

Guidelines for emergency department short stay units

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What are emergency department short stay units?

Emergency department (ED) short stay units are units designated and designed for the short-term treatment, observation, assessment and reassessment of patients initially triaged and assessed in the ED. They:

- have specific admission and discharge criteria and policies
- are designed for short-term stays no longer than 24 hours
- are physically separated from the ED acute assessment area
- have a static number of beds with oxygen, suction and patient ablution facilities.

ED short stay units are not a temporary ED overflow area, nor should they be used to keep patients solely waiting for an inpatient bed or awaiting treatment in the ED.¹

The purpose of ED short stay units is to:

- provide evidence-based, high-quality, intensive short-term observation and treatment for selected ED patients
- reduce inappropriate admissions to inpatient beds and associated healthcare costs
- improve patient flow by providing timely assessments and treatment, thereby allowing patient discharge in the shortest, clinically appropriate time.

Purpose of the guidelines

These guidelines have been produced to assist Victorian health services to implement and operate ED short stay units that support good practice. The guidelines were informed by the *Observation medicine guidelines 2009*, however, go further to provide specific guidance on the functional and operational requirements of ED short stay units to enable a standardised approach to their use.

The goals of the guidelines are to:

- provide a consistent understanding of the purpose of ED short stay units
- offer guidance to ED short stay unit programs regarding patient selection and reporting activity
- set high-level operational measures that health services can use to benchmark performance
- assist health services to identify and reduce variation in care while improving service efficiency and quality.

The guidelines should be read in conjunction with the latest version of key documents relating to ED short stay unit admissions reporting including:

- *Victorian Admitted Episode Dataset (VAED): criteria for reporting*
- *Victorian Emergency Minimum Dataset (VEMD) user manual*.

¹ [Australian Institute of Health and Welfare](http://meteor.aihw.gov.au/content/index.phtml/itemId/525112) – see <<http://meteor.aihw.gov.au/content/index.phtml/itemId/525112>>.

Key principles for ED short stay units

The key principles for ED short stay units are:

- **Patient-centred care** – care is respectful of, and responsive to, individual patient preferences, needs and values, and is provided in a comfortable environment.
- **Quality and safety** – systems and processes deliver quality outcomes and minimise risks.
- **Early access** – there is early access to diagnostics, specialist advice, observation and reassessment to inform rapid decision making and treatment.
- **Evidence-based care** – pathways and protocols are in place to guide the delivery of care and reduce variation.
- **Collaboration** – short stay units are managed in a way that improves links within the organisation (for example, between multidisciplinary clinicians and specialists) and with external stakeholders (for example, general practitioners and community service providers).
- **Efficiency** – short stay units promote more efficient use of resources by streamlining the care of suitable patients and reducing service duplication and avoidable use of inpatient resources.

Guidelines

Planning, registration and implementation

- Health services must have a clear vision statement for their ED short stay unit and develop operational and clinical protocols, a policy manual, well-defined outcome measures to evaluate performance and a quality improvement program.
- The Department of Health and Human Services must be notified about new ED short stay units, proposed changes to existing units and proposed designation of ED treatment room(s) for short stay admissions. Email the department at <HDSS.helpdesk@dhhs.vic.gov.au>.

Criteria for admission to ED short stay units

- From 1 July 2017, criteria for admission (CFA) for patients admitted from an ED to an ED short stay unit will change from 'CFA E' to 'CFA X'.
- Health services must develop local policies for documenting that a patient has met the criteria for admission to the ED short stay unit. Policies should be consistent with local clinical pathways, protocols or accepted clinical practice.

CFA X: ED Short Stay Unit

CFA X should be used when a patient is transferred from an ED to an ED short stay unit and has a clearly documented clinical assessment, management and discharge plan.

CFA E: Extended Medical Treatment

CFA E should be used when a patient receives a minimum of four hours of continuous active management in a ward other than the ED short stay unit, consisting of regular observations (which may include diagnostic or investigative procedures) or continuous monitoring.

This includes patients admitted to an assessment unit such as a rapid chest pain assessment unit or a pregnancy assessment and management unit.

Leadership and governance arrangements

- The ED director and ED nurse manager or short stay unit nurse unit manager are responsible for the clinical and operational management of the ED short stay unit.
- The ED doctor or delegate has governance responsibility and admitting rights for the ED short stay unit.
- Clinical leaders should be involved in strategic and operational issues and should be supported by hospital management.
- All practices in patient care delivery should be consistent with high-quality evidence-based practice and aligned with state or national guidelines.
- The health service's ED quality framework should include governance of patient care, safety and quality, incident reporting and management.
- Health services should develop local policies and practices to avoid functional or operational bottlenecks and to maintain patient flow.
- Governance arrangements should include robust monitoring of local operational policies.

Health service **chief executives** are responsible for:

- assigning responsibility, personnel and resources to implement these guidelines (including nominating an executive sponsor)
- establishing mechanisms to ensure the requirements of the guidelines are applied, achieved and sustained as usual processes
- ensuring that local policies reflect the requirements of the guidelines and are written in consultation with the hospital executive, clinical governance unit, ED senior management and clinical staff.

Model of care

- The source of admission to an ED short stay unit is an ED presentation.
- ED patients admitted to the ED short stay unit are clinically stable and have an anticipated length of stay of less than 24 hours.
- All patients admitted to an ED short stay unit have a clinical pathway or management plan.
- Any patient in the ED short stay unit must be included in clinical handover rounds.
- Minimum four-hourly observations should be performed or as determined by the emergency doctor or delegate.
- The emergency doctor or delegate must be informed about any deterioration in an ED short stay unit patient, then the usual ED escalation processes should be followed.
- Children requiring a short stay admission should be accommodated in paediatric-specific units.
- Paediatric patients admitted to a paediatric ED short stay unit where there is no paediatric inpatient ward may remain in the unit for up to 48 hours.
- The ED short stay model of care may be appropriate for low-risk patients with behaviours of concern where discharge to the community is anticipated and the length of stay is expected to be less than 24 hours.
- Designated ED short stay treatment room(s) that are enclosed and separated from the ED acute assessment area may be suitable for patients with behaviours of concern.
- An ED isolation room with an ensuite may be used to manage patients with an infectious disease.
- Forward planning of resource requirements for these patient groups must be undertaken, with appropriate risk plans established.
- Treatment and isolation rooms must comply with the requirements of these guidelines and with the VAED criteria for reporting admissions to the ED short stay unit.

The model of care for an ED short stay unit should be based on a clear description of:

- admission and discharge processes
- procedures for managing clinical conditions
- skill and resourcing requirements to ensure quality care for patients, including any support required from inpatient specialties and diagnostics and from allied health and community health services
- specific criteria for referrals, review and departures.

Models for short stay units should avoid:

- the potential to increase 'intra-hospital transfers' that can increase length of stay and duplication and reduce the continuity of care
- inappropriate admissions due to bed pressures elsewhere in the health service or another specialist health service.

Size and hours of operation

- ED short stay units usually provide a 24-hour seven-day service.
- The size of an ED short stay unit will differ depending on:
 - the size of the hospital
 - the number and casemix of daily admissions
 - specialist, doctor and nursing availability
 - specialty mix within the hospital
 - activity and capacity of community-based services
 - the number of inpatient and rehabilitation beds available.

Staffing requirements

Medical staff

- An emergency doctor will be designated and identified on the senior staff roster as the ED short stay unit admitting officer at all times.
- Medical staffing must be sufficient to meet the objectives of the ED short stay unit in providing quality, timely care. Regular, at least twice daily, consultant or senior medical staff-led ward rounds should be carried out.
- Where junior medical staff are rostered to the ED short stay unit, the roster profile will be structured to allow direct supervision, on a case-by-case basis, for every patient by a more senior medical officer (at least registrar level).
- Medical staff in a supervisory role in the ED short stay unit must be specifically trained and credentialed in emergency medicine.

Nursing staff

- A senior nurse will be allocated for each shift in the ED short stay unit and will have first-line management responsibility for the running of the unit.
- At least one nurse with skills in emergency nursing / advanced life support accreditation should be allocated to the ED short stay unit on every shift to ensure a range of patient conditions can be managed.
- Active review of workload matters including staffing levels is good practice and required by the *Australian Nursing and Midwifery Federation enterprise agreement*.

Allied health staff

- The ED short stay unit should have appropriate access to allied health professionals with appropriate skills and knowledge to provide early intervention and discharge planning and to prevent non-medical patient admissions.
- Allied health services should be delivered as part of a multidisciplinary team, with staffing levels and skill mix varying in response to the clinical needs of the facility.
- It may be necessary for allied health professionals to work extended hours, on weekends or on-call.

Non-clinical staff

- The ED short stay unit should have a ward clerk who is responsible for clerical, administrative and reception duties to ensure efficient and effective admission and discharge processes.
- Patients who identify as Aboriginal and/or Torres Strait Islander should be offered a consultation with the Aboriginal hospital liaison officer.

Facilities and equipment

Under the national definition, ED short stay units are required to:

- be physically separated from the ED acute assessment area but are usually in close proximity to the ED
- have a dedicated nursing station and adequate desk space for both medical and nursing staff
- have their own toilet and shower facilities for patients
- have a static number of treatment spaces with beds or treatment chairs (treatment chairs are appropriate for some conditions and are required to be appropriately staffed)
- have facilities and amenities similar to inpatient wards including design, environment, activity, structure and provision of nursing care.

The following criteria should be considered when designing ED short stay units:

- single room(s) with an ensuite for managing short-term infectious patients (for example, with gastroenteritis)
- access to a kitchen area or beverage bay
- storage facilities as well as a clean and dirty utility located in the unit (or in close proximity) to maximise productivity and efficiency.

Admission and discharge criteria

Health services should establish local policies about which patients to admit to their ED short stay unit based on local availability of resources and practices.

The following principles could be used to develop local inclusion and exclusion criteria.

Patient inclusion criteria

- ED patients with a range of low to moderate risk symptoms who, with optimal diagnostic support and clinical management, can be discharged in less than 24 hours.
- Patients should be clinically stable.
- There should be a focused goal for the period of observation supported by an established clinical pathway.

Patient exclusion criteria

The criteria for patient exclusion from an ED short stay unit will vary between hospitals but should be consistent with the following principles:

- It is anticipated that the duration of treatment will be more than 24 hours.
- The patient is admitted under the care of an inpatient team.
- The patient has been transferred to the hospital for admission under the care of an inpatient team.

Clinical exclusion criteria

- The ED short stay unit cannot provide a suitable level of care or the patient has complex care needs that are unable to be met in the ED short stay unit.
- Patients who are not clinically stable should not be admitted to an ED short stay unit.
- Patients without a clear diagnosis or provisional diagnosis should not be admitted to an ED short stay unit.

Patient care pathway

Appendix 1 provides an example patient care pathway. Patient care pathways should:

- be based on the best available evidence and be agreed by the ED director and nurse unit manager
- begin early in the patient journey to reduce the time spent in the ED – for example, from triage
- streamline the admission and departure processes
- be evidence-based and promote a safe environment and therapeutic care
- be supported by all specialties and multidisciplinary professionals with acute care responsibilities to facilitate appropriate review or referral for secondary or tertiary care
- provide a clear statement of operational responsibility for moving patients from the ED to inpatient wards (when required).

Admission and discharge procedures

Procedure for admitting a patient to an ED short stay unit

The procedure for admitting an ED patient to the short stay unit should include:

- approval from an emergency doctor or delegate
- an appropriate clinical assessment and management plan that includes the applicable medical history, examination findings, provisional and differential diagnoses, a management plan and any outstanding results to be followed up
- clinical handover of the patient to short stay unit staff including outstanding results or reviews required and subsequent management plan.

Discharge from an ED short stay unit

- Discharge of patients from an ED short stay unit will be to home (or their usual residence), to an inpatient unit (including Hospital in the Home) or to another hospital.
- A discharge summary must be completed for all patients leaving an ED short stay unit. An ED discharge letter fulfils this requirement.

Admission to a ward from an ED short stay unit

- Admission to an inpatient ward may be required due to a change in the patient's clinical condition or the subsequent requirement for specialised care and investigations outside the remit of an ED short stay unit.
- Patients must be referred, accepted and transferred from the ED short stay unit to another appropriate inpatient ward within 24 hours of admission to the ED short stay unit.
- Clinical handover of the patient should take place via direct consultation between the emergency doctor or delegate and the inpatient consultant or delegate. The management plan should be written in the patient's clinical record.
- Moving patients from an ED short stay unit to a hospital inpatient bed should be prioritised to ensure continued flow of appropriate ED patients into the ED short stay unit.
- Effective communication with the hospital access manager, bed manager or after-hours nursing manager is required.
- Once the transfer of care has taken place, all aspects of clinical care for those patients who are admitted under inpatient teams but are still in the physical bed space of the ED short stay unit are the responsibility of the admitting team's medical officers. This includes liaising with family members and carers, reviewing medications, clinical reviews and appropriate discharge planning.

Monitoring and measures

Health services should develop local policies and practices to:

- use quantitative and qualitative data to drive improvements in service delivery, safety and quality and to inform local 'best practice' models
- monitor patient experiences via patient survey tools and by routinely assessing adherence to clinical pathways
- establish mechanisms to ensure their performance against relevant monitoring measures is regularly reviewed
- appropriately follow up performance issues.

Measures for ED short stay units

The Department of Health and Human Services will use hospital data submitted to the VAED to inform state-level monitoring measures for ED short stay units.

Length of stay in the ED short stay unit is reported as:

- the percentage of all patients admitted to the ED short stay unit with a length of stay (in the ED short stay unit) less than or equal to 24 hours (calculated in minutes).

Destination on departure from the ED short stay unit is reported as:

- the percentage of all patients admitted to the ED short stay unit who were either:
 - discharged home
 - transferred from the ED short stay unit to another inpatient ward
 - discharged to another ED.

ED short stay unit cases should be included in local hospital morbidity and mortality meetings. Health services should also review other monitoring measures including:

- lengths of stay less than four hours in the ED short stay unit
- unplanned representations to the ED within 48 hours for patients discharged from an ED short stay unit.

Appendix 1: Example patient care pathway

<p>Department of Emergency Medicine</p> <p>Short Stay Unit</p> <p>Western Health </p>	<p>Attach patient label here</p>
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RENAL COLIC					
Date		Time			
Admitting ED Consultant					
Admission criteria					
<ul style="list-style-type: none"> Abdominal pain likely to be renal colic Haematuria (microscopic) Investigations to confirm diagnosis arranged 					
Exclusion Criteria					
<ul style="list-style-type: none"> Likely LOS >24 or <4 hours Incomplete management plan Unstable vital signs Fever > 38° C Urinary tract infection Major co morbidity Pregnancy Single kidney Abnormal renal function, eg, Cr >130 micromol/L Pulsatile abdominal mass Age >60 unless proven calculus Proven high grade obstruction Stone >5mm 					
Baseline Investigations					
<ul style="list-style-type: none"> UEC Glucose FWT urine MSU (if indicated) FBE CT & KUB to be arranged 					
Interventions					
<ul style="list-style-type: none"> IV fluids (yes) (no) IV cannula – flush 8/24 					
Prescribing guidelines unless contraindicated [Drugs to be ordered on medication chart]					
Drug	Dose	Frequency	Route	Prescribed	Notes
Morphine	2.5-5.0mg	PRN	IV		
Metoclopramide	10mg	Q 6/24 PRN	IV		
Indomethacin	100mg	bd	O/PR		
Panadeine Forte	--/11	Q 4/24 PRN	O		

Nursing observations			
Measure	Frequency	Notify HMO if above	Notify HMO if below
Temperature	4/24	38	35
Pulse	4/24	100	60
BP	4/24	160	100
Pain score	1/24	3	
Diet and elimination [circle]		Mobility [circle]	
Full Diabetic diet Fluids only Ice to suck Fast / nil orally		Full Toilet only Sit out of bed Rest in Bed	
Other orders		Additional medical notes [eg other issues]	
<ul style="list-style-type: none"> Notify HMO/Consultant if morphine requirement more than 20mg 			
Medical Officer			
Name		Signature	
Date		Time	
Disposition criteria			
Home		Hospital	
<ul style="list-style-type: none"> Pain <3 for 4/24 Tolerating oral intake No radiological evidence of high grade obstruction 		<ul style="list-style-type: none"> Fever Ongoing pain High grade obstruction Clinical deterioration 	
Discharge Checklist			
Discharge letter			
Follow-up arrangements made, eg, stones/retention clinic			
Discharge medications, eg, oral analgesia			
Written discharge instructions +/- action plan			
Short course of NSAID for 3 days			
Nurse-initiated discharge [NID]			
Authority for NID granted YES / NO		Name	Signature
Criteria for NID			
Confirmation that NID requirements met			
Name of nurse		Signature	
Date of discharge		Time of discharge	

Appendix 2: Emergency department short stay unit checklist

Please print and use this checklist to identify priority actions to comply with the key requirements of the guidelines.

Registration

- The ED short stay unit is registered with the Department of Health and Human Services
- Seeking registration for:
 - a new ED short stay unit
 - amendments to an existing unit
 - designated short stay treatment room(s) within the ED for patients with behaviours of concern

Design

- Designated unit
- Physically separate from the ED acute assessment area
- Close proximity to the ED
- Static number of beds or treatment chairs. How many? _____
- All beds or treatment chairs have oxygen, suction and patient ablution facilities
- Children are accommodated in a paediatric-specific short stay unit. Does the hospital have a paediatric inpatient ward? Yes No
- Separate single room(s) with an ensuite for patients with behaviours of concern or an infectious disease
- Dedicated nursing station with adequate desk space for medical and nursing staff
- Clean and dirty utility to maximise productivity and efficiency
- Access to kitchen or beverage bay facilities
- Storage facilities

Planning

- Vision statement
- Operational protocols
- Clinical protocols
- Quality improvement program
- Escalation plan for rapid issue resolution
- Management plan for length of stay (> 24–48 hours) has executive support
- Streamlined admission and discharge procedures (administrative and clinical)

Staffing

- Attending doctor assigned 24 hours a day
- Nursing staff assigned 24 hours a day
- Senior nurse assigned for each shift
- Dedicated allied health professionals
- Rostering of staff reflects clinical needs of short stay unit patients
- Supervising medical staff are trained and credentialled in emergency medicine

- Staff are trained in rapid assessment and decision making for the target patient group
- Access to the Aboriginal hospital liaison officer

Governance

- The ED short stay unit is governed by the ED director and ED nurse unit manager
- Patients are authorised by the ED director or their delegate for admission
- Clinical leaders participate in strategic and operational issues
- Clinical leaders are supported by hospital management

Operation

- ED patients are admitted to the ED short stay unit with a clinical pathway or management plan and have an anticipated length of stay of less than 24 hours
- Admission criteria is used to predict suitability early in hospital care
- Consultant or senior medical staff ward rounds take place at least twice daily
- Senior medical input is available and occurs for every patient
- There is a regular review cycle of the unit's operational protocols

Admitting patients to a ward

- Patients are referred, accepted and transferred from the ED short stay unit to another appropriate inpatient ward within 24 hours of admission to the ED short stay unit
- Clinical handover is via direct consultation between the ED short stay unit and ward clinician

Quality improvement

- Quantitative and qualitative data are used to drive improvements in service delivery, safety and quality and to inform local 'best practice' models
- Patient experiences are monitored via patient survey tools and routine assessments of adherence to clinical pathways
- There are mechanisms to regularly review performance against relevant monitoring measures
- Mechanisms are established to follow up performance and patient experience issues

Designated short stay treatment room(s) in the ED

- The unit is approved by the Department of Health and Human Services via the ED short stay unit registration form
- Designated short stay treatment room(s) are enclosed and separated from the ED acute assessment area and are used only for low-risk patients with behaviours of concern
- The ED isolation room has an ensuite and is used for infectious disease patients with an expected discharge within 24 hours
- The unit complies with the *Guidelines for emergency department short stay units*

Appendix 3: ED short stay unit registration form

Registration form – emergency department short stay unit

<p>All emergency department (ED) short stay units must be registered with the Department of Health and Human Services before they begin operation. Please print and complete this form and return it with supporting documents to the Emergency and Trauma Program at HDSShelpdesk@dhhs.vic.gov.au</p>	
Hospital name	
Registration	New ED short stay unit <input type="checkbox"/> Changes to an existing ED short stay unit <input type="checkbox"/> ED short stay unit designated treatment room(s) within ED <input type="checkbox"/>
ED Director Contact details	
ED Nurse Unit Manager Contact details	
Proposed date of commencement	
Number of beds/places in the short stay unit	_____ beds _____ treatment rooms
Number of beds in the ED	_____ beds
Anticipated volume of patients to be managed in the ED short stay unit (annually)	_____ % of total ED presentations _____ actual number of patients anticipated
Admission and discharge policy	[Attach a copy of the unit's admission and discharge policy]
Data submission: The hospital must demonstrate it can submit accurate data to both the VEMD and the VAED	[Attach a sample of baseline data] This application should support the intent of: <ul style="list-style-type: none"> • <i>Guidelines for emergency department short stay units (2017)</i> • <i>Victorian Admitted Episode Dataset: criteria for reporting</i> • <i>Victorian Emergency Minimum Dataset user manual</i>
Health service contact for this application:	Name: Title: Phone: (03) Email:

Attachments:

- Completed checklist for proposed unit/amendments
- Admission and discharge policy
- Sample of clinical pathway