

Report to the Joint Health Scrutiny Committee  
Tuesday 8<sup>th</sup> July 2008

## **Emergency Department Discharge Policy**

### **1. Introduction**

Following a request from the Joint Health OSC secretariat, NUH provides this paper to clarify the discharge and referral policies in place from the NUH QMC Emergency Department.

### **2. Background**

Every week, approximately 2600 people attend the main (adults and paediatric) Emergency Department based at QMC Campus, NUH. This equates to about 135,000 new attendances per year.

Of these, approximately 19% arrive in an ambulance having called '999', 65% make their own decision to self present, and the remaining 16% self present having been advised to attend the Emergency Department by another health care professional such as a GP, primary care clinician or NHS Direct, or by their place of work or school.

The Emergency Department sees a vast range of presentations, ranging from routine non-urgent type of presentations to minor illnesses and injury to serious trauma and acute medical conditions.

Of the 2600 attendances per week at NUH ED, around 550 (21%) require further specialist care and are admitted into the hospital to an assessment area or to an inpatient bed; the remaining 2050 are assessed, treated and discharged directly from the department, following the processes outlined below.

### **3. Discharge Policy**

NUH has Trust wide clinical policies and Emergency Department guidelines covering the arrangements for discharge. All patients leaving the Emergency Department are assessed on an individual basis, to ensure that they are fit to go home, able to get home and that adequate follow up or onward referral (if required) has been arranged.

Every patient is provided with written or verbal advice for any ongoing or follow up care required. For some patients a referral to another service may be

arranged by the Emergency Department staff. Referral to the NUH Front Door Assessment and Care Team (FACT) for elderly patients ensures that those patients who may require ongoing health or social care support at discharge (either from the Emergency Department or following an inpatient stay) are identified. For elderly patients discharged overnight, a referral may be made to FACT who will contact the patient the next day. The Emergency Department itself also provides follow up outpatient appointments for a number of specific conditions providing continuity of care for the patient.

Discharge information. A discharge letter for every patient who attends the Emergency Department is prepared and sent to the patient's GP (where known) advising them of the patient's attendance and any treatment given. For children aged 0-5, a discharge letter is also sent to the relevant health visiting team.

Transport home: A large number of patients will have arrived in their own car or by public transport, or a relative or friend will collect them from hospital at discharge. Emergency Department staff ensure that an appropriate means of transport is available to patients in line with their individual needs. An ambulance transport may be provided if there is a clinical need or depending on the individual patient's circumstance.

Aggressive/Violent patients: All patients receive a clinical assessment on arrival at the Emergency Department. A patient who does not have a medical requirement for care and who is being disorderly or aggressive may be discharged into the care of the Police.

#### **4. Dual diagnosis**

Using May 08 data, there was a weekly average of 19 presentations at the Emergency Department with a primary diagnosis of psychiatric illness (including psychosis and depression), 28 due to alcohol abuse (including deliberate self harm, overdose, misuse) and 38 due to drug abuse/misuse (including deliberate self harm, overdose, misuse). Many more patients present at the Emergency Department with another condition or complaint (an accident or injury or other medical problem), but have underlying mental health/drug and alcohol problems.

Ideally these patients should be able to access appropriate specialist care from the specialist community mental health or drug/alcohol services, whether it is urgent or routine. However, for those patients who arrive in the Emergency Department, their clinical needs are provided for and they may be referred to the appropriate service. The Emergency Department can refer directly to the Health Care Trust Department of Psychology Medicine (DPM) who provide specialist psychiatric services at all times of the day to the Emergency Department. In addition, the Emergency Department has access to the alcohol liaison service nurse and can refer patients directly to an open access clinic for further care and support.

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*June 2008*