Policy Directive

Emergency Department Short Stay Unit (EDSSU) Admissions

Summary	This Policy Directive outlines the governance and operational requirements to ensure the effective functioning of Emergency Department Short Stay Units.
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Emergency Department Short Stay Unit (EDSSU) Admissions

Policy Statement

NSW Health acknowledges the critical role of Emergency Department Short Stay Units (EDSSUs) in providing short-term, intensive observation and treatment to selected patients following Emergency Department (ED) triage and assessment. EDSSUs serve as a strategic alternative to prolonged stays in the ED or unnecessary inpatient admissions, ensuring timely, effective care while optimising Emergency Department capacity and improving patient flow.

This Policy Directive outlines the governance and operational requirements necessary to ensure the effective functioning of EDSSUs. The goal is to maximise patient care, promote system efficiency, and ensure the proper utilisation of EDSSUs to support better health outcomes.

Summary of Policy Requirements

EDSSUs offer a solution reduce extended stays in the ED or avoid unnecessary inpatient admissions, delivering short-term intensive care for patients needing observation or treatment. To optimise the effectiveness of EDSSUs, it is critical to ensure appropriate patient selection.

Misuse of these units – such as admitting patients solely awaiting inpatient beds – can lead to negative outcomes and unnecessarily extended stays, undermining the intended purpose of the model.

EDs are responsible for the overall governance and operational management of EDSSUs, which must include:

- developing and enforcing inclusion and exclusion criteria

- ensuring effective utilisation of occupancy and capacity

- operating sub-specialty care models

- overseeing staffing and resource allocation

- monitoring and reporting on quality measures

- achieving key performance indicators (KPIs) for EDSSU admissions.

Local Health District and Specialty Health Networks have a responsibility to ensure or support the following:

- Support EDs in efficiently transitioning patients out of the EDSSU when appropriate.

- Recognise and support the ED's leadership role in managing the EDSSU.

- Clearly define escalation and communication requirements for EDSSU patients admitted to inpatient teams waiting inpatient beds, ensuring clarity on care transitions.

Revision History

Version	Approved By	Amendment Notes
PD2025_011 March-2025	Deputy Secretary, System Sustainability and Performance	This publication provides: • Increased rigor and definition of operational requirement • Includes new KPI measure • Includes supporting requirements to meet KPI. Key revisions include: • Clarification of EDSSU's Role: The statement reinforces the strategic function of EDSSUs as an alternative to extended ED stays and inpatient admissions. • Emphasis on Appropriate Patient Selection: It highlights the critical importance of appropriate patient selection and outlines the potential consequences of misuse. • Comprehensive Governance Structure: It specifies the governance roles for both Emergency Department leadership and Local Health District and Specialty Health Network leaders, ensuring clear accountability and responsibilities. • Operational Oversight: The policy emphasizes the operational requirements for maintaining effective EDSSU function, including patient flow, staffing, and quality monitoring.
PD2014_040 November-2014	Deputy Secretary, System Purchasing and Performance	New Policy Directive.

Contents

1. Background

Emergency Department Short Stay Units (EDSSUs) are established to offer intensive, short-term assessment, observation, or therapy for selected patients following triage. Operating 24/7, EDSSUs serve as a strategic alternative to extended stays in the Emergency Department (ED) or inpatient admissions for short-term care.

The primary objectives of EDSSUs are to enhance ED capacity, streamline patient flow, and improve patient experience. Effective patient selection and management of bed space turnover within EDSSUs can lead to increased ED capacity, reduced congestion, and shorter lengths of stay for both ED and EDSSU patients. The 'ward-like' environment of EDSSUs has demonstrated improved patient satisfaction for those requiring care exceeding 4 hours [1].

To achieve these benefits, appropriate patient selection is imperative. Misuse of EDSSUs, such as admitting patients solely awaiting inpatient beds, can result in negative patient outcomes and prolonged stays [1].

This Policy Directive revision aims to provide explicit guidance to ED leadership teams and organisations within NSW Local Health Districts (LHDs) and Specialty Health Networks (SHNs). It emphasises the need to prioritise patient selection, manage space turnover effectively, secure adequate operational support to fully leverage the advantages of EDSSUs, and maintain staff safety, thereby enhancing patient care and ED efficiency.

1.1. About this document

This Policy Directive outlines the requirements for operating an Emergency Department Short Stay Unit (EDSSU), including:

- **Governance and Operational Requirements**: NSW Health organisations and ED leadership teams are to implement a continuous improvement process within clinical practice standards and safety culture including cultural safety, contributing to positive patient outcomes and workforce safety and satisfaction.

- **Patient Selection and Accountability**: Defines the required governance and leadership model, with a focus on clinical oversight to ensure patient admissions to EDSSU remain appropriate and in line with federal regulatory requirements [2].

- **Integration with Patient Flow Principles**: Ensures alignment with LHD or SHN patient flow principles.

- **Inpatient Environment Standards**: **Inpatient Environment Standards**: Outlines specific design requirements to adhere with Admission Funding Classification, the Australian Health Facility Guidelines (AusHFG) and NSW Health Policy and Procedure Manual *Protecting People and Property*.

- **Workforce Capability and Development:** Indicates high degree of clinical leadership is required to appropriately govern and operate these models.

- **Activity and Performance Monitoring**: Procedures for monitoring EDSSU activity and evaluating performance.

1.2.   Key definitions and abbreviations

Admission	The process whereby the hospital accepts responsibility for the patient's care and/or treatment. Admission follows a clinical decision based upon specified criteria that a patient requires same-day or overnight care or treatment [2].
Aboriginal Liaison Officer	These roles are non-clinical and provide support in the Aboriginal and/ or Torres Strait Islander patient/carer and clinician interface and undertake advocacy for patient needs.
Aboriginal Health Practitioner	Aboriginal Health Practitioners are an Ahpra registered clinical profession which functions as part of the clinical multi-disciplinary team and provides a combination of clinical care and culturally appropriate support for patients who identify as Aboriginal and/or Torres Strait Islander.
Improvement Measure	Assist the organisation to improve provision of safe and efficient patient care [3].
KPI (Key Performance Indicators)	Key performance indicator is outlined in each financial years' service level agreement agreed to by each LHD, SHN and the Ministry of Health [3].
Non-Admitted	Care provided to a patient who has not undergone a hospital's formal admission process. Non-admitted care may include outpatient visits and emergency department services [2].
Patient flow unit or team	LHD staff employed to manage admitted patients access to appropriate inpatient beds.

1.3.   Legal considerations and legislative framework

These documents and standards provide the policy and legislative framework necessary for the effective operation and governance of EDSSUs, ensuring compliance with both state and national requirements.

NSW Health Admissions Policy

- **Document:** NSW Health Admissions Policy
- **Link:** PD2017_015
- **Requirement:** Compliance with admission criteria and processes for NSW Health.

National Admitted Care Requirements

- **Document:** Independent Hospital and Aged Care Pricing Authority (IHACPA) Admitted Acute Care Classification

- **Link:** National Admitted Care Classification
- **Requirement:** Alignment with national standards for admitted care.

Australian Government – Australian Institute of Health and Welfare

- **Document:** EDSSU Identifying and Definitional Attributes
- **Link:** METEOR – metadata online registry
- **Requirement:** Adherence to the defining attributes of EDSSUs as established by the Australian Government.

Care Coordination and Safe Discharge Policy

- **Document:** Admission to Discharge Care Coordination
- **Link:** PD2022_012
- **Requirement:** Compliance with care coordination and safe discharge procedures.

NSW Aboriginal Health Plan

- **Document**: NSW Aboriginal Health Plan 2024-2034 Sharing power in system reform
- **Link**: NSW Aboriginal Health Plan
- **Requirement**: Adherence to priority reform areas (specifically area 1) and strategic directions (specifically directions 1 and 2).

EDSSU Bed Classification

- **Document:** Data Dictionary for Admitted Patient Care Data Stream (Public Sector)
- **Link:** Data Dictionary
- **Requirement:** EDSSUs are classified as bed type 59, which must be staffed 24 hours a day and designated for emergency medical care. This classification supports both short-term day stays and overnight patients.

EDSSU Design Requirements

- **Documentation**: Australian Health Facility Guidelines Part B- Health Facility briefing and Planning HPU 300 Emergency Unit
- **Link**: Emergency Unit
- **Requirement**: Comply with the build requirements for an EDSSU

National Safety and Quality Health Service (NSQHS) Standards

- **Document:** National Safety and Quality Health Service Standards, Second Edition
- **Link:** NSQHS Standards
- **Requirement:** Compliance with the NSQHS Standards to ensure safety and quality in health services.

NSW Health Role Delineation for ED and Clinical Services Plan

- **Document**: Role Delineation levels of Emergency Medicine, May 2021
- **Link:** Role Delineation levels
- **Requirement:** Adherence to the role delineation framework and clinical services planning guidelines set by NSW Health.

Child Safe Standards

- **Document:** Office of the Children's Guardian Guide to the Child Safe Standards
- **Link:** Child Safe Standards
- **Requirement:** Implement the Child Safe Standards as required under the *Children's Guardian Act 2019 (No 25)* [NSW]*.

Work Health and safety

- **Documents**:
  - o NSW Health Policy Directive *Work Health and Safety: Better Practice Procedures*
  - o NSW Health Policy and Procedure Manual *Protecting People and Property*.
- **Link**: PD2018_013 and Protecting People and Property
- **Requirement**: Adherence to the requirements of the *Work Health and Safety Act 2011* (NSW) [WHS Act] and *Work Health and Safety Regulation 2017* (NSW) [WHS Regulation] to ensure the health and safety of everyone at the workplace.

2. Governance Requirements

2.1. Operational Intent of an EDSSU

Emergency Department Short Stay Units (EDSSU's) are intended to provide the most appropriate space for Emergency Department (ED) patients to receive care and/or treatment which may take longer than 4 hours and less than 24 hours. This environment supports longer stays and staffing which allows for high intensity observation, treatment, and discharge planning.

The ED Medical Director, or their designated representative, must authorise the admission of patients to the EDSSU, ensuring compliance with local admission criteria.

The EDSSU is intended for stable patients requiring observation or further investigation to determine the severity of their condition (such as, minor head injury, chest pain, infections) or for those needing a brief course of treatment for conditions likely to resolve quickly (such as, asthma, allergic reactions, snake bite, renal colic).

The EDSSU should not be utilised as a temporary overflow area for the ED, nor for patients awaiting treatment or medical assessment, or for those waiting for inpatient beds. Decision to use EDSSU as a temporary overflow area should only be made when all other capacity and

flow options have been exhausted and in collaboration with ED team leaders and executive staff.

2.2. Operational and Organisational Requirements

2.2.1. Organisational Requirements

NSW Health organisational requirements include:

- **Implementation**: Endorsing local or district ED governance models, assigning appropriate personnel and resources to implement this Policy Directive effectively.

- **Mandatory Requirements**: Establishing mechanisms to ensure that mandatory requirements in this Policy Directive are consistently applied, achieved, and sustained as part of the standard admission processes for EDSSU. This includes nominating an executive sponsor.

- **Local Policy Alignment**: Ensuring that adapted local policies reflect state and federal requirements listed in this Policy Directive and are developed in collaborative consultation with hospital executives, the clinical governance unit, ED leadership teams, clinical staff, Aboriginal Health Unit and Aboriginal health staff including Aboriginal Health Practitioners where available.

- **Admitted Patients**: The EDSSU model is designed to accommodate patients requiring care up to 24 hours. In instances where an EDSSU patient necessitates a transfer to a specialty service for ongoing clinical care, the facility is responsible for ensuring that the patient is transitioned out of the EDSSU within 24 hours.

- **Staffing and Resource Allocation**: Ensuring adequate staffing numbers and skill mix in the ED to support all care models. Recognise that the effectiveness of the EDSSU can be compromised if key assessment and streaming models are congested or unavailable due to resource and staff limitations.

2.2.2. Operational Requirements for the EDSSU

Under the operational and organisational requirements for an EDSSU, it is essential to adhere to requirements described in the *NSW Health Role Delineation Clinical Service,* which specifies that Level 3 through Level 6 emergency departments is designated to govern and operate an EDSSU [4]. This requirement is further endorsed by the latest guidelines and directives from the Australasian College for Emergency Medicine (ACEM) concerning EDSSUs [5].

EDSSUs must ensure 24-hour access to both a senior medical decision-maker and a senior, experienced emergency department-trained workforce.

In the case of EDSSU patient deterioration there must be a local escalation pathway describing:

- the role of ED team members

- the Clinical Emergency Response System (CERS) response, reflecting the requirements of NSW Health Policy Directive *Recognition and management of patients who are deteriorating* (PD2020_018)

- transfer to a more appropriate care area where required.

All patients must be admitted under an authorised practitioner (such as an Emergency Physician/General Practitioner (GP), Visiting Medical Officer (VMO) or Nurse Practitioner (NP)) credentialled by the Local Health Districts (LHDs) or Specialty Health Networks (SHNs) with admitting rights for the service. Authorised practitioners must be available for clinical advice and management for patients admitted under their care [2]. Patients admitted to the EDSSU must have an admission process completed under an authorised practitioner. All patients must have a clearly documented clinical lead and plan for care and discharge.

2.2.3. EDSSU Admissions Requiring Transfer to In-patient Specialty Care

In the event of a change in a patient's clinical condition, in which ongoing care is beyond the scope of the EDSSU, admission to an inpatient specialty team is necessary. Patients must be referred, accepted, and transferred from the EDSSU to an appropriate inpatient ward within 24 hours of their arrival at the EDSSU. The clinical decision-making process and required steps to transfer care should be followed by the ED workforce as stipulated in the NSW Health Policy Directive *NSW Health Admission Policy* (PD2017_015).

Once the transfer of care is complete, the admitting team is responsible for all aspects of clinical care for patients who remain in the EDSSU clinical space. This will include communication with family members and carers, medication review, clinical assessments, and discharge planning.

In the case of the deteriorating patient, local escalation process must be followed. The EDSSU staff will provide care to the critically unwell inpatient, admitted under another specialty team, who has not been transferred to the ward. The responsibility for this patient remains with the admitting team. Transfer of care should not occur back to the ED team.

2.2.4. Monitoring EDSSU Admission Activity and Performance

The ED Medical Director or their delegate, in conjunction with the Nursing Manager, is responsible for reviewing and addressing activity and performance outcomes to ensure the attainment of Hospital Access Targets related to EDSSU admissions.

Each organisation is accountable for meeting NSW Health Hospital Access Targets and other Key Performance Indicators (KPIs), and for monitoring measures related to EDSSU patients admitted to inpatient specialty teams.

Key Performance Indicator

- **KPI Hospital Access Target - EDSSU Admission**: 60% of patients admitted to the EDSSU must have an ED length of stay of less than 4 hours [3].

Monitoring measures

- **Timely Admission**: Monitor the decision-making process for EDSSU admissions, with the goal of identifying and admitting a higher proportion of EDSSU patients within 2 hours of arrival.

- **Inpatient Transfer Rate**: Track the percentage of EDSSU patients who require subsequent transfer to an inpatient team, targeting 10-15%. This supports early decision-making for EDSSU admissions.

- **Bed Management**: Monitor bed turnover and manage longer lengths of stay to facilitate an average of 2.5 to 3 patients per bed per day.

- **EDSSU capacity**: Ensure that patient flow and discharges are managed to meet expected peak times of ED demand.

- **Inpatient Team Length of Stay (LOS)**: The Patient Flow team must review and report on the length of stay for patients admitted to inpatient teams.

- **Clinical Decision Process**: The decision to admit must be routinely evaluated by the ED leadership team to ensure accuracy, relevance, and adherence to mandated benchmarks. This practice upholds ED governance and validates the decision to admit patients as essential and effective.

- **Clinical Incidents**: All incidents of patient deterioration must be reviewed and reported as part of the internal ED clinical review processes.

- **Staff safety incidents**: All incidents related to staff safety (including aggression) must be reviewed and reported as part of the internal ED WHS arrangements.

2.3. Early Identification of the EDSSU Patient Admission

To improve patient experience and streamline Emergency Department Short Stay Unit (EDSSU) flow, EDSSU patients should be identified as early as possible, ideally within 2 hours of triage. To support this process, the following aspects should be considered:

- **Early Senior Decision-Making**: Utilise senior decision-makers, typically found in front-of-house models, to facilitate prompt identification and decision-making.

- **Nurse-Led Identification Criteria**: Implement nurse-led criteria for patient identification, including clear admission pathways.

- **Staff Capacity and Responsibility**: Designate staff with the capacity and responsibility to facilitate the transfer of patients from the Emergency Department (ED) to the EDSSU.

- **Site-Specific Criteria**: Define inclusion and exclusion criteria specific to the site, based on presenting problems, required clinical interventions or care objectives, and expected length of stay.

- **Aboriginal/Torres Strait Islander patients**: engage appropriate cultural support from Aboriginal Health Practitioner (clinical) or Aboriginal Liaison Officer (non-clinical) to identify pathways for suitable Aboriginal/Torres Strait patients' admission to EDSSU.

2.4. EDSSU Admission Criteria

EDs must develop local guidelines for patient inclusion and exclusion in the EDSSU, based on site-specific criteria related to presenting problems, care objectives, and anticipated length

of stay. Local guidelines should also consider available resources and subspecialty model requirements.

The criteria for including and excluding patients to the EDSSU will vary between facilities and LHD/SHNs but must align with the following principles. LHD/SHNs should consider the inclusion of Aboriginal health workforce and consumers when developing inclusion and exclusion criteria to prevent any potential negative impact.

2.4.1. Patient Inclusion Criteria

Patient inclusion criteria includes:

- **Anticipated Length of Stay (LOS) < 24 Hours:** EDSSUs should prioritise patients presenting with low to moderate risk symptom complexes who, with optimal diagnostic support and clinical management, can be discharged within a 4-to-24-hour period.

- **A clear and focused goal:** The observation period must be established for each patient.

- **Known provisional diagnosis:** Patients admitted to the EDSSU must have a provisional diagnosis and a management plan.

- **Clinically stable**: Patients should be clinically stable, and their care requirements are able to be met by the EDSSU resources.

2.4.2. Patient Exclusion Criteria

This Policy Directive aims to describe the ideal criteria noting a consultative decision-making process should be discussed and determined locally. They are:

- **Expected Treatment Duration**: The anticipated duration of treatment exceeds 24 hours.

- **Inpatient Care**: The patient is admitted under the care of an inpatient team or Hospital in the Home patients returning to the hospital for review.

- **Inpatient Admission**: The patient has been transferred to the hospital for admission under the care of an inpatient team.

- **Level of Care**: The EDSSU is unable to provide an adequate level of care, or the patient's complex care needs cannot be met within the EDSSU.

- **Behavioural and Mental Health Concerns**: Patients who are displaying psychotic, violent, disruptive behaviours, at risk of absconding, or are detained under the *Mental Health Act 2007* (NSW) may be unsuitable for the EDSSU unless appropriate resources are in place. Resource planning for this patient group must be proactive rather than reactive. This should include requirements for security response.

- **Clinical Unstable:** Patients who are clinically unstable or have 'red zone' vital signs according to Standard Observation Charts and the Between the Flags process should not be admitted to the EDSSU unless documented modifications to the calling criteria are in place.

- **Nil Diagnosis**: The patient lacks a clear or provisional diagnosis.

- **Create Capacity:** The decision to use the EDSSU to create capacity for resuscitation, time critical care or patients waiting for an inpatient bed to become available should only be made when all other capacity and flow options have been exhausted. This decision must involve both ED team leaders and executive operations staff.

- **ED Specific Models of Care:** ED's are required to provide some specific services which is not in the remit of an EDSSU. For example, forensic services, these services should remain the remit of the Emergency Department. EDSSU's must know how to respond to disclosures of sexual assault NSW Health Policy Directive *Responding to Sexual Assault (adult and child) Policy and Procedures* (PD2020_006).

2.5. EDSSU Departure or Discharge

Discharging a patient from an EDSSU must consider the following:

- **Management Plan**: Patients must have a clearly documented management plan for observation and treatment, including specific discharge criteria.

- **Diagnosis-Specific Pathways**: Individual sites must have discharge pathways for diagnosis-specific criteria for common conditions including nurse-led discharge pathways for appropriate conditions.

- **Discharge Process**: Patients must be discharged in accordance with NSW Health Policy Directive *Departure of Emergency Department Patients* (PD2014_025) and follow the 4 principles outlined in the Policy Directive. Patients must receive a discharge letter for follow-up with their GP or specialist, as well as discharge instructions and information.

- **Patients that identify as Aboriginal and/or Torres Strait Islander**: Aboriginal Liaison Officers/Aboriginal Health Practitioners are engaged to ensure contact with relevant services for referrals, transition of care, and links to primary and/or community-based service providers that are arranged on discharge in support of culturally safe care principles. For example, 48-hour follow up service.

2.6. Support Mechanisms for Efficient and Safe Operation of EDSSUs

To ensure the efficient and safe operation of EDSSUs, the following hospital-based activities and mechanisms must be implemented:

- **Patient Flow expertise**: Individual facilities and EDs must possess a thorough understanding of patient flow processes to effectively support patient admission, handover, transfer and referral to specialist or allied health services.

- **Priority access to diagnostics**: The EDSSU must maintain priority access to diagnostic services, including imaging and pathology, to ensure timely and efficient patient care.

- **Regular rounding and decision-making**: Conduct regular rounding to assess patient progress and make informed decisions regarding care and management.

- **Clinical escalation response**: Implement a robust clinical escalation response protocol to address any clinical deterioration promptly and effectively.

- **Evaluation of clinical decision-making process**: As part of consistent and regular review of the ED's governance and operational models.

- **Wayfinding:** Addressing literacy needs and supporting cultural safety, inclusion of a level of culturally appropriate artwork and signage.

2.7. Capacity and Case Mix

EDSSUs must be equipped to care for a patient population that reflects the local site's case mix, including both adult and paediatric patients in mixed EDSSU models (specific paediatric consideration are detailed in section 2.8). The ED is responsible for establishing strong collaborative relationships with relevant inpatient specialty groups and integrating appropriate allied health and ancillary support staff to cater to dedicated patient cohorts.

Local sites are required to consult a broad range of stakeholders (such as clinicians, operational and patient flow managers, clinical services, and workforce planners) and conduct a comprehensive analysis of patient demographic data and presenting problems, considering specific patient groups and their current and projected utilisation trends. This assessment should support the development of specialist models, such as those for older adults with complex needs or toxicology cases. The models of care, local analysis, design requirements (specifically the AusHFG and NSW Health Policy and Procedure Manual *Protecting People and Property*), operational targets and assumptions (such as LOS and throughput) should be used to determine the optimal number of EDSSU spaces required. Local clinical service planners can assist with this process.

2.8. Implementation of Specialty Models

The implementation of specialty models within EDSSUs must comply with relevant guidelines and policies that outline environmental design, staffing, and clinical care requirements. Key considerations include:

- **Paediatric Patients**: All NSW Health services, including EDSSUs providing care to paediatric patients, must adhere to the:

  - Child Safe Standards

  - NSW Health Policy Directive *Child Wellbeing and Child Protection Policies and Procedures for NSW Health* (PD2013_007)

  - NSW Health Policy Directive *the Safety and Wellbeing of Children and Adolescents in NSW Acute Health Facilities* (PD2022_053).

  Where children are accommodated in the same unit as adult patients, providing an environment safe from harm involves balancing the child's right to privacy with adequate supervision and visibility, minimising opportunities for harm to occur [6].

- **Toxicology/ Specialty Acute Units (SAUs)**: the Australian Health Facility Guidelines (AusHFG) *Part B – Health Facility Briefing and Planning 0340 – Adult Acute Inpatients Unit* for managing toxicology cases and ensuring appropriate ligature and egress requirements.

- **Aged Care**: Implement low-stimulation environmental considerations and appropriate equipment, such as stair assessment equipment, for aged care patients.

- **Cardiology**: Comply with the Agency for Clinical Innovation Clinical Practice Guidelines *Cardiac monitoring of adult cardiac patients in NSW public hospitals*.

3. Design Considerations

The number of treatment spaces in the Emergency Department Short Stay Units (EDSSUs) should be relative to the organisation's capacity to support the commissioning of EDSSU beds from both a capital and operational perspective. EDSSUs must balance bed turnover and expected length of stay (LOS) while managing patient complexity. EDSSU treatment spaces need to provide a ward like environment [7] with capacity to facilitate intense episodes of patient monitoring and intervention to the level of an acute bed [5].

Implementation of these design and configuration standards:

- supports a culturally safe and welcoming environment to a diverse background

- ensure that EDSSUs effectively support patient care

- maintain operational efficiency and adherence to best practice guidelines**.**

Physical Design and Location

EDSSUs must be designed to be physically separate from, but near to the Emergency Department (ED) [8]. As designated inpatient care areas, EDSSUs should reflect this designation in their physical design, in line with the Australasian Health Facility Guidelines – *Emergency Unit* [7] and the design requirements in NSW Health Policy and Procedure Manual *Protecting People and Property*. The following design requirements must be met:

- **Dedicated staff workstation:** A designated, appropriately positioned nursing station, designed to ensure staff safety, with adequate desk space for clinical and clerical staff is required.

- **Patient amenities/facilities:** The EDSSU must include its own patient toilet and shower facilities.

- **Single room(s) with ensuite:** Rooms equipped with ensuite facilities for managing patients with short-term infectious conditions (such as gastroenteritis).

- **Beverage bay facilities:** Facilities for providing beverages to patients.

- **Storage facilities:** Adequate storage facilities, including clean and dirty utility areas, located within the unit or near maximise productivity and efficiency.

- **Utilisation of clinical space:** In some EDSSUs, clinical bed spaces may include multiple recliner chairs for patients requiring short-term care or intervention. This arrangement must not be used for overnight patients. When recliners are used, appropriate staffing and resources must be maintained to ensure patient safety and quality care.

4. Developing Multidisciplinary EDSSU Workforce

Emergency Department Short Stay Units (EDSSUs) are a dynamic environment, NSW Health will respond to the needs of all patients in an appropriate and inclusive way.

To enhance the operational efficiency and quality of care within EDSSUs, a dedicated shift-based multidisciplinary team approach must be established. Composition and responsibilities of the team will be aligned with NSW Health's *Emergency Department Models of Care*, ensuring seamless integration with existing ED practices and standards.

4.1. Medical ED Workforce

The Medical Workforce considerations include:

- **ED Director or Fellowship of the Australasia College for Emergency Medicine (FACEM) delegate:** Responsible for overall governance and oversight of the EDSSU.

- **FACEM or delegate for EDSSU:** An identified FACEM or their delegate will have direct responsibility for the EDSSU each shift, ensuring 24/7 medical coverage.

- **Junior medical workforce:** Junior medical staff must be included with appropriate supervision and support.

- **Primary contact:** A clearly identified primary medical contact must be designated for each patient, ensuring accessibility for staff.

- **Medical non-ED:** Medical non-ED Staff must lead the care of patients admitted under their care located in the EDSSU. They are also to participate in the development of clinical guidelines and pathways.

4.2. Nurse Practitioner

A Nurse Practitioner (NP) may serve as the primary contact clinician (provider) for EDSSU patients as part of the interdisciplinary team. NSW Health organisations may wish to consider credentialling NPs to admit patients to EDSSU that are within their scope of practice. Clearly defined escalation and management criteria must be outlined.

4.3. Nursing

Nursing requirement considerations are:

- **Staffing levels:** Staffing must be adequate to meet the needs of the patient groups assigned to the EDSSU while maintaining reasonable nurse workloads [9].

- **Nurse responsible:** A nurse proficient with the appropriate knowledge and skills [10] to manage the unit, collaborate closely with the EDSSU Specialist Emergency Physician or their delegate, and facilitate the admission of appropriate patients from the ED will be designated per shift.

- **Emergency nursing skills:** At least one nurse per shift must possess emergency nursing skills to effectively manage a range of patient conditions within the EDSSU.

4.4. Allied Health

The EDSSU includes allied health professionals with the requisite skills and knowledge for early intervention, discharge planning, and preventing non-medical admissions.

Allied health services are to be integrated into a multidisciplinary team, with staffing levels and skill mix adjusted according to clinical needs. Extended hours, weekend, or on-call work may be required.

4.5. Access to Aboriginal Liaison Officer/Aboriginal Health Practitioner

NSW Health services are to ensure access to Aboriginal liaison officers, health workers and where available, Aboriginal Health Practitioners to support culturally appropriate care and engagement.

4.6. Non-Clinical Staff

EDSSUs must include clerical, administrative, support staff (such as ward persons) and the need for security staff to facilitate admissions, patient flow, governance, monitoring processes and ensure safety.

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