



**DATE: 04/11/2022**

## **CENNZ-<sup>NZNO</sup> POSITION STATEMENT**

### **REDIRECTION OF PATIENTS PRESENTING TO AN EMERGENCY DEPARTMENT**

#### **SUMMARY**

The College of Emergency Nurses New Zealand – NZNO is committed to providing equitable quality emergency care. This revised position statement outlines the requirements for safe redirection process to occur when deemed appropriate.

Redirection is not triaging away which is defined as a refusal to provide further care in the ED or advice to the patient that they do not need care in the emergency department, based solely on the outcome of the triage interview.

Redirection is a process of referring a patient from an Emergency Department to another health care facility. The redirection of patients to alternative healthcare providers has been proposed to provide care in the most appropriate context, to support patient engagement with their primary health care providers, and to clarify understanding of emergency department level of care.

#### **CENNZ POSITION: KEY RECOMMENDATIONS**

It is the position of the College of Emergency Nurses - NZNO that offering referral to other health care providers from ED must:

- Be facilitatory and not against the patient's wishes or constitute denial of care
- Be based on a high level of comfort from the assessing clinician that the referral is best for the patient with particular consideration for persons from vulnerable groups
- Occur in the context of there being an available and responsive health care service
- Be supported by a documented departmental referral process that ensures seamless continuity of care, and that documentation is completed.
- Ensure that the extent of the assessment and care provided prior to redirection must be sufficient for a health professional to be satisfied that redirection is safe for patient and any urgent intervention has been completed.
- That a full set of vital signs is completed
- Be audited to ensure safe outcomes for redirected patients
- The medical and nursing team in the ED should address appropriate follow up with patients: where and in what time frame this is appropriate.
- Any barriers to gaining primary health care should be identified and addressed

## BACKGROUND: THE CURRENT STATUS OF THE ISSUE

Emergency Departments provide episodic crisis care for people who perceive the need for acute or urgent care. The Ministry of Health (2011) provides guidance regarding referral of people from the Emergency Department (ED) to primary health care for ongoing management. Primary health care facilities provide both routine and urgent care to the New Zealand population, and provide continuity and co-ordination of health care for individuals (Ministry of Health, 2011). There is no clear boundary between the services each provides and this can vary between healthcare providers and regions (Ministry of Health, 2011).

The Australasian Triage Scale is used in emergency departments to calculate safe waiting time for further assessment and is not a validated tool for triage to alternative care providers outside of the emergency department (Australasian College for Emergency Medicine, 2019; Feral-Pierssons, et al. 2022; Ministry of Health, 2011).

Consideration of potential for redirection of patients should occur following further advanced assessment (Feral-Pierssons, et al., 2022; Ministry of Health, 2011) as additional history and assessment are required to support the critical thinking and clinical judgment to safely offer redirection. There has been considerable debate over many years regarding which patients can be safely redirected. A recent proposed tool (Gilbert, et al., 2021) found 200 out of 1999 people met the tools' criteria for redirection yet acknowledged that an error rate of 7% remained.

Knowledge of local primary and urgent care health facilities, availability and their capability are required as well as advanced clinical assessment skills, and established documentation processes. Primary health care must be available in an appropriate timeframe. Clinical and professional accountability for offering redirection from ED remains with the health care practitioner, however organisations may not place pressure on assessing clinicians to redirect patients.

Emergency Departments are required to have a robust process in place that ensures it is clinically safe following sufficient diagnostic workup and that acute distress has been resolved prior to offering alternative care options or redirection (Ministry of Health, 2011). EDs should undertake regular review and audit of the 'redirected' population to verify safety and seamless continuity of care. Unnecessary delays to care or the requirement to return to hospital for acute care are important indicators to assess the safety of redirection decisions.

Redirection is not a mandate to deny care (Ministry of Health, 2021, Ministry of Health, 2011; Australasian College for Emergency Medicine, 2019), and consideration of the needs of vulnerable people is essential to ensure safe and equitable care provision (Australasian College for Emergency Medicine, 2019). Consideration of available patient resources to attend and engage with alternative health care provider is required.

It is also important to note that there is no evidence that redirection changes ED overcrowding (Kirkland, et al., 2019; Morin, 2018, College of Emergency Nurses New Zealand, 2009).

## RATIONALE FOR CENNZ RECOMMENDATIONS

- Emergency departments are required to assess all patients who present for care

- Appropriate and clinically necessary care will be provided to all patients.
- Appropriate assessment following triage is required to ensure redirection is safe and available
- Robust documentation and regular audit ensure any poor outcomes or lack of access to care is identified and addressed

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**POSITION STATEMENT DUE FOR REVIEW: 04/11/2022**