AMU and DoM Bed Footprint Consultation Sessions FAQ

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Question: When will this all take place if supported.

Answer: It is hoped that we will re-arrange the bed base to allow the 12-bedded AMU to move into it's new 24-bedded home on 6A in mid-February 2023. This will be timed to meet nursing rostering requirements and to coincide with the Registrar and JMO rotation. The logistics of the move will be undertaken over several days as it relies on discharges and transfers being optimised. When the AMU initially opens on 6A it may also be the case that they will start with 12 or 16 patients on transfer, and that we will increase the AMU bed footprint to 20 then 24 in line with discharges from that ward.

Question: What will happen to 6A nursing staff?

Answer: All permanent nursing staff will have roles either on 6A/AMU or in a location where there are vacancies and where the staff would prefer to work will be offered. 6A will also have 8 respiratory beds so the expertise of those acute respiratory skills will be important for those beds and the AMU high-acuity model.

Question: Will there be seven day a week allied health?

Answer: Yes. We know that patients need to have care initiated from admission, and we also know that some patients can decondition when allied healthcare is not optimised. There will be physiotherapy seven days a week, and access to other allied health (eg social work and pharmacy) over the weekend hours also. This will assist with front-loaded care as well as discharge planning from the point of admission.

Question: Why is the nursing ratio higher than other inpatient units.

Answer: The AMU model of care is based on taking those admitted patients from the Emergency Department as quickly as possible during their hyper-acute care needs. For the two day-time shifts we have mirrored the ED staffing profile of 1:3 nursing in line with the high acuity case load. The night duty is 1:4 ratio, again to support the higher acuity and high workload related to those initial 24-48hours of admission. There will also be frequent transfers out to other wards and HITH from the AMU 24-bed base as the MOC is for a maximum 48hours, so the higher nursing ratio will also assist with those outflows as well as optimise discharge planning from the point of admission.

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Question: How will we know if the AMU model will work?

Answer: The DoM leadership team will meet with the AMU team on a monthly basis to review their key performance indicators and clinical outcomes to monitor for success. We will also be monitoring the other perceived benefits such as the lowering of length of stay and Relative Stay Index, time in the ED waiting for bed allocation after an admit decision, occupancy of the AMU, admitted NEAT, discharge NEAT – all of which are indicators of improved patient journeys and outcomes.

Question: How was the new DOM bed footprint developed?

Answer: The new bed base was derived from some modelling done by Ernst and Young from historical data between 2019 and 2021 (excluding periods of COVID-19). The data analysed which diagnosis related groups (DRGs) were excluded in the criteria for admission to the Acute Medical Unit and which would be included. Analysis of these then helped form the updated bed numbers for each Unit based on a 24-bed AMU being implemented. The science is not exact as we have to apply an operational lens as variations like elongated RSI/LOS also impact on the bed base that each specialty requires.

Question: Will other Divisions be reducing their bed footprint to assist with the AMU?

Answer: Discussions are occurring with other Divisions who will benefit from the AMU around their bed base. Other divisions also have access to HRT RSI data so we would expect that they will also look at local quality improvements as we are in the DoM. There is a CHS Inpatient Capacity Committee, and we would expect that data reviewed at that higher-level committee will also encourage improvements to patient flow, modernisation of models of care, and the bed base across CHS.

Question: Is there a plan to adjust junior medical staffing with the change in the bed footprint?

Answer: Not at this stage. For the first six months the Division of Medicine will be reviewing how the new model of care for AMU is working. Teams will be asked to in-reach into the AMU for consultations and to pull their specialty patients to their home wards when required.

Question: When will the care pathways be ready?

Answer: Work is currently ongoing with finalising some care pathways. The DHR is being looked at to assist with ordering of tests and pre-ordering processes related to the care pathways to create sensible test ordering for those conditions which will standardise our approach.

Question: Will education occur for staff who will be looking after a different cohort of patients on their ward?

Answer: Yes. We will be looking at what educational requirements will be required for staff and supporting that through in-service, education, training, practice development and some experiential learning where that is available and where that can be enabled. We have various supernumerary education and clinical care roles which can assist us with this on-boarding for staff in new specialty areas.

Question: With the integration of DHR into order sets for certain conditions are there set reviews in the system?

Answer: If there is a defined order sets from a protocol then a review date on the DHR will incorporated to ensure that they are consistent with each other.