Direct Admission of Patients

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Purpose and Intent

- The purpose of this document is to facilitate the timely transfer of stable patients into inpatient units.
- To improve patient access, safety and quality of care in Caboolture Hospital by reducing Emergency Department (ED) overcrowding. The National Health Reform provides targets (NEAT - National Emergency Access Target) for emergency patients to be admitted or discharged within 4 hours of their arrival in the Emergency Department. Under this procedure patients can be directly admitted to an inpatient ward as directed by the senior ED doctor on duty. Patients admitted under this procedure must be reviewed by the inpatient team within four hours of admission to the ward.

Scope and Target Audience

- This Procedure applies to all Caboolture Hospital staff (permanent, temporary and casual).
- This Procedure applies to patients in the ED who require admission and have a bed available, but have not been seen by the in-patient registrar.
- Patients can be be sent to an outlier bed using direct admission with the approval of the Hospital Coordinator.

Criteria

Inclusion
1. The patient has (a) a clear diagnosis or differential diagnosis, or (b) is a known and documented palliative care patient
2. The patient is stable as defined by:
   a. ADDS score (or modified ADDS score) ≤ 3
   b. CEWT score ≤ 3
   c. Stable for at least one hour before departure from ED
   d. No anticipation of deterioration within at least 4 hours
3. A treatment plan is in place that will cover at least 4 hours after departure from ED
4. Surgical Patients can be admitted 24hrs a day 7 days a week

Exclusion
1. Patients requiring admission to CCU
2. Patients requiring admission to CRICU
3. Patients requiring admission to Mental Health
4. No Direct Admissions after midnight until 07:00 am – Paediatric and Medical patients
5. Paediatric patients not admitted under the Paediatrics team.
Procedure / process

Admitting Decision

- The most senior ED doctor is responsible for activation of this procedure and is the decision owner.
- Initial investigations and available results must be documented. Investigations ordered but not completed must be documented.
- The decision must be notified to the admitting unit Registrar and the Logistics Nurse (for night shift, notify Team Leader).
- All Hospital avoidance strategies must be considered before the Direct Admission Process is commenced. These include admissions to Hospital in the Home, Private Hospitals, Kilcoy Hospital.
- The “Direct Admission from Emergency Department to Ward” (Appendix 1) form must be completed to allow ongoing care in the ward for up to four hours including:
  - The name of the admitting in-patient Registrar or Consultant
  - Time of notification of the Registrar or Consultant
  - A full set of observations, including ADDS or CEWT score within 30 minutes of departure
  - Management plan on the ward including:
    - Outstanding investigations/results
    - Medications and fluids sufficient for four hours, including analgesia and prn orders
    - Observation frequency (minimum hourly)
    - Diet
    - Oxygen
- The “Direct Admission from Emergency Department to Ward” Form will not be accepted for action by the Logistics Nurse until the form is completed in full.
- For potential admissions to Paediatric Emergency Short Stay Unit (PESSU), the child must be examined by a senior ED doctor before admission.

Admitting Department

- The nominated admitting unit is obliged to accept an admission referral from the ED and cannot make such acceptance contingent on the performance of outcomes or specific investigations. It is not acceptable for a patient to remain in the ED awaiting investigations that can be safely undertaken by an inpatient ward unless it is determined by the ED Senior doctor that the patient may be placed at risk with an undetermined diagnosis.
- Once a decision has been made to directly admit a patient the ED Senior Doctor should discuss the patient with the Logistic Nurse/ Nurse Team Leader who then liaises with Nurse Patient Flow Team Leader (NPF T/L) or Hospital Co-ordinator (HC) to ensure the most appropriate placement of the patient. The NPF T/L should discuss the patient with the ward nursing staff and ensure that the most senior nurse has clinical oversight of the patient’s care.
- Following notification, and on leaving the ED, the patient becomes the responsibility of the admitting team. If deterioration occurs after arrival on the ward and the treating team cannot attend promptly, a MET should be called if it meets the criteria or Ward call summoned if it is less acute.
• On arrival to the ward, the patient should be accommodated in an appropriately area of the ward. The inpatient registrar should be notified that the patient has arrived on the ward unless otherwise negotiated during afterhours.

• If after inpatient team review, or after the results of a pending investigation, the patient is deemed most appropriately managed by another team, the patient should be referred on to the appropriate team by the registrar on the ward.

• A ‘one way referral’ rule applies for all ED admissions notified to an inpatient team. If the receiving inpatient team believe the patient would be better managed by a different service, the receiving team, not the Emergency department will negotiate the transfer.

• The new team will review the patient and accept care as soon as is practicable. If the patient has not been medically reviewed within 4 hours of their admission to the ward during business hours, the matter should be escalated to the Consultant on call for the admitting service.

• If the patient is admitted medically, it is the responsibility of the Medical Registrar to confirm the correct admitting consultant is recorded in HBCIS by calling the receiving ward AO or switch after hours.

**Escalation Procedure**

In the event of a Direct Admission being declined by the accepting team, the escalation procedure is as follows.

• Registrar to Registrar discussion is to occur.

• If no resolution - Registrars are required to discuss this with their Consultants

• If further escalation is needed, Consultant to Consultant discussion to occur.

• In the event a resolution can not be found, the Consultants are to contact the Director of Medical Services (DMS).

**Dispute Resolution**

It should be recognised that decisions made about the Admitting Department in ED are made in good faith and with the clinical and investigation results available at that time. Information that subsequently becomes available may lead to the conclusion that a different department should have been nominated for admission. The ED staff should receive timely and constructive feedback regarding these instances, with feedback to be sent to the Director of Emergency Department to assess and manage.

These controversial cases will be tabled at the Patient Safety Committee (PSC) meeting for discussion to ensure a more streamline approach based on common agreed hospital position.

**Patient Incidents and Near Miss Events**

It is the responsibility of all staff involved in the patient admission process to report all incidents and near miss events regarding patient care and safety (Queensland Health Incident Management Implementation Standard, 2009). All events are to be reported into PRIME CI. This information will be used to review practice and identify areas for future quality improvement initiatives.

For further information on how to report an incident or near miss event in PRIME CI, refer to the following information sheet:

• **Admission, Transfer, Discharge and Handover Incidents**
**Consumer engagement**

All Emergency Department Staff will be responsible for maintaining engagement with patients and their family. They will ensure the inclusion of the patient and their family in the assessment and decision making phases of the Emergency Department component of care.

Consumer feedback opportunities will be provided or made known to the patient and their family for ongoing service improvement and increased patient satisfaction.

**Legislation and other authority**

- Health Act 1937
- Health (Drugs and Poisons) Regulation 1996
- Health Practitioner Regulation National Law Act 2009
- Hospital and Health Boards Act 2011
- Mental Health Act 2000

**Related Documents**

- Ipswich Hospital Direct Admission Procedure (2013), Document ID: WMHHS2013264
- Princess Alexandra Hospital Rapid Emergency Admission Destination Initiative (READi) process
- Redland and Wynnum Hospitals (2014). Direct Medical Patient Admission process. Work Instruction Number:1644
- RCKHS0960 Paediatric Admission Criteria – Paediatric Short Stay Unit (PESSU)
- RCKHS0961 Direct Admission of Neonates to Paediatric Short Stay Unit (PESSU)

**Relevant Standards**

- EQuIP National Standards: Standard 11 – Service Delivery
## Appendix 1 – Direct Admission from ED to Ward Form

**DIRECT ADMISSION FROM EMERGENCY DEPARTMENT TO WARD**

### Clinical Checklist to be completed by Emergency Department Doctor

<table>
<thead>
<tr>
<th>Admitting</th>
<th>Inpatient Registrar notified of direct admission</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team:</td>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>□ Consultant or ED Registrar has reviewed the patient:</td>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Patient is clinically Stable as defined below</td>
<td>Yes ☐</td>
<td></td>
</tr>
</tbody>
</table>

- A patient with an ADDS/CEWT score or Modified ADDS/CEWT score up to 3
- If Patient has an ADDS/CEWT score of 4 or Above, Notify Senior Dr to determine suitability of transfer to ward. If Suitable sign below. Reviewed by NAME _______________ Signature _______________ Time: _______________

- Basic investigative work up completed and reviewed by ED Doctor: Yes ☐
- If unable to answer ‘YES’ to all of the above, the patient cannot be directly admitted to the ward by ED

### Document Checklist

- Investigation results outstanding: None ☐ Yes ☐ (Expectation – All results reviewed by ED Doctor)
- Specify ____________________________________________________________
- Medication Chart: for medications due in the next 4 hours Complete ☐ Not Complete ☐
  - (Expectation – Medications including antibiotics and insulin for 4 hours to be written)
- Reason __________________________________________________________
- Fluid Orders: Complete ☐ Not Required ☐
  - (Expectation – Fluid Orders to be charted for a minimum of the next 4 hours)

### Ward Instructions

- Observation Intervals
  - /24 (Notify admitting inpatient registrar if concerns)
- Neurological Observations /24 N/A ☐ (Notify admitting inpatient registrar if concerns)
- Neurovascular Observations /24 N/A ☐ (Notify admitting inpatient registrar if concerns)
- Other (e.g. Diet): __________________
- Oxygen Order written in Medication Chart: Yes ☐ N/A ☐

### Instructions to RN receiving patient

- Notify Admitting inpatient Registrar on arrival to ward
- Re-notify admitting inpatient registrar if patient not reviewed within 4 hours of arrival
- Notify Admitting inpatient Registrar if clinical concern
- Other __________________________________________________________

- Details of Emergency Department Doctor completing Form:
  - Signature: ____________________________  Pager/Ext: ____________________________
  - Printed Name: _________________________  Time: ____________________________
  - Designation: __________________________  Date: ____________________________
### Document history

<table>
<thead>
<tr>
<th>Custodian</th>
<th>Patient Flow Unit, Caboolture Hospital</th>
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<tbody>
<tr>
<td>Risk rating</td>
<td>Low</td>
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<tr>
<td>Compliance evaluation and audit</td>
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<tr>
<td>SAC 1 or SAC 2 incidents registered in PRIME Incident management system relating to direct admissions will be monitored by Clinical Incident Review committee.</td>
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<tr>
<td>MET calls (meeting criteria) within 4 hours of direct admission</td>
<td></td>
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<tr>
<td>Discharges from ward within 4 hours of Direct admission</td>
<td></td>
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<tr>
<td>Quarterly audit of 10 consecutive Direct Admissions to monitor compliance with guidelines of “Direct Admission from Emergency Department to Ward” form</td>
<td></td>
</tr>
<tr>
<td>Report and review any patient or staff incident related to the subject matter via PRIME with escalation as indicated to the relevant governance committee.</td>
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<tr>
<td>Monthly audit of 10 charts per consultant for peer review of prescribing, for discussion at each service line SIG.</td>
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<tr>
<td>Replaces Document/s</td>
<td>RCKHS0822 version 1</td>
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<td>Document replaced</td>
<td>October 2012</td>
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<tr>
<td>Key stakeholders</td>
<td>Clinical Director, Surgical Services, Caboolture Hospital</td>
</tr>
<tr>
<td></td>
<td>Clinical Director, Medical Services, Caboolture Hospital</td>
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<tr>
<td>Marketing Strategy</td>
<td>Memorandum to all staff from Executive Director</td>
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<td>Key words</td>
<td>Admission; Direct; Consultation; Inpatient; Unit; Bed; Medical; Surgical; Gynaecology; Paediatric; High; Dependency; Mental; Health</td>
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</table>
AUTHORISATION

Signature………………………………………………Date……………………………………

Executive Director, Caboolture and Kilcoy Hospitals

The signed version is retained by the Service Improvement Unit.