



The Emergency Department – a guide for the general practitioner

Introduction

This guide is intended to improve the service provided to the Bendigo community and the region by enhancing the relationship between local General Practitioners and the Emergency Department at Bendigo Health. It is hoped that by providing information about the department and its function that improved communication and referral process may be fostered.

The Emergency Department

The Emergency Department (ED) of Bendigo Health acts as the entry point for patients with acute health problems, whether arriving by private means or ambulance, referred by their GP or self-referred. The role of the ED is to assess and manage patients with acute or urgent problems, to stabilise the patient and to determine disposition (that is, admission, transfer or discharge).

The ED does not have a role in the management of chronic conditions except when an acute or immediate problem supervenes.

The Emergency Department sees over 43,000 patients annually or about 140 per day. At times this increases to as many as 200. Of these some 20-30 per cent are admitted to in-patient care – some days 40 per cent.

Staffing

Medical staff

The medical staffing of the ED consists of:

- Consultant staff (including specialists and a number of highly experienced general practitioners) who are rostered to cover 0800 to 0200 hrs Monday to Friday and 0800 to 2400 hrs on weekends. Many of these staff members work in Bendigo on a part-time basis only.
 - One of these is designated the Duty Consultant for the shift. We no longer use the term 'Admitting Officer'. The Duty Consultant does not allocate in-patient beds. This rests with the hospital patient flow co-ordinator or after hours manager outside normal hours.
 - The Duty Consultant is responsible for seeing the sickest patients, informing the IP teams of admitted patient, taking referral calls and supervising the junior staff (of which there are 20 and medical students).

Nursing Staff

The majority of nursing staff working in the Emergency Department hold post-graduate qualifications in emergency or in critical care

- Clinical co-ordinator – in charge of shift
- Nursing staff for cubicles.

Nurse Practitioner

There are two nurse practitioners or nurse practitioner candidates with advanced skills enabling them to manage a wide range of clinical problems independently in the fast-track area of the department.

Enhanced Crisis Assessment and Treatment Team (ECATT)

This is a member of the psychiatric services team. There is an ECATT worker in the emergency department for extended hours each day. This staff member will assess and facilitate referral and, where needed, admission of patients with mental health problems.

Primary Musculoskeletal Physiotherapist

A senior physiotherapist is present in the department during the working day and weekend. They bring a high level of expertise in managing a wide range of musculoskeletal problems, including ligament injuries, sprains and some fractures.

Other Staff

- Plaster technician. An experienced plaster technician works in the department 8-4pm Monday – Friday. He is expert at the application of plaster casts and splints. His services are available only to patients of the emergency department.
- Clerical staff. These staff provide the essential services of patient registration and clerical support for the clinical functions of the department.

Emergency department processes

Triage

This is the process of sorting patients into priority based on urgency. It is performed by experienced nursing staff using the standard 5 point Australasian Triage Scale, for which clear guidelines exist. Priority is determined by clinical need, not by mode of arrival, nor whether the patient has been referred or not. Patients are therefore NOT seen simply in order of arrival. The triage nurse may request X-rays before the patient has been further assessed, in order to reduce the time the patient needs to wait for treatment.

Fast Track

Those patients who are assessed at triage as having a simple, single system problem, which does not require complex care, may be deemed to be suitable for Fast Track. These patients may be seen primarily by the nurse practitioner, physiotherapist or a member of medical staff, depending on the problem and availability.

Cubicles

If the patient requires complex care, they are allocated a cubicle by the clinical co-ordinator. Often, when a cubicle is not immediately available, an allocation decision based on patient need will be made.

Assessment

Once in the cubicle, detailed assessment by nursing and medical staff commences. Patients may often be seen, and have initial investigations commenced, by nursing staff.

Admission or Discharge

The decision to admit or discharge the patient rests initially with the consultant staff in the department.

There are often delays in obtaining in-patient unit input as these teams are frequently committed elsewhere in the hospital. Patients are therefore admitted into the ward on interim orders under the unit of the day.

Mental health patients

Patients with mental health problems may be referred directly to psychiatric services via the Psychiatric Services Regional Triage Service, without needing to attend the Emergency Department. Patients arriving in the department are able to be assessed by the ECATT worker in conjunction with other department staff.

Short Stay Observation Unit (SSOU)

There is a new eight bed Short Stay Observation Unit that opened early 2011. These beds are utilised by the Emergency Department to optimize patient care and patient flow. Patients admitted to this area would be expected to be discharged from the department in under 24 hours- eg cellulitis requiring iv antibiotics, chest pains requiring serial ECG's and enzymes, renal colic requiring analgesia and radiological investigations. Patients admitted to this area must be on a definitive treatment pathway and have consultant led ward round twice a day and constant consultant level input to expedite their treatment.

Referral process

General practitioners may refer patients with acute, urgent problems to the emergency department. It is not the role of the department to manage patients with non-urgent conditions. Referral is best done by ringing the duty consultant on 5454 8104. A detailed written referral which clearly outlines the problem and lists the patient's current medications is greatly appreciated and facilitates patient care.

Please note that in-patient teams may agree to see patients in the department but are not authorised to accept the patient without the agreement of the ED duty consultant. Thus, speaking to in-patient registrars in an effort to expedite admission is unlikely to be successful without also discussing the case with the duty consultant.

Patients who are already in an in-patient setting in another hospital who feel the need to transfer to a higher level of care should be discussed with the duty consultant if the patient is critically unwell or, if the patient is stable, with the hospital patient flow co-ordinator and the relevant in-patient team (contacted through the hospital switchboard). While in-patient registrars are not authorised by the hospital to accept patients for admission, they must be prepared to accept in-patients from other hospitals once the patient flow co-ordinator has authorised a bed.

Investigations

A variety of investigations may be undertaken in the Emergency Department. However, patients may be referred directly for imaging by the GP without involving the Emergency Department if the GP is prepared to continue the management of the patient. It is recognized that GP access to MRI imaging is limited, but it is not appropriate to use the Emergency Department as a means of arranging MRI scanning. Likewise, the Emergency Department does not provide independent access to pathology or venesection services, and patients can be directed (with an appropriate referral) to the Bendigo Health Pathology service, located in Arnold Street.

Feedback to general practitioners

The Emergency Department aims to provide written feedback in relation to the assessment and management undertaken at ED to GP's. This should be completed on a prescribed form and faxed to the GP's surgery within a working day and should include a record of investigation results and recommendations for further management (where indicated).

Outpatient services and other units

Access to specialist opinion for non-emergency cases should be sought via the outpatient appointment system. The emergency department does not have priority access to outpatient clinic appointments and is unable to facilitate such appointments. In cases where a GP wishes to expedite such appointments, they should discuss this with the relevant unit registrar. It is not appropriate to refer such patients to the Emergency Department.

Private patients

Patients who are privately insured, covered by a confirmed Workers Compensation or Transport Accident Commission (TAC) claim, or covered by Veterans Affairs, should be referred to the private specialist of their choice or recommended by the GP. Patients who have been discussed with a private specialist, but who have been referred to the Emergency Department will be managed initially by the emergency department team and given equal priority with other presenting patients. The Emergency Department staff will do their best to inform the private specialist concerned but are unable to ensure their prompt arrival in the department. Private patients should be informed of this.

Leave cover

When the GP is going on leave, or is not available on weekends or public holidays, it is not appropriate to expect the Emergency Department to provide cover for non-urgent problems.