

Heatherwood and Wexham Park Hospitals   
NHS Trust

# **ACUTE MEDICINE CLINIC**

# **OPERATIONAL POLICY**

Version 2

June 2007

## **Introduction**

This proposal is to provide an Acute Medicine Clinic (AMC) facility to be situated at the entrance to the existing Acute Medicine Unit (AMU).

It will consist of two consulting rooms with suitable examination facilities, a comfortable waiting area, and the support of a dedicated trained nurse.

## ***Acute Medicine Clinic (AMC)***

The AMC will provide a facility for expeditious assessment of selected general practitioner (GP) referrals by an Acute Medicine consultant, initially between the hours of 10.00 - 17.00 on weekdays only, to assess the need for admission and/or further outpatient investigation or specialist referral. Should admission be required and depending on clinical need, the AMC will be given the same level of priority for bed allocation as those patients referred to General Medicine by A&E.

## **Objectives**

- To expedite Acute Medicine consultant opinion for stable, mainly ambulatory, patients referred by their GPs for **acute** medical problems (e.g. headache, skin rash, leg swelling, uncontrolled hypertension), requiring specialist review but not necessarily admission to hospital.
- To develop immediate/urgent access to diagnostic services, and rapid access to sub-specialist opinions where required.
- To minimise inappropriate admissions, or prevent avoidable admissions.
- To reduce length of stay by utilisation of appropriate pathways.
- To have a robust arrangement in place for discharge documentation, which the patient's GP will receive within 24 hours of their visit to the AMC.
- To comply with government recommendations for emergency patient care.
- To enable the Trust to meet local / national targets.

## **Staff Structure**

This clinical service will be under the direct supervision of the Acute Medicine consultants and AMU Ward Manager.

A Staff Nurse will work within the Acute Medicine Clinic, initially between the hours of 10.00-17.00 weekdays only.

All patients will be booked in at the AMU reception under the A&E system as emergency admissions.

All professionals will be expected to practice according to standards set by their professional bodies and will be accountable for their actions and omissions.

## **Facilities**

The Acute Medicine Clinic will be equipped with 2 examination rooms, with office infrastructure and one examination trolley each. A nurses' station and waiting area will support the above.

## **Medical Equipment**

Most consumable medical equipment will be made available via AMU.

Additional equipment required will include (all with mobile stands):

- 1 Vital signs monitor
- 1 Thermometer
- 1 Blood glucose monitoring box
- 1 Phlebotomy trolley
- 1 ECG machine
- 2 Gratnell trolleys
- 2 Drip stands
- 1 Overhead spotlight
- 1 Ophthalmoscope / Otoscope

## **Office Equipment**

- 2 Office desks with drawers
- 2 Office chairs (mobile)
- 1 Nurse station
- 1 Cabinet for paper storage
- 1 Computer (desk top)
- 1 Fax machine
- Seating for patients and relatives

In accordance with Health and Safety regulations all equipment will be registered with the Estates/Electro Medical Services departments and will be serviced as per the Planned Preventative Maintenance Schedules.

## The Patient's Pathway

- The on call **Medical Registrar** will accept referrals from General Practitioners (GPs) only and, observing strict criteria (to be formulated), assess the appropriateness for review of the patient in this clinic. In the event of uncertainty, the Medical Registrar will be responsible for carrying out a brief assessment before referring the patient to the AMC (this should be done on AMU if bed capacity is available, otherwise in A&E).
- **General Practitioners** will be requested to provide a letter outlining the reason for referral, with relevant past medical history and current drug therapy.
- The patient will be requested to bring with them all their current medication.
- The Medical Registrar informs the **AMU Receptionist** on extension 4486 of the patient details and anticipated time of arrival.
- Upon arrival of the patient, the AMU Receptionist informs the **AMC Nurse** without delay.
- Patients will be informed that they have been referred for assessment only and that admission may not be required; patient information leaflets (to be prepared) will reflect this.
- The AMC Nurse informs the **Acute Medicine consultant** of the day, following completion of vital sign observations with/without selected diagnostic tests as appropriate.

It is anticipated that the AMC Nurse will follow agreed protocol for blood sampling on arrival to expedite assessment (see attached chart).

- Following Acute Medicine consultant review:
  1. If admission is required, the Bed Manager is informed and a hospital bed is booked. No patient will wait longer than 4 hours in the AMC. The AMC nurse informs the on call Medical Registrar of the need for admission, the treatment plan, and the need for a full clerking procedure to be carried out.
  2. If admission is not required, the Acute Medicine consultant will dictate a discharge report to the patient's GP. The consultant's secretary will produce the electronic report using the iCM format and fax it to the GP surgery without delay.
- Patients who require urgent follow up (within 2 weeks) may be seen in the Acute Medicine follow-up clinic (at the discretion of the Acute Medicine consultant).
- Patients requiring non-urgent follow up (i.e. after 2 weeks) will be referred to the on-take Consultant's outpatient clinic.

## **Absolute Exclusion Criteria**

- Patients from any ward/inpatient areas.
- Children under 18 years.
- Patients with a Patient at Risk (PAR) score of 3 and above, unless discussed with and agreed by the Acute Medicine consultant.
- Transfers from other hospitals.
- Admissions/referrals from Outpatient Clinics (OPD).

## **Relationship to other Services**

### ***Radiology***

The AMC will share the main Radiology Department that serves the Trust in and out of hours. AMC patients will enjoy priority on equal basis to emergency patients from the A&E department. Nurses with sufficient competency levels following validated training will be able to refer patients for imaging from the AMC, as required. Portering will be provided by the Radiology Department.

### ***Pathology***

It is anticipated that the AMC nurse will follow the A&E protocol for blood sampling on arrival in order to expedite assessment (see attached chart). Generally, blood requests should be done as a matter of urgency with results available within 1 hour.

### ***Therapeutic Services***

Special arrangements are in place for the rapid supply of medication on discharge. A dedicated Pharmacist will support clinicians and offer patient advice/encouragement. They will also ensure that patient medication and histories are obtained to prevent discrepancies between ongoing primary care regimes and secondary care prescriptions. A&E prescription pads (in hours) and TTA packs (out of hours) will be available to expedite the discharge of patients. All these measures will ensure seamless transition and effective treatment. Nurse led discharge and dispensing of TTA's will be an essential part of the service offered.

### ***Portering Services***

Porters employed to work in the unit will facilitate the transport of patients between the AMC, Discharge Lounge, (if required) and Diagnostic Units/Ward areas with support from the Portering Pool accessed via the Helpdesk (4424).

### ***Bed Manager***

The Bed Manager will play a key role if admission is required and should be informed without delay. No patient will wait longer than 4 hours for admission to a hospital bed.

## ***Information Technology***

The IT Department will support the Acute Medicine Clinic by providing appropriate computer systems to link with PAS/CRS. All clinical discharge letters will be produced on iCM and a copy faxed to the GP without delay. Appropriate statistical information as would be necessary to support decision-making and qualitative analysis should also be accessible on this system. Patients will be admitted and discharged using the PAS /CRS system.

## ***Ward Reception / Medical Secretary***

The AMU Receptionist will meet and greet patients and relatives and act as ambassador to the unit. The Ward Receptionist & Medical Secretary will provide administrative support to clinical personnel. They will need to input necessary data into the computer system in a timely manner, producing relevant paperwork for nursing/medical staff. This includes maintaining the TVEA screen. They will request any previous notes as soon as possible to reduce clinical risk issues. They will file patient records appropriately and make outpatient appointments as required within 24 hours of the request being made during normal working hours, or at the next available opportunity.

## **Patients Information and Support**

Patients and relatives will be provided with the appropriate information about their care/management in accordance with the Trust Policy on Data Protection and Confidentiality as well as '*Your Guide to the NHS*'. There will be a leaflet in place to explain how the unit operates, information as to the processes patients may encounter and who staff are and how they are able to help them during their stay. Patients and relatives will be able to offer their comments via a suggestion box. The complaints procedure will be made available if requested.

## **Valuables and Property**

In the event of patients being admitted, the following applies:

- Patients will be encouraged to send valuables home with a relative.
- If patients wish to keep their valuables with them a disclaimer will be signed. A copy will be issued to the patient and a copy will be placed in the patient's medical notes, in accordance with Trust Policy.
- All property must be listed as per Trust protocol before transfer.

## **Crash Calls**

The On-call Crash Team will cover crash calls to the AMC. An emergency call bell linked to the Acute Medicine Unit (AMU) will be installed.