Easy Early Referral Process - STAT to Acute Med

- Face-to-face referrals to Acute Medicine (AM) (current system using bleeps & mobile phones etc can be unreliable & time inefficient), and start regular use of Instant Messaging to support this (eg Siilo).

- Visibility of the wait to be seen in each workstream to make efficiency and getting it right first time the default option.
Easy Early Referral Process - STAT to Acute Med

- Face-to-face referrals to Acute Medicine (AM) (current system using bleeps & mobile phones etc can be unreliable & time inefficient), and start regular use of Instant Messaging to support this (eg Siilo).

- Visibility of the wait to be seen in each workstream to make efficiency and getting it right first time the default option.

- Maximise the impact of the EPR “single clerking process” to effectively generate additional medical staff on the ground & facilitate early POD / ECPOD reviews.
Easy Early Referral Process - STAT to Acute Med

- Face-to-face referrals to Acute Medicine (AM) (current system using bleeps & mobile phones etc can be unreliable & time inefficient), and start regular use of Instant Messaging to support this (eg Siilo).

- Visibility of the wait to be seen in each workstream to make efficiency and getting it right first time the default option.

- Maximise the impact of the EPR “single clerking process” to effectively generate additional medical staff on the ground & facilitate early POD / ECPOD reviews.

- Look again at opportunities for a limited suite of key Point-of-Care tests to be available at the front door, allowing earlier diagnosis & decision-making.
Easy Access to AECU

- Improved electronic communication between APs and ED regarding medically-expected patients with ‘colour-coding’ of expected patients following GP discussion:
  
  **Green** = straight to AECU  
  **Orange** = could be ambulatory/24hr turnaround but need brief assessment on arrival  
  **Red** = high probability of admission. Sound unwell and should be seen/assessed early
Easy Access to AECU

- Improved electronic communication between APs and ED regarding medically-expected patients with ‘colour-coding’ of expected patients following GP discussion:
  
  **Green** = straight to AECU  
  **Orange** = could be ambulatory/24hr turnaround but need brief assessment on arrival  
  **Red** = high probability of admission. Sound unwell and should be seen/assessed early

- AP phone (number 7723) manned between 8am-6pm. Secure ‘WhatsApp’ in cases where the AP is unable to answer the phone.
Easy Access to AECU

- Improved electronic communication between APs and ED regarding medically-expected patients with ‘colour-coding’ of expected patients following GP discussion:
  
  *Green* = straight to AECU
  *Orange* = could be ambulatory/24hr turnaround but need brief assessment on arrival
  *Red* = high probability of admission. Sound unwell and should be seen/assessed early

- AP phone (number 7723) manned between 8am-6pm. Secure ‘WhatsApp’ in cases where the AP is unable to answer the phone.

- Explore expanding role of ANPs to see above cohort of patients initially in ED.
Easy Access to AECU

- Improved electronic communication between APs and ED regarding medically-expected patients with ‘colour-coding’ of expected patients following GP discussion:
  
  **Green** = straight to AECU
  **Orange** = could be ambulatory/24hr turnaround but need brief assessment on arrival
  **Red** = high probability of admission. Sound unwell and should be seen/assessed early

- AP phone (number 7723) manned between 8am-6pm. Secure ‘WhatsApp’ in cases where the AP is unable to answer the phone.

- Explore expanding role of ANPs to see above cohort of patients initially in ED.

- Increased use of ambulatory pathways, next day follow-up or direction to ambulatory services & hot clinics including RACOP, falls clinic, jaundice hotline, IBD clinic, rheumatology flare clinic, ENT ARC, rapid access chest pain or heart failure clinic.
Acute Medical Unit / Short Stay Unit support actions

- Reorganisation of Acute Medical Unit (AMU) and Short Stay Unit (SSU) in 3 stages:
  - SSU will move into new unit on 24th December
  - 9 closed beds on AMU will reopen 27th December
  - a further 16 beds will open 2nd January
  - includes the creation of an additional 2 HMU beds within AMU
Acute Medical Unit / Short Stay Unit support actions

- Reorganisation of Acute Medical Unit (AMU) and Short Stay Unit (SSU) in 3 stages:
  - SSU will move into new unit on 24\textsuperscript{th} December
  - 9 closed beds on AMU will reopen 27\textsuperscript{th} December
  - a further 16 beds will open 2\textsuperscript{nd} January
  - includes the creation of an additional 2 HMU beds within AMU

- Increased medical cover (Acute Medicine and Interface Geriatrics) has been provided to ensure adequate cover across all these areas and increased presence into ED