

Non-elective care of cardiology patients, and care of inpatients on Bickleigh, Braunton and Torcross (CCU) wards

Issue Date	Review Date	Version
April 2019	April 2021	1.1

Purpose

To provide a structure for cardiology and on Bickleigh, Braunton and Torcross wards to ensure:

- Pathways, service configuration, roles and responsibilities are clear
- Appropriate patients are transferred to the right 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

Who should read this document?

Service Line management and clinical teams

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

Key Messages

Core accountabilities

Author	Kenny Naughton & Martyn Blackwell
Owner	Kenny Naughton & Martyn Blackwell
Review	Medicine Care Group Board Meeting
Ratification	Ian Higginson, Care Group Clinical Director

Dissemination	Service Line Management Team	
Compliance	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	April 2019	Draft first version
1.1	April 2019	Amended and Final Document

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 on UPHT Trust Documents in 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.

Section	Description	Page
1	Introduction	
2	Definitions	
3	Regulatory Background	
4	Summary of Service Delivery and Timetable	
5	Key duties	
6	Access to speciality advice and internal professional standards	
7	Normal admission pathways	
8	Speciality outliers and the use of push and pull lists	
9	Ensuring patients have a clear management plan on admission	
10	Ensuring care is progressed	
11	Actions in escalation	
12	Document Ratification Process	
13	Dissemination and Implementation	
14	Monitoring and Assurance	
15	Reference Material	

1. Introduction

This SOP covers the processes to ensure;

- The route of access for speciality 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

TEP – Treatment Escalation Plan – documented evidence of resuscitation plan

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

SLM – Service Line Manager

SCLM – Service Line Cluster Manager

Service Specific

ACS – Acute Coronary Syndrome

3 Regulatory Background

Based on expectations of NHS England, NHS Improvement and ECIST

		Mon	Tues	Wed	Thur	Fri	Sat	Sun	Bank Holidays
Speciality advice		Salus Referral (Reg)	Salus Referral (Reg)	Salus Referral (Reg)	Salus Referral (Reg)	Salus Referral (Reg)	Salus Referral (Reg)	Salus Referral (Reg)	Salus Referral (Reg)
Bickleigh/ Torcross and MAU	AM	Business round ¹	Business round	Business round	Business round	Business round	Business round	Business round	Business round
	PM	ACS Cath Lab	ACS Cath Lab	ACS Cath Lab	ACS Cath Lab	ACS Cath Lab	ACS Cath Lab (voluntary list for all staff)		ACS Cath Lab (voluntary list for all staff)
	<i>In Opel 4 status</i>	Business round/ Additional ACS sessions	Business round/ Additional ACS sessions	Business round/ Additional ACS sessions	Business round/ Additional ACS sessions	Business round/ Additional ACS sessions	Business round/ Additional ACS sessions	Business round/ Additional ACS sessions	Business round/

Medical / other clinical resources

¹ Business round - sick, new and discharges

		Mon	Tues	Wed	Thur	Fri	Sat	Sun	Bank Holidays
Bickleigh/ Braunton/ Torcross and speciality outliers	Consultant hours required for ward cover	4	4	4	4	4	4	4	4
	Consultant hours required for speciality outliers	Specialty outliers are reviewed by the on call SpR and if a cardiology bed are required then added as an outlier.	Specialty outliers are reviewed by the on call SpR and if a cardiology bed are required then added as an outlier.	Specialty outliers are reviewed by the on call SpR and if a cardiology bed are required then added as an outlier.	Specialty outliers are reviewed by the on call SpR and if a cardiology bed are required then added as an outlier.	Specialty outliers are reviewed by the on call SpR and if a cardiology bed are required then added as an outlier.	Specialty outliers are reviewed by the on call SpR and if a cardiology bed are required then added as an outlier.	Specialty outliers are reviewed by the on call SpR and if a cardiology bed are required then added as an outlier.	Specialty outliers are reviewed by the on call SpR and if a cardiology bed are required then added as an outlier.
	Normal registrar support for the ward	2	2	2	2	2	1	1	1
	Core number of junior doctors for normal ward functioning	5 ²	5	5	5	5			
	Specialist nursing support	0	0	0	0	0	0	0	0
	Occupational and physio support	1+1	1+1	1+1	1+1	1+1	0	0	0

² The department are seeking to increase the core number to six juniors

1. Timings

8.00am Huddle to discuss operational situation across wards, CCU, cath labs and ACS list

1. Check OPEL status;
2. Cath lab. Two ring-fenced beds. Only COO can cancel these if ACS & Devices list above 18.
3. ACS list. If ACS is >10 consider cancelling activity (non-ring-fenced activity).
4. Check capacity of CCU. There should have one bed empty at all times. If there are no beds available then this takes priority. The ward should finish the day with two beds.
5. Bickleigh/Braunton review of early definite and potential discharges by sex.
6. Review Thrushel/Tavy/Tamar for cardiology accepts on ACS list. Ensure 2 patients per day are identified for the site team for cardiology wards.
7. Review ACS list that patients are pulled back from outlying wards if needed. Highlighted in Red on SALUS.
8. Review cardiac surgery patients in bed base. Escalate to site team at 4 patients.

9.00am Board Round

9.30am CCU Board/ward round

10.30am PTWR

13.30pm ACS Cath Lab session

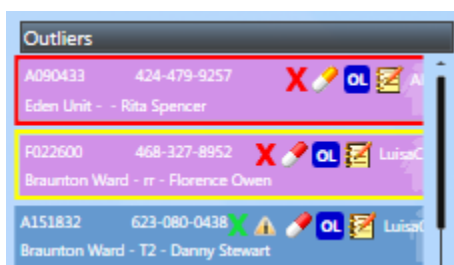
17.00pm Post procedure ward round.

2. Push and Pull Lists

When level 6 is busy with cardiology we will, working with MAU, make it clear which patients are for Bickleigh/Braunton ONLY.

- Request for patients to be reviewed by the on call SpR patients should be done via Salus or for urgent query bleep on 81006
- Patients should not be added as an outlier until they have had SPR review.
- Once the Salus referral is sent the SpRs will aim to review the case within 24 hours.
- Upon review the Salus referral to have outcome of:
 - *Complete – Formally reviewed, transfer to Department – ACS¹*
 - *Complete – Formally reviewed, transfer to Department - Other Cardiology*
 - *Complete – Formally reviewed.*
 - *Complete – Telephone advice given*
- Complete...ACS will have an amber box highlighted on the patient detail on the outliers list
- Complete...Other Cardiology will be added to the outlier list without any priority setting but list in date order
- For patients on an outlier ward for greater than 5 days will be given a urgent priority to transfer with 24 hours by adding a red box.
- Patients should be pulled in the order they appear on the Salus pull list with any long wait patients first, ACS patients second and other cardiology third dependant on gender of the bed available.
- Patients not identified as ACS or do not need cardiac monitoring can be outlied in the exact same way a resp, gastro etc. patient would be. Ideally to a medical base ward, or a surgical link ward (Wolf, SAU etc.). NOT to be outlied to Clearbrook or Crownhill.

Person	Duty
Cardiology SpR	Review patients and decide on the outcome of the referral.
Co-ordinating nurse	Following the ward round identify bed spaces to pull patients into.
Site Team	Manage bed moves out of core hours using the above.



1. Request with ICT/Salus implementation to update Cardiology Salus referral to identify ACS patients.

3. Ensuring all patients have a clear management plan on admission

On admission the current management plan should be communicate to the receiving ward. All new patients are discussed at the 9am board round and will have a senior consultant review that day in the post take ward round.

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 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.

4. MDT Meetings

MDT meetings are held daily at 9am in the Doctor’s offices on Bickleigh and Braunton. The meeting should take a maximum of 30 minutes. Every patient is discussed and the following should be covered:

- Patient name and age
- 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

At the meeting the ward administrator should provide information from Salus and should update patient status (EDD, discharge status etc.) as the meeting happens.

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

Person	Duty
Nurse In Charge or designee	Meeting Leader: Coordinate meeting and annotate whiteboard. Update overall patient plan list. Update Push and Pull List. Identify and assign actions.
Consultant on-call and/or Registrar on-call	Ensure all patient plans are appropriate and that all possible steps have been taken to facilitate discharge. Set EDD
Junior Doctors	Provide an update on patients and seek advice from senior staff. Update medical patient list.
Advanced Nurse Practitioner	Provide an update on their patients and seek advice from senior staff.
Nurse in charge of Bay	Discuss patients in their bay.
Discharge Coordinator	Facilitate discharges, collate patient information for provision to Ward and Management Team, and escalate delays to Management Team.
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.

Complex Discharge Team	Facilitate complex discharges and provide update on outstanding patients.
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). Check all patients transport arrangement each day

6. Access to speciality advice and internal professional standards

SALUS Inpatient referrals will be aimed to be answered in 24 hours.


Contact details of key staff

Key stakeholder contact numbers	Pager	Landline	Mobile
Management team			
Tim Parham	81113	37477	
Kenny Naughton	81057	30034	7526363349
Martyn Blackwell	81445	39194	7590431258
Chantelle Lea		39234	
Cath labs	54529	53848	
Bickleigh	39163		
Braunton	31740		
Torcross	39121		
Venk Suresh	89150	31853	7766460037
Girish Viswanathan	81355	32282	
David Tomlinson	89594	31838	
Margaret Loudon		30390	07909 871976
Ian Cox	85598	39189	
Guy Haywood	89411	31730	07785 955893
Gareth Morgan-Hughes	89573	39192	
Ed Davies	85253	30384	07967 077779
Luisa Chicote-Hughes	779 0743	39216	
Shankar Sangaraju	85699	39216	
David Sarkar	89802	39190	
Oncall Reg	81006		

7 Normal admission pathways

1. Acute admissions

TRW.OPS.SOP.1196 1.1 Non-elective care of cardiology patients, and care of inpatients on Bickleigh, Braunton and Torcross (CCU) wards

Patients to be reviewed by the on call SpR via Salus referral. Patients to be either given advice or identified as needed a cardiology bed. Salus updated with  icon if the patient has been accepted by cardiology. Patients are put on an outlier list to Bickleigh or Braunton with patients awaiting an ACS procedure given priority. Direct admission can be accepted but need to be discussed with the on call consultant or SpR (available 24/7).

2. Admissions from clinic

Patients to be discussed with on call SpR via 81006 and site team

3. Emergency transfers and repatriation

To be discussed with the on call SpR via 81006, the site team and on call consultant if available.

8. Speciality outliers, and the use of push and pull lists

1. Speciality outliers

Cardiology will only take consultant ownership of patients on Bickleigh, Braunton, and Torcross. Patients in other medical wards will be under the clinical ownership of that ward, under the ward based model. Patients moved from the cardiology bed base to a non-medical outlier ward will NOT be reviewed by the cardiologists, if review is required the patient will need to be pulled back to the cardiology ward or a Salus referral for review by the on call SpR.

2. Push and Pull Lists

Patients can be graded on SALUS accordingly when they are marked as outliers on our pull list

The ACS list is at G:\Cardio\ACS & Ward Lists\ACS List\2018

If you require access please speak with Michelle Tremblett

9. Actions in escalation

Review elective list and prioritise ACS list. (Under rules above).

10. 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.

11. 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.

12. Monitoring and Assurance

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

13. Reference Material

SAFER patient flow bundle

NHS Improvement Red2Green days initiative.