

# Redirection Policy – Emergency Department (ED)

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## NHS Shetland Document Development Coversheet\*

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| GPs  | AMC   | JGG         |
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| Date     | Version | Group                         | Reason | Outcome |
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**\*To be attached to the document under development/review and presented to the relevant group**

**Please record details of any changes made to the document in the table below**

| Date     | Record of changes made to document   |
|----------|--|
| 24/3/22  | Policy adapted from Greater Glasgow and Clyde Redirection/Signposting Policy   |
| 11/01/23 | Section 2 amended, statements “Brief conversation” and “looks well enough” amended to reflect the use of the Manchester Triage tool.                             |
| 11/01/23 | Section 2.3, exclusion criteria addition of those who require treatment on the same day.   |
| 11/01/23 | Senior nurse statements amended to ED nurse, all ED nurses will triage patients, not just seniors, but advice may be sought from senior nurses or the wider MDT. |
| 11/01/23 | Addition of PCEC as redirect option.   |
| 06/03/23 | Section 2.3 amended to Paediatric 15 and under.  |
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## 1. Background

This document outlines the proposed Redirection policy for the Emergency Department (ED) within NHS Shetland. This document is based on guidance from the Centre for Sustainable Delivery (CfSD). [Emergency Department signposting/ redirection guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/emergency-department-signposting-redirection-guidance-2022/pages/1-1-introduction.aspx)

Attendances to the ED have increased over the last decade. A significant proportion of ED attendances are for conditions which could be better managed by patients themselves, pharmacists, GPs or other members of the primary care team. The purpose of Redirection is not to turn attendees away from the ED, but to direct them to another area/service where their healthcare need can be met and minimising the risk to them and others in overcrowded ED's.

It is recognised that ED Redirection form part of a broader aim across the health and social care environment to get patients the right care, at the right time and in the right place.

## 2. Redirection

Redirection within ED will be a nurse led process of streaming or directing ED attendees to specific services within the emergency care system, out with the ED.

The ability to stream attendees effectively, draws on redirection skills and experience, with excellent communication, observational skills and sound clinical acumen all being key to the process.

The receiving nurse should triage the attendee using the Manchester Triage Tool to ascertain the nature of the presenting complaint and to confirm that they do not require ED treatment. If there is a suitable other service that the attendee can access to treat the complaint the senior nurse should then direct the patient there.

The patient should be entered onto the TrakCare system with details of their presenting complaint in the triage section. If deemed suitable for redirection 'R' should be submitted into the triage category and the patient redirected to the appropriate care system. When discharging patients from TrakCare, the 'discharge destination' should be "Redirected to other services", 'discharge type' should be "Discharged to Primary Care".

**Attendees can be redirected to other services in the emergency and urgent care system, as listed below:**

- Community Optometry
- NHS24
- Community Pharmacy
- Dentist
- Sexual Health Clinic
- GP or Ask My GP
- Primary Care Emergency Clinic (PCEC which runs in OPD Saturdays and Sundays).

## 2.1. Conditions suitable for redirection

- Requesting COVID-19 test with mild symptoms
- Dental complaints (must be specifically asked about analgesia overdose)
- Conditions treatable by pharmacists:
  - All ages: Acne, Athletes foot, Cold sores, Conjunctivitis (without visual loss), Cough (without fever/DIB), Dry eyes, Earache, Eczema, Hay fever, Mouth Ulcers, Nasal congestion, Thrush.
  - Under 50 year olds only: Constipation, Diarrhoea, Haemorrhoids.
  - Further information can be found here:
    - [NHS Pharmacy First Scotland: Signposting Guidance for GP Practice Teams: updated 15.06.21](#)
    - [Pharmacy services in Scotland | NHS inform](#)
- Requests for second opinions
- Other conditions where the attendee could safely await a GP appointment
- Chronic conditions where the attendee is well and without any acute change
- Prescription requests

## 2.2. The process

**The process relies on allowing the ED nurse to use their clinical Emergency Nursing experience, if they are unsure if redirection is appropriate they should discuss with a member of the medical team.**

Redirection conversations should be positive, with an emphasis on accessing the right professional input for a patient's condition. Any verbal abuse will not be tolerated and should be documented and reported as per NHS Shetland Violence & Aggression policy.

All redirected attendances should be reviewed for any adverse events via standardised regular audit.

Any complaints or Datix events arising from Redirection should be investigated to ensure patient safety. Complaints arising from Redirection, where this policy has been followed correctly, will not be upheld.

## 2.3. Patients not suitable for redirection

**The following groups of attendees will not be redirected and should be registered for assessment through the normal triage process:**

- Over 65yrs
- Truncal injuries
- Chest pain
- Respiratory distress
- Abdominal pain

- Headache
- CVA/TIA presentations
- Mental health issues
- Intoxication
- Dementia
- Absolute refusal by attendee
- Re-attendance with same symptom within 2 weeks
- Paediatric (15 and under)
- Request for PEP
- The presenting complaint requires on the day treatment and a same day appointment cannot be sourced with the most appropriate practitioner, this may require the ED department to take advice from that service.

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**Patients sent to the ED after a consultation with Primary Care Clinicians (not GP reception staff), NHS24 or other healthcare professionals should not be redirected.**



### **3. Redirection in the Gilbert Bain Hospital Emergency Department**

Redirection helps to reduce queuing within the ED, by matching the patient demand to the available practitioner supply. The purpose is not to turn attendees away from the ED, but to direct them to another area/service where their healthcare need can be met and minimising the risk to them and others in an overcrowded ED.

In order to improve efficiency and effectiveness within the ED, emergency nurse will ensure patients are directed to the correct service/location to manage their presenting complaint/clinical need on arrival to the ED.

#### **3.1. Aim of redirection**

- To direct patients to the most appropriate service.
- To prioritise patient care and maintain safety.
- To improve patient experience.

#### **3.2. The redirection practitioner**

The role of the redirection practitioner is to:-

- Ensure patients who present at ED are directed to the correct service to meet their clinical needs.
- Be proficient in rapid assessment skills, prioritise workload and initiate correct advice/care.
- Maintain patient confidentiality as much as possible and allow for a private area when required/possible.
- Liaise with Junior Doctors and Consultant in charge to escalate any concerns.
- Complete redirection documentation via electronic TrakCare.

#### **3.3. Criteria for redirection role from Gilbert Bain ED**

- You will be a Registered Nurse (RN)
- Be employed By NHS Shetland Health Board in Gilbert Bain Hospital Emergency Department.
- Band 5 Nurse or above.
- Have an up to date resuscitation qualification in ILS/ALS
- Have sufficient knowledge and understanding of the Redirection policy inclusion/exclusion criteria.
- Conflict resolution training – (Violence + Aggression – TURAS Module) / Face 2 Face
- Are deemed suitable for this role by your Lead SCN.