# ED Capacity Escalation Policy (Morriston and POW)

## POW revisions: 31 July 2014

1. Ensure all empty ward beds have been declared and utilised (including Singleton)
2. Escalate to ED senior (in the dept) if ED senior review of patients is awaited (each ED needs documented clinical criteria for when to call the non-resident on call Consultant).
    a. Specifically address whether patient needs to remain in a trolley.
3. Escalate to relevant speciality teams if senior speciality review is awaited (includes escalation to speciality Consultant if registrar is unable to review promptly)
    a. specifically address whether patient needs to remain in a trolley/ needs a monitor/ can be an outlier/ can go to ward as extra (see point 7)
    b. ED senior in the department may (if clinical time permits) also review non-ED (speciality or referred) patients and decide whether they need to remain on a trolley/ need a monitor/ can be an outlier/ can go to ward as extra (see point 7)
4. Senior ED clinician in department (doctor or nurse) should triage all patients arriving by ambulance and attempt to offload to waiting areas/ wheelchairs as deemed safe.
5. Internal escalation of patients in ED awaiting beds to wards where the 'safe to sit' policy has been implemented.
6. Actively redirect suitable minors to NPT/ Singleton MIU
7. Internal escalation of 'suitable' patients in ED awaiting beds as extras where the pre-emptive transfer policy has been implemented.
    a. (suitable cases decided by ED or speciality- see point 3)
8. Treat and transfer direct to ward bed in other hospital
    a. Patient should be clerked and have a senior management plan and drug chart
    b. Speciality to speciality referral and accepted at receiving hospital
    c. Handover by phone direct to receiving ward
    d. Transfer direct to ward (bypass ED)
    e. Consider transferring patients who have been admitted to CDU who are awaiting a speciality bed, if a suitable speciality bed is available in the other hospital
9. Watershed area between hospitals can be moved marginally by WAST
    a. Needs discussion with hospital managers at both sites
    b. Managers must speak to senior staff in each ED (usually the Nurse in Charge) so that a full and up to date picture of staffing/ capacity is understood.
    c. It is better to take a patient to the busier ED if they are under follow up at that unit (or have recently been discharged etc).
10. Triage and transfer ED cases
    a. Senior ED clinician should triage and evaluate patient on ambulance and decide that patient is safe to be transferred and that transfer is needed.
    b. Patient must be stable, unable to offloaded into waiting area and unlikely to require specialist input that is not available at the receiving hospital.
    c. Needs discussion with hospital managers at both sites.
    d. Managers must speak to senior staff in each ED (usually the Nurse in Charge) so that a full and up to date picture of staffing/ capacity is understood.

e. Nurse in charge may decide that discussion with Consultant is required out of hours (if department has adequate staffing and capacity this is not always necessary).
f. It is better to take a patient to the busier ED if they are under follow up at that unit (or have recently been discharged etc).
g. Should be limited to 2 ambulances, then re-assessed.

11. Temporary closure- divert of undifferentiated 999 calls.
    a. Needs discussion with hospital managers at both sites.
    b. Managers must speak to senior staff in each ED (usually the Nurse in Charge) so that a full and up to date picture of staffing/ capacity is understood.
    c. Exec on call should be informed (needs corporate responsibility since there has been no clinical assessment).
    d. Nurse in charge to decide if discussion with Consultant is required out of hours (if department has adequate staffing and capacity this is not always necessary).
    e. It is better to take a patient to the busier ED if they are under follow up at that unit (or have recently been discharged etc).
    f. Should be limited to 2 ambulances, then re-assessed.

**NB: The requirement that the hospital continue to function as safely as possible for the greatest number of our patients mandates that areas designated as assessment areas (ie the 'minors' area of ED and the assessment cubicles on AMU) are NOT to be used to accommodate patients who require hospital admission.**