

---

# Medical Assessment and Planning Unit (MAPU)

Initiative Type

Model of Care

Status

Deliver

Added

26 July 2017

Last updated

25 March 2024

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/mapu>

## Summary

A Medical Assessment and Planning Unit (MAPU) / Medical Assessment Unit (MAU) is a unit which provides rapid physician assessment, early referral and intervention from allied health, priority investigations, and a multidisciplinary approach to discharge planning. The unit accepts patients presenting with an acute medical illness from emergency department (ED). Within 48 hours of the admission patients should have completed assessment and treatment and be ready for discharge, or,

---

if requiring further inpatient care, be transferred to the appropriate inpatient ward.

## Key dates

Nov 2016

## Implementation sites

Multiple Hospital and Health Services across Queensland

## Partnerships

Multiple Hospital and Health Services across Queensland

# Key Contacts

Laureen Hines

0012

[paul.blee.hiu](mailto:paul.blee.hiu)

Director Statewide Access

Healthcare Improvement Unit

(07) 3328 9937

Laureen.Hines@health.qld.gov.au

## Aim

- 
- Appropriate and timely care, with rapid assessment, earlier diagnosis and treatment
  - Reduction in unnecessary admissions and investigations; reduced length of stay
  - Effective discharge planning
  - Improved access to investigation and information technology
  - Greater multidisciplinary interaction
  - Increased exposure of junior medical staff to training opportunities in acute medicine
  - Significant reduction in admission delay with streamlined admission processes
  - Reduced access block to inpatient beds with flow-on benefits to ED efficiency
  - Improved bed management with buffer bed capacity for acute medical patients at times of excess caseloads
  - Improved risk management as a result of standardised management protocols and clinical handover involving ED staff and medical staff
  - More effective use of resources with considerable saving in inpatient bed days
  - Greater retention of staff with an enhanced morale

## **Benefits**

- Increasing medical admissions (demographics)
- Emergency departments not coping with flux of admissions (increased access block in ED)
- Pressure on medical beds (outliers)
- Poor access to diagnostic facilities
- Longer length of stay for medical patients
- Increased risk of adverse events in medical patients

## **Background**

Queensland Health continuously seeks to improve access to services for patients presenting to emergency departments across the state. To meet the increasing demand for healthcare, alternate models of care were sought to ensure efficient patient flow through the hospital system.

## **Solutions Implemented**

The key components of any unit include:

- Management responsibility that lies with general medicine
- Focus on multidisciplinary early assessment, proactive planning and intervention
- Seven day, 24 hours service which features at least once daily consultant led ward rounds

- 
- Nursing staff and allied health team with sufficient numbers of experienced non-rotational staff dedicated to the unit
  - Adequate clerical and secretarial support services
  - Beds which are geographically located within a distinct area (preferably collocated with ED) to maintain focus on intensive planning and intervention
  - Beds which are quarantined for unit patients only
  - Clear admission and discharge criteria and processes which can be consistently applied and understood by all staff
  - Adequate back-up social services and community health services
  - Unit occupancy rates which are kept below 100%
  - Consultant leadership and strong supportive hospital management
  - Group of dedicated physicians willing to take part in acute roster
  - Close proximity and prioritised access to investigative facilities (pathology and radiology) and pharmacy services
  - Implementation of standardised evidence based care protocols
  - Evaluation of unit effectiveness on regular basis

## **Evaluation and Results**

- Appropriate and timely care, with rapid assessment, earlier diagnosis and treatment
- Reduction in unnecessary admissions and investigations; reduced length of stay
- Effective discharge planning
- Improved access to investigation and information technology
- Greater multidisciplinary interaction
- Increased exposure of junior medical staff to training opportunities in acute medicine
- Significant reduction in admission delay with streamlined admission processes
- Reduced access block to inpatient beds with flow-on benefits to ED efficiency
- Improved bed management with buffer bed capacity for acute medical patients at times of excess caseloads
- Improved risk management as a result of standardised management protocols and clinical handover involving ED staff and medical staff
- More effective use of resources with considerable saving in inpatient bed days
- Greater retention of staff with an enhanced morale

## **Lessons Learnt**

MAPU/MAUs are an effective, efficient and safe way to assess the increasing number of medical patients presenting to Queensland emergency departments.

---

## Further Reading

[The Prince Charles Hospital: Early Assessment Medical Unit IMSANZ Standards for Medical Assessment and Planning Units in Public and Private Hospitals](#)

PDF saved 22/06/2025