

Minimum Data Set for Medical Assessment using Flow Centre

[Please see Flow centre section for referral guidelines](#)

Dear colleague,

Achieving safe, effective, patient-centred pathways for acute medical Assessment

After many years of having to negotiate best place of admission and transport we have now joined the rest of Lothian in benefiting from the Flow Centre. The process for referring clinicians is significantly streamlined and requires one telephone call for referral and transport (if required). There is robust data from the rest of Lothian to support the fact that acute medical referrals are seen quicker (patient-centred) and in a more appropriate place (safer) by following Flow Centre algorithms. Given that the discussion is with a nonclinical person, a key dataset applies, the minimum of which includes:

- Patients name and CHI number
- provisional diagnosis
- requirement or not for transport with an appropriate time scale.
- pulse
- blood pressure
- pulse oximetry
- respiratory rate
- temperature

The first three are obvious and allow an episode to be created on TRAK. The remaining data allows patients to be appropriately appointed to alternatives such as Ambulatory Care or DVT clinics using an agreed written process. By offering an appointment time, waiting times for the patient are reduced and the patient is then seen and assessed by senior physicians supported by a medical/nursing team (effective). This means attending the

specified clinic, usually within a ward which has an unstaffed waiting room. We have had a number of significant adverse events (including an unexpected death) which requires us to ensure to the best of our abilities that patients attending for urgent assessment have been appropriately risk assessed and are safe to be seen in that area .

Without this additional data the patient will not be able to be seen in PAA or DVT clinics and will be diverted to the emergency department or inappropriately admitted to the medical assessment unit. In this circumstance the wait times are likely to be considerable given current performance on the four hour standard. The patient is also in a less suitable environment. (Wrong place).

Please consider this at any time that you make an acute medical referral.

Yours sincerely,

James McCallum

Associate Medical Director

**St John's Hospital
Health & Social Care Partnership**

Elaine Duncan

Clinical Director

West Lothian