Policy Directive

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Emergency Department Short Stay Units

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Summary This policy outlines the mandatory requirements for the use of Emergency Department Short Stay Units (EDSSUs) in NSW hospitals. EDSSUs are Inpatient Units, managed by Emergency Department staff, designated and designed for the short term (generally up to 24 hours) treatment, observation, assessment and reassessment of patients initially triaged and assessed in the Emergency Department.

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Applies to Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Public Health System Support Division, Government Medical Officers, Ministry of Health, Private Hospitals and Day Procedure Centres, Public Health Units, Public Hospitals

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POLICY STATEMENT

EMERGENCY DEPARTMENT SHORT STAY UNITS

PURPOSE

This policy outlines the mandatory requirements for the use of Emergency Department Short Stay Units (EDSSUs) in NSW Hospitals. EDSSUs are Inpatient Units, managed by Emergency Department (ED) staff, designated and designed for the short term (generally up to 24 hours) treatment, observation, assessment and reassessment of patients initially triaged and assessed in the Emergency Department.

The National Partnership Agreement on Improving Public Hospital Services clearly states the requirements for EDSSUs in Australia. However further detail is required for NSW Hospitals to ensure correct implementation of these requirements.

MANDATORY REQUIREMENTS

Emergency Department Short Stay Units in NSW must adhere to the following principles:

- EDSSUs are Inpatient Units attached to emergency departments, managed under the clinical governance of the ED senior clinical management team located at the hospital.
- EDSSUs are designated and designed for the short term treatment, observation, assessment and reassessment of patients with selected conditions, initially triaged and assessed in the ED.
- The aim of EDSSU is to improve care of ED patients, improve the flow of patients through the ED, thereby improving ED bed access and reducing inpatient ward length of stay for EDSSU appropriate patients.
- EDSSUs must have specific admission and discharge criteria and policies. General principles for admission to EDSSU should focus on patients that are:
    - Clinically stable AND
    - Anticipated to require a period of observation or treatment less than 24 hours.

  In some facilities, it may be appropriate for clinically stable ED patients being transferred to another facility, after confirmation of timely availability of a bed at the accepting facility has occurred, to be admitted to EDSSU pending transport to the accepting facility.
- The design of the EDSSU should be a purpose built facility which allows it to be physically separated but in close proximity to the ED, have a static number of beds with oxygen suction and include its own patient bathroom and shower facilities.
- EDSSUs are not a temporary ED overflow area nor used to keep admitted patients who are solely awaiting an inpatient bed nor awaiting treatment in the ED prior to medical assessment.

- EDSSUs are staffed by dedicated Medical, Nursing and Allied Health staff with appropriate skills and knowledge to manage EDSSU patients. Patients are admitted under the care of the designated Specialist Emergency Physician rostered for EDSSU. In facilities with no Specialist Emergency Physician, other Specialist Medical Officers credentialed to admit patients to the hospital as a treating Specialist may be designated as responsible for EDSSU admissions.
- Patients admitted to EDSSU whose condition changes and therefore require a bed on an appropriate inpatient ward should have timely allocation of the bed through hospital patient flow processes. This is to ensure timely access to appropriate care and flow of ED patients into EDSSU is not impeded.
- Regular monitoring of EDSSUs is important to ensure efficient and appropriate use of EDSSU beds. An admission rate (from EDSSU into the hospital) of 10%-15% is considered acceptable.
- Regular review of incidents should be undertaken as per the EDs procedure for compliance with PD2014_004 Incident Management Policy and be included in ED Morbidity and Mortality meetings.
- Two specific measures for patients admitted to EDSSU (Bed Type 59) which are monitored on a state-wide level are:
    1. Length of Stay in the EDSSU, reported as:
        - Percentage of all patients admitted to EDSSU with a LOS (in the EDSSU) less than or equal to 24 hours (calculated in minutes), and
        - Percentage of all patients admitted to the EDSSU with a length of stay less than 4 hours (calculated in minutes).
    2. Destination on departure from the EDSSU
        - Percentage of all patients admitted to EDSSU who were either:
            - Discharged home
            - Transferred to another admitted patient setting in the same service
            - Discharged to another health service.

    Local teams should review adherence to these monitoring measures.

IMPLEMENTATION

Local Health District Chief Executives are responsible for:

i. Assigning responsibility, personnel and resources to implement this policy

ii. Establishing mechanisms to ensure that the Mandatory Requirements are applied, achieved and sustained as usual processes for admission of patients to EDSSU. This should include nomination of an executive sponsor

iii. Ensuring that any local policy reflects the requirements of this policy and is written in consultation with hospital executive, Clinical Governance unit, ED senior management, and clinical staff.

REVISION HISTORY

Version	Approved by	Amendment notes
PD2014_040 October 2014	Deputy Secretary, Systems Purchasing and Performance	New policy

ATTACHMENTS

1. Emergency Department Short Stay Unit: Procedures.

Emergency Department Short Stay Units

NSW GOVERNMENT Health

PROCEDURES

Issue date: November-2014

PD2014_040

CONTENTS

1 BACKGROUND

1.1 About this document

This Procedure document supports and further explains the mandatory requirements of the Emergency Department Short Stay Unit (EDSSU) Policy through the following components:

- Background and use of EDSSU in NSW
- Clinical governance of EDSSU
- EDSSU admission and discharge criteria
- EDSSU design considerations
- Admitted patients in EDSSU
- Paediatric patients in adult EDSSU
- EDSSU staffing
- EDSSU monitoring measures.

1.2 Key definitions

- EDSSU – (also previously known as 'Emergency Medical Units' 'EMU' and 'ESSU') are Inpatient Units, managed by Emergency Department (ED) staff, designated and designed for the short term treatment, observation, assessment and reassessment of patients initially triaged and assessed in the Emergency Department.
- Bed type 59 - is a bed, staffed 24 hours a day that is designated for the accommodation of patients requiring emergency medical care who would otherwise have remained in the general Emergency Department. Beds in this category may be used for a mix of both day stay and overnight patients, but must be staffed for overnight patient care.

2 PROCEDURE FOR USE OF EDSSU

2.1 Background

Short stay medicine in Emergency Departments (EDs) offers intensive short-term assessment, observation or therapy, in a 'ward-like' environment, to optimise the early treatment and discharge of selected ED patients. The model is an alternative to extended stays in hospital EDs and/or the use of multi-day inpatient beds for short-term care.

The aim of the EDSSU is to improve care of patients requiring short term inpatient clinical management. EDSSUs have been shown to reduce inpatient ward length of stay for appropriately selected patients who would otherwise have been admitted to a ward bed, and improve care of those who may have stayed within the ED for prolonged periods. EDSSUs improve the flow of patients through the ED, thereby improving access to care for new emergency patients.

EDSSUs are designated for patients who are to be discharged within 24 hours. This includes stable patients who require observation and/or further investigation to ascertain the seriousness of their condition (e.g. minor head injury, chest pain, infections) or a short course of treatment for conditions that may be rapidly resolved (e.g. asthma, allergic reactions, snake bite and renal colic). Patients are admitted and managed under the care of local Specialist Emergency Physicians (EPs).

EDSSUs also provide a location for ED patients who may require allied health and social support intervention, such as physiotherapy, occupational therapy or social welfare services prior to discharge.

2.2 Clinical governance of EDSSU

Governance of the clinical and operational management of the EDSSU is the responsibility of the ED Director and Nurse Manager/Nursing Unit Manager.

Patients accepted for admission to EDSSU must be authorised by the duty Specialist Emergency Physician or delegate (e.g. emergency registrar overnight) following direct consultation.

Clinical governance includes:

- Review of the EDSSU admission policy and procedures for common Diagnostic Related Group admission categories
- Medical governance to ensure that all practices in patient care delivery are consistent with high quality evidence based practice, and local LHD, state or national guidelines
- Governance of patient care, safety and quality, incident reporting and management within an ED quality framework
- Ensuring that peer review of clinicians involved in the care of patients in the EDSSU occurs and that supervision practices are adequate.

2.3 EDSSU admission and discharge criteria

EDs should devise local guidelines regarding the inclusion or exclusion of patients into EDSSU based on local availability of resources and practices which may/ may not preclude the management within 24 hours. Some principles which may be used for development of local inclusion and exclusion criteria are as follows.

2.3.1 PATIENT INCLUSION CRITERIA

Anticipated LOS < 24 hours

- EDSSU should target patients with a range of low to moderate risk symptom complexes who, with optimal diagnostic support and clinical management, can be discharged within a 4-24 hour period
- There should be a focused goal for the period of observation
- Patients should be clinically stable.

2.3.2 PATIENT EXCLUSION CRITERIA

Anticipated LOS >24 hours

The criteria for patient exclusion from an EDSSU will vary between institutions but should be consistent with the following principles:

- It is anticipated that the duration of treatment will be more than 24 hours
- The patient is admitted under the care of an inpatient team. (local procedures for Hospital in the Home patients returning to hospital for review should be established)
- The patient has been transferred to the hospital for admission under care of an inpatient team.

Clinical exclusion criteria

- The EDSSU cannot provide a suitable level of care or the patient has complex care needs which are unable to be met in the EDSSU.
- Psychotic / violent / disruptive patients / patients at risk of absconding, including patients detained under the Mental Health Act 2007 may often be unsuitable to be cared for in EDSSU unless appropriate resources are available to manage them in the EDSSU environment. Forward planning of resource requirements for this group of patients must be undertaken and not addressed on an ad-hoc basis.
- The patient is clinically unstable. No patients with ‘red zone’ vital signs according to the Standard Observation Charts and Between the Flags process should be admitted to EDSSU unless there are documented alterations to the calling criteria
- The patient has no clear diagnosis or provisional diagnosis

2.3.3 Admission and Discharge procedures

Procedure for admitting a patient to EDSSU

- Discuss with the Specialist Emergency Physician or their delegate on duty for EDSSU
- Complete an EDSSU admission which must include the applicable medical history, examination findings, provisional and differential diagnoses, a management plan and any outstanding results to be followed up
- Complete a diagnosis in eMR
- Complete a clinical hand over of the patient to EDSSU staff including outstanding results or reviews required, and subsequent management plan.

While in EDSSU

- Any patient in EDSSU must be included in clinical handover rounds
- Minimum 4th hourly observations should be performed or as determined by Specialist Emergency Physician
- The Specialist Emergency Physician must be informed about any deterioration in an EDSSU patient and normal escalation processes utilised across the ED/EDSSU should be followed.

On discharge from EDSSU

- Discharge of patients from the ED SSU will be to home or usual residence, inpatient unit (including Hospital in the Home) or another hospital.
- Discharge process should adhere to PD2014_025 Departure of ED Patients and follow the four principles of departure outlined in the policy.
- A discharge summary must be completed for all patients leaving EDSSU.

2.4 EDSSU design considerations

EDSSUs must be designed in a way that allows the unit to be physically separate but in close proximity to the ED. EDSSUs are designated inpatient care areas and as such, the physical design should reflect this. Design should be in line with the Australasian Health Facility Guidelines – Emergency Unit.

The Australasian College for Emergency Medicine Emergency Department Design Guidelines recommend *a minimum of 8 beds with the capability to monitor each bed to the same level as an acute cubicle*. Beds are to be static in number and are separate to the ED bed base. Decisions regarding final numbers of EDSSU beds/clinical spaces will be determined locally.

It is recognised that some EDSSUs may utilise a process where one clinical bed space may accommodate several recliner chairs for patients staying short periods in the EDSSU. This process should not be used for overnight patients and must ensure appropriate staffing and other resources are maintained.

A dedicated nursing station and adequate desk space for both medical and nursing staff is required. The EDSSU is to have its own patient toilet and shower facilities.

Additionally, the following criteria should be considered in EDSSU design:

- Should have a single room(s) with en suite for the management of short term infectious patients (e.g. gastroenteritis)
- Designs may allow for infection control cohort of patients (or as part of a disaster management response)
- 'Lounge area' where patients can be treated that do not require a bed
- Beverage Bay facilities
- Storage facilities as well as clean and dirty utility located in the unit (or in close proximity) to maximise productivity and efficiency.

2.5 Admitted patients in EDSSU

An admission rate (from EDSSU into the hospital) of 10%-15% is considered acceptable. as it provides a balance of appropriate patient selection, cost effective resource utilisation, and optimisation of quality of patient care.[1] Admission may be required due to a change in the patient's clinical condition or the subsequent requirement for specialised care and investigations outside of the remit of EDSSU.

Patients must be referred, accepted and transferred from the EDSSU to another appropriate inpatient ward within the 24 hours of arrival to the EDSSU. Direct consultation between the Specialist Emergency Physician and the in-patient consultant (or their delegates) should facilitate clinical handover of the patient as well as the use of NSW Health Policy PD2009_055 "Emergency Department- Direct Admission to Inpatient Wards"

Movement of patients out of EDSSU to a hospital inpatient bed should be a priority to ensure continued flow of appropriate ED patients into EDSSU. Effective communication with the Hospital Bed Manager and After Hours Nursing Manager is essential.

Once transfer of care has taken place, all aspects of clinical care for those patients who are admitted under inpatient teams but are still in the physical bed space of the EDSSU, are the responsibility of the admitting team's Medical Officers. This includes liaising with family members and carers, reviewing medications, clinical reviews and appropriate discharge planning. Deterioration of these patients whilst they remain in the EDSSU should follow usual local escalation process with the patient being managed jointly by the inpatient team and EDSSU staff.

The EDSSU should not be used to board those patients who are known or expected to be admitted to an in-patient ward from the ED whilst waiting for that bed to become available. Patients who are admitted to inpatient wards via EDSSU are known to have

[1] Chan, T., Arendts, G. and Stevens, M. (2008), Variables that predict admission to hospital from an emergency department observation unit. Emergency Medicine Australasia, 20: 216–220. doi: 10.1111/j.1742-6723.2007.01043.x

longer total lengths of stay in hospital and utilise more resources than patients admitted directly to the hospital inpatient wards from the ED[2]

2.6 Paediatric patients in adult EDSSU

Children requiring short stay admission should be accommodated in paediatric specific units. NSW Health Policy states that "*children admitted to NSW Health acute facilities are not to be accommodated with adult patients"* PD2010_033 Children and Adolescents - Safety and Security in NSW Acute Health Facilities.

If no other option exists, any admission of paediatric patients to adult EDSSU is under the strict guidance of PD2010_033 to ensure they are accommodated in *designated paediatric safe beds.* These admissions should occur in consultation with the on call Paediatrician or delegate, or according to local procedures and care must be provided in accordance with the requirements of PD2010_034 Children and Adolescents - Guidelines for Care in Acute Care Settings.

The definition of a child in this document is any person under the age of 16 years, neonates excluded. It is acknowledged that adolescents are defined as those of an age 12-18 years.

Documented local processes may vary between units and are dependent on appropriate resources being provided, however the following principles should provide guidance.

No paediatric patient will be admitted to an EDSSU where the child is:

- Clinically unstable
- Has no definitive diagnosis
- Has no clear signs of clinical improvement following initial treatment
- Is subject to any suspicion of child protection issues
- Has any significant co-morbidity
- Has known acute mental health issues.

2.7 EDSSU staffing

Staffing must be commensurate with achieving the EDSSU key functions of: close observation, specialist assessment and diagnosis, short-term high-level care and management of patient conditions[3].

2.7.1 Medical Staffing

- A Specialist Emergency Physician will be designated and identified on the senior staff roster as EDSSU admitting officer at all times.
- Medical staffing of the EDSSU must ensure senior medical input is available and occurs for every patient.

[2] Arendts, G. Mackenzie, J. & Lee, J.. Discharge planning and patient satisfaction in an emergency short-stay unit. Emerg. Med. Aust. 2006; 18: 7-14.
[3] 2012 NSW Health.. Emergency department models of care: Emergency Care Institute (available:)

- Medical staffing must be sufficient to meet the objectives of the EDSSU in providing quality timely care.
- Where junior medical staff are rostered to the EDSSU, the roster profile will be structured to allow direct supervision, on a case by case basis, for every patient by a more senior medical officer (at least registrar level).
- Medical staff in a supervisory role in the EDSSU must be specifically trained and credentialed in emergency medicine.

2.7.2 Nursing Staffing

- Staffing must meet the needs of the patient groups streamed to the EDSSU, and ensure reasonable nurse workloads are maintained[4].
- A senior nurse in the EDSSU will be allocated per shift that will have first-line management responsibility for the running of the unit, and, working closely with the EDSSU Specialist Emergency Physician / or their delegate, to proactively 'pull' appropriate patients from ED into EDSSU[3] .
- At least 1 nurse per shift should be allocated to the EDSSU that has skills in Emergency nursing[5] [6] to ensure a range of patient conditions can be managed in the EDSSU.

2.7.3 Allied Health in EDSSU

The EDSSU should have dedicated allied health professionals with appropriate skills and knowledge to provide early intervention, discharge planning and prevent non-medical admission of patients.

Allied health services should be delivered as part of a multidisciplinary team, with staffing levels and skill mix varying in response to the clinical needs of the facility. For an EDSSU, it may be necessary for allied health professionals to work extended hours, on weekends or on-call.

2.8 EDSSU monitoring measures

The ongoing performance of the EDSSUs should be evaluated against the principles and intent of this policy. Data and other monitoring information should be used to drive improvements in service delivery, safety and quality in the EDSSU.

Services should establish mechanisms to ensure that their performance against relevant monitoring measures is regularly reviewed and where issues are identified that there are processes in place to facilitate appropriate action. Monitoring and review should address both the specifically identified state level indicators as well as other locally meaningful measures.

Core monitoring measures of for EDSSUs (Bed Type 59) at a state level will include:

- Length of Stay in the EDSSU, reported as:

[4] 2011 NSW Health. 2011. Public health system nurses' and midwives' (state) award.(available)
[5] 2013 College of Emergency Nursing Australasia, Standards for the Emergency Nursing Specialist (available)
[6] 2011 NSW Health Transition to Specialty Practice Emergency Nursing Program (available)

  - Percentage of all patients admitted to EDSSU with a LOS (in the EDSSU) less than or equal to 24 hours (calculated in minutes) and
  - Percentage of all patients admitted to the EDSSU with a length of stay less than 4 hours (calculated in minutes).

- Destination on departure from the EDSSU
  - Percentage of all patients admitted to EDSSU who were either:
    - Discharged home
    - Transferred to another admitted patient setting in the same service
    - Discharged to another health Service.

These measures will be calculated by the MoH using existing admitted patient data routinely submitted to the State centralised data warehouse. EDSSU patients should be included in local hospital Morbidity and Mortality meetings

As well as the core state level indicators, services may wish to investigate the use of other locally meaningful measures, for example:

- Volume of patients admitted and discharged in ED – before and after establishment of the short stay unit
- Volume of patients admitted from ED to other inpatient locations with LOS less than 24hrs
- Unplanned representations to ED within 48 hours for patients discharged from an EDSSU
- NSW Patient Survey Program information.