Short Stay Unit Procedure – Geraldton Hospital

Effective: 14 September 2020

1. Guiding Principles

The goals and objectives of the Geraldton Hospital Short Stay Unit (SSU) are to:

- Provide short stay admission for the assessment and care of selected patients who no longer require active ED care
- Optimise Geraldton Hospital patient flow and bed utilisation by reducing the length of patient stay in ED and admissions to the inpatient wards for 24 hours or less
- Assist the Geraldton Hospital to meet Western Australian Emergency Access Targets (WEAT)

This procedure is to be read in conjunction with the WA Health MP 0058/17 Admission Policy and supporting Admission Policy Reference Manual 2020-21. Page 9 of the manual states:
"... it is recommended that health services develop local processes for determining that a patient has met these criteria for admission to the short stay unit."

2. Procedure

The Geraldton Hospital Short Stay Unit (SSU) is a 4 bed inpatient ward situated within the Emergency Department (ED) and staffed with one nurse, twenty four hours a day. The SSU has bathroom facilities and each bed is equipped with cardiac monitoring, nurse call bell, patient television and electric bed. The SSU area is not secure and the nurse may not be physically in the unit at all times.

Schedule 8 (S8) drugs are not to be kept in the SSU; the S8 cupboard in ED is to be utilised. The ED support staff are allocated to provide the SSU's support service requirements.

The goal of the SSU is that it is used for identified patients who:

- Have a likely length of stay of 24 hours or less
- Require 4 or more hours of continuous active management
- Are predicted to significantly improve over 24 hours or less
- Fit the admission criteria
- Do not need transfer of care to an inpatient team

See Appendix 1 - WA Health Emergency Department – Short Stay Admission Flowchart

Mandatory requirements for SSU admissions:

- All admissions / transfers to the SSU must be discussed with the on duty FACEM or Senior Medical Officer (SMO),and ED Shift Coordinator

- Admitted by/discussed with FACEM or SMO following a thorough assessment and physiological stabilisation of the patient
- Documentation of admission / transfer in the patient's notes
- Documentation is to be completed for patients who require four or more hours of continuous active management or observation including:
  - Post sedation / anaesthesia, closed reduction / manipulation
  - Infusion of pharmacological agent/blood/blood products
  - Regular specific observations e.g. head injury
  - Continuous monitoring
  - Serial tests / investigations (e.g. troponins)
  - Management of mental health and social situations
    (NOTE: Where the patient is ready for admission, the calculation of four hours continuous active management may include the time continuous active management commenced in ED after the decision to admit)
- The recorded admitted care episode commences at the time the patient physically leaves the clinical area of the ED
- An adequate documented treatment and discharge plan
- SSU patients are to remain under the care of the admitting ED doctor until the end of their shift. It is the admitting doctor's responsibility to hand over to the relevant doctor on the next shift who is then to continue the patient's care. **Patients who are waiting for an inpatient bed remain under the care of the inpatient team**

For further information on the definition of admitted care and qualification for admission see WA Health Admission Policy Reference Manual 2020-21.

Inclusion Criteria:

- Anticipated length of stay less than 24 hours
- Age >16 years (no boarders).
- Low to medium complexity patients
- Patients with clear diagnosis and management plan that can be executed within 24 hours
- Patient is continent and can mobilise and feed independently
- Patients requiring additional infection control precautions other than airborne. Patients requiring Droplet or Contact precautions should be nursed with appropriate PPE and in consultation with Infection Control as required

Exclusion criteria:

- Complex, unstable, critically ill patients
- Patients who are at high risk of deterioration
- Patients who need 1:1 nursing.
- Patients with GCS <15 without a clear diagnosis (GCS 14 purely due to a benign cause which has been investigated/ thoroughly assessed e.g. alcohol intoxication is acceptable)
- Patients with high risk for aggressive, abusive, threatening or disruptive behaviour
- Pregnant >20 weeks

- Psychiatric patients who are unstable, deemed actively suicidal, at risk of self-harm or harm to others
- Patients at risk of absconding
- Where the patient has a length of stay of more than four hours, primarily consisting of waiting for:
    - allocation of an inpatient bed
    - review by a specialist medical practitioner
    - diagnostic tests e.g. medical imaging or results of diagnostic tests
    - equipment or medications
    - transport home or transfer to another health care facility (patients awaiting transfer to another hospital should only be admitted if their condition requires care that meets the inclusion criteria as above)

Examples of Suitable Admissions:

(These are examples only and is not an exhaustive list)

- Intoxicated patients awaiting sobriety
- Low risk chest pain requiring serial troponin levels
- Elderly patient suitable for discharge from ED, but not deemed safe to discharge at night.
- Adults with minor head injury (GCS 15 only) for observation.
- Adults with gastroenteritis for rehydration
- Post sedation observation
- Stable psychiatric patients (e.g. situational crisis) awaiting mental health review

Examples of Unsuitable Admissions:

(These are examples only and is not an exhaustive list)

- Undiagnosed abdominal pain
- Head injury with GCS <15
- Elderly patients with mobility problems who will require social supports prior to discharge
- Patients with sepsis and abnormal blood pressure or pulse
- Mental health patients at risk of absconding

Exceptions:

All exceptions need to be discussed between the FACEM or SMO and ED Shift Coordinator and CNM-AH

Inpatient overflow – On request by the CNM-AH, inpatient admissions may be transferred from ED to SSU to await a bed upstairs during periods of bed block. These patients remain under the care of the inpatient team and they are fully responsible for the ongoing care of the patient in SSU.

ED Overflow – during periods of high demand for ED beds and where SSU has available beds ED patients may be transferred to SSU to await results of investigations even if discharge is likely. These patients are to be clinically stable, not aggressive and not requiring excessive observations.

Clinical Governance:
Patients in SSU remain under the care of the treating doctor in the Emergency Department. Care must be handed over at the conclusion of shifts.

Patients in SSU who are inpatient overflow remain under the care of the inpatient team. All routine requests, including (but not limited to) blood tests, IV placements, medication queries, medication orders and daily ward rounds are the responsibility of the admitting consultant. In the case of rapid and unexpected deterioration, the ED staff should respond to the acute resuscitation phase but the inpatient team must continue management and decisions immediately.

3. Definitions

SSU	Short Stay Unit
CT	Computed Tomography
ED	Emergency Department
FACEM	Fellow of the Australasian College of Emergency Medicine
SMO	Senior Medical Officer
WEAT	Western Australia Emergency Access Target
CNM-AH	Clinical Nurse Manager – After Hours (Hospital Coordinator)
GCS	Glasgow Coma Scale
PPE	Personal Protective Equipment
S8	Schedule 8 drug

4. Roles and Responsibilities

Clinical Nurse Manager – After Hours (CNM-AH):
- Maintain patient flow within the hospital including Bed Management
- Negotiating exception admissions to SSU

ED FACEM or Senior Medical Officer:
- Supervision of all SSU admissions

Clinical Nurse Manager – Emergency Department (CNM-ED):
- Line management of the SSU
- Line management of nursing staff allocated to the SSU

ED Nurse Shift Coordinator:
- Coordinating the staff working within the SSU in addition to the staff members working within the main ED
- Change resource allocation of staff as needed, dictated by department activity
- Carry out departmental communications when needed for patients admitted to the SSU
- Ensure patient admitted to SSU have been formally admitted by Clerical Staff

ED Primary Nurse:

- Handover of patient care to SSU nurse using ISOBAR format (see WA Health MP 0095 Clinical Handover Policy)

Primary ED Medical Officer / Nurse Practitioner:

- Liaise with the Shift coordinator and FACEM/SMO re: patient admission to SSU
- Ensure documentation on patient being admitted is complete including reason for admission / diagnosis and an adequate documented treatment and discharge plan
- Provide ongoing medical care and hand over care at conclusion of shift

SSU Nurse:

- Accept handover from ED Primary Nurse and clarify outstanding issues of care
- Ongoing patient care as planned by admitting/treating doctor and escalation of care in line with recognition and response to clinical deterioration
- Communicate with ED coordinator on patient progress, plan of discharge and concerns with patient care
- Complete MR116 Adult Short Stay Nursing Admission and Care Plan Trial Form on all SSU admitted patients
- Provide Care Call pamphlet to all admitted patients in SSU

ED Medical Head of Department:

- Advocate for the SSU
- Support the ED medical roster as per SSU staffing structure, support and manage ED medical officers

5. Compliance

Failure to comply with this policy may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the Integrity Policy Framework issued pursuant to section 26 of the *Health Services Act 2016* (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS clinical records must be managed in accordance with Health Record Management Policy.

7. Evaluation

Key performance indicators are in place to measure the effectiveness of the SSU area:

- Length of stay in the SSU
- Number of SSU admissions that are converted to ward admission
- % SSU utilisation for non-SSU admissions

Continued effectiveness of the SSU is the responsibility of the Clinical Nurse Manager, Emergency Department.

8. Standards

National Safety and Quality Health Care Standards 1.1 (c-g), 1.3, 1.5, 1.6, 1.7, 1.8 (a, c), 1.15, 1.16 (b) 1.19 (b), 1.27, 1.30 and 1.32
Preventing and Controlling Healthcare-Associated Infection Standard: 3.1 (a, b), 3.6 (a-e) and 3.7
Medication Safety Standard: 4.1 (a, b)
Comprehensive Care Standard: 5.1 (a) 5.5 (b), 5.6, 5.7 (a, b) 5.13 (a, b, d, f) 5.21 (a), 5.24 (a) and 5.31 (c)
Communicating for Safety Standard: 6.1(a), 6.4, 6.7 and 6.8
Recognising and Responding to Acute Deterioration Standard: 8.10

National Standards for Mental Health Standards (2010) 2.1, 2.2, 2.6
Aged Care Quality Standards (2019) 3(a) i, ii, iii, 3 (g) i, 7(c), 8 (b), 8 (d) i

9. Legislation

(Accessible via: Government of Western Australia - State Law Publisher or ComLaw)

Health Services Act 2016
Carers Recognition Act 2004
Disability Services Act 1993
Guardianship and Administration Act 1990
Health Practitioners Regulation National Law (WA) Act 2010
Mental Health Act 2014
Poisons Act 1964
Poisons Regulations 1965
State Records Act 2000

10. References

Royal Perth Bentley Group Acute Surgical Unit (ASU) Standard Operational Procedure
WA Health Admission Policy Reference Manual 2020-21

11. Related Forms

TMR116 WACHS Adult Short Stay Nursing Admission and Care Plan (Trial form)

12. Related Policy Documents

WACHS Admission, Discharge and Intra-Hospital Transfer Clinical Practice Standard
WACHS Inter-hospital Clinical Handover Form Procedure

13. Related WA Health System Policies

MP 0058/17 Admission Policy
MP 0095 Clinical Handover Policy
WA Health Admission Policy Reference Manual 2020-21

14. Policy Framework

Clinical Governance, Safety and Quality Policy Framework
WA Health Clinical Services Framework 2014-2024

15. Appendix

Appendix 1: WA Health Emergency Department – Short Stay Admission Flowchart

This document can be made available in alternative formats on request for a person with a disability

Contact:	Clinical Nurse Patient Flow – Geraldton Hospital (T. Haeusler)		
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Appendix 1: WA Health Emergency Department – Short Stay Admission Flowchart

The decision to admit must be documented in the medical record and can only be made by an authorised medical practitioner. Admission to a virtual ward prior to transfer to an inpatient ward/unit is not permitted.

Option 1: Does the patient require a procedure?

NO

DO NOT ADMIT

Option 2: Does the patient require 4 or more hours of continuous active management? *

NO

Admitted Procedure

*Is the reason for admission is to receive a **procedure** on the admitted procedures list as a hospital inpatient?*

Excludes procedures completed during the ED attendance. The procedure must occur or continue during an inpatient admission

- Sedation/Anaesthesia
- Infusion/transfusion of blood/blood products
- Reductions of fracture or dislocations
- Intravenous infusion pharmacological agent.
- Incision & drainage of abscess
- Arrest nasal haemorrhage
- Exc. debridement skin & subc tissue
- *NB. IV therapy is the administration by intravenous infusion of a pharmacological/ therapeutic agent to treat a diagnosed condition. Excludes ancillary, preparatory and line maintenance procedures*

Non-admitted Procedure

*Is the reason for admission is to receive a **procedure** on the Type C **non-admitted** procedure list and the patient has a condition or special circumstance that justifies inpatient admission?*

Excludes procedures completed during the ED attendance.

- Where the patient's co-morbidities place the patient under high dependency

NB. The medical record must include documentation to evidence provision of and need for admission. A medical practitioner must document the reason for requiring admission. Private patients require a Type C certificate.

Medical Admission

Identify which of the following is the reason for admission and document a clinical management plan for a minimum of 4 hours regular and continuous clinical care.

MANAGEMENT	DOCUMENTATION REQUIRED
Serial tests/investigations	• Tests Required & intervals • Results and actions documented
Regular periodic observations Excludes: routine BP / pulse / temperature monitoring only	• Required observations, intervals and duration • 4 hours of observation must be documented
Continuous monitoring	• Type of monitoring
Active treatment (and review)	• Nature of treatment • Time of planned review

NB. Admitted care (admission time) commences when the patient physically leaves the clinical area of ED for transfer to an inpatient unit or operating theatre/procedure room. *The calculation of four hours duration can include continuous active management provided within the ED after the time of the decision to admit but this care **must** continue after the patient is formally admitted to the inpatient ward/unit.

PLEASE NOTE an admission must not be recorded for the following reasons:

- Where the entirety of care occurs within the ED
- The patient is being transferred to another Hospital for ongoing care
- The patient will be in the Emergency Department for longer than 4 hours
- To avoid breaching a measured performance threshold target
- The patient is transferred to a short stay ward but does not meet admission criteria
- The care requires facilities/equipment located in the ED e.g. Resuscitation
- The patient has a length of stay > 4hours primarily consisting of waiting for:
  - *review by a specialist practitioner*
  - *diagnostic tests or results*
  - *equipment or medications*
  - *transport home/other health service*

This chart is a summarised guide to the admission category and criteria. See also the requirements in section 2.1, 3.1 & 4 of the Admission Policy Reference Manual .

Reference: *MP 005817 - Admission Policy and Reference Manual* **Information Management Policy Framework**