

# Medical Assessment Units – An Overview

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# INTRODUCTION

1. Why are they needed
2. Historical Development
3. Definition of a Medical Assessment Unit
4. Referral patterns
5. Facilities and resource requirements
6. Staffing
7. Modes of operation
8. Teaching
9. Monitoring success – or otherwise!

# Why are MAUs needed

1. Increasing medical admission – (demographics)
2. Emergency departments not coping with flux of admissions
3. Pressure on medical beds (outliers)
4. Poor diagnostic facilities
5. Double handling unnecessary

# Population Demographics

## Australia:

At present >65 2.59 m i.e. 12.9% population  
2025 >65 4.46 m i.e. 19.4% population

## New Zealand:

At present >65 473,000 i.e. 11.7% population  
2025 >65 723,000 i.e. 15.4% population

# HISTORICAL DEVELOPMENT

1970's

Dundee Hospital – Scotland

Auckland Hospital – (AAU)

1980 – 2000

Scotland, England, Ireland, Australia

2000

Proliferation throughout UK,

(Acute Med Units)

Australia, New Zealand

# NOMENCLATURE

Where located

Staffing

Where located	Staffing
ED	ED
Co-location with ED	ED
Co-location with ED	Inpatient Services
Separate from ED	Inpatient Services

*Observations Unit*

*Emergency Medical Unit*

*Emergency Receiving Unit*

*Clinical Decisions Unit*

*Acute Admissions Unit*

*Medical Assessment Unit*

*Assessment and Planning Unit*

*Admission and Planning Unit*

*Acute Medical Units*

# Definition of a Medical Assessment Unit

## Woods:

*A dedicated Unit or Ward in which medical patients undergo rapid and rigorous assessment, investigation and initial treatment, with the purpose of establishing their need for admission to or discharge from hospital.*

# Medical Assessment Unit

## Objectives:

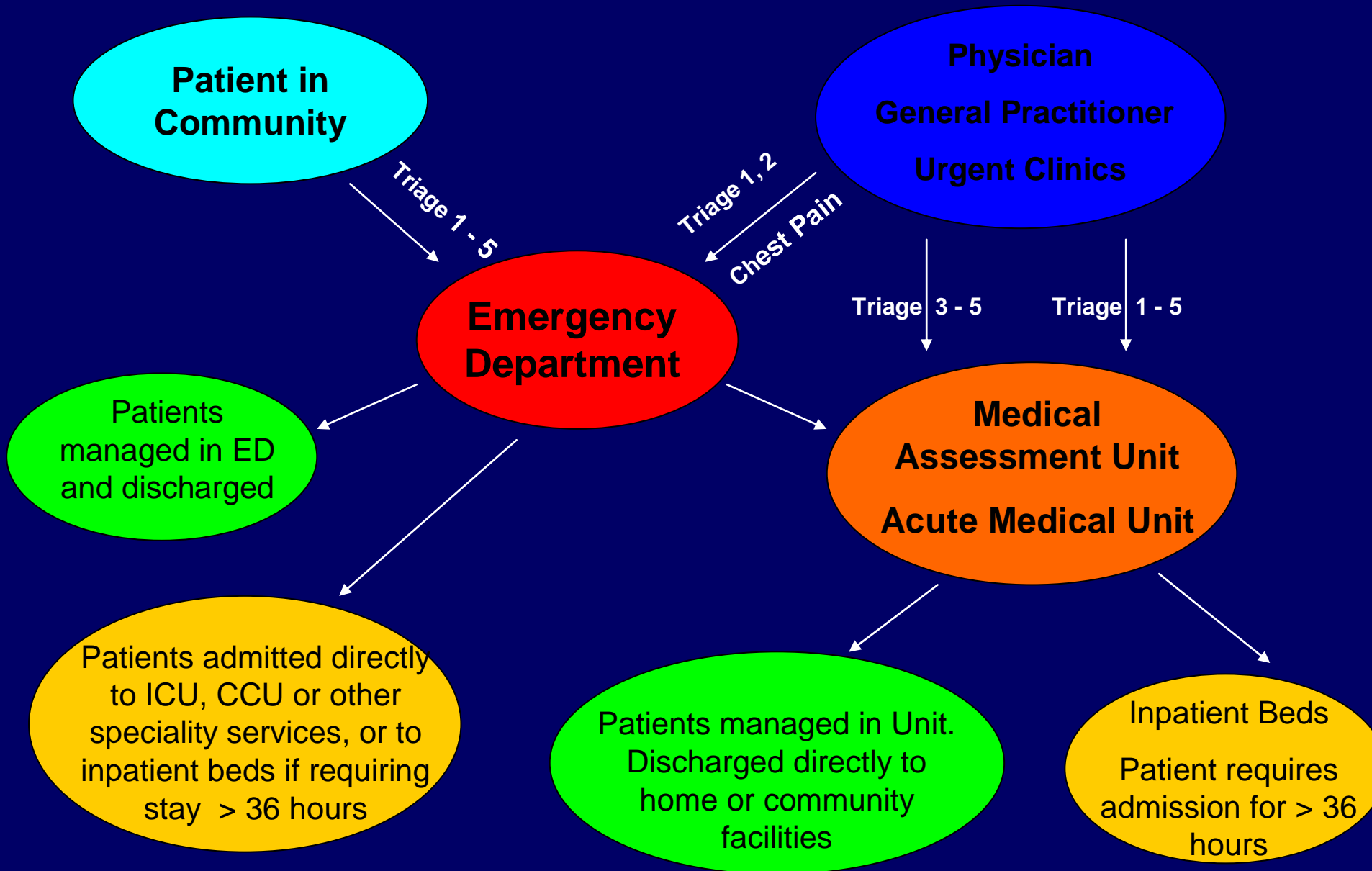
1. Provide a facility for inpatient services to admit, assess and manage patients.
2. Enhance and facilitate the assessment and management of acute medical (and surgical) patients.
3. Prevention of double handling of patients, by allowing direct access to the inpatient unit from the primary care sector (Bypassing ED)

## Objectives (Cont)

4. Reduce the number of unnecessary admissions to inpatient beds.
5. Expedite rapid assessment, treatment, investigation admission or discharge of all acute patients who present to individual hospitals.
6. Improve the assessment of chest pain patients, with cardiac monitoring, blood testing and exercise tolerance tests before discharge.
7. Provide facilities for seriously ill patients who do not meet the criteria for admission to intensive care, who can be stabilised before transfer to an inpatient ward.

# PROCESS MAP

## ACUTE MEDICAL (AND SURGICAL) ADMISSIONS

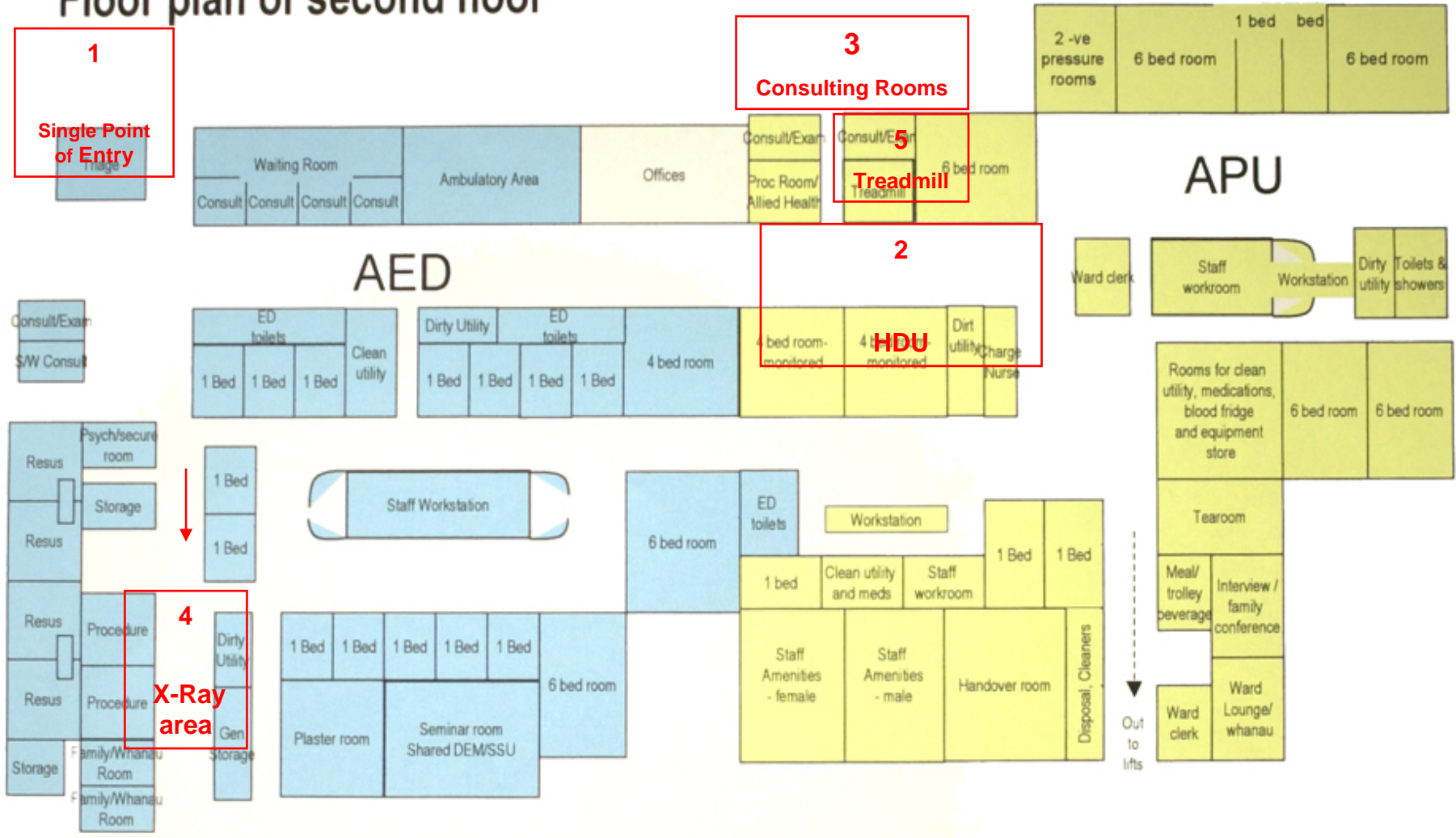


# Facilities and Resource Requirements



## Floor plan of second floor

## Floor plan



# Staffing

## a. Nursing

- Dedicated Staff

Some cross over with ED nurses if co-located

## b. Medical

- a. Rotating team of on call Physicians (multi potential)

- b. Acute care Physicians (uni potential)

## c. Allied Health Staff

- Integrated multi disciplinary team

## d. Support

- Healthcare Assistants, Cleaners, Orderlies

# Mode of Operation

A. Facility for initial assessment and management of acute admission.

Length of stay limited (susceptible to bed block)

B. Facility for more prolonged assessment and management (Acute Medical Ward)

# Teaching

1. If co-located, Registrars work alongside FACEMS – seamless handover.
2. With senior supervision, excellent teaching in acute care medicine.
3. Apart from night time admissions, continuity of care for chronic ongoing medical problems.
4. Superb environment for undergraduate teaching.
5. Supportive environment for junior doctors.

# Key to Success

1. Expert ED triage at Single Point of Entry.
2. Well planned Admission criteria and operating principles.
3. Excellent relationship with ED department.
4. Experienced medical staff, senior leadership, inpatient led.
5. Co-location with ED very helpful.
6. Appropriate staffing (Nursing, Medical, Ancillary).
7. Prioritised investigative procedures (laboratory / XR).
8. Good documentation, with research and quality assurance.

# Have they been successful

*Quality assurance includes:*

Admission profile, referral patterns, rate of discharge, average LOS, re-admission rate, adverse effects, incident reports, complaints, documentation review (process) medicines reconciliation, financial.

# Advantages of MAU over traditional Admission Process

1. Concentration of medical, nursing and Allied Health expertise in one area.
2. Availability of HDU beds, providing high acuity care.
3. Inpatient departments accountable – no default care.
4. Enhanced ability to sustain ward based teams.

5. Standardised admission documentation.
6. Improved morale.
7. Increased 'grunt at the front'.
8. Facilitation of diagnostic and investigative pathways.
9. Availability of acute ambulatory clinic.
10. Enhance data gathering for clinical research and audit.