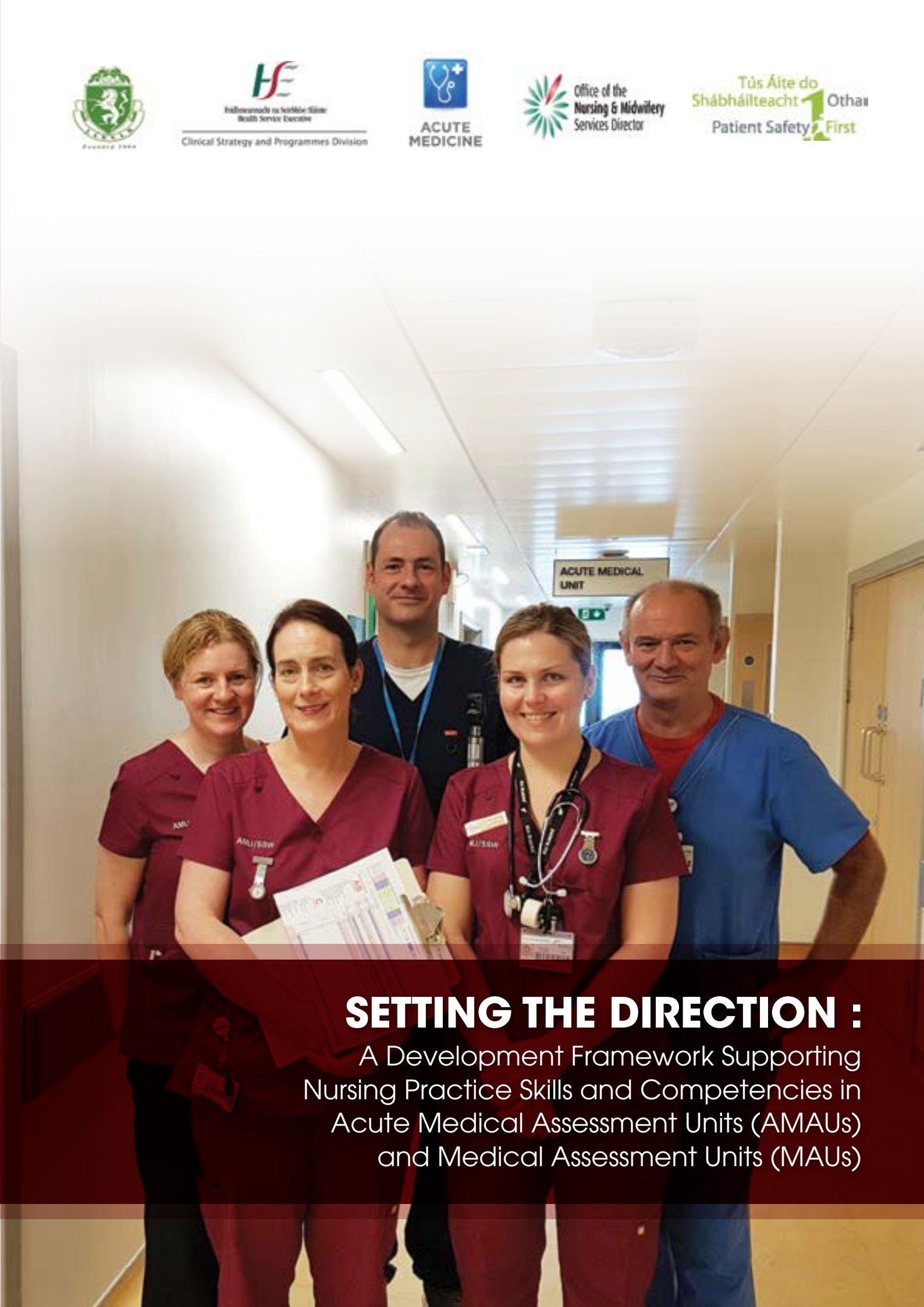
Clinical Strategy and Programmes Division

ACUTE MEDICINE

Office of the Nursing & Midwifery Services Director

Tús Áite do Shábháilteacht Otha
Patient Safety First



SETTING THE DIRECTION :

A Development Framework Supporting Nursing Practice Skills and Competencies in Acute Medical Assessment Units (AMAUs) and Medical Assessment Units (MAUs)

Setting the Direction – A Development Framework, supporting Nursing Practice Skills and Competencies in Acute Medical Assessment Units (AMAUs) and Medical Assessment Units (MAUs).

ISBN: 978-1-78602-024-6

September 2016

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CITE AS:

Casey, A., Coen, E., Gleeson, M., Walsh, R., & the Acute Medicine Nursing Interest Group (2016) Setting the Direction - A Development Framework Supporting Nursing Practice Skills and Competencies in Acute Medical Assessment Units (AMAUs) and Medical Assessment Units (MAUs), Office of Nursing and Midwifery Services Director & National Acute Medicine Programme, Clinical Strategy and Programmes Division, HSE, Dublin.

Foreword

It gives me great pleasure to present 'S*etting the Direction: A Development Framework, supporting Nursing Practice Skills and Competencies in Acute Medical Assessment Units (AMAUs) and Medical Assessment Units (MAUs)'.* This work is underpinned by the vision for healthcare as described in the *HSE Corporate Plan 2015-2017* which is to strive for "a healthier Ireland with a high quality service valued by all". I wish to acknowledge at the outset the significance of this pioneering work and its potential for the future development of nurses and nursing practice in acute medicine, an emerging field in nursing care provision in Ireland. A priority of the Office of the Nursing and Midwifery Services Director (ONMSD) is to support leadership, clinical excellence, and build capacity and capability within nursing and midwifery. This nursing skills and competencies directory provides direction and leads the way for the nursing profession to build on the core, specialist and advanced skills and competencies required to enable nurses respond to the challenges and opportunities in providing an acute medicine model of care.

The National Acute Medicine Programme (NAMP), one of a suite of national clinical programmes was launched in 2010. It is a multidisciplinary initiative focusing on acute hospitals, providing leadership and direction for the development, reconfiguration and establishment of Acute Medicine in Ireland. Its aim is to optimise, standardise and improve management of acutely ill medical patients throughout the Irish Healthcare System. The NAMP defines acute medicine, as being concerned with the immediate and early specialist management of adult patients, with a wide range of medical conditions, which present to the hospital or from within the hospital, and who require urgent or emergency care and are discharged to an appropriate setting. Currently, there are 32 Acute Medical Assessment Units (AMAU) and Medical Assessment Units (MAU) nationally providing acute medicine care to patients.

Nursing as part of the multi-disciplinary team plays a vital role in all elements of this rapid access, assessment, treatment, discharge or admission model of acute medical care. The high acuity, complexity and variety of conditions of patients presenting to acute medicine units necessitates this resource to identify and define skills and competencies in the delivery of safe quality patient care. The co-design approach of this directory with nurses and nurse managers from acute medicine units has provided the opportunity to collaboratively and collectively develop their own professional knowledge, skills and competencies whilst meeting service requirements in a rapidly transforming healthcare environment.

As this rapidly growing medical care specialty becomes embedded within Irish healthcare provision, so too will acute medicine nursing, and consequently, opportunities for nursing to further develop and evolve. Developing, expanding and advancing nursing skills and competencies in acute medicine requires a framework for the development of skills and competencies, underpinned and based on the definitions, models and theories of the nursing profession. This document articulates for the first time, the skills and competencies for nurses in acute medicine, at core, specialist and advanced levels. This is significant as it embodies the initiation of a planned process for the development of acute medicine nursing. The next step will be to implement the recommendations and content of the skills and competencies directory to promote an integrated approach at individual, team and organisational level for the enhancement of safe quality patient care and the development of acute medicine nursing.

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List of Abbreviations

ABA:	An Bord Altranais
ABCDEFG:	A Systematic Assessment Tool (Table 3)
ABG:	Arterial Blood Gas
ACS:	Acute Coronary Syndrome
ACLS:	Advanced Cardiac Life Support
ADL:	Activities of Daily Living
ADON:	Assistant Director of Nursing
AMAU:	Acute Medical Assessment Unit
AMNIG:	Acute Medicine Nurse Interest Group
AMP:	Acute Medicine Programme
AMU:	Acute Medical Unit
BLS:	Basic Life Support
CD:	Clinical Director
CEO:	Chief Executive Officer
CGA:	Comprehensive Geriatric Assessment
CHO:	Community Health Organisation
CIT:	Community Intervention Team
CNME:	Centre for Nurse and Midwifery Education
CNM:	Clinical Nurse Manager
CNSp:	Clinical Nurse Specialist
CPD:	Continuing Professional Development
CSPD:	Clinical Strategy and Programmes Division
D/C Planner:	Discharge Planner (co-ordinator)
DoH:	Department of Health
DoH (UK):	Department of Health UK
DON:	Director of Nursing
ED:	Emergency Department
EMP:	Emergency Medicine Programme
GCDONM:	Group Chief Director of Nursing and Midwifery
HCA:	Healthcare Assistant
HCAI:	Health Care Acquired Infection
HG:	Hospital Groups
HM:	Hospital Manager
HSCP:	Health and Social Care Professional
HSE:	Health Service Executive
ICT:	Information Communication Technology
ISBAR:	Identify, Situation, Background, Assessment and Recommendation
MAU:	Medical Assessment Unit
MDT:	Multi-disciplinary Team

MSSU:	Medical Short Stay Unit
NEWS:	National Early Warning Score
NAMP:	National Acute Medicine Programme
NCPOP:	National Clinical Programme for Older People
NCNM:	National Council for the Professional Development of Nursing and Midwifery
NLICNM:	National Leadership & Innovation Centre for Nursing and Midwifery
NMBI:	Nursing and Midwifery Board of Ireland
NMPDU:	Nursing and Midwifery Planning and Development Unit
NPDC:	Nurse Practice Development Co-ordinator
NMSD:	Nursing & Midwifery Services Director HSE
NQAI:	National Qualification Authority of Ireland
ONMSD	Office of the Nursing and Midwifery Services Director
OPD:	Out-Patients Department
O.T:	Occupational Therapist
PPPGs:	Policies/Procedures/Protocols/Guidelines
QI:	Quality Improvement
RANP:	Registered Advanced Nurse Practitioner
RCN:	Royal College of Nursing
RCoP:	Royal College of Physicians, UK
RCPI:	Royal College of Physicians of Ireland
S&LT:	Speech & Language Therapist
SAM:	Society for Acute Medicine, UK
SWOT:	Strengths, Weaknesses, Opportunity & Threats
TLP:	Third Level (education) Provider
UHI:	Universal Health Insurance
WHO:	World Health Organisation

Executive Summary and Key Recommendations

Acute medicine is defined as the part of general (internal) medicine concerned with the immediate and early specialist management of adult patients who present to or from within hospitals as urgencies or emergencies, RCOP (2007). Conditions commonly encountered in acute medicine include ischaemic heart disease, venous thrombo-embolism, diabetic complications, cerebrovascular disease, exacerbations of chronic respiratory disease, acute infections and sepsis, complications of drug and alcohol misuse, and cardiac arrhythmias.

Nationally and internationally, the benefits of acute medicine documented include:

1. Early detection of deteriorating patient
2. Improved access to diagnostics
3. Early senior decision making and intervention
4. Improved pathway and patient flow
5. Reduced hospital admissions through improved ambulatory care
6. Reduced hospital length of stay
7. Lower inpatient mortality
8. Improved patient experiences and staff satisfaction.

The quality of the acute medical care the patient receives in the first 48 hours is an important determinant of clinical outcomes. The National Acute Medicine Programme (NAMP) launched in 2010 provides leadership and direction for the development, reconfiguration and the establishment of Acute Medicine in Ireland (RCPI, 2010). Currently there are 32 Acute Medical Assessment Units (AMAUs) and Medical Assessment Units (MAUs) providing the acute medicine model of care to patients.

Much of the remodelling of the acute medicine services has been medically or organisationally driven and the role of the nurse in AMAU[1] has not been strategically focussed upon. To compound this, there is limited literature available nationally and internationally to support and guide the development of the AMAU nurse's role, function, scope, skills and competencies. No acute medicine nursing skills and competencies directory exists in Ireland. As acute medicine nursing evolves in this rapidly growing medical care specialty, there is a recognised need for the development of additional clinical expertise among the acute medicine nurses to address care needs, given the acuity of patients presenting, the high volume, quick turnover and care management within the assessment phase.

Developing core, expanding and advancing nursing skills and competencies in acute medicine requires an evidence based development framework skills and competencies directory, underpinned and rooted in the definitions, models and theories of the nursing profession. The need to provide safe, quality nursing care within this emerging area provided the impetus for the development of this first national development framework, skills and competencies directory.

A guiding principle of the development of the acute medicine nursing development framework was the co-design with frontline nursing staff and their nurse managers. The co-design methodology was achieved through the workings of the Acute Medicine Nursing Interest Group (AMNIG), established in 2012. The consultation and communication process enabled AMNIG members to explore, define and redefine the key elements of acute medicine nursing as the group learned more and the AMAUs developed. The methods of data collection utilised to inform the development framework were a:

1. AMNIG focus session
2. SWOT analysis
3. Literature review
4. Acute medicine nursing survey questionnaire
5. Facilitated workshops
6. Skills and competencies category determination checklist.

1 The term AMAU will be used throughout this document to refer to all of the types of acute medicine assessment units inclusive of AMU and MAU

Findings from the Data Collection Methods

Literature Review

The literature review undertaken confirmed the paucity of literature available to inform and support the development of the nurse's role, function, scope, skills and competencies in acute medicine nursing. The limited literature available provides some evidence for supporting the development of the directory, and strongly recommends continued research into acute medicine nursing and its development, so as to provide the best possible services to patients accessing the acute medicine specialty.

Acute Medicine Nurse Interest Group Focus Session

Membership of the Focus Group comprised of 38 participants initially (CNM 1, 2, 3 and ADONs) but expanded to 81, representing acute medicine nursing in Ireland. The focus group articulated a clear vision of an effectively functional AMAU. The focus group identified AMAUs require nurses with a specific suite of skills and competencies, with a clearly defined nurse management structure that demonstrates leadership skills, and a range of supports to include staff and IT resources. The group enunciated the need for clarity on the role, function and scope of practice of nurses in the AMAU, the skills, knowledge and competencies required, and more specifically on the core, expanded and advanced nursing roles in AMAUs. As an outcome of the focus group session, the acute medicine nursing skills and competencies directory was included as part of the framework design.

Acute Medicine Nursing Survey Questionnaire

The Acute Medicine Nursing Survey Questionnaire was developed based on the findings of the focus group session. It sought to gather further information and further views and opinions from AMNIG members and the wider acute medicine nursing cohort in Ireland. Sixty-five fully completed questionnaires and a further twenty two partially completed documents (Question 1 and Question 2) were returned for analysis. As there was approximately the potential of 185 nurses including CNM1/2/3s providing care in AMAUs in Ireland at that time, the response rate was representative of more than a third of acute medicine nursing staff.

Nurses identified key factors for supporting nursing and its development such as; developing nurses' expanded and advanced skills; competence in team working; access to continuing education and development; leadership by a supportive unit manager; the presence of medical senior decision makers and an environment conducive to the provision of dignified, safe, effective patient centred care. Nurses identified enablers, continuing professional development, management and team support, funding, research and organisational supports as key to the future development of AMAUs and nurses. A key finding was the support for acute medicine nursing as a 'specialism'. Nurses also listed the core knowledge, skills and competencies required for nursing care in AMAU and the need for the development of nationally agreed competencies. Nurses also identified those factors that would hinder their ability to deliver a quality service. One of the key factors noted was the difficulties experienced around patient flow in and out of the units.

In order to achieve the objectives of the NAMP model of care, patients must be seen by a senior decision maker within one hour of presentation and have their journey in AMAU completed within a six hour timeframe (RCPI 2010, p.98). Nurses recognised that this model of rapid access and turnover of patients required them to multi-task at a fast pace and co-ordinate many episodes of care concurrently. To support this model, team working was also identified as a vital component of a well-functioning unit. Nurses identified that team working extended beyond the unit, to working collaboratively with other departments, services, community, primary care and service users.

As a consequence of the findings of the survey, the AMNIG subgroups developed a number of documents:

1. Guiding principles for the development of a standard operating procedure for the organisational delivery of care in AMAU (see Appendix 6)
2. Acute medicine nursing assessment core elements (see Appendix 7)
3. Skills and competencies category determination checklist (see Appendix 8).

These documents contributed to the development framework and the development of the skills and competencies directory, set out in this publication.

The Skills and Competencies Category Determination Checklist

Using evidence from the literature and findings from focus group and nursing survey, a skills and competencies category determination checklist was created and circulated to all AMNIG members to agree. This checklist provided a potential range of skills and competencies required for acute medicine nursing. The AMNIG members in collaboration with their colleagues in AMAUs and Emergency Departments (EDs) reviewed the checklist based on service need and their experience. Nurses agreed which category the skills and/or competencies belonged to, core, specialist or advanced practice.

The findings from the completion of this checklist demonstrated and confirmed the diverse levels of experience and expertise of nurses across the different AMAUs and the differing opinions as to what is expected of AMAU nurses. The findings demonstrate nurses are confident and knowledgeable with regard to the skills and competencies required to care for lower acuity client groups. However, the differences in opinions put forward were mostly in regard to high acuity client groups, suggesting an uncertainty as would be expected in the evolution of a new specialty.

There was much consistency in relation to where nurses identified the skills and competencies should be situated. Some inconsistency existed in regard to care of patients with chest pain and the requirement of these patient care needs, interpretation of results associated with breathlessness and caring for patients with gastrointestinal conditions. Also, skills and competencies relating to triage assessment were a recurring theme. It was recognised as a core skill by most respondents but some opted to designate it as a specialist skill. Ongoing work is required in this area to build confidence to inform this competency. The rapid turnover of patients in AMAUs is a significant factor and skills and competencies in assessment, re-assessment, team working and discharge planning practices are vital for nurses in AMAUs. Some nurses viewed discharging patients on predetermined protocols as an advanced skill.

The skills and competencies identified and categorised, reflected familiarity with caring for older persons. A need for Clinical Nurse Specialists (CNSps) and Registered Advanced Nurse Practitioners (RANPs) in acute medicine with a particular focus on care of the older person in this setting was identified as a key requirement. Nurses identified the requirement for clearly defined and communicated timely pathways for persons experiencing mental health difficulties who present and require acute mental health intervention. Specialist to advanced skills and competencies may also be required in this area as will access to specialist services. Maintaining compassion and kindness, respect for the person partnering with people and hearing their views whilst providing care from a person centred perspective is of vital importance to all nurses.

This document is timely in that it reflects consistency with the recommendations for the development of nursing contained in the Emergency Task Force Report (HSE 2015a). In its co-design the participants were mindful to align nursing developments to anticipated requirements of the HSE National Clinical Programmes, for example, patient flow, frail elderly and persons with chronic conditions. It demonstrates nursing leadership and

commitment to ongoing transformation of the health service in Ireland based on HSE Corporate Values of Care, Compassion, Trust and Learning (HSE 2015b).

Actions for Future Development of Acute Medicine Nursing

A series of actions to support the development of acute medicine nursing practice and services arose during the course of the development of this framework skills and competencies directory.

Additionally specific work-programmes will be developed by the ONMSD and NAMP to inform and support services developing specialist and advanced nurse practice roles required in acute medicine, e.g. hospital avoidance, frail older persons, and patients requiring chronic illness management.

Actions for Service Delivery and Service Planning

Nurses in AMAU are required to develop their skills and competencies to focus on rapid assessment and continuous re-assessment of patients with complex conditions and competing needs, making clinical judgements quickly and confidently based on interpretation of a holistic view of the patients presenting picture and story. Current and future profiles of attendances and admissions to/from AMAUs reflect an increasing number of older persons, with multiple co-morbidities and higher acuity presentations. Therefore, there is an opportunity in tandem with recommendations from the Clinical Strategy and Programmes Division to develop services and roles to include extended and expanded roles for nurses.

Specific Actions for Service Delivery and Service Planning
Through data analysis of diagnostic group presentations, age profile and acuity determine appropriate skills and competencies required by nurses. While being mindful the NAMP has identified Manchester Triage Category 2 and 3 acuity patients as being most appropriate for assessment and treatment in AMAUs. (Lower acuity differentiated patients attend MAUs).
Provide clear governance structures and supporting systems for all AMAUs. Each AMAU to have a dedicated CNM2, who is responsible for clinical leadership and management in the unit.
Conduct a workforce analysis to determine accurately skill and staff mix complements required in AMAUs
Opportunity for the development of Clinical Nurse Specialist (CNSp) and Registered Advanced Nurse Practitioner (RANP) in AMAUs, in particular roles in chronic illness management, community integrated care for frail older persons and ambulatory care needs to be explored in detail.

Actions for Role and Continuous Professional Development

It is clear from the findings of this consultation process, developments in the clinical career pathway of acute medicine nursing are evolving. Consideration needs to be given to the core skills and competencies required and how extended and expanded nursing roles in acute medicine can be developed with the involvement of all stakeholders, based on service need. Nurses in acute medicine require access to a variety of continuing professional development activities such as competency development, peer review, mentorship, specific education and training programmes in order to achieve their key skills and competencies at core, specialist and advanced levels.

Specific Actions for Role and Continuous Professional Development
Key nursing policy, service and educational stakeholders must further explore the potential for the role and function of nurses in AMAU, from core or generalist to expanded and advance nursing, ensuring evolution of nursing roles to meet patient needs.
Utilise the skills and competency directory contained in this document to guide nurse development, education and training provision and support service planning.
Develop nurse clinical leadership roles to deliver clinical excellence in acute medicine nursing.
Provide education and training in quality improvement methodologies and measurement tools; informed by *The Framework for Improving Quality in Our Health System* (HSE 2016b) Encouraging their use to guide continuous quality and safety improvements in AMAUs.
Develop post-graduate programmes to incorporate skills and competence development to include advanced assessment, investigation determination, interpretation of results, performance of advanced procedures, skill set to assess anticipated need and care planning for patients.
The development of post-graduate programmes should take cognisance of the content of this document in regard to the higher acuity of patient presentations to AMAUs and required skills and competencies to address those needs.
The National Clinical Programmes provide pathways and guidance for the care of patients presenting to AMAUs. As an integral part of the multidisciplinary team nurses will work in collaboration and partnership with team members, therefore clarity of roles and professional and clinical boundaries need to be determined.
AMAU nurses require development in the skill of prioritising clinical presentations e.g. Manchester Triage.
Within the unscheduled care pathway (AMAU, ED, Short Stay Units) nurse will develop collaborative networks and enhance understanding of each other's roles and functions in order to create seamless patient journey and quality safe patient care.
Nurses in AMAU need to develop their roles in relation to discharge planning to support ambulatory care, criteria led discharge and delegated discharge.
The continuation of the AMNIG is vital to maintaining a national collaborative network and acting as a resource depository for information and guidance to support AMAU nurses.

Actions to Promote Further Research

A number of topics for research were identified during development of this document. It is recommended that research be undertaken into:

Specific Actions to Promote Further Research
Evaluation of the implementation of Setting the Direction: A Development Framework Supporting Nursing Practice Skills and Competencies in Acute Medical Assessment Units (AMAUs) and Medical Assessment Units (MAUs)
The factors that maximise core specialist and advanced acute medical nursing practice effectiveness.
Implementation and outcomes of ambulatory care pathways in AMAUs.
Patient experience of care in AMAUs.
Patient engagement in the further development of AMAUs.

Chapter 1

INTRODUCTION AND CONTEXT

1.0. Purpose of this Development Framework

The overall purpose of this document is to provide strategic guidance and support to enable nurses identify, develop and maintain the necessary skills and competencies to deliver quality, safe and holistic care and services to acute medical patients in an evolving specialism, particularly in the AMAUs. The role and function of the nurse in caring for acute medical patients requires competence demonstrated in rapid assessment, nursing diagnosis, initial treatment and discharge to a variety of optional settings, working as a team member, guided by the criteria of the National Acute Medicine Programme. This development framework also provides strategic guidance and direction to nurse managers of AMAUs in developing the staff and service they manage. The framework will support and sustain the development of nurses in acute medicine, so that nationally, a cohort of nurses will be available to build experience and expertise in this specialty. A focus on skills and competencies and their development promotes universally a high standard of patient care and aims to reduce clinical adverse risks and provides a process for evaluation. Alongside this the framework also supports the health care organisation to make certain that nurses find fulfilment in their role and profession with the intention of remaining motivated and engaged.

This is the first acute medicine nursing framework in Ireland which has collated evidence to create a skills and competencies directory to further develop acute medicine nursing. The framework has been developed in tandem with the initial development of many of the AMAUs in Ireland. The framework should be read in the context of this emerging specialty. A fundamental principle of developing this framework has been its co-design by the nursing staff and nurse managers of AMAUs. This ensured a collaborative developmental approach involving nurse managers, who are simultaneously developing their Acute Medicine Units and are therefore in a position to clearly identify their service and nursing care and practice needs, as the units become more established and operational. When the framework development first commenced eight AMAUs were in place and by time of publication 32 MAUs and AMAUs were established.

1.1. Background to the Development of Acute Medicine

Acute medicine is defined as the component of general (internal) medicine concerned with the immediate and early specialist management of adult patients who present to or from within hospitals as urgencies or emergencies (RCoP 2007). Acute medicine as a specialty and method of service delivery has developed rapidly over the last number of years nationally and internationally. Acute medical emergencies are the most common reason for admission to an acute hospital and acute medicine is the fastest growing specialty in medicine (RCoP 2007). A high volume of patients commonly present who are acutely ill, with a range of diverse and complex medical conditions requiring urgent or emergency assessment. Conditions commonly encountered in this setting include; ischaemic heart disease, venous thromboembolism, diabetic complications, cerebrovascular disease and exacerbations of chronic respiratory disease, acute infections and sepsis, complications of drug and alcohol misuse, and cardiac arrhythmias (RCoP 2015). The quality of the acute medical care the patient receives in the first 48 hours is an important determinant of clinical outcomes (RCoP 2007). Following rapid assessment and diagnosis, patients are either discharged home with or without an OPD follow-up, admitted to short stay, or to an inpatient bed.

The common drivers for reconfiguration in the provision of acute medical care in the UK, USA, Australia, New Zealand and Ireland include:

- Unsustainable healthcare costs
- Increased number of older persons with complications presenting
- A drive to provide an improved, safer quality service
- The EU Working Time Directive for Junior Doctors (Ireland and UK)
- Restricted resident work hours (USA). (RCPI *et al* 2010, Wacher & Bell 2012)

In the UK, the four hour emergency department rule also encouraged growth in the field of acute medicine, (Wacher & Bell 2012). As a consequence of this growing specialty, national and international strategies are being implemented to develop structures, processes, education and the culture for the delivery of acute medicine in most acute hospitals.

The aim of the development and reconfiguration of acute medicine specialty is to improve and enhance the early management of acutely unwell medical patients, (Acute Medicine Taskforce 2007, Bell *et al 2008*, Jones & Bell 2009, Byrne & Seiker 2011). Initially, hospitals developed their acute medical service independently on the basis of local need and current resource, in terms of the structures available and culture of their respective healthcare systems. As the numbers of acute medical assessment units grew, nursing and medical staff developed a specialist interest in acute medicine (Dowdle 2004, Myers & Lees 2013, Corbally *et al* 2014).

1.2. National and International Developments

In 2000, The Medical Royal Colleges investigated the viability and future role of physicians in Acute Medicine (Colleges 2000). Simultaneously acute medicine service delivery, support and education preparation changed in the UK, USA, Australasia and New Zealand and Ireland:

- Rapid growth of the specialty, in particular increased number of acute physicians occurred in the UK and USA (RCoP 2012a).
- Acute physicians took over the management of acutely unwell patients in the first 48 hours of admission to hospital providing a focused concentration on their medical needs (RCoP 2012a, Academy of Medical Royal Colleges 2012).
- Society for Acute Medicine (SAM) formed in 2000 plays a pivotal role in supporting acute physicians and the wider multidisciplinary team promoting education and research (SAM 2015).
- A four year training programme for acute medicine physicians was introduced in 2003 in UK (Joint Royal Colleges of Physicians Training Board).
- In the UK, acute physicians are required to obtain at least one specialty skill e.g. endoscopy (RCoP 2012b).
- In Ireland, as in the UK, joint training is advised in General Internal Medicine and one other specialty (Subbe *et a*l 2011).
- In Ireland and the UK, general practitioners may refer directly to an acute physician who manages the patients first few days in hospital within an acute medicine unit/medical short stay unit, obtaining specialty input as needed (RCPI *et al* 2010, RCoP 2012a, HSE 2015).
- Acute physicians in UK also provide care in admission avoidance or complex ambulatory clinics, reducing waiting times (RCoP 2012a, RCoP 2012b).
- The Internal Medicine Society of Australia and New Zealand provided a position statement on the standards required for the provision of acute medical care in their countries (Internal Medicine Society of Australia & New Zealand 2006).
- In the US, support for hospitalists, the discipline concerned with the medical care of the acutely ill hospitalised patients, grew as hospitals benefited from savings in cost and length of stay generated by hospitalists. Studies conducted found that hospitalists significantly decreased lengths of stay and costs without harming quality and patient satisfaction (Wachter & Bell 2012, Peterson 2009).
- The National Acute Medicine Programme launched in 2010 provided leadership and direction for the development and establishment of Acute Medicine in Ireland (RCPI *et al* 2010).

In the remodelling and the building of the expertise of the acute medicine service provision and acute care pathway, much work has focussed on the organisation and delivery of clinical care for patients with acute illness. The aim of this remodelling is to provide better health and clinical outcomes for patients accessing urgent or emergency medical services through:

- Comprehensive first assessment by competent senior clinical decision makers
- Prompt access to diagnostic reporting
- Early initiation of treatment
- Seamless patient flow through AMAUs, admission to short stay units
- Pro-active discharge planning.

1.3. Benefits of Acute Medicine

As acute medicine becomes an established specialty, its effectiveness in terms of a quality service has been evaluated, with findings demonstrating a range of benefits:

- In the UK, Acute Medical Units have been associated with lower inpatient mortality and hospital length of stay, and improved patient and staff satisfaction (Scott, Vaughan & Bell 2009, Jones & Bell 2009, Byrne & Seiker 2011).
- Early detection of patient deterioration through the introduction of the National Early Warning Score (NEWS) and accompanying education programme, COMPASS© (DoH 2013).
- Acute medical care models significantly decrease lengths of stay and associated costs, without harming quality and patient satisfaction (Moloney *et al* 2005, Peterson 2009, Scott *et al* 2009, Seiker *et al* 2011, Tuck *et al* 2011).
- If the patient is not discharged after 48-72 hours they are transferred to the care of the most suitable specialty and associated ward. This pathway has reduced the problem of misallocation of patients towards areas not suitable for their needs, this in the past was likely to compromise the quality efficiency and cost of care (Goulding L. *et al* 2012).
- Improvement of patient experience times due to the introduction of acute medical units to assess and manage medical unscheduled care attendances (Scott *et al* 2009). In Ireland, the introduction of a six hour timeframe in Emergency Departments (EDs) has supported the change to an acute medicine clinical process (HSE 2007, RCPI *et al* 2010, NAMP 2013). A six hour time frame also measures the Patient Experience Time (PET) on a monthly basis in AMAUs.
- Increasing availability of diagnostic testing and therapeutics has facilitated more complex care (Grosvenor *et al* 2003, RCoP 2007, NAMP 2013).
- Acute medical models focusing on performance improvement using data, tools, skills and leadership, enhancing the patient experience through the use of capacity planning, escalation protocols, surge predictions and re-engineering systems of care promotes enhanced governance, quality and safe services (RCoP 2007, West Midlands Urgent Care Pathway Group 2012, NAMP 2013) .
- An increase in the number of acute medical physicians working in acute medical assessment units provides improved access to senior decision makers (AMP 2013).
- Reduction in the incidents of polypharmacy when caring for patients with multiple conditions (Boyd & Darer *et al* 2005).

1.4. National Acute Medicine Programme

In Ireland, the Health Service Executive (HSE), Clinical Strategy and Programmes Division (CSPD) was established to improve and standardise patient care throughout the organisation, bringing together clinical disciplines and enabling them to share innovative solutions to deliver greater benefits to every user of HSE services (HSE 2015). The programmes are based on three main objectives to improve:

- The quality of care delivered to all users of HSE services
- Access to all services
- Cost effectiveness

A key programme within the suite of Clinical Programmes is the National Acute Medicine Programme (NAMP) which was launched in 2010 by the then Minister for Health. This programme is a multidisciplinary initiative clinically led by Professor G. Courtney, focusing on acute hospitals. It aims to optimise, standardise and improve management of acutely ill medical patients throughout the Irish Healthcare System (RCPI *et al* 2010). The National Acute Medicine Programme (NAMP) defines acute medicine, as being concerned with the immediate and early specialist management of adult patients, with a wide range of medical conditions, which present to the hospital or from within the hospital, that require urgent or emergency care and are discharged to an appropriate setting (RCPI *et al* 2010). Table 1 below outlines the purpose of the National Acute Medicine Programme.

Table 1: Purpose of the National Acute Medicine Programme (NAMP) (HSE 2010)

- Safe quality care
- Expedited diagnosis
- Correct treatment
- Appropriate environment
- Respect of autonomy and privacy
- Timely care from a senior medical doctor working within a dedicated multidisciplinary team
- Improved health and clinical outcomes
- Improved communication
- Better patient experience. (RCPI *et al* 2010)

1.4.1 Acute Medical Assessment Units (AMAUs)

The National Acute Medicine Programme established a new model of acute medical care service delivery, focusing on the quality of care delivered and its effectiveness in regard to the benefits and improved outcomes for medical patients. The acute medicine programme recommends in the Irish context, acute medical presentations to hospitals are best managed and care delivered in dedicated medical facilities i.e. acute medical assessment units staffed by senior physicians and a dedicated multidisciplinary team, the key service provider being nurses. The facilities are stratified by patient acuity and structures as follows:

- Acute Medical Assessment Unit (AMAU) - Model 4 Hospital
- Acute Medical Unit (AMU) - Model 3 Hospital
- Medical Assessment Unit (MAU) – Model 2 Hospital

(RCPI *et al* 2010, NAMP 2013).

The benefits recorded are significant:

- Optimise patient flow
- Reduction in the length of stay
- Reduction in waiting times for transfer to medical beds from ED
- Increase in discharge home with no overnight stay
- Improvement in patient care and staff satisfaction with care
- Integrate chronic disease prevention and management (Scott *et al* 2009).

AMAUs are defined as designated hospital units specifically staffed and equipped to receive medical patients presenting with acute medical illness from emergency departments and/or the community for expedited multidisciplinary and medical specialist assessment, care and treatment (Scott *et al* 2009). Medical Short Stay Units (MSSUs) provide care and treatment for a designated period 48-72 hours (prior to discharge or transfer to medical wards). The establishment of AMAUs are internationally recommended (RCoP 2007, Scott *et al* 2009). Currently, there are 32 AMAUs and MAUs established in the Irish Healthcare Service. To assist with quality improvements the NAMP has identified specific interventions in four areas of the patient pathways. The pathways are as follows:

- Ambulatory Care Pathway
- Medical Short Stay Pathway (1-2 nights)
- specialist in-patient care pathway
- The frailer and older patients with complex needs after discharge pathway.

1.4.2. National Early Warning Score

The National Acute Medicine Programme identified the need for and implemented a National Early Warning Score (NEWS) to help determine the severity of illness and predict patient outcomes. NEWS is a 'track and trigger', physiologically based system, designed to facilitate early detection of the acutely ill deteriorating patient, by categorising a patient's severity of illness and prompting nursing staff to request a medical review in a timely manner (DoH 2013a). An education programme – COMPASS© - for the early detection and management of patient deterioration incorporates the NEWS and is available as an E-learning programme on HSElanD. NEWS is supported by utilising a structured communication tool, while following a definitive escalation plan, ISBAR (Appendix 1).

The ISBAR technique is a simple way to plan and structure communication. It allows staff an easy and focused way to set expectations for what will be communicated and to ensure they get a timely and appropriate response. It helps to prevent vital information being missed, provides a recognised framework within which to organise what the nurse wants to say and provides the opportunity for the nurse to state what outcome is desired from the conversation (HSE 2015c).

1.5. Acute Medicine Nursing

Much of the remodelling of acute medical services has been medically or organisationally driven and the role of the nurse in AMAU has not been centre stage (Myers & Lees 2013, Corbally *et al* 2014). To compound this, there is limited literature available nationally and internationally which has considered the AMAU nurse's role, function scope, skills and competencies (Carroll 2004,

Griffiths 2011, Myers & Lees 2013, Corbally *et al* 2014). There has been some recognition for the development of additional clinical expertise among the acute medicine nurses given the acuity of patients presenting, the high volume and quick turnover (Carroll 2004, Lees & Hughes 2009, Griffiths 2011, Myers & Lees 2013, Corbally *et al* 2014). Fletcher (2007, p.33) reports from her literature review *"it is evident ..... that healthcare workers require extended skills to carry out assessment and interventions for patients on an AMAU but there is little evidence what these skills should be."*

Hence, the impetus for this framework, which aims to identity skills and competencies, their indicators, and the guiding resources for nurses in AMAUs. The imperative of nurses is to provide a quality and safe service in AMAUs. Initially, when developing the AMAUs, nurses had some sense of the kind of service required, one which is responsive to what patients want from nurses; compassion, kindness, keeping them informed, doing the right things at the right time, being available and empathetic to patients and their families. However, what was not clear in developing nursing in acute medicine was the specific competencies and skills required. Through the comprehensive consultation and communication mechanism employed for the development of this framework, nurses and nurse mangers put forward their recommendations and a Skills and Competencies Directory was created, which will support and assists nurses to continue to develop their service and their professional role within the specialty.

1.6. Conclusion

The drivers for the development of acute medicine as a service and specialism have in the main been as a response to fiscal constraints, changing demographics, continuous quality improvement, access issues, workforce pressures and Junior Doctor working time restrictions. In Ireland, national health policy and reform are also key drivers.

While most of the focus has been on the senior medical provision of the service, creating relevant posts and educational needs, nursing is a vital component. Not alone do nurses play a key role in delivering care in AMAUs but they manage, co-ordinate and through their clinical practice, tacit knowledge and wide spread service intelligence, lead change and service planning. It is timely therefore, to publish the outcome of the AMNIG's work, this framework, which will guide nursing development in service delivery, competency development, skills identification, education needs assessment and workforce planning.

Chapter 2

DEVELOPING NURSING IN AMAUS

2.0. Introduction

Nurses have a critical role to play in adapting to the demands of change in the development and reforms of healthcare practices and services while remaining true to their own professional identity, values and holistic practice. Developing a new specialty allows the nursing profession take stock and consider what patients accessing the services want. Maben and Griffiths (2008: p. 18) consulting with the public for their study concluded patients want to know:

- The nurse is knowledgeable, skilled and competent and has a caring and humane attitude.
- Nurses put the patient first.
- Nurses deliver a high-standard service, demonstrating this through high-level knowledge, being adequately trained, competent and possessing up-to-date and expert knowledge.
- There is easy, timely and convenient access to the care.

The nurse's role, function and scope in acute medicine are evolving. The profession is ardent to align this evolution within the definition of nursing and its potential scope of practice, whilst exploring the extension, expansion and advancement of the role to meet the needs of acute medicine patients and fulfil what patients want (Corbally *et al* 2014). This framework, co-designed with nurses and nurse managers in acute medicine, enables nurses to become proactive in shaping their future, deciding the role they are to play in acute medicine and the difference they want to make. They also want to ensure their professionalism is underpinned by a set of values and behaviours and relationships that matter to the patient and their profession.

2.1. Defining Nursing

Henderson (1961) alludes to the definition of nursing as *assisting individuals, sick or well, in the performance of those activities contributing to health or its recovery (or peaceful death) that they would perform unaided if they had the necessary strength, will or knowledge, and to do this in such a way as to help those who recover, regain independence as soon as possible.*

In 1996, a World Health Organisation (WHO) expert committee on nursing practice described nursing as follows:

- Nursing is both an art and a science. It requires the understanding and application of specific knowledge and skills and it draws on knowledge and techniques derived from the humanities and the physical, social, medical and biological sciences.
- Nursing promotes the active involvement of the individual and his or her family, friends, social group and community as appropriate, in all aspects of healthcare, thus encouraging self-reliance and self-determination while promoting a health environment.
- Nursing helps individuals, families and groups to determine and achieve their physical, mental and social potential, and to do so within the challenging context of the environment in which they live and work. The nurse requires competence to develop and perform functions that promote and maintain health as well as prevent ill health. Nursing also includes the planning and giving of care during illness and rehabilitation, and encompasses the physical, mental and social aspects of life as they affect health, illness, disability and dying. (WHO 1996).

2.2. Core Values of Nursing

Henderson (1961) and the WHO (1996) have captured the essence of nursing care and practice which underpin the nursing professions. A number of nursing theorists have sought to articulate the essence and the cornerstones of nursing in the form of 'nursing models'. The Orem model (1985), the Neuman model (1995) and the Roper-Logan-Tierney model (2000) serve as a framework for developing the theory and practice of nursing (O'Shea 2008). O'Shea (2008) discusses the core values proposed in the above definitions, models and theories as:

- Person–centred care - the nurse acts at all times in the interests of the person involved, working in partnership with the person (patient to achieve individualised care).
- Relationship based care founded on a connection and empathy. The relationship is based on respect and consideration for the individual.
- Holistic care focuses on the totality of the patient physical, emotional and psychosocial wellbeing, respect for diversity and culture.
- Education and promotion of self-reliance and independence extending beyond the individual to family and community.
- Co-ordinating the input of other professionals, environment and technology that will affect the wellbeing of the individual.
- Knowledge based care, invest in own education and development, gaining competence.

The *Strategy for the Office of the Chief Nursing Officer 2015 – 2017* (DoH 2015) has identified its values. The values set out in its strategy are as follows: accountability, care, collegiality, excellence, integrity and safety. The Code of Professional Practice and Ethics (NMBI, 2014) states "each nurse and midwife has a responsibility to uphold the values of the professions to ensure their practice reflects high standards of professional practice and protects the public" (p.8). Having regard for all the values of nursing and its leadership, acute medicine nursing can build on these to strengthen its profession as it develops and grows.

Aligning the values with Maben and Griffiths (2008) findings regarding what patients want, ensures AMAUs provide a dedicated location for the rapid assessment, diagnosis, commencement of the appropriate treatment and the determination, by a senior medical doctor supported by a multidisciplinary team, whether an admission is necessary or not. The rapid assessment and initiation of treatments require the multidisciplinary team to be fully competent in the knowledge and skills necessary to provide a medical assessment service. Nurses have an important part to play in adapting a model which meets the whole needs of individual patients as posed above, matching actions with values, assisting nurses to remain true to their own professional definition and identity. Nurses must ensure while extending and expanding their roles and scopes, to meet the assessment and rapid turnover requirements of the acute medicine model of care, a holistic model, based on individualised care and relationship development is paramount.

2.3. Developing, Expanding and Advancing Nursing in Acute Medical Assessment Units

Nurses in AMAUs work in a demanding specialty both physically and psychologically. The nurse's role, scope and function practicing in acute medicine include:

- Initial assessment and continuous assessment and care of undiagnosed acutely ill medical patients.
- Managing the clinical environment and its resources.
- Facilitating team cohesion.
- Facilitating patient's rapid transition.
- A bed management function. (Myers & Lees 2013, Corbally *et al* 2014)

The autonomy, accountability, responsibility and the governing authority nurses working in AMAUs function within has yet to be defined nationally for an Irish context yet the nurse's role is evolving at a rapid pace. An AMAU receives patients with a wide range of medical problems. This variation provides opportunities and challenges for nurses providing care in AMAUs. The reality of co-ordinating multiple patient admissions, rapid assessment, initial diagnosis, treatment protocols, discharges, referrals and transfers within a rapid turnover context has consequences for

the role, function, scope, skill and competencies requirement of the nurses working in AMAU. An integration of skills and competencies at different levels from staff nurse to specialist nurse to registered advanced nurse practitioner could enhance service delivery, building the capacity and capability of the nursing resource (NCNM 2010a, Begley *et al* 2010).

Despite AMAUs being established internationally and nationally there is limited literature in relation to the role, function, scope, skills and competencies of nurses providing care in the AMAUs (Carroll 2004, Griffiths 2011, Myers & Lees 2013, Corbally *et al* 2014). Lees & Hughes (2009) discussed the recognition of the need for additional clinical expertise among acute medicine nurses, given the increased acuity of patients as referred to in the confidential enquiry into patient outcomes and death (NCEPOD 2007). In this report, it discusses the AMAUs success and the maintenance of patient safety depended on the competencies and confidence of the nursing team, assessing and recognising acutely ill patients. Nurses themselves have identified the competencies of all staff as being key to the improvement of the care of the acutely ill patients (Lees & Hughes 2009).

The development, expansion and advancement of the role of the nurse in acute medicine must be based in the core values and ethos that underpin the profession but also recognises the dynamic and changing nature of nursing and healthcare that will shape the future. Key influences such as legalisation, national frameworks, practice, policies, research and guidelines support and shape the evolution and development of the nurse in acute medicine.

Six Key Legislative and policy documents act as drivers and enablers for the development, expansion and advancement of the nurse role in acute medicine.

2.3.1. The Nurses and Midwives Act 2011

The Nurses and Midwives Act 2011 (Government of Ireland 2011) signed into legislation on 21st December 2011 is reflective of a major change within the health services in Ireland. It places even greater emphasis on public safety, as it provides for the regulation of nursing and midwifery professions. The Act was introduced for the purpose of the enhancement of the protection of the public in its dealings with nurses and midwives. The key provisions of the Act relate to the registration, regulation and control of nurses and midwives, the enhancement of the high standards of professional education, training and competence of nurses and midwives and the investigation of complaints against nurses and midwives. The Act also introduces measures to ensure that the integrity of the practice of nursing and midwifery is protected. The public need to be assured that any person who uses the title 'nurse' or 'midwife' is entitled to do so because of his or her professional competence.

The Nurses and Midwives Act 2011 explicitly states that it is the duty of every registered nurse and midwife to maintain their professional competence and to be able to demonstrate that professional competence to the satisfaction of the Nursing and Midwifery Board of Ireland. The maintenance of professional competence requires the adoption of a lifelong commitment to continuous professional development. For nurses providing care in acute medicine assessment units this timely framework will guide and assist the identification of required competencies and the supports available to assist their development. The document will also highlight what nurses perceive as the challenges to developing their skills and competences and propose solutions.

2.3.2. Strategic Framework for Role Expansion of Nurses and Midwives

Nurses and midwives have in recent times been required to extend and expand their roles and practice in order to respond to the needs of the services and of the patients/clients they serve. As the health services develop in Ireland in line with evolving government policy and the requirements of the services, nurses and midwives will continue to enhance their roles to provide high quality, responsive care reflecting their education, continuous professional development (CPD) and expertise. Expanding nurses and midwives roles through the introduction of specialisation at the

level of Clinical Nurse Specialist (CNSp)/Clinical Midwife Specialist (CMSp) and advanced practice at Registered Advanced Nurse Practitioner (RANP)/Registered Advanced Midwife Practitioner (RAMP) has enhanced clinical decision-making (Begley *et al* 2010). Establishing nurse and midwife led services, the introduction of prescribing of medicinal products and medical ionising radiation for nurses and midwives in both acute and community settings are examples of expanding the role of the nurse and midwife.

The publication by the Department of Health, *Strategic Framework for Role Expansion of Nurses and Midwives: Promoting Quality Patient Care* (DoH 2011) has provided policy direction outlining the process for successful consideration of expansion of nursing and midwifery practice. The policy describes a six-step process that should be followed in determining whether an expansion of role and practice should be considered, and if so, what considerations should be taken into account in proceeding with the expansion. As acute medical services expand and receive higher acuity patients and develop ambulatory care there will be opportunities for nurses working in these services to expand and extend their practice. This framework, determining competencies and skills required and recommending a skills and competencies directory will guide individual units to determine appropriate role expansion in acute medicine nursing based on local service needs and existing nursing roles.

2.3.3. Future Health: A Strategic Framework for Reform of the Health Service 2012 – 2015

The health system is facing many challenges; fiscal constraint, an aging population, increase in people with chronic illnesses, long waiting times and lists, challenges which necessitate a need to reform the health system. As a result of the reforms the following changes will occur:

- **Health and Well Being** – The new concentration will be on keeping people well as opposed to simply treating ill people. For acute medicine services this will mean a more proactive link with community and primary care providers. Patients will likely only be referred for diagnostics, and urgent acutely ill episodes in their illness, resulting in an increase in the acuity of illness in patients presenting. Patient information and education will play a key function in the role of AMAU staff.
- **Service Reform** – The current reliance on treatment in hospital will be shifted to treatment in the community and a greater focus on 'integrated care'. This will necessitate AMAUs creating greater links with community services and an increase in ambulatory care pathways and outreach to the community.
- **Structural Reform** – Health systems structures will be changed in order to promote good governance, performance management and delivering value for money. AMAUs will need to monitor, evaluate and action key performance indicators, outcomes, performance targets. The local unscheduled care governance group may use this data to improve and plan services using quality improvement methodologies.
- **Financial Reform** – The financial reforms will be designed to ensure that the financing system is based on incentives that promote fairness and efficiency while reducing costs, improving control and quality. Core AMP patient care models of same day discharge following front loading of interventions, diagnostics and treatment and 1-2 day length of stay will be key to achieving access, efficiency, cost reduction and quality services.

2.3.4. Emergency Department Task Force 2015

On foot of national concerns for the deterioration of ED trolley wait times and sustained growth in admissions in 2014 and 2015, the Emergency Task Force amongst its recommendations for action placed significant emphasis on the role of nursing in EDs and AMAUs (See Appendix 2). Recommendations include:

- Immediate priority given to examining the role of Advanced Nurse Practitioners in terms of fulfilling patient assessment diagnosis and discharge thus fulfilling senior decision making roles.
- Development of ANP model of care for low acuity chronic illness, both in the ED and AMAU to assess, treat, review and discharge low acuity chronic illness.
- Criteria-led, delegated discharge by other nurses, CNM2 roles beings central to its implementation.
- Optimising the existing skills amongst the wider ED and AMAU nursing resource, (i.e. order and interpret and escalate as appropriate diagnostic tests, e.g. x-rays, bloods). (HSE 2015a).

2.3.5. Corporate Strategy

The HSE Corporate Plan sets out how the HSE aims to improve the health service over the period 2015 to 2017 (HSE, 2015b). "*The National Integrated Care Programmes will lead on improvements in clinical and quality care across the Hospital Groups and CHOs to deliver an integrated quality model of care*" (HSE 2015b, p4). The mission statement identifies three targets which provide a focus for nursing development and practice i.e. People in Ireland are supported by health and social care services to achieve their full potential; can access safe, compassionate and quality care when they need it; and, can be confident that we will deliver the best health outcomes and value through optimising our resources.

Supporting the corporate strategy, the *Health Service Executive National Service Plan 2016* (HSE, 2016a) have stated as a key priority for the ONMSD "*to provide clinical education to maximise the development of ED and AMAU nurses' skills and competencies to undertake advanced clinical assessment, interpretation and treatment in a standardised range of skills to improve patient flow, in conjunction with acute services*". This framework provides nurses within AMAUs with ideal opportunities and supports to shape develop and influence service design and delivery such as holistic models of care, rapid access to assessment, diagnosis and discharge and nursing led services based on values of Care, Trust, Compassion and Learning.

2.3.6. The Framework for Improving Quality (2016)

The H.S.E. has developed *The Framework for Improving Quality in our Health System* (HSE 2016b) to influence and guide our thinking, planning and delivery of care in our services. It is firmly orientated towards quality, safety and to improve patient experience and outcomes. The Framework is comprised of 6 drivers for improving quality:

1. Leadership for Quality
2. Person and Family Engagement
3. Staff Engagement
4. Use of Improvement Methods
5. Measurement for Quality
6. Governance for Quality

The Framework provides a strategic approach to improving quality whether at the frontline, management, board or national level. It has a clear aim to foster a culture of quality that continuously seeks to provide safe, effective, person centred care across all services. Building such a culture is paramount to ensure long term progress to improve quality of care. For frontline teams and improvement initiatives the Framework acts as a reminder and sense check of the key areas that consistently require focus to ensure successful and sustainable improvements in the quality of care even in the busiest environments.

2.4. Conclusion

Government and HSE reforms planned, represent an ambitious and challenging agenda of change. At AMAU level, it will necessitate everyone including patients, service users, doctors, nurses, health and social care professionals, health support workers, primary care physicians and managers working closely together to develop an integrated model of care particularly for the growing numbers of people with chronic conditions. Developing, expanding and advancing nursing competencies and skills in acute medicine to provide an integrated model of care requires a framework with a skills and competencies directory underpinned and based on the definitions, model and theories of the nursing profession and nurses' role as key members of multi-disciplinary AMAU teams.

Chapter 3

METHODOLOGY- CREATING A NATIONAL FRAMEWORK, SKILLS AND COMPETENCIES DIRECTORY FOR NURSES IN ACUTE MEDICINE ASSESSMENT UNITS

3.0. Introduction

The overall purpose of this framework is to provide future proofed guidance, support and direction:

- Enabling nurses identify, develop and maintain the necessary skills and competencies to deliver quality, safe and holistic care to acute medicine patients.
- Facilitating nurse managers in acute medicine to develop AMAUs services based on the best possible evidence meeting the needs of the patients presenting.
- Ensuring staff engagement, commitment and ongoing professional development and fulfilment based on service need.
- Contributing to the overall vision for the development of acute medicine services.

The role, function and scope of the nurse in caring for acute medicine patients is to demonstrate competence in nursing practice, rapid assessment and diagnosis, initial treatment, re-assessment and discharge to a variety of optional settings, working as a team member, guided by the criteria of the National Acute Medicine Programme (HSE 2010).

A Director of Nursing (DON) was appointed to the National Acute Medicine Programme by the ONMSD to nationally lead the nursing change required for acute medicine nursing in Ireland. Nursing leadership, expertise, change management and quality improvement skills are crucial to support the development and implementation of AMAUs and to give uniformity to the pioneering of an emerging new model of care within nursing (Fletcher 2007, Handley 2011, McNeill *et al* 2011, NAMP 2013, Myers & Lees 2013).

A number of factors contributed to the development of acute medicine nursing arising from experiential practice and action learning as the AMAUs developed, namely:

- The limited literature available nationally and internationally on the role, function, scope and competency of nurses providing care in AMAUs (Carroll 2004, Griffiths 2011, Myers & Lees 2013, Corbally *et al* 2014); and
- Limited availability of a formal education programme for nurses in AMAUs.

From the onset, it was determined nurses in practice and those leading and managing the nursing teams within AMAUs would be integral to the development of the AMAUs and to the development of a framework, skills and competencies directory to support the NAMP programme. A guiding principle of the development of the framework and directory was its co-design by frontline staff and their managers.

3.1. The Acute Medicine Nurse Interest Group (AMNIG)

Nurses and nurse managers from all hospitals participating in the NAMP were invited to join the AMNIG. It was envisaged this group would co-design and lead this progressive health service change and produce a national acute medicine nursing framework, skills and competencies directory for Ireland. Table 2 outlines (i) the consultation and communication activities timeframe to bring this publication to completion, and (ii) the parallel development of MAUs and AMAUs during that period.

Table 2: Co-design of the Framework, Skills and Competencies Directory & Parallel Development of AMAUs and MAUs

Timeframe	June 2012	June 2013	June 2014	February to April 2015	August 2015 – June 2016
Development Activities	Inaugural Meeting	Working Document	Working Document	Draft Consultation	Final Draft Consultation and revisions
Number of Functioning AMAUs in Situ	8 AMAUs	8 AMAUs	16 AMAUs	31 AMAUs	32 AMAUs

In June 2012, the AMNIG held its inaugural meeting. At this inaugural meeting the group committed to collaboratively co-design a national nursing framework, skills and competencies directory for acute medicine nursing. The AMNIG identified a paucity of robust evidence to support the development of the nurse and nursing practices in acute medicine. The AMNIG proposed the purpose of the framework is to provide a national approach to the delivery of nursing care and practice in acute medical assessment units, identifying the specific skills, competencies and scope required within individual units. The framework will support the development of individual nurses in consultation with nurse managers in the context of existing and emerging hospital and national strategic plans.

3.2. Developing a Nursing Framework, Skills and Competencies Directory

Nursing practice and care are integral to the implementation of the National Acute Medicine Programme and the provision of services within AMAUs. Patients receive care in the AMAU from nurses who have experience and expertise in a diversity of conditions which present in this patient group. Units are managed on a daily basis by a nursing management structure that provides continuity within the units (RCPI *et al* 2010, NAMP 2013). At the commencement of the development of the framework and directory, the AMAUs status varied from established and functioning, to some having no physical units and others being at a very embryonic state of planning. The National Acute Medicine Programme (NAMP 2013 p.2) states essential criteria for an effective AMAU is a dedicated nursing staff with experience in medical care provision, including:

- A Clinical Nurse Manager 2 (CNM2) to manage and co-ordinate the activity of the unit to facilitate a high level of acuity of patients being accepted to the AMAU i.e. triage category 2 and 3
- Direct referral from nurse triage in ED
- Access to a multi-disciplinary team.

3.3. Methodology

Figure 1: Developing a Nursing Framework Skills and Competencies Directory for Acute Medicine

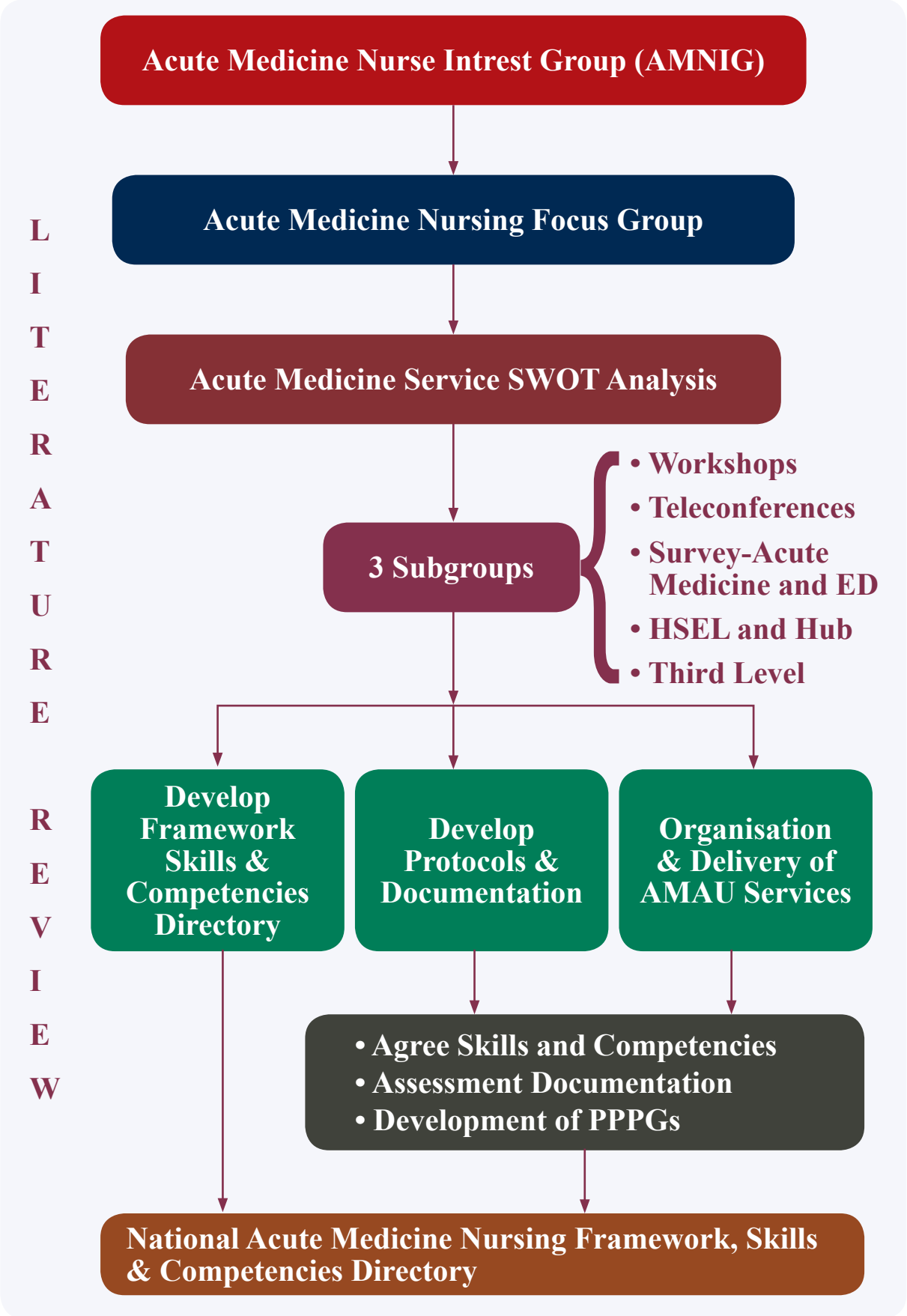

Figure 1 outlines the methodology employed for the development of the framework and directory. The aim of the methodology was to widely capture views, opinions, and recommendations in regards to:

- Skills, competencies and the scope of practice required for acute medicine nursing and their categorisation into core, specialist, expanded and advanced practice.
- Identifying the requirements to support the development and management of AMAUs based on best evidence available.
- Empowering ownership of the framework and directory development through a co-design methodology involving nurses and nurse mangers in AMAUs throughout Ireland through extensive consultation and communication.
- Gathering data on the evolution of the AMAUs in real time as the units and nursing roles developed in conjunction with development of the framework.
- Providing direction and support to nurse managers.

A range of data collection methods were used:

- AMNIG focus session and SWOT[2] analysis
- Literature review
- Acute medicine nursing survey questionnaire
- Skills and competencies category determination checklist
- Workshops
- Information repository - HSELanD Practice Development Hub.

3.3.1. AMNIG Focus Group

A national acute medicine nursing focus group session was undertaken at the AMNIG inaugural meeting in order to identify the broad key elements of quality and safe nursing care practices required in AMAUs. This also included completion of a SWOT analysis which identified and supported the key emerging themes required for the development of AMAUs and its nursing staff (Appendix 3). The themes identified were:

- Patient centred care
- Education
- Skills
- Knowledge and experience
- Environment and access
- Leadership.

3.3.2. Literature Review

A literature review was undertaken simultaneously to support and inform the evidence obtained during the focus group session and the SWOT analysis. The literature search took account of published and unpublished research, expert and authoritative opinion, reasoned argument, policies and reports by governmental and non-governmental agencies and national and international organisations.

3.3.3. Acute Medicine Nursing Survey

Following the focus group session, SWOT analysis and literature review an Acute Medicine Nursing Survey Questionnaire was circulated (Appendix 4) to the membership of the AMNIG and a wider group of nurses in acute medicine and Emergency Department - see results Section 4.3. This survey was constructed in this manner in order to obtain their views of key elements of a quality nursing

2 An approach used to identify Strengths, Weakness, Opportunities and Threats.

acute medicine service, supports, challenges, core knowledge, skills and competencies required and the possible expanded and advanced roles for the future. The questionnaire was circulated on Survey Monkey which afforded nurses the opportunity to share their views and contribute to the development of this strategic document.

3.3.4. Skills and Competencies Category Determination Checklist

Using evidence from the literature and findings from the focus group and the survey, a skills and competencies category determination checklist of the possible skills and competencies required for acute medicine nursing was created and circulated to all AMNIG members to agree. The AMNIG members were requested to engage with their AMAU nursing colleagues in identifying the possible skills and competencies required based on service need and their experiences. Nurses were requested to agree or not with the proposed skill and to agree which category the skills and/or competencies belonged to, core, specialist or advanced (see results Section 4.4).

3.4. Work-streams, Process and Methods

Informed by the focus group session, the SWOT analysis, the literature review and the survey the AMNIG agreed a method of working to develop the framework and directory. This was complex and presented some challenges such as:

- Diversity of experience and expertise in acute medicine.
- Lack of uniformity.
- Dearth of knowledge in regard to acute medicine nursing.
- Nascent and emergent nature of acute medicine.
- Influences on the specialty nationally and internationally.

The comprehensive communication and highly inclusive consultation process is detailed in Appendix 5 to demonstrate the co-design approach to the development of the framework and directory and the evolution of acute medicine nursing in Ireland. At the inaugural meeting the AMNIG formed three subgroups, each taking a key work stream:

- **Subgroup 1: Plan the development of a nursing framework.**
- **Subgroup 2: Develop the guiding principles for the organisation and delivery of AMAU services.**
- **Subgroup 3: Develop an assessment tool for acute medicine.**

The work-streams utilised workshops, AMNIG hub on HSELanD, teleconferencing and facilitated meetings as methods of completing the work. The consultation/communication workshops and teleconferences enabled AMNIG members to continue to explore and redefine the key elements of acute medicine nursing as the groups learned more and the AMAUs developed. The membership of the subgroups varied and changed over time allowing the involvement of a diversity of experience and opinions. The key elements and work-streams focus changed as the AMNIG and AMAUs developed and evolved. A HSELanD hub was established for the AMNIG members to enable them to access and share relevant documents and to assist with the distribution of acute medicine nursing resources and information.

Prior to the final phase of the development of the framework and directory, in acknowledging the complex and varying rate of evolution of AMAUs, a consolidation period occurred, to facilitate the critical determinants of best practice as they evolved to become embedded in the establishment of the service provision in AMAUs. This allowed the framework to be cognisant of emerging and future needs.

3.5. Conclusion

The methodology to create a national framework and skills and competencies directory for nurses in acute medicine involved a comprehensive consultative and communication process using a co-design approach with the frontline nursing staff and the nurse leaders in AMAUs. As the framework was planned the AMAUs were evolving, changing and becoming established. The final document was steered by this organic evolution and strongly informed by the nurses and managers providing care on a daily basis in AMAUs throughout Ireland.

Chapter 4

FINDINGS FROM COMMUNICATION AND CONSULTATION PROCESS

4.0. Introduction

A comprehensive literature review, communication and consultation process underpinned the development of this document enabling the gathering of data which will be employed to inform the development of nursing in AMAUs in Ireland through the implementation of the final recommendations. During the communication and consultation process, evidence to support the development of the framework was obtaw ined through the following data collections methods:

- Acute Medicine Nurse Interest Focus Group session.
- Subgroup work-streams, meetings and teleconferences.
- Literature Review.
- Acute Medicine Nursing Survey.

The outcomes of the above data collection methods facilitated the development of:

- Guiding principles for the development of standard operation procedures for the organisational delivery of care in AMAUs (Appendix 6).
- Acute Medicine Nursing Assessment Core Elements (Appendix 7).
- A National Acute Medicine Nursing Skills and Competencies Directory (Chapter 5 and Appendix 8).

Simultaneously the AMNIG worked with third level institutes to assist with the development of a third level postgraduate programme for nurses working in AMAUs or proposing to work in AMAUs which has subsequently commenced at one third level institute in Ireland (Appendix 9).

4.1. Findings from the National Acute Medicine Nursing Focus Group Session

Membership of the Focus Group comprised of 38 participants (CNM 1, 2, 3 and ADONs) representing acute medicine nursing in Ireland. Attendees represented a range of different model size hospitals (Model 2, 3, 4) and came from a wide geographical area across the country. Areas not represented at the initial focus group workshop were invited to participate in further workshops held by the AMNIG.

The purpose of the Focus Group was to identify what is required to influence and shape the contribution of nursing in AMAUs into the future. This is to ensure that the capability and capacity of nursing is utilised in a way that maximises the best possible outcomes and experiences, from the perspective of patients, nursing and the organisation.

Focus group participants provided a collection of their views when asked three key questions. These views were collated and reported under themes as outline below:

Q1. What would a really effective AMAU looks like?	
Operational	A functional governed policy driven, purpose built unit with clear referral and care pathways. Supported by diagnostic services, bed management, a short stay unit and nurse-led discharge, all of which adheres to the National Acute Medicine Programme (NAMP).
Patient Focus	Focus on patient need and perspective. Clear pathway between ED and AMAU streamlining assessment. A welcoming environment. Patient feedback.
Evaluation	Patient and staff perspectives, Clinical and health outcomes.
Clinical	Highly competent clinicians in nursing and medicine led by a senior decision maker, promoting effective MDT working, supported by PPPGs, extended, expanded and advanced nursing role.
Information Technology	Dedicated IT system supporting data collection and enabling regular data review.

Q2. Identify the roles of nurses in the AMAUs that are working to the optimum of their potential.	
1. Nurses with key clinical skills and competencies	• Triage competencies including phone triage of referral from GP • Assessment competencies i.e. recognising sick patient, using NEWS and various tools • Delegator/organiser/prioritiser • Discharge planning • Venepuncture & Cannulation • Provide treatments supported by collaborative practice agreement i.e. Nurse prescribing of medicinal products and ionization radiation • Ambulatory care pathway • ACLS • Referral to various specialities
2. CNM as Leaders and Managers	• Autonomous roles • Manage patient flow • Access to senior decision maker • Role in recruitment of staff
3. Support Roles	• Nursing support staff • Development of identified competencies and skills for all support roles • Link with CNE, Postgraduate Programme • Clinical Facilitator, Practice Development, CPCs • Quality Improvement methods and lean thinking training • IT
4. Management and Leadership	• Leadership skills i.e. visionary, advocacy, empowering • Communication skills • Decision making skills • Change management skills • Quality improvement skills • Organisational skills • Team working • Skill mix, patient staff ratio • Delegation
5. CNSp role	• Specialist clinical practice • Advocacy • Education and development • Audit and research (including QI initiatives)
6. ANP role	• Autonomy in clinical practice • Expert practice • Leadership (including QI initiatives) • Research and Evidence Based Practice skills • Education and development

7. Knowledge of:	• Philosophies and models of nursing care • Referrals pathways • Risk management, quality and safety care tools • Primary care liaison • KPIs • Audit, research, Evidence Based Practice skills • Quality improvement methods and measurement for improvement • Scope of practice • Health promotion

Q3. What is preventing nurses from fulfilling their roles to the maximum of their potential in AMAUs now and into the future?	
Resource Implications	• Staffing • Supports • Environment
Impact of current health service provision on a newly developing specialty	• Hospital Groups evolution • Processes not defined • Lack of specific documentation • Lack of guidelines, policies, protocols, procedures • Lack of supports (or new model of care) • Insufficient community support • Limited postgraduate / masters programmes • Lack of I.T. systems • Incentivised retirements
Inappropriate use of the Unit in regard to patient flow.	• Boarding patients • Low acuity patients • Inappropriate ambulatory care pathway

4.1.1. Summary of Findings of Acute Medicine Nursing Focus Group

Participants in the focus group articulated a clear vision of an effectively functional AMAU. The focus group identified AMAUs require nurses with a specific suite of skills and competencies, working within a clearly defined nurse management structure that demonstrates leadership skills and a range of supports to include staff and IT resources.

4.1.2. Outcome of Focus Group Session

The outcome of the Focus Group session was the establishment of three subgroups to develop the following work-streams:

1. Nursing framework to include acute medicine nursing skills and competencies directory.

2. Protocol development/documentation development specific to acute medicine nursing.

3. Acute medicine nursing assessment tool.

4.1.3. Areas for Future Consideration

A number of areas were identified that will require additional consideration, including:

- Patient focus, the complexity of presentations and diversity of issues associated with client groups in acute medicine were not expressed by this group.

- Education, while education needs were referred to broadly speaking, the specific requirement for nurses in acute medicine was not expressed beyond a small number of skills.
- Continued development of the AMNIG to become a resource repository for information, networking and the continued development of acute medicine nursing in Ireland.
- Use of quality improvement methodologies and measurements to deliver a quality and safe service specific to AMAUs.
- Development of Acute Medicine Nursing Survey Questionnaire (Appendix 4) based on the findings of the focus group to gather further information and seek views from the current members and the wider audience to inform development of acute medicine nursing into the future.
- Clarity on the role and function of the nurses in AMAUs, the required skills, knowledge and competencies of nurses providing care in AMAUs and specifically the expanded and advanced nursing roles in AMAUs.
- Continue to document and assess the evolution of AMAUs nationally and internationally.
- Research to support ambulatory care, rapid assessment, specialist and advanced roles etc.

4.2. Literature Review

The evidence presented in the literature was critically appraised. The published literature focussing on nursing in AMAUs is relatively small. Some relevant studies were sourced which contributed to the development of this framework. This supporting literature is referenced and integrated throughout this framework document (Carroll 2004, Fletcher 2007, Lees and Hughes 2009, Myers & Lees 2013, Corbally *et al* 2014). The scarce literature confirms acute medicine nursing is an evolving specialism which needs concentrated work on identifying and developing the skills and competencies for nurses providing care in AMAUs and in particular the expanding and advancing nursing practice roles required.

4.3. Findings from Acute Medicine Nursing Survey 2013

Following collation of the findings from the Focus Group, the subgroup teleconferences and workshops and the literature review, a decision was made to conduct a survey using the online tool, Survey Monkey to identify the views of all grades of nursing providing care in AMAUs and EDs in regard to:

- Key elements of quality nursing in unscheduled acute medical care.
- What enhances/hinders the delivery of those key elements?
- Required knowledge skills and competencies in acute medicine nursing.
- Possible expanding and advancing roles in acute medicine nursing.
- Required supports.

A questionnaire (Appendix 4) was circulated to all registered members of AMNIG:

- For each member to complete.
- To request their work colleagues in AMAUs to complete.
- To encourage ED staff within their work place to complete, so that their views would be heard and integrated into the framework and skills and competencies directory.

Sixty-five questionnaires, comprising six key questions, were completed and an additional 22 had completed Question 1 and Question 2. A number of sites choose to return one questionnaire as a collective response from their unit. As there is approximately the potential of 185 nurses including CNM1/2/3s providing care in AMAUs nationally, this response rate was representative of more than a third of acute medicine nursing staff providing care in the AMAUs. A range of views were expressed by participants, which are reported under themes as outlined below.

Q.1: What in your opinion are the key elements of quality nursing for patients attending unscheduled acute medical care?

Emerging Themes	Content Analysis
Surveillance – Ongoing Assessment	Observations/Vital signs, NEWS, weight, intake, output, urinalysis, assesses the needs of patient i.e. physical & emotional and pressure areas, interpret results and act accordingly.
Safety	Care, prioritise, pathways and processes, escalation of care, seek assistance, experienced staff, resource, environment, equipment.
Specific Documentation	Allergies, medical and medication history.
Management of supports for the care provided	Well organised approach, use of PPPGs, act according to results, escalation of care of deteriorating patient, patient experience, prioritisation, awareness of targets and metrics.
Compliance Supports	Medication management, use evidenced based pathways / guidelines / protocols /policies, professional code of conduct, scope of practice.
Holistic Nursing Care	Determine the needs of the patient, tailor care to the individual, privacy and dignity, assist activities daily living, individual dietary needs, health promotion, alleviate fears, physical and psychological and spiritual needs, include patient in care planning.
Effective Communication	Listening, empathy, patient advocate, conversing with, educating, informing patients, communicating with own discipline and other disciplines.
Specific Clinical Skills	Decision making, multidisciplinary team, ability to work under pressure and adapt to situations, assertive, organise and prioritisation, common sense. Venepuncture, cannulation, basic ECG interpretation, placement of ECG leads, nurse prescribing (medicinal and ionising radiation) ,O_2 therapy, ACLS, BLS, interpret results. COMPASS/NEWS, triage prioritisation, rapid assessment, recognition of patient's condition/ deterioration. IV drug administration, non-invasive ventilation, care for deteriorating patient, physical examination i.e. chest auscultation.
Specific Knowledge of:	Physical assessment tools, observation – NEWS, discharge process, bed booking process, provisional diagnosis, and related clinical condition and treatment regimes. Medical audit.
Defined Roles and Responsibilities	Professional boundaries, tacit knowledge of hospital systems and processes, knowledge of available resources – CNSp/ANP clinics, support services, community services.

Q2: What enhances your ability to deliver those key elements?

Emerging Themes	Content Analysis
Staffing	Appointed Clinical Nurse Manager 2, appropriate level of staff, experienced, confident appropriate skill mix, skilled clerical & support staff. Assessment skills – ECG, IV, catherisation, ABG sampling, expanded skills i.e. nurse prescribing (x-ray/medicinal). Health and social care professionals part of team.
Team Work	Personal interest, motivated, good team work, good staff morale, good dynamics.
Environment	Right size, appropriate to need, capacity planning number, isolation areas, procedure room, bathroom, toileting and appropriate equipment located near ED & diagnostics.
Leadership	Well organised, supportive, visionary leader/unit manager.
Documentation	Standardised, procedures protocols, policies, guidelines – evidenced based, assessment tool.
Staff Support	Management, wards, inpatient beds, D/C planners, other departments, ED, medical teams, good morale within the unit, access to advice, CNS, OT, Physio, S&LT.
Organisation	Right place, right person, right time, defined roles and responsibilities, governance, clear pathways and processes.
Audit	Regular – actions, results.
Diagnostics/ Investigations	Timely access to CT scans, echocardiogram, exercise stress testing and laboratory services.
Training/Education	Develop and maintain competencies, triage, NEWS, BLS, ACLS, supervised practice, induction, expanded practice, regular updates, in-house training and advanced health assessment.
Senior Decision Makers	Medical staff, registrar, consultant, dedicated consultant.
Access	Community care, CIT, rapid OPD clinics.
Communication	GP and medical team, diagnostics, bed management and Public Health Nurses.

Q.3: What hinders your ability to deliver those key elements?

Emerging Themes	Content Analysis
Staffing	Insufficient numbers & skill mix, temporary, agency, absence of permanent nurse manager, industrial relations issues, conflict, poor co-operation.
Support	Lack of service provision, interdisciplinary team working department and hospital wide.
Senior Decision Makers	'Post call', 'on call' when rostered to unit not present, lack of 'buy in' from clinical teams.
Diagnostics/ Investigations	Poor access, weekend and evening limited access, limited H&SCP access.
Access	Poor community access and support, budget constraints, lack of defined pathways, time – opening and closing, poor bed management, lack of in-patient bed access.
Patient Flow	Delayed access to beds, patients remaining overnight in the unit, bed management not supporting flow.

Emerging Themes	Content Analysis
Communication	Limited processes between GP & hospital medics, no structures to support community engagement, limited referral pathways, limited hospital wide and management understanding of purpose and function of unit.
Environment	Inappropriate, insufficient bathroom/toileting, not enough assessment spaces, no procedure room, no isolation, overcrowded, equipment: insufficient, inappropriate, broken, absent, insufficient supplies.
Education/Training	No specific acute medicine nursing course, inability to release staff for training, lack of access to education and training, lack of funding.
Organisation	Roles and responsibilities not defined, delay in other disciplines attending unit.
Documentation	Lack of PPPGs and standardised assessment.
Leadership	No designated key person, no CNM, poor structures to support team.

Q 4: What are the core knowledge, skills and competencies that every nurse working in an unscheduled care setting for acute medicine should have?

Emerging Themes	Content Analysis
Interpersonal Skills	Polite, compassionate, empathetic, caring, professional, confident, flexible, listening and innovative.
Knowledge of:	Anatomy and physiology, basic knowledge, nurse prescribing, (medicinal and ionising radiation). Nursing assessment, care planning. Available resources – in-house, community. Scope of practice, code of professional conduct. Understanding of how to obtain a provisional nursing diagnosis. What diagnostics are required. Knowledge of other assessment tools, Waterlow Score, Falls assessment etc. Policies, procedures, guidelines. Manual handling skills. Computer literate – to access blood results, x-ray reports, patient management systems.
Communication Skills	ISBAR, liaison, ability to build rapport with patient's family, patient advocate, reporting, documentation and recording, handover.
Clinical Skills	Decision making skills. Surveillance and observation skills – competent. Holistic assessment – social, physical, psychological, spiritual. Management of O2 therapy. Manage / provide care for deteriorating patient. Non-invasive ventilation. Discharge planning. Patient care pathways e.g. respiratory, epilepsy, ACS, stroke. Medication administration (NMBI). Infection prevention and control – SARI, Communicable diseases. Effective hand hygiene. Health promotion.

Emerging Themes	Content Analysis
Clinical Skills	Medical conditions, interventions and treatments. Ability to read cardiac monitor and interpret ECG tracing. Recognise and provide care for the 'sick' patient/deteriorating patient. Ability to deal with and respond to medical emergencies. Interpretation of blood results, ECG, NEWS. IV drug administration, urethral catherisation – male/female. Ability to work independently and as part of a team. Record ECG – correct lead placement. Administer 1st dose antibiotics. Haemovigilance, blood gases – sampling and interpretation. Advanced health assessment. Chest auscultation, history taking, medication history. Knowledge of commonly used drugs. Recognise life threatening conditions and perform lifesaving interventions. Policies, procedures, protocols, guidelines. Manual handling skills.

Q.5: How do you see nursing roles expanding to meet the needs of the patients attending for unscheduled acute medical care?

Emerging Themes	Content Analysis
Third Level Education	• Postgraduate programme - Acute Medicine Nursing. • Advanced practice programme - Acute Medicine Nursing.
Expanded Practice	• Nurse led clinics. • Skills – Taking and interpreting arterial blood gases. • Advanced physical examination, heart/lung auscultation. • Nurse led assessment. • Advanced assessment. • Nurse prescribing, ultra sound. • Nurse referral-diagnostics, clinics etc. • Respiratory support skills CPAP, BIPAP, NIPPI. • ECG interpretation. • Discharge planning. • GP Call – triage/prioritise – re-direction. • Vascular diagnostics. • Patient group directives. • Patient flow assessment and skills.
Advanced Practice	• Registered Advanced Nurse Practitioner - Care of patients with unscheduled care attendances. • Registered Advanced Nurse Practitioner - Chronic Illness. • Registered Advanced Nurse Practitioner – Frail older person.

Q.6: What needs to happen to support nurses in meeting this patient group's needs?

Emerging Themes	Content Analysis
Continuing Professional Development	• Third level programme – Acute Medicine Nursing. • In house training and development of relevant programmes. • Clinical Support – mentoring. • Practice development input. • Professional development plans and portfolios.

Emerging Themes	Content Analysis
Management Team Support	• Senior nurse management and nurse educators support to develop programmes. • Release staff to attend. • Prioritise need to develop. • Good disciplinary team working. • Appropriate staffing ratios. • Appropriate healthcare assistant roles. • Support for expansion of role. • Governance systems to support unit.
Funding	• Funding release (Masters, specific postgraduate programmes).
National Policy	• Recognition of acute medicine nursing as a specialism • National recommended core and specialist competencies and skills for acute medicine nursing.
Organisation Supports	• Appropriate environment and equipment. • Clear pathways, protocols, policies, guidelines.
Research Supports	• Research. • Web site to facilitate networking and resource access. • IT supports to collect patient experience data.

4.3.1. Summary of Acute Medicine Nursing Survey Findings

To provide a quality nursing acute medicine service, nurses identified the following key fundamentals and supports:

- A specific knowledge of acute medicine.
- Clearly defined nursing roles and responsibilities in AMAUs and the appointment of a Clinical Nurse Manager 2 (CNM2) to manage the unit.
- Accurate comprehensive assessment – developed to advanced assessment.
- A focus on patient surveillance and observations.
- Identification of specific clinical skills (core, specialised and advanced).
- Enhanced patient access.
- Improved patient flow, access, throughput and egress.
- Patient focus groups to support delivery of patient centred care.
- Effective communication mechanism and supportive documentation.
- Management supports in place to include; senior decision maker, team work, IT, education and professional development.
- National recognition of specialism of acute medicine nursing.

Nurses identified critical factors required for the future progress of AMAUs including:

- Staff with expanded and advanced skills.
- Competence in team working with access to continuing education and development.
- Leadership by a supportive unit manager.
- The presence of medical senior decision makers and.
- Working in an environment conducive to the provision of dignified, safe effective patient care.

Nurses also identified funding, research and organisational supports as vital to the future development of AMAUs and their staff. A significant finding was the support for acute medicine nursing as a specialism and the development of national agreed skills and competencies.

Nurses also identified those factors which would hinder their ability to deliver a quality service. One of the key factors noted to hinder ability to deliver quality effective safe service in acute medicine was the obstruction to the patient flow in and out of the unit. Nurses listed the core knowledge, skills and competencies required for the provision of nursing care and practice in an AMAU. This list was further developed and circulated to members of AMNIG for confirmation of the categorisation of those skills as core, specialist and advanced. A skills and competencies category determination checklist was developed from this process to support the development of the skills and competencies directory as part of this framework.

4.3.2. Outcome of the Survey

As an outcome of the findings of the survey, the AMNIG subgroups developed the following:

1. Guiding principles for the development of a standard operating procedure for the organisational delivery of care in an AMAU (Appendix 6)
2. Acute Medicine Nursing Assessment Core Elements (Appendix 7)
3. Acute Medicine Nursing Skills and Competencies Directory (Chapter 5 and Appendix 8).

4.3.3. Areas for Future Considerations

The identification and development of specialised and advanced nursing practice roles in acute medicine nursing

National recognition of acute medicine nursing as a specialism

Development and implementation of a skills and competencies directory.

4.4. Acute Medicine Nursing Skills and Competencies Category Determination Checklist

Using evidence from the literature and findings from the focus group and survey, a skills and competencies category determination checklist of the possible skills and competencies required for acute medicine nursing was circulated to all AMNIG members to agree (RCoP 2007, Carroll 2004, Fletcher 2007, Lees & Hughes 2009, Scott *et al* 2009, Griffiths 2011, Fennessey and Wittmann-Price 2011, Handley 2011, McNeill *et al* 2011, RCoP 2012a, Stacy 2011, Myers & Lees 2013, Corbally *et al* 2014). The AMNIG members were requested to engage with their AMAU nursing colleagues in identifying the possible skills and competencies required based on service need and their experiences. Nurses were requested to agree or not with the proposed skills and competencies and to agree which category the skills and competencies belonged to; core, specialist, advanced. The guide for the discussion and engagement was to focus the thinking on:

- Patient groups in AMAUs
- Interventions and supports the patient groups require
- Skills and competencies to support delivery of care to the patient groups
- Current and possible future care delivery.

The skills and competencies category determination checklist, adapted from the work of Myers and Lees (2013) addressed the following areas of acute medicine. These areas reflect the high volume of patient conditions and groups cared for in AMAUs and the required skills and competencies development areas:

1. Systematic assessment
2. Chest pain
3. Breathlessness
4. GI conditions
5. Neurological deficit
6. Comprehensive assessment of older people
7. Intravenous Access
8. Urology
9. Mental health
10. Generic
11. Discharge.

(Myers and Lees, 2013)

Checklists were returned from nineteen AMAUs for analysis. On clarification, some checklists returned represented the collective view of the AMAU, while others represented the nurse manager's own view. The analysis resulted in the development of an Acute Medicine Nursing Skills and Competencies Directory focussed on above areas 1-11, to underpin nursing care and practice in AMAUs. It also identified which category the nurses in AMAUs believed the required skills and competencies belonged to (core, specialist or advanced).

Clinical Nurse Specialist (CNSp) defines an area of nursing practice that requires application of specially focused knowledge and skills, which are both in demand and required to improve the quality of patient/client care (NCNM 2008c). Specialist practice encompasses a major clinical focus, which comprises of assessment, planning, delivery and evaluation of care given to patients/ clients and their families in hospital, community and outpatient settings 57

(Begley *et al* 2010). It also involves patient advocacy, audit and research and the provision of education and training for staff, patients and the CNS themselves (NCNM 2008c).

Advanced practice skills and competencies are defined as the utilisation of advanced clinical nursing/ midwifery knowledge and critical thinking skills to independently provide optimum patient/client care through caseload management of acute and/or chronic illness (Begley *et al* 2010, ABA 2011b).

4.4.1. Skills and Competencies required for Systematic Assessment

Table 3: Skills and Competencies Required for Systematic Assessment[3]

SYSTEMATIC ASSESSMENT	CORE	SPECIALIST	ADVANCED
ABCDEFG[4] Assessment	19		
NEWS	19		
Glasgow Coma Scale	19		
Monitor and interpreting vital signs	19		
Awareness of normal and abnormal findings	19		
Identify vulnerable adult	19		
Recognise acute deterioration	19		
Interpretation of results	19		
Rationale for common investigations	19		
Rationale for seeking medical review	19		
Assessment of response to treatment	19		
Awareness of risks associated with basic diagnostic interventions & treatments	19		
Knowledge of appropriated surveillance	19		
Triage Skills	19	7	
- Indications for basic laboratory investigations - Urine testing - Plain x-ray films chest and abdomen - ECG - VQ scan	19 19 11 19 14	 7 6 3	 1 1 2
History taking	19	2	2
Auscultation	1	12	6
Palpation	11	14	4
Percussion	1	14	4
Respiratory and cardiovascular examination	3	11	5
Preliminary neurological examination	6	7	4
Blood gas sampling	2	10	7
Interpretation of blood gas results	4	7	4
Speech language assessment	6	7	6
X-ray requesting and interpretation	3	7	9

3 Where a total exceeds 19, respondents have allocated more than one category to the skill

4 A= Airway and oxygen therapy, B = Breathing: rate pattern and oxygen saturations, C= Circulation: blood pressure, pulse and capillary refill time, D = Disability: neurological impairment using the AVPU (awake, verbally responsive, pain responsive, unconscious) score, E = Exposure: general exposure of all limbs to check for oedema and rashes for example, FG = Not to forget the glucose

4.4.1.1. Summary of Findings

There was much consistency in where nurses identified the skills and competencies of systematic assessment belonged. Auscultation, palpation, percussion, respiratory and cardiovascular examination, blood gas sampling, speech and language assessment and x-ray requesting and interpretation were seen by the majority of nurses as specialist skills and competencies which could be built on to become advanced skill and competencies in the future. A small number 1-2 did not select any preference in a number of the proposed advanced skills and competencies.

- Triage was identified as core skills and competencies by all respondents; a significant number (37%) also identified it as specialist skills and competencies.
- Assessing need for plain film as a nursing clinical skill and competency was identified as a core skill by almost 58%, with 37% identifying it as specialist skill and competency; and one nurse identified it as advanced.
- Assessing need for VQ scans was identified as core skill and competency by 73.5% and 16% identified it as specialist skill or competency; 10.5% identified it as an advanced skill and competency.
- History taking was identified as core skill for all nurses. 10.5% identified it as a skill and competency that could be built on to advanced level.
- Preliminary neurological examination was identified as a core skill and competency by 31.5% and more that 37% identified it as a specialist skill and competency and a further 21% as an advanced skill and competency.
- Interpretation of blood gas results was identified as a core skill by 21% and as a specialist skill by more than 30%. 21% identified it as an advanced skill and competency.

4.4.1.2. Areas for Further Consideration

A range of difference different areas were identified for further consideration and exploration:

- Skills for re-assessment of patient and appropriate clinical decision-making in acute medicine nursing.
- Further induction and development programmes for nurses in AMAUs must ensure the development of a core skills and competencies set such as triage assessment and determining indicators for basic laboratory investigation, plain film, ECG, VQ Scans.
- Future post-graduate programmes should incorporate skills and competencies development to include advance respiratory assessment and investigation, interpretation of results and performing advanced procedures.

4.4.2. Skills and Competencies Required to Care for Patients with Chest Pain

Table 4: Skills and Competencies Required to Care for Patients with Chest Pain[5]

CHEST PAIN	CORE	SPECIALIST	ADVANCED
Assessment of central & peripheral observations	19		
Common causes of chest pain	19		
Different types of chest pain	19		
Basic investigations	19		
Knowledge of commonly used drugs and side effects	19		
Recognise distress caused by chest pain provide comfort	19		
Knowledge of commonly used drugs	19		
Perform ECG	19	1	
Timely assessment and treatment of in acute phase	17	2	
Awareness of normal and abnormal results	14	5	
Know when to attach patient to monitor	15	4	
Recognise basic arrhythmias	16	3	
Knows own limitations and when to call for help	16	2	
Utilises chest pain protocols or pathways	15	3	
Define less common causes for chest pain	13	5	
Define indications for specialist investigations	8	10	
Understands significance for other related test results	10	8	
Can interpret cardiac monitor data and acts accordingly	9	9	
Act on findings	19	3	2
Interpret results	14	3	2
Indications for Echo, coronary angiography	9	5	4
Discuss effects of cardiac drugs	11	6	1
Consults with cardiology specialists as appropriate	1	8	9

5 Where a total exceeds 19, respondents have allocated more than one category to the skill

4.4.2.1. Summary of Findings

There was a considerable difference of opinion in regard to the skills and competencies required for caring for a patient with chest pain.

- Awareness of results and interpreting results is identified by 42% as a specialist skills and competencies.
- 52.5% identified defining indications for specialist investigations as a specialist skill and competency.
- 42% identified understanding significances for other test results as a specialist skill and competency.
- 47% identified interpreting cardiac monitoring data and acting accordingly as a specialist skill and competency.
- 26% identified recognising indications for Echo, coronary angiography as a specialist skill and competency; with 21.8% nurses identifying it as an advanced skill and competency.
- 31.5% identified discussing the effects of cardiac drugs as a specialist skill and competency.
- 42% identified consulting with cardiac specialists as a specialist skill and 47% identified it as an advanced skill and competency.

4.4.2.2. Areas for Further Consideration

A range of difference different areas were identified for further consideration and exploration:

- As nurses working in AMAUs come from diverse backgrounds, the skills set to assess, anticipate need and plan care for patients who present with chest pain must be included in education and practice development programmes, to support nurses deliver standardised best practice quality care.
- Consideration must be given to the type and acuity of patients presenting with chest pain so that the specialist and advanced skills need is determined and appropriate to their setting.
- As point of care testing is often used to assist with diagnosing chest pain, it is important the significance of test results and the resulting need for action, intervention and escalation of care are understood by nurses.

The development of postgraduate programmes must take cognisance of the content of this document in regard to the required skills and competencies.

4.4.3. Skills and Competencies Required to Care for Patients with Breathlessness

Table 5: Skills and Competencies Required to Care for Patients with Breathlessness[6]

BREATHLESSNESS	CORE	SPECIALIST	ADVANCED
Ability to perform accurate observation of: • Respiratory rate • Rhythm • Chest expansion • Use of accessory muscles	17		
Knowledge of common cardio-respiratory conditions which present with breathlessness	17		
Understands basic pathology and physiology of breathlessness	17		
Specifies and performs basic investigations and treatments	17		
Maintain a clear airway	17		
Set up equipment for chest drain	17		
Perform suctioning safely	17		
Knowledge of commonly used drugs and their side effects	17		
Recognise distress caused by breathlessness reassure patient/carer	17		
Suction tracheostomy tube	6	7	4
Knowledge of less common cardio-respiratory causes of breathlessness	6	9	3
Orders initial investigations	10	4	3
Initiates any specialist respiratory protocols	8	5	4
Interpret investigations, blood gases	6	8	3
Awareness of normal and abnormal test results	13	2	2
Understands significance of test results	10	5	2
Interprets test results	5	9	4
Initiate initial treatment in relation to diagnosis	5	8	5
Initiate oxygen therapy	11	2	7
Discuss effects of respiratory drugs	11	5	3
Recognises indications for ventilatory supports	8	5	5
Set up equipment for CPAP	6	9	4
Liaise with respiratory team	9	8	3
Knows own limitations	16	3	3
Perform blood gases		15	10
Act on results		13	6
Request x-ray		15	10
Interpretation of x-rays		11	14
Perform chest auscultation		15	8
Outlines indications for: • CT chest • Bronchoscopy • Chest ultrasound • Echo and coronary angiographies		 14 13 17 13	 6 7 7 7

6 Where a total exceeds 19, respondents have allocated more than one category to the skill

4.4.3.1. Summary of Findings

There was considerable difference of opinion in regard to the skills and competencies required for caring for patients with breathlessness.

- 26% identified interpreting test results as a core skill, 47% identified it as a specialist skill and competency and 21% identified it as an advanced skill and competency.
- 52.5% identified understanding the significance of test results as a core skill and competency; however, 26% saw it as a specialist skill and 10.5% saw it as an advanced skill.
- 26% identified initial treatment in relation to diagnosis as a core skill and competency while 42% identified it as a specialist skill and competency and 26% identified it as an advanced skill and competency.
- 31.5% identified suction tracheotomy tube as a core skill and competency while 37% saw it as a specialist skill and competency and a further 21% identified it as an advanced skill and competency.
- 47% identified liaising with the respiratory team as a core skill and competency; however, 42% identified it as a specialist skill and 16% as an advanced skill and competency.
- Chest auscultation, indications for certain tests, performing blood gases, acting on results, requesting and interpreting x-rays were generally seen as a specialist skill and competency. A number of nurses identified that these were skills and competencies that could be developed to advanced level, e.g. chest auscultation, perform blood gases, requesting and interpreting x-rays.

4.4.3.2. Areas for Further Consideration

Patients presenting with respiratory conditions represent a significant number of attendees to AMAUs. It is vital nurses have the ability to interpret observations, investigation results, initiate first line treatments and escalate care. Practice development and third level programmes must incorporate this into learning and associated skills development.

4.4.4. Skills and Competencies Required to Care for Patients with Gastrointestinal Conditions

Table 6: Skills and Competencies Required to Care for Patients with Gastrointestinal Conditions[7]

GASTROINTESTINAL CONDITIONS	CORE	SPECIALIST	ADVANCED
Identifies common GI conditions which present	19		
Identifies less common causes for GI admissions	19		
Specifies basic investigations and treatments	19		
Knowledge of anatomy and physiology in relation non GI conditions	19		
Initiates initial treatment in relation to diagnosis e.g. blood loss, respiratory rate, BP compromised (see NEWS)	19		
Awareness of normal and abnormal test results	19		
Is aware of significance of various test results	19		
Can interpret observations and investigations in relation to GI conditions	19		
Recognises shocked patient	19		
Knows how to obtain emergency blood	19		
Maintain a clear airway in emergency situation GI bleed	19		
Discuss commonly used drugs and side effects	19		
Recognises distress caused by GI problems, reassures patient/carer	19		
Order initial investigations	13	6	
Identifies indications for specialist investigations	11	8	
Knows where to get and how to use specialist equipment e.g. sengstaken-blakemore tube	19	5	3
Recognises indications for OGD	13	4	2
Recognises indications for insertion of a central line	6	8	5
Setting up equipment for insertion of central line	11	5	2
Can perform ABG	1	14	7
Interpret and act on results, refer to doctor	9	7	3
Diagnose and manage shocked patient	15	3	3
Discuss the need for and effects of PPIs	11	5	2
Discuss other drugs used in GI conditions and their side effects	10	7	2

7 Where a total exceeds 19, respondents have allocated more than one category to the skill

4.4.4.1. Summary of Findings

- Ordering of initial investigations, identifying indications for specialist investigations, knowing when to get and how to use specialist equipment were identified by nurses as specialist skills and competencies.
- 16% identified knowing where to get and how to use specialist equipment as an advanced skills and competencies.
- Nurses identified the following as specialist competencies recognising indications for OGD and setting up equipment for central line, central line insertion, interpreting and acting on results, referring to doctor, performing blood gases, diagnosing and managing shocked patient, discussing the need for and effects of PPIs, discussing other drugs used in GI conditions and their side effects as specialist skills and competencies. A small number identified that some of those skills and competencies could be developed to an advanced level e.g. performing blood gases, and interpreting and acting on results.

4.4.4.2. Areas for Further Consideration

Many of the skill sets and competencies listed as specialist and advanced are required to care for higher acuity presentation. The triage categories of 2 and 3 have been identified by the NAMP as the appropriate cohort of patients for assessment in AMAUs. Caring for these triage groups necessitates nurses being proficient and competent in these skills. The quality of acute medical care the patient receives in the first 48 hours is an important determinant of clinical outcomes (RCoP 2007). Many of the above skills and competencies are considered core skills and competencies for the delivery of quality, safe care in the literature.

4.4.5. Skills and Competencies Required to Care for Patients with Neurological Deficit

Table 7: Skills and Competencies Required to Care for Patients with Neurological Deficit[8]

NEUROLOGICAL DEFICIT	CORE	SPECIALIST	ADVANCED
Ability to perform accurate neurological observations	19		
Recognise change in neurological status	19		
Ability to perform Glasgow Coma Scale	19		
Identify common neurological conditions	19		
Knowledge of basic investigations and treatments	19		
Set up and assist with lumbar puncture	19		
Knowledge of basic anatomy and physiology in relation to neurological conditions	19		
Discuss commonly used drugs and their side effects	19		
Recognises acute stroke	17	1	1
Ability to follow an acute stroke protocol	13	3	1
Identifies need for further and specialist investigations	10	6	1
Aware of normal and abnormal test results	16	2	1
Recognises indications for CT, MRI, EEG, and lumbar puncture	8	8	1
Set up for thrombolysis	10	7	2
Liaise with neurology team	5	12	4
Recognises indications for and implications of thrombolysis in acute stroke	4	12	1
Diagnoses and manages the shocked patient	12	3	2
Discuss the effects of neurological drugs	8	8	1

4.4.5.1. Summary of Findings

- Liaising with the neurology team, recognising indicators for and implications of thromboloysis in acute stroke, setting up for thrombolysis and discussing effects of neurological drugs were identified by a significant number of nurses as specialist skills and competencies.
- A small number of nurses identified these skills and competencies could be developed to an advanced level.

4.4.5.2. Areas for Further Consideration

The clinical care programmes provide pathways and guidance for the care of patients presenting to AMAU. Nurses with multidisciplinary support must use the guidance provided in the programmes to improve patient outcomes. This will empower nurses to expand and extend their scope of practice.

8 Where a total exceeds 19, respondents have allocated more than one category to the skill

4.4.6. Skills and Competencies Required to Undertake Comprehensive Geriatric Assessment (CGA) for Older Adults

Table 8: Skills and Competencies Required to Undertake Comprehensive Geriatric Assessment for Older Adults[9]

COMPREHENSIVE ASSESSMENT OF OLDER PERSON	CORE	SPECIALIST	ADVANCED
Ability to perform appropriate systematic basic assessment using screening tools: • Falls assessment • Cognitive impairment • Tissue viability • Continence	 18 18 18 18		
Has an understanding of the concepts of: • Respect • Dignity • Person centred care • Non ageist strategies	 18 18 18 18		
Uses appropriate strategies to ensure effective care	17		
Uses clinical judgement to select a range of health and social care options	17		
Evaluate effectiveness of care	17		
Modifies treatment plan as appropriate	17		
Demonstrates effective and timely communication with patients relative, carers and advocates across a range of services	17		
Knowledge and understanding of normal ageing related changes in relation to: • Metabolism • Absorption • Distribution and system clearance and how these effect diagnosis and treatment	 17 17 17	1	
Can differentiate between acute and chronic problems	17	1	
Makes appropriate referrals to the multidisciplinary team	15	2	
Anticipates and responds compassionately to end of life situations	18	1	
Is aware of difficult needs of vulnerable adults	18	1	
Can formulate a discharge plan liaising with relevant agencies and carers	16	2	
Seeks advice where appropriate	15	1	1

9 Where a total exceeds 19, respondents have allocated more than one category to the skill

COMPREHENSIVE ASSESSMENT OF OLDER PERSON	CORE	SPECIALIST	ADVANCED
Demonstrates expertise of acute and chronic diseases, problems and uses a synthesis of different strategies to ensure effective care	9	7	1
Can deal with complex cases	10	7	1
Can expedite appropriate referrals to multidisciplinary team	9	5	1
Can recognise dementia	17	1	1
Can recognise and mange treatment plan for delirium	14	5	1

4.4.6.1. Summary of Findings

There was majority consensus that all the skills listed came within the core category, this is possibly reflective of the fact that a significant cohort of patients attending AMAUs are over 65yrs of age and nurses are familiar with their core care needs.

The following skills and competencies were identified as specialist:

- Demonstrate expertise of acute and chronic disease and using a synthesis of different strategies to ensure effective care
- Dealing with complex cases
- Expediting appropriate referrals to the multidisciplinary team
- The ability to recognise dementia
- Recognise and manage treatment plan for delirium.

4.4.6.2. Areas for Further Consideration

The profile of presentations and admissions to AMAUs reflects a substantial number of older persons attending AMAUs. In line with the recommendations contained within the National Clinical Programme for Older Persons (NCPOP) regarding acute care of this client group, there is opportunity to explore and develop a role for Clinical Nurse Specialist and/or Registered Advanced Nurse Practitioner in Older Persons Care within the acute medicine service working collaboratively into the community setting. Further education programmes to inform nurses' clinical decision making and judgements regarding the recognition, treatments and care planning for patients presenting with delirium and dementia are required.

As comprehensive geriatric assessment (Ellis *et al* 2011) is embedded in the healthcare system it will be essential for AMAU nurses to engage and lead on the development of multifaceted therapeutic plans to enhance and promote recovery. The assessment of older persons is a key area for quality improvement initiatives to improve access, patient experience and quality outcomes. AMAU nurses hold a substantial responsibility to progress this vital service and care improvement work.

One of the challenges facing health service delivery is the number of older persons requiring care with chronic illness. These patients inevitably present in AMAUs. AMAUs need clearly defined pathways of care where nurses are competent to assess, diagnose, and initiate treatment and if appropriate to discharge with the knowledge of the supports and services available in the community.

The Community Health Organisation Report (HSE 2014b) documents the primary aim of its proposed integrated model of care is to have people cared for, as close to their home or in their home if possible. Nurses require skills and competencies to work across and between this pathway of care between the AMAUs and the community services.

4.4.7. Skills and Competencies Required to Care for Patients with Peripheral Intravenous Cannulation and Venepuncture

Table 9: Skills and Competencies Required to Care for Patients with Peripheral Intravenous Cannulation and Venepuncture

PERIPHERAL INTRAVENOUS CANNULATION AND VENEPUNCTURE	CORE	SPECIALIST	ADVANCED
Basic life support skills	17		
Can identify when a patient requires venepuncture and/or cannulation	17		
Can perform venepuncture	17		
Can perform cannulation	17		
Can administer intravenous solutions and drugs	17		
Can monitor and care for peripheral venous line	17		

4.4.7.1. Summary of Findings

The general consensus was that competence with Peripheral Intravenous cannulation and venepuncture is a core skill and competency.

4.4.7.2. Areas for Further Consideration

AMAUs introduce and use care bundles to prevent Peripheral Intravenous cannulation and venepuncture associated hospital care acquired infections (HCAI) (HIQA 2102).

4.4.8. Skills and Competencies Required to Care for Patients with Urology Conditions

Table 10: Skills and Competencies Required to Care for Patients with Urology Conditions

UROLOGY	CORE	SPECIALIST	ADVANCED
Identifies need for urinary catherisation	17		
Medication	17		
Can recognise sepsis	17		
Is familiar with sepsis six protocol	17		
Can recognise patient likely to develop sepsis	17	1	
Complies with neutrophrenic sepsis pathway	11	6	
Can set up for and perform urinary catherisation	17	3	1
Is aware of medication protocols	15	1	2

4.4.8.1. Summary of Findings

The general consensus was urinary catheterisation and its associated care is a core skill

31.5% considered following neutropaenic sepsis pathway a specialist skill and competency

21% considered urinary catheterisation a specialist or advanced skill.

4.4.8.2. Areas for Further Consideration

AMAU nurses should be proficient in performing both male and female urinary catheterisation. Consideration should be given to the introduction of procedure specific 'care bundles' to reduce risk of HCAI.

Recognition of sepsis and the following of the sepsis diagnostic and treatment pathway must be a core skill and competency for nurses. AMAUs must remain up to date in current diagnostic and treatment policy/protocol and use recognised support tools e.g. National Sepsis Guideline (DoH 2014).

4.4.9. Skills and Competencies Required to Care for Patients with Mental Health Difficulties

Table 11: Skills and Competencies Required to Care for Patients with Mental Health Illness

MENTAL HEALTH	CORE	SPECIALIST	ADVANCED
Is familiar with support networks for mental health patients	10	7	
Can assess mental health problems	11	3	3
Recognises when patient with mental health problems may be at risk	12	4	1
Refers to specialist in a timely way i.e. NCPOP, specialist Mental health Service	11	6	2

4.4.9.1. Summary of Findings

Approximately 37% of respondents considered familiarity with support networks for patients experiencing mental health difficulties as a core skill and 42% considered referrals to specialists in a timely way a specialist or advanced skill.

4.4.9.2. Areas for Further Consideration

Patients presenting to AMAU frequently have co-morbid mental health conditions. AMAU nurses should have access to liaison mental health support services to support mental health assessment and clinical management decisions i.e. Suicide Crisis Assessment Nurse (SCAN), liaison psychiatric team or equivalent. Nurses will need to recognise where patients present a risk to themselves, other patients or staff and prioritise them for rapid access to specialist mental health support. Where no mental health liaison nurse exists, AMAU nurses led by the nurse manager must develop communication channels and in conjunction with the senior clinical decision maker develop timely referral pathways and access to mental health supports.

4.4.10. Generic Skills and Competencies Required by Nurses in AMAUs

Table 12: Generic Skills and Competencies Required

GENERIC	CORE	SPECIALIST	ADVANCED
Knows own limitations and when to call for help	17		
Is clear in explanations to patients/carers	17		
Recognises patients distress and discusses with patient/carer	17		
Complies clinical management plan and continuously reviews with patient and MDT	17		
Acts as a patient advocate at all times	17		
Has completed advanced life support training and has maintained skills through participation in drills and cardiac arrests	17		
Facilitates informed consent	16	1	
Considers patients autonomy and dignity	16	1	
Respectfully and sensitively breaks 'bad news' to patients/carers	15	2	
Supports colleagues to break bad news when appropriate	17	2	
Can participate in/lead on audit and research	14	2	1
Contributes to writing policies/guidelines/ protocols	13	2	2
Can verify expected death	8	5	4
Knows when to seek support from colleagues	17		1
Is experienced to triage patients with GP in order to determine priority for same day care	11	5	2

4.4.10.1. Summary of Findings

Breaking bad news, participating in audit and research, writing policies/guidelines/protocols, prioritising triage with GP and verifying deaths was considered by some respondents to be specialist skills and competencies and may be developed to advanced level skills and competencies. Skills and competencies of sound clinical decision-making to support rapid turnover under pressure are vital to the effective operation and flow of the unit. Maintaining compassion and kindness, whilst providing care from a person centred perspective is of vital importance to all nurses.

4.4.10.2. Areas for Further Consideration

Skills and competencies related to triage assessment is a recurring theme, AMAU nurses should have access to Manchester Triage training. Consideration should be given to performing regular audit to determine opportunities for further support needed regarding appropriate triage category allocation. Opportunities to share this training and learning from audit with ED nursing staff should be maximised. Such cross unit/department engagement will develop collaborative networks, enhance understanding of function and roles within both sites and promote change to improve patient access and care delivery. All nurses must endeavour to provide patient centred care at all times and AMAU

nurse managers should identify and perform quality improvement projects to ensure the service they lead and manage is person centred. Patient/client feedback is vital to ensuring a patient centred service delivery and care model.

4.4.11. Skills and Competencies Required for Discharge of Patients

Table 13: Skills and Competencies Required for Discharge of Patients

DISCHARGE	CORE	SPECIALIST	ADVANCED
Is familiar with hospital discharge guideline/ protocol	17		
Ensures patient safety, follow up care	17		
Liaises with patient support to ensure safe discharge	17		
Is familiar with and contacts, as appropriate, support agencies	17		
Ensures patient has all relevant discharge information	17		
Can discharge patients using pre-determined protocols	7	7	5

4.4.11.1. Summary of Findings

The general consensus among nurses was that the activities supporting discharge of patients were considered a core skill and competency. Nurse led/facilitated/delegated discharge was considered to be at specialist or advanced level.

4.4.11.2. Areas for Further Consideration

As rapid turnover of patients in AMAU is a significant factor in the delivery of an effective, efficient, safe service, discharge planning is a key component to maintain the flow of patients through the unit. While the focus of discharge planning is on egress, if it is not efficiently and effectively managed and co-ordinated it will serve to block access and throughput and the unit will become 'blocked' and ineffective. Nurses in AMAUs need to be familiar with and use the *Integrated Care Guidance: A practical guide to discharge and transfer from hospital* (HSE 2014b), to develop and expand their roles in relation to discharge planning. It is vital that nurses know the discharge support networks available to support their service, both internal to their organisation and external. Unscheduled Care Governance Groups must have community representation membership as guided by the NAMP report and the AMAU nurse manager must escalate discharge issues to this group for resolution.

4.4.12. Overall Summary of Skills and Competencies Category Determined Checklist Findings

The findings demonstrate and confirm the diverse levels of experience and expertise in the different AMAUs and differing of opinions as to what is expected of AMAU nurses. The findings also demonstrate nurses are confident and knowledgeable with regard to the skills and competencies required to care for lower acuity patient groups. However, the differences in opinions put forward were mostly in regard to high acuity client groups, suggesting an uncertainty as would be expected in the evolution of a new specialty. Confirming what acute medicine nurses and managers believe in regard to skills and competencies provides a focus on the knowledge base required by acute medicine nurses and will assist in reducing this uncertainty and provide clarity on their roles and development.

The findings, also suggest differing opinions and views in regard to specialist and advanced skills and competencies. This may be due to the fact that no CNSp or RANP are currently providing care in AMAUs. Hence, there are limited role models to provide vision and guidance, including the clinical leadership at CNSp and RANP levels. Verbal feedback at the time of circulation of the checklist identified concerns regarding turning acute medicine nurses, into HDU/CCU/ICU nurses where high technical skills and competencies are required. However, the NAMP model specifies AMAUs will provide care and services for high acuity medical patients and therefore some nurses will have to develop highly technical skills and competencies as suggested in the findings. The findings also demonstrate the need for AMAUs to adopt clinical care pathways recommended by various national clinical programmes e.g. stroke, respiratory, diabetes, care of older person and cardiac (HSE 2010).

4.4.13. Outcome of Skills and Competencies Determined Checklist

- Development of an agreed skills and competencies directory for acute medicine nurses
- Identification of the core skills of all acute medicine nurses to enable the building of a solid foundation
- Promotion and championing of CNSps and RANPs for acute medicine nursing.

4.4.14. Areas for Further Consideration

AMAUs are complex environments requiring service delivery to high acuity patients (Triage 2 & 3) with a focus on ambulatory care (25% patients same day discharge) (RCPI *et al* 2010). This necessitates a focus on rapid and continuous re-assessment of patients with complex conditions and competing needs, making clinical judgements quickly and confidently, based on interpretation of a holistic view of the patient's presenting picture and story. Consideration to the development and education requirement to meet this need for acute medicine nurses is required. Excellence in discharge planning process skills and competencies is also required. "*The theme of timeliness and speed permeate all aspects of nursing work and as a result influence the nursing role within the Acute Medicine floor*" (Corbally *et al* 2014, p. 10). Recognition of sepsis and the following of the sepsis diagnostic and treatment pathway must be a core skill and competency for nurses. AMAUs must remain up to date in current diagnostic and treatment policy/protocol and use recognised support tools e.g. National Sepsis Guideline (DoH 2014).

It is imperative core skills are developed by all nurses delivering care in AMAUs to provide a solid foundation to build upon. The scope of practice for the acute medicine nurse needs further development. The development of clinical judgement and clinical reasoning skills and competencies will enhance acute medicine nursing decision-making and support the development of the expanded and extended scope of practice beyond core skills and competencies.

Further exploration of the required expanded and advanced roles in acute medicine is required. There is an additional need for the development of education programmes built around those roles to sustain them to meet the service need of the future and develop specific expertise in acute medicine nursing as it evolves.

The co-ordination of the activities and effective functioning of an AMAUs requires team work, confidence, excellent interpersonal communication, liaison, advocacy, co-ordination, leadership and coaching skills and competencies to manage the complexities of multi-tasking required. A strong emphasis on the development of leadership and management skills and competencies will ensure a safe and quality driven acute medicine service.

4.5. Conclusion

The comprehensive communication and consultation process co-designed with acute medicine nurses and nurse managers provided much evidence to support the development of this framework, skills and competencies directory. Based on the findings in this chapter from the focus group session, literature review, the survey, the ongoing workshops and teleconferences, the skills and competencies category determination checklist; acute medicine nursing competencies domains (Ch. 5) and a skills and competencies directory for acute medicine nursing was developed and included in this document (Appendix 8). The skills and competencies directory is an emergent route and nurses are developing more skills and competencies at core or generalist, specialist and advanced level as the services become more established and experienced. Practice Development Co-ordinators, Clinical Placement Co-ordinators and Clinical Facilitators are contributing to developments in this area of nursing also and again given the embryonic stage of this specialism in Ireland their contribution to the AMNIG would also be recommended. The overall purpose of this framework is to support and guide nurses, their managers, developers and educationalists develop acute medicine nursing to provide a safe, effective and efficient quality service for all patients presenting to AMAUs whilst having in place an organisational approach that nurtures nursing to advance and gain fulfilment from the professional role undertaken.

Chapter 5

COMPETENCY DETERMINATION FOR ACUTE MEDICINE NURSING

5.0. Introduction

Chapter 5 examines AMAU nurses' scope of practice, defines and determines competencies for AMAUs, considers challenges in competency development and summarises core, specialist, advanced, leadership, management and educational competencies and skills to support nursing development in acute medicine units. The chapter concludes by presenting the domains of competence, their indicators and resources to assist nurses and managers in their personal and professional development in AMAUs to meet the needs of the local patient population and service need. This framework and directory is systematically developed to contextualise and give nurses a real voice, tangible support and professional direction.

The identification and development of required competencies is an essential aspect of a high quality, safe and cost effective healthcare service. Professional registration is in itself a statement of competence, made to the public, that suitably prepared individuals have attained a certain standard and are therefore, considered safe to practice (McGee 2009a). The demonstration of competencies in clinical practice reflects the day to day reality of the kind of care patients receive and the complex nature of professional practice (Bingham *et al* 2005, Defloor *et al* 2006).

A skills and competencies framework is a way of organising lists of competencies and their behavioural indicators into an organised structured and integrated whole (Whiddetts & Hollyforde 2003). A competency framework provides "*an explicit link between the competencies required for safe and effective care based on the service needs and the competencies that individual nurses must possess, or need to acquire*" (NCNM 2010). For the purpose of this document the domains of competence identified in this chapter are linked with the skills and competencies directory in Appendix 8 providing a platform for nurses and managers in AMAUs to continue their development and that of their units. The AMNIG agreed a directory was to be *'a document providing direction.'* The guidance for practice and the sources of further information in this chapter direct nurses to a comprehensive resource which can empower each nurses individually or collectively to identify and assess himself/herself against current level of knowledge, skills and competencies in this rapid growing field of acute medicine and put in place a plan to fill the mismatch.

Nurses must become and stay competent practitioners in the care they provide and continue to work at acquiring new skills and competencies (Carroll 2004). Recently developed role profiles for emergency nursing present a specific competency framework intended to guide staff grades in emergency departments and may compliment the framework offered in this document (NEMP 2014). Prior to agreeing competencies and behavioural indicators for acute medicine nursing, it is necessary to discuss the scope of practice in acute medicine nursing and explore competency definition and determination.

Patients presenting to the AMAUs require a comprehensive initial assessment, prompt investigations, timely initiation of treatment and continuing assessment (RCoP 2007, Lees & Hughes 2009, Scott *et al* 2009, HSE 2015). An appropriate skilled and competent nurse in the specialism of acute medicine is required to provide the best possible care to presenting patients in order to ensure appropriate outcomes (Carroll 2004, Scott *et al* 2009, Griffiths 2011).

Nurses in AMAUs require specific core, specialist, expanded and advanced clinical skills and competencies for acute medicine nursing to undertake their role and function effectively, within an agreed scope of practice to provide quality safe care. This core finding was identified through evidence generated from the:

- Acute Medicine Nurse Interest Focus Group
- Acute Medicine Nursing Survey
- Acute Medicine Nursing Skills and Competencies Category Determination Checklist.

Evidence from the findings referred to above, suggests that a number of these skills and competencies currently exist in some units, others need developing, particularly the expanded and advanced skills and competencies identified. Using the evidence obtained above and in line with the stated expectation of the National Acute Medicine Programme (NAMP 2013) of the type of care to be delivered in AMAUs, the AMNIG, through this framework, recommends a competent nurse practicing in an AMAU should demonstrate the ability to provide nursing care for:

- The immediate and early specialist management of a population with a diversity of medical conditions and high acuity of illness.
- Urgent and/or emergency care for selected patient groups, to include:
  - Rapid comprehensive assessment
  - Diagnosis
  - Commencement of treatments
  - Provision of treatment
  - Discharge planning
  - Comprehensive re-assessment
  - Liaison with other clinicians, teams, departments and services. (NAMP 2013)

The findings in regard to the required nursing skills and competencies reported in Chapter 4 are supported by the limited international literature available. Some studies have identified the core and specific clinical skills (Carroll 2004, Lees & Hughes 2009, Griffith 2010, Myers & Lees 2013, Corbally, *et al* 2014), and others, the broader practice competencies required to manage, lead, advance and further develop acute medicine nursing (Fletcher 2007, Wennike *et al* 2007, Griffiths 2011, McNeill *et al* 2011, Handley 2011, West Midlands Quality Review Service 2012).

5.1. Nursing Scope of Practice in AMAU

In defining the competencies required for nursing in acute medicine it is necessary to build on the domain of competence acquired at professional registration (NMBI 2015) and further develop the appropriate specific competencies and skills that will enable nurses to practice in this specialised and diverse area of nursing (Fletcher 2007, ABA 2011b, NMBI 2015). Developing skills and competencies necessitates a detailed exploration of one's scope and the determinants of that scope, ensuring the competencies and skills fit within the scope.

The scope of nursing practice is defined as *the range of roles, functions responsibilities and activities, which a registered nurse is educated, competent and has authority to perform, in the context of a definition of nursing, as set by the state through legislation to a professional regulatory body (*NMBI 2015). 80

Nursing and its regulation has a statutory basis for practice. In conjunction with a range of different statutes and regulations, including public health legislation, the scope of practice is defined in the context of what the nurse can and can't do and in what circumstances and as such contributes to the authority of one's scope (NMBI 2015). Understanding one's scope of practice, what governs, authorises, maintains and changes it, enables the profession to respond to current and future healthcare and service needs. This reviewing, expanding and advancing of one's scope enables the nurse to develop new knowledge, skills, competencies, and roles, therefore, responding to local and national service and population health and social needs evolving the profession overtime. As competencies and skills in core, specialist, advanced and expanded practice are required for acute medicine nursing and nursing managers in acute medicine. They are required to examine the scope of practice of all grades in line with regulation and legislation of nursing to ensure safety in

advancing and extending practice (DoH 2011).

The Scope of Nursing and Midwifery Practice Framework provides decision-making guidance and support for nurses (NMBI 2015) who wish to determine, confirm, expand and/or advance their scope of practice. The Framework emphasises expansion and advancement of practice takes place in the patients/clients best interest and in the interest of promoting and maintaining the best quality health service (NMBI 2015). The Framework is viewed as an enabling scope of practice tool which empowers nurses to make decisions about their scope, providing liberation in relation to role development (NMBI 2015). It can serve as a facilitating tool to acute medicine nurse managers to review, expand and advance nursing practice to meet local and national service.

5.1.1. Determining the Scope of Practice in AMAU

The scope of nursing practice required in AMAUs in Ireland is evolving and will continue to do so as the specialty become more established. Nurses providing care in AMAUs require experience of nursing across a broad range of medical conditions and complexities of patient groups from young adult to the frail older person (Carroll 2004, Fletcher 2007, RCoP 2007, Griffiths 2011, Handley 2011). To determine the nurse's scope of practice to meet the complex and diverse service and healthcare needs of acute medical patients requires nurses to explore in detail the population they serve and consider what is in its best interest. Matching the population/service and healthcare need with the nursing capability currently available will allow service and nurse managers decide what further knowledge, skills and developments are required and guide scope determination. This may involve:

- A change in the scope of practice for the whole nursing team.
- A change in the scope of practice, for some nurses only.
- Expanded roles for some nurses.
- Extended roles for some nurses.
- A refresher of previously developed skills and competencies held in different context but not currently undertaking.
- A refresher of previously developed expanded roles held in different contexts.
- A detailed exploration of the scope of practice to develop specialised and advanced nursing roles in acute medicine (Fletcher 2007, NCNM 2008c, Lees & Hughes 2009, Handley 2011, McNeill *et al* 2011, ONMSD 2014, HSE 2016a).

The National Council for Nursing and Midwifery (NCNM) (2008c) defined a clinical nurse/midwife specialist as requiring application of specially focused knowledge and skills, encompassing a major clinical focus in hospital, community and outpatients settings, working closely with medical and para-medical colleagues, participating in research and audits, and providing consultancy in education and clinical practice to patients, colleagues and the interdisciplinary team. The NCNM (2008a) identified four core concepts with associated competencies for advanced practice as research, autonomy in clinical practice, expert practice and professional and clinical leadership. The first standards and requirements for advanced practice in Ireland are currently in development (NMBI 2015). These requirements and standards facilitate the advancement of one's scope in a safe and effective manner and leads to registration with NMBI as a registered advanced nurse practitioner (RANP). Competence in advanced practice has a strong focus on the ability to think, to question and to reason (McGee 2009b). The above definitions provide a safe and systematic approach to building the required scope and to define competence within AMAUs.

5.2. Defining Competence

An essential ingredient in determining one's scope is one's competency. NMBI define competence as

"*A complex and multidimensional phenomenon and is defined as the ability* of *the Registered Nurse to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice*" (ABA 2010a, NMBI 2014). The National Council for the Professional Development of Nursing and Midwifery (NCNM) defined competence as – "*competencies are the behaviours that effective individuals demonstrate when undertaking specific clinical roles and include knowledge, skills, attitudes values and judgement ability"* (NCNM 2010a) NMBI (2015) define competency as '*The attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a Registered Nurse. Competence relates to the nurse's scope of practice within a division of the register, is maintained through continuing professional development and the nurse may need to upskill, update or adapt competence if s/he works in a different practice setting or with a different profile of service user*.' Therefore the nurses' competencies encapsulate the ability of the nurse to demonstrate through certain behaviours while providing care:

- To **practise** safely and effectively (measured through for e.g. clinical outcomes, KPIs, constructive feedback and the patient's experiences).
- To **fulfil** his/her responsibility and accountability (determined through for e.g. regulation, legislation, authority and standards of practice).
- To **know** his/her scope of practice (determined through for e.g. personal accountability and responsibility, self-awareness and self-management).

5.3. Determining Competencies

Nurses are expected to continually re-evaluate their competence when faced with new practice situations. If they identify a competence deficit they should take appropriate measures to gain competence (NMBI 2015). The following elements of competency determination are presented to assist nursing personnel in AMAUs to individually or collectively agree on their available competencies and their required needs, identifying gaps and prioritising a plan to build outstanding competencies. The NCNM has provided a guide to assist with determining nursing competencies (NCNM, 2010a). It identified that it is essential to have knowledge of:

- **The Service Users -** their healthcare needs and requirements locally, regionally and nationally (see Table 14).
- **The Service -** as it is currently, and will be in the future, provided and resourced (see Table 15). A service needs analysis was undertaken utilising SWOT analysis (NCNM 2005, NCNM 2010a) considering what are the current and future needs, demands of the service locally, regionally and nationally (Appendix 3).
- **The Service Providers -** A profile of the nursing team, their current and future knowledge, skills and competencies and their ability to meet the healthcare needs of the service user in acute medicine is required to assess and meet the needs of each unit. Table 16 outlines elements to guide when completing a staff profile. The competencies required are further explained in Table 19. Core nursing practice, specialist practice, advanced practice, leadership, management and education competencies are required to provide and support the acute medicine service as it evolves in Ireland. Consideration of the future challenges facing acute medicine needs to occur in order to identify future competencies (Meretoja & Koponen 2011) i.e. the increasing incidence of chronic illness, increasing number of older persons accessing the service, increased focus on ambulatory care and greater liaison with primary care services.

5.3.1. The Service User – Potential Acute Medicine Patient Profile

The acute medicine patient groups, their healthcare diversity and complexity and emerging

healthcare needs are outlined in Table 14 below. This is not an exhaustive list and it is noted this profile is expanding and changing rapidly. Recognising the future challenges for the acute medicine setting enables nurses' skills and competencies be developed to meet service need. This may require experts in the area to identify the most important competencies (Meretoja & Koponen 2011). The authors worked with the senior nurses and managers in acute medicines to achieve consensus and also utilised the available literature.

Table 14: The Service User - Acute Medicine Patient Profile in AMAU

Patient Groups	• Chronic illness, Respiratory Illness, Multiple co-morbidities, Asthma, ACS, Epilepsy, Frail Older Adult, Ischaemic Heart Disease, Diabetic, Cerebrovascular Disease, Acutely ill e.g. Headache Deep Vein Thrombosis, Acute Infections Sepsis • Complexity of care needs: - The stability of the conditions, - Risk of life threatening events - Invasive monitoring needs
Emerging Healthcare Trends of this Patient Group	Polypharmacy related illness, Diabetic Complications, Frail Older Adult, Dementia, Delirium Ambulatory Care
Changing Population and Services	Commuter town, emigration – more elderly alone, ethnic minorities, Increasing older population. Evolution of hospital groups and integration of services
Profile Diversity - Local demographics of patients attending AMAU - Socio-economic status - Community support available	• Predominantly older population • Complex presentations with multiple co-morbidities • Polypharmacy • Change to social, economic depravation • High number of patients with health related behaviours • Limited access to nursing homes places and transitional care • Waiting list for specialist services

5.3.2. The Service –Potential Acute Medicine Service Provision and Profile

Table 15 identities the elements that need consideration when establishing an acute medicine service.

Table 15: Acute Medical Unit Service Provision and Profile

The Characteristics of Acute Medicine Service	• Determine workforce • Numbers of staff and skill mix • Leadership management & governance • Qualifications/ education required • Multidisciplinary Team • Patient Groups
Location	• Urban/Rural. • Hospital Model – 2, 3 or 4 • Location within the hospital – is it near ED and diagnostics • Resuscitation room, isolation area, toilet facilities within unit
Hours of Service Availability	• Day only – hours of opening • Day and night 24/7 • 5 day • 7 day

Pathways Available	• Referral i.e. GP, ED • Assessment • Ambulatory care • Short Stay Unit • Specialist treatment / ward • Admission / Discharge • Other hospital accessibility i.e. inpatient beds, day ward, higher levels of care, bi- directional patient flow • Review clinics • Rapid access OPD • Community support service
The Influences Likely to Shape the Development of the Service	• Leadership management and governance • Senior clinical decision maker presence • National Acute Medicine Programme • Other Clinical programmes e.g. Care of the Older Persons, Critical Care, Emergency Medicine, Surgical Programme, Small Hospitals Framework, HIQA, Government Policy, Hospital Groups, Community Health Organisation • Demographics • Activity • Staff skills and competencies available • Resources • IT.

5.3.3. The Service Providers: Potential Acute Medicine Nursing Profile and Competencies

Establishing a service involves a profiling of staff experience, qualifications, skills and competencies at various grades. This staff profiling is matched with the service profiling, service demand and the gap identified is the focus for current and future development of the service and its providers.

Table 16: Potential Service Providers

Staff Profile	• Number of staff on day and night duty
	• Staff grades
	• Current competencies/ skills/experience & qualification
	  • Core (generalist) /extended/ advanced
	  • Specific/specialist
	  • Advanced
	• Management experience, skills and competencies
	• Optimal skills, competencies and experience
	• Leadership experience, skills and competencies
	• Professional Development needs
	• Succession & workforce planning
	• Multidisciplinary skills and competencies
	• Support staff, clerical and HCAs
	• Permanent, part-time agency / bank, rotation
	• Vacancies – recruitment challenges
	• Absenteeism rates

AMAUs are emerging and developing units in the Irish Health Service. The profile of nurses working in AMAUs is varied and includes:

- Medical nursing experience
- Emergency nursing experience
- Critical care nursing experience
- Nurses who have developed their skills internationally in acute medicine units
- Limited or non-established available core nursing staff
- Agency nurses with varied experiences and skills
- New graduate nurses
- Nurses inexperienced in the initial assessment phase of acute medicine

(AMNIG 2013).

5.3.4. Challenges to Competency Development

Completing a service user profile assists with determining, where and when a service is required, who the service is for, what the service will do, where and when it will do it and who will provide it. In AMAU, nurses undertake pivotal roles as service providers and require **core, specialist, expanded and advanced competencies** to deliver a quality safe and evolving acute medicine nursing care. There is limited literature which has considered the AMAU nurse's role and the core or specialist identification of competencies required. Given the variety and diversity in the Irish AMAU nursing profile and competencies required, some challenges to the development of these competencies exist. Table 17 outlines some of these challenges.

Table 17: Challenges to the Development of Competencies

- The variety and diversity in the level of expertise currently exists to inform clinical reasoning and decision making
- Evolving standards and services as the units develop
- Limited mentoring or coaching resources available
- Limited role models at specialist or advanced levels
- Evolving guidelines for practice as units and clinical programmes develop
- Limited intuitive experience available to support decision making
- Consensus of determination of competencies for acute medicine nursing not available
- Lack of research evidence identifying need and the opportunities for change and future possibilities
- Limited senior nurse management expertise in acute medicine nursing
- Limited third levels education programmes
- Limited focus on acute medicine nursing in undergraduate nursing programmes

AMNIG (2013)

5.3.4.1. Competency – Reasoning and Clinical Decision Making

A core competency for nursing staff in AMAUs is clinical reasoning and decision making, to inform clinical judgement, in order to facilitate the rapid turnover/throughput of patients**.** Building expertise in the competency of clinical reasoning and decision-making is a key challenge in AMAUs. Nurses in AMAUs have reported if they could do more for patients while they were waiting to be seen by a physician, the number of complaints received could be reduced and staff would be providing a higher quality of service (AMNIG 2013). The NAMP seeks to provide expedited diagnostics, a seamless patient journey and improved patient experience (RCPI *et al* 2010, Corbally *et al* 2014 & Carroll 2004). Rapid assessment relies on accurate clinical reasoning and decision making enabling the agreement of the most appropriate care plan for the patient to ensure the patient: *"goes to the right place for the right treatment, first time around"* (Griffiths 2011). Corbally *et al* (2014) discusses the clinical judgement of a number of factors (severity of the patient illness, severity of presenting symptoms, actual and potential nursing care problems, co-morbidities and potential consequences of interventions) which appear to influence the decisions regarding the patient route through the hospital. All of this must be linked cohesively and rapidly in a constant moving environment with the input and liaison of a number of professions. This gives some idea of the level of complexity and multifaceted approach required for clinical decision making and reasoning in this setting to ensure appropriate clinical judgement.

The RCoP highlights that the care provided in the first 48-72 hours is the critical determinant of clinical outcomes. This requires complex therapeutic decision-making and action. Table 18 outlines the factors that influence clinical reasoning and decision-making. Many of these factors require clarity and development in acute medicine nursing so that clinical reasoning and decision making can become more succinct and nurses can get right to the core of the problem much faster and have the ability to prioritise what is important (McGee 2009a).

Table 18: Factors that Inform Clinical Decision-Making

- Experience of technical knowledge of the practice, patient group & medical conditions
- Clinical judgement - to be able to identify the clinical picture presenting and prioritise care, comprehensive assessment, planning and reprioritising
- Clinical experience of this kind of practice in particular the diversity within it
- Delivery of person centred nursing skills, clinical interventions and health activity
- Evaluation skills and comprehensive re-assessment
- Intuition gained from exposure and experience to acute medicine nursing
- A clearly defined scope of practice
- Available referral pathways
- Effective team working and known escalation policies
- Best practice research available and concordance with same
- Tried and tested guidelines and standards
- Knowledge of regulation, legislation and authority
- Confidence and belief in one's own knowledge, skills and competencies
- Self-awareness to know development needs
- The quality of the leadership practice (ONMSD 2010, NMBI 2012, NMBI 2015)

5.3.4.2. Core, specialist, advanced, leadership, management and educational competencies and skills

The impetus for the development of a skills and competencies directory document is the current awareness of the complexity of available skills and competence within the AMAUs. In order to ensure quality, safe acute medicine nursing practice and care giving, a national approach to the development of competency is required. This framework and skills and competencies directory

provides acute medicine nursing with a benchmark standard to work towards and enable AMAUs to provide uniformity of care and standards in daily practice. Table 19 outlines the core, specialist, expanded, advanced, leadership, management and educational skills and competencies required by nurses in AMAUs as reported through the finding of the consultation process and literature review which underpins this framework.

Table 19: Core, Specialist, Advanced, Leadership, Management and Educational Skills and Competencies required by Nurses in AMAU

The Core Skills and Competencies Required by Nurses working in AMAUs (recognising that this area is a specialist area similar to ED)	• Patient assessment providing initial care for patients with specific acute medical conditions (not an exhaustive list): - Ischaemic heart disease - Diabetes - Respiratory illness - Frail older person etc. - Cerebrovascular disease - Acute infections • Assessment skills and ability to recognise the sick and the deteriorating patient, Ability to prioritise, Monitoring of vital signs and history taking, knowing when to escalate care • Assessment competencies for social, psychological & emotional needs • Appropriate use of NEWS and National Sepsis Tool Guideline • Ability to recognise delirium and its contributing factors • Frail older person assessment, consider complex needs of presenting patients & their conditions – illness, psychological and social factors • Assessments – falls and pressure areas • Communication skills – interpersonal skills including empathy, compassion, listening and respect • Clinical handover, ISBAR, internal and external teams • Point of Care testing and interpretation of results • Administration and titration of oxygen therapy • 12 Lead Electrocardiogram (ECG) recording and interpretation • Venepuncture and interpreting routine bloods results • Intravenous cannulation • Urinary catherisation – male & female • Preliminary neurological examination • Intravenous drug administration, first dose IV antibiotic administration • Breaking bad news • Basic life support provision • Advanced life support provision • Basic and advanced treatment of life threatening disorders – shock, acute medical conditions • Interpretation of Arterial Blood Gas results • Understanding of own scope of practice • Basic Research and audit skills • Basic IT skills.

Extended/Expanded Competencies	• Care of non-invasive ventilated patients • Performance of ABG • Interpretation of results and changing treatment plans e.g. bi-pap settings etc. • Electrocardiogram (ECG) interpretation, recognising arrhythmia, potential causes and escalations of care • Chest auscultation • Invasive pressure monitoring – CPV lines • Nurse prescribing (Ionising radiation and medicinal products) • Research and Audit • Advanced life support care and instruction.
Specialists or Advanced Competencies (• Specialist competencies in line with CNSp role Advanced competences as per NMBI guidelines)	• Comprehensive assessment, diagnosis, treatment, referral, transfer or discharge • Advanced diagnostics skills, care planning and provision of treatment interventions • Physical assessment - Cardiovascular - Respiratory - Abdominal - Neurological - Muscular-skeletal • Nurse led discharge • Medicine reconciliation • Medicinal product prescribing • Research and audit
Leadership and Management Competencies	• Planning, organisation and co-ordination • Leading a team • Ability to prioritise care needs • Clinical role model • Clinical practice expertise • Leading on service quality improvements • Setting and monitoring standards. • Clinical leadership. • Gathering feedback from staff and patients on their experience and acting on their suggestions for improvement • Service, wider organisation and healthcare settings tacit knowledge and intelligence
Educational Competencies	• Mentorship • Clinical supervision. • Practice development to include MTD working • Continuing education • Understanding of one's scope of practice • Lifelong learning

The purpose of competency determination and the identification of domains of competencies is to support and guide the continued development of the skills and competencies required to deliver a high standard of nursing and medical care so that patients/clients achieve the best possible outcomes and experience in acute medicine units throughout Ireland.

5.4. Acute Medicine Nursing Domains of Competence

Competency determination and development is necessary to ensure:

- High quality safe care delivery.
- Improved patient journey and experiences.
- Ultimately improved patient health and clinical outcomes (NCNM 2010a).

These elements are the cornerstones of all high quality safe services. The NMBI, formerly ABA, have defined five domains of competence which each nurse must demonstrate in order to be registered to practice as a nurse and provide care based on the above elements. Nurses in AMAUs use these five domains of competence as the foundation upon which to further develop their competence and expertise. For the purpose of this document the competencies that are appropriate to nurses providing care in acute medicine units and performance criteria are clustered together under the five domains of competencies as described by NMBI 2015 (Table 20).

Table 20: Six Domains of Competence

1. Professional values and the conduct of the nurse competences
2. Nursing practice and clinical decision making competences
3. Knowledge and cognitive skills competences
4. Communication and interpersonal skills competences
5. Management and team working competences
6. Leadership potential and professional scholarship competences.

(NMBI 2015)

The domains of competencies consist of a number of standard statements with relevant indicators. The indicators need to be explicit and clearly indicate the knowledge, skills attitudes and professional judgements and conduct required of the nurse to achieve effectively the competency identified. The aim is to ensure the nurses require competences for assessment, critical analysis, problem solving, decision making, goal setting, collaborative team working, leadership, professional scholarship, effective interpersonal communication, reflection and re-assessment that are essential to the art and science of nursing (NMBI 2015)

Table 21: Determining Competent Practice

Current Status	**Self-assess or organisation assess** - How is competency need assessed? The acute medicine nursing framework can be used by individual nurses for self-assessment or more formally by the organisation or continuing education programme providers to identify with nurses what their need to progress is in order to achieve a higher level of competence or develop a new skill to embark on a new practice.
Demonstration of Ability to Articulate	How does the nurse demonstrate competence in his/her practice? Direct focus on observation of clinical care • Competence in accountability for her/his practice and care giving • Competence for responsibility for his/her practice and professional and clinical decision-making • An understanding by the nurse where he/she gets authority to practice in the manner in which he/she practises • Parameters of scope.
Observation	What indicators are observed if the nurse is competent in this practice? What strengths were noticed? What are possible areas for development? Possible learning?
Development Plan	Following assessment, it is essential to determine what guidance and resources are available to assist in further development of the competency to practice safely and effectively.

In the remainder of this chapter, the domains of competence are further described together with practice guidance and resources available to guide development. To ensure the competence identified is being developed in an integrated manner, it is important they are linked to existing published competency frameworks. Each domain includes its related competencies and the relevant indicators for each competence. Competence development is incremental and a lifelong commitment. This document supports competence development of the registered nurse in the specialist area of acute medicine nursing. "*An individual nurse's scope of practice is dynamic – that is it will change and grow (as they progress in their career)"* (NMBI 2015).

Domain 1: Professional Values and Conduct of the Nurse Competences

Nursing Competence	Indicator (NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information and Resource
1.1 Practise Safety	• Demonstrates clear understanding of one's scope of practice. • Adherence to best practice to ensure the safety of the person whilst protecting the public, through the delivery of safe, ethical reliable and competent nursing care across the life continuum • Knowledge of and practice in accordance with relevant legislation, policies, protocols and guidelines of healthcare institutions go verning on aspects of practice • Fulfils duty of care and upholds the professional values of nursing • Demonstrates appropriate professional behaviour • Recognises and responds appropriately to instance of unsafe or unprofessional practice, any breaches of legal, ethical or organisational requirement. • Applies ethical principles in a range of situation.	• Data Protection Acts 1988 & 2003 • Freedom of Information Act, (1997 & 2003) • Safety, Health and Welfare at Work Act (2005) EU Directive (2005/36/EC) • Medicinal Products (Prescribing and Control of Supply (Amendment) Regulations 2007 • Misuse of Drugs Act (Amendment) Regulation 2007 • ABA (2007a) Guidance for Nurses and Midwives regarding Ethical Conduct of Nursing and Midwifery Research • Mental Health Act 2008 • DoH&C (2010) Nurses Rules SI. No. 689 • Government of Ireland (2011) Nurses and Midwives Act. Dublin, The Stationery Office • NMBI (2015) Scope of Nursing and Midwifery Practice Framework • HSE, QPSD (2013a) National Consent Policy • NMBI (2016) Nurse Registration Programmes Standards and Requirements.	• ABA (2000b) Guidance to Nurses and Midwives on the Development of Policies, Guidelines and Protocols • ABA (2007b) Guidance to Nurses and Midwives on Medication Management • NCNM (2010c) Evaluation of Clinical Nurse and Advanced Nurse and Practitioner Roles and Advanced Nurse Practice Roles in Ireland (SCAPE) Summary Report • ABA (2010b) Guidance for New Nurse and Midwife Registrants • NMBI (2013) Guidance to Nurses and Midwives on Social Media and Social Networking • Protected Disclosures Bill 2013 • www.qualitypatientsafety.ie • www.nmbi.ie • www.hse.ie • www.dohc.ie • www.hiqa.ie • www.ombudsman.gov.ie • www.irishstatutebook.ie • www.nmbi.ie

Nursing Competence	Indicator (NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information and Resource
1.2. Practise Compassionately	• Demonstrate respect for the diversity, dignity, integrity and uniqueness of the person through a collaborative partnership, and recognising her/his autonomy • Practise compassionately to facilitate, promote, support and optimise the health, wellbeing, comfort and quality of life of persons whose lives are affected by altered health, distress, disability, chronic disorders or life-limiting conditions.	• NMBI (2014) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives • NMBI (2015) Scope of Nursing and Midwifery Practice Framework • DoH (2016) Strategy for the Office of the Chief Nursing Officer 2015 – 2017.	• NMBI (2016) Nurse Registration Programmes Standards and Requirements • HSE (2015) Building a high quality service for a healthier Ireland: Corporate Plan 2015-2017.
1.3. Practise Professionally, Responsibly and Accountably	• While expanding scope of practice, develop greater competence to respond to evolving situations • Identify with the nursing team personal responsibility, level of authority and lines of accountability within one's scope of practice • Take personal and professional accountability for own decisions, actions and for the completion of delegated tasks. • Refreshes competencies as appropriate through CPD • Accepts responsibility for consequences of one's actions and omissions. • Recognises the importance of informed consent and confidentiality in relation to investigations/treatments • Use local and national PPPGs to support and deliver services and practice • Ensures confidentiality in respect of records and interactions.	• ABA (2000b) Guidance to Nurses and Midwives on the Development of Policies, Guidelines and Protocols • DoH&C (2010) A Review of Practice Development of Nursing and Midwifery in the Republic of Ireland and the Development of a Strategic Framework • NCNM (2010a) Clinical Competency Determination and Competency Development Planning • ABA (2010b) Guidance for New Nurse and Midwife Registrants • DoH (2011) Strategic Framework for Role Expansion of Nurses and Midwives: Promoting Quality Patient Care • NMBI (2012) Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority. 3rd Edition. • NMBI (2015) Scope of Nursing and Midwifery Practice Framework • NMBI (2016) Nurse Registration Programmes Standards and Requirements	• ONMSD – www.onmsd.ie • www.clinicalstrategyandprogrammes.ie • Society for Acute Medicine – www.acutemedicine.org.uk • HSELanD – www.hseland.ie • www.nmbi.ie • Local practice development supports • Centres of Nursing and Midwifery Education • Nursing Midwifery Planning and Development Units • http://www.nuigalway.ie/courses/taught-postgraduate-courses/nursing-acute- medicine.html • DoH (2015) Standards for Clinical Practice Guidance Consultation Submission Report September 2015.

Domain 2: Nursing Practice and Clinical Decision Making Competences

Nursing Competence	Indicators (NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information and Resource
2.1 Assess Nursing and Health Needs	• Demonstrates concise history taking to acquire a comprehensive collection of information about the physical, biological, psychosocial and functional aspects of the patient's life • Recognises deviation from normal values, appearances and behaviours and escalate to MDT as necessary • Demonstrate ability to assess patients appropriately and rapidly • Demonstrate effective clinical decision making • Demonstrate clear understanding of acute life threatening conditions • Incorporates nursing research into nursing practice • Accurately measures, analyses, interpret and records clinical observations and other information.	• Assessment frameworks - NEWS - Manchester Triage - Glasgow Coma Scale - Mnemonic Aids - Sterling, Waterlow scores - Malnutrition Universal Screening Tool' MUST • ABA (2007a) Guidance for Nurses and Midwives regarding Ethical Conduct of Nursing and Midwifery Research • ABA (2009) Professional Guidance for Nurses working with Older People • HIQA (2012) National Standards for Safer Better Healthcare www.hiqa.ie • HIQA (2013) Guidance and Developing Key Performance Indicators and Minimum Data Sets to Monitor Healthcare Quality www.hiqa.ie/publications DoH (2013a) National Clinical Guideline No. 1 National Early Warning Score. Update August 2014 • HSE (2014) Integrated Care Guidance: A practical guide to discharge and transfer from hospital, QSPD-D-037-2 v2. • NMBI (2016) Nurse Registration Programmes Standards and Requirements.	• Kurtz SM & Silverman JD (1996) The Calgary-Cambridge Referenced Observation Guides: An aid to defining the curriculum and organising the teaching in communication training programmes. Medical Education, 30, 83-9 • RCN (2004) Nursing Assessment and Older People, A Royal College of Nursing Toolkit • Banning, M. (2007) A Review of Clinical Decision Making: models and current research ABA (2008a) The Implementation of the Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products: Final Report • ABA (2009) Professional Guidance fvor Nurses working with Older People • ABA (2011) Report on the Development of a Regulatory Nursing Strategy to complement the National Cancer Screening Service • Fawcett & Rhynas (2012) Taking a patient history: The role of the nurse • Bell M., Leen B &McQuillan P. (2014) Evidence Based Practice A Practice Manual. EBP Group South East, HSE • SocietyforAcuteMedicine– www.acutemedicine.org.uk • ClinicalProgrammes– www.clinicalstrategyandprogrammes.ie • www.hselibrary.ie • www.hiqa.ie • www.inahta.org (Health Technology Assessment).

Nursing Competence	Indicators (NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information and Resource
2.2 Plan and Prioritise Person-Centred Nursing Care (including selecting interventions based on best evidence and identification of desired goals with the person)	• Document person-centred plan of care to achieve expected outcomes including timeframe based on initial assessment and re-assessment • Establish priorities of care for acute medically ill patients based on immediate need • Plans care taking into account the therapeutic regimes of all members of the health care team and primary care • Revise and update plans as required, communicate with MDT • Demonstrate understanding of team working recognising and valuing all roles including trust of patient/client • Plans care using agreed referral and transfer pathway • Communicates new information to the Health Care Team / Multi-Disciplinary Team • Refers to protocols governing receipt of patients from pre hospital services i.e. GP, ambulance, length of stay in unscheduled care services., acceptance / transfer of patient from ED, transfer of patient to ward or discharge • Uses available resources to plan care national / local guidelines, care pathways, algorithms.	• Use PPPGs, care bundles and transfer protocols for care of patients with specific disease e.g.[10] - Heart failure - Respiratory illness - Sepsis six • Frail elderly assessment Lees L. (2013) Patient Transfers – Principles for the Safe Transfer and Handover of Patients from Acute Medical Units, Society for Acute Medicine • HSE (2013d) National Consent Policy QPDS–D-026-11 • HSE, DoH (2015) Communication (Clinical Handover) in Acute and Children's Hospital Services: National Clinical Guideline No. 11. • http://health.gov.ie/wp- content/uploads/2015/12/NCG-No-11-Clinical-Handover-Acute-and-Childrens-Hospital- Services-Full-Report.pdf	• Centre for Evidence Based Medicine – www.cebm.net • HSE & DoH, (2001g) Quality and Safety Committee(s): Guidance and Sample Terms of Reference, • HSE & DoH (2013f) Quality and Safety Walk-rounds: Toolkit • HSE & DoH (2013h) The Safety Pause: • Information Sheet www.hse.ie/go/clinicalgovernance • HSE, DoH (2015) Communication (Clinical Handover) in Acute and Children's Hospital Services: National Clinical Guideline No. 11. http://health.gov.ie/wp-content/uploads/2015/12/NCG-No-11- Clinical-Handover-Acute-and-Childrens- Hospital-Services-Full-Report.pdf • www.ihi.org.ie

10 This is not a comprehensive list, please refer to patient presentation profiles in own AMAU.

Nursing Competence	Indicators (NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information and Resource
2.3 Deliver person- centred nursing skills, clinical interventions and health activities	• Delivers nursing care in accordance with care plan and reassess within an agreed timeframe to ensure goals are being met • Creates and maintains person centred and family centred nursing practice environment that promotes safety and optimal health • Recognise and respond swiftly to unexpected or rapidly changing conditions • e.g. deterioration in patient's condition, surge of activity in unit • Acts to maintain dignity, comfort, confidentiality and privacy for patients using the service • Responds to patient educational needs • Tailors interventions to the individuals needs with regard to diversity, mental health and vulnerable groups • Support and empower the person, through the provision of accurate and relevant information, to make health and life choices for health promotion and screening, recovery, resilience, self- management, wellbeing and social inclusion • Utilise information management technology safely to record personal data for clinical decision making.	• National and local PPPGs on: • Medication administration and management • Hygiene guidelines • Violence, abuse, self-harm, elder abuse etc. • NEWS • Sepsis management. • ABA (1997) Guidance on Violence and Challenging Behaviour • ABA (2000b) Guidance to Nurses and Midwives on the Development of Policies, Guidelines and Protocols • ABA (2008b) Requirement and Standard for Nurse Education Programmes for Authority to Prescribe Ionising Radiation (X-ray). • ABA (2009) Professional Guidance for Nurses Working with Older People	• Carroll L. (2004) Clinical Skills for Nurses in Medical Assessment Units. • NICE (2005) Pressure Ulcers: The Management of Pressure Ulcers in Primary and Secondary Care. • DOH&C (2008) Tackling Chronic Disease: A Policy Framework for the Management of Chronic Diseases • Griffiths (2011) A Community of Practice: The Nurses' Role on a Medical Assessment Unit • HSE (2012) Procedure for developing Policies, Procedures, Protocols and Guidelines, HSE DoH (2013) National Clinical Effectiveness Committee National Clinical Guideline No.1 - National Early Warning Score. • National Quality Improvement Programme (2014) Pressure Ulcers • DoH (2014a) Sepsis Management National Clinical Guideline No. 6. • Education training programmes on: - Medication administration & Management, HCAIs, - Recognising and responding to Elder Abuse, Development of PPPGs, NEWS, Managing Violence and Challenging Behaviour.

Nursing Competence	Indicators (NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information and Resource
2.4 Evaluates person- centred nursing outcomes and undertaking a comprehensive re- assessment	• Evaluates in conjunction with the person outcomes of plan of care and develop a new plan, as appropriate • Assess the effectiveness of nursing care in achieving planned outcomes and modify care as required • Demonstrates vigilance with regard to monitoring, patient's physical appearance, physiological observations, assessing known variables and managing the environment of care • Monitor and evaluate nursing interventions against evidence of best practice • Continuously informs patient /and as appropriate family of progress and any changes • Continuously obtains patient feedback • Demonstrates ability to re-assess patients and measure progress or deterioration.	• Audits of practice, activity, outcomes, guidelines / policies / procedures • Handover care guidelines / protocols • Bed management, escalation, managing surge capacity guidelines/protocols • MDT team referral care pathways. • HSE (2012) National Healthcare Charter: You and Your Health Service: Your Service Your Say. • HSE QPSD (2012) Quality and Safety Prompts for Multidisciplinary Teams. • HSE QPSD (2013b) Patient Safety Toolbox© Talks: Procedural Guidelines for Line Managers • HSE QPSD (2013e) A Practical Guide to Clinical Audit. • HSE QPSD (2014b) Integrated Care Guidance: A Practical Guide to Discharge and Transfer from Hospital.	• HIQA (2012) National Standards for Safer Better Healthcare www.hiqa.ie • HSE (2013) Open Disclosure National Policy. • HSE QPSD (2014) Report of the Quality and Safety Clinical Governance Development Initiative Sharing our Learning, HSE & DoH Dublin. • HIQA (2014) The Retrieval and Interpretation of Economic Evaluations of Health Technologies in Ireland 2014 • DoH (2015) Framework for Endorsement of National Clinical Audit • Institute for Health Improvement – www.ihi.org • HSELanD – www.hseland.ie • www.rcpi.ie/publications • www.qualitypatientsafety.ie
2.5 Utilise Clinical Judgement	• Demonstrate a systematic and problem solving approach, applying clinical judgement • Make sound clinical judgements to adapt interventions to changing health needs • Recognise and respond to early warning signs of critical changes in a person's health status • Initiate life preserving measures in response to critical changes in a person's health status or in emergency situations.	• HSE (2011) Risk Management in the HSE: An Information Handbook • HSE (2014) Safety Incident Management Policy • NMBI (2015) Scope of Nursing and Midwifery Practice Framework. • HSE (2015) System Analysis Training for Investigators. • HSE (2015) Serious Reportable Events List and Guidance	• DoH (2015) Framework for Endorsement of National Clinical Audit.

Domain 3: Knowledge and Cognitive Competences

Nursing Competence	Indicators (NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information and Resource
3.1 Practise from a Competent Knowledge Base	• Apply current and relevant aspects of concepts and theory of nursing to care planning, nursing interventions and health settings, particularly in regard to acute medicine nursing • Recognise physical, developmental, emotional and behavioural signs, vulnerabilities and co-morbidities within acute medicine nursing • Apply principles of quality and safety to audit and evaluate nursing and healthcare practice • Apply current and relevant aspects of national and international policies that influence acute medicine nursing practice and healthcare delivery • Demonstrate and apply knowledge of legislation relevant in nursing practice situations and settings • Apply knowledge and understanding of current and relevant aspects and principles of health information technology and nursing informatics in acute medicine nursing practice • Appraise and apply as relevant, aspects of nursing research process to enhance the evidence base of nursing practice interventions • Demonstrate a working knowledge of equipment and consumables used in AMAU, the indications for their use and where they are stored.	• National and local PPPGs on: - Medication administration and management - Hygiene guidelines - Violence, abuse, self-harm, elder abuse etc. - NEWS - Sepsis management. - MUST Use PPPGs, care pathways, care bundles and transfer protocols for care of patients with specific disease e.g.[11] - Heart failure - Respiratory illness - Frail elderly assessment • PPPGs: - admission/discharge/transfer planning care of person with delirium - dementia - older person abuse - end of life care etc[12]. • DoH (2014a) Sepsis Management National Clinical Guideline No. 6 • HSE (2016) Clinical Advisory Statement Sepsis – 3.	• West Midlands Quality Review Service and Society for Acute Medicine (2012) Quality Standards for Acute Medical Units (AMUs) Version 2. • Bell *et al* (2014) Evidence based practice, A practice Manual, South East Evidence Based Practice Group www.hselibrary.ie Clinical queries • NMBI (2015) Post-registration Nursing and Midwifery Programmes Standards and Requirements • DoH (2015) Connecting for Life Ireland's National Strategy to Reduce Suicide 2015- 2020 • DoH (2015) Framework for all Island Clinical Network for Congenital Heart Disease. • Quality Care for Older People with Urgent and Emergency Care Needs http://www2.le.ac.uk.departments/cardiov ascular-sciences/people/conroy/silver- book • Post Graduate Diploma Programmes in Acute Medicine UCG http://nuigalway.ie/courses/taught-postgraduate-courses/nursing-acute-medicine.html

11 This is not a comprehensive list, please refer to patient presentation profiles in own AMAU.
12 This is not a comprehensive list, please refer to patient presentation profiles in own AMAU.

Nursing Competence	Indicators (NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information and Resource
3.2 Use Critical Thinking and Reflection to Inform Practice	• Demonstrate analytical skills for problem solving, critical thinking, reasoning, evaluation, synthesis for application to nursing practice situations and interventions to advance and extend acute medicine nursing • Develop personally and professionally through reflection to enhance resilience and own nursing practice.	• NMBI (2015) Scope of Nursing and Midwifery Practice Framework • Barksby J *et al* (2015) A New Model of Reflection for Clinical Practice. Nursing Times; 111:34/35, 21-23	• Somerville D., Keeling J. (2004) A practical approach to promote reflective practice within nursing. Nursing Times, 100: 12, 42-45. • HSE (2011) Risk Management in the HSE: An Information Handbook • HSE (2014) Safety Incident Management Policy • HSE (2015) System Analysis Training for Investigators • www.cochrane.org

Domain 4: Communication and Interpersonal Competences

Nursing Competence	Indicators (NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information and Resource
4.1 Communicate in a person-centred manner	• Communicate in an effective, compassionate, age-appropriate, respectful, culturally sensitive and non- discriminatory manner with the person and her/his primary carer • Utilise communication techniques to empower a person with sensory, physical emotional, behavioural or cultural communication difficulties to express their needs. • Communicate with a person in a manner that respects cultural diversity in health beliefs and practices, health literacy, communication, language, translation or interpreting needs. • Builds working relationships based on trust, open communication, understanding, compassion and kindness serving to empower the patient to make life choices.	• NMBI (2014) Code of Professional Conduct and Ethics for Registered Nurses and Midwives • HSE QPSD (2014b) Integrated Care Guidance: A Practical Guide to Discharge and Transfer from Hospital. • PPPGs: - admission/discharge/transfer planning care of person with delirium - dementia - older person abuse - end of life care etc[13]. • NMBI (2015) Scope of Nursing and Midwifery Practice Framework • HSE (2015d) Health Services People Strategy 2015-2018.	• HSE (2007) Protecting Our Future: A programme to raise awareness of elder abuse among healthcare staff • HSE (2010) You and Your Health Service • – What you can expect from your health service and what your health service can expect from you • The National Clinical Programme for Older People(NCPOP) Specialist Geriatric Services (SGS) Model of Care Part 1, Acute Service Provision www.hse.ie/eng/about/Who/clinical/natcli nprog/olderpeopleprogramme/ • Quality Care for Older People with Urgent and Emergency Care Needs http://www2.le.ac.uk.departments/cardiov ascular-sciences/people/conroy/silver- book • www.healthcomplaints.ie
4.2 Communicate Effectively with the Healthcare Team	• NMBI (2014) Maintains comprehensive, accurate nursing records for acutely ill medical patients within a legal and ethical framework	• ABA (2002) Recording Clinical Practice Guidance to Nurses and Midwives • HSE (2011) Standards and Recommended Practices for Healthcare Records	• ABA (2009) Professional guidance for nurses working with older people • RCP (2011) Acute care toolkit 1: Handover

13 This is not a comprehensive list, please refer to patient presentation profiles in own AMAU.

Nursing Competence	Indicators (NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information and Resource
	• Communicate clearly and coherently verbally and in writing with other health and social care professionals including bed management, discharge planners / co- ordinators, other relevant medical, nursing, allied health and support staff that comprise the AMAU team • Recognises and understands the separate and interdependent roles and functions of healthcare team members and when to refer to them • Negotiate with other health care professionals to ensure that the rights, beliefs and wishes of the person are not compromised • Demonstrates safe handover procedures. • Respect the privacy of the person and confidentiality of information in the health setting, sharing of information in accordance with legal and professional requirements • Recognises factors that may impact on the clinical environment and quality of care • e.g. patient activity, complexity, staff mix, environment hazards • Demonstrates the necessary communication skills to enable negotiation.	Management DoH (2015) Communication (Clinical Handover) in Acute and Childrens Hospital Services: National Clinical Guidelines No. 11. • Pre-Hospital Executive Council (PHEC) and Emergency Medicine Programme (NEMP) • ED multidisciplinary team using guidelines promoted by NAMP and NEMP and other relevant clinical care programmes • Guidelines, Care Pathways from other clinical care programmes e.g. Asthma, Epilepsy • ISBAR Communication Tool.	• RCP (2013) Acute care toolkit 6: The medical patient at risk: recognition and care of the seriously ill or deteriorating medical patient • HSE & DoH (2013f) Quality and Safety Walk-rounds: Toolkit, Quality and Safety Committee(s): Guidance and Sample Terms of Reference • HSE & DoH (2013h) The Safety Pause: Information Sheet. www.hse.ie/go/clinicalgovernance • HSE (2014) Integrated Care Guidance: A practical guide to discharge and transfer from hospital QPSD-D-037-2v2 • HSE, DoH (2015) Communication (Clinical Handover) in Acute and Children's Hospital Services: National Clinical Guideline No 11. • http://health.gov.ie/wp- content/uploads/2015/12/NCG-No-11- Clinical-Handover-Acute-and-Childrens- Hospital-Services-Full-Report.pdf

Domain 5: Management and Team Competences

Nursing Competence	Indicators (NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information
5.1 Practise Collaborative	• Works with multidisciplinary team members to ensure that care is appropriate, effective, timely, safe and consistent • Selects and utilises resources (human and other) effectively and efficiently • Demonstrate ability to initiate, plan, diagnose and treat, refer or transfer care as appropriate using a collaborative partnership approach • Demonstrate ability to co-ordinate flow through AMAU in line with principle of continuity of care • Demonstrate knowledge and compliance with guidelines, policies and processes for AMAU • Knowledge and understanding of the clinical and administrative governance of the AMAU and AMP • Demonstrates an ability to plan, lead, organise and co-ordinate the working of the AMAU • Demonstrates an understanding of the level of authority, responsibility and accountability related to one's own practice and others.	• ABA (2000b) Guidance to Nurses and Midwives on the Development of Policies, Guidelines and Protocols • HSE (2010) You and Your Health Service – What you can expect from your health service and what your health service can expect from you • www.healthcomplaint.ie • National Acute Medicine Programme (2013) – key elements of the programme to deliver the best patient outcomes HSE (2013) A Practical Guide: Supporting Services to deliver Quality Healthcare • DoH (2013c) Emergency Department Sepsis Triage Pathway • HSE, QPSD (2013i) National Clinical Programmes Model of Care Development Checklist. Governance for Quality and Safety • Acute Hospital Services: Quality Assessment and Improvement (QA+1) • HSE (2016b) the Framework for Improving Quality for our Health System.	• Office for Health Management, (2000) Management Competency User Pack for Nurse and Midwife Managers • RCN (2008) Principles to inform decision making: what do I need to know? • ONMSD (2010) Interim National Clinical Leadership Competency Framework for Nursing and Midwifery • www.healthcomplaints.ie • WHO, Guidelines in Hand Hygiene in Health Care. Five Moments for Hand Hygiene http://who.int/gpsc/tools/Five_moments/en/

Nursing Competence	Indicators (NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information
5.2. Management of Others and Self Safety	• Demonstrates a clear understanding of scope of practice and how it applies to all grades and staff • Possesses a working knowledge of agencies providing care to AMAU patients • e.g. GP Liaison, Liaison Mental Health, Community Intervention Team, Ambulance Services etc. • Understands requirements for delegation and supervision of practice • Recognises gaps in competency and initiated opportunities to rectify • Demonstrate ability to resolve conflict • Recognises and responds to quality and safety issues • Demonstrates a commitment to improving quality and safety practices • Assists with the performance of audits or process mapping patient flow / pathway to inform improvements in care and patient experience. • Recognises when to escalate issues, activate escalation plans, and seek guidance and support • Collaborates with the healthcare team to inform policy and guideline development.	• ABA (2000) Guidance to Nurses and Midwives on the Development of Policies, Guidelines and Protocols • HIQA (2009) National Standards for the Prevention and Control of Healthcare Associated Infections. • HSE (2011) Risk Management in the HSE: An Information Handbook • DoH (2011) Strategic Framework for Role Expansion of Nurses and Midwives: Promoting Quality Patient Safety • DoH & HSE Clinical Handover Guidelines • ISBAR Communication Tool. • HSE (2014) Safety Incident Management Policy • HSE 92015) Serious reportable events list and guidance • HSE (2015) System Analysis Training for Investigators. See national / regional / local PPPGs for: - HCAI - Health and Safety - Bed Management - Referral pathways - Escalation plan - Major incident plan • NMBI (2015) Scope of Nursing and Midwifery Practice.	• Creative Healthcare Management (2003) Leading an Empowered Organisation (LEO) Programme • Society for Acute Medicine (2013) Patient Transfers. • Lees L. (2013) Principles for the safe transfer and handover of patients from acute medical units NHS UK (2013) How to ensure the right people, with the right skills, are in the right place at the right time • Myers and Lees (2013) An Integrated Career and Competency Framework for Registered Nurses in Acute Medicine • HSE (2015) NEWS – Healthcare Assistants Education Sessions • HSE, DoH (2015) Communication (Clinical Handover) in Acute and Children's Hospital Services: National Clinical Guideline No. 11. http://health.gov.ie/wp- content/uploads/2015/12/NCG-No-11- Clinical-Handover-Acute-and-Childrens- Hospital-Services-Full-Report.pdf • Productive Ward: Releasing Time to Care™ http://www.hse.ie/productiveward/

Domain 6: Leadership Potential and Professional Scholarship Competences

Nursing Competence	(NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information and Resource
6.1. Develop Leadership Potential	• Lead and co-ordinate a team, delegating, supervising and monitoring nursing care provision • Exhibit awareness of self and of the impact of personal values and feelings in relation to attitude development, professional conduct, response and reaction to events and the development of coping mechanisms, personal wellbeing and resilience • Contributes to the learning experiences of colleagues through support, supervision, teaching and coaching • Participation in education and professional development programmes for acute medicine • Enhance personal performance of professional role through constructive use of feedback, supervision and appraisal • Lead on the development with staff and patients of a quality improvement plan based on *The Framework for Improving Quality* • Develops and integrates a framework to reflect on practice, implementing evidence-based nursing practice to improve care of acute medically ill patients	• ABA (2003) Guidelines on the Key Points that maybe considered when developing a quality clinical learning environment NCNM (2010) Nurse and Midwife Clinical Competency Determination and Competency Development Planning Toolkit • Government of Ireland (2011) Nurses and Midwives Act. Dublin, The Stationery Office • HSE (2013c) Open Disclosure National Guidelines: Communicating with service users and their families following adverse events in healthcare • Bell *et al* (2014)Evidence based practice, A practice Manual, South East Evidence Based Practice Group www.hselibrary.ie (Clinical queries) • HSE (2016b) *The Framework for Improving Quality for our Health System.*	• ABA (2002) e-learning package – Supporting Competence Assessment • HSE (2015) The National Early Warning Score and associated Education Programme Compass Facilitator / Co- ordinator Guide. - An education facilitator guide - The programme guide - Compass training manual - Sepsis screening from ISBAR Communication Tool - Healthcare Assistants Education Session clinicalprogramme@rcpi.ie • Local CNME prospectus • HSELanD – www.hseland.ie • http://www.lenus.ie/hse/ • NAMP *et al* (2010) Report of the National Acute Medicine Programme • Access Education Toolkit • www.hse.ie/eng/about/who/clinical/nationalprog/acutemedicineprogramme/earlywarningscore/education.html • www.cochranelibrary.ie • Post Graduate Diploma Programmes in Acute Medicine UCG • http://nuigalway.ie/courses/taught-postgraduate-courses/nursing-acute-medicine.html.

Nursing Competence	(NMBI Indicators as required at point of registration apply also)	Guidance for Practice	Sources of Further Information and Resource
	• Reflect on and apply insights derived from aspects of daily nursing practice and critical incidents to enhance self-awareness and personal competence • Contributes to the overall goal / mission KPIs of the AMAU and NAMP. Educates clients / groups/communities to maintain and promote health.		• WHO Patients for Patient Safety http://www.hse.ie/eng/about/Who/qualityandpatientsafety/nau/patientsafety/
6.2 Develop Professional Scholarship	• Demonstrates commitment to lifelong learning through the following activities: - Skills evaluation - Seeking feedback - Matching skills to service need - Involvement in practice development activities - Networking - Participation in practice scenarios, - Journal clubs etc. - Access and avail of library supports e- learning and knowledge hubs. • Learn from experience to adapt nursing interventions and to update competence in response to dynamically altering health environments.	• HIQA (2014) The Retrieval and Interpretation of Economic Evaluations of Health Technologies in Ireland 2014 • DoH (2015) Health in Ireland Key Trends • DoH (2016) Strategy for the Office of the Chief Nursing Officer 2015-2017 • www.nmbi.ie advanced practice.	• ICN (2009) Donner G and Wheeler M. Coaching in Nursing An Introduction The Honor Society of Nursing Sigma Theta Tau International.

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Appendix 1: ISBAR Communication Tool

ISBAR Communication Tool

Guidance to be read In conjunction with:

National Clinical Guideline No. I National Early Warning Score

National Clinical Guideline No. 4 Maternity Early Warning System

National Clinical Guideline No. 5 Communication (Clinical Handover) In Maternity Services

National Clinical Guideline No. 6 Sepsis Management

ISBAR Communication Tool SAMPLE Patient Deterioration	
I **Identity**	**Identity:** You Recipient of handover information Patient
S **Situation**	**Situation:** Why are you Calling? (Identity your concerns)
B **Background**	**Background:** What is the relevant background?
A **Assessment**	**Assessment:** What do you think is the problem?
R **Recommendation**	**Recommendation:** What do you want them to do?

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Appendix 2: Nursing Specific Recommendations, Emergency Task Force March 2015

Action	Owner	Timeline
3.2.2 Effective management of patients within ED (p 43)		
Support and enable enhanced roles for nursing and AHP grades to facilitate patient assessment and discharge. Proposals to be advanced in 2015 in conjunction with relevant stakeholders.	**HSE /CNO DOH in conjunction with Representative Bodies**	**Immediate**
Determination of nurse staffing and skill mix should be made using a robust evidence based methodology, applicable to the ED and AMAU context. The Taskforce on Staffing and Skill Mix in Nursing to Develop a Framework for Nurse Staffing and Skill Mix in Emergency Nursing Care, as Phase II of its programme of work.	**DOH/AHD,CCP**	**Q3, 2015**
Commence discussions with relevant stakeholders including representative bodies to optimise the existing skills amongst the wider ED & AMAU nursing resource, to enable competent nurses, working under protocol, to order, interpret and escalate diagnostic tests, such as bloods, for example.	**DOH CNO, HSE, Relevant representative Bodies**	**Immediate**
Commence discussion with relevant stakeholders including representative bodies to maximise the development of ED & AMAU skills and competence to undertake advanced clinical assessment, interpretation and treatment in a standardised range of skills such as chest auscultation, palpation percussion, medicinal prescribing, ECG interpretation etc. through a combined ED & AMAU education programme, in tandem with the existing medicinal and x-ray prescribing programmes.	**DOH CNO, HSE**	**Immediate**
3.2.3 Rapid Access to Inpatient care (p 44)		
Development of ANP model of care for low acuity chronic illness, both in the ED and AMAU to assess, treat and discharge low acuity chronic illness, with the option for return clinics at the ED & AMAU for ongoing assessment and treatment similar to the current ED Minor Injuries model of care.	**DOH CNO, HSE**	**2014/2015**

Action	Owner	Timeline
3.2.3 Rapid Access to Inpatient care (p 44)		
Development of ANP model of care for low acuity chronic illness, both in the ED and AMAU to assess, treat and discharge low acuity chronic illness, with the option for return clinics at the ED & AMAU for ongoing assessment and treatment similar to the current ED Minor Injuries model of care.	**DOH CNO, HSE**	**2014/2015**
3.2.5 Access Senior Decision Making (p 47)		
Extend use of delegated discharge and cross team discharge to address current deficits in relation to senior clinical decision-making having regard to the consultants ongoing clinical responsibility for their patients.	**Group CEO/Hospital Manager**	**Immediate**
Develop additional capacity and capability within nursing to take on senior decision making roles in relation to delegated discharge.	**HSE AHD, National HR**	**2016/2017**

Appendix 3: Acute Medicine Assessment Units (AMAUs) SWOT Analysis (AMAU incorporates AMU and MAU for the purposes of this document)

Patient Centred Care

Strengths	Weakness:
• Nurses are integral to providing the planning, co-ordination, delivery, assessment and maintenance of care. • Nurses have developed their communication and listening skills enabling them to build rapport with the patients and their families. • Well informed nurses can inform patients of probable outcomes or options for care. • Nurses can advocate for their patients and encourage them to prioritise their needs and participate in their management plan. • Nurses can demonstrate empathy with their patients and their families. • There is international literature available to support best practice regarding patient experience, patient flow and capacity management.	• As AMAUs are newly evolving units, a smooth patient pathway for the whole patient journey is not always present. • The referral pathway between primary care and acute medicine units needs to be facilitated to ensure direct and appropriate access for the patient. • There is limited data available on patient satisfaction regarding the care and processes in acute medical assessment units. • Lack of resources may inhibit future study into patient satisfaction studies. • There are currently limited I.T. supports available to enable capture of the patient experience times (P.E.T.) and other relevant patient data, that would provide governance groups with the relevant information to make appropriate changes.
Opportunities	**Threats**
• To include patients in governance groups so that they are involved in future service planning, monitoring, evaluation and change. • Further develop primary care linkages, create reports informing primary care about performance of AMAU. • Ensure primary care representation on governance group. • Develop documentation and systems to support patient involvement in their care. • Ensure nurse and patients are knowledgeable about patient and family support groups that are relevant to them. • Implement patient engagement forums.	• The turnover in the units when fully functioning will challenge how nurses provide patient centred care. • The timeframe may not enable the nurse to provide the full expanse of patient centred care that they may wish to. • Inability of other agencies groups to provide follow on care requirements post discharge from the unit.

Education, skills, knowledge and experience of nurses in Acute Medical Assessment Units (AMAU)

Strengths	Weaknesses
• Undergraduate nurse training Level 8 NQAI framework. • There are many nurses who support care in AMAUs who have undergone specialist education pathways at post graduate Level 9 NQAI. • ED postgraduate programmes are well established and some nurses working in or rotating in to AMAUs would have completed this programme and are specialist in dealing with acute medically ill patients. • Acute medicine is evolving as a defined specialist area and will lend itself well to the development of a post graduate specialist programme.	• Currently only one specific acute medicine nursing postgraduate programme available in UCG. • Currently adhoc determination of competencies required for nursing in acute medicine assessment units. • Restrictions on access to ongoing training and education. • Need to define the clinical, management and leadership competencies required but this is challenging where units are ill defined with regard to their site, patient activity, standard operating procedures, team, and governance.
Opportunities	**Threats**
• Define competencies - standards for nurses working in AMAUs. • Identify opportunities for nurses to expand their roles to meet the needs of the patient e.g. frail elderly assessment, ANP acute medicine. • Create in partnership with third level institutes a bespoke postgraduate programme to meet the needs of AMAU nursing and masters programme to support role expansion. • Create in-house schedule of learning to support AMAU nurses. • Obtain support from medical colleagues to develop specific skills e.g. chest auscultation. • Create a catalogue of patient presentation to further inform education, skills and knowledge need.	• Fiscal constraints may reduce resources to provide or access professional development. • Staffing of AMAU may be transient; therefore a cohort of knowledgeable nurses may not be available. • Inappropriate referral acuity and activity levels may not make the unit an attractive site to work in. • Lack of commitment or demand from the services will not encourage third level institutions to develop specialist programmes. • Where there is no consistency of staff, units may experience staff who are: - inexperienced in care for acutely ill medical patients - unable to detect deterioration early which poses risk to patient safety. • Be able to recognise life threatening conditions and commence lifesaving interventions where appropriate.

Environment & Access

Strengths	Weaknesses
• National programme for acute medicine endorsed by Department of Health (DoH), HSE, Royal College of Physicians in Ireland (RCPI) Irish Association of Directors of Nursing & Midwifery (IADNM), Therapy Professions Committee, Quality and Clinical Care Directorate, Irish College of General Practitioners (ICGP). • International evidence to support acute medicine pathway as a way to reduce harm, reduce in- hospital mortality, reduce re-admission with same complaint. • Designated units with appropriate staffing, senior medical decision makers, experienced nurses, therapy professionals, support staff recommended by AMP. • Equipment required widely available. • Collaboration and support from diagnostic and support services. • Primary care engagement and support once pathway and access understood.	• Perceived increased workload by diagnostic services. • Inappropriate facilities provided, inadequate to meet planning number, infection prevention and control guidelines, dignity of patient's remote access to ED. • Minimal resource provided due to lack of leadership, service planning, fiscal constraints. • Minimal staffing provided due to lack of "buy in", commitment from clinical teams, moratorium, non-availability of experienced staff, and reluctance of staff to work in new service, no additional nursing resource. • Perceived to be competing with ED for diagnostic access and resources. • Inappropriate acuity of patients sent to unit for treatment and diagnosis – undermining the role of acute medicine assessment unit in the unscheduled care pathway.
Opportunities	**Threats**
• Improve the patient experience of unscheduled care pathway • Reduce waiting time for patient in unscheduled care pathway. • Potential to reduce harm to patients due to long waits, reduce in-hospital mortality rates and reduce/maintain re-admission rate with same complaint within 30 days. • Through collaborative working improve access to same day diagnostic and same day discharge. • Expand the role and skill base for staff to enable rapid assessment, intervention, treatment, diagnosis and care planning. • To reduce trolley waits in ED through collaborative working, rapid assessment access, increase same day discharge, focus on 1-2 day length of stay. • Proactively engage with discharge planning on wards: – Home by 11am initiative – Daily board/ward rounds – Integrated discharge planning – identified lead – Weekend discharge initiatives – Projected date of discharge and re-evaluation.	• Culture of organisation – resistant to change. • Lack of physician support. • Lack of nursing unit and management level support. • Not aligned to strategic goals, plan of hospital. • Lack of regional HSE support, diminished resources, non-prioritisation of AMP need. • Non engagement of primary care groups. • Staff do not have skills or competencies to respond to the acuity of presentations. • Non availability of access to education and training of all grades of staff.

Leadership

Strengths	Weaknesses
• Nurse management structures at local level provide good onsite support. • Nursing site management have good links and supports with ONMSD, NMPD and CNME. • National governance structures, Nursing & Midwifery Board of Ireland – regulation & guidance on scope of practice. HSE nurse leadership – nurse representation on clinical care programmes etc. • Supporting documents: Commission on Nursing 1998, National Council for Professional Development of Nurses and Midwives – ANP, CNSp, Competence Toolkit, Office for Health Management, Nurse Management Leadership, Competencies, HSE National Integrated Discharge Planning Guideline. • Report of Acute Medicine Programme 2010. • DON appointed to Acute Medicine Programme, with direct reporting relationship to Director of ONMSD. • Proven leadership at unit level – service planning groups, governance groups, and multidisciplinary meetings.	• Many post holders have not been substantively appointed in to the post and are acting – giving no security in post. • There has been no strategic workforce planning due to moratorium and fiscal constraint. • If the workforce to unit is transient, the manager cannot develop a team culture and it is 'difficult to demonstrate leadership when your work colleagues keep 'changing.' • Lack of identity of the unit within the hospital can pose challenges to the successful management and leadership of the unit. • Unscheduled care governance group not established in all sites. • Full capacity for role expansion not implemented e.g. nursing and HCAs.
Opportunities	**Threats**
• The strategic partnership between the unit and the wider hospital needs to be strengthened. As does the profile and strategic partnership between the units nationally and various HSE departments, e.g. H.R., Finance, Quality and Patient Safety. • Nursing must influence service development, unit enhancement, patient profile, primary care links, outreach services, nurse led care opportunities. • Nurses can support and lead on improving ambulatory care services • Workforce planning based on current and future need should be undertaken. • Nurse Managers with responsibility for unscheduled care services should collaborate together to improve the patient's unscheduled care pathway. • The skills of senior experienced nurses in other unscheduled care areas e.g. ED could be used to mentor new junior staff. • Development of expanded practices and advanced nurse practitioner role in AMAU.	• Fiscal constraints, moratorium on recruitment. • Nurse leadership and management in unit providing clinical care full time with no release for management leadership role. • Resistance to change from within the unit, hospital level, primary care. • Lack of confidence in new unscheduled care pathway, lack of engagement of senior managerial support, no designated senior doctor rotas. • No clear practice expansion of practice strategy for nursing.

Appendix 4: Acute Medicine Nursing Survey Questionnaire

1. What in your opinion are the key elements of quality nursing care for patients attending unscheduled acute medical care?
2. What enhances your ability to deliver those key elements?
3. What hinders your ability to deliver those key elements?
4. What are the core knowledge, skills and competencies that every nurse working in an unscheduled care setting for acute medicine should have?
5. How do you see nurses' roles expanding to meet the needs of patients attending for unscheduled acute medical care?
6. What needs to happen to support nurses in meeting this patient groups needs?

Source: Adapted from the cancer nurse strategy questionnaire. ***A Strategy and Educational Framework for Nurses Caring for People with Cancer in Ireland 2012*****: Page 51-53. HSE NCCP.**

Copy of Email to Directors of Nursing with participating AMNIG Members

Sent on behalf of Avilene Casey, Director of Nursing, National Acute Medicine Programme

Dear >,

As you are aware, some of your staff in the AMU are participating in The Acute Medicine Nurse Interest Group. Currently, we are sending out a questionnaire 'Acute Medicine Nurse Strategy Consultation Process' on Survey Monkey to be completed by AMU and ED staff. We are hoping to get a good response, thus enabling the group to progress on developing a strategy, protocols and assessment tool for AMUs.

I appreciate your ongoing support with this project. If you wish to discuss any aspect of this process, please do not hesitate to contact me. When the feedback is collated I will send you the results for your information. Please see the following link to the survey for your information: https://www.surveymonkey.com/s/KNM37N8

Kind Regards
Avilene
Margaret Hickey
Nursing & Midwifery Planning & Development Unit
Office Complex, Kilcreene Hospital Grounds, Kilkenny
Tel: 056-7785620

Copy of email to AMNIG re Acute Medicine Nurse Strategy Consultation Process

Sent on behalf of Avilene Casey, Director of Nursing, National Acute Medicine Programme

Dear All,

As discussed at previous teleconferences, please find the following link to questionnaire regarding Acute Medicine Nurse Strategy Consultation Process: https://www.surveymonkey.com/s/KNM37N8

The purpose of the survey is to gather information and seek the views of staff in AMUs and EDs. As AMUs are closely linked with to EDs and some sites have not yet opened their AMU, it is important to gain as wide a view from staff who provide acute medical nursing as is possible. I would appreciate if you could pass on this link to nurse mangers in your Emergency Departments asking them if possible to complete the survey thereby ensuring that we get a good response rate which will enable greater understanding of needs.

You have two options:

1. Complete the survey online – when completed, click done and survey will automatically be returned to this office
2. Print off survey and return hardcopy in the post to Margaret Hickey, NMPDU, Office Complex, Kilcreene Hospital Grounds, Kilkenny

Ideally Option 1 would be the best as regards collating the results.

Please complete and return by Monday 19th November – as this will enable feedback to inform workshop on the 21st November.

If you have any queries, please do not hesitate to contact me.

Regards
Avilene
Margaret Hickey
Nursing & Midwifery Planning & Development Unit
Office Complex, Kilcreene Hospital Grounds, Kilkenny
Tel: 056-7785620

APPENDIX 5: Co-Designed Communication and Consultation Process Timeline and Outputs

- **1st May 2012 –** Invitation to Directors of Nursing/Midwifery to nominate a staff member from AMAUs to join an Acute Medicine Nurse Interest Group (AMNIG) and to participate in a National Acute Medicine Nursing Focus Group.
- **7 June 2012 –** Inaugural meeting National Acute Medicine Nurse Interest Focus Group Session held in Dublin:
  - Focus Group session
  - SWOT analysis is undertaken
  - Three subgroups planned.
- **27 June 2012** - Invitation to Directors of Nursing/Midwifery from sites who had no attendees at this inaugural meeting/focus group session providing an opportunity to participate in the National Acute Medicine Nurse Interest Group (AMNIG) on an ongoing basis.
- **29 June 2012** – The AMNIG representatives informed of detail of findings of the focus group, the membership of three subgroups and the purpose of each subgroup. An outline of work methodology was included for each subgroup i.e. teleconference and workshop set-up. An invitation to each group member to outline their specific contribution to the subgroup was included. The group formally adopted the title of Acute Medicine Nurse Interest Group (AMNIG).
- HSELanD Practice Development Hub established October 2012.

Workshop 1: 12 July 2012 and 17 July 2012 - Subgroups 1, 2, 3

Subgroup 1 – Plan Nursing Strategy Workstream	Subgroup 2 – Develop Protocols and Documentation Workstream	Subgroup 3 – Development of Assessment Tool Workstream
8 attended **Purpose:** • Terms of Reference drafted • Draft framework for nurse strategy outlined • Identified literature review themes • Suggested setting up common IT folder – Draft agreement for Acute Medicine Nursing Survey Questionnaire	**6 attended** **Purpose:** • Terms of Reference drafted • Themes proposed for: – Documentation – Organisation and delivery of care – Principles of initial assessment – Nursing roles in AMAU – Procedures – Management of certain conditions – Set up common IT Folder.	**3 attended** **Purpose:** • Terms of Reference drafted • Available draft Assessment tools shared • Circulation of documents agreed • Role of telephone triage discussed • Face to Face triage in assessment phase • Assessment evaluation • Literature review recommended • Set up common IT folder.

Workshop 2: 6 September 2012 - Subgroup 1 and 2 met individually and jointly for Workshop

Subgroup 1 – Nursing Strategy Workstream	Subgroup 2 – Protocols and Documentation Workstream
8 attended **Purpose:** • Recommended to circulate questionnaire to survey ED nurses • Literature review update by members on: – Role development – Career pathway – Expanded/advanced roles – Core skills – Competencies (draft 1) – Supports – Audit and research Terms of Reference agreed.	**8 attended** **Purpose:** • Agreed draft principles for operational procedure for organisation and delivery of AMAU service. • Terms of Reference agreed.

Joint Meeting
• Draft Skills Checklist circulated for feedback to all members. • Articles/documents made available for members development and information. • Third level postgraduate programme for acute medicine nursing – presentation by UCD staff regarding the proposed programme. • Obtained feedback/suggestions on proposed programme from both subgroups. • UCD staff agreed site visits to gain further insight of operationalisation of acute medicine service to assist with development of the programme.

Teleconference 1: 20 September 2012 - Subgroup 3 (workshop cancelled due to travel restrictions)

Subgroup 3 – Assessment Tool Workstream
8 Attended **Purpose:** • Terms of Reference agreed • Nurse Skills Check List – group suggested this might be useful for development of assessment tool • Referral form • Site Visit by group members to gain insight in AMAU processes in other sites • Assessment Tool to determine core elements essential for initial and ongoing assessment.

Teleconference 2: 24 October 2012 - Subgroup 1 and 2

Subgroup 1 – Nursing Strategy Workstream	Subgroup 2 – Protocols and Documentation Workstream
6 attended **Purpose:** • Final draft of survey, questionnaire, circulation methodology agreed • Literature review: – Role development - Generalist/ Specialist – i.e. advanced elderly care AMAU – Core Skills – Competencies – Framework suggested and support documents circulated. – Leadership – limited literature, use SAM (Society for Acute Medicine) documents – Evidence Based Practice in Acute Medicine – audit and research • HSE Common Folder established. • Second draft of Skills Check list updated • Specific detail of Third Level Programme UCD provided • Participants requested facilitated meeting.	**6 attended** **Purpose:** • Feedback on draft principles for inclusion in Operational Procedures for AMU • Literature Review – Feedback from subgroup 1 • Competency Check List • Questionnaire A circulation • Update on Third level programme UCD • Update on Common Folder • Request for database of current assessment tools • i.e. COTE assessments, tissue viability etc. • Specific role development documents referenced for group. • Sample of ED service user questionnaire circulated.

Teleconference 3: 31 October 2012 - Subgroup 3

Subgroup 3 – Assessment Tool Workstream – 2 Participated
Purpose: • Update from subgroup 1 and 2's workings • Acute Medicine Nursing Survey Questionnaire • Skills Checklist update • Discussion on current referral process in some sites • Third Level Programme – UCD Update • Confirmation of establishment of Hub on HSELanD, details available on registration. • Assessment tool update and those currently in use, some circulated.

Workshop 3: 21st November 2012 - Subgroup 1, 2, 3 with breakout sessions for each Subgroup

Subgroup 1 – Nursing Strategy Workstream	Subgroup 2 – Protocols and Documentation Workstream	Subgroup 3 – Assessment Tool Workstream
8 Attended	**13 Attended**	**6 Attended**
Purpose: • Progress to date • Literature Review update • Final draft Acute Medicine Nursing Survey Questionnaire • AMNIG Change Hub HSELanD		
• Competencies development • Framework drafted	• Draft of Operational Procedure principles.	• Process Map Assessment • Detailed review of nurse assessment purpose and requirement.
• Acknowledged need to use NEWS as part of assessment phase.		

Workshop 4: 20 March 2013 - Subgroups 1, 2, 3

Subgroup 1 – Nursing Strategy Workstream	Subgroup 2 – Protocols and Documentation Workstream	Subgroup 3 – Assessment Tool Workstream
17 attended **Purpose:** • Open space session • Network session • Questionnaire Feedback		
	• Presentation Appendix • Update on Mater Hospital current status.	

Teleconference 4: 17th September 2013 - Subgroups 1, 2, 3

Subgroup 1 – Nursing Strategy Workstream	Subgroup 2 – Protocols and Documentation Workstream	Subgroup 3 – Assessment Tool Workstream
13 attended		
Purpose • Feedback on progress to date • Agreement on progress of nursing strategy • Third level programme discussed	**Purpose:** • Plan workshop for November • Update on Mallow General Hospital • Challenges discussed.	

Workshop 5: 19th November 2013 - Subgroups 1, 2, 3

Subgroup 1 – Nursing Strategy Workstream	Subgroup 2 – Protocols and Documentation Workstream	Subgroup 3 – Assessment Tool Workstream
25 Attended **Purpose:** • Each member present gave update of AMAU in their organisation • Presentation on scope, expanded role, advanced role • Final draft of Skills Check List for comments • Final draft of Competency Framework for comments • Plan final draft of strategy document for end March 2014.		

- **04/11/2014** - Consultation with the DON/DONM to invite AMNIG to last phase of the strategy development and next phase of future workstreams. Due to increase of the numbers of AMAUs and MAUs (from 8 in 2013 to 16 by June 2014, and continued development and opening of units over the period up to November 2014) a decision was made to review current service and nursing needs to ensure the strategy, skills directory and competency framework reflect current and future service needs..

Workshop 6: 2nd December 2014 - Subgroup 1, 2, 3

Subgroup 1 – Nursing Strategy Workstream	Subgroup 2 – Protocols and Documentation Workstream	Subgroup 3 – Assessment Tool Workstream
30 Attended **Purpose:** • Key stakeholder presentations – describing current status of NAMP – development of AMAU's – health and social care supporting the Acute Medicine Services – resources available to continue development Acute Medicine Nursing • Explored final steps for completion of the strategy to include the Competency Framework and agree the AMAU Skills Directory • Identify and agree future workstreams		

Workshop 7: 6th January 2015 - Subgroup 1, 2, 3

Subgroup 1 Staff Development Workstream Education, competencies & skills	Subgroup 2 –Documentation Workstream Finalise strategy, pathways and protocols & assessment documentation
17 Attended **Purpose:** • Defined next steps and work streams to subgroups • Service delivery focus	

Teleconference 5: 3rd February 2015 - Subgroup 1

Subgroup 1 Staff Development Workstream
10 Attended **Purpose:** • Staff Development

Teleconference 6: 10th February 2015 - Subgroup 2

Subgroup 2 Documentation Workstream
5 Attended **Purpose:** • Finalising Nursing strategy
March 2015 – May 2015 – Consultation Round 1 of Document
Nursing Services Director ONMSD Chief Nurse / Deputy Chief Nurse DoH Directors of Nursing Leads /Nurse Leads National Clinical Care programmes Clinical Leads, advisors, and Programme Manager National Acute Medicine Programme Area Directors NMPD Directors NMPDU Directors Centres of Nurse Education Nurse Lead Clinical Strategies and Programmes DON's Acute Hospitals AMNIG representatives Course co-ordinator NUIG Post Graduate Diploma Acute Medicine Nursing Collation of responses and revisions to document

The position of DON Lead was vacant between June and August 2015, following which further revisions and consultations took place.

September 2015 – April 2016 – Consultation Round 2 of Draft Document and Revisions
Nursing Services Director ONMSD
Nurse Lead Clinical Strategies and Programmes I.A.D.N.A.M.
National Acute Medicine Programme
Group Chief Directors of Nursing and Midwifery (Acute Hospitals) Group Chief Clinical Directors (Acute Hospitals)
National Clinical Advisor Group Lead (Acute Hospitals) National Director Clinical Strategies and Programmes (see Appendix 11 for full details)
During this period intensive revision was required to re-map the skills and competency directory to ensure consistency with NMBI revisions to scope of practice guidelines and domains of competency.

Strategic Developments January 2016 to April 2016
ONMSD / NAMP: National project chaired By DON National Clinical Care Programmes ONMSD/ CSPD, commenced to identify needs and provide clinical education to maximise the development of ED and AMAU nurses' skills and competence to undertake advanced clinical assessment, interpretation and treatment in a standardised range of skills to improve patient flow, in conjunction with acute services.
ONMSD/NAMP: Expert Advisory Group, Chaired by DON Lead NAMP established Quarter 2 2016 to examine opportunities and make recommendations for the development of Registered Advanced Nurse Practitioners (RANPs) Acute Medicine in Acute Medical Assessment Units (AMAUs) Acute Medical Assessment and Acute Medical Short Stay Units (AMSSUs). Group will provide preliminary report September 2016.

Appendix 6: Guiding principles for the development of standard operation procedure for the organisational delivery of care in AMAUs

The AMNIG developed the following guiding principles from the findings of the focus groups, the literature review and acute medicine nursing survey:

- Identify AMAU nursing and medical management structures and processes for the daily operational function of the services to include but not limited to:
  - On call rota – medical/nursing
  - Daily rotas – medical/nursing
  - Open/closing time
  - Procedure if patient left in unit
  - Board rounds
  - Rapid access
  - Diagnostics available and access
  - Staff profile
  - Staff role clarification
  - Communication mechanism
  - Population catchment/demographic
  - Specific required environment and equipment.
- Refer to National Acute Medicine Programme – "*Key elements of the programme to deliver the best patient outcomes*" (NAMP 2013).
- Identify and agree patient groups who may be assessed in AMAU and inform all referral pathways of the inclusion criteria.
- Identify referral/transfer pathways to and from the acute medicine service to include inclusion/exclusion criteria.
- Detail discharge planning, transfer and referral process and structures.
- Identify which assessment tools will be listed.
- Detail an escalation plan for a response to the full capacity and over capacity of AMAU and the wider hospital. Developed in collaboration with hospital senior management team, unscheduled care governance group and bed management.
- Identify and agree additional role and functions within the clinical management structures i.e. CNM 1, 2, 3, CNSp, ANP, nurse led and clinical leader role (medical and nursing).
- Identify governance and management structure and processes outlining clear roles and responsibilities for the service including reporting incidents and investigating.
- Detail the role of senior decision maker on 24 hour basis.
- Identify quality and safety systems and processes and structures within the AMAU, i.e. audit, timeframes, targets, patient flow systems and patient and staff feedback mechanisms.
- Identify appropriate management structure, processes and operational governance of the short stay unit.
- Identify procedures for infection prevention and control.
- Identify PPPGs required for care of vulnerable groups, i.e. frail older person, homeless and mental health.
- Detail communication mechanism for direct and indirect care with all stakeholders.
- Identify all stakeholders and develop standard operating procedures in partnership and collaboration.
- Identify mechanism for the inclusion of national and regional influencing factors e.g. policy, guidelines and directives.

Appendix 7: Acute Medicine Nursing Assessment Core Elements (Initial and Re-assessment)

The purpose of nurse assessment is the identification of patients' health problems and needs, and the required interventions/actions, tests and investigations, using prompt referral and/or initiation of treatment in a safe and effective, timely manner (Fawcett & Rhynas 2012). In conducting the assessment the nurse, collects relevant information as a basis for determining the best course of action to take (Lloyd & Craig 2007). Assessment lays the foundation for therapeutic decision-making, action planning and formulating a diagnosis (McGee 2009a). When the assessment is detailed, systematic and underpinned by a level of specialised knowledge and skill and experience (McGee 2009a), care priorities can be identified and the most appropriate interventions commenced to optimise patient outcomes (Fawcett & Rhynas 2012).

1.0 Assessment Process

- Streaming of patients – pre-arrival
- Nursing assessment triage on arrival:
  - Complete health profile including physical assessment
  - Emergency assessment and follow up assessment (McGee 2009a)
- 'Medical triage' of patient
- Ongoing nursing and medical assessment during stay to include formal re-assessments
- Possible admission to a short stay ward
- Commence discharge/transfer planning on admission as part of initial assessment.

1.1 The Different Phases of Nurse Assessment

- **Pre hospital phase** – Telephone health assessment with GP. The NAMP inclusion and exclusion criteria guide admission and the prioritisation of the admission is the GP's decision.
- **Pre-arrival to AMAU phase** – Emergency Department post triage or Emergency Department referred at any stage of the patient's time in the Emergency Department. The inclusion criteria and preparing for admission.
- **Assessment /triage on arrival** to unit (AMAU/AMU/MAU only) Complete health profile assessment commencing with history taking (medical, social, psychological and biographic domains) including physical assessment and/or emergency assessment and follow up assessment (McGee 2009a). Assessment using a nursing model (e.g. Roper Logan Tierney, nursing assessment of ADLs).
- **'Ongoing' assessment'** to support nursing care of the patient during their stay – which should be the initial 0-6 hrs (6-72 hrs max in short stay units). All patients have a full nursing assessment within 24 hours of admission to short stay unit to include other 'relevant' assessment tools – MUST, Falls, Frase etc. Waterlow Assessment or Braden or Norton Score, Barthel Index, mini Mental State Examination score, manual handling assessment, wound assessment, infection screening etc. – as per hospital/local policy.

1.2 Nursing Assessment on Arrival to aid Triage and Medical Referral

The nurse completes a comprehensive holistic assessment to identify patient's complete health needs including physical assessment and to make informed decisions in regard to those needs and plan care accordingly. Initially, the patient's condition may require an emergency assessment and this will focus on the patient's immediate problem (McGee 2009a). When appropriate this emergency assessment can be followed up by a complete health needs assessment. The following elements

make up the complete health needs assessment:

- **History Taking**

The focus of history taking involves not only identifying signs and symptoms of illness but also the patient's experience of illness (Fawcett & Rhynas 2012). The aim is to provide a holistic patient-centred care approach to history taking, focussing on what is heard, observed, felt intuitively and learnt overtime. History taking depends on the depth of clinical knowledge allowing the clinician to identify signs and symptoms of possible pathophysiology and make possible diagnoses. Skilled and patient-centred communication building rapport and engagement is a required competency of each nurse undertaking a history from a patient.

- Demographics i.e. name. personal contact details, GP, age, next of kin, occupation
- Medical history to include allergies, known medical history, medication, disabilities, blood transfusion
- Surgical history e.g. operations, accidents
- Social history – smoking, alcohol, recreational drug use, access, support, physical exercise
- Mental Health/psychological – current and past history, medication, supports
- Current medical problem, signs and symptoms, pain, duration, remedies used so far.

- **Systematic Physical Assessment (ABCDEfG, Lees & Hughes 2009)**

Assessment, which includes physical assessment skills has been identified as the systematic and ongoing collection of patient data using the skills of inspection, auscultation, percussion and palpation (Harris 2002, Fennessey & Wittmann-Price 2011). Physical assessment needs to be completed competently by a nurse on a routine, systematic basis in order to lead the accurate clinical decision making (Fennessey & Wittmann-Price 2011):

- **General appearance** – visual examination (dishevelled, unkempt, inappropriately dressed for weather, dryness of lips)
- **Colour -** (pallor, cyanosis, flushed)
- **Composure** – (agitated, drowsy, stressed - but be specific by what or how was this stress being displayed)
- **Weight** – overweight, underweight, rapid weight loss, tissue viability concerns
- **Vital signs** – T. P.R. B/P (NEWS)

Use of other tools to assess e.g. skin integrity, waterlow score, level of consciousness, Glasgow Coma Scale, ABCD, triage score.

- **Investigations and Tests/Diagnostic Procedures**

  – ECG, bloods, urinalysis, blood glucose level

- **Initial Intervention and Treatments**

  – I.V. cannulation, analgesia

- **Discharge Planning – determining clinical and social discharge criteria**

- **Audit and Data Collection**
  - Time of arrival, time seen, time to discharge

- **Identification and prioritisation of additional assessment** (to include evidence based assessment tools) required, meeting the requirements of frail older person, nutrition scores, falls assessment, Barthel etc.

1.3. Medical Assessment

This is performed by medical personnel who take a history to aid diagnoses, plan diagnostic tests and investigations and as a consequence determine the plan of care and the requirement for admission, referral and/or discharge. Medical history taking is focussed primarily on medical conditions, signs and symptoms to aid diagnoses.

1.4. Nursing Assessment Planning Phase

Formulating a diagnosis depends on a high quality assessment; it requires complex decision making which presents the practitioner with a range of possibilities from which to choose (McGee 2009a). Much depends on the ability of the professional to identify and interpret the significance of signs and symptoms (Fawcett & Rhynas 2012). From diagnosis or possible diagnoses a plan of care is agreed – medical and nursing actions are agreed for management of presenting complaints and other significant findings which will aid the safe, appropriate and timely treatment of patients.

Plan of care usually begins with:

- Initiation of investigations – taking bloods, peak flow, X-rays, urine analysis, blood glucose etc.
- Initiation of treatments, oxygen, nebuliser, I.V. fluids, analgesia, catherisation, medication administration.
- Initiation of referrals – multidisciplinary team, specialty care e.g. mental health liaison nurse
- Monitor of progress and evaluating effect of care/interventions and determination regarding further investigations/referrals etc.
- Discharge planning/transfer or possible admission.
- Ongoing re-assessment – using NEWS (as appropriate, directed by scores etc.) and other assessment tools that are required e.g. observation of pressure area for ill or non-ambulatory patients (local policies or as determined necessary from the initial assessment. Re-assessment takes place more frequently by nurses through more frequent contact over a longer period of time, through more communication with patients during care giving and getting to know patients better to understand his or her problems and specific needs. This kind of history taking is incremental and cumulative, consisting of short exchanges, allowing insights through questioning and acknowledging knowledge of test and results (Fawcett & Rhynas 2012).

Documentation to Support Assessment

- PPPGs to support assessment, investigation and treatment.
- Record tools – Observations to include NEWS, Pain Score/assessment tool, Fluid Balance Charts, Medications Charts, IV cannula chart/care plan; nursing assessment proforma/ template and other assessment tools – Falls etc.
- Nursing care plan.
- Referral-in / GP form where direct referrals are agreed.
- Transfer-in form – for transfer from ED where ED Healthcare Record is not in clinical notes.
- Discharge/transfer summary form (+/- Common Summary Assessment Report (CSAR) for elderly).

Appendix 8: Nursing Skills and Competencies Directory

Introduction

This acute medicine nursing skills and competencies directory is the result of an extensive literature review, consultation, focus group and research programme undertaken by the Acute Medicine Nurse Interest Group (AMNIG).

The role, function and scope of the nurse in caring for acute medicine patients is to demonstrate competence in nursing practice, rapid assessment and diagnosis, initial treatment, re-assessment and discharge to a variety of optional settings, working as a team member, guided by the criteria of the National Acute Medicine Programme (HSE 2010).

The triage categories of 2 and 3 have been identified by the NAMP as the appropriate cohort of patients for assessment in AMAUs. Caring for patients in these triage groups necessitates nurses being proficient and competent in the appropriate skills. In the literature many of the skills and competencies are considered core for the delivery of quality, safe care. Some can be identified as specialist and advanced level and are required to care for higher acuity presentations.

Reviewing, expanding and advancing of one's scope of practice enables the nurse to develop new knowledge, skills, competencies, and roles, responding to local and national service needs, population health and social needs. Nurses are developing more skills and competencies at core or generalist, specialist and advanced level as the services become more established and experienced and the specialism of acute medicine nursing emerges. As competencies in advanced and expanded practice are required for acute medicine, nursing managers in acute medicine are required to examine the scope of practice of all grades in line with the regulation and legislation of nursing to ensure safety in advancing and extending practice (DoH 2011).

Developing, expanding and advancing nursing competencies and skills in acute medicine to provide an integrated model of care requires a skills and competency directory underpinned and based on the definitions, model and theories of the nursing profession and nurses role as key members of multi-disciplinary AMAU teams.

Managers are required to identify, based on local needs those skills and competencies which can be considered core skills/competencies and those which are within the domain of specialist and advanced practice. This will differ across hospitals. It is expected that nurse specialists and registered advanced nurse practitioners will evolve to possess all of these skills and competencies.

Matching the population/service and healthcare need with the nursing capability currently available will allow service and nurse managers decide what further knowledge, skills and developments are required and guide scope determination. This may involve:

- A change in the scope of practice for the whole nursing team
- A change in the scope of practice, for some nurses only
- Expanded roles for some nurses
- Extended roles for some nurses
- A refresher of previously developed expanded roles held in different contexts

The overall purpose of this document therefore is to provide future proofed guidance, support and direction:

- Enabling nurses identify, develop and maintain the necessary skills and competencies to deliver quality, safe and holistic care to acute medicine patients.
- Facilitating nurse managers in acute medicine to develop AMAUs services based on the best possible evidence meeting the needs of the patients presenting.

- Ensuring staff engagement, commitment and ongoing professional development and fulfilment based on service need.
- Contributing to the overall vision for the development of acute medicine services.

Completing and Reviewing the Skills and Competencies Directory

There are 11 areas in which skills/competencies are required in acute medicine nursing. They are set out directories 1 to 11 below. It is recommended that nurses and managers take time to complete each directory, to identify current status and to plan for attainment and consolidation of skills at core, specialist and advanced level appropriate to the unit, patient needs and the experience of the nurse.

It is recommended that in completing the directories that the Domains of Competence outlined for acute medicine nurses in "Setting the Direction: A Development Framework Supporting Nursing Practice Skills and Competencies in Acute Medical Assessment Units (AMAUs) and Medical Assessment Units (MAUs)" (2016, Chapter 5, S5.4) be referred to for assistance, guidance and the resources to support assessment and development.

Area 1: Skills and Competencies Required for Systematic Assessment

SYSTEMATIC ASSESSMENT	CORE	SPECIALIST	ADVANCED
ABCDEFG Assessment			
NEWS			
Glasgow Coma Scale			
Monitor and interpreting vital signs			
Awareness of normal and abnormal findings			
Identify vulnerable adult			
Reassessment and clinical decision making			
Recognise acute deterioration			
Recognise sepsis			
Interpretation of results			
Rationale for common investigations			
Rationale for seeking medical review			
Assessment of response to treatment			
Awareness of risks associated with basic diagnostic interventions & treatments			
Knowledge of appropriate surveillance			
Triage Skills			
– Indications for basic and laboratory investigations – Urine testing – Plain x-ray films chest and abdomen – ECG – VQ scan			
Interpretation of basic investigations			
History taking			
Auscultation			

SYSTEMATIC ASSESSMENT	CORE	SPECIALIST	ADVANCED
Palpation			
Percussion			
Respiratory and cardiovascular examination			
Preliminary neurological examination			
Blood gas sampling			
Interpretation of blood gas results			
Speech language assessment			
X-ray requesting and interpretation			
Communicates using ISBAR			
Escalates care to appropriate team member			
Plans, documents and initiates care appropriately			

Area 2: Skills and Competencies Required to Care for Patients with Chest Pain

CHEST PAIN	CORE	SPECIALIST	ADVANCED
Assessment of central & peripheral observations			
Common causes of chest pain			
Different types of chest pain			
Basic investigations			
Knowledge of commonly used drugs and side effects			
Recognise distress caused by chest pain provide comfort			
Knowledge of commonly used drugs			
Perform ECG			
Point of care testing			
Awareness of normal and abnormal results			
Know when to attach patient to monitor			
Recognise basic arrhythmias			
Knows own limitations and when to call for help			
Utilises chest pain protocols or pathways			
Define less common causes for chest pain			
Define indications for specialist investigations			
Understands significance of other related tests and results			
Can interpret cardiac monitor data and acts accordingly			
Assess needs, plan care and Act on findings			

CHEST PAIN	CORE	SPECIALIST	ADVANCED
Interpret results			
Indications for Echo, coronary angiography			
Discuss effects of cardiac drugs			
Consults with cardiology specialists as appropriate			

Area 3: Skills and Competencies Required to Care for Patients with Breathlessness

BREATHLESSNESS	CORE	SPECIALIST	ADVANCED
Ability to perform accurate observation of: Respiratory rate Rhythm Chest expansion Use of accessory muscles			
Knowledge of common cardio-respiratory conditions which present with breathlessness			
Understands basic pathology and physiology of breathlessness			
Specifies and performs basic investigations and treatments			
Maintain a clear airway			
Set up equipment for chest drain			
Perform suctioning safely			
Knowledge of commonly used drugs and their side effects			
Recognise distress caused by breathlessness reassure			
patient/carer			
Suction tracheostomy tube			
Knowledge of less common cardio-respiratory causes of breathlessness			
Orders initial investigations			
Initiates any specialist respiratory protocols			
Interpret investigations, blood gases			
Awareness of normal and abnormal test results			
Interprets test results			
Understands significance of test results			
Initiate initial treatment in relation to diagnosis			
Initiate oxygen therapy			
Discuss effects of respiratory drugs			
Recognises indications for ventilatory supports			
Set up equipment for CPAP			

BREATHLESSNESS	CORE	SPECIALIST	ADVANCED
Liaise with respiratory team			
Knows own limitations			
Perform blood gases			
Act on results			
Request x-ray			
Interpretation of x-rays			
Perform chest auscultation			
Outlines indications for: – CT chest – Bronchoscopy – Chest ultrasound – Echo and coronary angiographies			
Consults with respiratory specialists and escalates care as appropriate			

Area 4: Skills and Competencies Required to Care for Patients with Gastrointestinal Conditions

GASTROINTESTINAL CONDITIONS	CORE	SPECIALIST	ADVANCED
Identifies common GI conditions which present			
Identifies less common causes for GI admissions			
Specifies basic investigations and treatments			
Knowledge of anatomy and physiology in relation non GI conditions			
Initiates initial treatment in relation to diagnosis e.g. blood loss, respiratory rate, BP compromised (see NEWS)			
Awareness of normal and abnormal test results			
Is aware of significance of various test results			
Can interpret observations and investigations in relation to GI conditions			
Recognises shocked patient			
Knows how to obtain emergency blood			
Maintain a clear airway in emergency situation GI bleed			
Discuss commonly used drugs and side effects			
Recognises distress caused by GI problems, reassures patient/carer			
Order initial investigations			

GASTROINTESTINAL CONDITIONS	CORE	SPECIALIST	ADVANCED
Identifies indications for specialist investigations			
Knows where to get and how to use specialist equipment e.g. sengstaken-blakemore tube			
Recognises indications for OGD			
Recognises indications for insertion of a central line			
Setting up equipment for insertion of central line			
Can perform ABG			
Interpret and act on results, refer to doctor			
Diagnose and manage shocked patient			
Discuss the need for and effects of PPIs			
Discuss other drugs used in GI conditions and their side effects			

Area 5: Skills and Competencies Required to Care for Patients with Neurological Deficit

NEUROLOGICAL DEFICIT	CORE	SPECIALIST	ADVANCED
Ability to perform accurate neurological observations			
Recognise change in neurological status			
Ability to perform Glasgow Coma Scale			
Identify common neurological conditions			
Knowledge of basic investigations and treatments			
Set up and assist with lumbar puncture			
Knowledge of basic anatomy and physiology in relation to neurological conditions			
Discuss commonly used drugs and their side effects			
Recognises acute stroke			
Ability to follow an acute stroke protocol			
Identifies need for further and specialist investigations			

NEUROLOGICAL DEFICIT	CORE	SPECIALIST	ADVANCED
Aware of normal and abnormal test results			
Recognises indications for CT, MRI, EEG, and lumbar puncture			
Recognises indications for and implications of thrombolysis in acute stroke			
Set up for thrombolysis			
Liaise with neurology team			
Diagnoses and manages the shocked patient			
Discuss the effects of neurological drugs			

Area 6: Skills and Competencies required to undertake Comprehensive Geriatric Assessment for Older Adults

COMPREHENSIVE ASSESSMENT OF OLDER PERSON	CORE	SPECIALIST	ADVANCED
Ability to perform appropriate systematic basic assessment using screening tools: – Falls assessment – Cognitive impairment – Tissue viability – Continence – Frailty			
Has an understanding of the concepts of: – Respect – Dignity – Person centred care – Non ageist strategies			
Uses appropriate strategies to ensure effective care			
Uses clinical judgement to select a range of health and social care options			
Evaluate effectiveness of care			
Modifies treatment plan as appropriate			
Demonstrates effective and timely communication with patients relative, carers and advocates across a range of services			
Knowledge and understanding of normal ageing related changes in relation to: – Metabolism – Absorption – Distribution and system clearance and how these effect diagnosis and treatment			

COMPREHENSIVE ASSESSMENT OF OLDER PERSON	CORE	SPECIALIST	ADVANCED
Can differentiate between acute and chronic problems			
Anticipates and responds compassionately to end of life situations			
Is aware of difficult needs of vulnerable adults			
Can formulate a discharge plan liaising with relevant agencies and carers			
Seeks advice where appropriate			
Demonstrates expertise of acute and chronic diseases, problems and uses a synthesis of different strategies to ensure effective care			
Can deal with complex cases			
Can expedite appropriate referrals to multidisciplinary team			
Can recognise dementia			
Can recognise and mange treatment plan for delirium			

Area 7: Skills and Competencies Required to Care for Patients with Peripheral Intravenous Cannulation and Venepuncture

PERIPHERAL INTRAVENOUS CANNULATION AND VENEPUNCTURE	CORE	SPECIALIST	ADVANCED
Basic life support skills			
Can identify when a patient requires venepuncture and/or cannulation			
Can perform venepuncture			
Can perform cannulation			
Can administer intravenous solutions and drugs			
Can monitor and care for peripheral venous line			
Is aware of and follows peripheral vascular care bundle guidelines to prevent HCAI			

Area 8: Skills and Competencies Required to Care for Patients with Urology Conditions

UROLOGY	CORE	SPECIALIST	ADVANCED
Identifies need for urinary catherisation			
Can recognise sepsis			
Is familiar with sepsis six protocol			
Can recognise patient likely to develop sepsis			
Complies with neutropaenic sepsis pathway			
Can set up for and perform urinary catherisation (male & female)			
Is aware of and follows urinary cathether care bundle guidelines to prevent HCAI			
Is aware of medication protocols			

Area 10: Skills and Competencies Required to Care for Patients with Mental Health Difficulties

MENTAL HEALTH	CORE	SPECIALIST	ADVANCED
Is familiar with support networks for mental health patients			
Can assess mental health problems e.g. – Mini mental score			
Recognises when patient with mental health problems may be at risk			
Refers to specialist in a timely way i.e. Specialist Mental Health Service			

Area 11: Generic Skills and Competencies Required

GENERIC	CORE	SPECIALIST	ADVANCED
Knows own limitations and when to call for help			
Is clear in explanations to patients/carers			
Recognises patients distress and discusses with patient/carer			
Compiles clinical management plan and continuously reviews with patient and MDT			
Acts as a patient advocate at all times			
Has completed advanced life support training and has maintained skills through participation in drills and cardiac arrests			
Facilitates informed consent			
Considers patients autonomy and dignity			

GENERIC	CORE	SPECIALIST	ADVANCED
Respectfully and sensitively breaks 'bad news' to patients/carers			
Supports colleagues to break bad news when appropriate			
Can participate in/lead on audit and research			
Contributes to writing policies/guidelines/ protocols			
Can verify expected death			
Knows when to seek support from colleagues			
Is experienced to triage patients with GP letter in order to determine priority for same day care			

Appendix 9: Post Graduate Diploma in Nursing (Acute Medicine) National University of Ireland Galway (NUIG)

This post graduate course aspires to meet the needs of registered nurses primarily working in acute medical units providing them with evidence based knowledge and training to expertly recognise, intervene, and manage acute changes in the complex presenting conditions of the patients in their care. Programme directors and module leaders collaborate with key clinical front line management and personnel to examine creative teaching and assessment methods grounded in practice that enable students to develop these critical reflective skills. Students must be able to undertake physical assessment of patients, use critical thinking skills to formulate differential nursing diagnoses and clinical impressions, identify required nursing interventions and evaluate plans for their clients. A course of this nature is particularly significant and important as the Report of the National Acute Medicine Programme (RCPI *et al* 2010) suggests a new approach to education and training with the development of acute medicine as a specialty for physicians, nursing and therapy professions is desirable. It further suggests that nurses working in these settings must consolidate and expand their knowledge and skills in response to the need for early detailed assessment and development of initial treatment plans (HSE 2010).

There has been a lot of enthusiasm nationally and locally for the programme which commenced in September 2013 in NUIG and initial evaluations have been very positive to date. Students come from a variety of acute medical settings i.e. AMAU/MAU, short stay units along with staff from acute medical wards and there is an intake of 20 students per year. The programme is comprised of seven theory/practice modules and is delivered using a blended learning format, combining on-line learning and ten face-to-face workshops. Students simultaneously work in the clinical setting for the duration of the programme which gives them the opportunity to apply their skills in the reality of practice. In the future, there may be a demand for clinical nurse specialists working in acute medicine and graduates of this programme are ideally placed to apply for such positions, students who complete a follow on master's programme in acute medicine nursing could evolve into a registered advanced nurse practitioner role.

For further information see webpage

http://nuigalway.ie/courses/taught-postgraduate-courses/nursing-acute-medicine.html

Appendix 10: AMNIG Working Group Members

Chair: Avilene Casey (2012 - 2014), Margaret Gleeson (2015), Richard Walsh (2015 – current)

Facilitators: Avilene Casey, Eithna Coen, Margaret Gleeson, Richard Walsh, Patricia McQuillan, Joan Gallagher

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Appendix 11: Consultation Trail

The following were consulted in the preparation of this document. AMNIG wish to thank all who responded and whose advice and responses are reflected in changes made throughout.

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ISBN: 978-1-78602-024-6

September 2016

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