Canberra Health Services

ACT Government

Model of Service

Acute Medical Unit (AMU), Division of Medicine

May 2024

Contents

1. Introduction

This Model of Service (MoS) for the Acute Medical Unit (AMU) sets out the evidence-based framework for describing the right care, at the right time, by the right person / team and in the right location. A clearly defined and articulated MoS helps ensure that all health professionals are 'viewing the same picture', working towards common goals, and evaluating performance on an agreed basis.

This MoS:

- outlines the principles, benefits, and challenges of each of the AMU Models of Care (MoC),
- provides the basis for how we deliver evidence-based care.
- contains information relating to patient/client flows (the areas from where patients enter and exit the service) and service co-ordination.

2. Principle

Our vision and role reflect what we want our health service to stand for, to be known for, and to deliver every day. The vision and role are more than just words - they are our promise to each other, to our patients and their families and to the community. We all have a role to play in delivering on the promise:

Vision: Creating exceptional health care together

Role: To be a health service that is trusted by our community.

Our values:

- We are reliable - we always do what we say we will do.
- We are progressive - we embrace innovation.
- We are respectful - we value everyone.
- We are kind - we make everyone feel welcome and safe.

Our **Strategic Plan** sets out our path forward as an organisation for the next three years. It is values driven—it outlines how we will deliver against our vision of 'creating exceptional health care together' for our consumers, their families, and carers.

Our **Partnering with Consumers Framework** provides clear principles for a shared understanding of our approach and what is required from all team members for effective partnerships with consumers and carers in line with our organisational values. The principles have been developed in collaboration with our consumer and carer organisations and underpin this Framework.

In addition to the organisation values, this Model of Service is founded on the following service principles. They will guide our work and how we deliver services for patients/clients and families accessing care in the AMU.

Our service principles:

Stream Models of Care - The AMU Models of Care are underpinned by streamlined patient pathways. This ensures appropriate care and treatment in the most suitable environment.

Shared Organisational Goals - The organisation has shared goals and responsibility for achieving targeted admitted NEAT and Relative Stay Indexes for Internal Medical Units.

Clinical Leadership and Expertise – The AMU leadership team support clinicians through effective communication, clinical expertise, role modelling and commitment to excellence.

Access to treatment - The AMU provides timely, accessible, and appropriate health services to people with acute illness or injury of varying urgency and complexity. The AMU operates 24 hours a day, 365 days a year.

Education and Training - The AMU has a strong focus on education and training. The AMU contributes to teaching students from:

- Australian National University (ANU) Medical School,
- Australian Catholic University,
- Charles Sturt University,
- Flinders University,
- University of Canberra,
- Canberra Institute of Technology.

Evidence informed best practice and continuous quality evaluation - Canberra Health Services (CHS) is committed to ensuring information collected about an individual is managed in accordance with the Health Records (Privacy and Access) Act 1997. CHS will not collect information if it is not required. CHS regularly perform audits for quality assurance, reporting and evaluation processes as per the CHS Clinical Audit Program.

Supported decision making - The AMU promotes autonomy, awareness of rights and responsibilities, equal partners within the multidisciplinary care team (MDT), patient (and where possible their family members and carers) to be actively involved in their own care.

Embracing diversity and accessibility - CHS is committed to fostering an environment of inclusion, respect, and diversity. We recognise the uniqueness of every individual, regardless of their race, ethnicity, gender, age, sexual orientation, religion, disability, or socio-economic background. Together, we aim to adopt informed, flexible, and adaptive practices which foster a culture of respectful and therapeutic relationships.

3. Description of service

The AMU provides the Division of Medicine with a pivotal and central place for the intensive, multi-disciplinary, work-up of patients who require medical inpatient care, during the admission phase of their management.

The AMU is designed to improve the coordination and quality of care for patients, increase efficiency in inpatient management and ultimately, assist with improving patient flow across the hospital. This is achieved through pulling and admitting medical patients 16 years of age and over from the Emergency Department with either conditions amenable to a <48hour stay, undifferentiated conditions needing intensive work up or conditions that require subsequent and ongoing internal medical sub-specialty input.

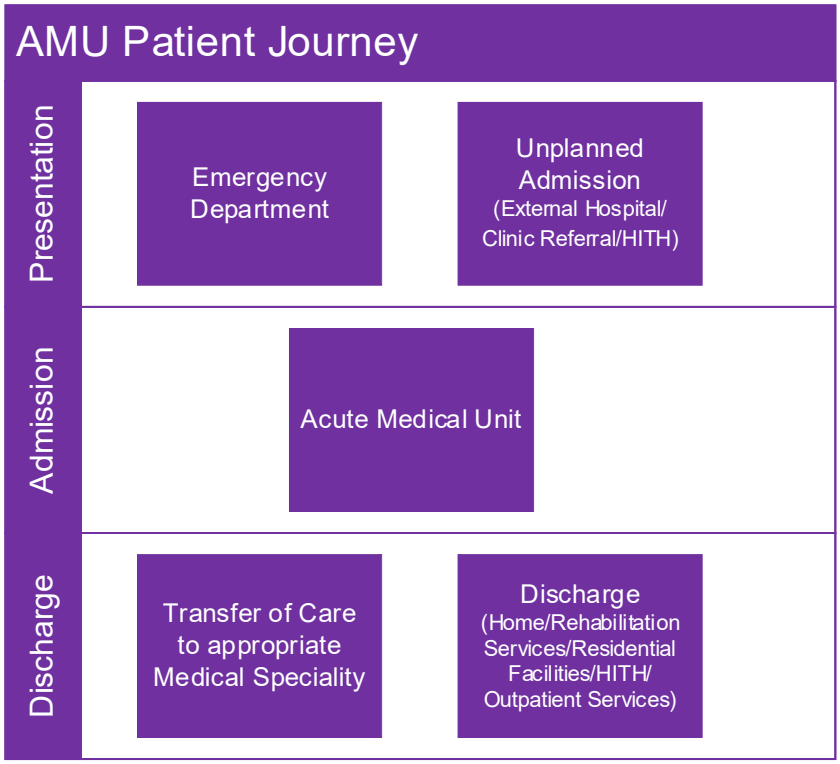
The AMU is unique to other inpatient units in that it features a dedicated multidisciplinary team lead by consultant physicians for extended business hours. These unique qualities allow for the unit to focus onsetting early, shared-care trajectory for patient management within the hospital and then subsequently in the transition to the community upon discharge.

4. AMU Models of Care and Patient Journey

The AMU Models of Care provides a clear understanding of how care is provided across the AMU patient journey.

The AMU takes admissions from the CHS Emergency Departments, Outpatient Clinics, Hospital in the Home and external Hospitals transferring patients to Canberra Hospital.

Within the unit, patients receive a multidisciplinary diagnostic work up and the commencement of their initial management in line with their goals of care and are subsequently either transferred to an appropriate subspecialty or discharged home within 48hours.



4.1. Admissions

Model of Care	
Description	The AMU accepts referrals to the ward from the TCH Emergency Department or other sources such as external hospitals or CHS outpatient clinics. Patients appropriate for referral to the AMU include any patients 16 years or over requiring a medical hospital admission. A strict exclusion criterion for referral includes: • Patients requiring an admission under a different division. • Patients requiring care in a specialized ward environment: • High Dependency Unit (HDU) and/or Intensive Care Unit (ICU) • Coronary Care Unit (CCU) • Stroke Unit • Dialysis Unit • Secure ward for behavioural management. • Positive Pressure Unit for patients undergoing active cancer treatment. The full exclusion criteria can be found within the Model of Care.
Principles	• Safe completion of the diagnostic work-up of adult medical patients within a non-ED space. • Safe admission of stable outpatients/ inter-hospital transfers directly to the ward. • Early multi-disciplinary involvement to establish right care trajectories from admission. • Early senior clinical decision making across extended hours of operation. • Priority access to pathology and radiology services. • Timely access to support services to facilitate patient flow into the unit.
Benefits	• Improved patient experience • Streamlined transition of patients from the ED to internal medical units • Streamlined admission of patients from outpatient clinics and external hospitals

	• Focus of clinical care according to patients' care goals.
Performance Indicators	• Admitted AMU NEAT • AMU MET calls within the first 24 hours of admission • Adverse events • Consumer and staff feedback

4.2. Transfer of Care

Model of Care	
Description	Transfer of care is for patients who are not suitable for discharge directly from the AMU. These patients have their care transferred to an appropriate sub-specialty inpatient team within 48hours of admission. Disposition is determined according to the CHS Inpatient Unit Admission Criteria. As patients are transferred to the appropriate medical specialty, they are moved from the AMU ward to their appropriate specialty ward. Patient disposition to the appropriate specialty ward ensures they are receiving the specialty care they require for an effective and efficient stay within the hospital. It also allows for space within the AMU for patients to be admitted from the to pull other patients from the Emergency Department for greater efficiency across the whole of the hospital.
Principles	• Streamlined transfers of care for relevant patients from AMU to a subspecialty team and ward.
Benefits	• Continuity of care for complex medical inpatients • Delivery of care in the right place at the right time • Continuous pull of patients from the ED • Reduced ED length of stay
Performance Indicators	• Patient and staff feedback • Adverse events • AMU Length of Stay • Relative Stay Index for Internal Medical Units

4.3. Discharging

Model of Care	
Description	The AMU caters for adult patients requiring a medical admission. The discharge process is implemented for patients who through their initial multidisciplinary admission and management process are determined to be suitable for discharge directly from the unit within 48 hours. Patients may be linked with internal or external community support services on discharge, according to their needs.
Principles	• Early hospital discharge for appropriate patients. • Collaborative care across the tertiary community interface. • Early multi-disciplinary involvement.
Benefits	• Reduced hospital length of stay • Continuum of care on hospital discharge • Maintenance of overall Divisional bed base • Reduction of hospital related complications
Performance Indicators	• Patient and staff feedback • Avoidable hospital re-admission within 28 days of discharge • Adverse events • AMU length of stay • Proportion of patients discharged from the AMU

5. Innovations

5.1 Extended business hours

The AMU provides early senior medical and interdisciplinary care for patients that require admission under internal medicine units. There is extended period of medical cover within the AMU, with consultants rostered for extended hours seven days per week, 24/7 registrar and resident medical officer cover to ensure MDT assessments are requested and completed in a timely manner. This frontloading of initial MDT assessments ensures patients are established on the right care trajectory from the beginning of their admission.

Additionally, the AMU has dedicated Allied Health leadership seven days per week from 0800-1630, supported by a range of allied health professions and extended hours of clinical pharmacists. Nursing and Allied Health ratios facilitate the efficient support of patients through the unit.

5.2 Automatic Dispensing Cabinets

Automatic Dispensing Cabinets (ADCs) allow medications to be stored and dispensed near the point of care. They allow for the controlling and tracking of drug distribution. The AMU will be utilising ADCs throughout. This will enable efficiencies in the management of pharmacological agents.

5.3 Bariatric Rooms

Bariatric rooms within the AMU are designed to accommodate patients up to 450kg. Bariatric rooms are fitted with equipment weight rated for bariatric patients. This includes overhead lifters and toilets. Bariatric rooms are weight rated to 250kgs or Super Bariatric rooms are weight rated to 450kgs.

The AMU has one super bariatric room, two single bariatric room and 4 bedspaces capable of caring for bariatric patients. This allows for the AMU to be able to cater to all patients needs regardless of their size.

5.4 Consult Room

The AMU consult room is designed specifically for consultations with patients and families. It provides a safe and functional space with a full medical services panel for the assessment of patients who may require a direct admission to the ward. This ensures patient privacy and dignity is maintained throughout consultations.

6. Interdependencies

Interdependencies describe internal and external functional relationships with other services that specifically enable the AMU MoS and Models of Care.

6.1 Allied Health

TCH Acute Allied Health Service is an inpatient service. The cohesive relationship between the AMU and Acute Allied Health Services is primary in providing specialised, goal-based care and interventions to maximise a patient's functionality and quality of life, it is also essential to shared decision making and effective discharge planning.

6.2 Hospital in the Home

The Hospital in the Home (HITH) service allows for hospital level care in a patient's home or via attendance at the HITH hospital base instead of on a hospital ward. HITH provides care to appropriate patients transferred from AMU as per the HITH Referral, Admission and Discharge Procedure.

6.3 Emergency Department

An efficient and collaborative service exists between the Emergency Department and the AMU to ensure the timely and safe transfer of relevant patients to the AMU for admission.

6.4 Patient Support Services

AMU is well supported by a team of ward clerks, wards persons, hospital assistants, central equipment stores and cleaners to facilitate the efficient flow and care of patients into, within, and from the unit.

6.5 Specialty wards

Under the governance of the Division of Medicine, the AMU works collaboratively with subspecialty teams and wards to facilitate the continuity of multidisciplinary patient care on transfer of patients from the AMU to internal medical units. This is facilitated by the daily Division of Medicine morning medical handover and direct consultant-consultant communication.

6.6 Specialty Teams

AMU works closely with all subspecialty teams for early in reach and consultation for patients. This assists timely disposition decision making or facilitates discharge planning and subsequent community follow-up.

6.7 Pathology

Many patients within the AMU require diagnostics including pathology services. Pathology services available to the ward include the phlebotomy services who operate significantly within the AMU.

6.8 Pharmacy

Clinical pharmacists operate within TCH Campus for extended hours 7 days per week. These pharmacists assist to manage the continuity of pharmaceutical management for patients across the tertiary community interface. Patients can access discharge medications from the TCH dispensary during operational hours. The AMU relies on the pharmacy service and impress stock contains medications to meet the requirements of acute general medical patients across the breadth of presentations experienced within the unit.

6.9 Radiology

AMU relies on having equity of access to radiology services 7 days per week, this is crucial in the further diagnostic workup patients within AMU. Radiology services available to AMU are proportionate to that of the Emergency Department.

6.10 Medical Emergency Team

The TCH Medical Emergency Team (MET) Service provides support for emergency medical response to the deteriorating patients within the campus including AMU. As AMU has patients who have an unclear disposition and require further diagnostic workup, they are at a high risk of deterioration. MET are the key team supporting the unit for these high-risk patients.

6.11 Community Based Services

Patients within the AMU may require CHS community-based services on discharge from the hospital. Examples of this include the Liaison and Navigation Service (LaNS), Community Drug and Alcohol, Community Palliative Care and Rapid Assessment of the Deteriorating Aged at Risk (RADAR). Having a strong working relationship with these services allows for

continuity of care between the tertiary and primary health care/community setting. These services support the timely and effective discharge of patients from the AMU.

7. Workforce

The management of staff within the AMU is undertaken in accordance with the:

- Relevant Enterprise Agreements
- ACTPS Work Level Standards
- Public Sector Management Act (1994)
- Public Sector Management Standards (2016)
- Health Act 1993
- ACT Public Sector Nursing and Midwifery Safe Care Staffing Framework
- Visiting Medical Officer Contracts.

Workforce requirements are based on the number of points of care, number of patient presentations, patient types and intensity of care provided in different areas of the AMU.

The AMU workforce is summarised in Table 1.

Category	Roles
Medical staff	• Clinical Director • Senior Staff Specialists and Staff Specialists • Senior Registrars • Registrars • Senior Resident Medical Officers • Resident Medical Officers
Nursing	• Assistant Director of Nursing • Nurse Managers • Clinical Nurse Consultants • Clinical Care Coordinators • Clinical Development Nurses • Discharge Liaison Nurses • Registered Nurses (Levels 1, 2 and 3) • Enrolled Nurses • Assistants In Nursing • Undergraduate Students of Nursing
Allied Health	• Allied Health Clinical Leads • Physiotherapists

	• Occupational Therapists • Pharmacists • Social Workers • Dietitians • Speech Pathologists • Aboriginal and Torres Strait Islander Liaisons

Support staff	• Administration staff
	  ○ Business Manager
	  ○ Administration Manager
	• Clinical support through:
	  ○ Ward Clerks
	  ○ Wardspersons
	  ○ Hospital Assistants
	  ○ Central Equipment
	  ○ Courier Services
	  ○ Spiritual Support Services
	  ○ Capital Linen
	  ○ Food Services
	• Security
	• Health Technology Management
	• Environmental staff
	• Stores/supply

8. Implementation

The MoS will be implemented through the following strategies:

- Orientation and training programs for new and existing staff to work within the service.
- Ongoing training programs for staff working within the service.
- Processes and documentation used within the service that support the principles of the AMU Models of Care.

9. Performance

The AMU MoS will be delivered in accordance with key government strategic performance objectives and priorities. The AMU MoS supports achieving performance indicators related to AMU access targets and quality safe patient care.

The objective for all performance improvements is to ensure patients receive quality, safe health care in ‘the right care, at the right time, by the right team and in the right place’.

The AMU will evaluate performance against:

- ACT Health Strategic Indicators
- Australian Council of Healthcare Standards (ACHS), National Safety and Quality Standards
- CHS, Clinical Governance Structure and Committees
- CHS, Strategic Indicators
- Consumer Feedback.

The AMU will ensure the provision of high-quality service through ongoing feedback from patients, families and carers who use the service, as well as the measure of staff satisfaction and well-being.

Monitoring and evaluation of AMU will occur through a range of mechanism including:

- CHS’s Clinical Governance Structure and Committees.
- CHS’s Risk Management Processes.
- National Safety and Quality Health Service (NSQHS) Standards Committees
- 'Our' Care Committees

Data collected by the CHS Consumer Engagement team via the Australian Hospital Patient Experience Question Set (AHPEQS) has a key role in monitoring and identifying and acting on themes from surveys and other feedback sources. This process includes seeking input from the CHS Consumer and Carer Sub-Committee, to ensure subsequent quality indicators from the consumers perspective are appropriate and meaningful.

10. Definitions & Terms

Table 2 provides abbreviations and acronyms used in this document.

Acronym	Meaning
ACHS	Australian Council on Healthcare Standards
ACSQHC	Australian Commission on Safety and Quality in Health Care
ACT	Australian Capital Territory
AHPEQS	Australian Hospital Patient Experience Question Set

Acronym	Meaning
AMU	Acute Medical Unit
ANU	Australian National University
BCP	Business Continuity Plan
CH	Canberra Hospital
CHS	Canberra Health Services
CHWC	Centenary Hospital for Women and Children
CIT	Canberra Institute of Technology
CPHB	Calvary Public Hospital Bruce
DHR	Digital Health Record
ERAS	Enhanced Recovery After Surgery
ERP	Emergency Response Plan
HTM	Healthcare Technology Management
ICT	Information and Communications Technology
KPI	Key Performance Indicator
LOS	Length of Stay
MDT	Multidisciplinary Team

Acronym	Meaning
MoC	Model of Care
MoS	Model of Service
NGO	Non-Government Organisation
NHMRC	National Health and Medical Research Council
NSQHS	National Safety and Quality Health Service
TIS	Translating Interpreting Services
UC	University of Canberra
UCH	University of Canberra Hospital
WHSMS	Work Health Safety Management System

Table 3 provides term definitions used in this document.

Term	Definition
Guideline	Aimed at CHS staff, guidelines detail the recommended practice to be followed by staff but allow some discretion or autonomy in its implementation or use. Guidelines are written when more than one option is available under a given set of circumstances, and the appropriate action requires a judgement decision. Guidelines may also be used when the supporting evidence for one or other course of action is ambiguous.
Model of Care	Model of Care describes the way health services are delivered including best practice, population groups and patient cohorts through the stages of care. It aims to provide the 'right care, at the right time, by the right team and in the right place'.

Term	Definition
Model of Service	Model of Service describes overarching operational principles of a service area and performance measures.
Next of Kin	Patient nominated next of kin include biological family relations of any degree, but also family of choice who may not be biologically related, carers or loved ones such as friends.
Policy	Aimed at CHS staff, policy documents are an overarching, organisational wide directive about how staff are to act in defined circumstances or regarding a particular situation. Policies are documents based on legislation, Standards, regulations and/or ACT Government requirements and compliance is mandatory. A policy is often, but not always, supported by a procedure or guideline.
Procedure	Aimed at CHS staff, procedures detail specific methods or actions staff must undertake to complete required processes within CHS. Procedures inform staff about how to complete clinical or administrative actions consistently across the organisation. The actions are evidence based and informed by staff who are subject matter experts. Non-compliance with a clinical procedure must be clearly documented in the patient's clinical record.
Quaternary care	The term quaternary care is used as an extension of tertiary care in reference to advanced levels of medicine which are highly specialised and not widely accessed.
Riskman	A core software tool used by CHS for consumer and staff incident reporting, integrated risk management, legislative compliance, and quality improvement monitoring.
Tertiary care	The term tertiary care refers to services provided by hospitals with specialised equipment and expertise. At this level, hospitals provide services such as intensive care, major trauma management, neurosurgery, cardiothoracic surgery, and interventional procedures.

11. References List

Frameworks

- CHS Exceptional Care Framework 2020-2023
- CHS Clinical Governance Framework 2020-2023
- CHS Partnering with Consumers Framework 2020-2023
- CHS Corporate plan 2020-2021
- CHS Strategic Plan 2020-2023
- CHS Work Health Safety Strategy 2018-2022

Policies & Procedures

- CHS Consumer and Carer Participation
- CHS Consumer Feedback Management
- CHS Consumer Handouts
- ACT Health Violence and Aggression by Patients, Consumers or Visitors: Prevention and Management
- ACT Health Work Health and Safety
- ACT Health Work Health and Safety Management System
- CHS Work Safety Policy
- ACT Health Incident Management
- ACT Health Language Services (Interpreters, Multilingual Staff and Translated Materials)
- CHS Clinical Records Management
- CHS Protective Security – Security Design for Facilities
- CHS Waste Management

Legislation

- Human Rights ACT 2004
- Charter of Health Care Rights
- Workplace Privacy ACT 2011
- Work Health Safety ACT 2011
- Dangerous Substances ACT 2004

External Standards/Guidelines

External organisations may have standards and guidelines that are relevant to the AMU which may include but not be limited to:

- Australian Commission on Safety and Quality Health Care
- NHMRC Australian Guidelines for the Prevention and Control of Infection in Healthcare

12. Model of Service Development Participants

Participant, Position
Anna Nakauyaca, Unit Director, AMU
Jo Lewis, Clinical Nurse Consultant, AMU
Lindsay Ottaway, Business Manager, Division of Medicine
Stevi Jury, Client Liaison Officer, Campus Modernisation

Information about the directorate can be found on the website:
www.canberrahealthservices.act.gov.au

Acknowledgement of Country

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

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