

ED to GIM REFERRALS FOR PATIENTS AWAITING AN ED ASSESSMENT SPACE

When patients are assessed by the Emergency Department (ED) MD in the ED waiting room this typically reflects a high volume of ED visits and no bed admits in the ED. These space constraints are often coupled with staffing limitations. Given these limitations, the following process will apply for referrals from an ED MD to GIM MD (Senior Medical Resident (SMR) or GIM attending) for patients who are awaiting a designated assessment space within the ED.

- ED MD assesses a patient in the waiting room and deems them appropriate for medicine consultation (referrals of patients without beds will be avoided where possible around the time of GIM SMR shift change at 0800 and 1600)
- ED MD calls SMR as per usual to refer the patient
- After discussion, SMR and ED MD agree on any additional necessary interventions/investigations that should be done ASAP (for example, ECG, IVF, repeat bloodwork), if not already initiated by the ED MD
 - o Bloodwork may be able to be done by phlebotomist depending on time of day
 - o Please note that radiological investigations can occur from the waiting room with no substantial difference to workflow (radiology still to be paged for CT/MRI overnight)
- ED MD discusses with TL and/or triage nurse for these investigations/interventions to be done
- SMR begins medically triaging the patient:
 - o Discusses with TL where they can physically do this (assessment room in the ED waiting room or briefly use one of the resus rooms (given this is a short assessment by SMR))
 - o For those patients who are not able to go to the assessment room independently, the SMR will ask the ED TL to help with transfer either directly or to coordinate with SA/porter
 - o Post SMR triage assessment - SMR to escort the patient back to waiting room if they are able to mobilize independently, otherwise SMR to notify TL that they are done assessing so that patient can be moved back to the waiting room unless another destination has been identified (to allow the space to be used for other patients)
- After SMR triages, SMR discusses patient with TL:
 - o Highlights if any further urgent investigations/interventions needed
 - Please note that radiological investigations can occur from the waiting room with no substantial difference to workflow (radiology still to be paged for CT/MRI overnight)
 - o Determines the tentative timeline/plan for ED assessment/treatment space
 - o SMR documents their triage assessment and the location that the assessment was performed (see appendix for example of brief triage assessment note)
- SMR assigns patient to junior or clerk:
 - o Suggested workflow is: junior/clerk reviews chart etc. to prepare for the assessment, then assesses the patient when they are in a designated assessment space
- Admission orders entered into POWERCHART– **note that orders will not be carried out until the patient is in an assigned ED assessment location.** As per above, if any urgent investigations/interventions needed the member of the GIM team will highlight these to the TL

- Resident or clerk completing the admission should make explicit in their handover and their documentation any aspects of the history and physical examination that were deferred/limited due to patient location

The goal of this process is to work as an organization to optimize patient care given significant staffing and space limitations that are often faced in the ED. It is recognized that assessment by ED MDs (and GIM) may be limited compared to assessment that can be performed by ED MDs when patient is in the ED proper and then dispositioned at that time. Given that downstream flow limitations and that many investigations and interventions will not be performed in the waiting room, the primary improvement in care may be to allow the GIM team to review the patient Electronic Medical Record in advance of the patient having a physical space in the ED and to share the burden of number of patients being managed in the waiting room with the ED MD.

To assess the safety and efficacy of this program, the number of ED waiting room referrals will be tracked, as well as time from referral to assigned location in the ED proper.

Patients who have concerns about their wait time or physical location can be provided with the information for patient relations patientrelations@sinahealth.ca. If any patient safety issues are encountered, please submit a SAFER report via the MSH intranet and notify the CMR as soon as possible (cmr@sinahealth.ca). **Any safety issues should also be raised to the ED MD and/or ED TL to address in real time.**

Please note that patients may deteriorate in the waiting room, and the referral to GIM and the SMR triaging the patient does not replace the routine clinical monitoring that would typically occur. As such, this routine clinical monitoring and reassessment is not the responsibility of the SMR/GIM team.

If a patient decompensates / deteriorates in the waiting room, the ED MD will be the initial responder and the patient will be brought into an appropriate room in the ED. If the patient has been admitted to GIM, the appropriate GIM team will be paged. If the patient has been referred and/or triaged but not admitted, the ED MD will manage the patient until such time as they are appropriate for GIM (or referred to another service).