



THE 12th INTERNATIONAL SCIENTIFIC CONFERENCE  
THE SOCIETY FOR ACUTE MEDICINE

**Bournemouth International Centre**  
**20 – 21 September 2018**

Models of Acute care: What does good look like?  
In Northern Ireland.

Dr Ian Wallace, Royal Victoria Hospital, Belfast.

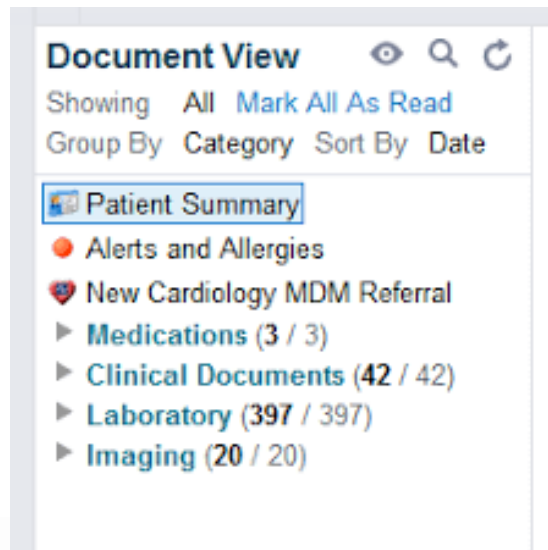


- Standard Acute Hospital
- Chest Pain unit
- No ICU
- Limited hours ED, no ICU
- No ED
- No acute surgery

# Challenges: Acute medicine in Northern Ireland

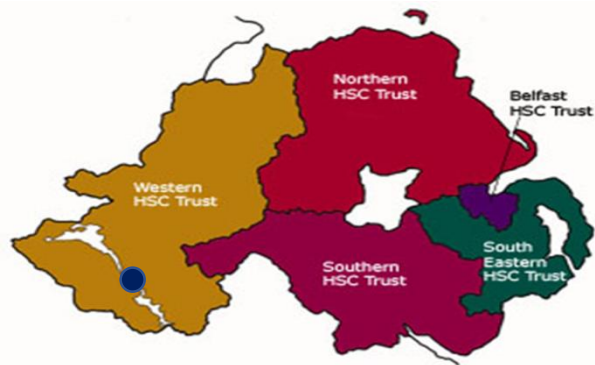
- Configuration of services
- Post-conflict society
- Alcohol
- Mental illness
- Drugs
- Increasing migration into Northern Ireland
- Waiting lists for OP assessments
- ED
- Primary and community care
- Exit blocks

# Electronic records



# Co-located medical and surgical assessment unit

- South-West Acute Hospital, Enniskillen



# 7-day working

- All acute medicine units in Northern Ireland have 7-day consultant presence with evening ward rounds.
- RVH – consultants for every specialty on-site and on-call every day.



**#ImInWorkJeremy**

# Care of the Acutely Ill Elderly Patient

- Acute Frailty teams
- Direct access to COE (bypassing ED)
- Acute Care at Home service
- Discharge to Assess
- End PJ Paralysis



#EndPJparalysis  
70 Day Challenge

# The Acute Care at Home Team



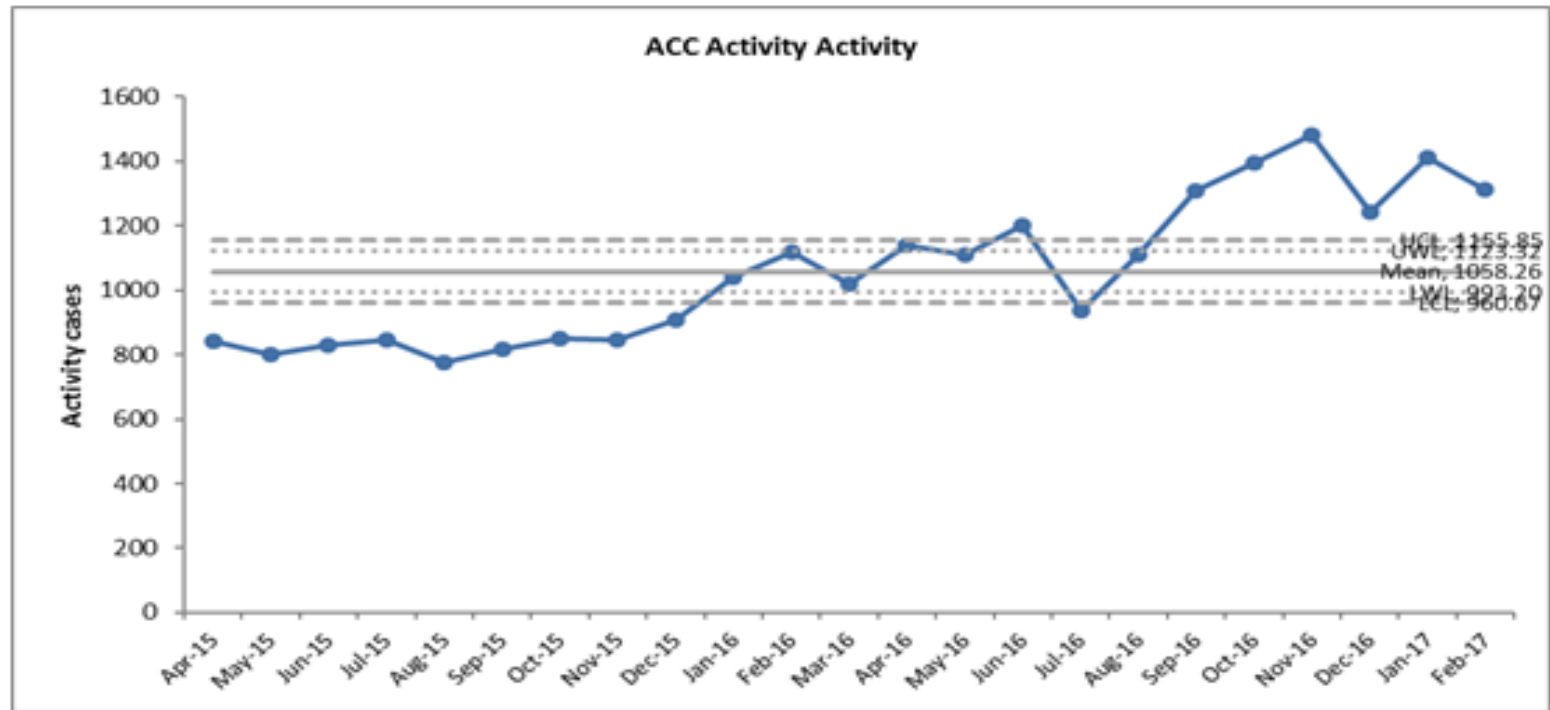


# Direct specialty assessments

- Trying to develop pathways that avoid ED for specialty specific issues
- Chronic illnesses
- Hot clinics
- Surgical complications
- RANC

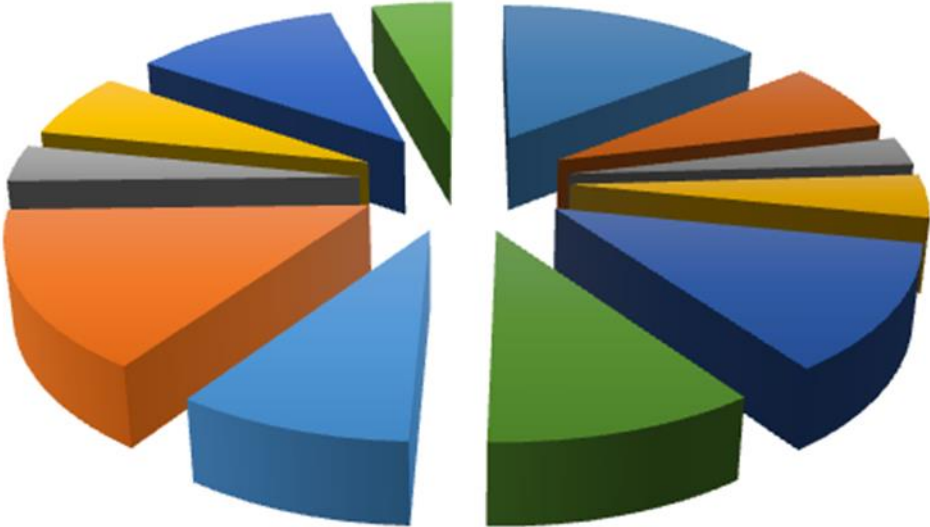
# Ambulatory care

## ACC activity (Apr 15 – Feb 17)



# Clinical Assessment Unit

Admissions 2016/2017



- Intoxication
- Chest Pain
- Collapse
- Fractures
- Overdose
- Other
- Renal/Urol
- Resp
- Seizures
- Cellulitis
- Head Injury
- Other Trauma

# Co-operation

- With ED
- With other specialties
- With Republic of Ireland ..... ?Brexit
- With the rest of the UK

# Conclusion

- Many challenges
- Each unit is trying a variety of approaches
- No one unit is perfect
- Co-operation is excellent

# Conclusion

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Annual CPD day:

10<sup>th</sup> April 2019

