SESLHD PROCEDURE COVER SHEET

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FUNCTIONAL GROUP(S)	Aged Care and Rehabilitation
KEY TERMS	Shared care, admission
SUMMARY	This document provides guidance to Emergency Department staff and hospital medical teams about shared care arrangements for a patient with concurrent medical complaints requiring hospital admission.

Shared Care for adult patients admitted through the Emergency Department (not including Acute Mental Health patients)

SESLHDPR/206

1. POLICY STATEMENT

There are times when a patient presenting to the Emergency Department requiring an admission will benefit from being under the care of two specialty teams, particularly older patients and patients with chronic conditions who may be well known to Aged Care or Chronic Care teams. This ensures a continuity of care for the patient with access to an acute speciality for that particular admission.

In the event of a dispute regarding the admission of a patient or which team should be AMO1 & AMO2, please refer to the local procedure for Emergency Department admissions:

Prince of Wales Hospital (POWH):
http://seslhdweb.seslhd.health.nsw.gov.au/powh/documents/cpm/Section03/Admission%20Business%20Rule%20POWH%20CLIN144%20added%20outliers%20october%202020.pdf

St George Hospital (SGH):
http://seslhdweb.seslhd.health.nsw.gov.au/SGSHHS/Business_Rules/documents/E/CLIN017_SGH_ED_Admission_acceptance.pdf

The Sutherland Hospital (TSH):
EMERGENCY DEPARTMENT (ED) ADMISSIONS FOR PATIENTS – THE SUTHERLAND HOSPITAL (TSH) (nsw.gov.au)

2. BACKGROUND

Some patients who are seen in the Emergency Department and require hospital admission would benefit from the immediate service of more than one medical team because they have an acute medical problem and a co-existing unstable chronic illness, each of which requires the expertise of different specialists.

Two options exist for the treatment of such patients. Firstly, the patient is admitted under the team responsible for the care of the acute problem and a second team consults about the chronic problems on an ad hoc basis. Alternatively, the patient is admitted under two teams in a shared admission arrangement.

It is important to stress that patients should be admitted under **one team only** whenever possible. The shared care model should only be considered when the acute problem and the other medical problems require attention from the time of hospital admission. The teams involved must be aware of the expertise provided by each other and ensure adequate delineation and communication to allow for optimal care. Shared care works best when the teams involved have very definite roles and are aware of these roles.

Under shared care arrangements, the team responsible for the acute medical problem is AMO1 and the team responsible for managing other issues is AMO2. Both teams have equal responsibility for optimal care of the patient through managing the medical issues related to their specific specialty. Once the acute issue for admission no longer requires treatment, the specific involvement of the teams may alter.

This document provides guidance to Emergency Department staff and hospital medical teams about the procedure to be followed when a patient with concurrent medical complaints requires hospital admission.

3. RESPONSIBILITIES

3.1 **The Emergency team**: will adequately assess the patient's problems and identify a patient as needing admission under the shared care policy.

3.2 **Emergency medical staff**: will use this protocol when admitting patients under more than one hospital medical team.

3.3 **Hospital medical teams**: will **accept** the patient under their care depending on decision of senior emergency medical staff.

3.4 **Bed managers, patient liaison officers and emergency department administrative staff**: must admit the patient under the designated team and into an appropriate bed. Administrative officers need to designate AMO1 and AMO2 in IPM.

3.5 **Directors of Clinical Services at each hospital:** will be responsible for negotiating any disputes about shared care

3.6 **General Managers:** will be responsible for negotiating any disputes about shared care that cannot be resolved by site Directors of Clinical Services.

4. PROCEDURE

4.1 Patients are identified by emergency medical staff to require admission and that the patient's needs require the immediate expertise of two medical teams.

4.2 The team who will look after the primary reason for admission (AMO1) is identified by the Emergency Department Medical Officer (MO).

4.3 The team who will manage other identified active problems (AMO2) is identified by the Emergency Department MO.

4.4 Registrars for AMO1 and AMO2 or, if they are not available, AMO1 and AMO2 directly are notified of the admission by the Emergency Department MO.

4.5 AMO1 and AMO2 accept admission.

4.6 Patient transferred to appropriate bed in hospital.

5. DOCUMENTATION

For ortho-geriatrics admissions see documents related to these at individual sites, if policies already exist.

6. AUDIT

Not required

7. REFERENCES

- Stathers GM and Gonski PN Outcome of Attendance by Elderly Population to an Emergency Department as measured by behavioural model. Aust J Ageing 1996; 15:38-44.
- Elliot JR, Wilkinson TJ, Hanger HC, et al. The added effectiveness of early geriatrician involvement on acute orthopaedic wards to orthogeriatric rehabilitation. N Z Med J. 1996;109:72–3.
- Australasian Society for Geriatric medicine Position Statement No 5 Orthogeriatric Care – Revised 2005. Australasian Journal on Ageing. 2005 Vol 24 No. 3 pg 178-183.
- Thwaites J et al Shared Care between geriatricians and orthopaedic surgeons as a model of care for older patients with hip fractures. N Z Med J 2005: 118, 1214; 1438 – 1444.

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
November 2008 References updated	0	Peter Gonski, Director Aged Care and Rehabilitation Clinical Stream, Approved by Executive Sponsor Elizabeth Koff, Director Clinical Operations and Clinical Council 26 November 2008.
October 2012	1	Peter Gonski, Director Aged Care and Rehabilitation Clinical Stream
August 2015	2	Endorsed by Executive Sponsor: Peter Gonski, District Clinical Stream Director Aged Care and Rehabilitation Clinical Stream
December 2021	3	Minor review inclusion of facility business rules. Approved by Executive Sponsor.