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**To:** Each RDO

**From:** Dr. Aine Carroll, National Director Clinical Strategy and Programmes  
Dr. Colm Henry, National Lead, Clinical Director Programmes

**Cc:** Laverne McGuinness, Philip Crowley

**Date:** 16.05.13

**Re:** Review of patients in Emergency Department (ED)/Acute Medical  
Assessment Unit (AMAU)/Acute Surgical Assessment Unit (ASAU) by  
speciality teams

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Dear Colleagues,

The National Clinical Programmes and the Special Delivery Unit have clear targets regarding Patient Experience Times (PETs) in acute hospital settings:

- <95% of all new ED patients to wait less than 6 hours
- 100% of all new ED patients to wait less than 9 hours
- 95% of all new medical patients attending the AMAU to spend less than 6 hours from ED registration to AMAU departure

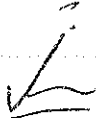
All hospitals will be aware of these targets and of their own particular performance through Compstat. These targets are easier to achieve when the patient journey through the ED or AMAU is relatively uncomplicated. When a specialist opinion is requested, this can sometimes lead to unnecessary and avoidable delays. It is important, therefore, that we agree a common policy for all hospitals. As with any policy, the core purpose is to improve patient experience and it should be applied judiciously with this in mind.

**The policy regarding specialist review is as follows:**

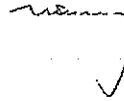
- National target time of 1 hour for review by specialist teams in any emergency setting (ED, AMAU, and ASAU).
- Clinical ownership of patient must be clearly defined at all times. Once called to review a patient, the team take over care once they have indicated to the ED team that they have done so.
- If the specialist team orders investigations the patient will be deemed to be under their care.
- All teams should conduct their interaction with the patient in a manner which minimises wasteful delays e.g. deferring decisions regarding takeover of care until particular imaging is performed.
- Once specialist teams review patients, they must communicate their decision clearly in the notes as well as verbally to referring ED/AMAU/ASAU doctor and nurse. If the referring doctor is no longer on duty, the communication must be with the most senior doctor covering the relevant area.
- Accepting the care of a referred patient includes accepting responsibility for following-up the results of any clinical investigation commenced in the ED prior to referral.

If there is any dispute regarding clinical ownership of patient, this should be resolved between the most senior clinical-decision makers present or on-call and escalated to the Clinical Director if necessary. All disputes should be reviewed by the Clinical Director with the purpose of addressing any deficits in clinical ownership of patients in their pathway through emergency settings

Yours sincerely,



Dr. Aine Carroll



Dr. Colm Henry