

# The Exciting World of Policies

Sarah Hoy  
Principal Policy Advisor, Emergency Access  
System Relationships Branch, MoH

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# What is different about Health Policies?

- Very few NSW Health Policies are based on Legislation (medications, blood and urine sampling are 2 of a small number)
- Mostly define procedural information to ensure patient and staff safety
- Most other government departments policies are attached to Legislation

# Why don't we have a policy for everything that happens in ED?

- The aim is to just have policies that keep the patient safe:
  - **Before they get into ED** - Triage PD2013\_047, patients awaiting care PD2010\_075
  - **Leaving ED** - Direct admit to ward PD2009\_055, Departure of ED patients (coming soon will replace D/C of at Risk ED patients)
  - **Legislative requirements** – Blood alcohol and blood urine sampling for drugs (about to be revised), medication handling PD2013\_043
- Everything else should be managed by local operational and clinical policy/procedures

# ED Short Stay Unit Policy

- Working group of 21 Clinicians, Managers and Allied Health staff from 14 NSW hospitals; across 9 Local Health Districts – this is the way we now write all ED policies following the success of the Triage Policy
- Areas of concern identified by the working group:
  - Governance of EDSSU to remain with ED
  - Physical layout – ensuring there is no virtual EDSSU
  - Patients requiring on-admission to hospital inpatient unit from EDSSU and timely access to beds
  - Paediatric patients in adult EDSSU
  - Monitoring measures to support function of EDSSU

# Get involved!

- We still have more policies to write so get involved – you will ultimately have to implement them so start having a say in what goes in them. EOI goes out through ECI email.
- Next up is:
  - merging of the 3 Blood and Urine testing policies into 1 (I need a doctor please)
  - ED Direct admit to ward ( PD2009\_055) is due for review in September