



Evidence Request #P0007

Medical Staffing of Short Stay Units

Date: 9 August 2005

Authors: Tari Turner, Claire Harris

Requestors: Paul Ferrier, Paediatric Bed Access Coordinator, Monash Medical Centre, Clayton

Abstract

Background: A new paediatric short stay unit is being developed at Monash Medical Centre, Clayton. As part of the development process, the working group requested evidence as to the most appropriate medical staffing of such a unit.

Clinical Question: For children in a short stay unit (<24 hours) does admission under emergency medical physicians, compared with admission under general medical physicians, reduce length of stay?

Methods: We included all trials comparing the practice of emergency and general medical physicians in short stay units published in English.

We searched The Cochrane Library, including The Cochrane Database of Systematic Reviews, DARE, CENTRAL and HTA in August 2005. We also searched Medline and CINAHL and several key websites.

Studies were selected and appraised by one reviewer in consultation with colleagues, using inclusion, exclusion and appraisal criteria established a priori.

Results: No relevant studies were identified. Several authors of papers in the area note that further research is required to determine the most effective protocols for management and staffing of short stay units. One review author referred to a paper purporting to show a difference between emergency and general physicians in the time from arrival to the decision to admit, however the citation details were incorrect, and the author has not responded to our requests for further information.

Conclusions: No evidence was identified to establish whether admission under a emergency medical unit, compared with admission under a general medical unit, reduces length of stay for children in a short stay unit.

Implications for Practice: Protocols for the management of short stay units should make recommendations as to the management and staffing of such units on the basis of consensus opinion of a multidisciplinary group which includes opportunity for consumer input.

Supported by:



Windermere
Foundation Limited



Southern Health



Background

As part of the redevelopment of the Emergency Department, a new paediatric short stay unit is being developed at Monash Medical Centre, Clayton. The working group responsible for developing this unit requested evidence as to whether such a unit should be staffed by emergency or general medical physicians. In particular they wished to know whether there was any established variation in length of stay between units staffed by emergency physicians as compared to units staffed by general medical physicians.

Clinical Question

For children in a short stay unit (<24 hours) does admission under emergency medical physicians, compared with admission under general medical physicians, reduce length of stay?

Methods

Study Selection Criteria

Patient	Patients in short stay units Initially restricted to children, later broadened to include any patients
Intervention	Admission under an emergency medical unit
Comparison	Admission under a general medical unit
Outcomes	Any
Study Type	Any comparative study
Publication Date	Any
Language	English

Search Strategy

Evidence Source	Date of Search
The Cochrane Library *	8 th August 2005
Medline (Ovid)	9 th August 2005
CINAHL (Ovid)	8 th August 2005
Websites [†]	9 th August 2005

* (including The Cochrane Database of Systematic Reviews, DARE, CENTRAL and HTA)

[†] (a non-systematic search was undertaken using Google and other subject specific sites including the Australasian College for Emergency Medicine and American College of Emergency Physicians)

Search Terms in Medline

Patient	short stay OR observation unit\$ OR observation ward\$ OR assessment ward\$ OR assessment unit\$ OR clinical decision unit\$ OR hour ward\$ OR hour unit\$ OR emergency medical unit\$
Intervention	emergency OR exp Emergency Medical Services/ OR exp Emergency Service Hospital/ OR Emergency Medicine/
Comparison	general\$ OR physician OR Physicians/ OR hospitalist.mp. or exp Hospitalists/ OR Internal Medicine/ OR (pediatric\$ OR paediatric\$)
Outcomes	-

Note that the search term (pediatric\$ OR paediatric\$) was used to identify articles in which the comparison was between emergency physicians and general paediatricians.

Data Collection & Analysis

Studies were selected and appraised by one reviewer in consultation with colleagues, using inclusion, exclusion and appraisal criteria established a priori.

Results

No relevant studies were identified.

225 potentially relevant articles were retrieved, including three articles described as systematic reviews^{1,2,3}. All three reviews are limited by weak methodology and the large number of diverse questions they sought to address. None of the articles identified provided evidence to answer the question.

The review by Cooke, Higgins and Kidd¹ notes that “no clear studies have been performed that compare the different organisations structures running an observation unit”. This review also refers to one study which showed that “the time from arrival to the decision to admit was 47 minutes quicker (158 compared with 205 minutes) when the patient was seen by an emergency medicine consultant compared with a general physician”. However the article cited by the reviewers does not include the quoted data. We have requested details of the correct citation but the author has not responded.

Daly, Campbell and Cameron² refer to a earlier article identifying consistencies in the literature about short-stay observation units (SOUs). They state that the article found SOUs: “must be under the administrative and medical control of the emergency department”. The article they refer to is a brief editorial which quotes the recommendation from the American College of Emergency Physicians Policy for Emergency Observation Units. This policy is not evidence-based and is likely to be open to bias.

Conclusions

No evidence was identified to establish whether for children in a short stay unit (<24 hours) admission under emergency medical physicians, compared with admission under general medical physicians, reduces length of stay.

Implications for Practice

Protocols for the management of short stay units should make recommendations as to the management and staffing of such units on the basis of consensus opinion of a multidisciplinary group which includes opportunity for consumer input.

References

1. Cooke, M. W., Higgins, J. and Kidd, P. (2003) Use of emergency observation and assessment wards: a systematic literature review *Emergency Medicine Journal*, **20**, 138-42.
2. Daly, S., Campbell, D. A. and Cameron, P. A. (2003) Short-stay units and observation medicine: a systematic review *Medical Journal of Australia*, **178**, 559-63.
3. Ogilvie, D. (2005) Hospital based alternatives to acute paediatric admission: a systematic review. *Archives of Disease in Childhood*, **90**, 138-42.

Disclaimer

The information in this report is a summary of that available and is primarily designed to give readers a starting point to consider currently available research evidence. Whilst appreciable care has been taken in the preparation of the materials included in this publication, the authors and Southern Health do not warrant the accuracy of this document and deny any representation, implied or expressed, concerning the efficacy, appropriateness or suitability of any treatment or product. In view of the possibility of human error or advances of medical knowledge the authors and Southern Health cannot and do not warrant that the information contained in these pages is in every aspect accurate or complete. Accordingly, they are not and will not be held responsible or liable for any errors of omissions that may be found in this publication. You are therefore encouraged to consult other sources in order to confirm the information contained in this publication and, in the event that medical treatment is required, to take professional expert advice from a legally qualified and appropriately experienced medical practitioner.