

## Tamar Ward

Issue Date	Review Date	Version
April 2019	April 2021	1

### Purpose

To provide a structure for shorter length of stay acute medical patients on Tamar ward to ensure:

- Pathways, service configuration, roles and responsibilities are clear
- Appropriate patients are transferred to the right ward with the right group of clinical experts to determine their care
- All patients have a clear management plan on admission
- The management plan is implemented with no delays
- There is clear responsibility for patient care

Please note :

- An amendment has been made with regards to OPEL 4 and Tamar seated area following further risk assessments and should not be enacted as previously described

### Who should read this document?

Consultants  
Registrars  
Junior Doctors  
Advanced Clinical Practitioners and Specialist Nurses  
Matron  
Ward Managers  
Junior Sisters/Charge Nurses  
Nursing Staff, both registered and unregistered  
Ward Clerks  
Discharge Coordinators  
Management Team

#### *Others*

Clinical Nurse Specialists (inpatient related)  
Psychiatric Liaison Team

## Key Messages

Patients will be pushed to Tamar from the Medical Assessment Unit with an expectation of a shorter length of stay. The patient will have a designated consultant from the diabetes and endocrine team who are rostered to work a consecutive 7 days to provide continuity of care and maximise expedient care to discharge.

It is expected that all patients who are pushed to Tamar Ward will have been reviewed on MAU by a senior to ensure that the right patients are on the right pathway. Patients will be reviewed on Tamar by a senior consultant at 08.00 hours followed by the 2nd board round at 10:45 and a further wash up (review) at 15.00 hours to identify any necessary onward destination. The Board rounds are to be attended by the MDT to ensure that all management plans are understood with a shared objective/ plan for each patient.

SALUS will be updated in real time throughout the day to ensure the site and Assessment Units are aware of capacity for pushing patients to Tamar Ward.

## Core accountabilities

<b>Author</b>	Wendy Colley, Cluster Manager
<b>Owner</b>	Cluster Manager
<b>Review</b>	Medicine Care Group Board Meeting
<b>Ratification</b>	Ian Higginson, Care Group Clinical Director
<b>Dissemination</b>	Service Line Management Team
<b>Compliance</b>	Service Line Management Team

## Links to other policies and procedures

Medical Care Group Ward Working SOP  
Medical Care Group Annual Leave SOP

## Version History

1.0 First Edition April 2019

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available in the Document Library. Larger text, Braille and Audio versions can be made available upon request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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## Standard Operating Procedure (SOP) care of inpatients on Tamar Ward

### 1 Introduction

This SOP covers the processes to ensure;

- The route of access for advice and admission is clear
- Appropriate patients are admitted to the ward
- All patients have a clear management plan on admission
- The management plan is implemented with no delays
- There is clear responsibility for patient care whilst on the ward

The policy will cover;

1. Normal service delivery
2. Access for speciality advice and internal professional standards
3. Normal admission pathways, including emergency transfers
4. Speciality outliers, and the use of push and pull lists
5. Processes to ensure all patients have a clear management on admission
6. Processes to ensure care is progressed
7. Actions in escalation

### 2 Definitions

#### Generic

EDD – Estimated Date of Discharge – should be determined or planned for on day of admission

MDT – Multi-Disciplinary Team

TTA – ‘To Take Away’ prescriptions, provided on a named patient basis on discharge

SLM – Service Line Manager

### 3 Regulatory Background

Based on expectations of NHS England, NHS Improvement and ECIP

**4 Summary of service delivery and timetable**

		Mon	Tues	Wed	Thur	Fri	Sat	Sun
Ward rounds								
Tamar	08.00	Safety Brief and Board Round followed by Ward Round	Safety Brief and Board Round followed by Ward Round	Consultant handover Safety Brief and Board Round followed by Ward Round	Safety Brief and Board Round followed by Ward Round	Safety Brief and Board Round followed by Ward Round	Safety Brief and Board Round followed by Ward Round	Safety Brief and Board Round followed by Ward Round
	10:45	MDT	MDT	MDT	MDT	MDT	MDT	MDT
	15:00	MDT	MDT	MDT	MDT	MDT	n/a	n/a

**Medical / other clinical resources**

**The short stay unit is a 20 bed unit with a 20 chair discharge lounge**

		Mon	Tues	Wed	Thur	Fri	Sat	Sun	Bank Holidays	
Tamar	Consultant hours required for ward cover	8	8	8	8	8	5	5	5	
	Normal registrar support for the ward shared with Inpatient baton	1	Reg in OP clinic	1	Reg in OP clinic	1	0	0	0	
	Core number of junior doctors + PAs/ACPS for normal ward functioning (and minimum required for safe function)	3 (2) Sometimes have 1 PA attached to ward	3 (2) Sometimes have 1 PA attached to ward	3 (2) Sometimes have 1 PA attached to ward	3 (2) Sometimes have 1 PA attached to ward	3 (2) Sometimes have 1 PA attached to ward	3 (2) Sometimes have 1 PA attached to ward	3 (2) Sometimes have 1 PA attached to ward	3 (2) Sometimes have 1 PA attached to ward	3 (2) Sometimes have 1 PA attached to ward
	Specialist nursing support from other services	In reach	In reach	In reach	In reach	In reach	In reach	In reach	In reach	
	Occupational and physio support	1+1	1+1	1+1	1+1	1+1	0	0	0	
	Pharmacist support	0	0	0	0	0	0	0	0	

The same working practice is followed 7 days per week.

The working week starts on Wednesday with handover between consultants.

At 08.00 the consultant together with one of the three junior doctors or physician associates and the nurse in charge briefly review all the patients on the ward using the white board. This starts with a safety brief about any patients that have been identified by the Early Warning Score or are of clinical concern. All of the remaining patients are discussed to identify patients that could be discharged early in the day (with the first patient leaving the bed before 9.00) or patients that for any other reason need an early review.

The order of the ward round will then be any patients of clinical concern (which may include patients that have been admitted to the ward overnight and have not yet met a consultant on that admission) then patients that can be discharged immediately and move to the seated area for any remaining administration to be completed. There is a benefit to one junior doctor looking after each bay. At 09.00 patients may need to be handed over so that this can be achieved. Requests for additional investigations, specialist reviews and updating SALUS will be performed during the ward round and not batched to the end of the ward round. The nurse in charge will be updated about the clinical plan as the ward round proceeds. Patients requiring therapy support will also be handed over during the ward round. Similarly if the rapid response team have clinical updates on patients these will be given during the ward round.

The aim of short stay is to provide faster patient assessment and discharge than can be achieved by other wards within the hospital. To achieve this new patients need to be arriving on the ward early in the day, the expectation being that two new patients arrive on the ward before 10.00 and 4 new patients arrive before 12.00. These patients will also be reviewed as part of the morning ward round.

At 10.45 the multidisciplinary team will meet to review the white board and update the plans for patients. This meeting should simply be summarising care for the whole team as clinical discussions will have been occurring over the morning. During the MDT the white board will be updated and the plans on SALUS will be checked. Ideally the medical bed manager would attend this brief MDT but if this is not possible they will attend the ward shortly afterwards for a discussion about required bed moves with the consultant.

At 11.00 on Saturday and Sunday the consultant will attend the MDT on MAU for a handover of diabetes emergencies but not during the week. Patients that have been identified by MAU for short stay will be handed over verbally by MAU to the short stay team.

During the afternoon the consultant will review any patients that have been identified as needing a second review before discharge or any new patients arriving on the ward. A further update by the MDT takes place at 15.00 with a review of the plans from earlier in the day or updating the new patients. The accuracy of SALUS is again checked. If patients have internal moves within the hospital planned then the care of these patients is handed over verbally by the junior team to the receiving ward. There is also a written hand-over.

### 1. Timings: See timetable

## 1. Push and Pull Lists

Person	Duty
Matron/Nurse in Charge	Identify any patients on the ward who are unsuitable for Tamar ward and give details to the ward administrator.
Consultant	Identify any patients on the list who need to be seen by other specialties and give details to the ward administrator or refer via SALUS . Update SALUS
Ward Administrator	Ensure SALUS is updated in real time to enable the Site Team to push patients to the correct ward/ pathway

## 2. Ensuring all patients have a clear management plan on admission

Person	Duty
Matron/Nurse in Charge	Escalate any patients on the ward who do not have a clear management plan.
Consultant	Review any new patients who do not have a clear management plan on admission.
Junior doctors	Escalate any patients on the ward who do not have a clear management plan.

## 3. MDT Meetings

Person	Duty
Nurse In Charge or designee	<b>Meeting Leader:</b> Coordinate meeting and annotate whiteboard. Update overall patient plan list. Update Push and Pull List.
Consultant and/or Registrar	Ensure all patient plans are appropriate and that all possible steps have been taken to facilitate discharge.
Junior Doctors	Provide an update on patients and seek advice from senior staff. Update medical patient list.
Nurse in charge of Bay	Does not attend
Service Line Cluster Manager or designee	Escalate items of concern and work with Nurse in Charge to facilitate meeting and identify delays.
Occupational Therapy	Discuss existing patients and new referrals.
Physiotherapy	Discuss existing patients and new referrals.
Ward Administrator	Update SALUS and Push and Pull List as per Trust expectations in conjunction with Nurse in Charge or Matron. (09:30/12:30/15:30).

## 7 Access to speciality advice and internal professional standards



SSW medical staff use SALUS to request specialty advice where red tops have been excluded from use

SSW medical staff will refer all others via red top and the ward administrator hand deliver to departments

SSW reviews will take place on the same day as referral , failure will be escalated via the Duty Band 7/ Matron or the Site Manager at weekends for action

For nurse led services - referrals will be actioned by the ward administrator or nurse coordinator and subsequently escalated if discharge dependant to Duty Band 7/ Matron

## **8 Normal admission pathways**

### **1. Acute admissions from Assessment Units**

Patients will be transferred via the Medical Assessment Unit (Thrushel/ Tavy) 7 days per week for the 24 hour period and will be cared for by the designated Consultant from the Diabetes and Endocrine Team. There will be a written and verbal handover for each patient that is transferred in working hours. Out of hours there will be a written handover.

Patients will have been referred to short stay (Tamar) ward from the MAU by a senior decision maker with an EDD < 3 days.

Patients may also be admitted from the Ambulatory Assessment Unit whilst under the care of the Acute Physician of the Day (APOD) and the care has not facilitated discharge home on this occasion. The APOD will discuss with the Consultant on Tamar and if accepted will continue their care: in hours.

The Consultant will consider direct admissions from ED or AAU for specialty care of diabetes i.e DKA to avoid an admission to MAU.

Patients admitted out of hours from MAU should either have a documented management plan from a consultant or the medical registrar

### **Contact details:**

Short stay contact number: 32713

Consultant individual pagers:

Dr Babiker 81508

Dr English 81143

Dr Flanagan 81380

Dr Clayton 81987

Dr Chong 81251

Dr Choudhary 81247

Dr Dimitropoulis 0947

Dr Aziz 81552

## **9      Speciality outliers, and the use of push and pull lists**

### **1. Speciality outliers**

SSW will identify for each patient a preferred destination to ensure that any specialty patient is pushed to the correct ward and the Site Team are able to acknowledge and facilitate patient transfers in a timely manner when capacity is available. SALUS will be up to date at all times from the Ward Administrator and Nurse Coordinator

SSW will not accept:

- Level 1 patients
- Patients on cardiac monitors
- Patients on PCA
- Patients requiring IV morphine

### **2. Push and Pull Lists**

SSW will ensure SALUS is up to date with a preferred destination for each patient who requires onward hospital care.

SSW will pull patients from MAU when a free bed is identified and collected by the third RN when clinically safe to do so on SSW. If there is no third RN the transfer will be facilitated by the MAU

SSW will accept non-post-take patients from MAU if MAU feels that this is clinically appropriate and safe.

## **10      Ensuring patients have a clear management plan on admission**

On admission, the management plans of acute medical patients are the responsibility of the designated specialist consultant. The Consultant of the week will review any patients admitted to the ward through the formal ward round each morning at 08.00 with a further wash up at 15.00 hrs

The junior doctors will manage urgent queries as they arise and adapt treatment plans where appropriate following discussions with a senior decision maker. Junior doctors and short stay nurses/ AHP staff are responsible for implementing the management plans.

Where patients do not have contemporary management plans, the junior doctor should escalate this to the designated consultant and at board round.

## **11      Ensuring care is progressed**

## **1. Ward management of speciality patients**

SSW will provide general care with support of the appropriate speciality. If ongoing care beyond 72 hours is foreseen the patient will be handed over to the appropriate ward. Patients will not be moved to other wards if there EDD is that day or the next day (amber box on SALUS).

## **2. Ward management of non-speciality patients**

SSW will provide general medical care. If ongoing care beyond 72 hours is foreseen the patient will be handed over to an appropriate ward. Patients will not be moved to other wards if there EDD is that day or the next day (amber box on SALUS).

## **3. MDT Meetings**

MDT meetings are held in the Doctors' Room at 10.45 hours and 15.00 hrs,. The meetings should take a maximum of 30 minutes.

Every patient will be discussed at each 10.45 hrs meeting. The following should be covered:

- Patient name
- Diagnosis
- Treatment plan
- Reason for admission/current diagnosis
- EDD and clinical criteria for discharge (CCD)
- Actions to progress care
- Review of previous actions
- The appropriate ward if the patient requires ongoing care in hospital

### 10.45 am Meeting

At the meeting, each patient's status is discussed. Any actions not completed on the previous day should be escalated to the Duty Band 7/Matron .

The accuracy of SALUS to be monitored by the Ward Administrator with particular reference to a preferred destination for patients who require onward going care to a specialty or where the length of stay may be protracted.

If the patient is due to be discharged on the day, the transport booking and TTAs should be checked.

### 3pm Meeting

At the 3pm meeting, the progress for each patient against the next steps should be assessed.

By 3pm, patients who are due to go home the next day should be identified. Their transport should be booked and TTA's ordered. All query discharges on the day should have been resolved. Any actions to facilitate discharge should be escalated to the SLCM/SLM.

SALUS must be updated by the Ward Administrator or Nurse Coordinator.

## 12 SSW Seated Area

SSW have a seating area which is used as a discharge lounge when staffed with a third RN, 7 days 08.00 – 20.00 hrs. Patients have to be clothed if sitting in a chair. Beverages will be provided. Patients must have the TTAs completed by the discharging ward and transport booked if required.

**The SOP was written prior to the seated area being used as an escalation area and therefore due to the high risks subsequently identified the following paragraph is currently not in action**

In times of escalation at OPEL 4, the full capacity protocol will be implemented and following a Quality Impact Assessment of the seated area the on call manager and the on call Executive Director will place 4 beds and +/- 4 chairs in the seated area of clinically acceptable patients. This action should be de established at the earliest opportunity.

## 13 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of two years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed and ratified by the Service Line Management Team and then the Medical Care Group Board

Non-significant amendments to this document may be made, under delegated authority from the Clinical Directors, by the nominated owner. These must be ratified by the Service Line Management team

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Service Line Cluster. For non-significant amendments, informal consultation will be restricted to named groups, or grades that are directly affected by the proposed changes.

## 14 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all affected staff will be notified by the Regulatory, Governance and Accreditation Manager.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Clinical Directors and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## 15 Monitoring and Assurance

Compliance will be monitored in real time by the Service Line Manager and any deviation from this SOP will be challenged. Assurance will be provided by the Service Line Manager