

West Midlands
Urgent Care Pathway Group

Quality Standards

for

Acute Medical Units (AMUs)

Version 2

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Whilst the WMQRS and SAM have taken reasonable steps to ensure that these Quality Standards are fit for the purpose of reviewing the quality of services delivered by Acute Medical Units (AMUs), however, the WMQRS and SAM will not have any liability to the service provider, service commissioner or any other person in the event that the Quality Standards are not fit for this purpose. The provision of services in accordance with these Standards does not guarantee that the service provider will comply with its legal obligations to any third party, including the proper discharge of any duty of care, in providing these services.

Review by: December 2016 at the latest

Version No.	Date	Change from previous version
V2	June 2012	Acute Medical Unit Quality Standards published jointly by WMQRS and Society for Acute Medicine

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INTRODUCTION

These Quality Standards aim to improve the quality of services within Acute Medical Units (AMUs). They help to answer to the question: “For each service, how will I know that national guidance and evidence of best practice have been implemented?” and are suitable for use in service-specifications, self-assessment and peer review visits. The Quality Standards describe what services should be aiming to provide and all services should be working towards meeting all applicable Quality Standards within the next two years.

The Standards link with the West Midlands Quality Review Service (WMQRS) Quality Standards for Urgent Care which cover the whole urgent care pathway. Version 2 of the Standards for Acute Medical Units is published jointly with the Society for Acute Medicine. Version 2 of the full WMQRS Urgent Care Standards is in development.

The Quality Standards are based on and support implementation of national strategies and guidance, including NICE guidance and Quality Standards. Appendix 1 lists relevant national guidance and links it to each of the Quality Standards. Appendix 2 cross-references each of the Quality Standards to the Care Quality Commission’s *Essential Standards of Quality and Safety*. Appendix 3 gives a glossary of terms and abbreviations used in the Quality Standards.

The aim of the Quality Standards is that:

- a. services are provided as close to home as possible and are as easy as possible for patients and carers to access by public or private transport
- b. services achieve the best possible clinical outcomes and the best possible experience for patients and their carers
- c. services are responsive to the needs of patients and carers, and provide information and support for patients and their carers at all stages of the patient’s care
- d. services are provided by staff with appropriate competences, who work in good facilities with the equipment and support services that patients need
- e. the treatment and care of patients follows evidence-based guidance which includes prevention of complications, risk factors or other illnesses in the patient and, if appropriate, their family
- f. services are sustainable, cost-effective and provide good ‘value for money’.

We hope that through use of the Quality Standards patients, carers and the public will know more about the services they can expect, commissioners will have better service specifications and service providers and commissioners will work together to improve service quality. If used in this way, then service providers and commissioners will have assurance of the quality of local services and will have better information to give to the Care Quality Commission and Monitor.

These Quality Standards link with other WMQRS Quality Standards, in particular those for:

- Standards for the Care of Critically Ill and Critically Injured Children in the West Midlands (Version 3)
- Standards for Critical Care Services
- Services for People with Vascular Disease
- Services for People with Stroke (Acute Phase) and TIA
- Mental Health Services
- Care of People with Long-Term Conditions

The latest versions of these Quality Standards are available on the WMQRS website:

www.wmqi.westmidlands.nhs.uk/wmqrs/

STRUCTURE OF THE QUALITY STANDARDS

Each Quality Standard is structured as follows:

Reference Number (Ref)	<p>This column contains the reference number for each Quality Standard (QS) which is unique to these standards and is used for all cross-referencing. Each reference number is composed of two letters (the first identifying the care pathway and the second the service to which a standard applies) and three digits (the first identifying the relevant section and the last two being unique to that Quality Standard).</p> <p>Many of the Quality Standards relating to Acute Medical Admissions also apply to the Emergency Department and to Acute Surgical Admissions. Such standards have the last two digits of the reference in common.</p> <p>The reference also includes a guide to how the QS will be reviewed:</p> <table border="1"> <tr> <td>BI</td><td>Background information to review team</td></tr> <tr> <td>Visit</td><td>Visiting facilities</td></tr> <tr> <td>MP&S</td><td>Meeting patients, carers and staff</td></tr> <tr> <td>CNR</td><td>Case note review</td></tr> <tr> <td>Doc</td><td>Documentation should be available</td></tr> </table> <p>The shaded area indicates the approach that will be used to reviewing the QS.</p>	BI	Background information to review team	Visit	Visiting facilities	MP&S	Meeting patients, carers and staff	CNR	Case note review	Doc	Documentation should be available
BI	Background information to review team										
Visit	Visiting facilities										
MP&S	Meeting patients, carers and staff										
CNR	Case note review										
Doc	Documentation should be available										
Quality Standard (QS) <i>Notes</i>	<p>This describes the quality that services are expected to meet.</p> <p><i>The notes give more detail about either the interpretation or the applicability of the standard.</i></p>										

Pathway and Service Letters

The full WMQRS Quality Standards for Urgent Care are in the following sections:

AA-	Urgent Care Pathway	Primary Care
AB-	Urgent Care Pathway	Ambulance Services
AC-	Urgent Care Pathway	Acute Trust-Wide
AE-	Urgent Care Pathway	Emergency Department
AF-	Urgent Care Pathway	Acute Medical Admissions
AG-	Urgent Care Pathway	Acute Surgical Admissions
AZ-	Urgent Care Pathway	Commissioning

Topic Sections

Each section covers the following topics:

-100	Information and Support for Patients and Carers
-200	Staffing
-300	Support Services
-400	Facilities and Equipment
-500	Guidelines and Protocols
-600	Service Organisation and Liaison with Other Services
-700	Governance

Policies, Protocols, Guidelines and Procedures:

The Quality Standards use the words policy, protocol, guideline and procedure based on the following definitions:

Policy	A course or general plan adopted by an organisation, which sets out the overall aims and objectives in a particular area.
Protocol	A document laying down in precise detail the tests or steps that must be performed.
Guidelines	Principles which are set down to help determine a course of action. They assist the practitioner to decide on a course of action but do not need to be automatically applied. Clinical guidelines do not replace professional judgement and discretion.
Procedure	A procedure is a method of conducting business or performing a task, which sets out a series of actions or steps to be taken.

For simplicity, some standards use the term 'guidelines and protocols' which should be taken as referring to policies, protocols, guidelines and procedures. All clinical guidelines should be based on national guidance, including NICE guidance where available. Local guidelines and protocols should specify the way in which national guidance will be implemented locally and should show consideration of local circumstances.

COMMENTS ON THE QUALITY STANDARDS

Anyone wishing to discuss these Quality Standards in more detail should contact the West Midlands Quality Review Service on 0121 507 2891 or swb-tr.SWBH-GM-WMQRS@nhs.net or the Society for Acute Medicine on 0131 247 3696 or sam@rcpe.ac.uk. More information about WMQRS, its Quality Standards and reviews is available at www.wmqi.westmidlands.nhs.uk/wmqrs/ More information about the Society for Acute Medicine is available at www.acutemedicine.org.uk

Quality Standards are updated as new national guidance and evidence of effectiveness becomes available and following experience of using them in practice. Any comments on the Quality Standards will be welcomed. Comments should be sent to swb-tr.SWBH-GM-WMQRS@nhs.net or sam@rcpe.ac.uk and will be taken into account when the Standards are updated.

ACUTE MEDICAL UNITS

These Quality Standards apply to Acute Medical Units and should also be applied to any ward accepting a significant number of general medical admissions. They do not apply to patients who are under the care of an appropriate specialty-specific team in an appropriate environment.

Throughout this section of the Quality Standards, 'Unit' can be taken as meaning the Acute Medical Unit.

INFORMATION AND SUPPORT FOR PATIENTS AND CARERS

AF-101

General Support for Patients and Carers

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Patients and their carers should have easy access to the following services. Information about these services should be easily available:

- a. Interpreter services
- b. Independent advocacy services
- c. PALS
- d. Social services
- e. Benefits advice
- f. Spiritual support
- g. Transport services
- h. *Age UK* or other relevant voluntary organisations
- i. *HealthWatch* or equivalent organisation
- j. Alternatives to hospital treatment

Notes:

1 Information should be written in clear, plain English and should be available in formats and languages appropriate to the needs of patients and their carers.

2 This QS is about 'signposting' to relevant services. The actual services available may be different in different areas.

3 Availability of support services should be appropriate to the case mix and needs of patients and their carers.

AF-102

Responsible Consultant

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There should be a system of communicating the name of the responsible consultant for the day to patients and carers.

AF-103	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Condition-Specific Information</div> <p>Information for patients and carers should be available covering, at least:</p> <ul style="list-style-type: none">a. Pain reliefb. Pneumoniac. COPDd. Asthmae. Acute coronary syndromef. Strokeg. Fallsh. Transient loss of consciousnessi. Seizuresj. Gastro-intestinal bleedk. Alcohol and substance misusel. Venous thrombo-embolism preventionm. Health promotion, including smoking cessation, health eating, weight management, sexual and reproductive health, mental and emotional health and well-beingn. Other common presenting conditions <p>Information should cover:</p> <ul style="list-style-type: none">i. Care and activities after dischargeii. Symptoms and action to take if unwelliii. DVLA regulations and driving adviceiv. Sources of further advice <p>Notes:</p> <p>1 Information should be written in clear, plain English and should be available in formats and languages appropriate to the needs of the patients, including developmentally appropriate information for young people and people with learning disabilities. Information for young people should meet the 'You're Welcome Quality Criteria' (DH, 2007).</p> <p>2 Some WMQRS pathway-specific standards include additional requirements for patient information: www.wmqi.westmidlands.nhs.uk/wmqrs/publications</p> <p>3 Information on 'other common presenting conditions' will depend on the local population.</p>	BI	Visit	MS&P	CNR	Doc
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AF-104	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Information about the Unit</div> <p>Information for patients and carers about the Acute Medical Unit should be available covering, at least:</p> <ul style="list-style-type: none">a. What patients need to bring with themb. Layout of the Unit, including location of toilets and fire exitsc. Visiting timesd. Infection control including hand washing and use of hand gele. Who will be looking after the patient (for example, staff groups, uniform colours)f. How to find out what is happeningg. Where to get drink and foodh. Who to talk to about concernsi. Moving on from the Unit. <p>Notes:</p> <p>1 As QS AF-103 Note 1.</p> <p>2 Information on 'Moving on from the Unit' may cover, for example, discharge arrangements, transfer to another ward and discharge home.</p>	BI	Visit	MS&P	CNR	Doc
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AF-105	Management Plan <div><div>BI</div><div>Visit</div><div>MS&P</div><div>CNR</div><div>Doc</div></div> <p>The management plan should be discussed and agreed with the patient and, where appropriate, their carers. A record of this discussion should be made in the case notes.</p> <p><i>Note: This QS applies to the initial management plan and to any significant changes to this plan.</i></p>
AF-106	Communication Aids <div><div>BI</div><div>Visit</div><div>MS&P</div><div>CNR</div><div>Doc</div></div> <p>Communication aids should be available to help patients with communication difficulties to participate in decisions about their care.</p>
AF-107	Discharge Information <div><div>BI</div><div>Visit</div><div>MS&P</div><div>CNR</div><div>Doc</div></div> <p>Patients being discharged home should be given a discharge letter. This letter should describe the condition, treatment given (if any) and future management plan. The contents of the letter should be discussed with the patient and, where appropriate, their carers and a copy should be sent to their GP.</p>
AF-199	Involving Patients and Carers <div><div>BI</div><div>Visit</div><div>MS&P</div><div>CNR</div><div>Doc</div></div> <p>The service should have:</p> <ul style="list-style-type: none">a. Mechanisms for receiving feedback from patients and carers about the treatment and care they received.b. A rolling programme of audit of patients’ and carers’ experiencec. Mechanisms for involving patients and carers in decisions about the organisation of the services. <p><i>Note: The arrangements for receiving feedback from patients and carers may involve surveys, including the national patient survey, focus groups and/or other arrangements. They may involve Trust-wide arrangements so long as issues relating to the specific service can be identified.</i></p>
STAFFING	
AF-201	Lead Consultant and Lead Nurse <div><div>BI</div><div>Visit</div><div>MS&P</div><div>CNR</div><div>Doc</div></div> <p>There should be a nominated lead consultant and nominated lead nurse with responsibility for ensuring implementation of the Quality Standards for the Unit. The lead consultant and lead nurse should undertake regular clinical work within the department.</p> <p><i>Note: The organisation of acute medical admission facilities can vary considerably and the arrangements for leadership of these services will also vary.</i></p>
AF-202	Senior Decision-Makers <div><div>BI</div><div>Visit</div><div>MS&P</div><div>CNR</div><div>Doc</div></div> <p>A doctor trained in the specialty of General Internal Medicine or Acute Internal Medicine at level ST3 or above or equivalent SAS grade, or a registered healthcare professional with equivalent competences, should be immediately available at all times. This healthcare professional must have up to date competences in ALS.</p> <p><i>Notes:</i></p> <ul style="list-style-type: none">1 This healthcare professional should not have other duties, such as clinics, which would prevent immediate attendance on the Unit if required.2 Further guidance on medical staffing of Acute Medical Units is given in ‘Acute Medical Care: The right person, in the right setting, first time’. Royal College of Physicians(2007)3 More detail of General Internal Medicine and Acute Internal Medicine curricula is available at www.jrcptb.org.uk

AF-203	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <p>Consultants</p> <p>A consultant trained in General Internal Medicine or Acute Internal Medicine or with equivalent experience should be on call at all times and able to reach the Unit within 30 minutes. When on call for the Unit the consultant should not have other scheduled duties.</p> <p><i>Notes:</i></p> <p>1 ‘Other scheduled duties’ include, for example, clinic sessions but not being on call for general medical wards as well as for the Unit, especially out of hours and in small hospitals. Further guidance on medical staffing of Acute Medical Units is given in ‘Acute Medical Care: The right person, in the right setting, first time’. Royal College of Physicians(2007)</p> <p>2 New appointments to consultant posts on Acute Medical Units should have completed Specialist Training in General Internal Medicine or Acute Internal Medicine.</p>	BI	Visit	MS&P	CNR	Doc
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AF-204	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <p>Competent Clinical Decision-Makers - Competences</p> <p>‘Competent Clinical Decision-Makers’ (junior doctors (FY2 or CT1-3), nurse practitioners and other registered practitioners) and at least one registered nurse per shift should have competences in:</p> <ul style="list-style-type: none">a. ECG interpretation, including rhythmb. Cannulationc. Arterial blood gas analysisd. Continuous positive airways pressure and non-invasive ventilatione. Chest x-ray requestingf. Central venous pressure monitoringg. Swallowing screeningh. Assessment and management of people with mental health problems or dementiai. Verification of deathj. Nurse-led discharge (nurses only)k. Knowledge of local community services <p>‘Competent Clinical Decision-Makers’ should also have all competences in QS AF-205.</p> <p><i>Note: Doctors in training will have written evidence of completion of a,b,c,e,h and i, and no further evidence of compliance is needed. D, f, g and k will require evidence of compliance for doctors in training.</i></p>	BI	Visit	MS&P	CNR	Doc
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AF-205	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <p>All Registered Nurses - Competences</p> <p>All registered nursing staff should have competences in:</p> <ul style="list-style-type: none">a. ILSb. Performing an Early Warning Score assessment, its interpretation and escalation as appropriatec. Recording an ECGd. Venepuncturee. IV drug administrationf. Point of care testingg. Urinary catheterisation (male and female)h. Aseptic non-touch techniquei. Oxygen delivery, monitoring and weaningj. End of life care, including implementation of the Liverpool Care Pathwayk. Handover and transfer	BI	Visit	MS&P	CNR	Doc
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AF-206	Support Workers - Competences <div> BI Visit MS&P CNR Doc </div> <p>Healthcare support workers should have competences appropriate for their work in the Unit, including BLS.</p> <p><i>Note: Healthcare support workers should normally have, or be working towards, relevant NVQ level 2 or 3 qualifications. Skills for Health competence frameworks may be helpful in defining appropriate competences: www.skillsforhealth.org.uk</i></p>
AF-207	Competences – All Healthcare Professionals <div> BI Visit MS&P CNR Doc </div> <p>All healthcare professionals working in the Unit should have competences appropriate to their role in:</p> <ol style="list-style-type: none"> Adult safeguarding Recognising and meeting the needs of vulnerable adults Dealing with challenging behaviour, violence and aggression Mental Capacity Act and Deprivation of Liberty Safeguards.
AF-208	Ultrasound Competences <div> BI Visit MS&P CNR Doc </div> <p>Staff undertaking ultrasound within the Unit should have appropriate competences in undertaking this investigation.</p> <p><i>Notes:</i></p> <p><i>1 This QS is not applicable if all ultrasound investigations are undertaken by Imaging Department staff.</i></p> <p><i>2 Guidance on appropriate competences is given in: College of Emergency Medicine (2010) Core (Level 1) Ultrasound Curriculum and College of Emergency Medicine (2009) Guidance for Level 2 Ultrasound Practice in Emergency Medicine.</i></p>
AF-209	Training Plan <div> BI Visit MS&P CNR Doc </div> <p>A training and development plan should be in place for achieving and maintaining the competences expected for each role in the Unit (QS AF-201, AF-204 to AF-208).</p> <p><i>Notes:</i></p> <p><i>1 The training and development plan does not need to include consultants or doctors in training but should include non-consultant non-training grade doctors.</i></p> <p><i>2 Training may be delivered through a variety of mechanisms, including e-learning, Trust-wide training and departmental training.</i></p>
AF-210	Senior Staffing Levels <div> BI Visit MS&P CNR Doc </div> <p>Sufficient Competent Clinical Decision-Makers (QS AF-204), Senior Decision-Makers (QS AF-202) and consultants (QS AF-203) with appropriate competences should be available so that timescales for assessment and treatment (QS AF-601) can normally be achieved for the expected number and dependency of patients.</p> <p><i>Note: 'Sufficient' is not strictly defined and will depend on the configuration of services locally. 'Sufficient' should be interpreted in relation to the need for achievement of the timescales in QS AF-601. Further guidance on medical staffing of Acute Medical Units is given in 'Acute Medical Care: The right person, in the right setting, first time'. Royal College of Physicians(2007)</i></p>
AF-211	Continuity of Senior Staffing <div> BI Visit MS&P CNR Doc </div> <p>Senior Decision-Maker and Competent Clinical Decision-Maker rotas should be organised to give reasonable continuity of care for patients.</p>

AF-212	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table>	BI	Visit	MS&P	CNR	Doc	Shift Leader <p>There should be a shift leader / coordinator on each shift who has an overview of all patients and their stage of care, the flow of patients through the Unit and responsibility for liaison with bed management. The shift leader / coordinator should have significant experience in urgent care at a senior level. In busy departments the shift leader / coordinator should be supernumerary and should not have clinical responsibility.</p> <p><i>Note: ‘Busy’ is defined as an average of 40 or more admissions per day.</i></p>
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AF-213	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table>	BI	Visit	MS&P	CNR	Doc	Nurse and Support Worker Staffing Levels <p>Sufficient nursing staff and support workers with appropriate competences should be available so that timescales for assessment and treatment (QS AF-601) can normally be achieved for the expected number and dependency of patients. Staffing levels should be able to respond to fluctuations in the number and dependency of patients. Staffing should include oversight of the ‘discharge area’ when available.</p> <p><i>Notes:</i></p> <p><i>1 Nurse to patient ratios appropriate for the dependency of patients are normally 1:2 in high dependency, 1:4 for patients on trolleys and 1:6 for patients in beds. Further guidance on staffing levels is available in ‘Guidance for Nurse Staffing Levels on AMU’, Society for Acute Medicine (2011).</i></p> <p><i>2 This QS also applies to CDU / Observation Wards if these are part of the Unit.</i></p>
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AF-214	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table>	BI	Visit	MS&P	CNR	Doc	High Dependency Staffing <p>In Units with a high dependency area, a minimum of one nurse who is studying for or has achieved competences in critical care should be available for every four level 2 patients.</p>
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AF-215	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table>	BI	Visit	MS&P	CNR	Doc	Allied Health Professionals <p>Staff with competences in the following areas should have time allocated to work on the Unit:</p> <ul style="list-style-type: none">a. Physiotherapy: at least 11am to 8pm, seven days a week.b. Occupational therapy: at least 11am to 8pm, seven days a week.c. Speech therapy: during normal working hours and available to see patients daily at weekendsd. Dietetics: during normal working hours and available to see patients daily at weekends <p><i>Note: Staff with appropriate competences may cover more than one therapy role. Staff may be covering other areas as well so long as there is sufficient time for their work on the Unit.</i></p>
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AF-216	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table>	BI	Visit	MS&P	CNR	Doc	Discharge Assessment <p>At least one member of staff with competences in discharge assessment should be available daily during normal discharge hours (7am to 10pm). Competences should include:</p> <ul style="list-style-type: none">a. Mobility assessmentb. Assessment for aids and adaptationsc. Knowledge of community support services <p>This member of staff should normally be able to respond within one hour of the request for discharge assessment.</p> <p><i>Note: Hours of availability may be less in smaller Units so long as they are sufficient for to ensure discharge is not delayed.</i></p>
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SUPPORT SERVICES						
AF-301	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Laboratory Services<p>Laboratory services should be available, including:</p><ul style="list-style-type: none">a. A system for rapid transport of pathology samplesb. Availability of results within, at most, one hourc. Group-specific blood available within 15 minutesd. Fully cross-matched blood available within one houre. System of monitoring, recording and following up ‘missed’ blood results and actions taken. This system must ensure that any ‘missed’ blood results are identified and acted upon within 24 hours.<p><i>Note: The following results should be available within one hour: FBC, UE, LFT, INR, Ca, CRP, amylase, TnT/I, glucose.</i></p></div>	BI	Visit	MS&P	CNR	Doc
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AF-302	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Imaging Services<p>Imaging services should be available:</p><ul style="list-style-type: none">a. 24/7 plain radiography with images available on digital PACS for reviewb. 24/7 ultrasound with referral guidelines for:<ul style="list-style-type: none">i. Chest drain insertionii. Renal ultrasoundiii. Central venous accessc. 24/7 CT scanning with referral guidelines for stroke, pulmonary embolus and abdominal pain and initial reports available within one hourd. 24/7 access to MRI (on site or by referral)e. 24/7 consultant radiologist available for advicef. Agreed referral guidelines and timescales for condition-specific investigations (QS AF-508)g. System of monitoring, recording and following up ‘unrecognised pathology’ and actions taken. This system must ensure that any ‘unrecognised pathology’ is identified and acted upon within locally agreed timescales.h. System for electronic transfer of images for specialist review (for example, to neurosurgery or vascular services).<p><i>Notes:</i></p><p><i>1 Evidence of compliance with this QS may be by reference to QS AF-508.</i></p><p><i>2 Ultrasound may be available in the Unit, from the Emergency Department or from radiology.</i></p></div>	BI	Visit	MS&P	CNR	Doc
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AF-303	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Other Investigations<p>Access to echocardiography, bronchoscopy and gastroscopy should be available at all times. If these services are not available on the same hospital site then guidelines for emergency referral should be in place.</p><p><i>Note: These services may be provided from a variety of locations in the hospital, for example, critical care or specialty-specific teams.</i></p></div>	BI	Visit	MS&P	CNR	Doc
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<div>AF-304</div> <div><div>BI</div><div>Visit</div><div>MS&P</div><div>CNR</div><div>Doc</div></div>	<div>General Surgery</div> <div>A consultant-led general surgical service should be available on-site with a Senior Decision Maker available for advice within 10 minutes and to review patients within 30 minutes.</div> <div><i>Note: This QS may be met through a clinical network meeting the requirements of ‘Emergency Surgery: Standards for unscheduled surgical care’, The Royal College of Surgeons of England, 2011. This requires 24 hour, on-site availability of a surgical opinion from a doctor training in general surgery at level ST3 or above or a Trust doctor with equivalent competences.</i></div>
<div>AF-305</div> <div><div>BI</div><div>Visit</div><div>MS&P</div><div>CNR</div><div>Doc</div></div>	<div>Mental Health Services</div> <div>Mental health services should be available, including:<div><div>a. Access for advice to a mental health service Senior Decision Maker at all times.</div><div>b. Appropriate initial assessment by a competent mental health practitioner within 30 minutes in urban areas and 60 minutes in rural areas.</div><div>c. Appropriate initial assessment by a competent child and adolescent mental health practitioner within 30 minutes in urban areas and 60 minutes in rural areas for young people aged 16 to 18.</div><div>d. Mental Health Act assessment by a Section 12 approved person within 60 minutes in urban areas and 120 minutes in rural areas.</div><div>e. Mental health in-patient facility able to admit patients within one hour of decision to admit.</div><div>f. Brief intervention service for people with alcohol and substance-misuse related admission to the Unit.</div><div>g. Access to more specialised mental health services for children, young people and older people.</div></div></div>
<div>AF-306</div> <div><div>BI</div><div>Visit</div><div>MS&P</div><div>CNR</div><div>Doc</div></div>	<div>Pharmacy</div> <div>The following pharmacy services should be available:<div><div>a. Access to pharmacy advice (24/7)</div><div>b. Immediate supply of commonly used medications</div><div>c. Supply of other medications (24/7)</div><div>d. Daily (7/7) attendance on the Unit by a pharmacist with GLF competences who is working towards or has achieved ALF competences</div></div><div><i>Note: This QS links with QS AF-513 on medicines reconciliation.</i></div></div>
<div>AF-307</div> <div><div>BI</div><div>Visit</div><div>MS&P</div><div>CNR</div><div>Doc</div></div>	<div>Ancillary Staff</div> <div>The following services should be available at all time:<div><div>a. Porters</div><div>b. Security staff</div><div>c. Cleaners</div></div></div>

FACILITIES AND EQUIPMENT

AF-401	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Facilities</div> <p>Facilities available should include:</p> <div><div>a.</div><div>Trolleys, beds and chairs appropriate to the needs of patients, with the ability to flex capacity for expected fluctuations in numbers and dependency of patients</div></div> <div><div>b.</div><div>Appropriate isolation facilities</div></div> <div><div>c.</div><div>A facility for assessing patients with mental health problems which meets the Royal College of Psychiatrists standards</div></div> <div><div>d.</div><div>A procedure room for intimate or highly invasive procedures</div></div> <div><div>e.</div><div>Same sex accommodation including, when possible, high dependency areas</div></div> <div><div>f.</div><div>An appropriate area with chairs and trolley spaces which can be used by patients ready for discharge or transfer who are awaiting transport</div></div> <p>Notes:</p> <p>1 The facility for assessing patients with mental health problems should be on or near the Unit. Relevant standards are given in Royal College of Psychiatrists (2004) ‘Assessment following self harm in adults. Council Report CR122’.</p> <p>2 The area for patients ready for discharge or transfer must have visual and auditory oversight from staff on the Unit during normal discharge hours (7am to 10pm). The QS can also be met by a separately staffed ‘Discharge Lounge’.</p>	BI	Visit	MS&P	CNR	Doc
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AF-402	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Resuscitation Drugs and Equipment</div> <p>Resuscitation drugs and equipment should be available and should be checked in accordance with Trust policy.</p> <p>Note: Evidence of compliance from other review systems will normally avoid the need for reviewers to check resuscitation drugs and equipment.</p>	BI	Visit	MS&P	CNR	Doc
BI						
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AF-403	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Monitoring</div> <p>Appropriate monitoring facilities should be available for the expected number, dependency and case mix of patients.</p> <p>Note: Monitoring facilities may be central or ambulatory and should include alerts if attention is required.</p>	BI	Visit	MS&P	CNR	Doc
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AF-404	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Point of Care Testing</div> <p>Point of care testing for arterial blood gases, urinalysis, glucose, ketones and pregnancy should be available. Appropriate quality assurance of equipment should be undertaken in accordance with Trust policy.</p> <p>Note: If laboratory services are able to provide an immediate response then this QS is not applicable.</p>	BI	Visit	MS&P	CNR	Doc
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AF-405	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Non-invasive ventilation</div> <p>Facilities for continuous positive airways pressure and non-invasive ventilation should be available.</p> <p>Note: These facilities should be within the Unit unless adequate facilities are available from critical care or respiratory services.</p>	BI	Visit	MS&P	CNR	Doc
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AF-406	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>IT System</div> <p>IT and records systems should be available. These should be:</p> <div><div>a.</div><div>Linked to hospital patient administration and clinical records systems</div></div> <div><div>b.</div><div>Capable of receiving electronic communication of data with the ambulance service</div></div> <div><div>c.</div><div>Capable of receiving electronic communication of data from the Emergency Department</div></div> <div><div>d.</div><div>Capable of collecting activity data and generating reports with appropriately coded data.</div></div> <p>Notes:</p> <div><div>1</div><div>IT and records systems should be integrated to avoid duplicate entry of patient data.</div></div> <div><div>2</div><div>Electronic communication with the ambulance service may help to predict demand as well as improve individual patient care.</div></div> <div><div>3</div><div>QS AF-701 gives more details of required data collection on Unit activity.</div></div>	BI	Visit	MS&P	CNR	Doc
BI						
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MS&P						
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<div>GUIDELINES AND PROTOCOLS</div>						
AF-501	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Admission Guidelines</div> <p>Guidelines on admission to the Unit should be in use covering at least:</p> <div><div>a.</div><div>Admission criteria</div></div> <div><div>b.</div><div>Documenting information given</div></div> <div><div>c.</div><div>Alternatives to admission and process for directing elsewhere if not admitted</div></div> <div><div>d.</div><div>Tracking patients expected</div></div> <div><div>e.</div><div>Investigations to be done before admission</div></div> <div><div>f.</div><div>Handover of clinical information</div></div> <p>Notes:</p> <div><div>1</div><div>These guidelines should have been agreed by the Health Economy Urgent Care Group (WMQRS Urgent Care (V1) QS AZ-701).</div></div> <div><div>2</div><div>These guidelines should be consistent with condition-specific guidelines (QS AF-508 and AF-509).</div></div>	BI	Visit	MS&P	CNR	Doc
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AF-502	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Initial Assessment Guidelines</div> <p>Guidelines on triage and initial assessment of patients should be in use which ensure:</p> <div><div>a.</div><div>initial assessment includes:</div><div><div>i.</div><div>Brief history</div></div><div><div>ii.</div><div>Early warning score</div></div><div><div>iii.</div><div>ECGs</div></div><div><div>iv.</div><div>Pain score</div></div></div> <div><div>b.</div><div>Prioritisation of patients according to the early warning score or clinical need</div></div> <p>Notes:</p> <div><div>1</div><div>Initial assessment should be completed within 30 minutes of arrival on the Unit (QS AF-601)</div></div> <div><div>2</div><div>Prioritisation of patients may include a system of ‘traffic lights’ to help decision-making.</div></div> <div><div>3</div><div>A ‘competent healthcare practitioner’ is a nurse or other healthcare professional with competences in triage, initial assessment and undertaking and interpreting an early warning score and pain assessment.</div></div>	BI	Visit	MS&P	CNR	Doc
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AF-503	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Observation Guidelines</div> <p>Guidelines on monitoring should be in use which ensure all patients have a written monitoring plan stating the frequency of observations, based on the ‘early warning score’ assessment. The frequency of observations should be not longer than four hourly.</p>	BI	Visit	MS&P	CNR	Doc
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AF-504	Resuscitation and Stabilisation Guidelines					
<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table>	BI	Visit	MS&P	CNR	Doc	Clinical guidelines on resuscitation and stabilisation should be in use.
BI						
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MS&P						
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AF-505	Full Assessment Guidelines					
<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table>	BI	Visit	MS&P	CNR	Doc	<p>Guidelines or a proforma should be in use which ensure full clinical assessment and initiation of a management plan are undertaken and documented by a Senior Decision-Maker within four hours of the patient’s arrival in the Unit. The guidelines or proforma should cover at least:</p> <ul style="list-style-type: none">a. Relevant medical historyb. Clinical examinationc. Differential diagnosisd. Treatment plane. Phlebotomy and radiography requestsf. Completion of drug and intravenous fluid chart where appropriateg. Estimated date of discharge <p>Notes: Further information on timescales for review is available in the Clinical Quality Indicators which can be found at: www.acutemedicine.org.uk</p>
BI						
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AF-506	Critical Care Guidelines					
<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table>	BI	Visit	MS&P	CNR	Doc	<p>Guidelines should be in use on:</p> <ul style="list-style-type: none">a. Triggering referral to the critical care outreach team or critical care unitb. Provision of level 2/3 care outside the critical care unit <p>Notes:</p> <p><i>1 These guidelines should specify the mechanism for referral.</i></p> <p><i>2 Guidelines should be consistent with the Trust policy on provision of level 2/3 care outside the critical care unit, should ensure patients are cared for by a member of staff with appropriate critical care skills and that, if the patient is in an isolated environment, this member of staff is never unaccompanied. The policy should cover:</i></p> <ul style="list-style-type: none">a. Nursing staffb. Medical coverc. Access to equipmentd. Communication with the critical care unite. Process for clinical and managerial escalation with specified time limitsf. Any area-specific variations to the above.
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AF-507

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Transfer Guidelines

Clinical guidelines covering direct transfer to an appropriate specialist service should be in use for, at least, each of the following services:

- a. Vascular services
- b. Stroke services
- c. Cardiac services

These guidelines should cover:

- i. Investigation and management of emergency patients
- ii. Management of haemodynamically unstable patients
- iii. Indications for seeking advice
- iv. Indications and arrangements for emergency transfer
- v. Indications and arrangements for non-urgent referral
- vi. Arrangements for transfer of cross-matched blood.

Notes:

1 These guidelines should be based on agreed local Clinical Networks' or West Midlands guidance and pathway or on latest evidence-based national guidance, including NICE guidance. They may be combined with those in QS AF-508 or may be separate.

2 Guidelines must be clear about the arrangements for emergency transfer of patients with sub-arachnoid haemorrhage, hyper-acute stroke, STEMI and abdominal aortic aneurysm.

3 The guidelines may also cover information required for referral, documentation, treatments to undertake before transfer and escorting staff.

AF-508	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div><h3>Common Presentation Guidelines</h3><p>Clinical guidelines should be in use covering assessment and management of, at least:</p><ol style="list-style-type: none">Infections, especially sepsis, meningitisGastro-intestinal disorders, including GI bleeding, obstructionVenous thromboembolism, including prophylaxis, venous thrombosis and pulmonary embolismUro-genital disease, including acute renal failure, retention of urine, painful testis, colicPregnancy-related problemsAcute poisoning / drug overdose, including alcoholMetabolic disorders, especially diabetesCardiovascular disease, especially STEMI, acute cardiac failure, arrhythmiasRespiratory disease, including asthma, COPD, infectionsNeurological disorders, including status epilepticus, stroke and TIA, subarachnoid haemorrhage, acute spinal cord compression, transient loss of consciousnessHaematological disorders, including chronic anaemia, sickle cell crisisMental health disorders, including depression, self-harm, dementia<p>Notes:</p><p>1 Condition-specific guidelines should be based on latest evidence-based national guidance, including NICE guidance. For some conditions (e.g. stroke, vascular disease), more detail is given in other WMQRS Quality Standards. Guidelines on the management of infections should link with the 'Surviving Sepsis' campaign.</p><p>2 Condition-specific guidelines should be clear about investigations to be undertaken (including timescales for investigation and reporting), criteria and arrangements for urgent and 'next day' transfer to the specialty-specific team, responsibility for investigations for patients who are to be admitted (to ensure that investigations are not repeated unnecessarily).</p><p>3 Condition-specific guidelines should be agreed with imaging and pathology services and specialty-specific teams.</p><p>4 These guidelines may be combined with those in QS AF-509 or may be separate.</p><p>5 This QS links with QS AF-103 and AF-302.</p></div>	BI	Visit	MS&P	CNR	Doc
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AF-509	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div><h3>Rapid Access Specialist Investigation Guidelines</h3><p>Guidelines should be in place for referral of patients to same day / next day services, including:</p><ol style="list-style-type: none">Acute medicine clinic (7/7)Acute surgery clinic (7/7)TIA clinic or equivalent (7/7)<p>Guidelines should cover indications for referral, investigations prior to referral, information to be sent with the patient, information to be given to patients and communication with the patient's GP.</p><p>Notes:</p><p>1 Availability of same day / next day services is covered in WMQRS Urgent Care (V1) QS AC-305. This QS can be met by a combination of acute medicine clinics and direct access to specialty-specific clinic, so long as direct booking is available. Various arrangements for 'clinics' are acceptable; these do not need to be formal out-patient clinics. The aim is for 'one step' access to specialist assessment and review on the same or next day.</p><p>2 Guidelines may form part of the clinical guidelines in QS AF-508 and AF-509.</p><p>3 Other same day / next day services may be available, for example, admission avoidance clinics.</p><p>4 For patients with suspected TIA, this QS links to WMQRS Urgent Care (V1) QS CE-501.</p></div>	BI	Visit	MS&P	CNR	Doc
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AF-510	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> Control of Infection Guidelines <p>Guidelines on control of infection should be in use.</p>	BI	Visit	MS&P	CNR	Doc
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AF-511	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> Other Clinical Guidelines <p>Clinical guidelines should be in use covering:</p> <ul style="list-style-type: none">a. Sedationb. Antimicrobial usec. Pain managementd. Management of fluids and electrolytese. Management of acute confusional state	BI	Visit	MS&P	CNR	Doc
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AF-512	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> High Impact Changes <p>‘High Impact Intervention’ principles should be applied to the following ‘High Impact Changes’:</p> <ul style="list-style-type: none">a. Central venous catheter careb. Peripheral intravenous cannula carec. Urinary catheter cared. Reducing the risk of <i>C. Difficile</i>e. Obtaining blood cultures <p><i>Note: Any ‘High Impact Changes’ produced subsequent to the publication of the Qs should be added to this list.</i></p>	BI	Visit	MS&P	CNR	Doc
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AF-513	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> Medicines Reconciliation Guidelines <p>Guidelines on medicines reconciliation should be in use covering:</p> <ul style="list-style-type: none">a. Responsibilities of each healthcare professional involvedb. Written documentation of:<ul style="list-style-type: none">i. Regular and acute medication prescribed by the patient’s GPii. Allergies and, when available, the nature of the allergic reactioniii. ‘Over the counter’, herbal and complementary therapiesiv. All intended changes to the patient’s medicationc. Process for identifying and correcting unintentional changes to the patient’s medication	BI	Visit	MS&P	CNR	Doc
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AF-514	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> Paediatric Advice Guidelines <p>Guidelines, agreed with local paediatric services, should be in use covering indications for seeking advice on the care of young people aged 16 to 18.</p> <p><i>Note: Guidelines should ensure that the consultant (adult or paediatric) with ongoing responsibility for the young person’s care is clearly identified.</i></p>	BI	Visit	MS&P	CNR	Doc
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AF-515	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <p>Health Promotion and Disease Prevention Guidelines</p> <p>Guidelines for referral of patients to the following services should be in use:</p> <ul style="list-style-type: none">a. Health promotion and disease prevention programmes, including smoking cessation, contraception and sexual health services, brief intervention and other support services for those with alcohol and substance misuse problems.b. Falls prevention servicec. Community physiotherapyd. Social services <p>Guidelines should cover criteria and arrangements for referral and ensuring patients are given appropriate information.</p> <p><i>Note: This QS may be met through inclusion within condition-specific guidelines (QS AF-508).</i></p>	BI	Visit	MS&P	CNR	Doc
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AF-516	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <p>Care of Vulnerable Adults in Acute Hospitals</p> <p>Guidelines for the care of vulnerable adults in acute hospitals should be in use, in particular:</p> <ul style="list-style-type: none">a. Identification and care of vulnerable adults (QS MC-501)b. Individualised care plans for adults identified as being particularly vulnerable (QS MM 502)c. Restraint and sedation (QS MC-504)d. Missing patients (QS MC-505)e. Mental Capacity Act and the Deprivation of Liberty Safeguards (QS MC-594)f. Safeguarding (QS MC-596)g. Information Sharing Agreement (QS MC-597)h. Palliative care (QS MC-598)i. End of life care (QS MC-599) <p>Notes:</p> <p><i>1 All MC- reference numbers refer to WMQRS Quality Standards for the Care of Vulnerable Adults in Acute Hospitals (V1). This is a linking QS and will not be separately reviewed. Any lack of compliance noted during review visits will, however, be noted.</i></p> <p><i>2 QS MC-599 will be updated to: ‘The Liverpool Care Pathway should be in use for people approaching the end of life’.</i></p>	BI	Visit	MS&P	CNR	Doc
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AF-517	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <p>Discharge Protocol</p> <p>A protocol on discharge from the Unit should be in use covering at least:</p> <ul style="list-style-type: none">a. Ensuring the discharge letter is completed at the time of decision to dischargeb. Ensuring medication ‘To Take Out’ is ordered at the time of decision to dischargec. Use of the ‘discharge area’ as soon as possible after the decision to discharged. Oversight of patients in the ‘discharge area’ including ensuring comfort, nutrition, dignity and medication for patients in the ‘discharge area’ <p>Notes:</p> <p><i>1 This protocol should be consistent with the Health Economy Discharge Policy.</i></p> <p><i>2 The ‘discharge area’ should normally be used between 7am and 10pm.</i></p> <p><i>3 The discharge protocol may form part of the Operational Policy (QS AF-601).</i></p>	BI	Visit	MS&P	CNR	Doc
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SERVICE ORGANISATION AND LIAISON WITH OTHER SERVICES

AF-601

Operational Policy

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The Unit should have an operational policy covering, at least:

- a. Arrangements for giving advice to GPs and recording the advice given.
- b. Admission of patients from the Emergency Department within one hour of the decision to admit.
- c. Achievement of expected timescales, in particular:
 - i. initial assessment by a competent healthcare practitioner within 30 minutes of the patient's arrival in the Unit (QS AF-502)
 - ii. Full clinical assessment and initiation of a management plan within four hours of the patient's arrival in the Unit at the latest (QS AF-505)
 - iii. Consultant review of all patients within 14 hours of admission and within six hours for patients admitted between 8am and 6pm
- d. Communication with:
 - i. Patients, their carer/s and their GP
 - ii. Services to which patients are being referred
 - iii. Services to which patients are being transferred
- e. Handover of patients at each change of responsible consultant, non-consultant medical staff, nursing staff and other staff
- f. Arrangements for the care of patients aged 16 to 18 years old, which should include flexible visiting and, if possible, care in a side room.
- g. Notification to maternity services of admission of a pregnant woman (16+ weeks gestation) with a non-obstetric problem
- h. System for acknowledging and reviewing pathology and imaging results
- i. Arrangements for liaison with social services and discharge services
- j. Arrangements for follow up clinics
- k. Process for ensuring action on the advice of the local Coroner

Notes:

1 The discharge policy (QS AF-517) and escalation plan (QS AF-602) may be part of the Operational Policy.

2 This QS is based on the Clinical Quality Indicators available at the time of publication. These may be subject to change and the latest version will be available at: www.acutemedicine.org.uk

AF-602

Escalation Plan

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MS&P
CNR
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An escalation plan to manage increased demand should be in place. This plan should include triggers and arrangements for increasing capacity.

Notes:

1 The plan should cover escalation for whatever reason, including sudden increases in need for services. The plan may be part of the Operational Policy (QS AF-601)

2 The plan should be consistent with, and may form part of, the Trust's or health economy's Major Incident Plan.

AF-603	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Liaison with Other Services</div> <p>Meetings at least annually to review the links with the Unit and address any problems identified should be held with:</p> <div><div>a. Emergency Department</div><div>b. Ambulance services</div><div>c. Mental health services</div><div>d. Police</div><div>e. Bereavement services</div></div> <p>Notes:</p> <div><div>1 This may be part of a Trust-wide meeting so long as operational issues specific to acute medical admissions are discussed.</div><div>2 This QS is additional to day-to-day liaison arrangements and should involve staff with management responsibility for the Unit.</div></div>	BI	Visit	MS&P	CNR	Doc
BI						
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GOVERNANCE						
AF-701	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Data Collection</div> <p>There should be regular collection of data and monitoring of:</p> <div><div>a. Admission of patients from the Emergency Department within one hour of the decision to admit</div><div>b. Initial assessment completed within 30 minutes of arrival on the Unit.</div><div>c. Full clinical assessment and initiation of a management plan within four hours of arrival on the Unit</div><div>d. Consultant review within 14 hours of admission</div><div>e. Length of stay on the Unit and destination on discharge</div><div>f. Hospital mortality rates for all patients admitted via the Unit</div><div>g. Patients discharged from the Unit who are re-admitted within seven days of discharge</div><div>h. Submission of data to relevant national audit programmes</div></div> <p>Notes:</p> <div><div>1 Data do not need to be collected for all patients. A regular sampling approach may be used.</div><div>2 This QS is based on the Clinical Quality Indicators available at the time of publication. These may be subject to change and the latest version will be available at: www.acutemedicine.org.uk</div></div>	BI	Visit	MS&P	CNR	Doc
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CNR						
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AF-702	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Audit</div> <p>The services should have a rolling programme of audit of:</p> <div><div>a. Compliance with evidence-based guidelines (QS AF-500s)</div><div>b. Compliance with national standards on clinical documentation</div><div>c. Review of mortality and morbidity</div></div> <p>Note: The rolling programme should ensure that action plans are developed following audits and that implementation is monitored.</p>	BI	Visit	MS&P	CNR	Doc
BI						
Visit						
MS&P						
CNR						
Doc						
AF-798	<table><tr><td>BI</td></tr><tr><td>Visit</td></tr><tr><td>MS&P</td></tr><tr><td>CNR</td></tr><tr><td>Doc</td></tr></table> <div>Review and Learning</div> <p>The service should have appropriate multi-disciplinary arrangements for review of, and implementing learning from, positive feedback, complaints, outcomes, incidents and ‘near misses’.</p>	BI	Visit	MS&P	CNR	Doc
BI						
Visit						
MS&P						
CNR						
Doc						

AF-799	Document Control
BI	All policies, procedures and guidelines should comply with Trust document control procedures.
Visit	
MS&P	
CNR	
Doc	

APPENDIX 1 REFERENCES

ACUTE MEDICAL UNITS

- 1 *Acute Medical Care: The right person, in the right setting, first time*, Royal College of Physicians (2007)
- 2 *Good Surgical Practice*, Royal College of Surgeons of England (2008)
- 3 *A Guide to Emergency Medical and Surgical Admissions*, DH (2005)
- 4 *Emergency General Surgery: The Future A Consensus Statement*, Association of Surgeons of Great Britain and Ireland (2007)
- 5 *Specialty Training Curriculum for General Internal Medicine*, Royal College of Physicians (2009)
- 6 *Resuscitation Council Guidelines*. Available at: www.resus.org.uk
- 7 *Emergency Medicine Consultants Workforce Recommendations*, The College of Emergency Medicine (2010).
- 8 *Recommendations for Nurse Staffing in Acute Medical Assessment Units*, Society for Acute Medicine (2004)
- 9 *Acutely Ill Patients in Hospital*, National Institute for Clinical Excellence (2007)
- 10 *Protection of Vulnerable Adults: A Practical Guide*, DH (2009)
- 11 *Mental Capacity Act 2007: Deprivation of Liberty Safeguards in England*
- 12 *Managing Mental Health Needs in the Acute Trust*, Academy of Medical Royal Colleges (2008)
- 13 *Guidance for Nurse Staffing Levels on AMU*, Society for Acute Medicine (2011).
- 14 *Trauma who cares?*, National Clinical Enquiry into Patient Outcome and Death (2007)
- 15 *Emergency Surgery: Standards for unscheduled and surgical care*, The Royal College of Surgeons of England (2011).
- 16 *Health Building Notes*, DH (2005) - HBN 4: In patient accommodation; HBN 15: Emergency care – hospital helipads; HBN 22: Accident and emergency facilities.
- 17 *Delivering Same-sex Accommodation*, DH (2008)
- 18 *Standards for the Management of Patients After Cardiac Arrest*, Intensive Care Society (2008)
- 19 *Guidelines for the transport of the critically ill adult*, Intensive Care Society (2002)
- 20 *Clinical Guidelines for management of: Asthma, COPD, Pneumothorax, Pulmonary Embolism*, British Thoracic Society, www.brit-thoracic.org.uk
- 21 *National Institute for Clinical Excellence guidelines for the management of: Stroke and TIA, Atrial fibrillation, Head Injury, Mental Health- self harm, Control and Restraint in difficult situations* - <http://guidance.nice.org.uk>
- 22 *Saving Lives: High Impact Interventions*, www.clean-safe-care.nhs.uk/index.php?pid=4
- 23 <http://secure.collemergencymed.ac.uk/CEM/ClinicalEffectivenessCommittee/Guidelines/ExternalGuidelines/default.asp>
- 24 <http://secure.collemergencymed.ac.uk/CEM/ClinicalEffectivenessCommittee/Guidelines/LocalGuidelines/default.asp>
- 25 *Technical Patient Safety solutions for medicines reconciliation on admission of adults to hospital*. National Institute for Clinical Excellence and National Patient Safety Agency (2007)
- 26 *You're Welcome quality criteria: Making health services young people friendly*, DH (2007)
- 27 *The College of Emergency Medicine Annual Clinical Audits*
- 28 *Operating Framework for the NHS in England 2012/13*, DH (2011)

QS reference	Guidance documents
AF-101	
AF-102	
AF-103	
AF-104	
AF-105	
AF-106	
AF-107	1
AF-199	1,2
AF-201	3
AF-202	1,4,5,6,7
AF-203	1,4,7
AF-204	1,8,9,10,11
AF-205	
AF-206	12
AF-207	1
AF-208	
AF-209	
AF-210	1,7,8,9
AF-211	1,8,9
AF-212	
AF-213	13
AF-214	5
AF-215	
AF-216	
AF-299	
AF-301	
AF-302	
AF-303	1
AF-304	14,15
AF-305	12
AF-306	

QS reference	Guidance documents
AF-307	1,3,4
AF-401	16,17
AF-402	6
AF-403	1,9
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AF-405	1
AF-406	1
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AF-514	26
AF-515	26
AF-516	17
AF-517	
AF-601	1,9
AF-602	
AF-603	
AF-701	
AF-702	20,21,27
AF-798	28
AF-799	

APPENDIX 2

CARE QUALITY COMMISSION REGULATORY REQUIREMENTS CROSS-REFERENCES

Shaded boxes indicate where a section of the Quality Standards addresses one of the Care Quality Commission's *Essential Standards of Quality and Safety* (March 2010).

QS	CQC Essential Standards of Quality and Safety											
	Respecting and involving people who use services	Care and welfare of people who use services	Meeting nutritional needs	Co-operating with other providers	Cleanliness and infection control	Management of medicines	Safety and suitability of premises	Safety, availability and suitability of equipment	Requirements relating to workers	Staffing	Supporting workers	Assessing and monitoring the quality of service provision
	1	4	5	6	8	9	10	11	12	13	14	16
AF-101												
AF-102												
AF-103												
AF-104												
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QS	CQC Essential Standards of Quality and Safety											
	Respecting and involving people who use services	Care and welfare of people who use services	Meeting nutritional needs	Co-operating with other providers	Cleanliness and infection control	Management of medicines	Safety and suitability of premises	Safety, availability and suitability of equipment	Requirements relating to workers	Staffing	Supporting workers	Assessing and monitoring the quality of service provision
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AF-299												
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QS	CQC Essential Standards of Quality and Safety											
	Respecting and involving people who use services	Care and welfare of people who use services	Meeting nutritional needs	Co-operating with other providers	Cleanliness and infection control	Management of medicines	Safety and suitability of premises	Safety, availability and suitability of equipment	Requirements relating to workers	Staffing	Supporting workers	Assessing and monitoring the quality of service provision
	1	4	5	6	8	9	10	11	12	13	14	16
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AF-603												
AF-701												
AF-702												
AF-703												
AF-798												
AF-799												

APPENDIX 3

ABBREVIATIONS

ALF	Advanced Level Framework
ALS	Advanced life support
BI	Background information to review team
BLS	Basic life support
CDU	Clinical Decision Unit
CNR	Case notes review
COPD	Chronic Obstructive Pulmonary Disease
CT	Core Trainee
CT Scan	Computed Tomography Scan
DH	Department of Health
Doc	Documentation should be available
DVLA	Driver and Vehicle Licensing Agency
ECG	Electrocardiograph
FY	Foundation Year
GI	Gastro-intestinal
GLF	General Level Framework
GP	General Practitioner
ILS	Immediate life support
MP&S	Meeting patients, carers and staff
MRI	Magnetic Resonance Imaging
NICE	National Institute of Health and Clinical Excellence
NVQ	National Vocational Qualification
PACS	Picture Archiving and Communications System
PALS	Patient Advice and Liaison Service
QS	Quality Standards
SAM	Society for Acute Medicine
SAS	Staff Grade and Associate Specialist
STEMI	ST elevation myocardial infarction
ST	Specialty trainee
TIA	Transient ischaemic attack
WMQRS	West Midlands Quality Review Service