Brighton and Sussex University Hospitals NHS Trust

Internal professional standards on the Acute Floor

1 All ED referrals to admitting specialty teams must be made to an ST3 grade doctor or above. This doctor will triage referrals for urgency and clinical need.

2 A decision making doctor should see patients and document a management plan within 60 minutes of referral by the ED team. All requests for diagnostics should be made within 2 hours of arrival in ED and clinically appropriate diagnostic requests should be completed within 60 minutes.

3 No admitting team can refuse a request to assess a patient in the ED. Accepting a referral is not dependent on diagnostic results being available.

4 If a specialty sees and assesses a patient and decides another speciality would be more appropriate, it is the responsibility of the current specialty (not the ED) to make the second referral and arrange transfer of care (even if initially referred by ED)

5 If there is a dispute over who is in charge of clinical care an ED consultant will contact the most appropriate specialty consultant to ensure clinical responsibility and admission.

6 Patients will not be transferred from outpatient areas to the ED unless they are discussed with the ED consultant in charge and require immediate emergency medical care.

7 Accepting referrals from primary care or other hospitals means specialties take full responsibility for evaluating the patient when diverted to the ED. Specialty teams should inform ED staff about incoming expected patients at all times.

8 Management plans for specialty patients must be communicated to the patient's nurse or the ED nurse coordinator.

9 The Trust does not admit patients who are likely to be able to go home from the ED to avoid a breach of the emergency care quality indicators.

10 The bed management team will accept bed requests from nursing staff for patients referred to specialties.

Jayne Black
Chief Operating Officer

Dr George Findlay
Managing Director, Chief Medical Office & Deputy CEO

Carolyn Morrice
Chief Nurse

Brighton and Sussex University Hospitals NHS Trust

Internal professional standards on the Acute Admission Unit (AAU)

1. All referrals for admission to the AAU must be made to and accepted by an ST3 grade doctor or above from the accepting specialty team.

2. A decision making clinician from the accepting specialty team must see each patient and document a management plan within 60 minutes of transfer if they have not had this done whilst the patient was in ED. All patients must have a consultant review within 14 hours of their arrival in AAU.
A specialty team must respond to any request for review of outcomes/results or concerns raised within 60 mins of contact.

3. No admitting team should refuse a request to assess a patient in the AAU when a senior decision maker considers this necessary to progress patient care.
Accepting referrals is not dependent on diagnostic results being available.

4. If a specialty sees and assesses a patient and decides another specialty would be more appropriate, it is the responsibility of the current specialty to make the second referral and arrange transfer of care.

5. If there is a concern raised by the AAU team or a dispute as to who is responsible for a patients' ongoing clinical care, these will be escalated to the appropriate on-call senior and if unresolved the Clinical Lead for AAU.

6. Accepting referrals from primary care or other hospitals means a specialty takes full responsibility for evaluating the patient when in AAU. Specialty teams should inform the AAU Coordinator about incoming expected patients at all times.

7. Management plans for all patients must be communicated to the patients' nurse or the AAU Coordinator at all times.

8. TTOs and discharge summary will be completed within 30 minutes of the patient being identified as medically fit and ready for discharge.

9. The Clinical Site Management Team will accept bed requests from the AAU Coordinator for any patient who no longer requires an assessment space. The patient will be allocated to the most appropriate ward.

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Internal professional standards on the Emergency Ambulatory Care Unit (EACU)

1. All referrals for transfer to the Emergency Ambulatory Care Unit must be made to and accepted by an ST3 grade doctor or above from the accepting specialty team.

6. Patients will not be transferred from another outpatient or inpatient area into Emergency Ambulatory Care unless they are discussed with the Ambulatory Coordinator and required immediate emergency care.

2. A decision making clinician should see each patient and undertake initial assessment to identify the patient's clinical pathway within 30 mins of referral.
A specialty team should respond to any request for review of outcomes/results or concerns raised within 30 mins of contact.

7. Accepting referrals from primary care or other hospitals means a specialty takes full responsibility for evaluating the patient when dirverted to the Emergency Ambulatory Care Unit.. Specialty teams should inform the EAC Coordinator about incoming expected patients at all times.

3. No specialty team should refuse a request to assess a patient in the Emergency Ambulatory Care Unit when a senior decision maker considers this necessary to progress patient care.

8. Management plans for all patients must be communicated to the patients' nurse or the EAC Coordinator in real time.

4. If a specialty sees and assesses a patient and decides another specialty would be more appropriate, it is the responsibility of the current specialty to make the second referral and arrange transfer of care.

9. Discharge information will be completed within 30 minutes of the patient being identified as medically fit for discharge and be given to the patient prior to discharge.

5. If there is a concern raised by the Ambulatory team or a dispute as to who is responsible for a patients' ongoing clinical care, these will be escalated to the appropriate on-call senior and if unresolved the Clinical Lead for EACU.

10. The Clinical Site Management Team will accept bed requests from the Emergency Ambulatory Care nursing staff for patient referred to specialties who require inpatient care.

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