

Management of Patients Presenting to Facilities  
Without an Open Emergency Department

<b>Area</b>	Clinical (General)		
<b>Section</b>	Evidenced Informed Practice Tools		
<b>Subsection</b>	Clinical Practice Guidelines		
<b>Document Type</b>	Policy		
<b>Scope</b>	Nursing staff in any PMH facility without an open Emergency Department		
<b>Approved By</b>	<b>Original Effective Date</b>	<b>Revised Effective Date</b>	<b>Reviewed Date</b>
Trenea Slate, Regional Lead Acute & Chief Nursing Officer	2021-Dec-22	2024-Jan-24	2024-Jan-24

DEFINITIONS

**Abandonment:** for the purposes of this policy, when a nurse discontinues care without:

- Arranging for suitable alternative or replacement services; or
- Allowing the employer a reasonable opportunity to provide for alternative or replacement services.

**Admission-Discharge-Transfer (ADT) System:** software used to register patients in the hospital and record any admissions, discharges and/or transfers.

**Patient:** for the purposes of this policy, patient refers to any individual(s) presenting to a PMH facility seeking assessment and/or treatment for health concern(s).

**Canadian Triage and Acuity Scale (CTAS):** a five-level triage scale that enables hospitals to classify patients according to the type and severity of their presenting signs and symptoms.

Level I	Level II	Level III	Level IV	Level V
Resuscitation	Emergent	Urgent	Less Urgent (semi-urgent)	Non-Urgent
Conditions that are threats to life or limb (or imminent risk of deterioration) requiring immediate aggressive interventions.	Conditions that are potential threat to life, limb or function, requiring rapid medical intervention or delegated acts.	Conditions that could potentially progress to a serious problem requiring emergency intervention. May be associated with significant discomfort or affecting ability to function at work or activities of daily living.	Conditions that relate to patient age, distress or potential for deterioration or complications that would benefit from intervention or reassurance within 1-2 hours.	Conditions that may be acute but non-urgent as well as conditions which may be part of a chronic problem with or without evidence of deterioration. The investigation or interventions for some of these illnesses or injuries could be delayed or even referred to other areas of the hospital or health care system.

**Duty to provide care:** a nurse’s professional and ethical responsibility to provide safe and competent nursing care to a patient, for the time-period that the nurse is to provide service.

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**Handover:** the informal or formal transfer of responsibility of care for a patient from one health care professional to another, verbally or in writing, which can occur at any time during the course of care of the patient.

**Open emergency department (OED):** a provincially designated facility which provides emergent care and acute urgent care centers with access to on-site nurse(s), on-site/on call physician, and on-site/on call diagnostic services.

**Registration:** the process of registering the presenting patient and associated demographic information in the facility's electronic registration system, or via Centralized Registration Unit.

**Temporary change in service:** when an acute care facility temporarily suspends its emergency department services due to human resource shortages, or facilities who share/alternate emergency services on a regular basis.

### PURPOSE

Patients may present to facilities without an OED seeking assessment and/or treatment for varying health concerns. This may occur in acute care facilities experiencing a temporary change in service, Transitional Care facilities or Personal Care Home (PCH) facilities. According to the College of Licensed Practical Nurses of Manitoba (CLPNM), College of Registered Nurses of Manitoba (CRNM), and College of Registered Psychiatric Nurses of Manitoba (CRPNM) in the Duty to Provide Care practice direction document:

If an individual presents to a nurse's place of work seeking emergency care that is beyond the service level provided in that practice setting, the nurse is expected to apply employer policies, use critical thinking, and act as any reasonable and prudent nurse would in the situation.

The purpose of this policy is to support nursing assessment, interventions, and guide decision-making when a patient presents to a facility without an OED seeking medical care.

### POLICY STATEMENT

Nurses have a duty to provide care to those who present to health facilities in PMH seeking assessment and/or treatment where emergency department services are not available. Patients are registered following site-specific procedures and a nurse assessment is completed. Appropriate patient-specific interventions are initiated according to the nurse's scope of practice and the guidelines located in Appendix A or B (dependent on facility) of this policy. Nurses are responsible to be familiar with their scope of practice.

Patients presenting to Transitional Care facilities or acute facilities without an OED for a scheduled treatment appointment (e.g., wound care, IM injection, IV therapy) are registered following site-specific procedures and a nurse assessment is completed each visit.

If a patient presents to a PCH facility seeking assessment/treatment, the Transitional Care Facility – Non-scheduled procedure and algorithm (Appendix B) below is followed, and an Incident Report is completed to document the occurrence as per Incident Reporting, Investigation, and Management (PPG-00192).

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### PROCEDURE/RESPONSIBILITIES

**If a patient is presenting with an emergent/life-threatening condition (e.g., anaphylaxis, cardiac arrest, severe bleeding, symptoms of stroke or myocardial infarction, etc.) the priority is to stabilize the patient by providing Basic Life Support as required and activate Emergency Medical Services (EMS) by calling 911.**

#### **Acute facility experiencing a temporary change in service (Appendix A)**

1. Collect required information from the patient/alternate decision maker (ADM) to register the patient into the electronic ADT system as per standard practice. If ADT is not available at the site, follow Registering of Patients via Centralized Registration Unit (PPG-01315) using Centralized Registration (Emergency/Inpatient) (PMH1868).
  - If unable to obtain patient identifiers to register the patient, register as “unknown, unknown” for first and last name and complete an Incident Report to document same.
2. Inform the patient/ADM that the site does not have emergency services available and the patient will be assessed by a nurse to determine most appropriate plan of care.
  - If the patient/ADM decides to leave and declines nursing assessment after being informed of the above, document details on the Interdisciplinary Progress Notes (IPN) (PMH877) and complete an Incident Report.
  - If an ambulance is required for transport, inform the patient/ADM there will be a cost for ambulance transfer. If the patient/ADM refuses transfer to OED via ambulance, document details on the IPN and complete an Incident Report.
3. A CTAS-trained nurse will triage the patient as per Emergency Triage Record (PPG-00890, PMH1309) and National Early Warning Score (NEWS2) for Identification and Monitoring of Client Deterioration (PPG-02135, PMH2559).
  - Note, if a CTAS-trained nurse is not available, the nurse will follow Transitional Care Facility – Non-scheduled procedure below (Appendix B).
  - Patients triaged as **CTAS 1 or 2** on assessment:
    - i. Immediately call 911 for assistance.
    - ii. Implement interventions as directed by the dispatch paramedic and within scope of practice, and document on the Emergency Triage Record (PMH1309) or IPN as applicable.
    - iii. Provide verbal transfer of care information as per Verbal Care Handover and Transition Guide (PMH1789) and assistance to paramedics while they are on-site.
    - iv. Provide paramedics with a copy of the Emergency Triage Record (PMH1309), NEWS2 Record (PMH2559) and any other relevant documentation.
  - Patients triaged as **CTAS 3** on assessment:
    - i. Consider potential for deterioration and travel time to the nearest OED. Based on nursing judgement, the patient may be transported via ambulance following CTAS 1 or 2 procedure above, or by personal vehicle following CTAS 4 or 5 procedure below.
  - Patients triaged as **CTAS 4 or 5** on assessment:
    - i. Instruct the CTAS level 4 patient to go to the nearest OED by personal vehicle. CTAS level 5 patients may be referred to primary care if open and available. If

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primary care services are not accessible within the next day, it may be appropriate to refer the patient to the nearest OED.

- ii. Complete Alternate Services during Temporary ED Closure – Patient Instructions (PMH3351), including location and phone number of the nearest OED. Give the original to the patient/ADM, and place a copy in the health record.
  - iii. Phone the designated Emergency Department and provide verbal transfer of care information as per Verbal Care Handover and Transition Guide (PMH1789) to the triage nurse, including estimated time of arrival to receiving OED. Fax the Emergency Triage Record (PMH1309), NEWS2 Record (PMH2559) and any other relevant documentation to the designated Emergency Department.
4. Refer to Emergency Department Clinical Decision Tools PMHMSO.237 (Pediatric) or PMHMSO.238 (Adult) for medication and diagnostic interventions and implement according to scope of practice, as applicable to the client.

### **Acute/Transitional Care Facility – Scheduled Appointment**

Patients presenting to Acute, or Transitional Care (if applicable, depending on site) for a scheduled treatment appointment, (e.g., wound care, IM injection, IV therapy):

1. Collect required information from the patient/ADM to register the patient into the electronic ADT system as per standard practice. If ADT is not available at the site, follow Registering of Patients via Centralized Registration Unit (PPG-01315) using Centralized Registration (Emergency/Inpatient) (PMH1868).
2. On initial treatment visit, assess and document the patient's condition utilizing the Emergency Triage Record (PMH1309) or Transitional Care Outpatient Assessment (PMH3350) as applicable. For subsequent visits for the same treatment indication, a focused, abbreviated assessment is completed including vital signs utilizing the outpatient summary sheet and/or other applicable documentation tools (e.g., Wound Assessment and Treatment Flow Sheet [PMH590], Cumulative Blood Product Record [CBPR], etc.). If the patient's condition has changed, or there is new onset of symptoms, a complete assessment utilizing the Emergency Triage Record or Transitional Care Outpatient Assessment is done and any concerns are escalated as appropriate (e.g., phone call to primary care provider, referral to primary care clinic, transfer to nearest OED).
3. Complete treatment as ordered by practitioner, including documentation on appropriate forms.

### **Transitional Care Facility – Non-scheduled (Appendix B)**

1. Collect required information from the patient/ADM to register the patient into the electronic ADT system as per standard practice. If ADT is not available at the site, follow Registering of Patients via Centralized Registration Unit (PPG-01315) using Centralized Registration (Emergency/Inpatient) (PMH1868).
  - If unable to obtain patient identifiers to register the patient, document “unknown, unknown” for first and last name and complete an Incident Report to document same.

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2. Inform the patient/ADM that the site does not have emergency services available and the nurse will call 911 to have paramedic attend to assess the patient, and transport to OED if required. Inform patient that there will be a cost for EMS services. If the patient/ADM decides to leave and declines transfer and nursing assessment after being informed of the above, document details on the IPN and complete an Incident Report.
3. Assess and document the patient's condition utilizing the Transitional Care Outpatient Assessment (PMH3350).
4. Call 911. Implement interventions as directed by dispatch paramedic and within scope of practice, and document on the Transitional Care Outpatient Assessment (PMH3350) or IPN as applicable.
5. Provide verbal transfer of care information as per Verbal Care Handover and Transition Guide (PMH1789) and assistance to paramedics while they are on-site.
6. Provide paramedics with a copy of the Transitional Care Outpatient Assessment (PMH3350) and any other relevant documentation if the patient is being transported to an OED.
7. If the patient/ADM declines ambulance transport and is travelling by personal vehicle to the nearest OED, phone receiving Emergency Department and provide verbal transfer of care information as per Verbal Care Handover and Transition Guide (PMH1789) to the triage nurse, including estimated time of arrival. Fax the Transitional Care Outpatient Assessment (PMH3350) and any other relevant documentation to the designated Emergency Department. EMS documents the refusal of transport occurrence according to their own procedures.

### RELATED MATERIAL

[Appendix A, Acute Facility Experiencing a Temporary Change in Service](#)

[Appendix B, Transitional Care Facility – Non-scheduled](#)

[PPG-00168, Acute Coronary Syndrome \(ACS\)](#)

[PPG-00192, Incident Reporting, Investigation and Management](#)

[PPG-00206, Clinical Documentation Standards](#)

[PPG-00890, Emergency Triage Record](#)

[PPG-00943, Emergency Department Registration and Triage](#)

[PPG-01260, Care Transitions and Handovers](#)

[PPG-01315, Registering of Patients via Centralized Registration Unit](#)

[PPG-01379, Management of Anaphylaxis in Adults and Pediatrics](#)

[PPG-01579, Reporting of Significant Changes](#)

[PPG-02135, NEWS2 for Identification and Monitoring of Client Deterioration](#)

[PMH1789, Verbal Care Handover and Transition Guide](#)

[PMH1309, Emergency Triage Record](#)

[PMH1868, Centralized Registration – EPR ADT Facilities](#)

[PMH2559, National Early Warning Score \(NEWS\) Record](#)

[PMH3350, Transitional Care Outpatient Assessment](#)

[PMH3351, Alternate Services during Temporary ED Closure – Patient Instructions](#)

[PMHMSO.237, Emergency Department Pediatric Clinical Decision Tool](#)

[PMHMSO.238, Emergency Department Adult Clinical Decision Tool](#)

[Management of Patients Presenting to Facilities without an Open Emergency Department, Training Video](#)

**REFERENCES**

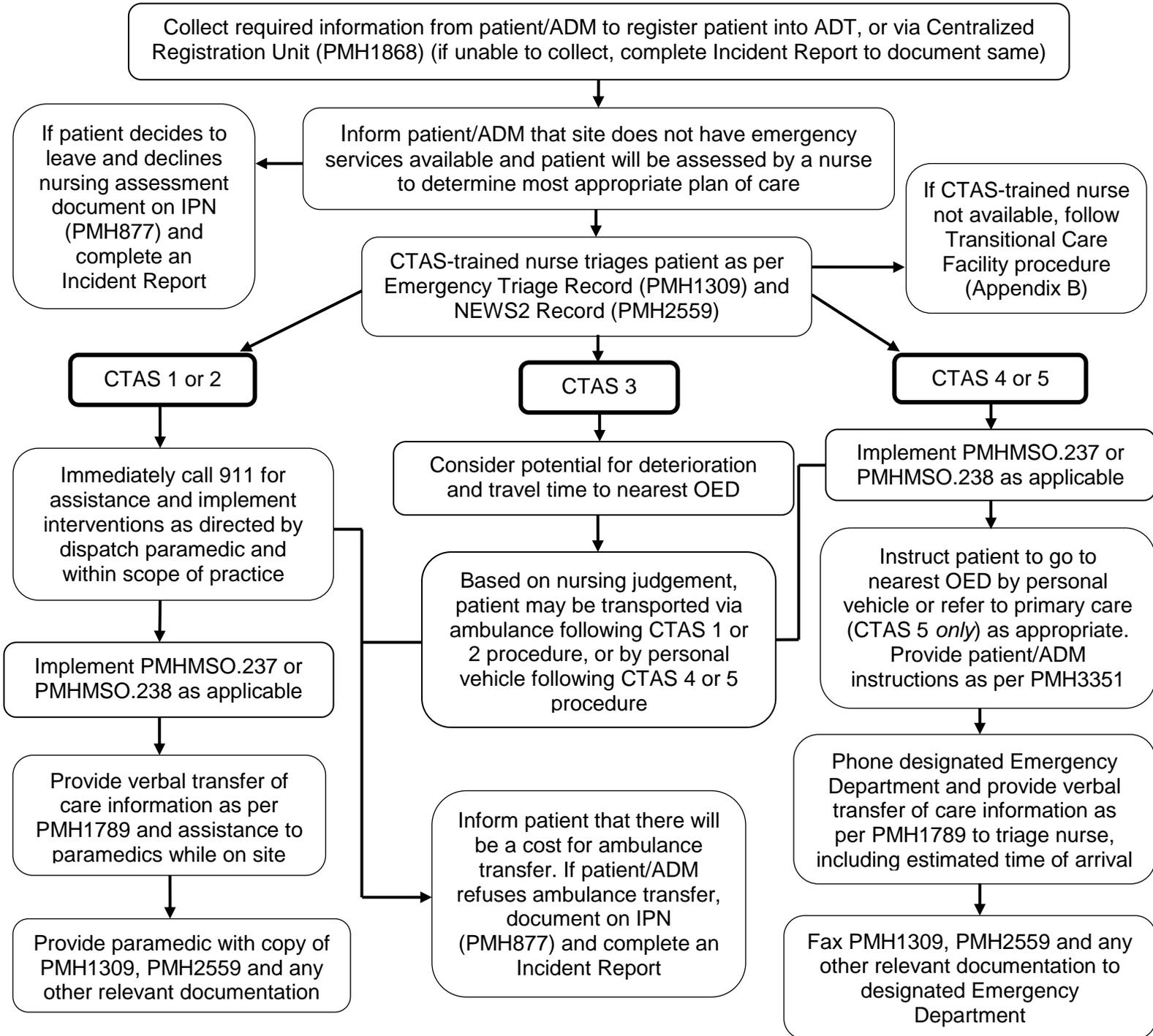
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**DOCUMENT HISTORY**

Version	Changes
2021-Dec-22	New.
2022-Feb-17	Revised. Added Education video to Related Material section.
2023-Oct-18	Revised. Definition changed: Open Emergency Department (OED): Changed Registered Nurse to Nurse.
2024-Jan-24	Revised. Addition of Emergency Department Clinical Decision Tools PMHMSO.237 and PMHMSO.238.

Appendix A – Acute Facility Experiencing a Temporary Change in Service

**If patient is presenting with an emergent/life-threatening condition (e.g., anaphylaxis, cardiac arrest, severe bleeding, symptoms of stroke or myocardial infarction, etc.) the priority is to stabilize the patient by providing Basic Life Support as required and activate EMS by calling 911.**



Appendix B – Transitional Care Facility – Non-scheduled

If patient is presenting with an emergent/life-threatening condition (e.g., anaphylaxis, cardiac arrest, severe bleeding, symptoms of stroke or myocardial infarction, etc.) the priority is to stabilize the patient by providing Basic Life Support as required and activate EMS by calling 911.

