



THERAPY PROFESSIONS COMMITTEE

- Chiropodists & Podiatrists
- Clinical Nutritionists - Dietitians
- Occupational Therapists
- Orthoptists
- Physiotherapists
- Speech & Language Therapists



Acute Medicine Programme

Professor Shane O'Neill

Introduction

AMP is a clinician-led initiative between the

- Royal College of Physicians of Ireland (RCPI)
- Irish Association of Directors of Nursing and Midwifery (IADNAM)
- Therapy Professions Committee (TPC)
- Irish College of General Practitioners (ICGP)
- Quality and Clinical Care Directorate (QCCD) HSE

Scope of safety & effectiveness clinical care Programmes

Quality & Safety

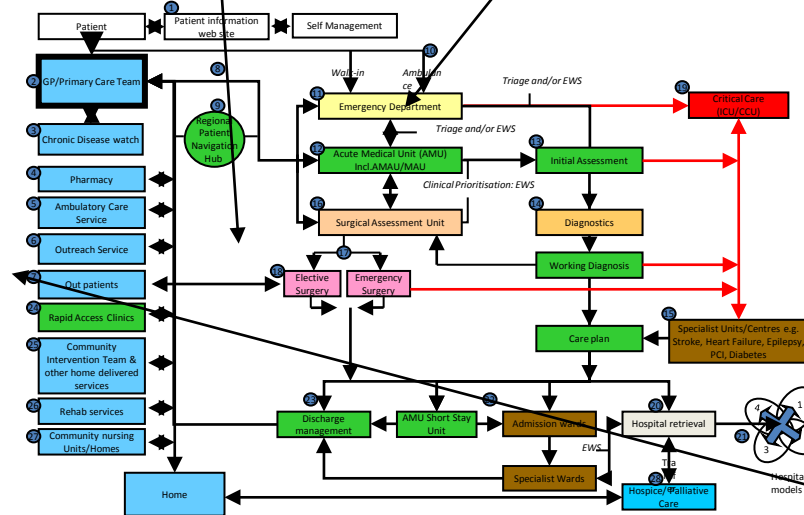
- Accountability
- Risk Management
- Quality standards & guidelines
- Serious incident management
- Service user involvement
- HCAI programme

Surgery

- Day surgery, Day of Surgery & Avlos National targets
- Productive theatre
- Surgical Audit
- Surgical pathway & Guidelines

Acute Medicine

- Acute Medicine
- Emergency Medicine
- Critical Care
- Stroke
- Heart Failure
- Acute Coronary Syndrome
- COPD
- Asthma
- Diabetes
- Renal
- Radiology
- Care of the Elderly
- Rehab
- Palliative care
- Neurology/Epilepsy



Enabling Initiatives

- Resource allocation
- Patient information & Self management

Outpatients

- Orthopedics
- Dermatology
- Rheumatology
- Neurology/Epilepsy

Programme Aims

AMP provides a framework for the delivery of acute medicine

Seeks to ensure that all acute medical patients will experience:

- Safe, quality care
- Expedited diagnosis
- The correct treatment
- An appropriate environment
- Respect of their autonomy and privacy
- Timely care from a senior medical doctor working within a dedicated multidisciplinary team
- Improved communication
- A better patient experience

Acute Medicine Programme

Objectives

- **Quality:** Reduce the admission rate of medical patients by 10% per year for 3 years without increasing 30 day readmission.
- **Access:** Every medical patient presenting to the AMU/AMAU/MAU will be seen by a Senior Medical Doctor within one hour.
- **Cost:** The Programme will generate medical bed day savings of 10% per year for 3 years post full implementation.

Solution Areas

- Communication and consultation nationally
- Acute Medical Units, Acute Medical Assessment Units and Medical Assessment Units
- Acute Floor
- Navigation Hub/Bed Bureau and Case Manager
- Rapid access to out-patients
- National Early Warning Score
- Metrics
- Hospital Models
- New working practices/continuous presence
- New approach to education, training and development

a) The design and implementation **effective** integrated care pathways

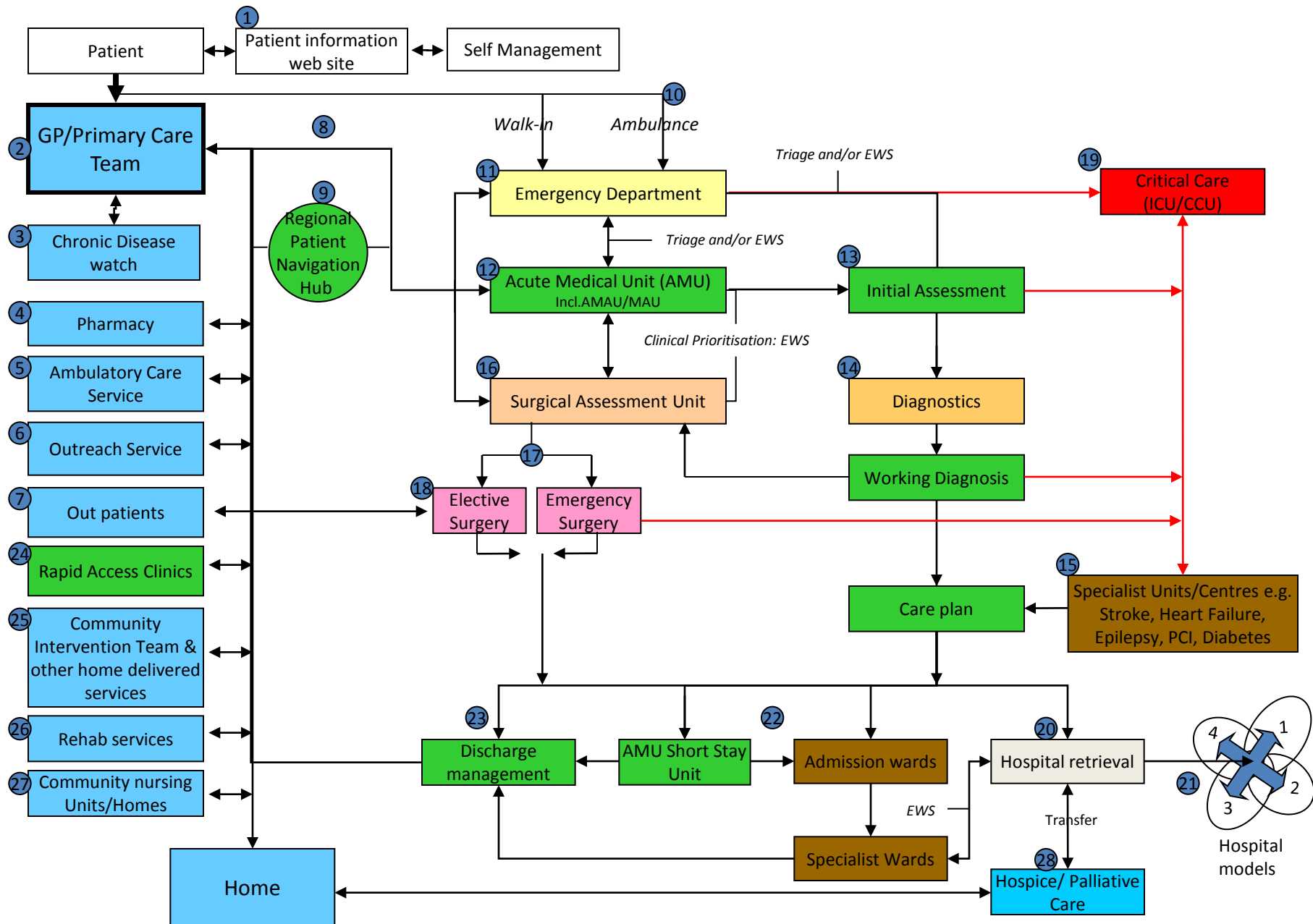
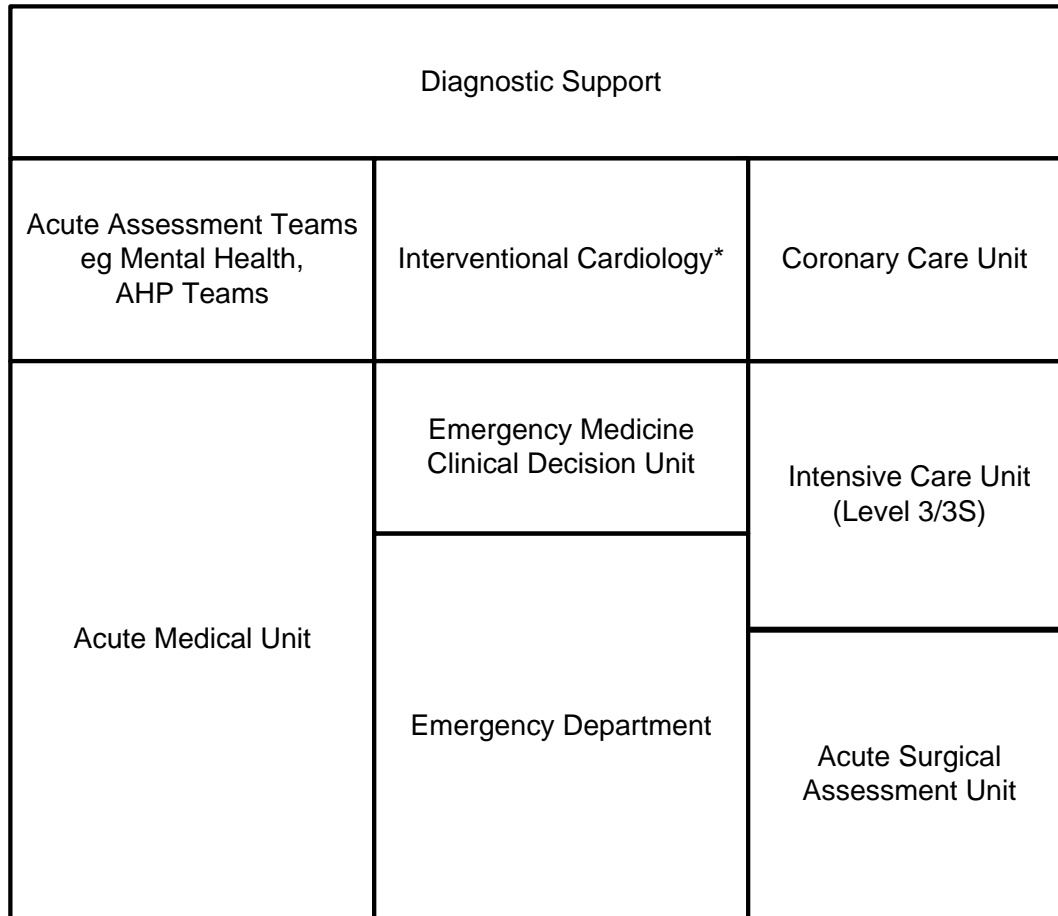
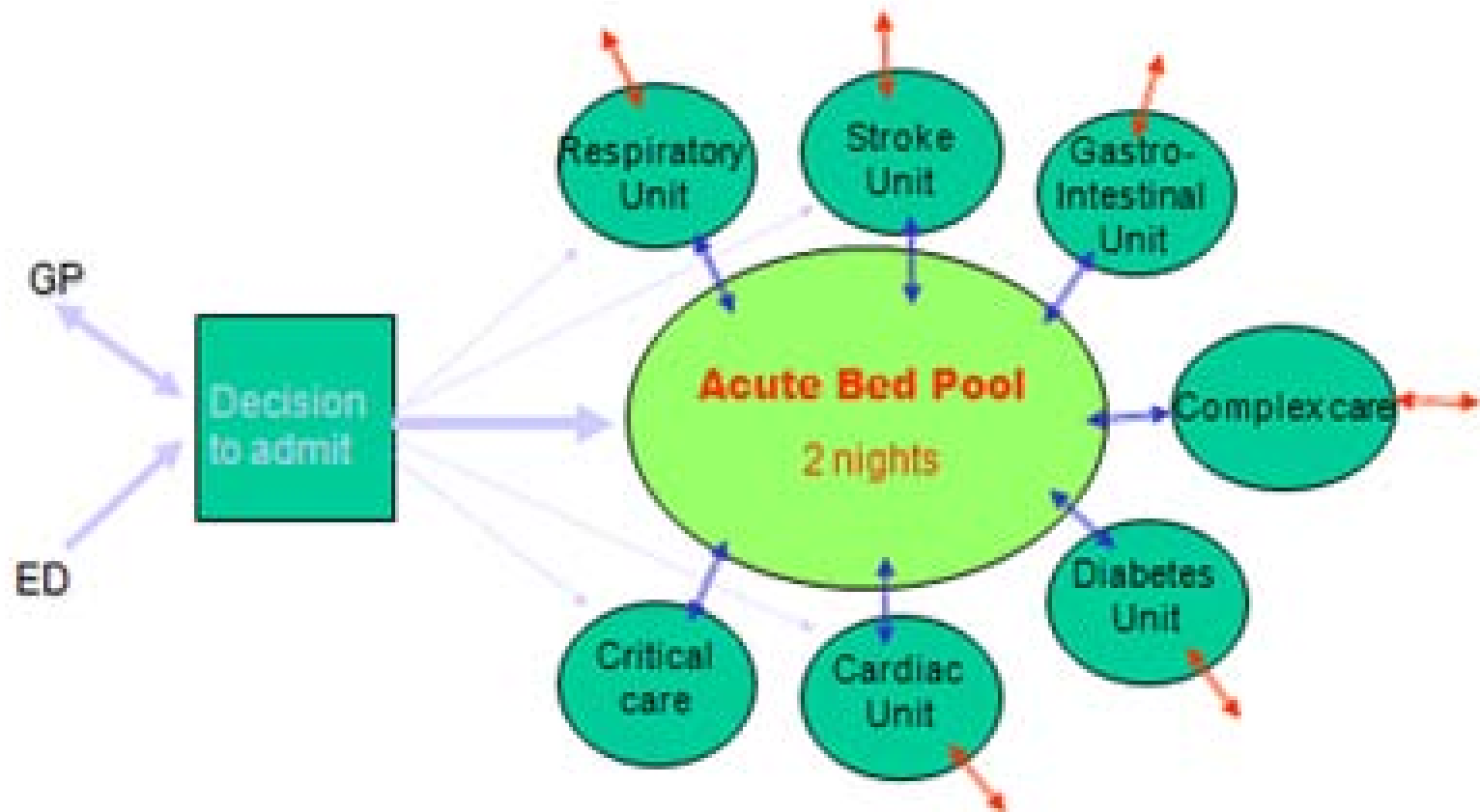


Diagram of Acute Floor



Outreach Model of Care



Implementation

- Our Lady of Lourdes Hospital
- Beaumont Hospital
- AMNCH
- UCH Galway
- Mater Hospital
- SVUH
- St James's Hospital
- Cork University Hospital
- Midwest Regional Hospital

Workstreams

- Early Warning Score
- Integrated Discharge Planning
- Training Curricula
- Medications Reconciliation
- IT and Navigation Hub

Other industries have a safety and quality-first culture



- ‘Dangerous’ industries actually are leaders in safety: e.g., aviation, nuclear power, offshore drilling
- Risk of dying in a plane accident **1 in 10,000,000**
- In 2004 428 aviation deaths globally – same number as in 1945, with 200 times more flights

culture



Vs.

- In developed countries **1 in 10** inpatients suffers medical error
- In U.K. in 2004, **2,000 patients died due to medical errors**
- **44,000-98,000** avoidable deaths per year in US hospitals
- Only **55%** get appropriate care

If flying Lufthansa would be associated with the same rate of preventable fatalities that we currently see in hospitals ...



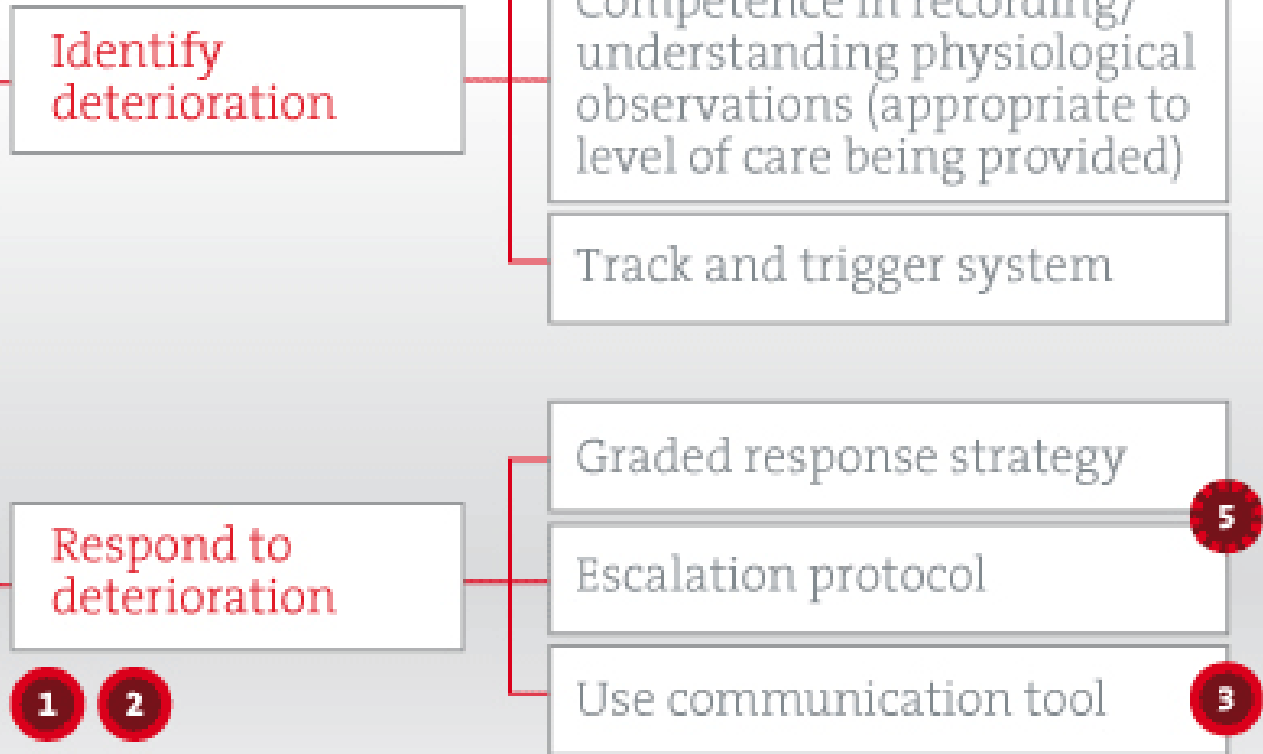
1. Flying would be much safer
2. There would be a crash every week
3. There would be 100,000 passengers killed per year
- 4. There would be 17 crashes per day and 600,000 deaths per year**



Deterioration



To reduce in-hospital cardiac arrest and mortality rate through earlier recognition of the deteriorating patient



What are Early Warning Scores ?

- Early Warning Score Systems allocate points to routine measurement of vital signs on the basis of their differences from the agreed 'normal' range
- These points are added together to give a total Early Warning Score for each patient.

Early Warning Score

Decision by National EWS Governance Group supported by the National EWS Advisory Group:

- Adopt the COMPASS Modified Early Warning Score
- Use COMPASS Education Programme on the Early Detection and Management of a deteriorating patient
- Amend to suit the Irish Health Service – quality, access, cost, save lives, earlier discharge, value for money

Algorithm currently for MEWS currently used in St Lukes Kilkenny



Fig 1c

Questions & Comments