Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CUH
Ospidéal Ollscoile Chorcaí
Cork University Hospital

PPG to support access to Speciality care for Unscheduled Emergency Care patients.

Reference Number:	**Revision No:**	**Review Cycle:**
Author (Lead):	**Owner:**	
Approver (Lead):	**Approval Date:**	

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1 Policy Statement

There are now 87,000 attendances to the emergency department at Cork University per annum; 27% of these patients are admitted to an on-call specialty service.

Cork University Hospital is unique nationally in terms of the breadth of specialty expertise available on one site, however at times, this can paradoxically create challenges in navigating the optimum pathway for a patient.

Admission under a surgical or medical specialty may be justified and required to access advanced investigations to differentiate the patient's condition, or to access appropriate clinical care and expertise, Intensive Care Unit, nursing, pharmacy and/ or Health and Social Care Professionals care.

There is a clinical and legal requirement to have a named consultant to oversee their care.

It is in a patient's best interest to be primarily cared for by the service with the most expertise in the condition the patient primarily presents with. This does not negate consultation from other specialties to input into the management of secondary or co-existing problems the patient may have, neither does it negate transfers of care later in an admission as a patient's condition is further differentiated or changes. As an illustration, for patients presenting with a surgical issue, admission under a surgical service is applicable regardless of whether a surgical procedure is to be performed during that admission – other specialties can consult as needed.

Occasionally a situation arises where a consultant surgeon whose base hospital is not CUH may need to perform emergency surgery on a patient at CUH, because of the patient's needs and the surgeon's expertise. In such an instance, if the patient needs admission to CUH rather than the operating surgeon's base hospital, they should be admitted under the most relevant on-call CUH team to ensure the patient has access to the required care. This is particularly relevant to surgeons based in the Mercy University Hospital and South Infirmary Victoria University Hospital who are part of a city-wide on-call arrangement, as supported by Regional Health Authority. Active engagement with off-site specialty services to optimise these arrangements to avoid risk to patients, is fundamental to the safe delivery of clinical care

It is not always obvious in cases of multiple clinical issues / injuries under which service a patient should be admitted, to ensure they have access to expertise relevant to the ongoing management of their

emergency condition. In such cases, the admitting specialty is generally resolved by the relevant specialties discussing the needs of the patient, understanding what each service can deliver and reaching consensus.

When consensus is not achieved, there may, however, be instances when a patient must be admitted under one consultant and benefit from other specialty consultations as their care needs require.

This PPG has been written by the Clinical Directors at CUH and approved by the Executive Management Board to ensure the optimal delivery of unscheduled emergency care to patients who present to Cork University Hospital.

For the purposes of this document a referral is a contract between one referring agency to another where clinical accountability is assumed. There is a person who refers and a person who accepts the referrals. In CUH referrals are accepted verbally; either face to face or by phone. When the referral is made the clinical accountability is held by the ED. During the process of acceptance and processing of a referral the clinical accountability is shared.

2 Purpose

This PPG provides guidance on the Professional Standards, culture and behaviours around the operational process of referral of patients requiring emergency admission from the Emergency Department (ED) to on-call specialties. It also provides guidance in relation to the mandated resolution process in the event of disagreement as to which specialty shall admit the patient.

3 Scope

The document provides the guidance for acceptable communication and professional behaviour that should provide the foundation for the referral pathway.

4 Legislation/Related Policies

1. guide-to-professional-conduct-and-ethics-for-registered-medical-practitioners-2024.pdf (medicalcouncil.ie)
2. https://www.hiqa.ie/sites/default/files/2017-01/Tallaght-Investigation-Recommendations.pdf

5 Roles and Responsibilities

5.1 Responsibility for complying with the policy

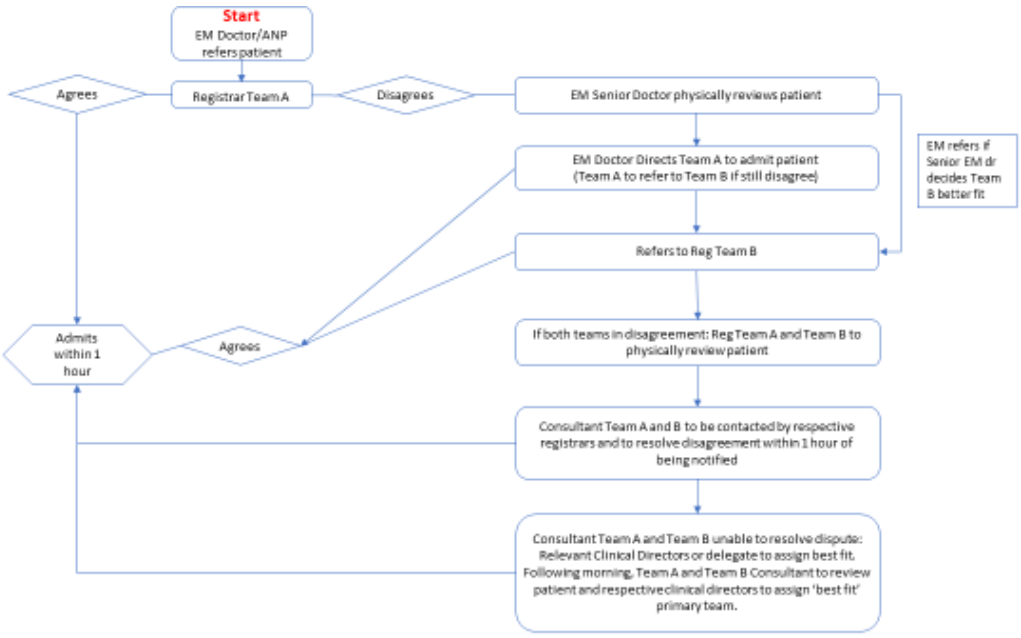
All Clinicians are accountable to their Clinical Directors for ensuring compliance with the policy

5.2 Responsibility for ensuring compliance with the policy

All Directorate Managers and/or QPS Leads are responsible for documenting any clinical risk incurred from lack of compliance with the policy. This should be communicated to relevant specialty Clinical Leads and Clinical Directors

6 Procedure

All efforts should be made by the Emergency Medicine (EM) staff to make the most appropriate referral. When a decision to refer a patient to a specialty service for admission is being considered, junior Emergency Medicine (EM) Doctors or junior Advanced Nurse Practitioners should seek advice, when and where needed, from a Senior Clinical Decision maker (SCDM) in EM. The consultant in EM is present in the ED from 8am-10pm Mon-Fri, 8am-6pm Sat and 8am-1pm Sunday. They are on-call and often present outside of these hours. The on-call consultant in EM is available by phone when not physically present in the ED.



1. Disposition Decision

In the absence of an On call Clinical Director and in the event of persisting disagreement about which specialty should admit a patient, the involved consultants should, in the first instance, discuss the case with each other to understand the patient's needs and what each can deliver. If resolution is not achieved, the EM consultant has delegated Executive authority to arbitrate on disposition disagreements between specialties. The EM consultant shall decide under which specialty the patient's care needs will best be met (best fit), and the patient will be admitted under that specialty as the primary team. The other involved specialties are required to continue to see and consult on the patient as necessary, supporting the primary team. When disagreement remains, this should be escalated to the relevant Clinical Directors during normal working hours.

With due respect to the Consultants who would have to admit a patient where some element of their care is provided more expertly by another Specialty colleague, it is incumbent on all teams to provide timely consultation to support the primary Consultant.

7 Implementation Plan

All Consultants and Clinical Leads will receive an email communicating the policy with the PPG document attached
The PPG will be uploaded to Q-Pulse and emed.ie, which acts as a central repository of knowledge pertaining to the care of patients in the City's EDs.

8 Revision and Audit

Any issues in implementation should be brought to the attention of the Clinical Directors and will be discussed by CDs at Senior Management Team or EMB meetings. Review of this document is scheduled for 12 months..

9 References/Bibliography

Memo Dec 23

From: Cuh Staff Information <CuhStaff.Information@hse.ie>
Sent: Thursday 21 December 2023 14:16
To: CUH Consultants <CUHConsultants@hse.ie>
Subject: Consultant Memo

Dear Colleagues

In the event of a dispute over disposition (who a patient is admitted under) at CUH, the EMB requires there be a consultant to consultant discussion between the services where disposition is disputed. If no resolution found, that the Emergency Medicine consultant will, on behalf of EMB make a disposition decision. The service that is not admitting the patient is required to see the patient the following morning. If there is ongoing dispute as to the appropriateness of the disposition decision, this can be raised with the appropriate Clinical Director(s) and hospital's Operational Grip Exec the following morning.

Kind regards