

Inpatient Care on Gynaecology Day Case Unit – S.O.P

UHDB/GYNAE/08:22/D2

Standard operating procedure and guidance for the review of Gynaecology Day Case Unit and the principles of use out of hours when required under times of pressure within the trust

Gynaecology day case is primarily used as a day case area to admit all Gynaecology elective patients and it is also used to recover gynaecology patients under the day case pathway. Gynaecology day case usually has 14 trolley spaces and is open and staffed from 07:00 until 19:30 Monday to Friday, it has two toileting facilities and one bathroom. It is adjacent to Ward 209 and Gynaecology theatres but is separated by two sets of doors.

In cases where the trust is under pressure, Gynaecology Day case can be used for inpatients. This is initially for the use of 6 beds but can be up to 10 beds where needed. The unit would not be able to accommodate more than 10 beds due to the layout and space within the unit. To open the unit out of hours the following recommendations would need to be considered:

Staffing of the unit;

- The staffing template for up to 6 beds for the day shift (Monday – Friday when electives are being admitted) would remain at 2 registered nurses, an assistant practitioner or nursing associate and a healthcare assistant. For the night shift there should ideally be 2 registered nurses but can be mitigated at 1 registered nurse and 1 healthcare assistant in times of staffing shortages.
- The staffing template for 7-10 beds for the day shift (Monday – Friday when electives are being admitted) would ideally be 2 registered nurses, an assistant practitioner or nursing associate and 2 healthcare assistants. For the night shift there should be 2 registered nurses.
- Weekend staffing of the day shift would be 2 registered nurses. Night staffing would remain 2 registered nurses.
- Consideration should be given in regards to the elective activity and the admissions coming into the unit and staffing acted upon to ensure patient safety and preventing theatre delays.
- Shifts will need to be put out to bank and escalated to agency where needed for out of hour cover.
- Ward 209 will skill mix with Gynaecology day case as and when is needed.

Environment;

- Due to the limited toileting and bathroom facilities, it would not be recommended for patient to stay in the unit for more than 24 – 48 hours
- However, in times of exceptional circumstances this could be extended to longer but considerations should be given to an discharge plan that would prevail within 72 – 96 hours
- The area is designed for trolley spaces so can be tight when beds are used in place of trolleys. The allocations of the bed spaces needs to be assessed to ensure patient safety as the layout of the unit could result in decreased patient visibility for nursing staff.
- Facilities will also need to be notified of inpatients within the area so catering and cleaning plans can be put into place.
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Medical Cover;

- For gynaecology patients on day case in normal hours it remains the responsibility of the duty doctor in gynaecology to clerk the patient once admitted and initiate tests or treatment as necessary. Once a patient is admitted on to gynaecology day case it remains the responsibility of the duty doctor to review the patient on a daily basis and provide on-going care, make necessary arrangements for treatment and investigations and plans for further management and discharge.
- For medical patients on day case in normal hours it is the responsibility of the outlier senior medical team to review the patient once admitted and initiate tests or treatment as necessary. Once a patient is admitted on to gynaecology day case it remains the responsibility of the outlier senior medical team to review the patient on a daily basis and provide on-going care, make necessary arrangements for treatment and investigations and plans for further management and discharge.
- For gynaecology patients on day case out of hours, it is the responsibility of the out of hours duty doctor to review the patient as necessary or as requested.
- For medical patients on day case out of hours, it is the responsibility of the hospital out of hours team to review the patient as necessary or as requested.
- The nurse looking after the patient/ward coordinator/ward leader is expected to escalate to the operations team if this daily ward review has not happened, within a reasonable time.
- Communication should be made to the resuscitation team that Gynaecology Day case is open out of hours should an arrest call need to be made out of hours.

Equipment;

- Beds are not kept on Gynaecology day case so beds will need to be sourced and moved to the area.
- Moving and handling equipment is not kept on Gynaecology day case so will either need to be either shared from ward 209 or sourced from Medical Equipment Library for a short term loan.
- For patients exceeding 24-48 hours stay, bedside lockers may need to be sourced to improve patient experience.

Gynaecology day case can accept any gynaecology patient or any general medical patient transferring to the area. The following are the list of inclusions for admission to Gynaecology day case;

- General medicine
- Short stay medicine
- Discharge Assessment Unit patients

The following exclusions do apply;

- Patients admitted to this area cannot be confused or wandering as the unit is not locked down and is adjacent to ward 209 and gynaecology theatres. Consideration must also be given to the ladies admitted under gynaecology due to the sensitivity of the conditions and the potential distressing impact on these confused patients.
- Patients must be female as the area is adjacent to ward 209 and Gynaecology elective female patients are admitted to the area. There is also no same sex separation that can be provided within the unit.
- Patients cannot be admitted who need to be barrier nursed. There are no facilities within gynaecology day case for barrier nursing to be safely facilitated.
- Patients who need cardiac monitoring cannot be placed on gynaecology day case as there are no facilities or skills to manage this.

- Patients who have a consistent NEWS score of 5 or above should not be admitted to gynaecology day case as this is a stand-alone area on the periphery of the hospital and these patients would need timely medical reviews to prevent further deterioration and this would put increased pressure on the hospital out of hours team.
- Patients who are imminent end of life ideally should not be admitted to this area as there are no areas that allow for privacy and dignity. However, if discussed with patient or relatives/carers and they consent then Gynaecology day case can accept these patients. The consent must be documented in the patient's nursing notes.

Elective Activity;

As Gynaecology Day case admits the elective gynaecology patients, consideration needs to be considered on the elective activity (when elective activity is going ahead). If there are 10 beds in Gynaecology day case then it would be difficult to admit more than 5 patients to the area. Ideally if more than 5 electives are planned then the beds should be de-escalated in numbers or de-escalated completely if able. If we are unable to de-escalate the numbers, then the in patients should be pulled into the discharge assessment unit before 09:00. If this situation occurs this will need to be discussed with the operations team and at the Bronze meeting.

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