Royal Cornwall Hospitals
NHS Trust

Redirection of Patients Over the Age of 16 in the Emergency Department to Off Site Locations for Ongoing Care
Standard Operating Procedure

V2.0

August 2023

Table of Contents

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. This procedure sets out the arrangements for the safe and appropriate referrals of patients to the 111 service or to minor injury units in Cornwall rather than assessment in the Emergency Department (ED).

1.2. The benefits of this include:

1.2.1. Ensure right care in the right place, at the right time.

1.2.2. Improve patient experience and satisfaction, by offering a suitable alternative to the ED.

1.2.3. Reduce inappropriate referrals of patients to MIUs whose presentation is not suitable for a minor injury unit.

1.2.4. Improve patient flow through whole system.

1.2.5. Limit activity in the Emergency Department (ED) to those patients who specifically require it.

1.3. Quality operational standards will be used to ensure a governance framework from which to measure effectiveness. The standards include a triage assessment within 15 minutes and RCEM ED Quality indicators.

1.4. This version supersedes any previous versions of this document.

2. Purpose of this Standard Operating Procedure

Background.

2.1. During the COVID 19 pandemic the minor injury service of the ED was relocated from RCHT to various minor injury units (MIUs) across Cornwall.

2.2. When ED experience extreme pressure and concerns over crowding, there are patients who present to the ED who could be safely managed on a different site.

2.3. The process must remain quick and shouldn't impact the 15min waiting time to triage. Front door redirection allows patients who attend RCHT ED with a minor injury or illness to be signposted to a minor injury unit or other service that is safely able to assess and treat their condition.

2.4. 111 remains the service which patients should access to get urgent but not emergency health advice. The ED can promote this service by helping patients to access it whilst they await ED assessment.

2.5. Redirecting patients to off-site services brings considerable clinical risk and is not supported by the Royal College of Emergency medicine in its review of Initial Assessment functions. Serious clinical problems may present in unusual or innocuous ways and need a full assessment by an appropriate clinician.

2.6. Redirection from Treliske is especially difficult for patients: all other services are a considerable distance away and many patients do not have adequate transport.

2.7. Redirection to off-site services therefore should form part of a Surge Plan when ED is busy (large number of patients in ED, long wait to be seen) but should not be seen as Business As Usual. Education of patients on appropriate choice of service without actual Redirection may be a better strategy.

3. Ownership and Responsibilities

3.1. **Triage Nurse Responsibility.**

3.1.1. The role of the triage nurse is to sort clinical priority to be seen (Triage), identify those who could be seen directly by another speciality in the hospital (Streaming) or identify those who may be best seen in another care setting (Redirection).

3.1.2. However, the nurse may themselves only Redirect minor injuries according to the Table in section 4.

3.1.3. The triage nurse must ensure they follow this SOP when redirecting patients to other units. The checklist must be completed and filed with the patient's notes.

3.1.4. No minor illness is to be redirected to an offsite service from the ED by a triage nurse without being physically assessed by the minors Senior Doctor (ST3 and above), an appropriately trained Advanced Practitioner, or the patient being advised of an alternative service by 111.

3.1.5. When redirecting, it is the triage nurse's responsibility to ensure:

- The patient fits the criteria.
- Is safe to travel and is appropriately safety netted.
- That the receiving unit is open and accepting referrals.
- That Oceano is updated with the patient's discharge.

3.2. **Patients presenting with minor injuries.**

If the Triage nurse determines that the patient would be more suitable being seen in a MIU they can refer the patient:

- Check all inclusion and exclusion criteria (Section 4).
- Complete brief triage including set of observations if appropriate.
- Check the MIU times and patient ability to travel.
- Provide safety net advice.

- ED reception to book patient in as pre-alert with the accepting MIU on OCEANO.

3.3. Patients Presenting with minor Illness or a presentation that could be most appropriately managed by another service – 111 pathway.

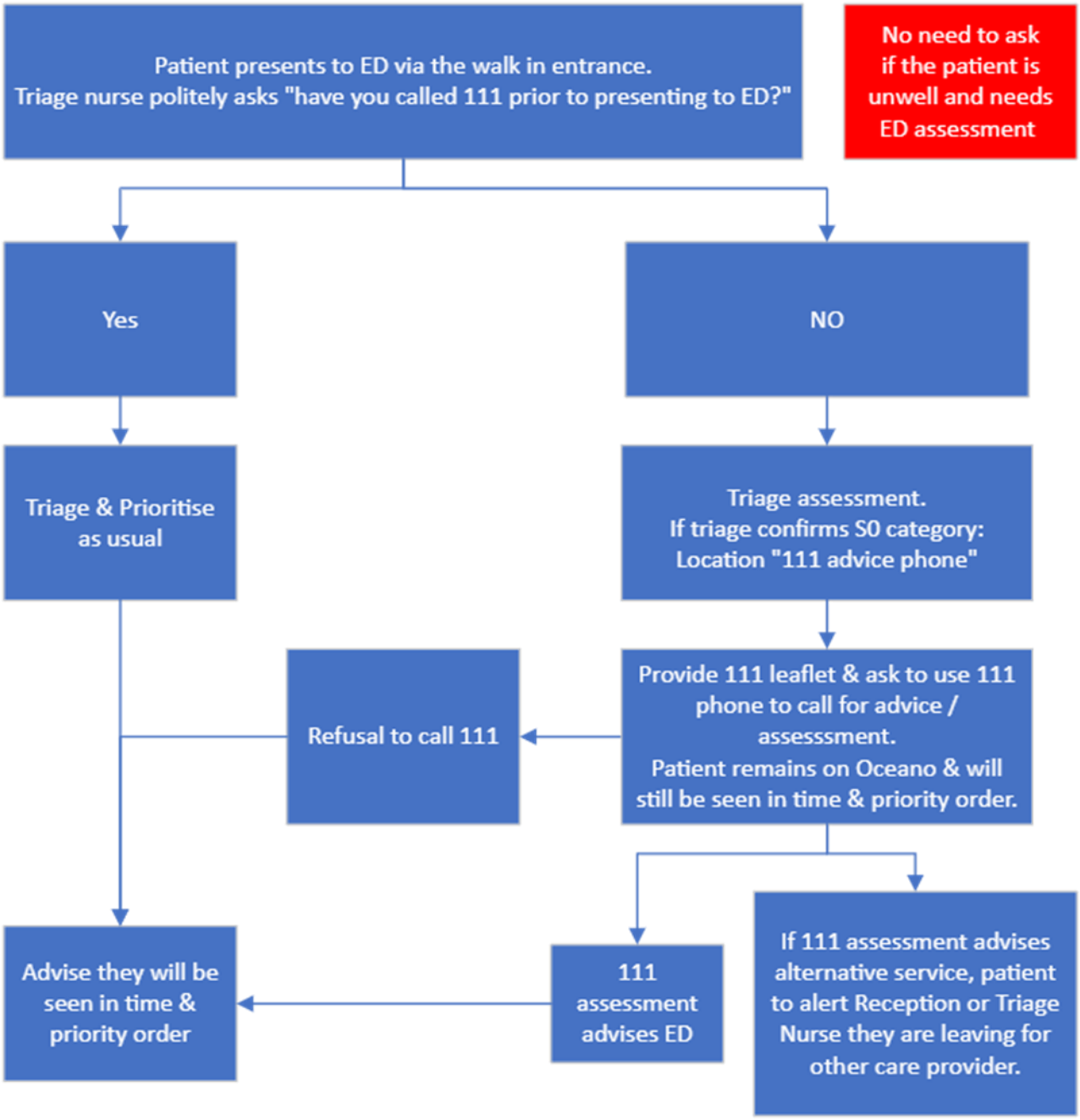
If the Triage nurse determines that the patient would be more suitable in another service, they can follow the 111 pathway:

- Complete brief triage including set of observations as appropriate.
- If Triage confirms S0 triage category then change location to “NHS 111”.
- Provide patient with 111 leaflet and ask them to go to 111 phone and call or complete an online assessment on their personal device.
- Patient remains in dept until 111 redirects them or ED sees them.
- The patient remains on Oceano and will be seen in time order unless 111 redirects them earlier.

Alternatively, the Triage Nurse can request the Senior Doctor in Minors or an appropriately trained Advanced Practitioner to review the patient for Redirection to a more appropriate service.

3.4. ED triage nurse and the 111 pathway – flowchart on the next page

ED triage nurse and the 111 pathway - flowchart



3.5. **Senior Doctor or Advanced Practitioner in Minors Responsibility.**

3.5.1. If requested by the triage nurse, the Doctor or Advanced Practitioner should assess the patient for suitability to be redirected to another unit / 111. Nursing staff cannot direct patients off-site without clinician assessment.

3.5.2. If the Doctor / Practitioner is too busy to do this, then the patient should stay for medical assessment.

3.6. **Reception staff responsibility.**

3.6.1. Reception staff do not themselves Redirect patients.

3.6.2. If it is deemed appropriate by the Doctor that a patient can be safely seen in their own GP, then reception can book an appointment for them on the direct line and provide the patient with written confirmation of their appointment.

3.6.3. If a patient is going to an MIU then reception should email a copy of the Oceano card to the generic MIU inbox and book the patient as an "expected" patient on the MIU Oceano system.

3.6.4. If a patient informs reception that they have been Redirected by 111 to another service, then reception should inform a member of clinical staff (Triage nurse, Senior nurse in minors, Senior doctor in minors) who will ensure the patient is removed from Oceano.

4. Standards and Practice

4.1. Inclusion and exclusion criteria for nurse streaming to MIU.

Inclusion	Exclusion
Upper limb injuries – elbow to fingers, No Neurovascular compromise.	Upper limb injuries- shoulder/humerus.
Paronychia.	Lower limb injuries – hip/femur.
Obvious low-energy Clavicle injuries with no compromise to skin.	Head injury with Loss of Consciousness or on anticoagulant / antiplatelet Drug.
Lower limb injuries - knee to toes, no Neurovascular compromise.	Wounds with underlying structures visible +/- tendon involvement. Wounds likely to need same day ortho assessment. Very dirty wounds needing washout.
Minor head injuries with no loss of consciousness, no vomiting, no anticoagulant.	Burns where first aid has not been given or >2% Total body surface area.
Minor burns less than 1% (initial first aid must be given).	Injection/high velocity injuries to digits.
Foreign body to eye and no change in Visual acuity (must record VA).	Quadriceps / knee tendon rupture.
Foreign body to skin.	Open fractures or obvious deformity needing manipulation.
Foreign body to ear (easily visible).	Neuro-vascular deficit noted.
Wounds which require simple	Chemical splash to eye or

Inclusion	Exclusion
closure.	Any reduction in vision.
Insect Bites and stings.	Mechanism of injury high-energy.
	Atraumatic Hot/red joint.
	Safeguarding concerns.
	Pain - Need for opiate analgesia.
	Frailty - Need for OT/PT/frailty work up.
	Under 16 in age, review paediatrics SOP.
	No transport / no ability to get home from MIU.
	Patient refusal to attend elsewhere: patients are always allowed to remain in ED for medical assessment.

4.2. Referral time considerations and next day assessment.

Once assessed as suitable for redirection the triage nurse will ensure the following:

4.2.1. The receiving unit is open and accepting referrals. This can be checked via https://www.cornwallft.nhs.uk/miu-waiting-times

4.2.2. The patient has enough time to travel to unit and be seen taking into account waiting time to be seen and closing time.

4.2.3. The Oceano front sheet and safety checklist must be emailed to the generic MIU email so that the patient can be heralded and expected.

4.2.4. Xray closing time of receiving unit should be considered, if patient is likely to need an Xray and isn't safe to wait until the next day then they should not be sent away.

4.2.5. Past 22:00 only WCH hospital open for MIU provision. Xray opening hours are variable across the county.

4.3. Patients may be suitable to attend the MIU the next day, however they should fit the criteria in the table below.

Criteria that must be met to be suitable for next day MIU assessment.
Single joint involvement.
Can manage pain on simple analgesia.
Can manage independently (or safely with family).

Criteria that must be met to be suitable for next day MIU assessment.
Can manage with simple splinting (sling/crutches).

4.4. ENP at RCHT.

If an ENP is available on the RCHT site, the triage nurse should still factor in ED crowding issues, wait to be seen etc. Streaming onwards may be suitable despite ENP being present.

4.5. Infection Control.

MIU's can manage patients who require isolation, but the unit will need to be contacted prior to sending the patient.

4.6. Streaming to other Inpatient specialties.

The triage nurse can continue to stream to other patient specialties as able and previously agreed.

5. Dissemination and Implementation

5.1. Presentations to senior managers and Clinicians.

5.2. Presentation to nurses who triage.

5.3. Education on shop floor walkaround.

5.4. Presentation at ED Senior Management Team.

5.5. It is the responsibility of Urgent, Emergency and Trauma Senior nursing team to ensure that:

- Staff are aware of any new or newly revised policies.
- Policies are appropriately filed and that old ones are removed and destroyed (keeping one copy for archiving purposes on shared drive).

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Whole process monitoring.
Lead	ED – Miss Emma Wise -Deputy Head Nurse and Dr Mark Jadav-Speciality Lead Consultant.

Information Category	Detail of process and methodology for monitoring compliance
Tool	• Regular contact with nurse consultant for MIU's. • Internal audits. • Incident reporting and monitoring. • Complaints/Datix's. Outcome measures to be included: • Total activity streamed away. • Quality operational indicators. • Patient mortality over 28 days. • Re-attendance to ED rate. • Quality of patient experience including satisfaction surveys, Friends and Family. • Number of patients discharged from unit. • Triage waiting times.
Frequency	• Weekly review of datix and complaints. • Monthly review of figures streamed.
Reporting arrangements	The results of the afore mentioned monitoring methods will be presented, analysed and discussed at the 2-weekly operational meeting, monthly governance meeting and monthly Care Group Board, Quality, Performance and Compliance Board meeting. Actions, interventions and action plans resulting will be logged and implemented. Subsequently the operational policy can be amended as required.
Acting on recommendations and Lead(s)	The Nurse in charge is required to work closely with the Care Group Governance team and is responsible for the timely response to: • Complaints. • Incidents [Datix, and Serious Incident's (SI's)]. **Operational Management.** • Daily exception reporting and escalation if required. • Weekly performance monitoring. • Monthly UET Governance meetings.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

7. Updating and Review

7.1. This guidance will be reviewed at least yearly.

7.2. Version Control Table as part of the document control process.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Redirection of Patients Over the Age of 16 in the Emergency Department to Off Site Locations for Ongoing Care Standard Operating Procedure V2.0
This document replaces (exact title of previous version):	Previous versions stored locally, not on Document Library.
Date Issued / Approved:	July 2023
Date Valid From:	August 2023
Date Valid To:	August 2026
Author / Owner:	Emma Wise Deputy Head of Nursing UEE. Mark Jadav ED Consultant Lead.
Contact details:	01872 253110
Brief summary of contents:	This policy sets out the arrangements for the safe and appropriate redirection of patients to MIU's with minor injuries in Cornwall.
Suggested Keywords:	ED/Triage/MIU/Streaming/Flow.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Nursing Officer and Chief Medical Officer.
Approval route for consultation and ratification:	ED Governance Board. UEE Business and Governance Board.
Manager confirming approval processes:	Nigel D'Arcy- Interim.
Name of Governance Lead confirming consultation and ratification:	Paul Evangelista.
Links to key external standards:	None required.
Related Documents:	None required.
Training Need Identified:	Yes.

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical / Emergency Department

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
07/09/21	V1.0	Initial issue.	Emma Wise Deputy Head of Nursing (UEE).
05/10/21	V1.1	Change of name to Redirection SOP.	Emma Wise Deputy Head of Nursing UEE.
11/10/2021	V1.2	Review of care group responsibilities in relation to disseminating SOP.	Emma Wise Deputy Head of Nursing UEE.
12/04/2022	V1.3	Redirection to 111/infection control.	Emma Wise Deputy Head of Nursing UEE.
03/05/2022	V1.4	Patients must call 111 first.	Emma Wise Deputy Head of Nursing UEE.
July 2023	V2.0	**Previous versions above were stored locally, not on Document Library.** Updated after senior team feedback. Redirection to be a Surge Plan, not BAU- New.	Dr Mark Jadav and Miss Emma Wise.

All or part of this document can be released under the Freedom of Information Act 2000

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Redirection of Patients Over the Age of 16 in the Emergency Department to Off Site Locations for Ongoing Care Standard Operating Procedure V2.0
Department and Service Area:	Emergency Department.
Is this a new or existing document?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Miss Emma Wise Deputy Head Nurse.
Contact details:	01872 253110

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To safely redirect away patients from the ED with presentations that can be safely managed by a Minor injury Unit in Cornwall. Safe redirection helps manage the capacity of the ED and aims to help towards crowding. It also aims to safeguard against patients who are inappropriately sent to a MIU then have to reattend to ED.
2. Policy Objectives	To provide clear and succinct guidance for triage nurses in the ED to safely identify those patients who would be able to attend a Minor injury unit off the hospital site – effectively transferring their care. It aims to safeguard nurses from decisions that could cause harm to patients.
3. Policy Intended Outcomes	Evidenced based standardised practice.
4. How will you measure each outcome?	Audit and review.
5. Who is intended to benefit from the policy?	Patients, their relatives and carers.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Urgent, Emergency and Eldercare Care Group.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Miss Emma Wise, Deputy Head of Nursing UEE.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. ED Redirection checklist (2 pages).

To be completed for all patients streamed to Minor Injuries Unit.

Patient Sticker here	Date: Time:	Triage Nurse:

Which inclusion Criteria does the patient fit? Please circle	
Upper limb injuries – elbow to fingers, No Neurovascular compromise.	Foreign body to eye and no change in Visual acuity (must record VA).
Paronychia.	Foreign body to skin.
Obvious low-energy Clavicle injuries with no compromise to skin.	Foreign body to ear (easily visible).
Lower limb injuries - knee to toes, no Neurovascular compromise.	Insect Bites and stings.
Minor head injuries with no loss of consciousness, no vomiting, no anticoagulant.	Wounds which require simple closure.
Minor burns less than 1% (initial first aid must be given).	Minor head injuries with no loss of consciousness, no vomiting, no anticoagulant.

Exclusion, Please exclude all before transfer.	
Upper limb injuries- shoulder/humerus.	Open fractures or obvious deformity needing manipulation.
Lower limb injuries – hip/femur.	Neuro-vascular deficit noted.
Head injury with Loss of Consciousness or on anticoagulant / antiplatelet drug.	Any reduction in vision. Chemical splash to eye.
Wounds with underlying structures visible +/- tendon involvement.	Mechanism of injury high-energy.
Wounds likely to need same day ortho assessment.	Atraumatic Hot/red joint.
Very dirty wounds needing washout.	Safeguarding concerns.
Burns where first aid has not been given or >2% Total body surface area.	Pain - Need for opiate analgesia.
Injection/high velocity injuries to digits.	Frailty - Need for OT/PT/frailty work up
Quadriceps / knee tendon rupture.	Under 16 in age, review paediatrics SOP.
No transport / no ability to get home from MIU.	Patient refusal to attend elsewhere: patients are always allowed to remain in ED for medical assessment.

MIU Redirected to-

MIU Green to referrals?	Yes	No	
MIU has capacity to see before closing time?	Yes	No	
MIU Xray is open	Yes	No	
Safe for next day assessment (must fit all of criteria below)	Yes	No	N/A

Criteria that must be met to be suitable for next day MIU assessment.	Met? Y or N
Single joint involvement	
Can manage pain on simple analgesia.	
Can manage ADL independently (or safely with family)	
Can manage with simple splinting (sling/crutches)	

Has the patient received analgesia?	Yes	No	N/A

Triage Nurse Signature

_____

Grade and NMC number

_____

Nurse- Please affix this to patients CAS card.
Reception- Please scan in with notes.