HEALTH FACILITY BRIEFING SYSTEM

HEALTH FACILITY BRIEFING SYSTEM OPERATIONAL POLICY St George Hospital EMERGENCY DEPT

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1 Project Information

Project Name	St George Emergency Department
Project Address	Gray Street, Kogorah
Area Health Service	South Eastern Sydney Illawarra Health Service
Date	21st September 2011

2 Operational Policy Framework

The proposed National Emergency Access Targets (NEAT) will aim to have 90% of patients admitted, discharged or referred to another hospital for treatment within 4 hours of presenting to the Emergency Department. These targets will not overrule clinical judgement and will be linked to specific KPIs, funding and reporting. The NSW performance benchmark will begin with a target of 69% for the period January 1st 2012 to 31st December 2012 and increase annual at 7% ie 1 Jan -31 Dec 2013 76.0%, 1 Jan -31 Dec 014 83.0% and 1 Jan -31 Dec 2015 90.0%

3 Departmental Operational Policies

Department Name	St George Emergency Department
Role Delineation Level	Director of Emergency
Date	7th September 2011

Operational Policies for	St George Emergency Department

3.1 Description of Service

The emergency department (ED) will provide treatment for minor and major trauma cases, medical emergencies for adults and children and a range of other conditions, including surgical, medical, and mental health.

The service will operate under the direction of a full time Medical Director and Nurse Manager.

It will provide for the reception, triage and assessment, diagnosis and initial treatment and stabilisation of patients that present to the ED.

Major trauma patients are assessed and managed initially in the ED with a coordinated multidisciplinary team approach.

Model of Care

Mode of patient presentation and registration

Patients may present to St George Emergency Department by a number of methods. These include: via ambulance (CDA) either as direct response from calls to the ambulance service or as transfers from other hospitals; via self presentations to the triage station; via helicopter as part of primary or secondary transfers.

All patients presenting to the ED will be assessed by a triage nurse who will best determine where the patient will be initially assessed and treated. This process may occur in consultation with medical staff as required.

The triage nurse is a registered nurse with a minimum of 12 months Emergency experience and having undertaking an accredited triage program.This may occur at a central triage station, ambulance reception area or at the bedside. Triage is conducted in accordance with the National Triage Scale which assigns a numerical code based on the maximum recommended time to review by a health practitioner.

National Triage Scale

Acuity Scale	Numeric Code	Recommended maximum time to assessment
Resuscitation	1	Immediate
Emergency	2	10 Minutes
Urgent	3	30 Minutes
Semi-Urgent	4	One hour
Non-Urgent	5	Two hours

Care may be provided in a number of areas including the resuscitation bays, adult acute care bed, paediatrics-, fastrack or the consultation rooms and by a multidisciplinary team including medical, nursing and allied health staff

The resuscitation bays are purpose built treatment bays designed to assess and manage acutely unwell or injured patients. They allow greater access to the patient, continuous monitoring and have specialised equipment to provide advanced life support. They are staffed with dedicated senior medical and nursing staff . Depending on the patient's diagnosis and management plan, they may be transferred to an inpatient area for further treatment eg operating theatre, cardiac cath lab, or they may be stabilised and moved to other areas with the ED for further treatment, observation and review.

The adult acute care beds will provide treatment bays for adult patients requiring a bed in order to provide assessment , non invasive monitoring and treatment. They are staffed with dedicated senior medical and nursing. Early senior medical input will help determine what diagnostic investigations may be required and well as early medical treatment and a disposition plan

The paediatric precinct will provide care specific to the needs of this group of patients. There will be a dedicated distinct waiting area separated from the general waiting area as well as specific features and facilities designed for Paediatric areas such as cot spaces and play areas. Presentations suitable for a paediatric fast track model will be reviewed within the paediatric precinct .They are staffed with dedicated senior medical and nursing

The Adult fast track / Urgent Care area will enable the Emergency Department to operate a "see and treat" model of care with this specific group of patients. These patients will likely require minimal investigations and ideally could be seen and treated within one hour of presentation. Dedicated medical, nursing and nurse practitioner staffing will be required to ensure continuous patient flow during the hours of operation

Patients may be triaged to specific areas within the Emergency Department depending on their needs, such as single rooms for isolation purposes or safe assessment rooms for patients with possible psychiatric presentations. Patients may also be directly referred to in patient units such as the Medical Assessment Unit if specific criteria are met. This process would be aided by the front loading of senior medical staff who can help facilitate this.

Hours of Operation

The ED will operate 24 hours per day 7days per week.

3.2 Roles and Responsibilities of staff appointed to the Emergency Unit

Medical, Nursing and Clerical Services

Medical and nursing services are provided by specialist ED staff and trainees.

Clerical Services are provided 24 hours a day. Clerical staff are responsible for registering all patients attending the department. The ED clerical staff complete all admission paperwork for patients attending the ED.

Specialty medical services will be available as required following assessment by the ED staff.

Staffing Numbers and Costs

Staffing numbers are indicative only and these will be calculated based on level of service and case mix. Actual numbers of people will exceed the FTE allowances.

NB. As requested this is our existing staffing levels

Staff Categories	FTE	Actual People	$ cost	Remarks
Nurse Manager	1.0	1		
Nursing Unit Managers	4.0	4		
Clinical Nurse Consultant	1.0	1		
Nurse Practitioners	3.0	4		
Nurse Educator	1.0	1		
Clinical Nurse Educator	1.0	1		
Equipment Officer	1.0	1		
CNS2	5.4	6		
CNS	7.16	10		
RNs (including RN1's and critical care rotations)	66.54	85		
eMR Data Manager	0.84	1		
Administration Assistants	1.0	2		
CSO	.5	1		
Medical Director	1.0	1		
Staff Specialist	11.75	18		
ED VMO	32hour/ week	4		
Registrar	14.3	22		
Career Medical Officers	4.2	7		
Resident Medical Officer/ interns	18	18		
Medical Students	4	4		

Clerical Manager	1.0	1		
Clerical Staff	18.62	24		
Orderlies (as part of critical care orderlies)				
Social Worker	1.0	2		

3.3 Nursing and Support Staff

Nurse Manager

Duties/Responsibilities:

Has the over all responsibility for the delivery of nursing services within the ED.

Has overall responsibility of the ED Clerical Staff and Critical Care orderlies

Liaises with medical and nursing staff to ensure the appropriate provision of services and care are provided.

Manages or delegates responsibility for the units' goods and services, including staffing requirements within the resources allocated to the Emergency Unit.

Actively contributes to service planning, clinical practice review and quality improvement activities.

Responsible for overseeing the clinical coordination and day to day staff allocation (excluding medical staff.)

The Nurse Manager has a professional responsibility to the Nursing Co Director Critical Care.

NUMS

Manages and coordinates the delivery of ED services on a day to day basis, during and after hours.

Liaises with medical, nursing and allied health staff to ensure the provision of services and care is provided in a satisfactory manner.

Provides clinical management of staff and patients within the ED and facilitates the transition of patients to and from other units or wards, or back home as required by patients' condition.

Actively contributes to:

- service planning;
- clinical practice review;
- education;
- research; and
- Quality improvement activities.

Is responsible for the allocation of staff to patients, according to skill level patient type and departmental requirements and demand, on a day to day, shift by shift basis.

Communicates as required with staff in other areas on an as needs basis regarding patients admission, care and ongoing treatment requirements upon transfer.

The NUMs has a professional responsibility to the Nursing Co Director Critical Care and direct reporting line to the ED Nurse Manager

Clinical Nurse Consultant

Duties/Responsibilities:

Assess and support the ongoing clinical development of staff within the ED,

Actively contributes to:

- service planning;
- clinical practice review;
- education;
- research; and
- Quality improvement activities

Provides and coordinates clinical supervision and education of registered nurses and nursing students

Actively participates in research activities and shares research finding and knowledge with other staff members within the ED.

The CNC has a professional responsibility to the Nursing Co Director Critical Care and direct reporting line to the ED Nurse Manager

Nurse Practitioners

Duties/Responsibilities:

Provides clinical care to a range of patients within the guidelines established for advanced nursing practice.

Contribute to quality health care by collaborating with other senior emergency staff in developing new models of care. The Nurse Practitioner will manage different patient groups according to existing clinical practice guidelines.

Actively contributes to:

- service planning;
- clinical practice review;
- education;
- research; and
- Quality improvement activities

Provides and coordinates clinical supervision and education of registered nurses and nursing students

Actively participates in research activities and shares research finding and knowledge with other staff members within the ED.

The NP has a professional responsibility to the Nursing Co Director Critical Care and direct reporting line to the ED Nurse Manager

Nurse Educator

Duties/Responsibilities:

Provides support and education to nursing and other staff attached to the ED under the supervision of Clinical Nurse Consultant

Reports directly to the CNC and Nurse Manager ED as required.

Clinical Nurse Educator

Duties/Responsibilities:

Provide nursing education and support to the registered nurses under the supervision of the CNC

Reports directly to the CNC and the Nurse Manger as required.

Equipment Officer

Duties/Responsibilities:

Is responsible for the management, maintenance and adequate provision of equipment within the ED.

Provides support to the ED staff in acquiring equipment when needed for clinical care..

Is responsible for maintaining the units' asset register.

Other Nursing Staff

Duties/Responsibilities:

Assess, support and provide nursing care for the patients within the ED

Provides supervision and education to nurses and nursing students as required

Responsible for the nursing care and documentation of all allocated patients

Has direct reporting line to the Nurse Manager

eMR Data Manager

Duties/Responsibilities:

To provide the Emergency Department with the ability to become self sufficient in the running of Firstnet by performing daily, weekly and monthly data management tasks.

Duties include performing daily data integrity checks – including backfilling incomplete records, visually checking the quality of data entered, running error reports and fixing incorrect entries. Data for triage and access performance will then be supplied to Hospital Executive, Area Executive and NSW Health daily, weekly or monthly as required.

Clerical Manager

Duties/Responsibilities:

Has the over all responsibility for the delivery of clerical services within the ED.

Liaises with medical and nursing staff to ensure that the clerical staff are providing the appropriate level of service for the smooth running of the ED.

Manages or delegates responsibility for the units' clerical requirements, including staffing requirements within the resources allocated to the ED.

Actively contributes to clerical service planning, practice review and quality improvement activities.

Responsible for overseeing the coordination of the clerical duties and day to day staff allocation.

Communicates as required with the Nurse Manager, Medical Director and other staff on matters relating to the provision of clerical services within the ED.

The Clerical Manager has direct reporting lines as Nurse Manager

Clerical Staff

Duties/Responsibilities:

Is responsible for registering all patients who attend the ED

Is responsible for completing paperwork and data entry for all patients who requires admission

Arranges for medical records to be retrieved from the medical records department as required

Provides information and assistance for patients and their families as required, or refers enquiry to the appropriate clinical staff member.

Provides clerical and filing functions,

Data entry, answers and deals with telephone calls and refers calls to the appropriate staff member

Is responsible for receiving any payments for crutches hire or overseas patient payments.

Orderly staff

Duties/Responsibilities:

Transports patients within the ED and to other wards and areas within the hospital.

As directed removes waste and linen, cleans and restocks as necessary.

Provides assistance to the multi-disciplinary health care team.

Assist with critical incidents, positioning and transportation of patients and undertake other duties as required.

Has direct reporting line to the Nurse Manager via the orderly supervisor

Rostering and shift Coverage

The nursing staff allocated to the ED will work a rotating roster covering 24 hours

Nursing staff will be rostered in accordance with nursing award provisions.

Each staff member will be assigned to areas within the ED dependant on skill level and the demands of the ED.

After Hours Nurse Manager

Although the After hours Nurse Manager has hospital wide responsibilities, nursing staff within the ED must be aware of the AH NM role and the assistance this role provides to the ED.

Duties/Responsibilities:

AH NM is responsible for the out of hour's assistance in case of increased demand within the ED in consultation with the ED NUM.

Is available to assist in the after hours management of staff, bed management and problem solving.

Nursing staff are to contact the AH NM in situations that require higher level support and assistance.

Patient Flow Manager and Bed Manager

Although the Patient Flow Manager and Bed Manager has hospital wide responsibilities, nursing staff within the ED must be aware of the duties and the assistance this role provides to the ED.

Duties/Responsibilities:

Overall coordination for patient flow activities in the Hospital

Prioritising the utilisation of resources inpatient beds

Responsible for bed management, bookings, admissions, wait list

Development and review of policies relating to patient flow

3.4 Medical Staff

All of the medical staff listed are solely responsible for the provision of the care of patients within the ED.

Medical Director

Duties/Responsibilities:

Has the over all responsibility for the delivery of medical services within the ED.

Liaises with nursing and allied health staff to ensure the appropriate provision of services and care are provided.

Is responsible for managing the medical staffing requirements within the resources allocated to the ED.

Actively contributes to medical service planning, clinical practice review and quality improvement activities.

Responsible for overseeing the clinical coordination of the day to day allocation of medical staff.

Communicates as required with the Nurse Manager and Staff Specialists on matters relating to the provision of care for patients within the ED.

The Medical Director has a professional responsibility to the facility CEO and a direct reporting line as determined by facility or AHS policy.

Staff Specialists

General Staff Specialist Duties /Responsibilities:

Clinically manage the care of patients that present to the ED. To determine appropriate investigations, treatment and safe disposition for these patient

Supervise the Registrars and Resident Medical Officers in their management of care of patients within the ED

Supervise medical education of junior medical officers and are involved in multi-disciplinary education

Supervise the education of Medical Students rotating through the Emergency Department

Supervisor and provide education for Nurse Practitioners

Ensure patient flow and general management of the Emergency Department on a shift by shift basis

Take part in the roster with Staff Specialist on ED floor cover 16 hours per day, 7 days a week

In addition to the Medical Director of the Emergency Department there are specific roles for:

The Deputy Medical Director

The Director of Emergency Medicine Training

The Director of Research

Each has a role in quality improvement, education and training of college accredited trainees and emergency medicine research projects

Registrars

Duties/ Responsibilities:

Clinically manage the care of patients in the ED under the supervision of the Medical Director and Staff Specialists

Liaise with Clinical Coordinator /NUM, Registered Nurses and Enrolled Nurses regarding implementation of treatment and care as required

Supervise and educate Resident Medical Officers and medical students

Resident Medical Officers

Duties /Responsibilities:

To provide support and assistance in the care of all patients.

Works under the supervision of senior medical staff.

Liaise with nursing staff regarding the implementation of care and the continuum of care required

Medical Students

Duties/Responsibilities:

To support and assist whilst under supervision of the Emergency Department doctors

Liaise with nursing staff about any aspects of clinical care as required.

3.5 Patient Management

Patient Flow

Patients attending the ED will arrive either by foot, private transport, public transport, ambulance or police service or aero-medical retrieval. The first point of contact will be with the triage nurse in most instances who will assess the patient. The triage nurse will determine the urgency for medical review and the patient's initial ED location for review. Examples of these locations include resuscitation bay, main track (including paediatrics), fast-track, mental health assessment room or specific treatment rooms and have been described earlier

Patients will be registered by the ED clerk, this may occur before or after triage, either at reception, ambulance bay or at the bedside. What criteria are used for determining when a patient is to be registered? The patient's presenting complaint as well as appearance and initial or recently performed observations will determine when best to perform the registration process. Family members or persons accompanying the patient may assist in the registration process.

Once within the treatment area of the ED the patient will be assessed, treated and stabilised, and then admitted to the hospital or discharge dependant on the patients' condition.

Senior Emergency Department medical input will help determine the appropriate investigations, initial treatment and need for referral to in patient teams. Clinical Business Rules regarding the admission of a patient from the ED to an inpatient speciality team and admission decision guidelines aid in the disposition decision. Patients are to be reviewed within one hour of referral .

Waiting Times

The department's aim will be to assess, treat and manage patients within the time frames set out by the National Triage Scale Ideally no patient will wait longer than two hours.

Consultations

Patient consultations are undertaken in a timely and expeditious manner to ensure constant patient flow thus minimising waiting times.

The ED may obtain consultation from other specialties within the hospital dependent on patient needs.

Clinical Business Rules regarding the admission of a patient from the ED to an inpatient speciality team and admission decision guidelines aid in the disposition decision. Patients are to be reviewed within one hour of referral.

Investigations and Procedures

Investigations undertaken should be appropriate to the presenting condition. In general terms, what are the investigations conducted by the ED? How are they initiated and what are the performance requirements and times?

Investigation that may be required can be divided in bedside investigations, pathology tests and radiology investigations

Bedside investigations include ECG, Blood glucose and urine analysis

Pathology investigations include point of care tests eg blood gas analysis, or specific haematological tests eg full blood count, biochemical tests eg electrolytes, liver function tests or microbiological eg urine or cerebral spinal fluid (CSF) analysis

Radiological investigations include plain x-ray, CT scan, ultrasound, nuclear medicine scans, angiography and MRI

Specific KPI for diagnostic investigations will require review in relation in the National Emergency Assessment Targets

Patient Records

The ED has a responsibility to maintain an adequate medical record of the patients' presentation. There has been an increasing focus for the use of electronic medical records. St George Emergency Department is using an Emergency Department Information System know as First Net for patient demographic information, triage information, ED patient mapping, investigation ordering and review and discharge summary information. The transition to the use of electronic medical records for documentation of the patient's presentation to the ED is under development. Currently documentation for patient presentations is paper based, as are previous medical records which are called for on the patients presentation to the ED

Customer Focus

Customers of the Emergency Department can be defined as:

- Patients
- Patients' companions in the ED
- Referring physicians and health workers

Staff will work in a manner to retain customer focus throughout their work.

This is done through nursing in service and education, medical teaching sessions, Emergency Department newsletters, monthly quality improvement meetings, regular Morbidity and Mortality meetings and the Incident Information Management System

Admission Policies

Admissions are categorised as In-patient Hospital admissions or Inter hospital transfers

In-patient Hospital admissions are those patients deemed to be requiring ongoing care and are admitted under an in-patient consultant team for transfer to ward areas.

Patients are assessed and managed initially by the ED medical staff. Decision or referral is made to the inpatient team, either directly to the Admitting Medical Officer or to the team registrar. The process for admission should follow the clinical business rule for admissions from the ED.

Patients requiring ongoing medical investigations or treatment / nursing care which can be completed in the ED without referral to an in-patient team may be admitted under an ED Staff Specialist and transferred to the Emergency Medical Unit.

The decision to admit to the Emergency Medicine Unit is made by the Senior ED medical staff, based on the likelihood that the patient would be discharged home within 24 hours. Conditions that may require admission include gastroenteritis, allergic reactions, low risk acute coronary syndrome patients. Admission to the EMU can occur as soon as senior ED medical approval is given and bed availability is confirmed

Inter-hospital transfers are patients that may require a temporary stay in the ED for stabilisation prior to being transferred to a prearranged inpatient bed. If patients are clinically stable, then direct transfer to the inpatient bed should occur. The exception being patient's transferred to St George under the care of the trauma team. These patients are reviewed in the Emergency Department before being transferred to an inpatient bed

Patients will be moved to an in-patient area as soon as possible following the decision to admit to an in-patient unit. Access to an inpatient bed is currently within the 8 hours of presentation to the Emergency Departmen. This will change with the introduction of the National Emergency Assessment Targets

Whilst patients are in the ED their nursing and medical care is the responsibility of the ED. Once the inpatient team are notified of an admission the patient will be transferred to the appropriate inpatient area. Capacity will be provided within the inpatient units to allow rapid transfer of emergency admissions.

Nursing care remains the responsibility of the ED staff until the patient is transferred to an inpatient area. If there is a significant change in the condition of a patient who is awaiting a bed, the admitting consultant or their delegate will be notified as soon as possible, the ED medical staff will treat and stabilise the patient in the appropriate manner.

Patients requiring a procedure within another unit and requires specialist nursing care, i.e.; imaging procedure such as angiography or operating suite, will have a inpatient unit bed arranged prior (in what time frame?) (not sure of this) to the procedure being performed, as patients are not normally accepted back to the ED.

The ED does not have adequate facilities for mechanical ventilation of patients for more than the initial resuscitation phase (what is this period?. No defined period depending on clinical condition of patient . Current target of 4 hour transfer out of the ED for patients given a triage code of 1). Patients requiring ongoing ventilation will be transferred to the ICU, if there is not bed in ICU and therefore can not be admitted to the Intensive Care area will be transferred to another hospital which has an available bed. What are the levels of criticality and timeframes for transfer?

Patients requiring ICU level care in a tertiary level hospital should ideally remain within that institution

If this is not possible, then transfer will occur with the assistance of the Medical Retrieval Unit

Other Area Hospitals

Patients requiring admission may be referred to another hospital if they require specific care that is not provided at this hospital. For example , burns patients, patients requiring isolated hand surgery , patients requiring intensive level paediatric care or requiring paediatric surgery .

. Patients are only transferred after liaison with the receiving hospital to determine arrangements for receiving the patient. Patients are transferred via ambulance or medical retrieval depending on the patient's clinical condition

Discharge Protocols

Any patient not admitted to the inpatient unit but discharged directly from the ED will be given a discharge letter for their local doctor or specialist. Patients and their relatives will be given clear instructions regarding diagnosis, management to date, follow up arrangements and alternatives for seeking care should the condition worsen.

Currently the average time for patients discharged from the ED is under 4 hours. eMR First Net has a discharged letter function which is reviewed and modified on a regular basis

Discharge arrangements for patients in the ED admitted under a consultant other than the ED Staff Specialist will be the responsibility of the admitting teams. This includes patient information regarding illness; follow up arrangements and the writing of discharge letters and medication prescriptions.

Adequate provision for patient comfort whilst awaiting formal discharge will be made. It is preferable that patients discharged late at night are accompanied by a relative or significant other. No elderly or dependent patients will be sent home overnight if they live alone unless appropriate arrangements are made.

Stable patients could potentially be sent to the discharge lounge on completion of the necessary paperwork . This would depend on the opening hours of the Patient Discharge Unit.

Follow up Arrangements

Routine follow up that can be accomplished by community health services or GP will not be a function of the ED and as such will not be referred back to the ED.

The ED will refer patients of non-Hospital consultants back to their care. These patients will be stabilised and in some instances this may require admission under a hospital consultant.

Evaluation Procedures

All care delivered within the ED will be evaluated. This will be undertaken by a number of mechanisms including monthly activity reports, monthly quality assurance meeting and bimonthly mortality and morbidity meetings and ad hoc reviews within the guidelines of the department, the hospital and the ACHS.

Patient Focus

The facility will have a special focus on the meeting the needs of the Hospital's patients and staff. This will be a welcoming and caring environment in which efficiency, economy, flexibility, security and confidentiality in operations are provided.

Customers of the service include persons with emergency illnesses or injuries, their families, friends and a wide range of service providers from general practitioners and ambulance officers to hospital clinicians, technicians and community based support service personnel

Medical Records

An integrated medical records system operates and medical records are ordered from the Medical Record Department on a 24 hour basis. Medical records are transported to the ED by a secure means as required by ED staff. All new patients to the Hospital are issued with a personal unique identification number or medical record number. Existing patients' old notes are ordered from the Medical Record Department via the computer system at the time of registration.

The temporary storage of the medical record of patients will occur in the area that the patient is being treated or assessed.

Death of a patient

In the event a patient dies within the ED all of the appropriate paper work will be completed by both medical and nursing staff as per Hospital Policy and Procedures.

Some patients who die within the ED will become a coroner case, as such all IV lines and tubes need to remain insitu until after the post mortem examination. Nursing staff are to advise relatives of this, and offer pastoral or social worker support as required.

These patients may have to be part of the 10% that are not admitted, discharged or referred. Alternatively the time death is taken as the departure time

Infection Control

All staff are to abide by the Hospitals infection control policies and procedures. Staff are to wash their hands before and after each patient contact. Minimisation of the risk of cross contamination will be the primary consideration of all staff within the ED.

Isolation Rooms

Patients who present to the ED with a known infectious condition or is suspected of having an infectious or contagious condition will be immediately moved by the clinical staff into the isolation room, where all of the appropriate precautions will be instigated. Notifiable infectious diseases will be notified to the DoH as soon as the infectious condition is known.

The isolation rooms may also be used as multi functional rooms for management of patients who require a greater level of privacy or containment, these include violent or disturbed patients, potentially dangerous prisoners, psychiatric patients and dying patients and their families.

Decontamination Shower

If patients require skin decontamination prior to entry to the ED, this will be undertaken outside the unit. At times there may be a requirement to decontaminate large groups of people, and as such a multiple person decontamination area will be utilised.

There are no seclusion rooms as such in the Emergency Department

No specific room is allocated to immunocompromised patients. This is determined by the presenting complaint and observations at triage

Patient Monitoring

Patients who present to the ED may require some form of monitoring. All patients suspected of having a cardiac related problem will have an ECG performed and be connected to the EDs central monitoring system. Some non cardiac patients will also require monitoring due to their condition, the triage nurse and medical and nursing staff within the acute treatment area will assess each patient and decide on whether monitoring is required.

Other forms of monitoring that may be used within the ED include, NIBP, oximetry and capnography.

Transport

All patient transport within the ED will be carried out by the ED orderly staff.

Transport outside the ED but within the hospital will be carried out by the hospitals transport staff.

All patients will be transported on hospital beds, trolleys or wheelchairs.

The transport of critically ill patients, with all the necessary therapeutic and monitoring equipment, will bed done in a safe and effective manner. Patients will be transported on either a general hospital bed or a special emergency trauma bed. A nurse and doctor escort is required for all critically ill patients.

External Transport for patients discharged or referred will comprise:

- Hospital Vehicles
- Ambulance Service by road vehicle or helicopter
- Private Vehicles (where appropriate)
- Public Transport (where appropriate)
- Taxi

Visitors

Relatives or significant others may accompany a patient to the Emergency Dept. 2 visitors per patient is encouraged. Visiting patients is at the discretion of the Nursing and Medical staff. There are no designated visiting hours for the Emergency Dept as patients may require support from their relatives at differing times throughout their stay.

Relatives may be directed to the ED waiting area whilst the patient is being assessed.

Emergency Department Waiting

The emergency waiting area will serve patients, support people and visitors to the ED.

A Clinical Initiative Nurses (CIN) role has been created to help service the needs of patients in the waiting room. Improved streaming of patients to specific areas within the ED for assessment and treatment will reduce the patient load in the waiting room. ED volunteers may also help in supporting patients in the waiting room

Emergency Reception

The ED Reception provides an initial point of contact for all people accessing the emergency department. The ED clerks within emergency reception area will receive and register patients for the

ED, arrange for medical records for existing patients to the hospital and collates notes for new patients. The staff in this area also directs patients relatives to the appropriate area within the ED if allowed to visit, and provides administration services.

Triage

The triage desk and nurse are the first clinical contact points for patients presenting to the ED either by the ambulatory entrance or via ambulance.

The role of the triage nurse is to assess the patient, and decide on triage scale and urgency of the patients' condition. The triage nurse may take a set of observations to help interpret the patients presenting condition and record these on the triage assessment sheet. The patient may then be asked to wait in the waiting area or be moved into a treatment bay area to undergo further assessment by medical staff.

Ambulance patients are also assessed by the triage nurse, and are give a triage score and moved to the appropriate area within the ED.

Nursing staffing will be in place to have increased triage capacity at times of increased presentations. The triage area will be desired to be able to flex up at times of increased demand using either additional staff or staff within the department

Increased bed capacity will improve the transfer of care times

Resuscitation Bays

The resuscitation treatment bays are used for patients who are either critically ill with a severe life threatening condition, or a major trauma requiring immediate assessment and/or resuscitation. Most patients who are placed in these treatment areas have either arrived via ambulance or helicopter. The ED is put on notice by the ambulance service of the patients pending arrival, the ED then can inform the appropriate clinical management team to ensure that rapid stabilisation and treatment options can be decided upon as soon as the patient arrives at the facility.

Once stabilised and condition determined the patient is either transferred to the ICU or operating suite.

Early discussion by senior ED medical staff with in patient teams will help facilitate the transfer of patients to requiring critical care bed dispositions

Main Track – Adults and Paediatrics

Patients who are moved in the treatment bays for assessment, stabilisation and management are change into a hospital gown, a set of clinical observations taken and recorded, and any other investigation that can be initiated by the nurse is undertaken according the patients condition and predetermined admission criteria.

Consultation Rooms and Fast Track

The consultation rooms and fast track area will be used for patients who do not generally require a bed or trolley for their assessment. The patients seen in these areas are primarily of a lower acuity and/or can be treated under an existing ED model of care including Nurse Practitioner model, Fast Track models.

These models should be more fully explained to show how patient will be treated more appropriately and within performance times.

Nurse Call System

A nurse call bell system is installed in the ED, in accordance with the Facilities requirements.

A nurse call, nurse assist and emergency button is located at each bed space and within the ED.

Nursing staff are to provide patients with the handset and education on how to use then Nurse Call system.

An enunciator display panel is located in clear view within the corridors and Staff base to provide notification of a nurse call bell, each level of call is registered and displayed on the enunciator panel along with an audible sound depicting the level of call.

A higher level call, such as a bathroom call or a nurse assist call will be shown above a general nurse call. The Emergency Call when activated takes precedence over all other calls and must be acted on immediately.

The Emergency Call button is used in cases of medical emergency, such as respiratory or cardiac arrest. Nursing and or medical staff need to be aware of this call system and its use.

Medical Emergencies

Staff will activate the emergency call bell at the bedside to alert staff in the ED of the emergency. Usually within the ED all emergency calls are handled locally and a hospital response team is not required.

The resuscitation trolley located at the Staff Base is collected for use in the emergency zone, only staff required to assist with the medical emergency should remain in the area, all other staff should continue to attend to and reassure all other patients within the surrounding area.

Specialised Emergency Department Functions

Obstetric and Gynaecological Presentations

Patients presenting over 20 weeks gestation with an obstetric related illness are triaged directly to the Birthing Suite unless patients require resuscitation or immediate delivery and stabilisation of the mother and newborn. Emergency delivery and neonatal resuscitation will be able to be undertaken in the resuscitation area if required.

Patients less than 20 weeks gestation are triaged to be assessed and managed within the ED according to their presenting problem.

Sexual Assault Assessment

Some patients presenting to the ED will need to be assessed and treated as victims of sexual assault. Discrete use of a consult room, interview room and ensuite facilities will be required in this event. Clinical staff are to contact the appropriate allied health and medical teams to attend this special circumstance.

Patient may arrive with a police escort or self present. It is the patients right to have the matter reported to the police. The Allied Health staff can facilitate this contact at the appropriate time if required.

Victims of a suspected sexual assault who are in a critical condition will have their life threatening condition stabilised and treated as a matter of priority.

This needs modification to reflect changes to the location of sexual assault rooms. The ED's role needs redefinition and performance requirements stated.

Telephones

Incoming calls to the ED are handled by the communication clerk.

Where required, calls enquiring about a patient's condition will be transferred to the staff base within the appropriate treatment bay area.

Patients with mobile phones are discouraged from using them whilst in the ED.

Public phones will be available for patients and visitors use in the waiting room.

Staff Access and Security

Security measures are required for three functions:

- To monitor and minimise potential risk to staff and customers at entry points to the department.
- To minimise potential risk to staff and other patients in the clinical areas of the department.
- The protection of patients' private property.

The ED will be managed as a secure zone and as such access will be provided via the use of access control cards.

Patients' visitors will not be able to freely enter the treatment area, access will be provided by the clinical or reception staff who will escort the visitor to the appropriate bed area.

Nursing and Clerical staff at triage and registration will be able to egress the area by two means in the event of a violent or aggressive incident.

The security department will maintain close circuit video (CCTV if available) surveillance of the following areas the entry, reception/triage and waiting area, and in the event of an incident will respond accordingly.

After hours access to the ED will be limited to enable the monitoring of all people entering the department/ hospital. Proximity card reader will be utilised at each of the entry points to the department.

General patient and visitor entry to the hospital will usually occur through the ED after hours, this will be monitored and will be available through the front door of the ED, visitors and patients will be viewed by the ED and security staff and access provided.

All staff will be trained in the minimisation of aggression.

Secure storage boxes for Police guns and patient blood alcohol samples will be available for police to use at the entry of the department.

Duress Alarms

The management of violent and aggressive situations within the unit is assisted by the use of the duress alarm system. Staff are to activate the system when they or other staff members are in a volatile situation and are at risk of being threatened or injured by either a patient, visitor or relative.

Staff are to ensure that they are familiar with the location of and the operation of all duress alarms installed.

Valuables

Patient property will be kept with the patient in a bag appropriately labelled at the end of each treatment bay bed. Cash and valuables will be stored within the department's valuable safe and recorded as per hospital protocol. All patients who are likely to be admitted are encouraged to send all valuables home with a relative.

A lost property cupboard is housed within the department for patients to retrieve property left in the department and will be managed by the reception desk or delegated person.

Manual Handling, OH &S

The ED staff will be responsible for maintaining a safe and healthy environment by establishing, maintaining and promoting OH&S Management systems and processes. Identification and notification of risky situations is every staff member's responsibility and acting to rectify the situation where appropriate is required.

Patient lifting equipment and manual handling devices will be used within the ED for all patients who require a level of assistance to become mobile or get out of bed.

The equipment officer will be responsible for ensuring that all items of equipment required for use within the ED is maintained in safe and working order.

Management of Non Medical Emergencies

All non medical emergencies will be managed in accordance with the Hospital Policy and disaster management plan. Flip charts advising staff how to respond are available within each unit. ED staff are to become familiar with all of the non medical emergencies how to respond to or where to find information on how to respond.

The ED will have a hospital role in the event of a local disaster and as such all staff will undergo training in internal disasters.

A disaster equipment store will house all of the items required to respond to a disaster. S4D and S8D drugs required for a disaster response will also be stored within this location in accordance with DoH guidelines and the Poisons Act.

Local alarm Panels (LAPs)

Local Alarm panels if available should be monitored and reported if alarming to the Maintenance and Engineering Department. An example of the types of alarm panels staff should become familiar with are medical gases panels.

Fire Exits/Passageways

Fire exits and passageways are not to be used as storage areas and are not to be blocked or hindered in any way.

Staff will undertake mandatory training in the safe use of fire exits and passageways. The ED orientation program for staff will include a review of the fire exits and passageways, the evacuation plan and the various responsibilities of each of the staff members on duty.

3.6 Clinical Support Services

Food Services

The clinical staff within the ED will advise the food services staff of patients' meal requirements and needs.

Under the direction of the ED nursing staff, Food Services will deliver meals to the patients and to the Beverage area as requested

The food services staff restocks the beverage bay and remove dirty trays as routinely to ensure that this area does not become over crowed with used items.

The beverage area will be used for preparing refreshments and beverages by staff and relatives as required.

Staff will take their meal breaks within the staff room, food services will provide stock for basis tea and coffee making as per the hospitals policy.

Pathology Services

Pathology services will be provided by the hospitals laboratory services. Specimens will be transported via a pneumatic tube system or by the hospitals transport staff.

Blood gases will be analysed by clinical staff within the ED blood analysis bay.

Results of laboratory investigations are promptly available to the ED via the computer network system or via a direct phone call from pathology staff.

Radiology Services

Patients requiring imaging service within the ED will be x-rayed in their treatment bay or space via use of the mobile x-ray machine, or within the ED x-ray room (if available).

The mode of x-ray will be determined based on the patients' condition and ability to transfer the patient out of the ED area without further compromising their condition.

X-ray film, diagnostic reports and PAC system images will be used to report on x-rays provided. These services will be available to the ED on a 24 hour basis.

Patients requiring procedural radiology will be transferred to the appropriate area within the imaging department.

Pharmacy Services

Imprest Drug Supply

Imprest drugs are stored in the medication /pharmacy store as required. Checking and restocking will be attended to by Pharmacy staff.

Reserve stock items or routinely used medications within the ED include, oral dose forms, injections, topical, diagnostic and miscellaneous items and some items that require refrigeration including anti-venoms.

Non imprest items

Non imprest items will be dispensed for individual patients on presentation of a prescription on the Medication chart for that patient.

Ordering

Commonly used medications are maintained on an imprest system which will be checked and restocked by a pharmacist or pharmacy technician

Non imprest items will be dispensed for individual patients from their medication chart or via requisition.

Increased quantities of imprest items required at other times can be obtained by contacting Pharmacy

The NUM (or delegate) orders restricted drugs (S4D and S8 drugs) on a requisition. Requisitions are delivered to pharmacy. ED restricted drugs will be restocked by pharmacy.

Delivery

Imprest stock is delivered and restocked by pharmacy technician in the ED

Storage / Supply of Accountable Drugs (S4D and S8 Drugs)

Schedule 4 Appendix D Drugs (S4D) and Schedule 8 (S8) Drugs - (referred to as accountable drugs) must be stored apart from all other drugs in a metal safe, which is securely attached to a wall or to the floor, and kept locked when not in immediate use.

No other goods, including keys, cash or documents may be kept in this safe.

The key to the S8 safe must be kept separate from all other keys, and be kept on the person of the nurse in charge or his/her delegate, who must be a registered nurse.

NUM or delegate will order the accountable drugs according to the EDs ordering policy.

All accountable drugs must be recorded in a Drug Register and stock levels should be held at the lowest practical level.

Storage and Control of Drugs

The nurse in charge of the ED is responsible for the storage of all drugs in the area. They must ensure that the drugs are stored in accordance with the legal requirements outlined below and that the correct conditions are met in relation to security, temperature and stock rotation and expiry dates.

General Schedule 4 Drugs

All Schedule 4 drugs (Prescription only medicines) must be stored securely .

The cupboard must be kept locked when not in immediate use and the keys must be kept on the person of the nurse in charge of the ward, or his/her delegate, who must be a registered nurse. Drug cupboard keys must be kept separate from other ward keys.

Storage in Original Packs

All drugs should be stored in the same container as received from pharmacy. Any unpacking out of the original container as supplied by pharmacy can lead to medication errors due to the mix-up of different drugs, strengths, batch numbers and expiry dates. Accumulation of expired stock can also occur.

Expired Stock

If any stock expires on the ward, contact the pharmacist who will destroy and write off the expired stock in the register. Registered Nurse and a pharmacist must sign entry.

Individual Dispensed medications for Inpatients

Regular medications are individually dispensed from central pharmacy for all admitted patients in the department. These medications require safe storage and must be sent to the inpatient unit with the patient.

Medications not used or ceased should be placed in a receptacle for return to pharmacy. This should also be secured.

Discharge Medications

Prescription for discharge medications are given to patients to be filled at either private pharmacies or the hospital outpatient pharmacy during hours.

Cleaning Services

Cleaning Services will be provided by the Cleaning Services Provider.

Linen Services

The Linen Services Department provides a daily exchange trolley system with clean linen. Trolleys are stored in linen bays for easy access of the ED staff.

Dirty linen will be bagged and held within the dirty utility/disposal rooms and removed routinely by the environmental services personnel.

Building Management Control Systems:

Emergency staff are to be aware that there is a Building Management Control System which is managed by the Maintenance Office.

The BMCS monitors the function of the following:

- Suction system
- Hydrant system
- Hot and cold water system
- Battery chargers
- Generator
- Fire panel and EWIS
- Electrical monitoring
- Medical gas alarm panel
- Air conditioning

All faults with these systems are to be reported to the Maintenance Office

Biomedical Engineering

Biomedical Engineering is involved in the assessment and technical information for new equipment to be tested and trialed in the Emergency Unit as well as ongoing maintenance of equipment within the emergency setting.

The NUM liaises with Biomedical Engineering as required for equipment repair or trial use and evaluation.

Contact: by phone

3.7 Goods Management and Storage Systems

Medical and Surgical Supplies

The Central stores department will provide medical and surgical supplies, general household supplies and stationary.

Medical and surgical consumable and disposable supplies will be ordered twice weekly or as required by the ED Supply and Equipment Officer.

Storage of donated clean clothing for patients whose own clothes can not be worn is located in the ED.

Sterile and Non Sterile Stock

Sterile and Non Sterile stock required for the care and management of patients within the Emergency unit will be stored either within the staff base, clean utility or general store areas. Storage areas will be designated dependant on the Units requirements and Hospital Policy.

Sterile Reusable Goods

Sterile Reusable goods are ordered from the Central Sterile Service Department or provided to the unit on and imprest system. These are stored in the sterile store room or clean utility room in some facilities.

Used goods are placed in the bin provided in the dirty utility room to await collection by CSSU staff. Once collected they are cleaned and processed and returned to the Unit.

Sterile Consumables

Sterile Consumables are ordered on a min-max imprest system from the Supply Department, delivery times will be dependent on the Hospitals Policy

Non Imprest items need to be ordered independently by the Clinical Coordinator or the Equipment officer in accordance with the Hospitals purchasing policy.

Non-sterile stock

Non sterile stock items are ordered on a min-max system from the Supply Department.

Stationary

Hospital Stationery will be ordered as required by ED supply and equipment officer.

Stationary is stored at each triage reception and staff base as required

Equipment Store

The equipment store will be used to house items of equipment specific for use by the Emergency unit. Spare parts for items and items which are provided as part of an overall global equipment management plan are not to be stored in this room. Broken items of furniture and equipment can be stored in this zone until collection for repair is arranged. Staff who place items in the store room should log them into the store log date and sign the entry. This will ensure that items do not remain unchecked within the room for long periods of time.

Gas Storage

Spare cylinders of medical oxygen are available from the Hospital Maintenance bulk supply area.

C size Oxygen and nitrous cylinders and D size tool air cylinders are obtained from the medical gas store and can be contacted by phone for replacement cylinders.

Cylinders should be stored according to OH&S and Work safe requirements within the equipment store room.

Waste Disposal

Waste material including sharps will be placed into appropriate bags and containers at their point of use and taken to either dirty utility/disposal rooms. Filled containers will collected routinely by the environmental services department.