

Medical Assessment Unit (MAU)

Operational Guide

Audience: General Managers
Service Managers
Clinical Managers

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1.0 Overview

1.1 Key Problem

The elderly medical patient presenting to the emergency department tends to have co-morbidities with deterioration in one or more of their principal health problems. Junior staff working in the emergency department often do not know these patients and as such, undertake intensive investigations to determine the patients' principal diagnosis and referral to the appropriate treating team.

Patients are delayed undergoing these investigations and awaiting senior physician assessment and clinical management decisions.

Delays in specialist physician assessment results in:

- Blockages in ED while awaiting review
- Delays due to lack of available ward beds to receive patients
- Longer hospital length of stay
- Increased risk of experiencing adverse events due to longer hospitalisation.

The establishment of an alternative pathway for this group of patients through a Medical Assessment Unit will provide timely access to senior physicians and a multidisciplinary team for assessment and decision-making and decrease pressure currently placed on the emergency department.

There is a growth in ED presentations of approximately 7% annually. Coupled with an ageing population, who have a length of stay over double the state average.

A radical change is required to the way we currently operate – otherwise delays and adverse events in ED's could worsen.

1.1.1 Origins of the MAU

The MAUs were originally established as part of a program called Health Care for Older People Earlier (HOPE). HOPE was designed as a model of care for medical patients that will link the acute setting to support services in the community.

The program saw the integration of Medical Assessment Units through a single point of access to community support resources. The requirements to ensure community acute and sub acute services are established to deliver these promptly to patients being discharged from the Medical Assessment Unit.

This will also see a coordinated approach of service access from GP's to community services, providing a pathway that negates the need for an acute hospital presentation.

The HOPE program is now superseded by the NSW Department of Health, Health Service Performance Improvement Branch (HSPiB) coordinated

approach to managing the elderly and those with chronic conditions through the Integrated Aged and Chronic Care Program.

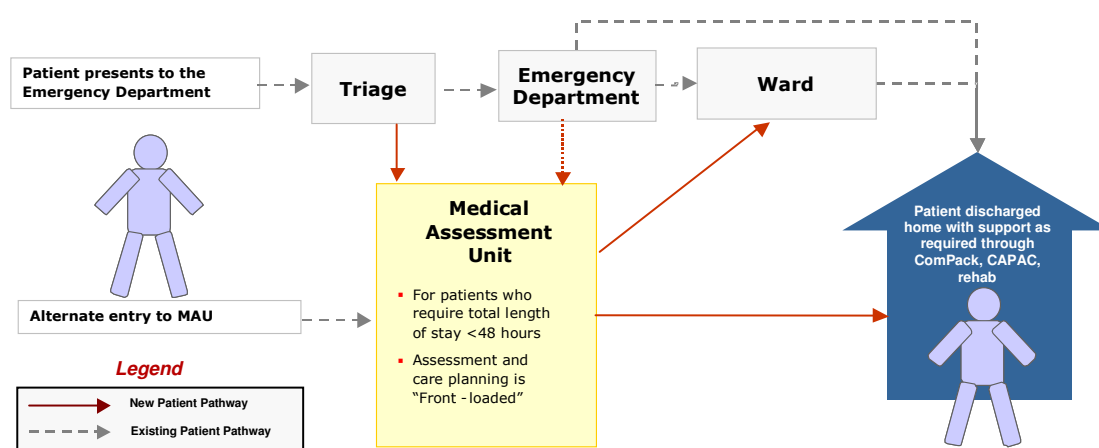
1.2 What is a MAU?

Medical Assessment Units improve the efficiency in the admission process for unplanned patients by providing assessment, care and treatment for a designated period (usually 48 hours) prior to transfer to a medical ward or home where appropriate. The Emergency Department stay is eliminated or drastically reduced in this model of care.

MAUs provide comprehensive, multidisciplinary patient-centred care, by dedicated teams of hospital and community based staff. Medical Assessment Units provide specialist physician assessment, review and evaluation of the older person at the beginning of the hospital care pathway with better coordination to discharge. Many patients who would have traditionally been admitted to a medical ward for greater than 5 days will now be fully worked up and sent home safely within 48 hours from the MAU.

While the role of specialist physicians within the MAU cannot be overlooked, co management by the whole multidisciplinary team is essential for the unit to function successfully. This includes active contribution by senior nursing staff such as the NUM, Nurse Practitioner or Clinical Nurse Consultant as well as increased input from Allied Health team members.

Patient Pathway through the Medical Assessment Unit



1.3 What isn't a MAU?

The MAU is not

- An Emergency Department Short Stay Observational Ward
- An admissions ward
- Surge beds
- A queue for an in-patient bed

An MAU provides an opportunity to break down traditional working patterns and boundaries and improve processes of care for medical patients

1.4 Why a MAU?

Experience from the UK National Health Service (NHS) and New Zealand shows that a reduction in the time patient's wait for a senior physician review and multidisciplinary assessment can:

- Reduce the length of stay in the ED for these patients
- Reduce the level of intensive investigations prior to decision-making
- Reduce the length of stay in longer stay wards through multidisciplinary assessment at the time of hospital entry.

Earlier activation of community based care solutions for these patients provides the opportunity for a coordinated approach to services across the acute setting, whether in an in-hospital environment or in the community.

1.5 Expected Benefits / Outcomes

“Front-loading” assessment, diagnostics, treatment initiation and planning by senior physicians for a selected group of patients utilising alternative pathways, delivers:

- Reduction in ED LOS
- Reduction in in-hospital length of stay (LOS),
- Improved co-ordination to acute community care

2.0 Change Management

2.1 Area Health Service Governance

The Health Services Performance Improvement Branch (HSPIB) is responsible for receiving information from Area Health Services (AHS) and reporting to the Director-General, NSW Department of Health.

The Acute Care Taskforce and the Physician's Taskforce will provide expert advice and support for the MAUs.

Each area health service will have the Director of Clinical Operations (DCO) as the Accountable Executive who is responsible for

- Overseeing the implementation of MAUs in their AHS
- Providing executive support and leadership to their AHS Hospital General Managers (GMs) who are responsible for implementation of the MAUs.

2.2 Facility Governance

The GM's are accountable for the implementation of MAU's within their hospital and will provide regular feedback to the Directors of Clinical Operations on agreed process and outcome Key Performance measures

The GM will provide executive support and leadership for the implementation of this model of care within their hospital. Local governance committees and processes should be utilised and established as appropriate.

2.3 Clinical Governance

The DCO's, GMs, MAU directors and clinical teams are accountable for ensuring processes are adopted and maintained to deliver safe and quality care for patients in their MAU's.

Established area and hospital clinical governance frameworks should be utilised.

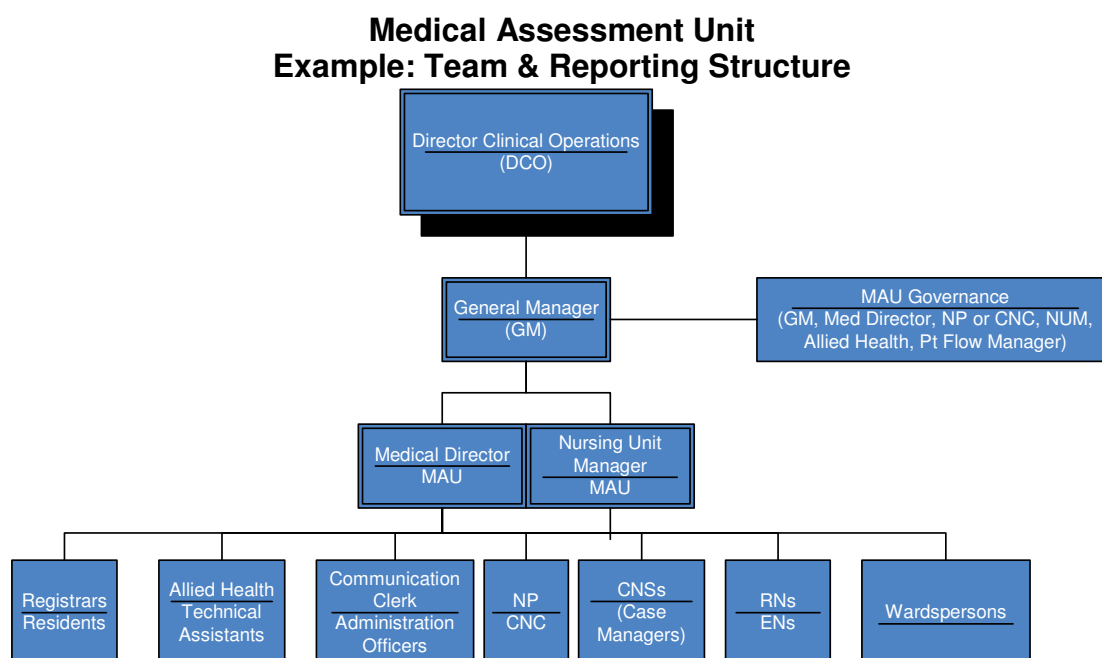
2.3 Ground work and project planning

Crucial to the success of the MAU will be thorough planning and implementation processes, involving:

- Project planning
- Identification of and engagement of key stakeholders
- Identification of clinical champions and project leaders
- Assessment of impact on other services within and out of the hospital e.g. CAPAC , ASET services
- Staffing
- Resource issues
- Agreement of protocols e.g. patient selection criteria
- Bed management redesign e.g. unimpeded access to in-patient beds
Department Of Health (2003)

3.0 Staffing and Patient Care Models

Senior medical and nurse leadership will be crucial to the success of the MAU. Identification and engagement of key stakeholders, particularly physicians will be vital.



3.1 Staff Roles and Responsibilities

Physicians

A Medical Director to provide direction, clinical leadership and medical services for patients in the MAU will be required. The provision of senior physician cover and presence in the MAU will be vital for its success.

Medical Staffing Models

There are 2 distinct medical staffing models that have been identified for consideration these models have been adapted following widespread consultation with physicians.

a) Acute Medicine Rotating Staffing Model

This model requires the presence of a strong General or Geriatric Medicine Unit where senior physicians participate in the “on take” role either on a “daily rotation” or “weekly rotation” basis.

Opportunities may exist to establish a critical mass of physicians willing to participate in this model with the integration of teams from both Geriatric

Medicine and General Medicine. To provide adequate medical coverage it is suggested a cohort of approximately 5-10 physicians be utilised

- The senior physician is required to have protected time for clinical input and supervision for MAU patients and staff whilst “on take”.
- Facilitate ward rounds twice a day
- Frequent presence in the MAU as a senior decision maker
- Junior Medical staff are allocated to the “on take” team and work within the MAU when their team is “on take”
- Patients remain under the care of the General Physician for the course of hospitalisation, or are transferred to a sub-specialty unit if required.

Within a weekly rotation model the MAU clinical treatment team may provide a load balancing function as patients requiring inpatient admission are admitted to the general medicine “on take” medical officer.

Variations to this model are being explored within NSW, where advanced trainees are used on a rotational basis to provide senior cover within the unit. The physician “on take” continues to provide overall clinical governance for individual patient care and participates in twice daily ward rounds.

b) Acute Medicine Speciality Staffing Model

This model requires the establishment of Acute Medicine as a new discipline in the hospital, where dedicated medical staff are employed in the MAU. This model requires a complete re-orientation of present work practices for VMOs and staff specialists. The MAU will provide initial assessment and diagnostics, transfer to appropriate inpatient units and a load balancing function for patients required to be admitted to longer stay wards can be established. Physicians, Advanced trainees and Hospitalists should be considered for positions within this model.

(Refer to appendix 12.2.1-12.24 Position Descriptions and Expectations)

Nursing Staff

Staff interested and experienced in acute medicine should ideally be recruited to the MAU. The nursing team should be led by a Senior Nursing Unit Manager, in collaboration (ideally) with a Nurse Practitioner (NP) or a Clinical Nurse Consultant (CNC).

There are great opportunities for the NP or CNC to co manage patient care as senior members of the multidisciplinary team, responsible for all aspects of patient care. The NP would additionally be able to: order and interpret diagnostic tests, prescribe and refer with disposition authority. Autonomous assessment and treatment by the NP for some groups of patients where medical input would not be required will also be appropriate.

Great opportunities also exist for Clinical Nurse Specialists (CNSs) or equivalent, to function as individual patient case managers. They will be responsible for collectively linking all patient care for each patient they

manage. This includes the linkage of medical, nursing, allied health and the community to maintain continuity of care from the hospital to the home.

(Refer to appendices: 12.2.1 – 12.2.4 for descriptions of nursing roles)

Allied Health

Allied Health Staff are key members of the MAU multidisciplinary team; their input will expedite the assessment, treatment, referral and appropriate discharge of patients. Allied Health staff, ideally, will be dedicated to the MAU and not allocated on a part time or rotational basis.

Social Workers, Pharmacists, Physiotherapists, Occupational Therapists, Speech Pathologists, Dieticians and Therapy Assistants interested and experienced in acute medicine should ideally be recruited to the MAU.

Support Staff

Wards-persons, Administration Officers and Communications Clerks will also need to be recruited to the MAU team to support the multidisciplinary team in the care of MAU patients.

3.2 Patient Care Models

Case Management Model

All patients admitted to MAU must be able to be discharged home or to an in-patient ward within 48 hours. To achieve this, an individual case management plan is required for each patient and should be commenced within 2hrs of arrival.

- These plans should be documented and specify the required observations, treatments and interventions and include allied health interventions
- For patients likely to be discharged from MAU, discharge criteria (including criteria initiated discharge should be defined)
- Implementation of standing orders or protocols for common conditions will facilitate prompt accurate patient assessment, investigation, diagnosis and treatment
- Clear standardised evidence based policies, protocols and guidelines should be initiated
- Care management will be facilitated by twice daily multidisciplinary ward rounds conducted 7 days a week at approximately 7-8am and 3-4pm (which are lead by the senior physician)
- The case management plan will be communicated to the patient by the Medical Director, Registrar, NP/CNC or CNS-Individual Case Manager within 4 hours of the patients arrival
- A dedicated multidisciplinary team includes: - a Medical Director, Registrar, Resident, NP/CNC, CNS's (Individual Case Managers), NUM, Allied Health and a proportion of patient load nursing staff and allied health team that are non rotational. The remaining staff can rotate through the unit as dictated by each facility

4.0 Business Processes

Rigorous business processes and patient flow systems must be in place to ensure there is unimpeded access in and out of the MAU.

To expedite assessment, treatment and discharge of patients within the MAU the following are recommended:

- Implementation of standing orders or protocols will facilitate prompt accurate patient assessment and treatment
- Application of an estimated date and time of discharge (EDD) on admission to enhance care coordination and timely discharge

In addition the following time points are recommended:

Within first 2hrs of Patient Arrival

- Clinical assessments completed by nursing and medical staff
- Commencement of management plan
- Order diagnostic services

Within first 4hrs of Patient Arrival

- All Assessments completed (inc. Allied Health)
- Care management plans completed and communicated to patient / family / carer
- Estimated Date of Discharge (EDD) allocated and communicated to multidisciplinary team and patient (inc. carer / family)

Within first 24hrs of Patient Arrival

- Multidisciplinary team co-ordination
- Discharge requirements scheduling (e.g. discharge letter, pharmacy, equipment, transport)
- Community services (e.g. access, referral and assessment)
- Outpatient clinic (e.g. access and appointments)

Within first 48hrs of Patient Arrival

- Confirm and execute all care management activities.
- Enable transition out of MAU (e.g. discharge home *or to alternative inpatient unit*)

5.0 Supporting Systems

5.1 Access to in-patient services

Diagnostic Services

Rapid access and good relationships with diagnostic services will be crucial.

Systems developed will require:

- Same day access to diagnostics such as X ray, endoscopy, ultrasound CT and pathology services and systems with priority equal to ED and ICU
- Processes to communicate results rapidly to senior decision makers on the MAU (results should be available to be reviewed at the twice daily ward round)
- Point of care diagnosis should be considered where appropriate

Medical Records

Rapid access to medical records will be crucial to assist in prompt decision-making

In-Patient wards

Unimpeded access to in-patient beds will be crucial to ensure patient flow out of the MAU.

5.2 Access to primary health care services

Community Links

Early liaison and referral to outpatient clinics and community services such as CAPAC, ComPack and Chronic Care Rehabilitation will ensure appropriate support is instigated early to facilitate timely discharge.

- These community services can be accessed via a Single Point of Access (SPA) contact number
- Priority access to early outpatient clinic or ambulatory care clinic appointments is required for MAU patients. These appointments will be given within 5 days or alternative arrangements must be made
- Priority access to community services such as ComPacks, CAPAC, Rehabilitation for Chronic Disease and Transitional Care will be given to MAU patients
- Liaison with community services will be coordinated by the NP/CNC or CNS's (Individual Case Managers)
- Outcomes will be documented in each patients Individual Case Management plan. This will occur within 4hrs of the patient arriving to the MAU

General Practitioners

Effective two-way communication process with GPs will be vital to ensure that continuity of care is maintained for patients.

6.0 Patient Selection, Screening and Discharge Criteria

A typical patient suitable for management in MAU is the older complex medical patient with co-morbidities. These patients can be identified at triage, via a screening tool as not being critically ill but in need of assessment and treatment, and account for about one third of patients admitted.

These patients are:

- Adult medical patients
- Haemodynamically stable
- Non-critical

6.1 Typical Patient Presentation

Patient scenarios have been included in the appendices (12.1) an example of a patient suitable for admission to a MAU is given below:

Mr Morris

Mr Morris, 74, has long-standing emphysema and is looked after by his GP with six monthly checks by his specialist. He lives at home with his wife. In the last 24 hours he has become more breathless, he's coughing more than usual and his sputum has changed colour.

He saw his GP this am who thinks he has developed a chest infection and requires a chest X-ray, blood test and possible antibiotics.

O/a at hospital he is assessed by the triage nurse in ED who notes a slight degree of breathlessness, respiratory rate 24, slight temperature rise at 37.7 and a relatively normal BP of 140/85. Mr Morris is ambulant but gets quite breathless on exertion. He explains that his sputum has changed from white to greenish and he is coughing more than usual.

The triage nurse assesses him as being relatively stable but will require a medical work up that could take some hours. She arranges for Mr Morris to be assessed in MAU and arranges for him to be transferred there in a wheelchair with an orderly.

6.2 Patient Screening

Appropriate patients can be streamed to the MAU following assessment by the ED triage nurse via a MAU screening tool. The following selection process may be followed:

From Triage

- Only triage categories 3-5 will be admitted from triage
- All clinically unstable patients will be assessed and managed in ED

- Inclusion criteria must be satisfied prior to admission via a MAU Screening Tool
- Transfer to MAU will be at the triage nurses clinical discretion
- If clarification for MAU suitability is required by the triage nurse then the senior medical officer in ED will be consulted
- All suitable patients will require clinical acceptance by the MAU Medical Director, Registrar, Nurse Practitioner or Clinical Nurse Consultant. Bed availability also needs to be determined This communication can be carried out by a clerk or a communication system so as not to impede the triage nurses core business of “triaging patients”.
- Effective communication systems within the MAU will facilitate the notification of the MAU management team of new admissions. Upon acceptance by the senior MAU team member, the NUM will be advised of the new admission for the appropriate allocation of resources.

From ED

- Patients triaged as categories 1 and 2 may only be referred to the MAU once they are deemed non critical, stable and accepted by the MAU for admission
- Patients may be referred by medical staff from within the ED after assessment and management has been undertaken

From the Community

- Direct admissions from community settings are envisaged in the future. These could be facilitated by the Single Point of Access or direct GP phone access to the MAU Director.

The use of a screening tool will ensure patients meet admission criteria. Refer to appendices 12.5 for MAU screening tool, 12.3 for MAU referral criteria and 12.4 for MAU exclusion criteria

6.3 Discharge Criteria

Individual case management plans can be used to ensure patients are discharged home with appropriate community based services or transferred to a ward bed within 48hrs. In summary:

- Patients will be discharged home or transferred to an in-patient ward bed within 48hrs
- Patients individual case management plans document and include: - Observations, treatments and interventions required, allied health interventions, criteria initiated discharge, aged care, chronic care and other community follow up care
- All patients who are assessed as suitable will be promptly referred to relevant community services (i.e. ComPacks, CAPACS, GP Shared Care, Chronic Care Rehabilitation, Transitional Care and outpatients' clinics

For patients that will be transferred to an in-patient bed within 48hrs the case management plan will additionally include: - Workup required for transfer to

ward, ongoing observation, interventions, diagnosis & management decisions, discharge documentation and community referrals.

Should the patient be transferred to an alternative inpatient or subspecialty team, the team CANNOT refuse transfer of care and must sign off on the clinical management plan as documented in the MAU at the time of hand over.

7.0 Bed Management Redesign, Performance Management & Targets

Patient flows must be clearly defined and understood. This includes the development of processes to monitor demand and performance. Clearly defined escalation plans must be developed and agreed.

- Patients must not be denied access to the MAU from the triage point. Processes must be in place to ensure patient flow occurs unimpeded from triage to the MAU and then home.
- If a patient is unable to be discharged from MAU within 48 hours, then arrangements for transfer to an inpatient ward must be made. Indicatively 50% of patients need to be discharged daily from MAU to maintain patient flow
- Integration with patient flow units will be required to assist in the development of processes to monitor demand and performance and to achieve targets
- Patient flow managers can assist with the monitoring and documentation of weekly KPI reports. These can be used to assist the MAU team in understanding and improving their patient care and performance.
- Patient Flow Processes should strive to ensure patients are admitted to “Home Wards” when admission to inpatient wards is required.

7.1 MAU Performance Management (outcome KPI's)

- LOS in MAU
- % transferred out of MAU within 48 hours (target 100%)
- % Discharged to home from MAU
- % Discharged to home from MAU <48 hours
- % MAU patients transferred to inpatient wards
- LOS in wards for MAU target Medical patients
- LOS in wards for MAU target Medical patients aged 75 and over
- Readmission rate within 28 days of MAU discharge
- % of admitted MAU target Medical patients with ED LOS <6 hours (target = 98%)
- % ED patients with an ED LOS <6 hours

7.2 Escalation Management

The MAU is for adult non-critical medical patients who fit the admission criteria unless an external disaster occurs. To ensure the 48-hour length of stay is adhered to, an escalation plan is required and will include reference to:

- Adherence to MAU admission criteria and patient screening

- Eligible patients must be accepted by one of the following staff: - MAU Medical Director, MAU Registrar OR MAU NP/CNC
- Each unit's bed base will be quarantined for MAU eligible patients only, exceptions require GM approval
- Patients exceeding LOS require GM notification
- Access to in patient beds (if required)
- Access to diagnostic services i.e. X-ray, CT and pathology (inc. timeframes)
- Access to community services i.e. CAPAC, ComPACK and Chronic Care Rehabilitation
- Access to outpatient clinics/ Ambulatory care for urgent follow-up appointments
- Access to internal and external transport services
- The MAU will be incorporated into each sites disaster plan

8.0 Resources

8.1 Physical Space (e.g. Ward unit)

Guiding principles for the MAU include:

- Its own distinct area
- Close to ED although not co-located due to the potential of becoming a surge facility.
- Within close proximity to investigative facilities and services (i.e. pathology, radiology and pharmacy)
- Within close proximity to transport for discharge

8.2 MAU Tools (inc. IT & Equipment)

Each MAU will require a mixture of standard clinical and specialist diagnostic equipment as well as information technology. Some of this equipment may already be available in existing wards.

8.2.1 Information Technology

- The development of IT applications and roll out of tools will support functionality of the MAU, including the NSW Health Bed Board, Ambulance Arrival Board, Ward Bed Allocation, Performance Dashboards and other associated tools.
- Procure the required IT infrastructure to support the implementation of each initiative where required
- A communications system is seen as an essential tool in ensuring patient flow between triage and the MAU. (This could also be in the form of a communications clerk.)

9.0 Opening MAU- Checklist

The following checklist may be used as a guide to open a Medical Assessment Unit

Checklist:

- Dedicated area
- Dedicated multidisciplinary team
- Length of stay established
- Clear job descriptions and expectations
- Established process for twice daily multidisciplinary ward rounds
- Clear admission, discharge and transfer criteria that can be consistently applied and understood by all staff.
- Clear admission process e.g. how to accept admissions direct from ED and if this includes referrals from primary care, GPs, outpatients or inter hospital transfers
- Clear standardised evidence based policies, protocols, guidelines
- Standing orders, protocols or care guidelines for common conditions to enable nurse initiated investigations and treatments where appropriate
- Priority access to diagnostics such as X ray, CT and pathology services 24/7 and relevant policies
- Priority access to early outpatient clinic appointments
- Early liaison and priority access to community services such as ComPacks, CAPAC, GP Shared Care and Transitional Care
- Links to contingency and escalation plans
- Determine number of quarantined beds and policy for times of increased pressure on bed
- Governance Structure

10.0 References

Department Of Health (2003) Emergency Assessment Unit Checklist.
Downloaded from Department of Health Web site UK on 13th November 2007:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4010048

11.0 Resources

Henley J, Bennett C, Williamson J and Scott I (2006) *Position Statement of the Internal Medicine Society of Australia and New Zealand: Standards for Medical Assessment and Planning Units in Public and Private Hospitals*, Internal Medicine Society of Australia & New Zealand, Sydney

IMSANZ Medical Assessment and Planning Unit Working Group (May 2006) Standards for Medical Assessment and Planning Units in Public and Private Hospitals, Position Statement of the Internal Medicine Society of Australia and New Zealand.

12.0 Appendices

12.1 Typical Patient Presentations

Patient one:

Mrs Wheeler 82 has been a resident of a nursing home for a couple of years now with deteriorating health and early dementia.

The staff at the nursing home noticed that her urine smelt offensive and Mrs Wheeler complained of burning when passing urine. Her GP suggested that staff at the nursing home should call an ambulance and transfer her to hospital for care, as he would not be able to see her within the next 24 hours.

The triage nurse assessed Mrs Wheeler and found her to be orientated to time and place and haemodynamically stable. She arranged for the ambulance crew to take her direct to the MAU for assessment and treatment.

Patient two:

Mr Murphy is 75 and lives alone in the family house. He has chronic cardiac failure and type II diabetes. He manages his care at home with regular visits from the community team and GP follow up when required. Today as the community nurse visited she noticed swelling of his ankles, puffiness around his eyes and increased shortness of breath. The nurse felt that he may have fluid overload and on questioning he stated that he didn't take his diuretics yesterday as he was going out with his daughter and often got 'caught short' when taking diuretics and not being close to a toilet. The nurse recognised that he needed a dose of diuretics to help reduce the fluid load but because of his diabetes was reluctant to leave him at home alone without regular assessment. The nurse called the MAU at the local hospital and arranged for him to be admitted for initial assessment, blood tests, diuretics and ongoing assessment. Transport was arranged to take Mr Murphy to MAU.

12.2 Position Descriptions & Expectations

12.2.1 Nursing – Clinical Skills

1. Triage and Initial Assessment and Prioritisation
 - Cardio-respiratory assessment
 - Abdominal assessment
 - Neurological assessment
 - Comprehensive History Taking
 - Interventions for life threatening disorders (BLS/ALS)
 - Management of shock
 - Accurate documentation of findings
2. Prompt Investigations
 - ECG taking and simple interpretation
 - Cannulation/venipuncture
 - Diagnostic ordering: - bloods/urine, Chest X-Rays (CXR), Arterial Blood Gases (ABGs) =NPs/CNCs, CT Scans & Ultrasounds = NPs/CNCs
 - ABG sampling

} percussion
auscultation
palpation

3. Initiation of treatment (by standing orders, protocols or clinical guideline)
 - Medication; analgesia, TPN, dextrose, nebulizers, O2, antibiotics, IVT; fluids
 - Referral to other services; ASET, Physio, Social worker etc
 - Discharge planning
 - Nurse initiated discharge
4. Other Skills required
 - BLS/ALS
 - Clinical assessment skills
 - Communication skills
 - Counselling skills
 - Catheterisation & SPC management
 - Management of central lines/PICC lines and ports
 - Management of PEG tubes

12.2.2 Nurse Practitioner

(NSW Nurses Award Classification)

- NP title is protected by legislation.
- Expert nurse authorised by Nurses and Midwives Board NSW
- Responsible for all aspects of patient care including; ordering and interpretation of diagnostic tests, prescribing and referral with disposition authority. (From approved guidelines/Scope of Practice)
- Suggest more than single position in each unit/department
- The Nurse Practitioner does not have a specific patient load but supervises and oversees the clinical assessment and care for each patient attended to by the RNs who would have an allocated patient load.
- NP is available to 'trouble shoot' urgent situations and order diagnostics and medications for patients awaiting medical input.
- The NP may manage total assessment and treatment for some groups of patients.
- Is available to assist and teach less experienced clinical staff.
- Works closely with the NUM to ensure timely care and smooth transition.
- Works as the lead of the (nursing) team and a senior member of the multi disciplinary team.

12.2.3 Clinical Nurse Consultant (CNC)

(NSW Nurse Award classification)

- A Clinical Nurse Consultant provides expert clinical care & advice to patients, carers and other health care professionals within a defined speciality. More system focused than service focused.
- Domains (NSW Nurses Association):
 - Clinical Service and Consultancy
 - Clinical Leadership
 - Research
 - Education
 - Clinical Services Planning and Management
- There are 3 award classifications for CNC's. Depending upon seniority may take on some of the responsibilities of a NP, may be working towards NP authorisation.

- The CNC would not take a patient load but work with the Registered Nurses and Enrolled Nurses in a supervisory role.
- Would be available to 'trouble shoot' urgent situations and is available to assist and teach less experienced clinical staff.

12.2.4 Clinical Nurse Specialist (CNS) or equivalent

(NSW Nurses Award classification)

- A Clinical Nurse Specialist is a registered nurse with relevant post-basic qualifications and twelve months experience working in the clinical area of his/her specified post-basic qualification;

OR

- A minimum of four years post-basic registration experience including three years experience in the relevant specialist field;

AND

- who satisfies the local criteria”.

- In fulfilling the role, the clinical nurse specialist performs the following functions (NSW Nurses Association):
- Delivers competent nursing care in complex situations;
- Acts as a resource person in the clinical specialty and within the ward/unit/clinical service;
- Provides leadership in the clinical situation and in professional relationships;
- Co-ordinates clinical care;
- Acts as a role model and contributes to the development of self and colleagues;
- Supports less experienced staff and acts as preceptor for new staff;
- Contributes to the on-going review of clinical practice/protocols/policies;
- Contributes to the ongoing development of the specialty.
- The CNS's have already completed postgraduate education within their specialty.
- The CNS's will work as part of the multi disciplinary team under the supervision of the NP or CNC.
- The CNS or equivalent is a supernumery position, to function as individual patient case managers.
- This role would also be responsible for collectively linking all patient care for each patient they manage. This includes the linkage of medical, nursing, allied health and the community to maintain continuity of care from the hospital to the home.

12.2.5 Medical Director Medical Assessment Unit

Position Identification

Budget No./Position No.:	To be advised
Position Title:	Staff Specialist General Physician and Medical Director of (Insert Hospital Name) Hospital MAU (Medical Assessment Unit)
Facility:	(Insert Hospital Name) Hospital – (Insert Area Health Service)
Cost Centre:	To be advised
Location:	(Insert Hospital Name)
Classification:	Staff Specialist
Award:	37 - Salaried Senior Medical Practitioners (State) Award
Employment Status:	Permanent Full Time
Time Commitment:	Full Time

Responsible To

(Insert Person Responsible to)

Responsible For (staff)

Registrars, other JMO's

Position Summary

The primary responsibility for the position is the provision of general medical services for patients at (Insert Hospital Name) in the Medical Assessment Unit (MAU). There may also be an opportunity to practice in a sub-speciality area of medicine.

Essential Criteria:

1. Eligible for registration with NSW Medical Board as a Medical Practitioner.
2. Fellowship of the Royal Australian College of Physicians and/or other specialist recognition as provided for in the Salaried Senior Medical Practitioners Award, with experience in general medicine.
3. Demonstrated ability to work in a multi-disciplinary team.
4. Demonstrated commitment to teaching JMO's and other staff.
5. Demonstrated commitment to continuing professional development.
6. Commitment to principles of EEO and Anti-discrimination legislation.
7. Current NSW Class C driver's licence.

Medical Director Medical Assessment Unit Continued

Key Performance Areas/Duties

1. Clinical and Clinical Management Responsibilities

- * Provision of general medical services at (insert hospital), primarily in the MAU, and including participation in the on-call roster for general medicine.
- * Provide overall clinical directorship of the MAU, including the development of clinical protocols; development, monitoring and reporting of benchmarks; liaison with other physicians working in MAU; developing and maintaining the MAU roster; developing MAU models of care.
- * Undertake clinical duties in a professional, timely and responsible manner
- * Professionally responsible for direct patients care (including inpatients, outpatients and consultations)
- * Provide clinical supervision and teaching of undergraduate and postgraduate medical staff
- * Ensure efficient effective communication with the patient's other health care providers and family carers
- * Assist in the development of policies to ensure the continuity of service is maintained for patients

2. Quality of Physician Services

- * Ensure that policies, procedures and practices relating to the care of patients requiring Physician services are consistent with contemporary best practice, Professional College, NSW and national standards
- * Ensure participation in clinical quality activities as outlined in the Clinician's Toolkit
- * Ensure management of patients is efficient and clinically appropriate
- * Develop, Implement, monitor and review Quality Improvement programs, consistent with the Clinician's Toolkit
- * Establish, develop and improve patient care guidelines for common diagnostic groups
- * Liaise effectively with other medical staff
- * Participate in peer review activities at a local and regional level, consistent with the Clinicians Toolkit
- * Monitor, report and assist in the investigation of critical incidents /adverse events
- * Attend (insert area) meetings relevant to Physician Services
- * Ensure clinical records and practices fully comply with NSW Medical Regulations and TAHS policy

3. Education

- * Ensure an optimal training experience in terms of knowledge and skills development for junior medical staff, medical students and other staff as appropriate
- * To demonstrate evidence of continuing education and training in compliance with the requirements of the Australian College of Physicians.
- * Participate in continuing medical education within (Insert area health service).

4. General

- * A Commitment to the principles of EEO and the Anti-Discrimination Policy.
- * Commitment to working as a member of a multidisciplinary team.
- * Any other duties as reasonably requested by the Director of Medicine or General Manager (insert area health service) from time to time commensurate with the Physician's skill levels and competencies.

12.3 Medical Assessment Unit Referral Criteria

Patient Category	Assessment	MAU Referral
Triage Cat 1 & 2	Assessed & managed in ED initially	Can be referred once medical patient deemed non-critical if: - Admission to in-patient ward not indicated - Uncertainty as to which ward pt admitted to - ED staff request referral
Triage Cat 3 – 5 - Undifferentiated self referrals	Basic initial assessment in ED	Medical Patient can be referred once deemed suitable
Triage Cat 3 – 5 - Differentiated by GP or Specialist	By GP or Specialist	If medical patient non-critical referred directly to unit
Triage Cat 3 – 5 - Differentiated by Triage Nurse	By Triage Nurse	Medical Patient can be referred directly if: - Differentiated by GP, Specialist, outpatients, inter-hospital transfer - Stable cardiopulmonary status - Don't meet criteria for immediate access to critical care area
Other ED Patients	Initial assessment in ED	- Any non-critical medical patients that have undergone complete assessment and management in ED that can be discharged home within 48hrs - Patient needing a comprehensive medical assessment in the 1 st 24hrs of an anticipated inpatient admission to another ward

12.4 Medical Assessment Unit Exclusion Criteria

EXCLUSION CRITERIA	Excluded Patients
Critical Care Patients	Any patient who is to be admitted to ICU, CCU, HDU or other critical care units
High Dependency Airway	Any patient who requires BIPAP or CPAP
Unstable Patients	Patients who fit into MET criteria
Surgical Patients	Any patient who is to be cared for under a surgical team
Acute/Chronic Renal Patients	Any patient who requires dialysis
Infectious Diseases	Any patient who requires isolation
Differentiated Patients	Any patient who is to be directly admitted to a specific in-patient ward
Psychiatric Patients	Patients who are aggressive
Neurology Patients	Unstable spinal injuries, head injuries requiring ventilation &/OR GCS < 12 &/OR GCS 13-14 without CT Scan
Other	Nursing mothers, palliative patients, patients under 16 years and any patient deemed inappropriate by MAU Medical Director, Registrar or NP/CNC

MET CRITERIA	Unstable Status
Airway	Threatened
Breathing	Respiratory Arrest <u>OR</u> Resps < 8 <u>OR</u> Resps > 36
Circulation	Cardiac Arrest <u>OR</u> pulse <40 <u>OR</u> pulse >40 <u>OR</u> Sys BP < 90mmHg
Neurological Status	Fall in GCS of more than 2 points <u>OR</u> decrease in level of consciousness <u>OR</u> repeated or prolonged seizures
Other	Any patient you are worried about that does not fit into the above criteria

12.5 Medical Assessment Unit Screening Form

Emergency Department

**Medical Assessment Unit
Screening Form**

Surname: _____ MRN: _____

First Names: _____

Date of Birth: ____ / ____ / ____ Sex: _____

Please attach Patient Label here

Patient Screening Process at Triage		Yes	No
Inclusion criteria		Does the patient meet the following criteria?	
<input type="checkbox"/>	Adult medical patient		
<input type="checkbox"/>	Haemodynamically stable		
<input type="checkbox"/>	Non critical		
<input type="checkbox"/>	Anticipated to be able to be discharged or transferred to ward within 48 hours		
If YES is answered to ALL the INCLUSION CRITERIAS the patient is able to be admitted to the MAU			
Exclusion criteria		Does the patient meet the following criteria?	
<input type="checkbox"/>	An ICU, CCU or HDU admission		
<input type="checkbox"/>	Require BIPAP or CPAP		
<input type="checkbox"/>	Clinically unstable		
<input type="checkbox"/>	Surgical patient		
<input type="checkbox"/>	Under 16 years of age		
<input type="checkbox"/>	A nursing mother		
<input type="checkbox"/>	Dialysis patient		
<input type="checkbox"/>	Palliative		
<input type="checkbox"/>	Require isolation e.g infectious diseases		
<input type="checkbox"/>	Able to be directly admitted to specific inpatient ward		
<input type="checkbox"/>	Aggressive e.g. psychiatric patient		
<input type="checkbox"/>	Unstable spinal injury requiring >48 hrs in patient care		
<input type="checkbox"/>	Head injury that is: <ul style="list-style-type: none"> • Ventilated • GCS < 12 • GCS 13-14 without CT 		
<input type="checkbox"/>	Deemed unsuitable for MAU admission by either MAU Director/MO/NP or CNC		
If YES is answered to ANY of the EXCLUSION CRITERIA then the patient MUST NOT be admitted to MAU			
<input type="checkbox"/>	Does the patient fit MAU eligibility?		
<input type="checkbox"/>	Has the patient been discussed with MAU Director/MO/NP or CNC?		
<input type="checkbox"/>	Has the patient been accepted for admission to MAU?		
Triage Nurse Name:		Triage Nurse Signature:	
Time Arrived in Triage:		Time Departed for MAU:	

12.6 Multi-disciplinary Assessment Form

Medical Assessment Unit

**Multi-disciplinary
Assessment Form**

Surname: _____ MRN: _____

First Names: _____

Date of Birth: ____ / ____ / ____ Sex: _____

Please attach Patient Label here

Admission Date: / /	Date of Discharge / /	Accommodation Prior to Admission:
------------------------	--------------------------	-----------------------------------

Reason for Admission:

Observations: BP _____ HR _____ RR _____ SpO2 _____ T°C _____ GCS _____ BSL _____

Expected Length of Stay	Expected Discharge Destination		
<input type="checkbox"/> 0 – 48hrs	<input type="checkbox"/> Own Home	<input type="checkbox"/> With Family	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> > 48hrs	<input type="checkbox"/> Alone	<input type="checkbox"/> With Friend	<input type="checkbox"/> Hostel
	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> With Community Services	
	<input type="checkbox"/> Private Hospital	<input type="checkbox"/> Ward	<input type="checkbox"/> Other _____

REFERRAL RECORD	REFERER TO COMPLETE			SERVICE PROVIDER TO COMPLETE		
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If requires referral to the following tick Yes	Yes ✓	Date Referred	Referral Method	Response received YES / NO	Date of First Visit	Name / Pager No.
ASET						
CAPAC or HITH						
Chronic Rehab						
APAC / GP Shared Care						
Diabetic Educator / CNC						
Drug and Alcohol						
Interpreter Service						
ComPacks						
Mental Health						
Palliative Care						
Other:						
ALLIED HEALTH:						
Dietitian						
Occupational Therapy						
Pharmacy						
Physiotherapy						
Social Work						
Speech Pathology						
Other:						

MEDICAL REFERRALS

Multidisciplinary Assessment Form – Adapted from NSCCAHS

INITIAL FUNCTIONAL SCREEN			
COGNITIVE & PSYCHOLOGICAL STATUS <u>name of person completing section</u> time date	Level of Consciousness <input type="checkbox"/> Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Confused <input type="checkbox"/> Non – responsive GCS / 15		
	Emotional State <input type="checkbox"/> Co-operative <input type="checkbox"/> Depressed <input type="checkbox"/> Irritable <input type="checkbox"/> Anxious <input type="checkbox"/> Aggressive <input type="checkbox"/> Withdrawn		
LANGUAGE, COMMUNICATION & CULTURE. <u>name of person completing section</u> time date	Cognition <input type="checkbox"/> Orientated Time & Place <input type="checkbox"/> Concerns re memory <input type="checkbox"/> Inattentive Pt/family/carer report change in mental function: _____ _____ _____		
	First Language: _____ Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No Arranged <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any cultural practices that may be affected by hospitalisation? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:		
FLUID & NUTRITION ELIMINATION <u>name of person completing section</u> time date	Does the patient have difficulty communicating <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		
	Unintentional weight loss Loss of appetite Bladder Able to pass urine <input type="checkbox"/> Yes <input type="checkbox"/> No Usually continent <input type="checkbox"/> Yes <input type="checkbox"/> No Catheter <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency <input type="checkbox"/> Yes <input type="checkbox"/> No Nocturia <input type="checkbox"/> Yes <input type="checkbox"/> No Pads <input type="checkbox"/> Yes <input type="checkbox"/> No Urgency <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
MOBILITY (PRIOR TO ADMISSION) <u>name of person completing section</u> Time Date	Independent <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:		
	Using Equipment <input type="checkbox"/> Yes Requiring assistance <input type="checkbox"/> Yes Completely dependent <input type="checkbox"/> Yes	Patient has their mobility aid with them <input type="checkbox"/> Yes <input type="checkbox"/> No Patient or Carer concerned re ADL's <input type="checkbox"/> Yes <input type="checkbox"/> No	Type:
SELF CARE			

Multidisciplinary Assessment Form – Adapted from NSCCAHS

Surname: _____ MRN: _____
First Names: _____
Date of Birth: ____ / ____ / ____ Sex: _____
<i>Please attach Patient Label here</i>

DISCHARGE RISK ASSESSMENT			
<input type="checkbox"/> Risk assessment tool not applicable to this patient Exclude Nursing Home patients only for Q1-6 Note Not applicable n/a	Signature	Designation	Date ____ / ____ / ____
		Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
		Refer to	
1. Did the patient have any problems managing at home prior to admission	<input type="checkbox"/>	<input type="checkbox"/>	Social Work
2. Is the patient likely to have problems following discharge in: Managing self-care (eg bathing, dressing, meal preparation, toileting) home access (eg stairs) Mobility Wound dressings, catheters	<input type="checkbox"/>	<input type="checkbox"/>	Occupational Therapy Physiotherapy MAU CNS
3. Does the patient require a carer at home following discharge	<input type="checkbox"/>	<input type="checkbox"/>	Social Work
4. Does the patient have caring responsibilities for others in the home that will be a problem for them now or on discharge	<input type="checkbox"/>	<input type="checkbox"/>	Social Work
5. Does the patient, after discharge, require community services other than those presently receiving (eg home help, meals on wheels etc)	<input type="checkbox"/>	<input type="checkbox"/>	Social Work
6. Does the patient require community nursing following discharge	<input type="checkbox"/>	<input type="checkbox"/>	MAU CNS
7. Has the patient had more than 3 presentations to the ED in the last 6 months	<input type="checkbox"/>	<input type="checkbox"/>	Social Work
8. Does the pt have a history of falls or fall related injury	<input type="checkbox"/>	<input type="checkbox"/>	Occupational therapy Physiotherapy
IF THE PATIENT IS STILL IN THE ED, AGED > 65 YEARS & HAS A YES <input checked="" type="checkbox"/> FOR ANY OF THE ABOVE, PLEASE REFER TO ASET			
Does the patient have special dietary needs – eg PEG/NG (explain)	<input type="checkbox"/>	<input type="checkbox"/>	Dietitian
Does the patient have new difficulty in swallowing. (explain)	<input type="checkbox"/>	<input type="checkbox"/>	Speech Pathology
Is the patient on three or more medications	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy
COMPLETING THIS SECTION			
If you have answered Yes <input checked="" type="checkbox"/> to any of the above questions, please tick the appropriate referrals column page 1			

Print Name: _____ Signature: _____ date _____

Designation _____ ward

Multidisciplinary Assessment Form – Adapted from NSCCAHS

WATERLOW PRESSURE SORE RISK ASSESSMENT									
Ring scores in table and add total. Several scores per category can be used (Waterlow 1991/2)									
Build / Weight for Height	* Skin Type Visual Risk Areas	* Sex	* Special Risks						*
Average Above average Obese Below Average	0 Healthy 1 Tissue Paper 2 Dry 3 Oedematous Clammy (Temp) Discoloured Broken spot	0 Male 1 Female 1 14 – 49 1 50 – 64 1 65 – 74 2 75 – 80 3 81 +	1 Tissue Malnutrition eg. Terminal Cachexia 2 Cardiac Failure 1 Peripheral Vascular 2 Disease 3 Anaemia 4 Smoking 5						8 5 5 2 1
Continence Complete or catheterised Occasional incontinence Catheter and incontinent of faeces Doubly incontinent	* Mobility 0 Fully Restless/fidgety 1 Apathetic Restricted 2 Inert/ traction Chair bound 3	* Appetite 0 Average 1 Poor 2 NG tube/ fluids only 3 4 NBM/ 5 Anorexic	* Neurological Deficit 0 eg. Diabetes, MS, CVA, 1 Motor/ sensory, 2 Paraplegia 3 Major surgery/Trauma Orthopaedic – below waist, spinal On table > 2 hours Medication Cytotoxics High dose steroids Anti-inflammatory						4-6 * 5 5 *
TOTAL SCORE:	10+ At Risk 15+ High Risk 20+ Very High Risk		TOTAL						
PRESSURE AREA PREVENTION GUIDE									
Not at Risk	Low Risk	Medium Risk	High risk						
<div style="font-size: 4em; margin: 0;">↑</div>	<div style="font-size: 2em; margin: 0;">↑</div>	<div style="font-size: 2em; margin: 0;">↑</div>	<div style="font-size: 2em; margin: 0;">↑</div>	<p>Place patient on pressure relieving device based on individual assessment of comfort, degree of risk and result of skin inspection</p> <p style="text-align: center;">↑</p> <p>Document all interventions and outcomes in progress notes eg optimize nutritional status, repositioning schedule, incontinence management, pain assessment, eliminate shear forces and promote activity</p> <p style="text-align: center;">↑</p> <p>Reassess daily and when change in health status</p> <p style="text-align: center;">↑</p> <p>Patient and carer education on basic prevention measures</p>					
<p>Name of person completing this section _____</p> <p>Date _____ Time _____</p>									

Surname: _____ MRN: _____
 First Names: _____
 Date of Birth: ____ / ____ / ____ Sex: ____
 Please attach Patient Label here

FALL RISK ASSESSMENT AND STRATEGIES

Falls risk assessment is not applicable to this patient
 Name _____ Designation _____ Signature _____ Date ____ / ____ / ____

Standard: this assessment is to be completed on admission or transfer in and where so warranted by a change in the patient's condition or treatment.

Category	Characteristics	Value
A	Age equal to >70	5
B	History/admission diagnosis related to falls/seizures/stroke	3
C	Disorientation / Confusion / Agitation Impaired memory or judgement Unable to understand or follow instructions	10
D	Significantly impaired sight, hearing or sensation	1
E	Impaired Co-ordination or unsteady gait Limb weakness Uses walking aid	3
F	On one or more of the following medication Sedatives (including Benzodiazepines) Psychotropics Antidepressants Hypoglycaemics Anticonvulsants	1 for each medication
G	Incontinent or change in continence status, eg removal of a catheter, Urgency Frequency Nocturia Recent aperient use/ administration	1 for each
H	Less than 24hrs post op or confinement	1
Name of person completing Date		

MERCER 1997
 TOTAL 0-4
 TOTAL 5-14
 TOTAL 15 & HIGHER
 LOW RISK
 MEDIUM RISK
 HIGH RISK
 TOTAL

Date	Score	Category	Strategies	Signature

Suggested Strategies for Fall Prevention

Low risk 0-4

1. Assess and maintain environmental safety
2. Discuss fall risk with patient/family and provide falls risk leaflet
3. Call bell and light switches within reach at all times
4. Ensure patient uses glasses and hearing aid as applicable
5. Encourage the use of non slip footwear
6. Position bed at the lowest height with the brake on according to patient diagnosis

Moderate risk 5-14

All of the above plus:

7. Refer patient to allied health team – to discuss mobility and medication
8. Assist / supervise all patient mobility
9. Consider the use of a mobility board
10. Patient supervision document
11. Bed rail position } individualised care
12. Chair position }
13. Identify patients at risk in nursing handover

High risk 15 +

All of the above plus:

14. Flag patient on Care Plan with falls sticker
15. Observe the patient more frequently:
16. Consider 'sitter' (eg family, special, volunteer etc) &/or sit in room to write notes
17. Place patient closer to the nurses station
18. Consider suitability of single room (reduce stimulus) or 4 bed room (increase surveillance)
18. Consider the use of restraints adhering to the restraints policy

Multidisciplinary Assessment Form – Adapted from NSCCAHS

Surname: _____ MRN: _____
First Names: _____
Date of Birth: ____ / ____ / ____ Sex: ____
Please attach Patient Label here

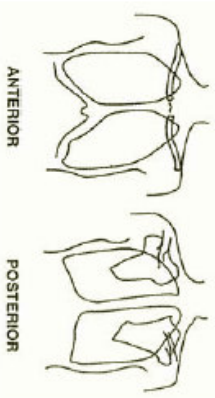
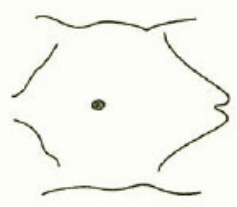
PRESENTING PROBLEM (including Past Medical History and systems review) cont.

Lined area for writing the presenting problem, past medical history, and systems review.

Multidisciplinary Assessment Form – Adapted from NSCCAHS

DRUG AND ALCOHOL SCREEN						
Substance	Frequency	Dose (grams, glasses, cigs/day)	Route	How long used	Time & Amount of last dose	Action Taken eg. referral to drug & alcohol service
Alcohol						
Benzodiazepines						
Opioids						
Methadone						
Nicotine						
Other						
Additional Comments eg. Other drugs, difficult to assess, disorientated etc						
FAMILY HISTORY						
SOCIAL HISTORY						

Multidisciplinary Assessment Form – Adapted from NSCCAHS

EXAMINATION AND OVERALL OBSERVATIONS	
<div style="text-align: center; background-color: #cccccc; padding: 2px; margin-bottom: 5px;">EXAMINATION</div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>CARDIOVASCULAR:</p> <p>BP: HR: Reg Irreg Exercise Tolerance: Limitedly:</p> <p>JVP: ECG:</p> <p>Carotids: Thallium/Stress Test/Echo/Angiogram:</p> <p>HS: 1 2</p> <p>Ankle Oedema: Pulses:</p>	
<p>RESPIRATORY:</p> <p>Breathlessness: Nil Moderate Exertion Mild Exertion At Rest</p> <p>Examination:</p> <p>CXR / CT:</p> <p>Spirometry, Lung Function Tests:</p> <p>ABG's on: %O₂ pH pO₂ pCO₂ Bicarb. BE Sat. %</p> <p>Breath Sounds:</p>	 <p>ANTERIOR POSTERIOR</p>
<p>GASTRO-INTESTINAL:</p> <p>Masses:</p> <p>Liver:</p> <p>Spleen:</p> <p>Bowel Sounds:</p>	
<p>GENITO-URINARY:</p> <p>Catheter size / type:</p> <p>Inserted on:</p> <p>PV:</p>	

Multidisciplinary Assessment Form – Adapted from NSCCAHS

EXAMINATION

NEUROLOGICAL (INCLUDE MENTAL HEALTH PROBLEMS INCLUDING DEPRESSION)

Gait:

Limbs:

Tone:

Power:

Sensation:

Reflex:

Co-Ordination:

Cranial Nerve:

Mental Health:

OTHER:

BLOOD RESULTS

BIOCHEM: Na.....K.....Cl.....TotCo₂.....BSL.....Creat.....Ca.....LFT's.....

HAEM: Hb.....WCC.....Plats.....INR.....APTT.....Group&Screen.....

OTHER:

Multidisciplinary Assessment Form – Adapted from NSCCAHS

Surname: _____ MRN: _____
First Names: _____
Date of Birth: ____ / ____ / ____ Sex: ____
<i>Please attach Patient Label here</i>

Complete where applicable

WARD DISCHARGE CHECKLIST			
Medical	Nursing / Allied Health	Clerical (or Nursing after hours)	
FROM ADMISSION			
<input type="checkbox"/> Expected length of stay entered on front pages	<input type="checkbox"/> Risk to discharge identified with patient / family		
<input type="checkbox"/> Special tests / investigations ordered	<input type="checkbox"/> Carer needs on discharge identified		
	<input type="checkbox"/> Discharge equipment identified		
	<input type="checkbox"/> Patient will require transport to be arranged on discharge:		
24 HOURS PRIOR TO DISCHARGE			
<input type="checkbox"/> Discharge blood tests ordered	<input type="checkbox"/> Family/carer notified of discharge	<input type="checkbox"/> Transport booked (details):	
<input type="checkbox"/> Discharge summary commenced	<input type="checkbox"/> Carer discharge preparedness checked		
<input type="checkbox"/> Discharge prescription written	<input type="checkbox"/> Bed availability in other hospital checked		<input type="checkbox"/> Discharge prescription sent to pharmacy
<input type="checkbox"/> Other tests required for discharge ordered	<input type="checkbox"/> Discharge equipment arranged		
	<input type="checkbox"/> Community services notified of ongoing nursing social needs		
<input type="checkbox"/> Is it necessary for patient to wait for results to be reviewed? For review by: _____	<input type="checkbox"/> Nursing Home / Hostel notified of discharge		
<input type="checkbox"/> GP notified of discharge	<input type="checkbox"/> Travel arrangements confirmed with patient/& carer		
<input type="checkbox"/> Medical Certificates given	<input type="checkbox"/> Interagency form completed		
	<input type="checkbox"/> Medication information given to patient / family / carer		
Name of person completing this section			
MORNING OF DISCHARGE			
<input type="checkbox"/> Discharge Summary completed	<input type="checkbox"/> Own medication returned	<input type="checkbox"/> Discharge Summary faxed to GP	
<input type="checkbox"/> Discharge blood test forms given to patient	<input type="checkbox"/> Discharge medications given to patient	<input type="checkbox"/> Appointments made	
	<input type="checkbox"/> Property / valuables returned	<input type="checkbox"/> Notes organised for discharge	
	<input type="checkbox"/> Patient given info regarding follow-up	<input type="checkbox"/> Own X-rays returned	
	<input type="checkbox"/> IV cannula removed (initial):	<input type="checkbox"/> Discharged off computer:	
	<input type="checkbox"/> Is it appropriate for patient to wait in Transit Lounge	<input type="checkbox"/> Checklist complete – ready to leave ward	
		<input type="checkbox"/> Transfer to Transit Lounge	

Multidisciplinary Assessment Form – Adapted from NSCCAHS

TRANSFER TO WARD FROM THE MEDICAL ASSESSMENT UNIT					
Date:	Time:				
				Verbal handover given to:	Ward/Bed:
General Condition on Transfer: _____ _____ _____					
INFECTION CONTROL ALERT		Indicated for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____			
Are medications written up? <input type="checkbox"/> Yes <input type="checkbox"/> No /Reason _____		Analgesia ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No /Reason _____		Are there enough fluids ordered? <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/> No/Reason _____	
<input type="checkbox"/> Clerical admission	<input type="checkbox"/> Identification Band	<input type="checkbox"/> O2 Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other (specify)	
Special OBS:					
<input type="checkbox"/> Neuro obs	<input type="checkbox"/> Blood Sugar	<input type="checkbox"/> Neurovasc Circ Checks			
<input type="checkbox"/> Alcohol Withdrawal	<input type="checkbox"/> PV Chart	<input type="checkbox"/> Stool Chart			
<input type="checkbox"/> Discharge risk assessment	<input type="checkbox"/> Waterlow	<input type="checkbox"/> Falls Risk			
<input type="checkbox"/> Yes <input type="checkbox"/> No /Reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No /Reason _____	<input type="checkbox"/> Yes <input type="checkbox"/> No /Reason _____			
Other Instructions:					

Diet:					
Medical Record: <input type="checkbox"/> Yes		Hospital X-Rays: <input type="checkbox"/> Yes <input type="checkbox"/> n/a			
<input type="checkbox"/> No		Private X-Rays: <input type="checkbox"/> Yes <input type="checkbox"/> n/a			
Relatives notified: <input type="checkbox"/> Yes		Dispensed Medication: <input type="checkbox"/> Sent to Ward			
<input type="checkbox"/> No		<input type="checkbox"/> Chart in Pharmacy			
VALUABLES: (including glasses, dentures and hearing aids) <input type="checkbox"/> Still with Pt <input type="checkbox"/> Already sent home <input type="checkbox"/> Retrieved (from safe) & given to patient					
DISCHARGED FROM MEDICAL ASSESSMENT UNIT					
(Complete Valuables Section)		Treatment Completed	LMO follow up	OPD follow up	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: _____ _____					
Signature:			Print Name:		Designation: