

Information for relatives

The Combined Assessment visiting times are **3pm to 4pm** and **6.30pm to 8pm** every day. If you wish to visit outwith these times, please speak to the nurse in charge. Only two visitors may see a patient at any one time. We advise you, if possible, **not** to visit CA with babies and young children.

Relatives and friends may telephone the ward at any time and nursing staff will be pleased to help. It helps us if one member of the family could be nominated as the spokesperson to tell other concerned relatives and friends about the patient's condition.

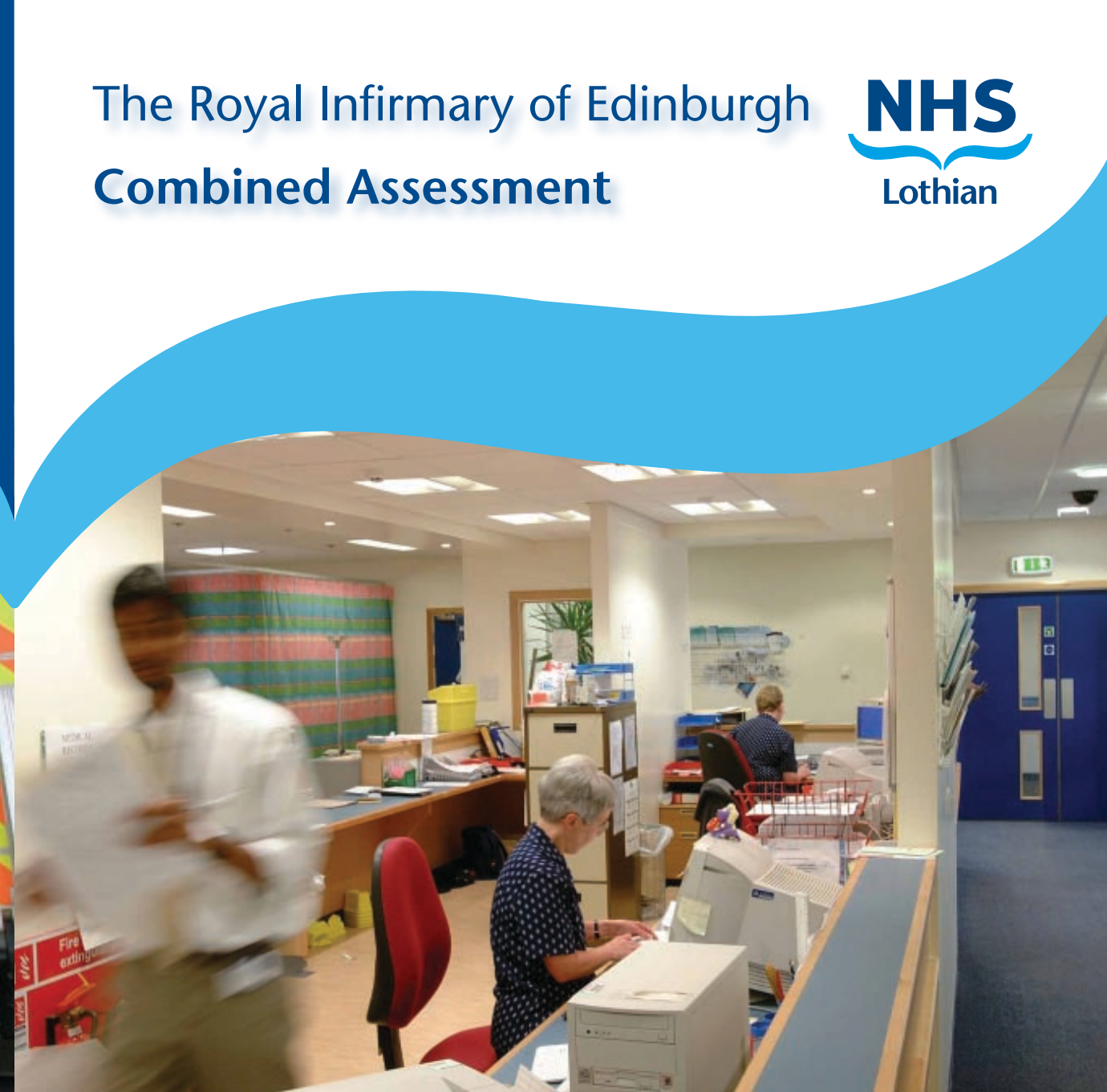
A network of high quality care

The Royal Infirmary of Edinburgh (RIE), Western General Hospital (WGH) and St John's Hospital at Livingston are NHS Lothian's main adult acute teaching hospitals.

Although the WGH and St John's do not have a Combined Assessment area like the one at the RIE, they do provide a similar service. The WGH has an Acute Receiving and Admissions Unit, while St John's has a Medical Assessment Unit.

Each of these hospitals is a centre of excellence with an international reputation. Together they provide a comprehensive and complementary range of acute services for adults, locally and regionally.

The Royal Infirmary of Edinburgh Combined Assessment



Introduction

Combined Assessment (CA) at the Royal Infirmary of Edinburgh (RIE) is an acclaimed state-of-the-art service and the first of its kind in Scotland.

It is recognised as a model for how such areas should be designed and run. This is why healthcare professionals from around the world are so interested in its work and keen to visit it.

However, feedback from some patients and members of the public shows that not everyone understands what the CA is or does.

This leaflet aims to put that right. It explains how the CA works, the kind of patients it cares for and introduces you to the CA team.

We hope you find it helpful.



What is Combined Assessment (CA)?

CA is a 48-bed area designed with the comfort and high quality clinical care of patients as its top priority.

The 48 beds are located in six ward areas, known as 'Bays'. In these, our specialist staff assess, plan and initiate the care and treatment of patients with medical and surgical conditions. We are a 'combined' area because we combine care of medical and surgical patients.

CA is **NOT** – as some people think – simply a holding area where we keep patients until a hospital bed is found for them.

Instead, patients in CA are assessed and undergo initial clinical tests and treatment. As a result of our assessment, patients may either be discharged home or admitted to a specialist surgical or medical unit within the Acute Hospitals Division (for example, cardiology, respiratory medicine, urology, vascular surgery, etc). Specialists visit patients in CA, as required.

The most acutely unwell patients are cared for in Bay 1, where staff treat both male and female patients. In all other areas of CA, we care for male and female patients separately.

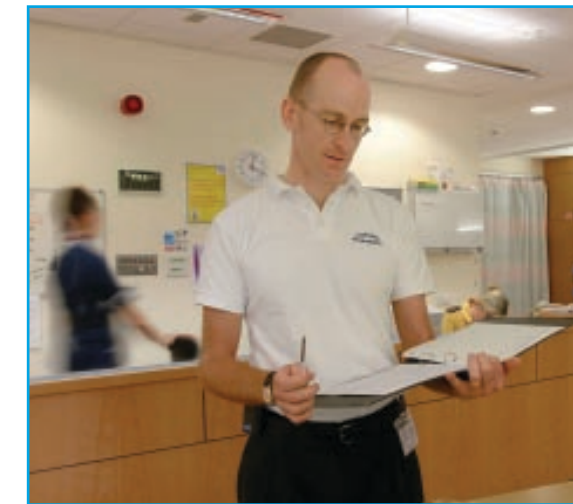
Very occasionally, due to pressure on beds and the nature of the care provided in CA, we are unable to follow this policy of caring for male and female patients separately. Any patient who is unhappy with this situation should speak with one of the staff, who will make every effort to move the patient.

Which patients are seen in CA and how do they get there?

Most (approximately 60%) of the patients brought to CA are referred to us by their General Practitioner (GP). For example, a GP seeing a patient suffering from stomach or chest pains may decide to refer the patient to us for assessment. The remainder (approximately 40%) of the patients are referred to CA by other departments, most frequently the Accident and Emergency (A&E) Department.

GPs can also get advice over the phone from our staff before referring a patient to CA.

All patients brought to CA are dealt with as emergency cases.



How long do patients stay in CA?

How long someone stays in CA depends on the condition and subsequent treatment of each patient.

Patients don't routinely stay more than 48 hours in CA. This is because the area is designed and staffed to ensure that patients are either discharged home or admitted as an inpatient to a specialist hospital unit within 48 hours.

We are able to achieve this because we have rapid access to multi-disciplinary Clinical and Therapeutic teams and to an array of diagnostic scans and tests.

About half of all patients brought to CA are discharged home after assessment, tests and treatment. In some cases, when patients are well enough to be sent home, we ask them to return for tests as an outpatient.

If the assessment shows that a patient will need more than two days in an acute hospital bed, they are admitted to the appropriate specialist unit as swiftly as possible, usually within two days.

Being close to the A&E Department and to X-ray and other diagnostic services ensures that the CA care team can deliver high quality, co-ordinated care. This allows CA staff to:

- Decide on the best course of action for each patient
- Avoid unnecessary admissions to hospital
- Minimise anxiety for patients and their family and friends.

When is a bed not a bed?

Combined Assessment has 48 beds and six trolley-beds. Although trolley-beds are narrower than ward beds, they are equipped with state-of-the-art pressure-relieving mattresses so that patients can be moved swiftly and comfortably for x-rays and other diagnostic tests.

Beds and trolley beds are also fitted with full cardiac monitoring equipment so patients can be monitored throughout their stay in CA, if required.

Who's in the CA care team?

The success and reputation of the Combined Assessment is due to the expertise of staff and co-ordinated teamwork. Our CA team includes Consultants, Senior House Officers, Nurses, Care Assistants, Domestic Assistants and a range of health professionals allied to medicine, such as Occupational Therapists and Physiotherapists.

Physiotherapists and Occupational Therapists provide treatment and advice as needed. They are able to assess the mobility of patients and ask about home circumstances and any support patients may need at home.

The CA area includes a kitchen where patients can be assessed. This helps the Occupational Therapists to decide whether patients are ready to look after themselves before they are discharged home, or whether they need support.

CA has access to Social Services staff and Health Visitors. A Pharmacist is also attached to CA, providing advice/education on new medication.