Standard Operating Policy
Emergency Department
Clinical Decision Unit

V2.0

19th January 2015
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1. **Introduction**

   1.1. This policy explains the procedures involved in the admission, care and discharge of patients requiring a bed on the Clinical Decision Unit (CDU). This process is multi-disciplinary, maintaining a structured system, in order to deliver safe, quality care, to our patients.

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

2. **Purpose of this Policy/Procedure**

   The purpose of this policy is to ensure the Trust meets the strategic and clinical best practice standards in the delivery of care within CDU and to provide clarity in the functions of CDU, as part of the overall bed base within the hospital.

3. **Scope**

   To provide guidance to all Trust staff involved directly or indirectly with the management and flow of patients within the Emergency Department (ED) and CDU.

4. **Definitions / Glossary**

   4.1. CDU is known as the Clinical Decisions Unit

   4.2. ED is known as the Emergency Department

5. **Ownership and Responsibilities**

   It is the responsibility of the Nurse in Charge and Doctor in Charge of ED to ensure that appropriate clinical decisions, actions and escalation steps are taken to ensure this policy is adhered to. It is the responsibility of all staff to adhere to this policy and the relevant protocols.

   The Nurse in Charge, Doctor in Charge, Clinical Site Coordinator and On Call Manager must all ensure adherence to this Policy and escalate in accordance with the department escalation process.

   **5.1. Role of the Managers**

   Line managers are responsible for ensuring the clinical workforce are capable of delivering the overall requirements of this policy, ensuring mechanisms are in place to aid patient flow. Providing a high standard of care to all patients admitted to CDU.

   **5.2. Role of Individual Staff**

   All staff members are responsible for ensuring their learning and development needs are identified and met to ensure they are proficient in the functionality of CDU and are able to deliver high standards of care to all patients with the ED and CDU.
6. Standards and Practice

6.1. Criteria for admission to CDU

CDU is an inpatient ward for ED patients who require on-going observation and Treatment, following assessment; who are expected to be discharged within 24 Hours, once their treatment plan is completed

Central to this policy is the type of case mix admitted to CDU:

6.1.1 All patients must be 16 or over

6.1.2 Patients requiring observation for up to 24 hours due to the nature of the presenting condition

6.1.3 Patients recovering from sedation following a minor procedure in ED

6.1.4 Elderly patients not requiring an acute medical referral who are waiting OT or Social Services Assessment or who are waiting for transport where the discharge lounge is either unavailable or not deemed suitable due to clinical reasons.

6.1.5 Asthma or allergic reactions

6.1.6 Psychiatric patients waiting for psychiatric assessment by the psychiatric liaison service or who require a bed to recover from low risk ingestion.

6.1.6 Alcohol induced minor head injuries requiring observation

6.1.7 Patients waiting review following a diagnostic that have a significant chance of discharge with primary care follow-up.

6.2. Admission Process

All patients requiring admission to CDU must first be discussed with the senior shop floor clinician and Nurse in Charge, in order for the transfer to be accurately recorded by the clerical coordinator. The reason for admission and treatment plan must be clearly documented in the patient’s records.

All paperwork including observation chat, drug chart and nursing documentation must be completed prior to the patients transfer and this is the responsibility of the patients named nurse.

6.3. Discharge Process

All patient transfers out of the department, to other wards, must be clearly communicated with the Nurse in Charge. CDU must never be left unattended at any time. Any request for patient transport must be made at the earliest opportunity to avoid delays to patient discharge.
Following a discharge the appropriate checks must take place of the bed and bed space, in line with Trust policy and any documentation carefully filed in the notes of the next patient to occupy the vacated bed space.

Any checklists which need to be completed upon discharge must be completed fully and in line with the Trusts Adult Discharge and Transfers Policy.

It is the responsibility of the named nurse to ensure that patients’ are medically fit for discharge and/or transfer and that this is clearly documented in the patient’s records.

6.4. Standards

6.4.1 No patient should remain in CDU for more than 24 hours

6.4.2 All patients should be treated with dignity and respect and have access to food and drink.

6.4.3 All patients will be kept fully informed at all times of their progress and treatment through the department.

6.4.4 Single sex breaches will be avoided in line with Trust policy.

6.5. Dissemination

This policy will be disseminated by the divisional management team to the clinical staff within ED. The ED Senior Nurses will communicate and share this information with their teams to ensure that all staff are fully informed of this policy and are able to implement it within the current department resources.

6.6. Implementation

Training and development requirements will be identified at local departmental level and will be the responsibility of the Charge Nurse/Sisters/Charge Nurses to implement.

7. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>The admission, discharge and flow process through CDU will be monitored to monitor adherence to this policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Nursing and Medical Staff Governance Leads for ED</td>
</tr>
<tr>
<td>Tool</td>
<td>Quarterly Audit of all patient records for those patients admitted and discharged through CDU</td>
</tr>
<tr>
<td>Frequency</td>
<td>20 sets of patient case notes will be audited every quarter to assess performance and policy compliance and will feedback to the ED Divisional Governance meetings. Patient feedback and</td>
</tr>
</tbody>
</table>
experiences will also be shared as part of this audit.
Q1 Jan to Mar, Q2 Apr to June, Q3 July to Sept, Q4 Oct to Dec

| Reporting arrangements | The department will report quarterly to the divisional governance group.
An annual report will also be produced if required for the Divisional Quality and Learning Group (DQLP) |
| Acting on recommendations and Lead(s) | Local level action plans would be developed to inform any issues are acted upon quickly. |
| Change in practice and lessons to be shared | ED senior clinical management team will lead any process changes and share learning’s. Any shared learning will be passed via reports to the Divisional Governance meetings and DQLP. |

### 8. Updating and Review

8.1. This policy document will be kept under review by the ED Matron, Senior Manager and Speciality Lead and will be updated as and when necessary.

### 9. Equality and Diversity

9.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Diversity & Human Rights Policy' or the Equality and Diversity website.

9.2. Equality Impact Assessment

9.3. The Initial Equality Impact Assessment Screening Form is at Appendix 1.
## Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Standard Operating Policy Emergency Department Clinical Decision Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>January 2015</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>January 2015</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>January 2018</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Paul Sylvester – Service Lead</td>
</tr>
<tr>
<td>Contact details:</td>
<td>Paul Sylvester</td>
</tr>
<tr>
<td>Brief summary of contents</td>
<td>The purpose of this policy is to ensure the Trust meets the strategic and clinical best practice standards in the delivery of care within CDU and to provide clarity in the functions of CDU, as part of the overall bed base within the hospital</td>
</tr>
<tr>
<td>Suggested Keywords:</td>
<td>.</td>
</tr>
</tbody>
</table>
| Target Audience | RCHT PCH CFT KCCG
| Executive Director responsible for Policy: | Medical Director |
| Date revised: | January 2015 |
| This document replaces (exact title of previous version): | Standard Operating Policy Emergency Department Clinical Decision Unit |
| Approval route (names of committees)/consultation: | Speciality Governance, Divisional Governance Board, Divisional Board |
| Divisional Manager confirming approval processes | Bruce Daniel |
| Name and Post Title of additional signatories | Not Required |
| Signature of Executive Director giving approval | |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet & Intranet ✅ Intranet Only |
| Document Library Folder/Sub Folder | Medicine, Emergency Department |
## Links to key external standards

<table>
<thead>
<tr>
<th>Related Documents:</th>
</tr>
</thead>
</table>

## Training Need Identified?

No

### Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2009</td>
<td>V1.0</td>
<td>Initial Issue – Clinical Decision Unit Overnight Stay Policy</td>
<td>Tim Mumford Deputy DGM</td>
</tr>
<tr>
<td>January 2015</td>
<td>V2.0</td>
<td>Standard Operating Policy Emergency Department Clinical Decision Unit – Updated in line with</td>
<td>Paul Sylvester Service Lead</td>
</tr>
</tbody>
</table>

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

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of the policy: Standard Operating procedure for Clinical Decision Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate and service area: CDU Emergency Dept</td>
</tr>
<tr>
<td>Is this a new or existing Policy? Existing Policy</td>
</tr>
<tr>
<td>Name of individual completing assessment: Paul Sylvester</td>
</tr>
<tr>
<td>Telephone: 8519</td>
</tr>
</tbody>
</table>

1. Policy Aim*  
Who is the strategy / policy / proposal / service function aimed at?  
The purpose of this policy is to ensure the Trust meets the strategic and clinical best practice standards in the delivery of care within CDU and to provide clarity in the functions of CDU, as part of the overall bed base within the hospital

2. Policy Objectives*  
The purpose of this policy is to ensure the Trust meets the strategic and clinical best practice standards in the delivery of care within CDU and to provide clarity in the functions of CDU, as part of the overall bed base within the hospital

3. Policy – intended Outcomes*  
The purpose of this policy is to ensure the Trust meets the strategic and clinical best practice standards in the delivery of care within CDU and to provide clarity in the functions of CDU, as part of the overall bed base within the hospital

4. *How will you measure the outcome?  
Maintaining a structured system, in order to deliver safe, quality care, to our patients

5. Who is intended to benefit from the policy?  
Staff & Patients

6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?  
No

b) If yes, have these *groups been consulted?  

C). Please list any groups who have been consulted about this procedure.

7. The Impact
Please complete the following table.

<table>
<thead>
<tr>
<th>Equality Strands:</th>
<th>Yes</th>
<th>No</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

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Standard Operating Procedure for Clinical Decision Unit
<table>
<thead>
<tr>
<th>Category</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (male, female, transgender / gender reassignment)</td>
<td></td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>x</td>
</tr>
<tr>
<td>Disability - Learning disability, physical disability, sensory impairment and mental health problems</td>
<td>x</td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>x</td>
</tr>
<tr>
<td>Marriage and civil partnership</td>
<td>x</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>x</td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>x</td>
</tr>
</tbody>
</table>

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended. | No |

9. If you are not recommending a Full Impact assessment please explain why.

No Impact

Signature of policy developer / lead manager / director | Date of completion and submission

Names and signatures of members carrying out the Screening Assessment | 1. | 2.

Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed ____________________

Date ____________________