

<b>Mallow General Hospital Policy / Procedure</b>	<b>Title: Operational Policy for the Medical Assessment Unit MGH</b>
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<b>Version</b>	<b>Date issued</b>	<b>Brief Summary of Change</b>	<b>Author</b>
1.0	04/02/2025	New Policy	S. Daly (MAU CNM2); J. Noonan (CNM NPD); A. Higgins (ADON)
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<b>Speciality/Department/Ward:</b>		Medical Assessment Unit	
<b>Applies to (audience):</b>		All staff working in MAU	
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<b>Approver:</b>		AnneMarie O'Flynn (Consultant Cardiologist; Clinical Lead MGH)	27/01/2025
<b>Date of issue:</b>		04/02/2025	
<b>Date of Next Formal Review:</b>		04/02/2028	

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### **1.0 Policy/Procedure Statement**

This policy is in accordance with Mallow General Hospital (MGH) mission, values and best practice.

This policy is to outline the daily operating procedure of the Medical Assessment Unit (MAU) of MGH, which includes the admission discharge, and transfer procedure to follow when patients attend for review.

The MAU in MGH delivers care to patients from 16 years and up and operates in line with the acute medical programme for Model 2 hospitals. The unit is open from 08.00 to 20.00 seven days a week.

### **2.0 Purpose**

The purpose of this operational policy is to document the delivery of a high standard of care to all patients who attend the Medical Assessment Unit in Mallow General Hospital.

- To ensure the provision of safe, effective and timely care to patients/service users;
- To outline the referral procedure for patients to the MAU;
- To outline the procedure to follow if patients care needs cannot be delivered in a Model 2 hospital;
- To outline procedure if patients self-present without a GP referral letter;
- To outline the procedure to follow if patients are admitted stable but subsequently deteriorate and need a higher level of care;
- To outline the admission procedure;
- To outline the discharge procedure;
- To outline the clinical governance framework and lines of responsibility and accountability in the medical assessment unit;
- To provide clear guidance for all those assigned to the medical assessment unit.

### **3.0 Scope**

This policy applies to all personnel assigned duty to the MAU Mallow General Hospital. It includes medical, nursing, clerical and support staff.

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#### 4.0 Legislation/Related Policies

- Report on the Acute Medicine Programme HSE (2010);
- National Nurse and midwife authority to refer for radiological procedures guideline. Office of the Nursing & Midwifery Services Director HSE 2021;
- National Nurse and Midwife Medicinal Product Prescribing Guidelines (2020) Office of the Nursing & Midwifery Services Director;
- Policy & Procedure on Principles of medication management in CUH group (2022) CUH-PPPG-C-NUR-34 (*previously PPG-CUH-NUR-16*);
- MGH Transitions of Care- Patient Transfer & Escort Policy (2022) MGH-PPPG-C-HW-1 (*previously MGH-PPG-86*);
- Policy & Procedure on the management of deteriorating patient using INEWS 2 MGH-PPG-23 (2023);
- National Ambulance Service Protocol 37. [P37 pro forma.pdf \(phcit.ie\)](#) see appendix 2;
- CUH Protocol on Mandatory Safe Inter-hospital Transfer and Acceptance for Mallow General Hospital & Bantry General Hospital CUH-PPPG-C-CUH-11 (R.1 16/11/2010);
- HSE Integrated Care Guidance: A practical guide to discharge and transfer from hospital-QPSD-D-037-2.V.

#### 5.0 Definitions / Glossary of Terms

<b>ADLs</b>	Activities of daily living
<b>ADON</b>	Assistant Director of Nursing
<b>CNM 2</b>	Clinical Nurse Manager 2
<b>CNM 3</b>	Clinical Nurse Manager 3
<b>CUH</b>	Cork University Hospital
<b>DON</b>	Director of Nursing
<b>GP</b>	General Practitioner
<b>HCA</b>	HealthCare Assistant
<b>HDU</b>	High Dependency Unit
<b>HSE</b>	Health Service Executive
<b>ICM</b>	I-Clinical Manager
<b>ID</b>	Identification

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<b>INEWS</b>	Irish National Early Warning System
<b>iPMS</b>	Integrated Patient Management System
<b>IV</b>	Intravenous
<b>MAU</b>	Medical Assessment Unit
<b>MDT</b>	Multi-Disciplinary Team
<b>MGH</b>	Mallow General Hospital
<b>MICAS</b>	Mobile Intensive Care Ambulance Service
<b>N/A</b>	Not Applicable
<b>NAS</b>	National Ambulance Service
<b>NCHD's</b>	Non Consultant Hospital Doctors
<b>NPD</b>	Nurse Practice Development
<b>Protocol 37</b>	The emergency inter hospital transfer policy, See appendix 2
<b>RGN</b>	Registered General Nurse
<b>SMT</b>	Senior Management Team
<b>SOB</b>	Shortness of Breath

## **6.0 Roles & Responsibilities**

### **6.1 Hospital Manager /Senior Management Team**

It is the Senior Management Teams responsibility:

- 6.1.1 To ensure the smooth functioning of the MAU by allocating sufficient staffing and resources for the day-to-day running of the department and address any operational issues that may arise.
- 6.1.2 To ensure the correct processes and supports are in place within the MAU and hospital wide to ensure compliance with healthcare regulations, quality standards, legal requirements and that high-quality care is delivered;
- 6.1.3 To ensure there are ongoing effective communication and collaboration between the SMT and MAU.

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6.2 Consultants & Medical Staff

6.2.1 **Consultants** have overall responsibility for the admission and management of patients to the medical assessment unit and should be involved in the discussion of any specific concerns if their clinical needs cannot be met and need transfer to another hospital.

6.2.2 NCHD's -

SHO or registrar will assess, review and treat patients as assigned by Consultant on call.

Registrars will assess, review and treat all self-presenters.

6.3 ADON

6.3.1 Management, development and evaluating the nursing service in accordance with national and local policies.

6.3.2 Participate as a member of the MDT in providing Nursing leadership to ensure achievement of operational and strategic objectives in patient care.

6.4 Patient flow CNM3

6.4.1 Responsible for the allocation of in-patient bed when requested by MAU team.

6.4.2 Ensure current and appropriate Infection Prevention & Control policies and procedures are adhered to in relation to bed management and patient transfer.

6.4.3 Communicate with Duty ADON if staffing issues affect patient flow.

6.5 MAU CNM3

6.5.1 In collaboration with the Consultant medical staff, co-ordinates daily running of the unit including staff allocation and patient flow.

6.5.2 Ensure delivery of high standard of nursing care to all patients presenting to the MAU in line with local and national policies.

6.5.3 Identification of a nurse in charge per shift.

6.5.4 To ensure that all staff within their area of responsibility are aware of and have access to this document, and to ensure its implementation and compliance with it.

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6.5.5 To update the ADON on duty at agreed times regarding activity/acuity/patient flow or any other issues affecting safe delivery of care to patients attending MAU.

6.6 MAU Nursing Staff

6.6.1 The nursing staff are the patient's first point of contact when referred to the department. It is their responsibility to ensure initial assessment is completed.

6.6.2 Carry out treatment and care of the patient according to the agreed care plan following assessment of all members of the MDT.

6.6.3 The communication and escalation of care (as required) among the MDT for the duration of the patient's stay in the unit.

6.6.4 To ensure they have read and understood this policy, and to be aware of the current version of policies and protocols relevant to their duties and how to access them.

6.6.5 To ensure that they adhere to all aspects of this policy.

6.6.6 To update the CNM2 and ADON on duty at agreed times regarding activity/acuity/patient flow or any other issues affecting safe delivery of care to patients attending MAU.

6.6.7 To attend and participate in mandatory training, competencies, working within their scope of practice.

6.7 MAU HCA

6.7.1 To collaborate and follow direction of the CNM2/RGN.

6.7.2 To ensure they have read and understood this policy, and to be aware of the current version of the protocols and how to access them.

6.7.2 To ensure that they adhere to all aspects of the policy.

6.8 MAU Clerical Staff

6.8.1 To register admit, transfer and discharge patients on iPMS.

6.8.2 To alert the CNM or nurse in charge of any concerns.



## **7.0 Procedure**

### **7.1 Admission from GP**

7.1.1 The agreed referral process for MAU in a Model 2 hospital national is via a phone call by GP to the unit.

7.1.2 Once the nurse or Registrar accepts a patient to the MAU, an appointment time is given to the GP.

7.1.3 If there is, a doubt regarding suitability of the patient for assessment in the MAU the call should be transferred to the consultant on call.

### **7.2 Registration of Patients**

7.2.1 All patients presenting to the MAU are registered on iPMS patient management system at reception office.

7.2.2 An MAU chart is generated in addition to a patient identification labels and ID wristband.

### **7.3 Assessment of Patients**

7.3.1 On confirmation of patients' identification, the admin check-in staff will generate an ID wristband that is applied to patient by HCA or Nurse during the nurse's initial assessment.

7.3.2 Patient's details are entered on the patient flow board and the MAU register book by nursing staff.

7.3.3 A MAU chart is commenced and all relevant sections completed.

7.3.4 All patients are initially assessed by a nurse; this assessment is recorded in the MAU Chart. The assessment will include recording of:

- Patient history
- Presenting complaint
- Allergies, weight and pain scale
- ADL's and skin assessment
- Infection control alerts
- Vital signs and INEWS or other relevant investigations as per MAU bundles on ICM.

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7.3.5 When available, nurse with authority to refer for ionising radiation, will assess patient and using the ICM ordering system will refer patient for relevant diagnostic tests.

7.3.6 Patients will be reviewed by assigned NCHD and plan of care agreed and prescribed.

7.3.7 The NCHD decides after investigations and clinical review or discussion with the Consultant who is for admission to the hospital and who can be discharged home.

7.3.8 This review must be clearly documented in the patient's healthcare record.

7.3.9 Any patient who's clinical needs cannot be met in MGH and require transfer, the NCHD ensures patient is clinically stable and discuss any concerns with the consultant on call.

7.3.10 The NCHD will discuss patient transfer with the receiving medical team, and ensure transfer documents and healthcare records are completed, and update the patient and their families /carers and the reasons for transfer.

7.3.11 NCHD will complete documentation and plan of care in the MAU chart.

7.3.12 Regular board rounds are held throughout the day with all staff to manage Patient Flow.

#### 7.4 In-Patient admission

7.4.1 If in-patient admission is required, a bed will be requested by the nurse to the patient flow CNM3 on duty.

7.4.2 Once the bed has been confirmed by the CNM3 on duty. The nurse contacts the relevant ward and verbally hands over the patient and asks what time bed will be ready.

7.4.3 If patient is for transfer to HDU, the nurse accompanies patient with the porter/HCA to HDU and hands over to the HDU nurse.

#### 7.5 In-Patient admission

7.5.1 Every patient transfer from MAU to inpatient bed must be clinically assessed by the nurse to determine which staff grade accompanies patient.

7.5.2 It is essential that patient transfers are well co-ordinated and that they occur in a timely manner so that capacity within the hospital is appropriately managed.

7.5.3 There must be adequate and effective communication when transferring patients from MAU to receiving ward utilising the ISBAR communication tool. This must include communicating any known or suspected infections and the need for isolation if necessary.

7.5.4 The nurse allocated to the patient is responsible for ensuring that all appropriate records accompany the patient.

7.5.5 All patients must have a documented, up to date skin assessment completed prior to transfer. All admitted patients will have a skin assessment completed within 3 hours of admission.

7.5.6 As with any other patient property, medicines must be transferred with the patient when they move between wards or hospitals.

7.6 Use of Protocol 37

7.6.1 If a patient's condition deteriorates and the Medical team feel the patient needs a higher level of care than can be provided in MGH. The Consultant and his/her team will decide if the transfer need to be carried out under Protocol 37, see appendix 2.

7.7 Admission from National Ambulance Service

7.7.1 NAS contacts consultant on call and patient is accepted if their care needs can be met in MGH.

7.7.2 The consultant informs the department that the patient is accepted and their clinical details given.

7.7.3 This process is in place Monday to Friday 8am to 6pm excluding bank holidays.

7.8 Self-Presentations

7.8.1 All Patients who self-present to the MAU will be registered by clerical support staff and a MAU document generated.

7.8.2 If the patient presents unwell with chest pain or SOB/distressed the clerical staff will alert MAU nursing staff immediately.

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7.8.3 If on assessment by nursing staff, the patient's complaint is outside of the scope of the MAU. Please see appendix 1

7.8.4 The patient will be assessed by the RGN and Registrar or Consultant on call. If required treatment will be initiated and patient once stable transferred to the appropriate Emergency Department or to the care of their GP.

7.9 Out of Scope Presentations

7.9.1 If the patients presenting clinical condition allows they will be referred back to GP or advised to attend appropriate service.

7.9.2 Patient will be given an explanation on why they cannot be treated in MGH.

7.9.3 MAU documentation will be completed and patient episode of care will be noted appropriately on iPMS.

7.10 Escorting of a Transfer to Model 3 or 4 hospital

7.10.1 In the cases of transfer non-urgent /stable patient transfers to another hospital, an assessment must be made as to whether or not the patient requires an escort during transfer.

7.10.2 An escort may be an RGN, HCA or a Doctor.

7.10.3 If the patient has IV fluids or drug infusion and/or blood transfusion or a newly inserted chest drain an escort may need to be considered.

7.10.4 The registrar or consultant must clinically assess every situation and a decision made if patient requires a transfer.

7.10.5 If the patient needs to be transferred to an intensive care contact MICAS on 1800 222 378. The Service runs Mon to Friday from CUH. The referring hospital, once an accepting Primary Consultant has been identified in the receiving hospital, contacts the 1800 number and it is co-ordinated from there.

7.10.6 It means that the transferring hospital do not have to send any staff with patient. The MICAS ambulance is equipped with trolley and all necessary equipment.

7.10.7 All communications must be comprehensively detailed in both the medical and nursing notes.

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### 7.11 Discharges out of MGH

7.11.1 The discharge/transfer section of MAU booklet is completed – by the nurses.

7.11.2 When patient is discharged, they will be given clear information on plan of care and referred to the care of their GP.

7.11.3 If the patient is for follow up investigations, they will be given clear information on details of when to attend for it.

7.11.4 If the patient is to return for a review they will be booked in and given an appointment (where possible) on the same day their consultant is on call.

7.11.5 The Discharge/transfer section in MAU chart will be completed – by the nurses.

7.11.6 The time of discharge is recorded on IPIMs by clerical staff.

7.11.7 A letter to the patients GP will be completed by a NCHD on ICM within 24 hours of the patient's attendance.

7.11.8 A copy of the completed discharge letter is then posted to the patients GP and another copy filed in the Patient's healthcare record by the clerical staff.

7.11.9 Referral forms are to be emailed to relevant speciality as required.

## **8.0 Implementation, Monitoring, Audit and Evaluation**

### 8.1 Implementation

8.1.1 This document will be distributed via Q-Pulse to all staff assigned to the MAU to ensure they are familiar with and adhere to the document.

### 8.2 Monitoring, Audit and Evaluation

8.2.1 A rolling audit programme shall be implemented to determine compliance to this operational policy, ensuring that all elements are addressed in full within a three-year timeframe. The MGH Quality & Risk Manager shall carry this out. The evaluation shall aim to determine adherence to the process.

## **9.0 Revision / Update**

9.1 A formal review will be carried out on a three-yearly basis unless there is a change informed by legislation, best practice, the Regulator or the EU Directives etc., which would identify the need to update the Policy sooner.

9.2 If there are no amendments to the Policy following the review process, the date and detail on the version-tracking box must still be updated.

## **10.0 Appendices**

Appendix I: Patients Suitable for MAU

Appendix II: Protocol 37

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## Appendix I Patients Suitable for MAU

### PATIENTS SUITABLE FOR MAU

- Syncope
- Falls
- Decompensation of established chronic illness
  - - Heart Failure
  - - COPD/Fibrotic Lung Disease/Bronchiectasis
  - - Asthma
  - - Poorly controlled diabetes
  - - Exacerbation of IBD/chronic liver disease
- Patient well known to Mallow General Hospital with acute illness
- Community acquired pneumonia
- Suspected deep vein thrombosis
- Suspected pulmonary embolism
- Shortness of breath
- Haemoptysis
- Fever/rigors
- Headaches unlikely to need neurology or neurosurgical involvement
- Vomiting illness
- All chest pain (except when ECG demonstrates STEMI)
- Weight loss for investigation
- Anaemia? cause needing urgent investigation
- Urosepsis
- Jaundice

### PATIENTS NOT SUITABLE FOR MAU

- ST Elevation MI
- Acute stroke/TIA
- Likely to require ITU admission
- Likely to require neurology or neurosurgery
- Acute Surgery
- Cellulitis with ulceration
- Alcohol /Drug related

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Appendix II Protocol 37

# PROTOCOL 37

Emergency Inter-Hospital Transfer (Protocol 37) request pro forma		
	Task	Details (please prepare answers prior to ringing 112)
1	Ring 112 (999)	
2	Ask for HSE National Ambulance Service	
The Emergency Call-Taker will now take you through a series of specific questions		
3	What is your phone No	Provide a contact number for call back
4	What is your Location?	State the transferring hospital name and ward/unit
5	What is the reason for the transfer?	State: "I require an emergency inter-hospital transfer, protocol 37 please"
6	Patient's age?	State age of the patient
7	Patient's gender?	State gender of the patient
8	Is the patient awake?	Verify; Yes / No
9	Will any special equipment be necessary?	Please specify any special equipment required during the transfer.
10	When will the patient be ready to leave your hospital?	Give an estimated timeframe when all clinical procedures to stabilise the patient will be complete and the patient will be ready for transfer to the ambulance. The options are- Immediate (Delta), In 30 mins (Charlie), Between 30 mins and 1 hr (Bravo).
11	What is the patient's name?	State name of the patient
12	Who is the referring Doctor?	State name of the referring Consultant
13	Who is the referring Nurse?	State name of the Nurse responsible for the patient
14	Where is the receiving hospital?	State the name of the receiving hospital
15	What is the receiving ward/unit	State the receiving ward/unit.
16	Who is the accepting Consultant	State the name of accepting Consultant