

## TITLE

**PATIENTS BEING DIRECTED TO THE EMERGENCY DEPARTMENT FOR ASSESSMENT BY A SPECIFIC PHYSICIAN**SCOPE

Provincial

## DOCUMENT #

1167-02

## APPROVAL AUTHORITY

Vice President, Quality and Chief Medical Officer

## INITIAL EFFECTIVE DATE

November 17, 2017

## SPONSOR

Quality and Chief Medical Officer

## REVISION EFFECTIVE DATE

Not Applicable

## PARENT DOCUMENT TITLE, TYPE AND NUMBER

Appropriate Prioritization of Access to Health Services Policy  
(#1167)

## SCHEDULED REVIEW DATE

November 17, 2020

**NOTE:** The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact the Policy & Forms Department at [policy@ahs.ca](mailto:policy@ahs.ca). The Policy & Forms website is the official source of current approved policies, procedures, directives, standards, protocols and guidelines.

**OBJECTIVES**

- To clarify the processes applicable to a sending Physician directing **patients** to the Emergency Department for assessment by a receiving Physician who may either be the sending Physician or another specific Physician.
- To clarify the triage processes applicable to patients presenting to the Emergency Department for assessment by a receiving Physician to ensure that patients are getting the care they need when they need it.
- To support the use of Referral, Access, Advice, Placement, Information & Destination (RAAPID) for supporting the referral of patients to the Emergency Department particularly with those patients with complex needs who may require services from multiple speciality areas or services.

**APPLICABILITY**

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

**ELEMENTS****1. Physicians Requesting Patients to Present at an Emergency Department**

- 1.1 Physicians shall only request their patients present to the Emergency Department, or to be transferred to the Emergency Department from another healthcare facility when:
- a) urgent or emergent care is required; or
  - b) no alternate care setting is appropriate and/or can be arranged in a clinically appropriate time frame.
- 1.2 If clinically appropriate, non-emergent patient presentation or transfer should be timed with the receiving Physician's availability to evaluate the patient at the time of arrival in Emergency Department, taking into account predictable barriers such as booked operating room or clinic schedules, or availability of non-emergent diagnostics.
- 1.3 In the event that inpatients from a hospital are transferred to the Emergency Department of another hospital for further evaluation or treatment, the sending Physician shall take into account the patient's best interests and have a conversation with:
- a) the Emergency Department Physician on shift at the receiving facility;
  - b) the receiving Physician; or
  - c) RAAPID.

**2. Underlying Triage Principles**

- 2.1 The triage process ensures that critically ill and injured patients receive priority attention. All patients presenting to the Emergency Department are triaged according to *Canadian Triage Acuity Scale (CTAS)* Guidelines.
- a) The Triage Nurse assigns each patient to an Emergency Department treatment space according to the patient's level of acuity.
  - b) The Triage Nurse assigns a priority number to each patient, who is to be assessed by an Emergency physician that is relative to the acuity of other patients in the Department.

**3. Emergency Department Notification by Physician**

- 3.1 Unless RAAPID has been involved in the patient transfer, the sending Physician shall contact the Emergency Department triage desk directly prior to their patient's arrival.

- 3.2 Information to be provided to, and documented by, the Triage Nurse shall include:
- a) patient demographics;
  - b) clinical condition as understood at the time;
  - c) estimated arrival time; and
  - d) name and pager number of the receiving Physician to be contacted on patient arrival.
- 3.3 If available, RAAPID sheets and information from receiving Physicians are to be kept on the “expects” clipboard at triage for a maximum of 24 hours following receipt of the call.
- 4. Patient Arrival in the Emergency Department**
- 4.1 The Triage Nurse shall notify the receiving Physician at the time of patient arrival at triage.
- 4.2 If applicable, the Triage Nurse shall enter the letters “RP” in the Visit Information column.
- 4.3 The staff receiving Physician shall be the **most responsible health practitioner** from the time of this notification until the patient leaves the Emergency Department unless:
- a) an alternate service has been consulted by the receiving Physician;
  - b) the receiving Physician has given formal verbal consultation and handover to an Emergency Department Physician, who will assume the role of most responsible health practitioner for the patient until disposition of the patient has occurred; or
  - c) the receiving Physician is unable to see the patient within a clinically appropriate timeframe for the patient’s CTAS score, in which case the patient shall be seen by an Emergency Room Physician.
- 5. Expected Receiving Physician Response Times for Patient Assessment**
- 5.1 To avoid delay in assessment and treatment of unstable patients, patients with an existing or anticipated airway compromise shall be assigned a triage score of CTAS 1 or CTAS 2 on arrival in the Emergency Department.
- 5.2 Patients identified as CTAS 1 or CTAS 2 shall be seen by an Emergency Department Physician in priority order, unless already seen by the receiving Physician.

- a) The bedside or Charge Nurse may also request a priority number assignment for the patient at any time if there is concern regarding patient instability or deterioration and determined need for Emergency Department physician assessment.
- 5.3 It is expected that the patient will be seen by the receiving Physician within a clinically appropriate timeframe for the patient's CTAS score.
- a) It is understood that in exceptional circumstances a receiving Physician's required presence in the operating room or on the ward may prevent the receiving Physician from assessing the patient within the expected response times identified.
- b) If the interval from patient arrival to patient evaluation by the receiving Physician is anticipated to exceed the clinically appropriate timeframe, the receiving Physician shall communicate the delay to the Triage or Charge Nurse directly.
- c) Where a delay in the anticipated response time has been communicated to the Triage or Charge Nurse, or the receiving Physician has not met the patient in a clinically appropriate timeframe for the patient's CTAS score, the patient shall be assigned a priority number based on the CTAS Guidelines and the original time of arrival in the Emergency Department.

## 6. Inappropriate Access

- 6.1 Any member of Alberta Health Services who has a reasonable basis to believe that preferential or inappropriate access to care has occurred, or is occurring, has a duty to identify the perceived inappropriate access and the information on which the belief is based in accordance with the Alberta Health Services *Appropriate Prioritization of Access to Health Services Policy* and the *Safe Disclosure/Whistleblower Policy*.

## DEFINITIONS

**Most responsible health practitioner** means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s), within the scope of his/her practice.

**Patient** means means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

## REFERENCES

- Alberta Health Services Governance Documents:
  - *Appropriate Prioritization of Access to Health Services Policy* (#1167)
  - *Safe Disclosure/Whistleblower Policy* (#1101)

**PROCEDURE**

TITLE  
**PATIENTS BEING DIRECTED TO THE EMERGENCY DEPARTMENT FOR  
ASSESSMENT BY A SPECIFIC PHYSICIAN**

EFFECTIVE DATE  
**November 17, 2017**

DOCUMENT #  
**1167-02**

- Non-Alberta Health Services Documents:
  - *Canadian Triage Acuity Scale Guidelines*

**VERSION HISTORY**

Date	Action Taken
<a href="#">Click here to enter a date</a>	Optional: Choose an item