



## **CENNZ-NZNO Position statement: Redirection of patients presenting to an emergency department to primary healthcare facilities**

**Purpose:** The College of Emergency Nurses New Zealand (CENNZ) is committed to providing emergency care to the New Zealand population. CENNZ’s position statement outlines the requirements of District Health Boards (DHBs) and emergency nurses who undertake the redirection process.

### **Introduction:**

New Zealand emergency departments (EDs) are increasingly working with demand and capacity issues. DHBs have attempted to address these issues through implementation of the Ministry of Health ED and primary health care interface guidelines inclusive of redirection.

### **Background:**

EDs provide episodic crisis care for people who perceive the need for acute or urgent care, including hospital admission. Following the provision of care or assessment, patients may be referred back to primary health for ongoing health 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.

The Australasian Triage Scale (used in emergency departments) rates the urgency of the patients presenting symptoms for provision of healthcare. “The Australasian Triage Scale is not a validated tool for triage to alternative care providers outside of the emergency department”, (ACEM, 2014). Vertesi (2004) investigated whether the triage tool could be used to safely identify non urgent patients that could be triaged away from EDs and concurred that it was not a safe process and would result in inappropriate refusal of care for patients.

### **Definition of redirection:**

Redirection is a process of safely referring a patient from an ED to a primary health care facility who can manage the presenting complaint. The process of redirection of patients to primary health providers has been proposed to not only relieve overcrowded EDs but to re-engage patients with their primary health care providers.

Redirection is not "triaging away". Triaging away is defined as either a refusal to provide further care in the ED or giving advice to the patient that they do not need care in the ED. This is solely based on the triage interview (CENNZ-NZNO, 2009).

Redirection of patients is above and beyond triage; further advanced assessment skills and critical thinking are required of the assessment nurse or clinician to complete redirection. In addition, knowledge of local primary health facilities and their capabilities are required.

The decision to redirect from ED is a complex clinical decision with clinical and professional accountabilities for the health practitioner. It is therefore believed that referral to primary health care in this context must:

- Be facilitatory and not against the patient's wishes (patients cannot be denied ED care)
- Be based on a high level of comfort from the assessing clinician that the referral is best for the patient (with added consideration for persons from vulnerable groups)
- Occur in the context of there being an available and responsive primary health care service (the patients must be able to receive an appointment in an appropriate timeframe for their condition)
- Occur under the support of a documented departmental referral process that ensures seamless continuity of care.

Ministry of Health (2011)

CENNZ believes the extent of the assessment and care that should be provided prior to redirection must be sufficient for a health professional to be satisfied that:

- The patient is safe (the need for urgent care does not appear to be needed)
- That a full set of vital signs is completed
- The patient is comfortable (does not need pain relief and distressing symptoms are addressed)
- Appropriate and sufficient assessment and diagnostics have been completed so that there is reasonable certainty that primary healthcare is best suited for the patients management
- Documentation is completed

Ministry of Health (2011)

The medical and nursing team in the ED should address appropriate follow up with patients: where and in what time frame this is appropriate. Where possible any barriers to gaining primary health care should be identified and addressed (Morton, 2013).

Prior to considering the introduction of redirecting patients from ED's to primary health facilities, CENNZ highlights that EDs and DHBs are required to have a robust process in place. Further education including redirection skills for nursing staff, advanced assessment skills, competency levels, documentation requirements and guidelines need to be undertaken. Individual DHBs and EDs must ensure that nurses are supported if they

feel uncomfortable completing redirection. It is recommended that DHBs undertake regular review and audit of the 'redirected' population to verify safety and seamless continuity of care.

It must also be acknowledged that the MOH guidelines state that the New Zealand public will not be declined care in EDs. The Emergency Department Service Specifications (MoH, 2013) suggest that access to emergency services must be universal irrespective of an individual's ability to pay and that access to the service may be initiated by an individual. The Australasian College for Emergency Medicine (ACEM, 2011) policy states that any individual with symptoms that lead them to believe that they have an injury or illness that could place their health in jeopardy, or lead to an impairment of their quality of life has the right to attend an emergency department.

## References:

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