UHDB Internal Professional Standards

Our Emergency Departments and Assessment Units

Who shouldn't be managed by ED?

1. Patients referred to hospital by a GP/Primary care clinician for urgent assessment should be directed to the appropriate speciality assessment unit (AU), without being attended to by the ED team.

2. Patients repatriated from another hospital should go directly to the appropriate AU, without being attended to by the ED team.

3. All patients who re-present with the same problem within 48 hours of discharge should be directed back to the AU of the discharging team, without being attended to by the ED team.

4. Post-operative procedural problems are better managed by the original procedural speciality and should be directed to the AU of the discharging team, without being attended to by the ED team.

How should Assessment Unit teams support ED?

5. A decision to transfer from ED to an AU reflects a need for further work-up and assessment; this does not necessarily equate to deep admission. Some of the detailed investigations needed to decide on the merits of deep admission should be done from an AU.

6. Speciality assessment in ED will occur within 30 minutes of the initial referral.

7. If a specialty assessment cannot be provided within 30 minutes, the patient will move to the appropriate AU (as determined by the senior ED staff).

8. All specialties require an AU, which must be able to accommodate ambulatory patients (seated waiting room & examination facilities).

How should we resolve disputes in ED?

9. Disputes about referrals are dangerous to patients in ED. In case of a disagreement, an immediate conversation between consultants from the different specialities has to take place, with resolution of the dispute and a safe onward management plan for the patient.

10. If an agreement cannot be reached, the final arbiter of the decision is the senior ED medic on duty.

11. If a different /additional diagnosis emerges after assessment by a non-ED specialty, and a new onward referral has to be made, the person best placed to make the onward referral is the senior clinician who last assessed the patient. However if this is not swiftly agreed between consultants and delivered, then there should be escalation at the earliest practical opportunity to ACD/CD roles on both sides, in order to define a civil management strategy for that particular clinical scenario. Their joint conclusion may require daily input from both parties for a defined period of time.

Civility saves lives! Incivility is proven to cause significant harm and stress to patients and staff alike.

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