



POLICY ON THE DEFINITION OF AN ADMISSION

1. PURPOSE AND SCOPE

This document is a policy of the Australasian College for Emergency Medicine (ACEM) and relates to hospital admissions from the emergency department.

The policy is applicable to emergency departments in general.

2. POLICY

- 2.1 Emergency departments play a key role in the admission of patients to hospital.
- 2.2 An admission is determined by interventions, investigations, monitoring or other management that would not be considered part of an emergency department attendance.
- 2.3 ACEM believes an admission should only be determined and designated on clinical grounds.
- 2.4 ACEM believes the emergency department is not an appropriate environment for the ongoing management of patients who require inpatient medical care.
- 2.5 Where a patient is assessed in the emergency department as requiring admission as an inpatient then a bed should be made available at the delegated receiving unit as soon as possible.
- 2.6 ACEM believes retention of admitted patients in the emergency department is a failure of access to care and is detrimental to emergency department function.
- 2.7 Given the wide variation in admission practices in Australasian hospitals, it is recommended that analysis of the relationship between emergency department overcrowding, Access Block and hospital bed supply is conducted using data pertaining to overnight admissions only, with an overnight admission defined as a formally admitted patient who is admitted and discharged from hospital on different dates.
- 2.8 Admission status is not recommended for the purposes of the evaluation of emergency department casemix. Patient decade of age, mode of arrival (ambulance vs non ambulance) and source of referral (medical practitioner vs non medical practitioner) are recommended as alternative non-gameable casemix evaluation criteria.

3. PROCEDURE AND ACTIONS

- 3.1 The decision to admit a patient to hospital from the emergency department should be made by an emergency physician or delegate.
- 3.2 The time admission is requested should be recorded to the nearest minute.
- 3.3 The time the admitted patient leaves the emergency department should be recorded to the nearest minute.

- 3.4 Procedures should be in place to monitor and action circumstances where admitted patients remain in the emergency department for prolonged periods.
- 3.5 Responsibility for care for admitted patients in the emergency department is described in ACEM Statement S18 Responsibility for Care in the Emergency Department.

4. DATES AND NOTES

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