

Emergency Medicine Standard Operating Procedures

Emergency Decision Unit (EDU) – Alexandra Hospital

Written by	Clinical Lead
Approved by	Divisional Medical Director
Date of Approval	
Date of next review This is the most current document and is to be used until a revised version is available	

Aim and scope of Standard Operating Procedure

This Standard Operating Procedure (SOP) has been written to:

- Provide an extended stay facility for patients who have attended the department when more than four hours are required to reach a sound clinical decision about;
 - a) The correct diagnosis/management strategy.
 - b) The safety and appropriateness of discharge.

The Unit will also provide a facility to manage patients for up to 24 hours where a decision on management has been reached but where resources to initiate that management are not yet available (e.g. CT scan) but where interventional care is not required during those 24 hours. Consultant discretion will occasionally be exercised on the precise length of stay, which may be more than 24 hours in exceptional circumstances

Target Staff Categories

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Introduction

The aim of the Unit is to provide an extended stay facility for patients who have attended the department when more than four hours are required to reach a sound clinical decision about

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2. Philosophy

The complexity and number of patients attending the Emergency Department is increasing nationally. Factors influencing this increase include a decline in provision of out of hours services from Primary Care, increasing patient expectations and an ageing population with multiple pathologies.

Increasingly sophisticated tests and assessments mean that a diagnosis can often be reached which allows the patient to be safely discharged rather than admitted. These tests and assessments however take time and a EDU would provide an appropriate environment to hold these patients until assessments are completed or discharge is facilitated.

Some patient groups also require, at times, a period of extended stay with only baseline nursing observations in order to confirm their appropriateness for discharge e.g. minor head injuries, particularly when associated with alcohol abuse, patients who need mobility assessment etc.

In essence, the EDU will provide an appropriate and safe environment where Emergency Department staff can confirm presumptive diagnosis and management strategies and thus reduce unnecessary admissions. It will also provide an appropriate environment where patients can stay, where discharge is planned but where resources are not available but will be in place within 24 hours e.g. transport or social services.

The EDU will not be used as an extension of the Medical, Surgical, Orthopaedic or any other speciality beds numbers, except in very exceptional circumstances, and at the discretion of the ED Consultants or Senior Doctor on shop-floor in coordination with Nurse in Charge. The EDU may be utilised when a decision on a stable patient has been reached to admit and bed is available within 30 minutes and patient is going to breach 4 hours target. The patient must qualify the generic criteria for admission. REF: ED/CDU/01 4

3. Structure of the Unit

The Unit is integrated in the Emergency Department and has its own dedicated nursing staff who rotate into EDU from the Main Department. The Unit comprises of:

- 5 beds
- 5 bedside lockers
- 5 bed tables
- 5 chairs
- A nurse call system including link to main department
- 6 bedside oxygen and suction
- A telephone point and mobile trolley for patients use
- An external telephone access point
- Male and female patients' toilets and washing facilities including showers with side rails in toilet for safety
- Equipment store for defibrillator/crash trolley, Dinamap/thermometer, bed pans, basic nursing equipment
- Sluice
- Linen Store
- Nurses' station with security alert system
- Computer terminal/printer
- Any other dedicated equipment considered necessary

4. Function of the unit

The Unit is designed to provide services for adults and will not be used for children. Children (less than 16 years old) will be transferred to WRH

• Elderly patients above 85 years of age should not be admitted to EDU with the exception of those:

a) Waiting for transport

b) waiting for speciality bed to be available within 30 minutes (should be a stable patient & the speciality doctors should see and clerk them in EDU)

c) Waiting for mobility assessment

The Likely Case mix for EDU will include (the list is not exhaustive):

i minor head injuries with no responsible adult at home (cut off age will be 85 years)

- ii overdose/DSH stable patients waiting for blood results/psychiatric assessment.
- iii uncomplicated alcohol intoxication.
- iv non-specific chest pain waiting for further tests with (no/minimal risk).
- v postictal events.
- vi post manipulation of simple fractures/dislocations (involving sedation).
- vii exacerbation of a known back pain (non-traumatic) awaiting review/mobility/physio.
- viii cellulitis for initial I.V. antibiotics.
- ix allergic reactions with patent airway.
- x a stable patient who needs a short term analgesia e.g. exacerbation of IBS/Gastritis/Migraine/Suspected Renal Colic etc.
- xi discharged patients waiting for transport
- xii discharged patients waiting for mobility assessment
- xiii admitted but stable patients waiting for a bed in speciality to be available within 30minutes (in exceptional cases)

The length of stay in the Emergency Decision Unit will not normally exceed 24 hours, patients whose condition changes adversely during their stay in EDU may well require admission and should then be referred to the appropriate specialty. Patients who are admitted to EDU for 24 hours or more should have their venous thrombosis embolism risk assessed on discharge, and if prophylaxis needed, they should have first dose before discharge and subsequent doses by GP via Practice/District Nurse.

If the patient is admitted to Hospital, the Specialty will do their risk assessment on the Ward. Dedicated EDU protocols for all the above conditions have been developed and are available on a single admission form.

5. Admission Procedure

The decision to admit to the Unit will be taken by the ED Consultant / Middle Grade on duty in the Emergency Department in collaboration with the ED Co-ordinator on duty in the Emergency Department.

Documentation will need to be processed on OASIS; this will be carried out by the Administration Team upon request and, the Patient's General Records if not already available, will be requested. All Patients will be admitted under the name of the Consultant On Call. Emergency Department records will stay with the patient's records until they are discharged from the EDU when the Emergency Department records will be returned to the Emergency Department in preparation for scanning onto the EZnotes system.

It is the responsibility of the Discharging Clinician to ensure that the appropriate discharge documents are complete and the Nurse on the EDU should ensure that this has been carried out.

The patient's EDU records will be merged into the patient's general records by the Administration Team. A record of admissions will be maintained and an on-going audit will provide information for:

- i Emergency Department staff
- ii Trust Executive staff
- iii Primary Care Trust

6. Privacy and Dignity

The layout of the Unit allows for male patients at one end of the Unit and female at the other with solid partitions between each cubicle in order to maintain privacy and dignity of patients. There are bathroom and toilet facilities at both ends of the Unit to ensure that male and female facilities are separated.

7. Clinical Review Process

Patients will be reviewed continuously by EDU nursing staff and on request by the Shop floor Consultant/Specialty Doctor. Only the shop floor Consultant or a Specialty doctor can approve an admission or discharge, which can be initiated by any doctor.

Foundation Year 1 doctors based in the Emergency Department will review all the overnight admitted patients at 08:00 hrs and prepare for the Consultant round at 09:00 hrs on weekday (Monday - Friday); Similarly they will assist in the Consultant round at 16:00 hrs with on call Consultant.

The 'shop floor' Consultant will review all cases at 09.00 hours each morning and, when required, a Specialty doctor will do the same. Where indicated, the Consultant on-call or a specialty Doctor will be informed and / or required to attend where a decision on a change of management is required.

If the condition of a patient in EDU deteriorates and needed resuscitation/intervention, they may be transferred to Main Department at the discretion of the Senior Doctor in coordination with the Nurse in Charge of EDU and Main ED.

On discharge from the unit a patient will be provided with a copy of a comprehensive discharge summary and the second copy will be sent to the GP and the third copy will be filed in the patient's notes.

Patients who are waiting for transport home/ward bed need no Discharge Summary. The patients requiring medication may normally be provided up to 28 day supply of medications, and a minimum of 7 days supply, requesting TTO medication from pharmacy in hours and out of hours supplied with TTO medication from the department.

Patients who have their own medication will be asked to use their own after discharge. This initial arrangement will be reviewed if necessary and the Operational Policy changed accordingly.

8. Staffing

- Permanent Nursing 1 trained Nurse (band 5) - at any one shift
- 1 HCA at any one shift
- Visiting Daily/as required Physiotherapy
- Visiting Daily/as required O.T., Social Worker
- Visiting Daily/as required Pharmacy
- Medical Consultant Emergency Department as required
- Middle Grade Emergency Department as required
- Foundation Year 1 doctor weekdays 08:00 – 16:00
- Admin and Clerical Clerks from Main Department reception

9. Policies and Procedures

The Unit must adhere to all Trust policies and procedures. Copies of current policies are available on the Trust Intranet.

The Unit operates a no-smoking policy in accordance with Trust policies. All emergencies are dealt with according to Trust policies and procedures e.g. Fire

10. Management Structure

The EDU is managed as an integral part of the Emergency Department by the Business Manager of ED. Day to day clinical management is the remit of the Nurse Co-ordinator on duty in the Emergency Department together with the shop floor Consultant and / or the Consultant on-call out of hours or Middle Grade on duty.

11. Management Responsibilities

11.1 ED Directorate Manager

Responsible for the development of the Unit within the delegated budget and in line with the Trusts' planning process. - liaises with the Clinical Management Team regarding unit activity and performance. Responsible in conjunction with:

11.2 Directorate Business Advisor

- Preparing annual budgets.

12. Clinical Management team

12.1 Designated Consultant

- Responsible for providing advice on clinical issues.
- Responsible for developing and maintaining protocols and patient directives in conjunction with other professionals.
- Liaises with other clinicians and directorates on the interface between the Emergency Department and the EDU and the inpatient units.
- Responsible to the Clinical Audit Lead for the proper audit of the Department and preparation of the annual audit report.

12.2 Clinical Governance Lead

- Responsible for clinical governance issues.

12.3 ED Matron

- Responsible for providing operational and business support for the Business Manager and the Senior Nursing Staff of the EDU.
- Responsible for the professional development of the staff in relation to best practice.
- Responsible for monitoring and investigating adverse incidents.
- Responsible for maintaining the standards of care.
- Responsible for monitoring cleanliness of the unit.

12.4 Lead Clinician

- Overall responsibility for the EDU will supervise the smooth running and appropriate use of the Unit together with the designated consultant and through the rest of the Team.

12.5 Designated Nurse for EDU

- Responsible for the rota of the staff allocated to the unit to ensure it is adequately staffed at all times.
- Responsible for the quality of care of patients.
- Responsible for correct documentation of record keeping.
- Identifies needs of the Unit and its resources.
- Liaises with Medical Staff over care of patients.
- Responsible for efficient running of the unit and effective use of resources.

12.6 Designated FY 1 Doctor for EDU

- Review all the patients every morning on weekdays
- Document Clinical notes and investigations.
- Assist in Consultant Rounds at 09:00 hrs and 16:00 hrs
- Liaise with Shop floor Consultant regarding treatment and management of patients.
- Liaise with other specialities including Radiology Department, Clinical Management Team, the CDU Lead Consultant, Matron, CDU Designated Sister (Band 7).

The Team will meet on 3 monthly basis and the items on the agenda might include both clinical and business issues. The CDU designated Consultant will organise the meetings and prepare the Agenda for them.

Clinical issues will measure, review, audit the very philosophy and its compliance to clinical protocols etc., business issues will relate to non-clinical matters, e.g. 4hr waits, waits in x-ray, waits for blood results, clinical coding, monthly data, transport issues etc. The Clinical Management Team will report to the Business Unit Manager

13. Support Services

13.1 Catering: Patients will require a range of options from drinks/light snacks and meals for those staying 24 hours. Relatives staying with a patient (short time e.g.: waiting to collect patient) will be informed of the facilities available within the hospital, hot/cold drinks. Usually no relatives stay overnight. The catering department

is responsible for providing beverages and snacks. Provisions are ordered on a daily basis by the Healthcare Assistant.

13.2 Movements of patients: Movement to and from x-ray and other departments where necessary will be undertaken by the Porters as part of their portering role.

13.3 Cleaning: The domestic team are responsible for the cleaning of the unit as agreed in a contract specification and cleaning schedule as part of their domestic cleaning role. Cleaning will be arranged so as to cause minimal disruption to the activity of the unit while ensuring a safe and clean environment in which to admit and care for patients.

13.4 Estates maintenance: Estate and equipment maintenance is carried out as requested in accordance with the practice of the main Emergency Department. Any maintenance which includes access to the unit when not in use must take into account the security of the unit Aids and Appliances. Aids and appliances are provided by the person authorising the need, following agreed protocols.

13.5 Finance: The budget holder is the Business Manager of ED.

13.6 Linen: Laundry Linen is delivered to the unit daily. Linen requirements are agreed by the laundry manager and the Matron.

13.7 Pathology: Pathology Departments Specimens are delivered to the laboratory by Pod/or the Porters. Reports of any investigations carried out will be accessible via computer and checked by the EDU nurse. Any abnormal results will be reported to the Consultant on the shop floor or Middle Grade doctor on duty. It may be necessary to also inform the consultant on-call after hours at the discretion of the Middle Grade doctor on duty.

13.8 Pharmacy Ordering: Storage and administration of medicines are in accordance with the Trust policy and procedure (Reference: Safe and Secure Handling of Medicines). Maintenance of stock levels is undertaken weekly by pharmacy staff. Take home medication is dispensed from ED stock in accordance with the local protocol, any medication which is not available on the ward may be obtained from the pharmacy department. If advice is needed, EDU staff have access to the Pharmacist responsible for ED.

13.9 Supplies: Stock items from the Regional Distribution Centre are ordered by management on a weekly basis according to previously agreed stock levels. Non-stock items are ordered as required and authorised by the Matron. Items which require storage will be stored in designated area. Empty boxes etc. will be removed from EDU in accordance with the current Emergency Department procedures at the time.

13.10 Physiotherapy: In the event that patients require assessment, the physiotherapy assessment team will review the patient in EDU. Out of hours physiotherapy is currently provided within the Trust to deal with acute respiratory problems, however, patients who require such intensive physiotherapy input are not suitable for admission to the EDU.

13.11 Social Services: Patients requiring social services support will be referred via the existing A&E procedures, i.e. to the social worker on call.

13.12 Information: The Department of Information advises on and supports the information technology of the Unit and ensures compliance with the Trusts information resources.

14. Standards and Audit

The Unit adheres to recognised standards of care and benchmarking. Standards are audited by EDU staff and the designated Consultant is responsible for preparing and presenting results of audits in co-ordination with the Departmental Clinical Audit Lead. Performance standards will be agreed with the General Manager.

The outcomes of audit contribute to the annual review of the operational policy and development of strategies and business plans. Any adverse incidents which occur must be reported using the Trust Adverse Incident reporting system.

15. Complaints

Complaints are handled in accordance with Trust policy. Staff are given formal training in the handling of complaints and customer care. First line resolution is expected. All patients/parents/carers are made aware of the Patient Advice and Liaison Service, the details of which are displayed prominently within the unit. Information is also displayed advising how to contact Matron.

16. Human Resources

The unit adheres to the Trust Human Resources policies and procedures. Performance Development Appraisal is undertaken annually with all staff.

17. Health and Safety

(see Trust Health and Safety Policy) The unit adheres to the Trust Health and Safety Policy. Unit staff undertakes the mandatory training annually.

18. Risk Management

The unit adheres to the Trust policy on Risk Management. Adverse incidents are recorded in accordance with the policy.

Controlled drugs belonging to a patient should be kept in CD cupboard.

The Nurse in charge of the EDU is responsible for devising and initiating action plans to rectify problems which are identified through adverse incident reports .

19. Transport and Parking

Patients who are admitted to the EDU from the Emergency Department will be asked if they have left their car in the hospital car park and the Nurse in charge of the EDU will arrange for the vehicle to be marked by the car park attendant "patient admitted". Out of hours, a member of the Emergency Department staff will mark the car. Ambulances are booked in accordance with the ambulance booking protocol.

20. Waste Disposal

Disposal of waste is in accordance with Trust policy

21. Security

The unit is to be secured by the Nurse in charge of the EDU when not in use. Rooms/cupboards within the unit are locked when not in use. Duplicate keys to all cupboards/doors are to be held at the Emergency Department reception. Security of patients' personal property and valuables is in accordance with Trust policy and procedures. Out of hours any patient valuables will be kept in the night safe. During office hours they will be handed over to the Cashier's Office.

Access for visitors/relatives who are not in attendance with the patient at the time of admission will not normally be through the Emergency Department treatment area. They will report to the Emergency Department reception desk and will be directed appropriately and on leaving the EDU the relatives will be directed as to the way out.

Visiting is at the discretion of the EDU staff and will be facilitated where possible and will take into account the condition of the patient and other patients on the unit. Access of patients from the main Emergency Department to the Unit will be via the ED corridor.

All staff will question the identity of unfamiliar personnel and those not wearing the Trust identity badge.

22. Patient's Death

Patients who are critically ill or injured will not be admitted to the Unit, however, in the event of the unexpected death of a patient on the EDU the Trust policy of dealing with death within the hospital will be followed.

In exceptional circumstances and where EDU capacity allows, EDU may care for patients who are nearing the end of their life.

23. Summary

Nationally, Trusts are establishing EDUs as part of improving healthcare. The development of our EDU is in accordance with our Trust Patient Services Plan. We envisage that the Unit will have a positive impact on meeting our 4-hour wait target and even improving on our current performance. It will also provide an opportunity to observe patients when the clinical diagnosis is not clear and this will in turn minimise the risk of discharging patients who are not fit for discharge and reduce re-attendance. The EDU will help in reducing any unnecessary admissions which in turn will relieve pressure on acute beds. The EDU will also eliminate the possibility of patients spending a long time on trolleys in the Emergency Department.

24. Review

It is planned that the Policy will be reviewed 12 months after its implementation and an audit will be performed prior to that.