Short Stay Unit, Admissions

Guideline Responsibilities and Authorisation

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Guideline Review History

Version	Updated by	Date Updated	Description of Changes
2			Changed to new format and reviewed content

Short Stay Unit, Admissions

1. Purpose

- The guideline outlines the criteria for utilisation of the Emergency Department Short Stay Unit (SSU). Whilst it is called an SSU the unit also will provide the functions of an Observation Unit (OU. It will allow extended ED care in a more conducive environment and offer a safe alternative to premature or high risk discharge of patients.
- A secondary benefit is to improve flow through acute treatment beds for new patients.
- The guideline has been drawn up with the assistance of the draft guidelines (April 2010) of the National ED Services Advisory Group and with the input of the National Clinical Director of ED Services.
- If a patient is admitted to the SSU in accordance with these guidelines the ED acute 6-hour clock will stop.
- This document also describes which patients may be lodged as “observed” (and stop the 6-hour clock) in the main department if there is a reason they cannot go to the SSU.

2. Responsibility

- The Department of Emergency Medicine (DEM) has sole administrative jurisdiction over the SSU.

3. Guideline

- The SSU is currently a 10 bed monitored unit forming part of the Emergency Department.
- The unit is intended for the management of stable patients who have an expected length of stay greater than 6 but less than 24 hours. There is an expectation that any patient admitted to the ED SSU overnight will be able to be discharged the next morning.
- The reason for admitting patients to SSU is to move those patients with conditions described below who require extended assessment, investigation or observation from the at times hectic acute environment to a more pleasant, comfortable and quieter ward-like environment.
- The common theme in all has to be that they are under the care of DEM with no, or unlikely need for input from in-patient teams and with the intention to discharge the patient within the defined time period.
- Patients may be identified as appropriate for SSU and sent there early in their ED stay (for example toxicology patients) and can go there even if they do not need >6 hours in ED.
- The SSU includes 6 ‘lazy-boy’ chairs for patients who do not need beds
- At times (see below), selected inpatient team patients may be placed in ED SSU (if there is no other appropriate place for them e.g. Medical SSU) at the sole discretion of the duty EPIC and NIC if they satisfy the criteria for an observed patient, require a short defined period of observation and have a defined plan of care, full documentation including a discharge plan.
- The clock doesn’t drive the admission to the SSU, good care does

4. Examples of conditions suitable for admission to the SSU

- Anaphylaxis responding to initial treatment needing a brief period of observation depending on the severity of the initial presentation
- Minor head injury and other minor trauma.
- Toxicology, including alcohol intoxicated patients. Prolonged periods of observation may still be referred for admission by in-patient teams. Whilst it is theoretically possible to keep OD patients in SSU (even for their 24-hours of NAC) we are not generally set up for this, and to do so is at the sole discretion of the EPIC who must ensure that there is resource in the department to do so and that effective documentation and handover between shifts occurs
- Patients with febrile illnesses (e.g. pneumonia, pyelonephritis, tonsillitis) requiring further treatment (fluids, antibiotics, steroids) prior to discharge.
- Elderly patients unsafe to discharge overnight or requiring complex discharge planning and some input from other ancillary services such as OPRS, START, ACC.
- Paediatric conditions such as bronchiolitis, asthma and gastro-enteritis requiring treatment in a paediatric SSU under DEM care but still likely to be discharged (Not in the adult SSU).
- Stable patients requiring blood transfusion then discharge (only to be done on rare occasions where they are true acute presentations and only if not better done elsewhere e.g. Medical day-stay Unit in a sub-acute fashion, refer to the transfusion guideline).
- Patients awaiting further investigation such as CT or USS, for example renal colic and? DVT patients, for whom the other conditions, above, are met (under care of DEM, no need or unlikely need for input from in-patient medical staff and likely to go home after the investigation).
- Patients (with for example stable headache, chest, abdominal or back pain) under the care of DEM requiring workup (for example CT, LP or serial troponins)
- Note: Patients will be observed “for a clinically appropriate amount of time” depending on a variety of clinical issues, the severity of their initial condition, their red flags for serious complications, their age and their social circumstances. The reflex term “4 hours observation” is valid. It may be appropriate for a period of one hour, or for longer periods overnight, especially in the elderly. Any patient requiring more than 24 hours observation should be referred early to an inpatient team.

General Issues

- The duty Emergency Physician (EP) will adjudicate as to whether the patient should be admitted to hospital in unclear cases. Similarly the duty EP can decide that selected inpatient specialty patients present in the ED who are highly likely to be discharged within the next 6-8 hours may be appropriate to be managed in the SSU as an observed patient.
- The purpose of admission to the SSU is to improve the patient’s care, by having them in a unit focused on their needs – observation, ongoing management, and discharge – rather than keep them in the ED where they have less comfort and where the focus of the staff is appropriately on new, sick and undifferentiated patients. While admission to the SSU ‘stops the clock’ for ED length of stay, the purpose of admission is to provide good care in an appropriate environment.

5. Exclusions:

- Any unstable patient
- Any patient who has a high likelihood of becoming unstable
- Any patient with uncontrolled pain
- A patient where the management plan is unclear (the diagnosis may still be unclear)
- Any patient merely awaiting a ride home but not requiring a bed (should be discharged and put in the waiting room)
- Any patient who from the outset needs admission by an in-patient team

6. SSU Admission and Discharge Process

- Any ED doctor or nurse can indicate they have a patient suitable for SSU. If indications are clear they just arrange that with the SSU nurses. The NIC and the EPIC can be involved
- The NIC and the EPIC on duty will look for patients deemed appropriate for the SSU. They can go there at any stage in their ED stay (i.e. it can be early if they fit criteria)
- All patients being admitted to the SSU should be discussed with the duty EP whilst they are on duty in ED.
- Prior to going home the EPIC will ensure all patients in SSU are appropriate (fit appropriate criteria described above) as well as discussing any patients who appear to be potentially suitable for SSU admission overnight with the night DEM registrars prior to going home.
- All patients admitted to SSU overnight will be discussed with the EPIC at 0800hrs handover.
- All patients who are admitted for any reason other than social circumstances should be reviewed in the morning by an oncoming duty ED consultant (or delegated senior registrar) prior to discharge.
- The plan to admit to SSU and expectation to discharge within 24 hours is discussed with the patient.
- Clinical notes must be completed, including a diagnosis (or at least a differential diagnosis), management plan with a goal to discharge within 24 hours and parameters when the patient must be reviewed including at what time.
- Handover from medical staff must occur at change of shift so that the responsibility of the care of the patient is clearly documented in the notes and on the computer. If the patient is handed over between shifts it is mandatory that the initial assessing and treating doctor starts the electronic discharge summary (that will be finished by the doctor taking over care)
- All patients in SSU whose care is handed over between doctors/shifts (this is especially important overnight) require a written handover note that will be completed

by the initial treating doctor and passed on to the next doctor (to reduce the risks of multiple handovers).

- The DEM patient assessment sheet must be completed for all patients who are likely to require ongoing or regular medication, including the allergies sections.
- Radiology as indicated should be arranged (e.g. CT, USS) prior to transfer to SSU.
- For overnight admissions requiring radiological investigations that can reasonably wait till the morning a request form shall be faxed to USS or CT & the Night DEM Registrar with responsibility for the patient will liaise with Radiology.
- An electronic discharge summary (EDS) must be drafted by the admitting Doctor and saved. Prior to discharge the discharging doctor reviews and updates the EDS.
- Occasionally patients may be discharged by a nurse without a final medical review (in particular medically cleared patients post psychiatric assessment) if this is clearly documented in the notes and a discharge letter can be printed and given to the patient.
- If the patient has an injury the ACC (ACC45) form must be completed.
- Patients may be discharged to the Transit Lounge weekdays if they have finished their clinical care and are awaiting transport home.
- Patients admitted to the SSU (with conditions deemed appropriate above) under the care of DEM will be lodged as 'OBS' and will "stop the clock" on the 6-hr target.

7. Quality control of SSU patients

- Patients must be reviewed in a timely fashion – the time for review or definitive management or disposition decision will be documented in the plan (in the notes and on the computer).
- Prolonged waits for investigations or results are not acceptable and must initiate discussions with relevant services (e.g. Radiology) to facilitate improved service delivery, including immediate phone calls to that service and incident forms.
- Discharge (home) rate from the SSU is expected to be >80%. It is expected that up to 20% of patients might "fail" their period of observation and need to be admitted.
- Use of the SSU and 'OBS' will be audited regularly by the Assistant Group Manager for Ambulatory Care and External Liaison and the Clinical Director for appropriateness of use.

8. "Observed" patients outside SSU

- Patients who meet the criteria for admission for the SSU but for whom there is a valid reason that transfer to the SSU cannot occur or is inappropriate (see points below) can be lodged as 'OBS' and will "stop the clock" on the 6 hour target even though they remain in the acute care area.
    - SSU is full

- Infection control issues especially MDRO
- Behavioural issues
- Clinical issues (e.g. still needing more intensive monitoring)

- Clinical spaces outside SSU where this can occur are adult cubicles 11 and 12, the family rooms, and Kids ED spaces 6 to 10 (for children only).