

Decision-making relating to moving patients between adult inpatient wards

Issue Date	Review Date	Version
December 2020	December 2025	1

Purpose

This SOP sets the standard for limiting the number of ward moves to no more than 3 times for non-clinical reasons that patients experience during their inpatient stay, thereby promoting a positive experience through continuity of care and reducing length of stay.

Detail how to use the trust's e-ward system (SALUS) to:

- Record the reason for moving a patient to another ward;
- Reduce the likelihood of patients being moved between inpatient wards for non-clinical reasons during their admission.

This SOP is to be applied 24 hours a day, 7 days a week and relates to adult inpatient wards including the intensive care units (ICUs).

Who should read this document?

1. All clinical staff with patient contact across all adult wards, including ICUs;
2. Ward Clerks;
3. Operational Support Team;
4. Senior Professional Leadership (Nursing);
5. Trust Management Executive Team;
6. On Call Managers;
7. Care Group Managers;
8. Service Line Managers;
9. Acute Care Team;
10. Any staff member involved in reviewing and reporting on performance metrics.

Key Messages

1. Decisions to move patients from one inpatient ward to another are made to meet the needs of all patients requiring inpatient care.
2. Decisions should be made based on an informed risk assessment in order to meet the clinical need of both the patient being moved as well as creating capacity within a specialist ward for the patients to be transferred in. This requires effective communication between the ward clinical team and the site operational team.
3. Placing patients on outlying wards carry adverse risks related to clinical safety, experience of care and length of stay;
4. Patients transferring from critical care to a ward and all patients with confirmed dementia, delirium, a learning disability or autism should have the fewest ward moves possible. They should only move wards at night when there is a clinical need that directly relates to their care,
5. No patient should move wards more than 3 times in any admission where one or more move is not directly related to their specialist clinical need;
6. No patient on a confirmed last days of life care plan should be moved between wards unless this is to support delivery of the care plan;
7. All effort should be made to move a patient to their preferred ward when initially placed in an outlying ward;
8. All patients must have an identity wristband and up to date documentation, inclusive of vital signs, nursing care plan and nursing evaluation, prior to transfer;
9. The SALUS system will track the number and reason of ward moves a patient has during an admission to support decision making.

Core accountabilities

Owner	Command Centre Manager, Operational Site Team
Review	Deputy Chief Nurse for Quality and Safety
Ratification	Chief Nursing Office and Director for Integrated Professions
Dissemination (Raising Awareness)	Command Centre Manager, Operational Site Team
Compliance	Nursing and Midwifery Operational Committee.

Links to other policies and procedures

Operational Pressures Escalation Framework (current version; reviewed annually).

Managing the care needs of people with a learning disability in the Acute Hospital setting; v6; 2019.

End of Life Care In Hospital Standard Operating Procedure; v4; 2019.

Ward Clinical Handover of Care and Internal Transfer and Escorting of Adult Patients (Excluding Maternity); v3.3 June 2018.

Provision of Same Sex Accommodation; v1; October 2019.

Version History

1	December 2020	New Standard Operating Procedure
---	---------------	----------------------------------

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 Trust Documents.
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	4
2	Definitions	4
3	Regulatory Background	5
4	Key Duties	5
5	Procedure to Follow	7
6	Document Ratification Process	9
7	Dissemination and Implementation	9
8	Monitoring and Assurance	9
9	Reference Material	10

Standard Operating Procedure (SOP)

Decision-making relating to moving patients between inpatient wards

1 Introduction

This SOP sets the standard for limiting the number of ward moves for non-clinical reasons that patients experience during their inpatient stay. The aim is to promote a positive experience through continuity of care and reducing length of stay.

Detail how to use the trust's e-ward system (SALUS) to:

- Record the reason for moving a patient to another ward;
- Reduce the likelihood of patients being moved between wards for non-clinical reasons during their admission.

This SOP is to be applied 24 hours a day, 7 days a week.

2 Definitions

2.1 E-ward system (SALUS)

SALUS is a hospital patient management tool. It provides standardised visual information that helps to track key patient milestones and clinical and other significant alerts.

2.2 SBAR

An acronym for a communication framework used to handover clinical information:

Situation, Background, Assessment and Recommendation.

2.3 Specialty Bed

Specialty beds are located on wards that deliver care for specific medical conditions; e.g. cardiology, health care of the elderly, acute stroke, neurosurgery or cardiothoracic surgery.

2.4 Outlying ward

A ward where a patient may be placed, but is not staffed with the medical and nursing teams who specialise in the medical or surgical care the patient requires. The patient receives specialist care by visiting medical or surgical teams.

2.5 Overnight Move

When a patient moves wards between 22:00hrs and 07:00hrs.

3 Regulatory Background

Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

NHS England/Improvement (2019) Delivering same-sex accommodation.

4 Key Duties

The following outlines the duties for the main stakeholders in the decision making and actioning of ward moves.

4.1 Ward Nurse in Charge/Shift Co-Ordinator

- Will identify patients who are clinically safe to move to a ward, where the destination is not directly in the interests of their clinical need;
- Refer to the senior medical team when a patient's condition requires a more specialist risk assessment;
- Will facilitate timely ward transfers ensuring the SBAR handover sheet is completed and where required, a verbal handover is given to the receiving ward;
- Will ensure the reason for ward moves are accurately captured on the SALUS system in a timely manner;
- Will actively use SALUS to keep informed about patient transfers in and off the ward.

4.2 Ward Managers

- Will work with the operational site team to ensure all staff comply with this SOP;
- Will have oversight for ensuring the reason for a patient's ward moves are accurately captured on the SALUS system in a timely manner and where indicated the outlier attribute is switched on.

4.3 Named Nurse (Shift)

- Will ensure all patients, prior to leaving the ward, have an identity wristband and up to date documentation; inclusive of vital signs, nursing care plan and nursing evaluation.
- Will complete the SBAR handover template and provide a verbal handover to the receiving ward where clinically indicated.

- For ICU patients transferring to ward care, the electronic record of patient care will be printed and placed in the hard copy medical file.

4.3 Consultant/Registrar

- Has ultimate decision making authority to determine if a patient is clinically stable to move to a ward, where the destination is not directly in the interests of their clinical need. Likewise to veto a decision made by the junior medical staff, nursing or operational site team.

4.4 All matrons (Service Line)

- Will oversee and support adherence to this standard operating procedure.

4.5 Clinical Site Managers

- Will lead co-ordination of patient flow across wards in hours, ensuring SALUS is reviewed to ascertain the number of ward moves a patient has had during their admission;
- Will ensure all junior staff within the operational site team adhere to this SOP when seeking to create capacity on a ward for new patients;
- Will work with matrons and ward managers to ensure only patients who are clinically suitable are moved to the wards where the destination is not directly in the interests of their clinical need.

4.6 Senior Clinical Nurse (Night Duty)

- Will co-ordinate patient flow out of hours, ensuring SALUS is reviewed to ascertain the number of ward moves a patient has had during their admission;
- Will ensure this SOP is adhered to when seeking to create capacity on a ward for new patients.

4.7 Clinical Bed Managers/Patient Flow Co-ordinators (non-clinical)

- Will work with ward based nurses in identifying patients clinically suitable for moving to alternative wards, where this destination is not directly in the interests of their clinical need.
- Will facilitate patient moves over the 24 hour period by:
 - Liaising with the nurse in charge and receiving names of patients who can move wards;
 - Booking patients out to wards on SALUS;
 - Ensure patients are ready for transfer prior to requesting porters to support transferring of patients.

- Updating SALUS on completion of the patient's transfer ensuring the reason for the ward move is registered on the SALUS system and the outlier attribute is selected where this applies.

4.8 Ward Clerks

Will support the active management of the SALUS system ensuring the reason for patients moving ward is accurately captured and the correct consultant is assigned to the patient.

5 Procedure to Follow

Key principles to follow are:

5.1 The norm should be to aim for all patients to be always placed and remain on the ward determined by their consultant;

5.2 Every effort should be made to avoid successive moves to an outlying ward;

5.3 The following patient groups should not be moved overnight (between 22:00hrs and 07:00hrs) unless this is in their best interests and clinical need:

- Patients with dementia;
- Patients with a learning disability;
- Patients with autism;
- Patients confirmed to be on a last days of life care plan;
- ICU patients transferring to ward care.

5.3 Where a patient starts their inpatient stay on an outlying ward, all effort should be made to avoid successive ward moves to other outlying wards.

5.4 A patient can be moved wards up to a maximum of 3 times; only moving a 4th time or more if this is in their best interests and to the preferred ward for their clinical need.

5.5 Where there is a need to make a specialty bed for a new patient to access the ward and the only patient identified to move has moved 3 times, the following will apply:

The registrar or consultant must be consulted to confirm the correct patient has been selected or to support identifying another patient to ensure the move is clinically safe and in the interests of both patients.

5.6 Figure 1 provides a number of scenarios a patient may experience when moving wards. **Decision making should always aim for the patient to be on a green pathway at the earliest possible point in their admission.**

5.7 The reason for the ward move is recorded on SALUS at the time of transfer. Table 1 (next page) provides the list of reasons for patients moving wards that need to be selected and recorded on SALUS. The outlier attribute must be selected where this applies to a patient placed on a ward that is not their preferred destination.

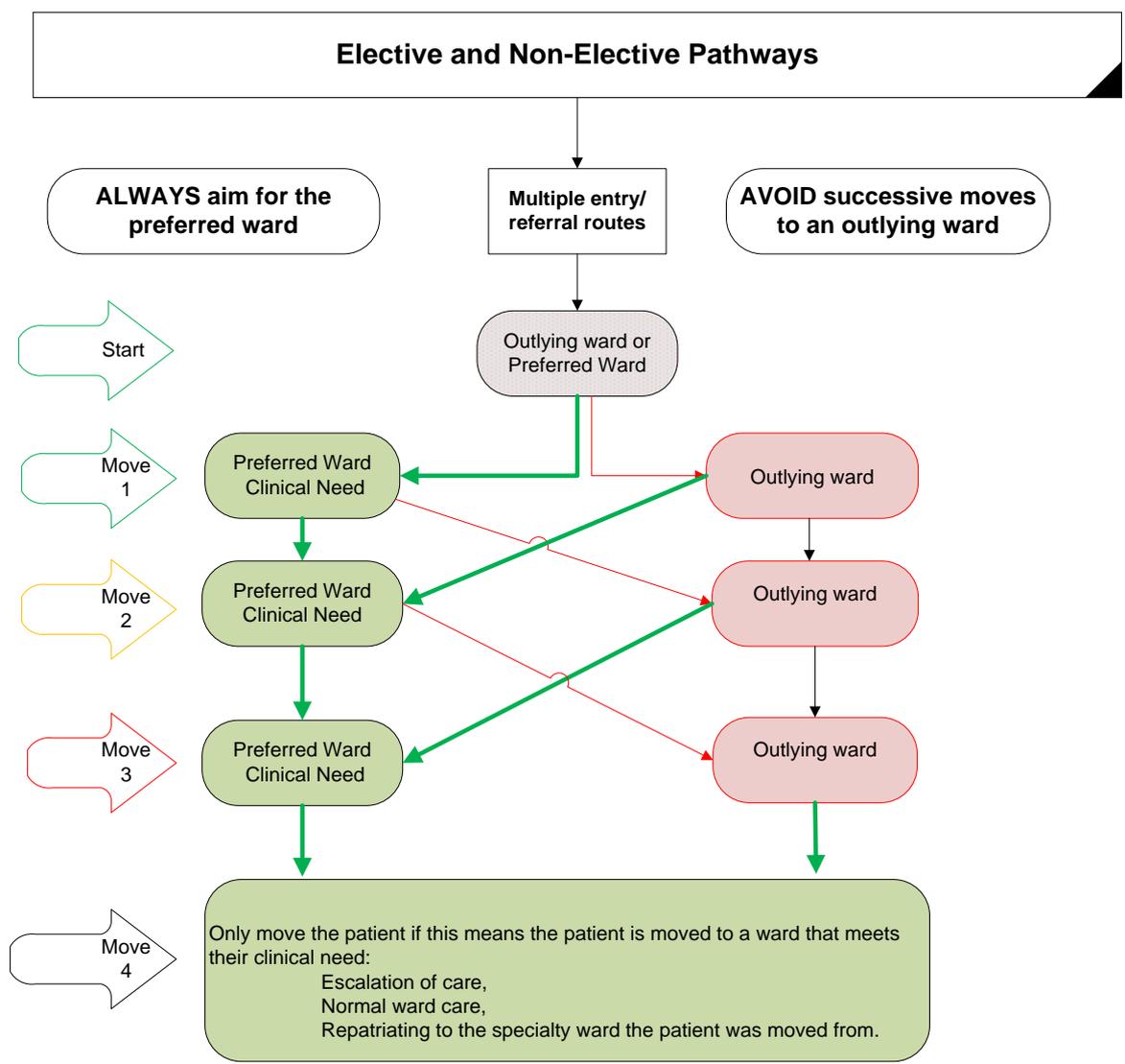


Figure 1 Decision Making Guide: Always aim for the green route.

Table 1 Reasons for ward moves

Patient Need	Operational Need
<ul style="list-style-type: none"> Higher level of care needed. 	<ul style="list-style-type: none"> Create speciality bed, check ward move attribute.

<ul style="list-style-type: none"> • Isolation purposes (Clinical). • Treatment (e.g. Theatre/Endoscopy). • Lower level of care needed. • Preferred destination. • Isolation purposes no longer required. 	<ul style="list-style-type: none"> • Open escalation area; patient meets criteria. • Major Incident. • Isolation purposes (Operational)*
--	---

* Example: a plan to cohort patients into a bay or ward to manage a pandemic response.

6 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 five 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 by the Nursing and Midwifery Operational Committee and ratified by the Chief Nursing Officer & Director for Integrated Professions.

Non-significant amendments to this document may be made, under delegated authority from the Chief Nursing Officer & Director for Integrated Professions by the nominated author. These must be ratified by the Chief Nursing Officer & Director for Integrated Professions and should be reported, retrospectively, to the Nursing and Midwifery Operational Committee.

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

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

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 Deputy Chief Nurse for Quality and Safety and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

- Adherence to this SOP will be monitored in terms of:
 - The number of patients who breach 3 or more ward moves and why;
 - The number of patients who are moved overnight and why;
 - The number of times patients who have dementia as informed by the Forget Me Not icon on SALUS, a learning disability or autism are moved and why.
- The monthly breach data relating to patients moving more than 3 times and overnight moves will be shown in the performance dashboards used for performance reviews, notably:
 - Service Line to Care Group;
 - Care Group to Trust Leadership Group.
- Assurance on compliance with this SOP will be reported to:
 - The Trust Board via the Integrated Performance Report and will include exception reporting, relating to for example, major incident or pandemic response;
 - Quarterly to the Nursing and Midwifery Operational Committee with shortfalls in compliance being addressed by an action plan.

9 Reference Material

End of Life Care In Hospital Standard Operating Procedure; v4; 2019. <G:\DocumentLibrary\UHPT Trust Documents\Clinical>

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-8-general#full-regulation>

Managing the care needs of people with a learning disability in the Acute Hospital setting; v6; 2019. <G:\DocumentLibrary\UHPT Trust Documents\Safeguarding Adults & Children\Managing the care needs of people with a learning disability in the Acute Hospital setting.pdf>

National Audit of Dementia Care in General Hospitals 2018–2019
https://www.rcpsych.ac.uk/docs/default-source/improving-care/ccqi/national-clinical-audits/national-audit-of-dementia/national-audit-of-dementia-round-4-report-online-v2.pdf?sfvrsn=28e025c5_2%20-

NHS England (2019) Adult Critical Care services specification - D05
<https://www.england.nhs.uk/publication/adult-critical-care-services/>

Operational Pressures Escalation Framework (current version; reviewed annually).

Provision of Same Sex Accommodation; V1; October 2019. <G:\DocumentLibrary\UHPT Trust Documents\Operational Management>

Ward Clinical Handover of Care and Internal Transfer and Escorting of Adult Patients (Excluding Maternity); v3.3 June 2018. <G:\DocumentLibrary\UHPT Trust Documents\Operational Management>