Royal College of Surgeons in Ireland

123 St. Stephen's Green
Dublin 2
Ireland

Standards for Urgent Care Centres and Minor Injury Units in Ireland

1. Definition

Urgent Care Centres provide episodic unscheduled care to patients with acute illnesses and minor injuries, which are not anticipated to be life-threatening in nature. [1] The term Urgent Care Centre (UCC) is preferred to Minor Injury Unit as these facilities often deal with non-life threatening medical and surgical problems as well as injury.

2. Introduction

Urgent care Centres are convenient[2] for patients, but are not a substitute for conventional emergency care, a solution to Emergency Department overcrowding nor are they a substitute for having a General Practitioner or an appropriate Primary Care infrastructure. Within the last year a number of centres, variably matching this definition have opened in the Dublin area. However, some of these units are staffed by doctors with limited training and with little or no supervision by trained specialists. It is anticipated that further units will open in the near future and indeed the development of such facilities was called for in *The Accident & Emergency Ten Point Plan* (HSE 2005). It is essential therefore that appropriate clinical standards be in place given their current and future development. As the representative association for Emergency Medicine in Ireland, the Irish Association for Emergency Medicine (IAEM) feels compelled to recommend minimum standards so that these units can provide a safe service for patients.
The development of UCCs does not absolve the HSE from ensuring that hospital Emergency Departments are properly resourced with appropriate staffing and adequate space to deal with the same categories of patient, should they present to the hospital Emergency Department.

President:

Mr. Fergal Hickey FRCS, FRCSEd. (A&E), DA(UK), FCEM
Consultant in Emergency Medicine

Sligo General Hospital
The Mall
Sligo
Ireland

Tel No: +353 71 9174505
Fax No: +353 71 9174646

Secretary:

Mr. James Binchy FRCSEd. (A&E), Dip.Med.Tox., FCEM.
Consultant in Emergency Medicine,

University College Hospital
Newcastle Road,
Galway,
Ireland

Tel No: +353 91 524 766
Fax No: +353 91 520 194

Treasurer:

Dr. Una Geary FRCSEd. (A&E), FRCPI, FCEM
Consultant in Emergency Medicine

St. James' Hospital
James' Street
Dublin 8
Ireland

Tel No: +353 1 4103581 / 4162777
Fax No: +353 1 4103451

3. Overview

In Ireland, Emergency medical care has traditionally been provided by doctors and nurses in public Emergency Departments (EDs) and by General Practitioners. Current standards for EDs dictate that each department should be under the clinical supervision of fully trained and accredited Consultant(s) in Emergency Medicine, thus providing the best clinical outcome for patients

In addition the Consultant and hospital are responsible for ensuring that best clinical standards are met and appropriate staff are available. Furthermore general Health Services Executive (HSE) standards apply in relation to staff recruitment, salaries, working conditions and training, quality assurance including risk management, complaints management, clinical audit and service development. Emergency departments are expected to provide an integrated service with local Primary Care and Community Care services.

The majority of patients attending Emergency Departments are discharged after treatment. In excess of 50% of Emergency Department visits are estimated to be by patients who can be considered as ambulant ill or injured i.e. patients with a recent injury or a medical condition that leads to their discharge rather than hospital admission. These patients have conditions, some of which fall within the spectrum of care proposed by Urgent Care Centres and therefore a proportion of this ambulant ill or injured population could be treated safely at an Urgent Care Centre (UCC), provided that such a care centre was designed, staffed and run to the highest standards. Indeed, there is an established model for the management of this patient group as a separate care stream, within a public Emergency Department, delivered in specially designated and appropriately staffed clinical areas. This model maximises efficiency of care and minimises patient delays. This service is not widely available in Ireland due to the inadequate infrastructure and resourcing of public EDs.

To date Urgent Care Centres have only been developed by the private sector in Ireland. Early Irish UCC models have been staffed by doctors of varying experience with little supervision from specialists. This is a return to the old “Casualty” model that has been universally discredited. If these units are to be developed in Ireland and to offer a safe alternative service to patients they must be led and supervised by fully trained specialists. At the present time Consultants in Emergency Medicine are the most appropriate specialists to undertake this role, as they have extensive training and experience in managing this cohort of patients.

4. Standards

4.1 Facilities

4.1.1 Location

Urgent Care Centres should ideally be co-located with EDs or if free standing should have clear links with established EDs to facilitate urgent patient transfer if required.

4.1.2 Resuscitation

All units must have adequate facilities, with appropriately trained staff, for the initial resuscitation and stabilisation of any critically ill patient who may inadvertently arrive at the facility or clinically deteriorate while there.

4.1.3 Diagnostics

The facility needs on-site access to plain x-ray and point of care blood tests. Critical to the success of an UCC is the ease with which patients can access the radiology and laboratory services. Complex diagnostic facilities such as CT scanning and MRI should be easily available without competing with the limited public facilities available.

4.1.4 Clinical Space

The overall size of the clinical area will be dependent on the anticipated workload. However there should be sufficient space to ensure that a high degree of patient privacy and dignity is maintained. The area must be compliant with current and future Health and Safety regulations and Infection Control standards.

4.2 Patient profile

Urgent Care Centres cater for the ambulant ill with localised injury or minor illness. In general, patients requiring ambulance transport will not be suitable for treatment at an UCC. In essence the UCC targets patients who are likely, after expert assessment and treatment, to be *discharged* rather than *admitted.*

4.2.1 Mode of referral

Most patients will self-refer to the facility. However some may be referred by their General Practitioner or another healthcare professional.

4.2.2 Suitable conditions

It is difficult to be proscriptive about all the conditions that could be safely managed in these units. This will be dependent on the level of facilities available and the experience of the staff. However provided they are led by fully trained specialists they should be able to safely manage a wide variety of medical and trauma related conditions. That said, these units are not suitable for ill patients who require hospital admission.

4.3 Relationship with Hospital Service

There must be clearly defined protocols for the management of patients who require hospitalisation. These patients should not be transferred to the local Emergency Department unless they require resuscitation. Similarly arrangements must be in place for patients who require specialist outpatient follow-up (e.g. fracture clinic) rather than such patients being sent to Emergency Departments to facilitate this.

4.4 Staffing

In order to maintain clinical standards equal to those in a hospital Emergency Department it is essential that UCCs are led by fully trained and accredited Consultants in Emergency Medicine who must be on the Specialist Register in Emergency Medicine, maintained by the Medical Council. The service should be delivered by appropriately trained doctors and nurses under the clinical supervision of a Consultant in Emergency Medicine.

4.5 Quality Standards

The Consultant(s) in charge of the UCC should be responsible for producing clinical guidelines and care pathways. The Consultant(s) will also be responsible for ongoing clinical audit and implementation of risk management strategies. It is envisaged that a consolidated set of national Urgent Care Standards will be developed in the future.

4.6 Integration with existing Primary Care

There must be full communication with patients' Primary Care doctors to ensure continuity of care and prevent duplication of services. In keeping with the aspiration of the HSE to develop Primary Care Teams and universal patient registration with a General Practitioner, it is important that patients are encouraged to attend their GP for follow up, rather than repeatedly using UCCs for their ongoing healthcare needs.

4.7 Public Health issues

UCCs will need to participate in disease surveillance activities as Emergency Departments and Primary Care Services currently do. The place of UCCs in regional Emergency Planning in the case of a major incident or disaster needs to be defined.

5. Paediatric Services

Specific standards for the care of children attending UCCs are required. The American College of Paediatrics standards, modified for local factors, could be used as a basis for the development of such standards until definitive Irish standards are produced.[3]

6. Impact on existing services

International evidence confirms that these units will not impact on overcrowding in Emergency Departments unless they are co-located with an ED, where patients are triaged from the ambulatory care side of the ED to the UCC. [4,5,6,7,] Notwithstanding their location the international evidence clearly indicates that UCCs will have no impact on the current problem of *Boarded Inpatients* experienced by the majority of Emergency Departments in Ireland. These units are not a substitute for conventional emergency care. They provide a convenient service for patients, with minor medical or trauma related conditions that cannot access their usual source of medical care.

UCCs require highly trained medical, nursing and paramedical staff, with emergency care and resuscitation skills. The development of UCCs is likely to draw such staff from the public emergency care system and may cause staff retention and recruitment problems in public EDs to the detriment of overall patient care.

7. References

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