

Referring patients for admission

If looking for advice on the management of a patient please ask the most senior Emergency Medicine (EM) doctor present or discuss with the EM consultant by phone if needed afterhours.

All efforts are made by the EM staff to make the most appropriate referral. Where it is felt by an admitting team that the referral runs contrary to agreed practices this must be discussed with the most senior EM doctor on the floor immediately. The EM consultant group is keen to receive feedback from in house specialty consultants regarding Emergency medicine referrals.

The practice of referral to inpatient teams should follow these rules

1. Referrals are one way

Once a referral has been made, it is the responsibility of that named specialty to determine the further disposition of the patient. If an inpatient team decides a patient needs discharge or will have their care best provided under a different specialty, the responsibility is on this team to refer the patient onward or discharge the patient.

2. Clinical Escalation within 30 minutes

In the event of a disputed referral of a patient, record the details of the involved doctors and reason for dispute in the clinical notes. Discuss this immediately with the most senior EM doctor who will review the patient. If the disposition plan of the patient remains uncertain after 30 minutes, the EM consultant on call must be involved, if not already aware. The EM consultant will then resolve the issue with the relevant consultant.

3. Disputed Admission Specialty

Where there is disagreement as to which specialty a patient should be admitted under, in the first instance efforts should be made by the Registrars on call for the involved specialties to resolve the issue. Where the involved Specialty Registrars are unable to reach agreement on which Specialty the patient is admitted under, the issue needs to be escalated to the involved Consultants on call to reach an agreement.

4. Disposition Decision

In the event of more than one specialty refusing to admit a patient. A process for resolving this issue has been agreed by the Executive Management Board of the hospital (ref: Consultant Memo Dated Dec 2023). The EM consultant has delegated Executive authority, to arbitrate on disposition disagreements between specialties. In this capacity, the EM consultant will decide under which specialty the patient's care needs will best be met, and the patient will be admitted under that specialty as the primary team. This does not mean that the other specialty does not continue to see and consult on the patient. Where disagreement remains, this can be escalated to the relevant Clinical Directors of the specialties during normal working hours.

Consultants in Emergency Medicine, CUH

Clinical Directors for Emergency & Acute Care, for Medicine, for Perioperative and Clinical Director for the CUH site

Reference Documents:

1. CUH Consultant Memo (Dec 2023)
2. RCEM Position Statement: Clinical Responsibility for Patients within the Emergency Department (Updated Oct 2023)