
Type: **Policy**

Name: **Admission Criteria for Short Stay Unit**

Purpose:

The purpose of this policy is to provide guidance to staff on the management of inpatients admitted to Short Stay Unit (SSU) supporting the Shorter Stays in ED process and Cardiology turnover.

Scope:

- CCDHB staff working in Emergency Department (ED), SSU, Cardiology, Interventional Radiology Ward (IRW)
- All admitting doctors
- All Specialities using SSU as set criteria
- Out of hours duty managers

Definitions:

Primary admission criteria

1. The patient is to be fit for discharge or transfer from SSU within 24 hours.
2. The patient requires either a period of observation, further investigations, and/or treatment for up to 24 hours.
3. The patient is medically stable. If any contra-indication patient should be discharged to the correct area.
4. Aged 16 years and over

Contra-indications

1. Critical or unstable patients with high acuity, dependant patients requiring 1-1 nursing care.
2. Patients that require admission that is more than 24 hours

Policy content:

The SSU admission process requirements are as follows: (See Appendix 1)

8 ED observation beds: Purple Zone

- ED patient awaiting test results
- ED patients requiring observation
- ED patient awaiting definitive diagnosis.

Cardiology

4 Chest Pain Unit beds, low risk patients with LoS of < 24 hours:

- Patients awaiting Troponin T results
- Patient awaiting blood results and Exercise Tolerance Test (ETT)

4 Cardiology Beds

- Admission group to patients from across the region
- Patients post procedure.
- 2-3 pre-assessments on a Sunday
- Patients under different specialities requiring monitoring that fit SSU Criteria.

Process

ED patient admission to SSU

- Appropriate patient discussed with ED SMO (or RMO on nights).
- ED patient flow co-ordinator informs Co-ordinator for SSU (Charge Nurse Manager CNM, Registered Nurse RN)
- Transfer is agreed time and bed allocation given.
- ISBAR handover documentation complete for transfer.
- Patient transferred to SSU via orderly or nurse if required.

Cardiology admission to SSU

- Patient meets admission criteria.
- Co-ordinator for SSU (CNM, RN) to ensure correct allocation of beds 4 cardiology and 4 chest pain (only cardiology patients).
- Co-ordinator for SSU (CNM, RN) to have regular communication with Co-ordinator from 6 South to allocate beds for regional transfers.
- Co-ordinator for SSU (CNM, RN) transfer is agreed time and bed allocation given.

Cardiac monitoring

SSU have **12 Cardiac monitors, 4 monitoring beds** are allocated to ED use and **8 Cardiac monitors** are allocated to Cardiology. All patients requiring cardiac monitoring must have one the following:

- Patients being investigated for cardiac syncope (for 24 hours, if need for further monitoring will require transfer to the correct location).
- Patients with a suspected arrhythmia (when not expecting any VT/VF or other acute life threatening arrhythmias)
- Drug infusions that require cardiac monitoring as per CCDHB protocol
- Selected Cardiology Patients at medical direction
- NSTEMI's with clinically significant bradycardia/tachycardia
- Post Percutaneous Coronary Intervention (PCI) patients

This will enable the correct management of adult inpatients admitted to SSU with an identified need for cardiac monitoring.

References:

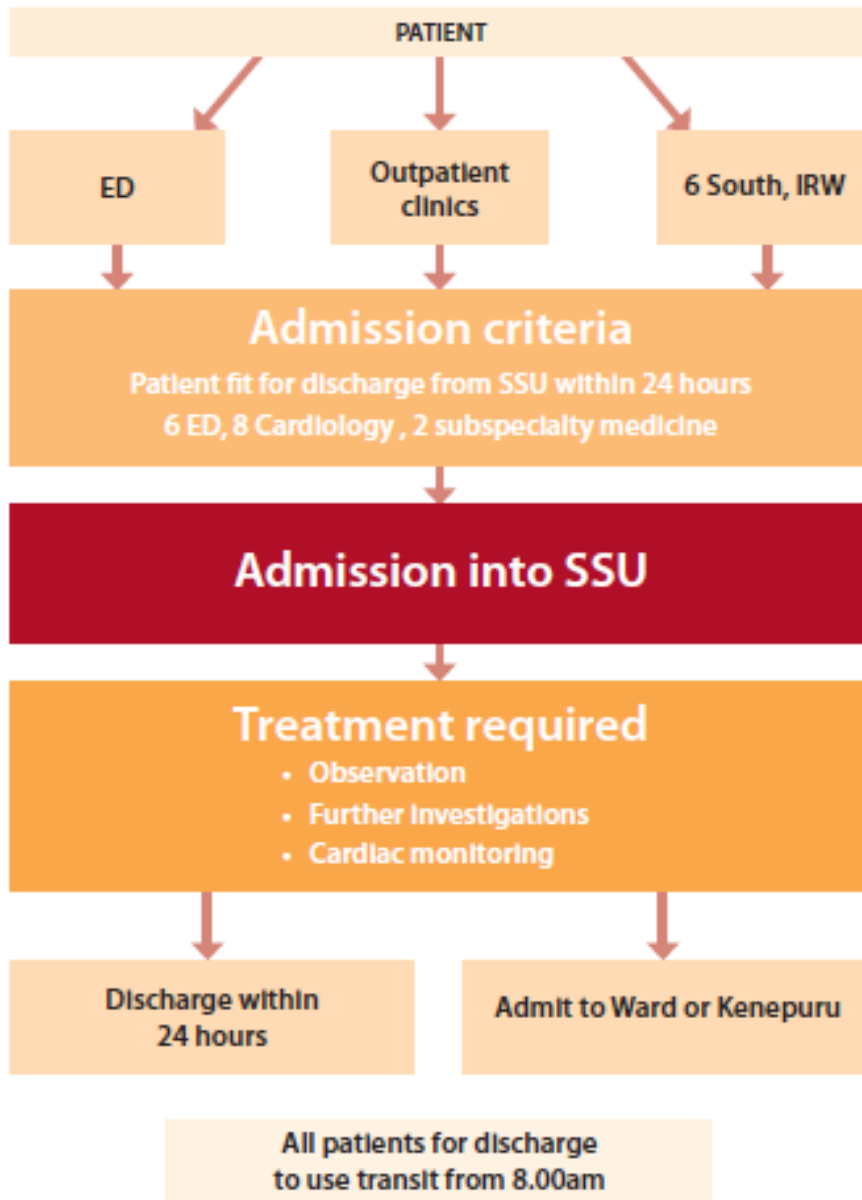
- Discharge planning and arrangements ADT-03
- Intra-hospital transfer of the conscious patient – adult ADT-07
- Reports Mike Adagh and Pithie, health partners and PWC
- 1.100510 Guideline for Cardiac Monitoring of Medical Patients* in Medical Assessment and Planning Unit (MAPU)
- Drew, B.J., Califf, R.M., Funk, M., Kaufman, E.S., Krucoff, M.W., Laks, M.M., Macfarlane, P.W., Sommargren, C., Swiryn, S., Van Hare, G.F. Practice Standards for Electrocardiographic Monitoring in Hospital Settings, 2004. 110: 2721-2746.

Appendices:

Appendix 1:

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SSU Process Diagram



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