

“How we do things here”

The NUH Top 10 Principles for Effective Emergency Care

1. An ED decision-making clinician will see new patients on or as close to arrival as possible in the Emergency Department (ED).
2. Specialities will have arrangements in place for sufficiently experienced staff to assess emergency patients within 30 minutes of referral and must not insist on ED based investigations (or procedures) that do not contribute to the immediate management of the patient.
3. The ED team will not admit a patient likely to be able to go home just to avoid a breach of the Emergency Care Standard.
4. Adult patients referred from Primary Care (or any other clinical service) should be routed directly for specialty assessment via AMRU, STU, RAU, SRU or other area as appropriate. If this does not occur and the patient attends the ED, the patient will be transferred to the specialty considered most appropriate by the ED team unless immediate medical intervention is required.
5. Adult patients will only be sent to the ED as a result of advice by speciality teams if immediate clinical intervention is required, as all other patients should normally be seen in designated assessment areas. In this situation, the ED team will continue to provide clinical support to patients within the resuscitation area, and then refer to the most appropriate specialty for on-going management of the current clinical problem. Principle No. 2 will apply.
6. Patients ready to be discharged from Critical Care will normally take priority for in-patient bed allocation over and above any other calls for that available bed.
7. No speciality doctor will refuse a request to assess any ED patient. If subsequently it is considered that an alternative speciality would provide more appropriate care, it is the primary responsibility of the first speciality to ensure that transfer occurs. The ED team will continue to provide clinical support to patients within the resuscitation area.
8. The ED team will highlight any patient recently discharged from an inpatient admission or under current investigation or treatment for assessment by the suitable speciality. This should help the speciality team to avoid unnecessary admissions.
9. Except for specific agreed clinical pathways, patients will not be transferred via ED from other hospital trusts or from the City Campus.
10. If there is failure for different specialties to agree on accepting a patient, ED consultants have the authority to admit to the speciality that they consider best able to meet that patient's clinical needs.