

Non-elective care of Haematology patients, and care of inpatients on Bracken Unit

Issue Date	Review Date	Version
June 2019	June 2021	1

Purpose

To provide a structure for Haematology, and on Bracken Unit 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

Occupational Therapists

Physiotherapists

Palliative Care Team

Acute Oncology Service

Haematology CNS

Clinical Admin Managers

Key Messages

Bracken is a specialist Haematology ward. Haematology patients are cared for by the on call consultant haematologist, junior haematology medical teams and haematology nursing teams .

In the rare case of medical outliers – these will also be cared for by the Haematology medical and nursing teams on the proviso that they have been formally accepted by senior medical and nursing review **prior** to their transfer and that there is a medical plan in place following general physician post take review.

All patients are discussed twice a day at board rounds. Board rounds run at 9am and 4-30 to 5 pm on the ward led by the on call consultant.

To facilitate admissions avoiding the Emergency Department, a vacant emergency bed is required on Bracken at all times.

Core accountabilities

Author	Victoria Isaacs/Hannah Hunter
Owner	Service Line Cluster Manager
Review	Medical Care Group Board
Ratification	Care Group Clinical Director - Ian Higginson
Dissemination	Service Line Cluster Manager
Compliance	Medical Care Group Board

Links to other policies and procedures

Medical Care Group Ward Working SOP

Medical Care Group Annual Leave SOP

Version History

1.0	First edition
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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 UPHT Trust Document – 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 Brent Ward

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

SLCM – Service Line Cluster Manager

3 Regulatory Background

Based on expectations of NHS England, NHS Improvement and ECIST

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Summary of service delivery and timetable

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Bank Holidays
Speciality advice Haematology	For advice on a patient's care plan.	Haematology registrar on-call Consultant on-call	Haematology registrar on-call Consultant on-call	Haematology registrar on-call Consultant on-call	Haematology registrar on-call Consultant on-call	Haematology registrar on-call Consultant on-call	Haematology registrar on-call Consultant on-call	Haematology registrar on-call Consultant on-call	Haematology registrar on-call Consultant on-call
Bracken Unit and speciality outliers	AM	9am MDT Grand round All available haematology consultants Ward round – on call consultant	9am MDT Ward Rounds:	9am MDT Ward Rounds:	9am MDT Ward Rounds:	9am MDT Ward Rounds:	Haematology registrar on-call Consultant on-call	Haematology registrar on-call Consultant on-call	Haematology registrar on-call Consultant on-call
	PM	5pm MDT board Rounds:	5pm MDT board Rounds:	5pm MDT board Rounds:	1 pm board Rounds: Current on call consultant and consultant due on call following week	5pm MDT board Rounds:	Haematology registrar on-call Consultant on-call	Haematology registrar on-call Consultant on-call	Haematology Registrar on call Consultant on call
	<i>In Opel 4 status</i>	Consultant and registrar liaison by telephone or person	Consultant and registrar liaison by telephone or person	Consultant and registrar liaison by telephone or person	Consultant and registrar liaison by telephone or person	Consultant and registrar liaison by telephone or person	Consultant and registrar liaison by telephone or person	Inform Haematology registrar/consultant on call who will prioritise workload.	Inform Haematology registrar /consultant on call who will prioritise workload.

Medical / other clinical resources

		Mon	Tues	Wed	Thur	Fri	Sat	Sun	Bank Holidays
Bracken Unit and speciality outliers	Consultant hours required for ward cover	8 hours	8 hours	8 hours	8 hours	8 hours	On-call consultant	On-call consultant	On-call consultant
	Consultant hours required for speciality outliers	Ad hoc	Ad hoc	Ad hoc	Ad hoc	Ad hoc	On-call consultant	On-call consultant	On-call consultant
	Normal registrar support for the ward	1	1	1	1	1	On call registrar	On call registrar	On call registrar
	Core number of junior doctors + PAs/ACPS for normal ward functioning (and minimum required for safe function)**	2	2	2	2	2	Cover stream	Cover stream	2
	Specialist nursing support								
	Therapy support, Pharmacist support	Allocated by departments	Allocated by departments	Allocated by departments	Allocated by departments	Allocated by departments	Allocated by departments	Allocated by departments	Allocated by departments

**PAs/ACPS need to be suitably trained prior to be included in the core number and excluding F1s from the core number.

5 Key Duties

1. Timings

Board rounds are held on Bracken at 9am and 4.30-5pm Monday to Friday.

2. Push and Pull Lists

Person	Duty
Ward Clerk	After board round update push/pull list on SALUS and send to site team inbox.
Nurse in charge	Escalate any urgent moves required to matron.
Service Line Cluster Manager or designee	Escalate any medical outliers to Medical Workforce Operations Manager and ensure plan to transfer is in place.

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

Person	Duty
Haematology Registrar on-call	Accept transfer of Haematology patients, notify consultant in charge of their care and clarify management plan.
Junior Doctors	If management plan not clear escalate to patients the on call consultant or registrar on-call.

4. Board rounds

Person	Duty
Nurse In Charge or designee	Meeting Leader: Coordinate meeting and annotate whiteboard. Update overall patient plan list. Update Push and Pull List.
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.
Junior Doctors	Provide an update on patients and seek advice from senior staff. Update medical patient list.
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).

6 Access to speciality advice and internal professional standards

Speciality advice Haematology

For advice on a patient's care plan

- Contact the on call registrar in the first instance
- If not available contact the on-call consultant

7 Normal admission pathways

1. Acute admissions - between 8.30am and 5pm direct to Birch Day Case Unit, out of hours direct to Bracken Unit assessment bed.

If patient is known to Haematology they will have the contact number for use in an emergency. Phone manned 24 hours a day 7 days a week. Process as follows:

- Patient telephones emergency line
- Senior nurse on shift organises admission to assessment bed
- If assessment bed is full, patient directed to ED or AAU to be assessed.

If patient is not known to Haematology they will attend the emergency department and be transferred to the Medical Assessment Unit (MAU).

- MAU will refer to Haematology
- On call consultant haematologist will review patient within 14 hours and transfer to Bracken Unit if appropriate.

2. Admissions from clinic – direct to Bracken/Birch

If assessment bed is vacant, patient will be transferred directly to Bracken. If assessment bed is full and it is before 5 pm the patients may be admitted via Birch. If the assessment bed is full and it is judged too late to send to Birch by senior nurse, the patient will be admitted via the emergency department.

3. Emergency transfers and repatriation – direct to Bracken

If assessment bed is vacant, patient will be transferred directly to Bracken. If the assessment bed is full, patient will be admitted via the emergency department.

To facilitate admissions pathways on Bracken an empty emergency bed is required at all times.

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

1. Speciality outliers

The on call consultant haematologist will review the patients when first admitted, if considered unwell, deteriorating, unstable or haematology registrar is concerned, and on formal full ward rounds. Haematology junior doctors will review the patient daily and the patient's care plan will be discussed at the Bracken Unit board rounds.

2. Push and Pull Lists

Will be updated after board round on Bracken Unit or when ward clerk is notified of any patients requiring transfer to Bracken Unit.

9 Ensuring patients have a clear management plan on admission

Haematology patients will be managed in line with sections 4 -7 of this SOP. Emergency admissions and other patients will be reviewed by the on call consultant haematologist or on call haematology registrar.

Medical Outliers on Bracken Unit will be discussed and agreed with the on call haematology registrar or, if unavailable, the on call consultant haematologist. All patients transferred to Bracken must have a management plan from the Acute Medicine Consultant i.e. need to be post-taked, and cannot be transferred without formal acceptance by on call/ward teams of doctors and nurses.

Due to the nature of the patient group on Bracken and the specialism of the consultant group the order of priority for admitting medical outlier patients is as below;

- 1) Patients with potential haematology diagnosis awaiting results of investigations
- 2) Patients with known haematology problems with non-specialist problems (see exclusions below)
- 3) Patients fit for discharge
- 4) General medical patients/oncology patients with non-complex medical problems such as simple infections e.g. cellulitis (see exclusions below)

The following patients are **NOT** suitable for Bracken

- 1) Patients with diarrhoea
- 2) Patients with viral respiratory infections
- 3) Patients with fevers of unknown cause thought to be infected especially if associated with foreign travel
- 4) Patients with complex speciality medical problems e.g. cardiorespiratory, diabetic emergencies

Surgical Outliers on Bracken Unit will be transferred to Bracken with a management plan from a Surgical Consultant. Further consultant review will be organised by the Service Line Cluster Manager in conjunction with the Surgical Cluster Manager of the day.

Haematology consultants will not manage surgical outliers.

10 Ensuring care is progressed

1. Ward management of speciality patients will be managed as per section 4 and 5 of this SOP.

2. Ward management of non-speciality patients

Medical Outliers on Bracken Unit will be managed by haematology junior doctors based on Bracken Unit and will be under the care of the consultant haematologist unless deemed inappropriate due to specialist nature of their admission in which case movement to a more suitable ward will be made a priority. Their care plans will be discussed at Bracken Unit board round. It is the responsibility of the ward team to request input from other specialities. If the patient's condition changes and therefore the management plan is no longer relevant, it will be the responsibility of the haematology clinical team to seek input from the general medical team.

Surgical Outliers on Bracken Unit will be managed by haematology junior doctors based on Bracken Unit. Surgical Consultant review will be organised by the Service Line Cluster Manager in conjunction with the Surgical Cluster Manager of the day. Their care plans will be discussed at Bracken Unit board round and any delays escalated by Service Line Cluster Manager or designee.

3. Board round will include the discussion of all patients on Bracken Unit and any haematology outliers. At the meetings, discharges will be planned for the current day and discharge plans for the next day will be reviewed. By the 4.30-5pm board round, all query discharges for the day should be resolved. All patients to be discharged the following day will be identified on SALUS. Transport will be booked for these patients and TTAs prioritised accordingly.

11 Actions in escalation

Ward staff will be notified of OPEL status at board round. Patient's care plans will be progressed as usual through board rounds and any delays escalated via Service Line Cluster Manager. Consultants will be notified via Service Line Cluster Manager and asked to review their patients via phone call with junior doctor as a minimum.

12 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 Medicine 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.

13 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.

14 | 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

15 | Reference Material

SAFER patient flow bundle

NHS Improvement Red2Green days initiative.