

BED DECLARATION POLICY

Approved by: **Executive Management Committee**

On: **21 July 2015**

Review Date: **June 2018 EXTENDED OCT 2022**

Corporate / Directorate: **Corporate**

Clinical / Non Clinical: **Clinical**


Department Responsible for Review: **Divisions**

Distribution:

- ✓ Essential Reading for: **All Clinical Staff**
- ✓ Information for: **All Staff involved in the transfer of patients**

Policy Number: **235**

Version Number: **2**

Signature: 
Chief Executive

Date: **21 July 2015**

Burton Hospitals NHS Foundation Trust
POLICY INDEX SHEET

Title:	Bed Declaration Policy
Original Issue Date:	April 2013
Date of Last Review:	June 2015
Responsibility:	Associate Directors
Stored:	Trust Intranet
Linked Trust Policies:	Transfer of Patients Policy
E & D Impact Assessed	EIA 319
Consulted	Director of Operations Associate Directors Head Nurses Head of Capacity Head of Discharge Facilities Manager Senior Sisters Clinical Site Practitioners

REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
2	Routine Review	June 2015	Minor updates

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Burton Hospitals NHS Foundation Trust

BED DECLARATION POLICY

1. INTRODUCTION

The aim of this policy is to ensure bed capacity is maximised, therefore, enabling the optimum use of available beds and enhance patient flow / experience. This is essential with regard to the Trusts requirements to achieve both the Emergency Care Access and 18 weeks targets.

2. PROCESS

There are three methods through which beds become available:

- ✓ Planned discharges
- ✓ Anticipated discharges
- ✓ Unplanned / unexpected discharges

3. PLANNED DISCHARGES

- ✓ Discharge planning arrangements are to be made in accordance with “patient” need and Trust’s Discharge Policy
- ✓ Expected Date of Discharge (EDD) should be set within 24 hours of admission and parallel work up should take place
- ✓ Discharge arrangements, i.e. transport, social service packages or collection of patients by relative / carer must be arranged for 10:00 on the day of discharge and patients transferred to Discharge lounge to wait
- ✓ Discharge lounge / Site Practitioner are to be contacted by the ward the day before discharge by 16:00. If patients are not appropriate or there is no capacity in the discharge lounge an exception report should be submitted.
- ✓ At the point the patient leaves the ward, they must inform the Bed Manager or Clinical Site Practitioner immediately

4. ANTICIPATED DISCHARGES

- ✓ The “nurse in charge” of the ward should report to the Operations Room, anticipated discharges, i.e. patients who meet their EDD and / or medically stable for discharge once reviewed by clinicians by 14:00 the day before potential discharge

- ✓ Upon decision to discharge the ward should inform the Bed Manager immediately of the expected time the patient will vacate the bed and other destination, i.e. home or discharge lounge.

5. UNEXPECTED BED AVAILABILITY

- ✓ Occasional ward beds will become available unexpectedly, through patient death, discharge against medical advice etc. In these circumstances the Bed Manager or Clinical Site Practitioner must be informed immediately

6. KEY POINTS FOR CONSIDERATION

- ✓ There will be a 20 minute period allowed between declaration and move for wards to ensure that appropriate preparation of the bed area for incoming patients is carried out. Any delay must be reported immediately to the appropriate Bed Manager/Matron/Clinical Site Practitioner and if appropriate the “On Call” manager
- ✓ The nurse in charge has responsibility to ensure a safe clinical environment. If they consider a further admission to be detrimental to the safety of the ward, this must be discussed with the Bed Manager or Clinical Site Practitioner, action can be taken
- ✓ Assessing the ward as unsafe does not detract from the wards responsibility to declare the vacant bed to the Bed Manager or Clinical Site Practitioner
- ✓ Clear disregard for any of the points outlined by any individual staff member may result in disciplinary action being instigated.