Emergency Department Short Stay Unit

1. Purpose

This guideline provides recommendations regarding best practice to support for the establishment, operation and management of Emergency Department Short Stay Units (ED SSU) to reduce inappropriate inpatient admissions and health care costs.

2. Scope

This Guideline provides information for all Queensland public health system employees (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

An ED SSU is a unit managed by and attached to the Emergency Department (ED) and whose prime orientation is to manage acute problems for patients with an expected combined ED and ED SSU length of stay of greater than 4 hours, but less than 24 hours.

3. Related documents

Standards, procedures, guidelines

- Clinical Services Capability Framework for Public and Licensed Private Health Facilities v3.2
- Blueprint for better healthcare in Queensland
- Health and Hospitals Network Bill 2011
- Public Service Act 2008 (Queensland)
- Public Health Act 2005 (Queensland)
- National Safety and Quality Health Service Standards

4. Guideline for establishing Emergency Department Short Stay Unit

4.1 Intent of Guideline

ED SSUs have the potential to:

- improve clinical outcomes and thereby minimise unplanned re-presentations to the ED
- increase patient satisfaction
- reduce ED / inpatient / or both Length of Stay
- improve the efficiency of ED.
4.2 Principles

ED SSUs:
- are designated and designed for the short term treatment, observation, assessment and reassessment of patients initially triaged and assessed in the ED
- have specific admission and discharge criteria and procedures
- are designed for short term stays no longer than 24 hours
- are physically separate from the ED acute assessment area
- have a static number of available treatment spaces with oxygen, suction and patient ablution facilities; and
- are not a temporary ED overflow area, nor used to keep patients solely awaiting an inpatient bed, nor awaiting medical imaging, nor awaiting treatment in the ED.

4.3 Recommendations

Establishing an ED SSU:

4.3.1 An ED SSU should only be established to complement level 3, 4, 5 and 6 Emergency Services as defined by the Clinical Services Capability Framework for Public and Private Health Facilities v3.2. Other level Emergency Departments may also have established or be establishing ED SSUs which will operate under this Guideline, as determined by the HHS in consideration of case mix and admitting services in individual hospitals.

4.3.2 The ED SSU should be physically separate from the ED acute assessment area.

4.3.3 An ED SSU should have a static number of available treatment spaces with oxygen, suction and patient ablution facilities.

4.3.4 All available treatment spaces in the ED SSU should be capable of physiological monitoring equivalent to acute cubicles within that facility, or in accordance with the intended and actual case mix/acute of patients fulfilling an ED SSU’s local admission criteria.

4.3.5 If an ED SSU is designed for children, or an ED SSU has a children’s area, children should be physically, visually and acoustically separated from adult patients.

4.3.6 Where an ED does not have a specific ED SSU for children/adolescents, the same principles of separation apply: children should be physically, visually and acoustically separated from adults.

4.3.7 The use of ‘swing beds’ is appropriate at times of high demand for flexibility between adult and children’s emergency services, however separation requirements should be maintained.

4.3.8 The ED SSU should have the following workforce requirements, separate from the ED acute assessment area emergency staff:
- nursing staff on a 24 hour, 7 day per week basis
- medical staff from 0800 – 2200 hours, 7 days per week. (Acute assessment area medical staff shall assume responsibility for the care and management of patients in the ED SSU from 2200 – 0800). Where the activity and workload of an ED SSU is not sufficient to warrant a dedicated medical officer, acute ED assessment area medical staff can be utilised to provide care for ED SSU patients, provided they have the capacity and ability to be responsive to ED SSU patients in addition to the acute ED workload.

4.4 Admission criteria to ED SSU

4.4.1 Admission to ED SSU, management plan and discharge/transfer of care arrangements should be discussed with patients, carers and relatives and discussion clearly documented in patient medical record.

4.4.2 Patients admitted to an ED SSU should be under the care and management of the ED.
4.4.3 Only the ED Consultant/ED Senior Medical Officer (SMO) on duty should approve admissions to the ED SSU from 0800 – 2200 hours. After-hours approval should be delegated to the ED Medical Officer in charge of the shift.

4.4.4 The ED Consultant/ED SMO should only approve admissions to the ED SSU if the patient has a specific diagnosis and plan of management.

4.4.5 The ED Consultant/ED SMO should only approve admissions to the ED SSU if the patient has an expected combined ED and ED SSU length of stay of greater than 4 hours, but less than 24 hours.

4.4.6 The ED Consultant/ED SMO should ensure patients admitted to the ED SSU:
- receive ongoing observation and investigation
- are medically reviewed every four hours, at a minimum, or as clinically indicated.

4.4.7 Patients who deteriorate and require acute emergency intervention while admitted to the ED SSU, should be transferred to the most clinically appropriate area of the ED for ongoing treatment and remain under the care of the ED Consultant/ED SMO.

4.4.8 The Director of ED and the Assistant Director of Nursing of ED or Nursing Unit Manager of ED should jointly approve any locally developed admission or exclusion guidelines and ensure they complement the recommendations of the ED SSU Guideline.

4.5 Business processes/data management (including updating EDIS, FirstNet and HBCIS)

4.5.1 Only health facilities with Level 3, 4, 5 or 6 Emergency Services as defined by the Clinical Services Capability Framework for Public and Private Health Facilities v3.2 and which have established an ED SSU in line with this guideline should use the Emergency Department Information System (EDIS) or FirstNet electronic medical record SSU functionality. Other health facilities may request for this functionality to be included in EDIS or FirstNet if an ED SSU is established.

4.5.2 Each facility with an ED SSU should nominate a person, for each shift, to be responsible for ensuring that the information systems, EDIS, FirstNet and Hospital Based Corporate information System (HBCIS) are updated regarding admissions and discharges/transfer of care.

4.5.3 The person nominated to update information systems regarding admissions and discharges/transfer of care should:
- use ED SSU as the standardised naming convention for updating the relevant information systems (EDIS/FirstNet/HBCIS)
- record approved admissions to the ED SSU on EDIS/FirstNet with an ED departure status of Admitted to ED SSU and the date and time of admission
- record approved admissions to the ED SSU as an inpatient admission on HBCIS
- update the physical location of patients when they move in or out of the ED SSU on the EDIS/FirstNet floor map or location status on the clinical screen, i.e. patient is moved from the ED SSU to the ED acute assessment area due to clinical deterioration.

4.5.4 The movement of a patient from the ED SSU back to the ED acute assessment due to clinical deterioration should not be recorded as a discharge on HBCIS and/or triaged and re-entered in EDIS/FirstNet as a new presentation. Both events are coded as the same episode of care.

4.6 Discharge/transfer of care criteria from ED SSU

4.6.1 The ED Consultant/ED SMO or ED Medical Officer in charge of shift after hours (2200 – 0800) should authorise all discharges/transfer of care from the ED SSU.

4.6.2 If authorisation of discharge/transfer of care of a patient from the ED SSU is within one hour of admission to the ED SSU, the authorising clinician should update the patient’s clinical record with:
- certification that an admission was appropriate
4.6.3 For any patient who has been in an ED SSU for 24 hours or more, the ED Consultant / ED SMO or ED Medical Officer in charge of shift after hours should:

- review the patient
- document the management plan to expedite either discharge/transfer of care from ED SSU, admission to an inpatient unit or transfer to another facility.

4.7 Responsibilities

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<tr>
<th>Position</th>
<th>Responsibility</th>
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<tbody>
<tr>
<td>HHS Chief Executive</td>
<td>• ED SSU is physically separated from the ED acute assessment area</td>
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<td>• Resources and staff are provided to support the SSU including:</td>
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<td>• Provision of 24/7 nursing staff</td>
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<td>• Appropriate medical staff from 0800 – 2200 hours.</td>
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<tr>
<td>HHS Executive Director Medical Services</td>
<td>• Monitor and review facility and HHS KPIs 3 monthly, comparing performance to peer group indicators and national guidelines.</td>
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<tr>
<td>Queensland Emergency Department Strategic Advisory Panel</td>
<td>• Monitor and review the Queensland Health ED SSU Guideline.</td>
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<tr>
<td>Person nominated for ensuring information system are updated for admissions and discharge/transfer of care</td>
<td>• Update EDIS/HBCIS/FirstNet in accordance with this Guideline.</td>
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4.8 Monitoring and reporting

4.8.1 HHSs should consider monitoring and reporting the utilisation of an ED SSU against key performance indicator (KPI) data every 3 months. Admitted KPI data is retrieved from Hospital Based Corporate Information System (HBCIS) and Emergency Department Information System (EDIS) as indicated below.

4.8.2 Key Performance Indicators (KPIs) should be determined by individual HHSs and could include:

- Percentage of patients admitted to the ED SSU with a transfer of care destination of admitted to inpatient ward (HBCIS)
  - Target: Less than 15%
- Percentage of patients admitted to the ED SSU where their ED LOS was greater than 4 hours (EDIS)
  - Target: 90% of patients admitted to ED SSU within 4 hours
- Percentage of patients discharged home from the ED SSU who had an unplanned re-presentation to ED within 48 hours of discharge (EDIS)
  - Target: Less than 2% (Heath Round Table Data Benchmark)
- Time to decision to admit to ED SSU (EDIS)
- Average LOS for patients admitted to the ED SSU (HBCIS)
- Percentage of patients admitted to the ED SSU with a combined ED and ED SSU LOS less than 4 hours (HBCIS)
- Percentage of patients admitted to the ED SSU with a LOS greater than 24 hours (HBCIS)
Percentage of patients admitted to the ED SSU with a discharge destination of transfer to another hospital (HBCIS)

Internal HHS data collection will be required for the following KPIs:

- Percentage of patients with medication reconciliation prior to transfer of care
  - Target: 100%.
- Percentage of patients who had an adverse event during their LOS in SSU
  - Target: <5% (Australian Commission on Safety and Quality in Health Care).
- Percentage of patients who are satisfied with their stay in the SSU
  - Target: >85% (Australian Health Consumers benchmark).
- Percentage of staff who are satisfied with working in the SSU
  - Target: >90%.

5. Definitions of terms used in the guideline

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
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<tbody>
<tr>
<td>Emergency Department (ED)</td>
<td>An Emergency Department is a dedicated hospital based facility specifically designed and staffed to provide 24 hour emergency care. An Emergency Department cannot operate in isolation and must be part of an integrated health delivery system within a hospital both operationally and structurally.</td>
<td>ACEM Policy on Standard Terminology 2014</td>
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<tr>
<td>Emergency Department Short Stay Unit (ED SSU)</td>
<td>ED SSU are:</td>
<td>Expert Panel Review of Elective Surgery and Emergency Access Targets under the National Partnership Agreement on Improving Public Hospital Services – Report to the Council of Australian Governments 30 June 2011</td>
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<tr>
<td></td>
<td>• designated and designed for the short term treatment, observation, assessment and reassessment of patients initially triaged and assessed in the emergency department</td>
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<td>• not a temporary emergency department overflow area nor used to keep patients solely awaiting an inpatient bed, nor awaiting treatment in the emergency department.</td>
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<td>Arrival Time</td>
<td>The first recorded time of contact between the patient and the ED staff.</td>
<td>ACEM Policy on Standard Terminology 2009</td>
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<td>Departure Time</td>
<td>This is the time the patient physically leaves the ED representing the end of the episode of emergency treatment. This includes patients who are discharged home, transferred to another hospital, die in the ED, are transferred to another part of the hospital for definitive care, or are admitted to a ward, including an observation ward which may be located in the ED. It does not include patients sent to another area for treatment when return to the ED is expected, nor does</td>
<td>ACEM Policy on Standard Terminology 2009</td>
</tr>
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it include patients statistically admitted to beds within the ED but still receiving care from the same staff. Accuracy to within the nearest minute is appropriate.

* In QH facilities an 'observation ward' is also known as an ED SSU.

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<tr>
<th>Length of Stay (LOS)</th>
<th>This is the difference between the arrival time and departure time. A recording accuracy to within the nearest minute is appropriate.</th>
<th>ACEM Policy on Standard Terminology 2009</th>
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<tr>
<td>Emergency Department Information System (EDIS)</td>
<td>EDIS is an electronic health record system designed specifically to manage data and workflow in support of ED patient care and operations.</td>
<td>American College of Emergency Physicians 2009</td>
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<tr>
<td>Hospital Based Corporate Information System (HBCIS)</td>
<td>HBCIS is Queensland Health’s enterprise Patient Administration System, capturing and managing both admitted and non-admitted patient, clinical and administrative data.</td>
<td>Health Systems Development Team, Clinical Access and Redesign Unit</td>
</tr>
<tr>
<td>Child</td>
<td>In this document the term child refers to someone aged between 0 and 12 years of age.</td>
<td>The Royal Australasian College of Physicians 2009</td>
</tr>
<tr>
<td>Adolescents</td>
<td>In this document the term adolescent refers to someone aged between 12 and 18 years of age.</td>
<td>The Royal Australasian College of Physicians 2009</td>
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6. Document approval details

Document custodian
Chair, Queensland Emergency Department Strategic Advisory Panel

Approval officer
Deputy Director-General, Clinical Excellence Division

Approval date: 18 September 2017

7. Version control

<table>
<thead>
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<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
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<tr>
<td>1.0</td>
<td>19 December 2014</td>
<td>CARU</td>
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<td>Guideline reviewed</td>
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