March 2018

St George's University Hospitals NHS
NHS Foundation Trust

St George's Internal Professional Standards

1 All staff involved in making or receiving referrals should adhere to the Trust values to be excellent, kind, responsible and respectful to all patients and staff.

2 The Emergency Medicine (EM) Team will see all patients presenting to Emergency Department (ED) who are not already referred to a specialty team. The EM team will review these patients and make any referrals to admitting teams within 2 hours.

3 ED will ensure their referrals are appropriate and made to the most appropriate specialty.

4 All ED referrals to admitting specialty teams will be made to an ST3 or higher grade doctor or other clinician with equivalent expertise. This clinician will triage referrals for urgency and clinical need.

5 A decision-making clinician should see all new patients in the ED within 30 minutes of the ED attempting to make a referral. The specialty decision-maker must form, document and communicate their management plan to ED staff within 60 minutes of the attempted referral by the ED. Specialty assessment breaches will be escalated to the appropriate Consultant, Care Group Lead, Clinical Director and/or General Manager by the Emergency Medicine Consultant or Nurse in Charge of ED. Further escalation to the Divisional Chair/ Divisional Director of Operations and Medical Director/ Chief Operating Officer will occur when necessary.

6 An admitting team will not decline a request to assess a patient in ED, unless following a referral discussion there is a more appropriate pathway for the patient to follow, such as an ambulatory pathway. Where there is disagreement the referral discussion should be between the referring and admitting Consultants.

7 If after specialty review another specialty would provide more appropriate care, it is the responsibility of the first specialty not the ED, to make the second referral and arrange transfer of care.

8 Patients will not be transferred from the outpatient areas to the ED unless they are discussed with the Emergency Medicine Consultant in Charge and require immediate medical care.

9 Accepting a referral from primary care means that specialty takes responsibility for evaluating the patient in ED. Specialty teams should inform ED staff about incoming expected patients at all times.

10 The Trust does not admit patients who are likely to be able to go home from the ED to avoid a breach of the 4 hour emergency care standard.

11 The bed management team will automatically accept bed requests from the ED team for patients referred to admitting specialties. Bed requests for patients referred to a specialty should not be refused by the bed management team.

12 Patients should not leave the ED until reviewed by a member of the admitting team unless there is an agreed pathway for the admitting team to review the patient on the ward, or an agreement is made between the ED and the admitting team.

13 Following review by a decision maker of an admitting team, if they feel admission under them or another team is not required and the patient can be safely discharged from the ED from both a medical and social care viewpoint, it is up to that admitting team and not the ED to ensure the iCLIP discharge summary and coding are completed. This is to ensure the patient and their GP has an accurate record of their visit and it is coded correctly.

14 If a specialty team ask another specialty to review an admitted patient under the first team's care, the second specialty should ensure a consultant review takes place within 24 hours where that specialty has daily consultant ward rounds. For subspecialties where this is not the case a registrar should review the patient within 24 hours.

15 The patient should always be focal point of all decision making.

Approved by Trust Executive Committee: March 2018