

EXTENDED STAY UNIT – OPERATIONAL POLICY

Approved by: **Trust Executive Committee**

On: **29 August 2017**

Review Date: **May 2020 EXTENDED OCT 2022**

Corporate / Divisional **Divisional**

Clinical / Non Clinical **Clinical**

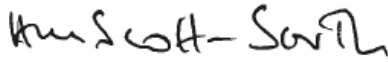
Department Responsible
for Review: **Nursing**

Distribution:

- ✓ Essential Reading for: **All Directors, Senior Managers, Department Heads and All Staff**
- ✓ Information for: **All Clinical Staff**

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Chief Executive

Date: **29 August 2017**

Burton Hospitals NHS Foundation Trust

POLICY INDEX SHEET

Title:	Extended Stay Unit - Operational Policy
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REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
2	Name change	January 2014	Operational policy – Extended stay unit
2	Correction	January 2014	Purpose of the unit Expected stay of one night or less
2	Correction	January 2014	Opening times
2	Addition	January 2014	Extended stay process – Appendix 1
2	Addition	January 2014	Clarification of patient mix for single sex
2	Addition	January 2014	Non nurse led discharge process
2	Correction	January 2014	Correction to shift pattern times
2	Update	January 2014	Update to AHP process
2	Update	January 2014	Working Mon – Fri 20:00, Saturday 13:00
2	Update	January 2014	Update to medical records process
2	Addition	January 2014	Process for requesting extra stock drugs
2	Addition	January 2014	Medical out of hours cover process – Appendix 2 & 3
2	Update	January 2014	Update to emergency process
2	Addition	January 2014	Entering the TC after 22:00
3	Amendment	January 2016	Amendment to Appendix 4 – narrative description rather than diagram
4	Review	April 2017	

EXTENDED STAY UNIT – OPERATIONAL POLICY

CONTENTS

Paragraph Number	Subject	Page Number
1.	Introduction	1
2.	Policy of the Unit and Exclusions	1
3.	Admission Procedure & Discharge process	2-3
4.	Staffing	3-5
5.	Contingency Plans & Emergency Admission	5-6
6.	Information Recording & Documentation	6
7.	Securing the Building including Fire	6 - 7
8.	KPI	8
Appendix 1	Patients requiring a stay of more than one night at the Treatment Centre	9
Appendix 2	Request for medical assistance at the Treatment Centre by Speciality	10
Appendix 3	Guidelines for medical cover at the TC for Gynaecology patients undergoing elective gynaecological surgery	11
Appendix 4	Unstable Patient unable to transfer to main site	12
Appendix 5	Transfer Policy for Treatment Centre Patients	13

Burton Hospitals NHS Foundation Trust

EXTENDED STAY UNIT – OPERATIONAL POLICY

1. INTRODUCTION

The purpose of the extended stay unit is to provide a designated ring fenced area for extended day cases expected to require an inpatient stay of one night or less across all surgical specialties. The extended use of the ward will allow for new surgery types to be admitted, and for more complex cases to be done later in the day at the Treatment Centre, with the patient staying overnight in the bedded area.

2. POLICY OF THE UNIT

An 8 bedded area for surgical patients (over the age of 16) will be open 24 hours a day from Monday morning (08.00hrs) until Saturday at 14.00. The last patient will be discharged from the facility by 11.00am on Saturday morning allowing the facility to be secured by 14.00hrs.

Patients Eligible for Admission

- ✓ Elective patients with a defined length of stay of one night or less.
- ✓ Aged 16 or over. Those under the age of 18 years of age will need to agree to be nursed in an adult environment. This will be discussed with the patient at pre op.

Exclusions

- ✓ Elective surgical patients with a planned length of stay of greater than one night
- ✓ Patients requiring ITU/HDU.
- ✓ Medical patients.
- ✓ Patients with social requirements longer than 23hrs.
- ✓ Patients with disabilities that cannot be catered for within the facility.
- ✓ ASA 4 (unless LA)
- ✓ Sleep Apnoea/CPAP patients having a general anaesthetic or a regional block for shoulder surgery
- ✓ BMI above 40, unless deemed appropriate at anaesthetic pre operative assessment clinic.
- ✓ Pressure ulcers grade 3 or above

Patient Information / Expectation

Patients who have been identified as appropriate for the Treatment Centre 23 hour facility will be given information around discharge, visiting times, etc at their pre operative assessment.

Information will be given both verbally and as written information.

3. ADMISSION PROCEDURE

- ✓ At the point when the patient is added to the waiting list the TCI will be identified by the clinician as suitable for the unit, utilising the DC23 waiting list option. This will indicate that the consultant listing the patient for surgery will have assessed the patient (as far as possible at this stage) and the procedure as appropriate for a maximum expected one night stay. The patients will be added to the wait list by the consultant secretaries, and reviewed for suitability against criteria at pre op assessment, referring to the anaesthetic team with concerns around suitability.
- ✓ The expectation for booking a patient into this facility is that they will be discharged home on the day of surgery, with a discharge time up until 23:00. This will be discussed with the patient at the time of listing by the consultant and again during their pre op assessment. There is the facility for an overnight stay as required. In addition if a patient is assessed as requiring a further extended stay, this will be assessed on a patient by patient basis (Appendix 1).
- ✓ The Waiting List office will compile the lists with consultation with the consultant / secretaries and schedule accordingly. The Ward Manager / Operations Managers will give guidance around capacity for overnight stay as required. The scheduling must take into account the split of the ward areas (i.e. 8 of same sex or 3 of one and 5 of another)
- ✓ Patients will be identified, by a comment in the notes, at the pre operative assessment as 'fit' for TC admission by the pre operative assessment team.
- ✓ The usage of the potential bed stays will be monitored at the weekly sessional confirmation meeting, by the Ward Manager / Operations Manager / Theatre Manager.
- ✓ Ordering of lists will take into account those who have a higher potential to stay overnight or go home with extended recovery.
- ✓ All patients will report directly to the Treatment Centre on the day of admission.
- ✓ The 8 beds are available to be utilised for those patients who are not able to be discharged on the same day as surgery. In this case a bed will then be allocated for an overnight stay. It is expected that the majority of these patients will be discharged home the next morning, although extended stays will be considered on an as required basis.
- ✓ If the patient does not meet the nurse led discharge criteria the following morning the consultant will be phoned at 08:00 by the nurse in charge of the ward area.

Transfer of Patients into Bedded Area:

- ✓ Patients will be nursed in the 8 bedded area as the nurse in charge deems appropriate and will allocate the patients accordingly.

Discharge

- ✓ A plan of care will be required from each Consultant once the lists are completed if patients from their list are to be nursed in this area. This will clearly detail set criteria to enact nurse led discharge up until 23.00hrs or the following morning. If the discharge is not to be nurse led, then the consultant must assess the patients by 08:30 the next morning.
- ✓ Discharge will be mainly nurse facilitated using defined criteria.
- ✓ The patient's discharge summary and TTOs will be completed prior to the patient returning to the unit from theatre, by the consultant team leading the list.
- ✓ All discharge summaries will be posted to GPs within 24 hours by theatre admin staff
- ✓ If a patient is medically unfit for discharge they will be transferred to the most appropriate available inpatient bed, and considered as a matter of priority by the bed management team. Transfer to the mains site will be arranged as per the Transfer Policy, through the bed manager / clinical site practitioner.

Visiting

- ✓ Visiting times will be 18:30 to 20:00.
- ✓ Strictly no more than 2 visitors per bed.
- ✓ Visitors will be escorted to and from the front entrance by a member of the ward or front of house team.
- ✓ Theatre areas will be locked down prior to visiting to ensure safety of theatres and high risk areas and will be the responsibility of the nurse in charge.

4. STAFFING

Management of the clinical area

The overall responsibility of clinical management of the area belongs to the Divisional Nurse Director in the Surgical Division. The operational management is the responsibility of the senior sister who is accountable to the Clinical Theatre Manager.

Nursing Staffing

To staff an 8 bedded inpatient facility at the Treatment Centre will require an increase in the establishment, as the ward has routinely closed in the evening.

Shift Pattern for ward area:

Monday – Friday
08:00 – 19:00
11:00 – 22:00
21:30 – 08:30

Saturday

08:00 -12:00 Saturday

Once it has been determined which patients are staying overnight, the TC theatre / ward staff will inform the main site co-ordinator of the specialities of the patients staying over night in case of an emergency.

There may on occasions be no patients in the overnight area. If this occurs then staff will be expected to report to the clinical site practitioners. The nurse in charge will be responsible for informing the clinical site practitioner (Bleep number 369) that the Treatment Centre will be closed overnight and ensuring that the area is secure (see securing the building).

Radiography

There is one X-ray machine available at the Treatment Centre and therefore lists need to be booked accordingly to avoid duplicate use. This will be monitored at the sessional confirmation meeting by the theatre co-ordinator and escalated appropriately to the Theatre Manager.

AHP

There will be a requirement at times for physiotherapy and OT post operatively. The demand for the service will be assessed every 3 months.

The theatre lists will be reviewed by the physiotherapy team to ensure that patients are reviewed accordingly, who contact the TC ward daily to confirm the requirements.

If a surgeon deems that a physio is required, a specific referral can be made

HSSU

It is not expected to increase the HSSU usage to the whole site but equipment transfer will increase. The kit will be transferred using HSSU trucks on the day prior to theatre session. HSSU runs will be monitored to determine extra workload and efficiency of service.

However there may be a requirement for duplication of kit, which will be assessed as each session is transferred, or an increased number of HSSU runs.

Domestic

There will be a domestic available to the ward area:
17:30 – 19:30 and Saturday morning 09:30 – 11:30

They will undertake general cleaning duties, cleaning of the kitchen area.

Catering

Water will be provided and refreshed by the nursing team.

Hot drinks will be supplied through the use of the drinks machine. Drinks will be served by the nursing staff or independently by patients who are independent.

Food will be supplied 3 times a day, using an aeroplane style freezer/microwave re heat system. The food will be prepared by the Nursing staff on duty and served by a member of the nursing team.

Sandwiches and other snacks will also be available as required and will be served by a member of the nursing team.

Catering supplies will be brought to the Treatment Centre on a daily basis by the catering porter.

Laundry

A twice weekly laundry delivery service is available to ensure a clean supply of laundry is available within the Treatment Centre at all times. Laundry items required will be sheets, pillow cases, blankets, theatre gowns & towels.

Front of House

Patients will book into the Treatment Centre for their operation at the FOH reception desk.

FOH will also be available until 19:00 Monday to Friday and until 13:00 Saturday. They will be expected to telephone the ward during these visiting times to request staff to collect the visitors to escort them through to the ward area / escort visitor to the wards themselves.

Medical Records

Medical Records will be transferred from the main Medical Record facility to the Treatment Centre Medical Record room 2 days prior to admission.

The notes will be checked for availability at this stage (and missing notes chased). Notes will be checked to ensure all appropriate paperwork is present.

The notes will then be transferred to the Theatre Suite 1 day prior to the session, where they will be checked from a clinical perspective and prepared by the night staff.

Pharmacy

Medications will be prescribed and dispensed using the V6 system.

There will be a twice weekly delivery of stock and the levels required will be re assessed regularly by the ward sister.

If any additional medications are required as stock, the person requiring the addition will discuss with ward sister who will make appropriate arrangements with pharmacy.

5. CONTINGENCY PLANS

The environment within which the unit is contained has the ability for beds to be flexed up or down between male and female admissions, as appropriate to meet patient needs. The pre planned utilisation (as above) will ensure optimum usage.

Medical Cover Out Of Hours

The appropriate on call team will be required to oversee the emergency management of these patients and will be supported by the Clinical Site Practitioner and Resuscitation team as required. (Appendix 2 & 3)

Access to the Treatment Centre at all times will be via the weather lobby on Trust swipe card access.

If emergency bloods, equipment etc are required the Clinical Site Practitioner and porter will be bleeped with required requests (this will become a priority for the portering staff).

Emergency Admission

In the event of an emergency the patients will be transferred back to the main site (once deemed stable) for their ongoing care via ED.

In the very rare occasion when a patient cannot be stabilised to enable transfer to the main site, the decision will be made by the consultant anaesthetist and/or consultant surgeon on call to take the patient to theatre in the Treatment Centre (Appendix 4). The on call team will be called in as per the current procedure. On the occasion that the theatre team are already on site operating in the main suite, the patient will be expedited to next operation and the team will transfer in the shortest possible time

Appropriate TC theatres are prepared each evening for such an emergency.

Transfer to the mains site will be arranged as per the Transfer Policy (Appendix 5).

6. INFORMATION RECORDING & DOCUMENTATION

- ✓ The patients will be recorded on the Meditech system using the pre in status. This will be completed by the front of house staff.
- ✓ Nursing records will be maintained on the Meditech system and will include a short stay admission assessment, risk assessment, care plan, patient notes and discharge plan as a minimum requirement.
- ✓ It will be the responsibility of the surgeon to prescribe medications for patients staying overnight in the department. If they are not prescribed before the surgeon leaves the building the appropriate on call surgical team will be bleeped to prescribe.

Audits & Equipment

- ✓ The ward will be expected to be compliant with audits as per the wards on the main site.
- ✓ A full equipment list will be located on the ward and it will be the responsibility of the Senior Sister to maintain the list and ensure staff are trained appropriately.

7. SECURING THE BUILDING

Access to the Treatment Centre will be via open access using the main front door and via swipe access at the weather lobby door which will be activated all day (access with a Trust swipe card only).

The initial checking of the Treatment Centre will take place at 19:30 by the portering staff who will 'sweep' the upstairs of the building and secure the lifts.

The main purpose of this process is to ensure the whole upstairs area is empty and free from patients, relatives and anyone else who may be around who could access the ground floor area once staff from upstairs have left. The lights will remain on from the weather lobby, down the stairs to the Theatre Suite to aid speedy access for emergency teams.

In addition on a nightly basis the building will be secured by 23:00 by the nursing team, following a sweep of the downstairs area to ensure this area is also empty and free from patients, relatives and anyone else who may be around. On a Saturday lunchtime it will be fully secured by the ward nurse in charge (theatre or eye casualty whoever is last to finish), following a similar process.

The key will be secured in the safe lock outside the front of the building.

The security team will cover the Treatment Centre twice a night.

If someone wishes to enter the Treatment Centre at night, they must let the ward (ext 4340) staff know that they are in the building. The telephone in the seminar room can be used for this purpose.

Fire

The usual fire policy will be followed at the Treatment Centre. In addition out of hours the Clinical Site Practitioner will be "urgent" bleeped for assistance to evacuate the building.

8. KPI

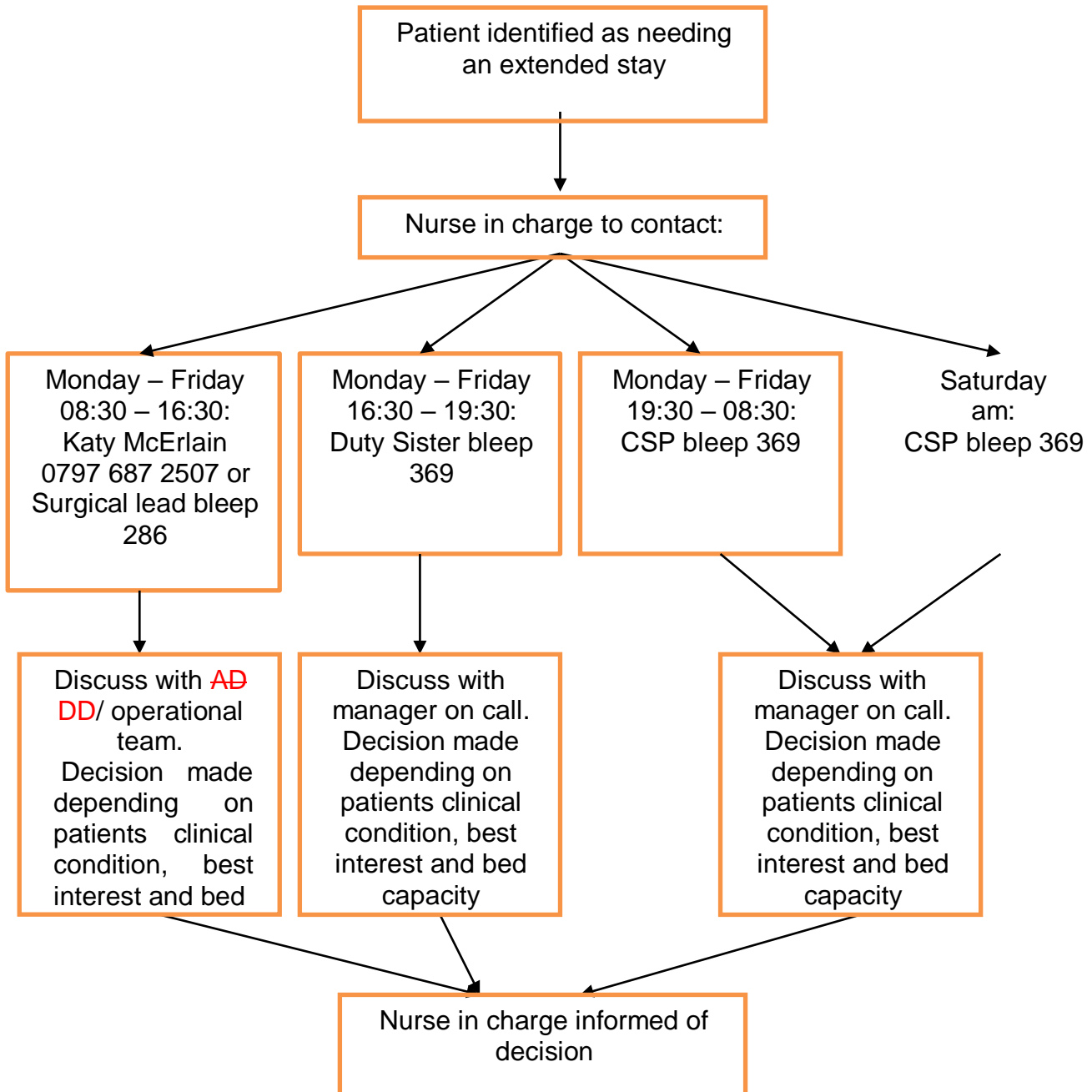
The KPI's for the extended service of the Treatment Centre will include:

Workforce					
KPI Ref.	Indicator Description	Current Month	Previous Month	Current Month RAG	Previous Month RAG
	Sickness				
	Turnover				
	TIL				

Performance					
KPI Ref.	Indicator Description	Current Month	Previous Month	Current Month RAG	Previous Month RAG
	Planned Activity				
	Actual Activity				
	Utilisation %				
	Number of COD				
	Readmissions				

Quality & Safety					
KPI Ref.	Indicator Description	Current Month	Previous Month	Current Month RAG	Previous Month RAG
	Complaints				
	PALS				
	Incidents				
	Complements				

Patients requiring a stay of more than one night at the Treatment Centre:



Request for medical assistance at the Treatment Centre by Speciality

General Surgery including Breast	Urology	ENT	Orthopaedics	Gynaecology
General Surgery on call	General Surgery on call	ENT on call	Orthopaedics on call	Gynaecology Registrar on call. See Gynae specific process

GUIDELINES FOR MEDICAL COVER AT THE TC FOR GYNAECOLOGY PATIENTS UNDERGOING ELECTIVE GYNAECOLOGICAL SURGERY

ELECTIVE WORK

The patients should be reviewed post operatively by the surgeon/ anaesthetist, ensuring that all potential medications are prescribed.

The outgoing SHO will come down at 4.45 pm to do a ward round before they finish. Any remaining drugs prescription etc should be done

~~The Night SHO will come down around 11.30pm to do a ward round and prescribe any medication and review post operative patients.~~

EMERGENCY CALL/ADVICE

Out with the above times, should nursing staff need advice or wish to have a patient reviewed, they should bleep the registrar on call at the main site. The registrar will take the call and give appropriate advice.

However if the patient is needing review on site, the registrar will decide if the SHO or the registrar can see the patient or whether the patient is needing a consultant review and appropriately arrange review of the patient.

In the situation where the on call registrar or SHO are busy, you should contact the consultant on call via the switchboard

CARDIAC ARREST

If the patient has a cardiac arrest, you would have to undertake a crash bleep for cardiac arrest team as you would in the main site (call 2222 stating location and adult arrest). The arrest trolley is in the recovery area of the TC.

RETURN TO THEATRES

If patient needs to return to theatre, there is always a theatre available at the TC for use at night. The main site on call team and anaesthetist would cover this situation and arrangement should be made through theatre coordinator. There is a gynaecology trolley with packing, speculum, torch etc for emergency use until such time the patient goes to theatre.

Action Plan for Emergency Theatre at TC for Out of Hours

- ✓ Treatment Centre Theatre Co-ordinator will be contactable via the TC bleep 602.
- ✓ Treatment Centre Theatre Co-ordinator will notify the Main Theatre Co-ordinator on bleep 362 of any overnight stays at the Treatment Centre. If the decision for a patient to stay is made after Treatment Centre Co-ordinator has left then Ward Staff should inform the Main Theatre Co-ordinator themselves.
- ✓ Treatment Centre Theatre Staff will leave Theatre Four set up every night as an Emergency Theatre unless notified different. Appropriate emergency sets will be set out on the side according to the case mix of overnight stay patients.
- ✓ Surgeons must identify if the emergency patient cannot be transferred over to the Main Site via an ambulance using the transfer procedure agreed by the Trust.
- ✓ All bookings for Emergency Theatre procedures at the Treatment Centre at night will be made through the Co-ordinator on bleep 362.
- ✓ When a procedure has been booked through the Theatre Co-ordinator they will identify an approximate time of arrival over to the Treatment Centre. This will then be cascaded to the appropriate people.
- ✓ When a booking has taken place the Treatment Centre Night Staff will locate the theatre drug's keys and switch on lights in the Emergency Theatre and corridor ready for the arrival of the Theatre Team.
- ✓ Out of hours access to the Treatment Centre will be via the weather lobby entrance using swipe card.
- ✓ At the end of the theatre case the Emergency Theatre must be closed down and set up again for any other potential emergency. The keys must then be signed back over to the ward team leader.

Transfer Policy for Treatment Centre Patients

Medical Emergency

Following a clinical risk assessment by the theatre co-ordinator (or senior nurse on duty) and the consultant responsible for the patient, any patient who is deemed a medical emergency will go directly to ED by dialling 999.

Non Medical emergency

This situation is normally following a procedure at the Treatment Centre where a patient requires an admission to the main site.

A bed will be requested by the theatre co-ordinator (or senior nurse in charge) via the Trust bed management team. Once a suitable bed has been located and confirmed by the bed management team, transport can be ordered by the Treatment Centre as follows:

- ✓ Between 10am - 6pm Monday to Friday please contact the Porters for assistance. In the unlikely event the porters cannot help for whatever reason, please discuss an alternative with the porters (i.e. a time they could transfer) or contact PTS.
- ✓ Before 10am and after 6pm - Please contact PTS for assistance.

If patient transport services are unable to accommodate the request within a suitable timeframe then following a clinical risk assessment undertaken by the senior nurse on duty, consideration will be made that the patient can be transferred using a taxi which can be ordered through the Porters' Lodge.

An escort will always be provided from the Treatment Centre to transfer the patient.