Trust Standard Operating Procedure

University Hospitals Plymouth NHS Trust

Admission Assessment and Discharge of Patients referred to the Medical Assessment Unit

Issue Date	Review Date	Version
March 2021	March 2022	1

Purpose

This document outlines the process for the admission, assessment and discharge of patients referred to the Medical Assessment Unit (MAU)

Who should read this document?

Operational Team
Service Line Managers
Cluster Matrons and Heads of Nursing
General Practitioners working as part of the Acute GP Service
AAU Operational Manager
ED Operational Manager
Nursing and medical staff in AAU, MAUs and ED.
All on-call managers
All executive directors

Key Messages

- The MAU is a dedicated facility that acts as the focus for acute medical care for patients that have presented as medical emergencies to hospital
- Patients will access the MAU via referral from Primary Care to the AGPS or from the Emergency Department.
- The process on MAU will be multi-disciplinary ensuring a comprehensive assessment of patients' needs prior to discharge or transfer.

Core accountabilities

Owner	Stephen Shearman, Matron for Acute Medicine
Review	Medicine Care Group
Ratification	Care Group Clinical Director – David Adams
Dissemination (Raising Awareness)	Stephen Shearman, Matron for Acute Medicine Helen Churchward, Service Line Cluster Manager
Compliance	Stephen Shearman, Matron for Acute Medicine Helen Churchward, Service Line Cluster Manager

Links to other policies and procedures

TRW.OPS.POL.520.1 Provision of Same-Sex Accommodation
TRW.OPS.POL.629.3.3 Clinical Handover of Care and Internal Transfer of Adults SOP
Trust Operational Policy
CLI.INF.SOP.1259 2.7 Summary of local procedures for the management of suspected and confirmed cases of Coronavirus Infectious Disease 2019 (COVID-19)
CLI.INF.GUI.50 7.2 Management of Novel Coronavirus (nCoV) Infections
CLI.INF.SOP.1296 1.2 COVID 19 Testing
Trust Standard Operating Procedure for the Acute Assessment Unit

Version History

1	**March 2021**	Creation of the document.

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless

of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

Standard Operating Procedure (SOP)

The Admission, Assessment and Discharge of Patients referred to the Medical Assessment Unit (MAU)

1 Introduction

This Standard Operating Procedure covers the admission, assessment and discharge process for adult patients referred to the Medical Assessment Unit.

2 Definitions

Acute GP Service: Team of General Practitioners working within the Acute Assessment Unit and serving as a link between Primary Care and the Urgent and Emergency Care pathways in University Hospital Plymouth NHS Trust

MAU Coordinator: nominated responsible 'in charge' nurse, usually a Band 6 Deputy Ward Manager, to coordinate the admissions, discharges and transfers out of the Medical Assessment Units.

Post take The Consultant review following the clinical assessment and examination by a Junior Doctor. Post-taked patients will have a defined management plan including the desired destination

SALUS A patient information system used across UHP and within MAU facilitating the live record of a patient's current status within the process.

Triage An assessment of a patient's clinical priority using a score and recorded on SALUS

3 Pathways into the Medical Assessment Unit

3.1 Front Loaded Initial Care (FLIC)

3.1.1 Between 8am and 12pm each day each patient who comes into ED will be assessed by a Senior Decision maker on entry who will perform:

- A brief assessment
- Order relevant imaging, bloods and point of care tests i.e. ECG.
- Requested initial treatment will be commenced e.g. intravenous fluids, antibiotics

3.1.2 One of two things will then happen:

- The patient will enter the queue for formal assessment by the ED Junior Doctor team
- The patient will be transferred to MAU following the blue M system below

3.2 Blue M

3.2.1 This is put onto the EDIS system if a patient has been identified at FLIC as requiring a medical admission. These patients will be pulled by the MAU coordinator at the earliest opportunity to an identified bed on the MAU. This can be before they are assessed by an ED junior doctor but always after they have had a FLIC assessment by an ED Senior Decision maker.

3.2.2 When they arrive on the unit they will need a full clerking by the MAU juniors.

3.4 GP Admissions

3.3.1 Referrals for these patients are taken through the acute GP service who will liaise with the ward coordinators.

3.3.2 These patients will meet the criteria specified in the Standard Operating Procedure for Admission of patients direct from Primary Care to the Medical Assessment Units.

3.5 Direct Clinic Admissions

3.4.1 The MAU will accept patients admitted direct by a speciality team when there is no capacity within that specialities bed base and the patient is assessed as requiring immediate admission.

3.4.2 These patients will be admitted through MAU. The clinician who wishes to admit the patient should contact x39479 (male) or x55062 (female). They should indicate whether they have completed a consultant review and only require investigations ordered / results looked at / TEP etc. or if the patient requires a full assessment by the MAU junior doctor and acute physician

These patients should be put on SALUS by the coordinator as a pending admission

3.6 Acute Assessment Unit

3.5.1 If a patient requires admission following review on the Acute Assessment Unit and there is no appropriate bed to admit to then the patient can be admitted to MAU.

3.5.2 The coordinator on AAU or a member of AGPS will contact the coordinator by phone x39479 (male) or x55062 (female).

3.5.3 It should be indicated at the point of referral if the patient has had a consultant review or will require one. Any outstanding tests should be verbally handed over to the MAU Junior Doctor team.

4 The Triage of Patients on the Medical Assessment Unit

4.1 Triage

4.1.1 There will be 5 triage categories adapted from Manchester Triage (appendix 1)

4.1.2 The MAU Nurse in Charge will be responsible for assessing the patients Triage category based on the assessments undertaken on admission and entering this on SALUS within 15 minutes.

4.1.3 All patients will continue to appear on the custom list acute assessment awaiting clerking once triage is complete. The junior doctors should review each patient as outlined in the process of Expectations of Patient Assessment by junior doctors below

5 The Clerking of patients on the Medical Assessment Unit

5.1‘direct post-take’ of people who come from ED who are clerked by ED team or already had Medical registrar review

5.1.1 Patients seen by Junior Doctor in ED needs brief review rather than full clerking by MAU junior team; this should involve making sure patient is clinically stable, review of results and prescribing on EPMA. Consultant can directly post-take ED patients if Take is busy.

By sending more people through from ED without a junior doctor assessment we are essentially increasing the number of full clerk-ins that are needed, making it imperative that we do not duplicate work by getting the juniors to re-clerk people who have already had an adequate assessment in ED.

The responsibilities lie as follows:

8am to 6pm – Day shift

For those patients who have not had a junior doctor assessment, a full medical clerking should be performed plus :

- Check the ECG, blood and imaging results and document these in the consultant review section
- complete EPMA and VTE assessment
- Complete a TEP form
- Get a collateral history where required
- Assign themselves to the patient and present to the consultant
- The junior will retain responsibility for follow-up of the jobs generated by the consultant review
- Update SALUS and change attributes after clinical reviews

For those who have had an ED junior assessment the MAU junior should:

- Briefly review the history (this does not need to be documented)
- Check the ECG, blood and imaging results and document these in the consultant review section
- Prescribe on EPMA and do VTE assessment
- Complete a TEP form
- Get a collateral history where required
- Assign themselves to the patient, change attribute to ready for consultant review and present to the consultant
- The junior will retain responsibility for follow-up of the jobs generated by the consultant review
- Update SALUS and change attributes after clinical reviews

For those who is already seen and Post Taken by APIC in ED

- The MAU Take junior team based in ED should be handing over any outstanding jobs to MAU
- MAU team based in ED to prescribe EPMA and VTE assessment
- MAU team based in ED to handover any outstanding job to MAU team
- Update SALUS and change attributes after clinical reviews

For those that have already been seen by the speciality registrars (neurology, cardiology…) the junior should complete the tasks as above but also:

- Complete any extra pieces of history that need done i.e. social, 4AT score etc.
- Perform and document a full examination
- The attribute should be changed to ready for consultant review when this has been done
- Update SALUS and change attributes after clinical reviews

For those who are a direct admission from clinic, it is anticipated that they will already have a consultant review with a management plan. The junior should:

- Briefly review the history (this does not need to be documented)
- Check the ECG, blood and imaging results and document these in the consultant review section
- prescribe on EPMA and VTE assessment
- Complete a TEP form
- Get a collateral history if this is appropriate
- It is anticipated that these patients will already have had a consultant review completed and so do not need to be re-presented to APOD / take consultant. However it is imperative that all results are checked and any unexpected abnormalities treated appropriately. An acute physician review may be appropriate and it is the responsibility of the junior to flag this
- If an additional consultant review is not required the attribute should be changed to consultant review complete and an EDD and preferred destination set
- Update SALUS and change attributes after clinical reviews

For those who are an admission from AAU:

It will be relatively unusual for them to come without a clinician assessment. If they have been seen by a member of the AGPS this constitutes a clerk-in and will be printed out from system1. It should be co-located with the medical proforma and the patient can be put as ready for consultant review. The junior should:

- Check the ECG, blood and imaging results and document these in the consultant review section (if not already done)
- Prescribe EPMA and VTE assessment
- Complete a TEP form
- If the patient is admitted from AAU having already been consultant reviewed any outstanding jobs should be handed over to the take team by the AAU team
- Update SALUS and change attributes after clinical reviews

6pm to 9pm – Evening Shift

During the evening shift we should aim to continue the processes of the day shift but with the understanding that not all patients will be reviewed by the evening consultant before they finish their shift at 8pm. Discretion will have to be used. If you do not think your patient will receive a consultant review before the consultant finishes, follow the night shift protocol as below. Update SALUS and change attributes after clinical reviews

8pm to 8am – Night Shift

Overnight the situation will be slightly different as the patients may wait several hours for a consultant review. In this case the junior should briefly see the patient, complete the tasks as above and document in the notes that they have reviewed (but NOT re document the ED junior assessment)

Before the morning consultant rounds start at 8 am the night team should:

- Update SALUS and change attributes after clinical reviews

- identify all unclerked patients who have ED clerkings who could therefore be directly post-taken by day consultants and perform tasks as detailed in the 8 am-6 pm day shift section for these patients

- make any speciality referrals that are indicated i.e. cardiology, acute oncology, psychiatric liaison and other speciality Take as per the SOP.

- identify potential patients for frailty seen overnight and document this in the additional information section

- ensure ALL patients awaiting consultant review are under the correct speciality i.e Neurology, Gastroenterology, Hepatology, Respiratory

- identify clerked patients for the '8 by 10' system to discuss with the APOD at the safety brief

The ward clerks will print off the list at 0745 so all information must be up to date by this time

6 Consultant review of Patients on the Medical Assessment Unit

6.1 Post take list

6.1.1 Patients who are ready for consultant review can be identified from the SALUS custom list ‘Acute Assessment - All’

6.1.2 Where possible the patients should be seen in time order but this may not be appropriate depending on the acuity of the patients. The list should be kept updated at all times, in real-time to identify any clerking delays.

6.1.3 Consultants can expect that the juniors will bring patients to you who have been identified as having a junior doctor assessment in ED i.e. ‘direct post-take’. The junior should have completed the tasks outlined above and accompany you to review the patient.
6.1.4 Either yourself or the junior should update SALUS with the preferred destination, informing the relevant MAU Nurse in Charge. The EDD, acute assessment pathway and updating of the attribute to consultant review completed should also be done.

6.2 Transferring Patients to Ward without a Consultant Review

Between 8 pm and 8 am patients may be moved off MAU without consultant review if the system is under pressure. This would normally be in OPEL 4. The patients should be discussed with the medical SpR (or senior SHO on take if they are unavailable) before being moved to ensure it is safe to do so. They will then receive their consultant review on the wards during the morning ward round.

6.3 8 by 10 Protocol (Monday – Friday Only)

During the 8 am safety brief 8 patients will be identified to move to speciality wards (2 HCE, 2 Respiratory, 2 gastro/hepatology, 2 short-stay) without a consultant review. It has been agreed that these patients will be picked up by the specialities on their morning ward rounds. The purpose of this move is to try and ensure that the right patient gets to the right bed and that early flow is established in the assessment area. The decision will be made by the APOD during the 8 am safety brief after discussion with the night team. The patients should be:

- Clinically stable

- Suitable for the selected speciality

- Have necessary investigations requested

- Be moved to the ward areas by 10 am in the order of resp / cardio / gastrohep / HCE

6.4 Process of Consultant Review outwith MAU

When many patients have been transferred off MAU without a consultant review they should be picked up by the ward teams as detailed above. After they have been seen the consultant review attribute should be changed to green – consultant review complete. This will remove the patients from the master list on MAU. The attribute will reset with the SALUS update at midnight each night to minimise the number of icons that are visible on wards. This means that it should only display for the patients who need to be seen that day.

7 Multi-disciplinary working

7.1 Safety brief At 8 am each day there will be a safety brief involving all medical staff and the nurses in charge for both MAU Tavy and MAU Thrushel, Frailty Nurse, and the Site Management Team discussing patients of concern, patients who may be discharged early and any operational issues for the Medical Assessment Unit today

7.2 Board round At 11am each day there will be a board round with all medical staff, the nurses in charge of MAU Tavy and Thrushel, Frailty Nurse, the Rapid Response Team including Occupational Therapists and Physiotherapists, Pharmacy and the Site Management Team. Each patient is discussed along with their current treatment plan and desired destination which may be:

- A speciality bed
- Short Stay Ward for patients requiring ongoing Rapid Response Team input or a short period of treatment no longer than 48-72 hours.
- Discharge home

7.3 Updating of post take ward round decisions will continue outside of the multi-disciplinary meetings with the consultant providing the outcome of the post take to the relevant nurse coordinator. This information will be transferred immediately to SALUS by the nurse coordinator.

7.4 Speciality ward rounds there will be ward rounds from other specialities within the MAU i.e. Respiratory, Gastroenterology, Cardiology and these will follow the same process of informing the relevant nurse in charge of MAU Tavy or Thrushel, of the treatment plan and desired destination.

7.5 Nursing input for ward rounds will be provided by the named nurse for the bay that the patient is in and should be requested by the medical team when required. Due to the multiple ward rounds and complexity of the MAU this will not be offered routinely but should be compensated for by the processes in place.

8 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as the default of one year from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Medicine Care Group and ratified by the Medicine Care Group Manager.

Non-significant amendments to this document may be made, under delegated authority from the Medicine Care Group Manager, by the nominated author. These must be ratified by the Medicine Care Group Manager and should be reported, retrospectively, to the Medicine Care Group Board.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades that are directly affected by the proposed changes.

9 Dissemination and Implementation

Following approval and ratification, this Standard Operating Procedure will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The Matron and Service Line Cluster Manager covering Acute Medicine will be responsible for agreeing on the training requirements associated with the newly ratified document with the Medicine Care Group Manager and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

10 Monitoring and Assurance

A daily report of activity for admissions, discharges, length of stay and transfer times have been created and can be found on the following link:

http://picts032/ReportServer?%2FPerformance%2FPerformance%20Reporting%2FInpatients%20And%20Daycases%2FMAU%20Key%20Data%20For%20Yesterday%20(P2433)&rs%3AParameterLanguage=en-GB

Data from this report will be monitored by the Matron for Acute Medicine, Service Line Director for Acute Medicine and Service Line Cluster Manager covering Acute Medicine

Learning from this report will be discussed and shared at the Business Meetings for the Medical Assessment Unit.

Substantial changes and improvements in regards to the Medical Assessment Unit will also be captured and shared in the Unscheduled Care Board.

11 Reference Material

- COVID-19: Guidance for maintaining services within health and care settings. Infection prevention and control recommendations. NHS England and Public Health England.

- Operational Pressures Escalation Levels Framework. NHS England.

Flowchart reflecting Post-Take Decision making process on MAU	Appendix 1