Brighton and Sussex University Hospitals NHS Trust

Gynaecology Operational & Escalation

For admissions to the Gynaecology & Maternity Wards

Level 11 & Horsted Keynes
Level 12 & Bolney

Operational Protocol: GP016

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Protocol Title:	Operational & Escalation Guidelines
Cross reference:	Emergency Gynaecology Admissions Gynaecology Assessment Unit
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Key Principles

A protocol is a set of measurable, objective standards to determine a course of action. Professional judgement may be used in the application of a protocol.

Scope

This guideline intends to:

- Outline the admission criteria for women admitted to the Gynaecology and Maternity wards at The Princess Royal Hospital and The Royal Sussex County Hospital
- Be a guidance for the suitability for admission of those patients who fall within other specialties
- Support the delivery of safe and effective care to patients
- Prevent inappropriate admissions or transfers, to ensure the best outcome for patients being given the right treatment in the right place
- Provide a process for escalation of review of clinically sick patient
- Provide a process for cancellation of operations
- Support the Trust during business continuity when capacity is limited
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Responsibilities

Clinicians, Nurses & Midwives

- To access, read, understand and follow this guidance
- To use their professional judgement in the application of this protocol

Clinical Site Team

- To ensure the protocol is followed when allocating patients to a bed
- To use their professional judgement in the application of this protocol

Management

- To ensure the guideline is reviewed as required in line with Trust and National recommendations
- To ensure the guideline is accessible to all relevant staff

Objective Standards

1 General Organisation of Wards

There is a Gynaecology Ward situated on both sites within the trust.

1.1 At the Royal Sussex County Hospital

1.1.1 The ward is located on Level 11 of the Tower block
1.1.2 It has 9 beds and caters for Gynaecology, Emergency Gynaecology and Specialist benign Gynaecology for Endometriosis patients
1.1.3 The Gynaecology Assessment Unit (GAU) and Early Pregnancy Unit is located within the ward
1.1.4 The Maternity Ward (post-natal) is located on Level 12 of the Tower block

1.2 At the Princess Royal Hospital

1.1.5 The ward is located on Horsted Keynes Ward on the 2nd floor
1.1.6 It has 12 beds and caters for benign Gynaecology, Emergency Gynaecology (see GP005 Emergency Gynaecology Admissions Protocol).
1.1.7 The Early Pregnancy Unit, Colposcopy, Hysteroscopy, Fast-Track and Mini-Clinic are located within the ward.
1.1.8 It shares the ward with Breast, Urology, ENT & Surgical patients.
1.1.9 The Maternity Ward (post-natal) is located on Bolney Ward on the 2nd floor.

1.3 Electronic boards are to be used to record current inpatients. Oasis is also to be kept live and up to date.

2 Expected Gynaecology Admissions

- Elective Gynaecology Surgery
- Planned Gynaecology Surgery
- Post-natal women (10 days post delivery/discharged by midwife)
- Re-admissions (within 30 days of discharge)
- Emergency Gynaecology

3 Admission of Non-Gynaecology Patients (outliers)

3.1 When able to support the trust with bed capacity the gynaecology wards may be used to admit medical and surgical patients providing they meet the admission criteria (below).

3.2 The referral process must be between the ward co-ordinator and Clinical Site Manager and should not prevent/block gynaecology admissions.

3.3 If the patient is deemed unsuitable or does not meet the admission criteria the ward co-ordinator must not accept the referral and the Clinical Site Manager should contact the Manager for Gynaecology.

3.4 The gynaecology wards must have an emergency bed available; this bed must not be filled with a non-gynaecology patient.

3.5 The patient must have daily review by the appropriate outlying team. Bleep numbers must be clear and in the medical notes.

3.6 If the patient deteriorates whilst on the gynaecology ward an appropriate bed must be sought by the Clinical Site Team to best care for the patient.

3.7 All transfers to the gynaecology wards must have a transfer checklist completed and the next of kin of the patient must be informed of the transfer.

4 Criteria for Admitting Medical Patients

All medical patients allocated to the Gynaecology wards must meet the following criteria:

- All patients must be MRSA negative
- Only female patients
- There must be no infection control issues
- Estimated Discharge Date (EDD) must be within 48 hours
- Delayed Discharges must not be transferred to the gynaecology wards
- Patients must not be suffering from acute respiratory, cardiac of neurological illnesses.
- The patient should not be considered as high risk of falls or have fallen during this admission
- The patient should be mobile with a frame/stick with the support of no more than 1 nurse.

- The patient must not have delirium or dementia

5 Use of Maternity Wards for Non-Obstetric Patients

5.1 Only in exceptional circumstance must maternity beds be used for non-obstetric patients such as during a major incident or when in business continuity.

5.2 The on-call Maternity Manger must be consulted before any non-obstetric patient is admitted to the ward.

5.3 Once the decision to admit to the maternity ward has been agreed the labour ward co-ordinator must be informed in order to make allocation arrangements.

5.4 Registered Nurses must be provided to care for these patients and will be charged to the speciality of the patients.

6 Criteria for Admitting Patients to the Maternity Wards

All non-obstetric patients allocated to the Maternity Wards must meet the following criteria

- All patients must be MRSA negative
- Only female patients
- There must be no infection control issues
- Estimated Discharge Date (EDD) must be within 24 hours
- No medical patients are to be admitted to the maternity wards
- All patients must be mobile without a nurse
- The patient should not be considered high risk of falls
- Post-op patients having had major surgery within 48 hours must not be transferred to the maternity wards.
- Patients with psychiatric conditions should be avoided

7 Use of Gynaecology Assessment Unit (GAU)

7.1 GAU should be used to assess women. The assessment process should be no longer than 2 hours from time of arrival to GAU and if require admission should have a bed within 4 hours.

7.2 The maximum length of stay will be 6 hours with admission straight onto the Gynae ward as required. Once decision to admit is made the clinical site team should be informed to make appropriate bed placement ideally to the gynaecology ward.

7.3 Any woman spending longer that 6 hours within the unit excluding those having day treatment will be considered as a breach and a datix must be completed using the trigger 'inappropriate use of GAU'.

7.4 Women requiring day treatment such as Hyperemesis or Paracentesis should stay no longer than 8 hours.

7.5 If no beds are available within the gynaecology ward on RSCH site bed utilisation will be explored at Horsted Keynes PRH site or flexible use of beds on L12 ante/post natal maternity ward. The CSM team will be contacted regarding appropriate placement for the woman.

7.6 Women who are assessed with no gynaecology cause found for their symptoms will be referred directly by the registrar to the appropriate speciality and the clinical site management (CSM) team informed for appropriate placement of the woman.

7.7 If GAU is full and unable to accept patient/patients and if it is required the on-call registrar will go and review the gynaecological patients in ED leaving the SHO and HO on L11/GAU

8 Escalation Process for Clinically Sick Patient

8.1 Observations must be taken with the use of NEWS (National Early Warning Score). For women scoring a total of 5 or more or 3 in one parameter the nurse must inform the gynaecology SHO using SBAR tool (Situation, Background, Assessment, and Recommendation). The nurse must inform the clinical care outreach team or if out of hours the Clinical Site Manager.

8.2 Following review if the nurse/SHO continues to have clinical concerns then escalation to the registrar for further management must be made.

8.3 For women scoring a total of 7 of more on the NEWS the nurse must inform the gynaecology registrar using the SBAR tool. The nurse must inform the clinical care outreach team or if out of hours the Clinical Site Manager

8.4 If immediate rapid response is required then a MET (medical emergency team) call must be put out by dialling 2222.

8.5 If the patient is to remain on the gynaecology ward following the MET call then the registrar must re-review the patient within the hour or sooner if indicated.

8.6 The consultant on call must be informed of any clinical emergency including patients requiring emergency surgery or return to theatre.

8.7 If a patient requires transfer to RSCH please refer to the Emergency Gynaecology Admissions protocol GP005 and follow correct process. The on call consultant on both sites must agree to the transfer.

8.8 Refer to appendix A for process.

9 Process for Cancellation of Operations

9.1 Cancellation of elective operations must be discussed and agreed with the Service Manager, Deputy Chief or Chief and the Consultant in charge of the operating list.

9.2 Once the decision to cancel surgery has been made the clinical site management team and theatres must be made aware.

9.3 The Gynaecology Manager and the Ward Manager or Nurse in charge must also be informed of the cancellation and will be required to go an inform the patient.

9.4 A proposed new date for surgery must be offered to the patient where possible at the time of cancellation. This must be arranged via gynaecology admissions on ext 2863 or for gynae-oncology 4271.

9.5 If out of hours a message or email must be sent to gynaecology admissions to ensure a new date is arranged.

9.6 For any cancellation a datix must be completed.

9.7 Refer to appendix B for process.

10 Process during business continuity

10.1 The admission criteria must continue to be followed during business continuity. The decision to go outside of this criteria must be made with the Maternity Manager, Ward Manager and Associate Director of Operations.

10.2 The Operations Manager will attend the Clinical Operations Meetings and feedback to the Ward Manager/Ward coordinator when bed capacity is an issue.

10.3 Cancellation of elective operations must be discussed and agreed following the cancellation process in section 9.

11 Ward Closures

11.1 When activity is reduced such as theatre lists cancelled during the Christmas Period the division should make the decision to close beds.

11.2 A written plan of arrangements must be circulated to the division and also to the clinical operations team.

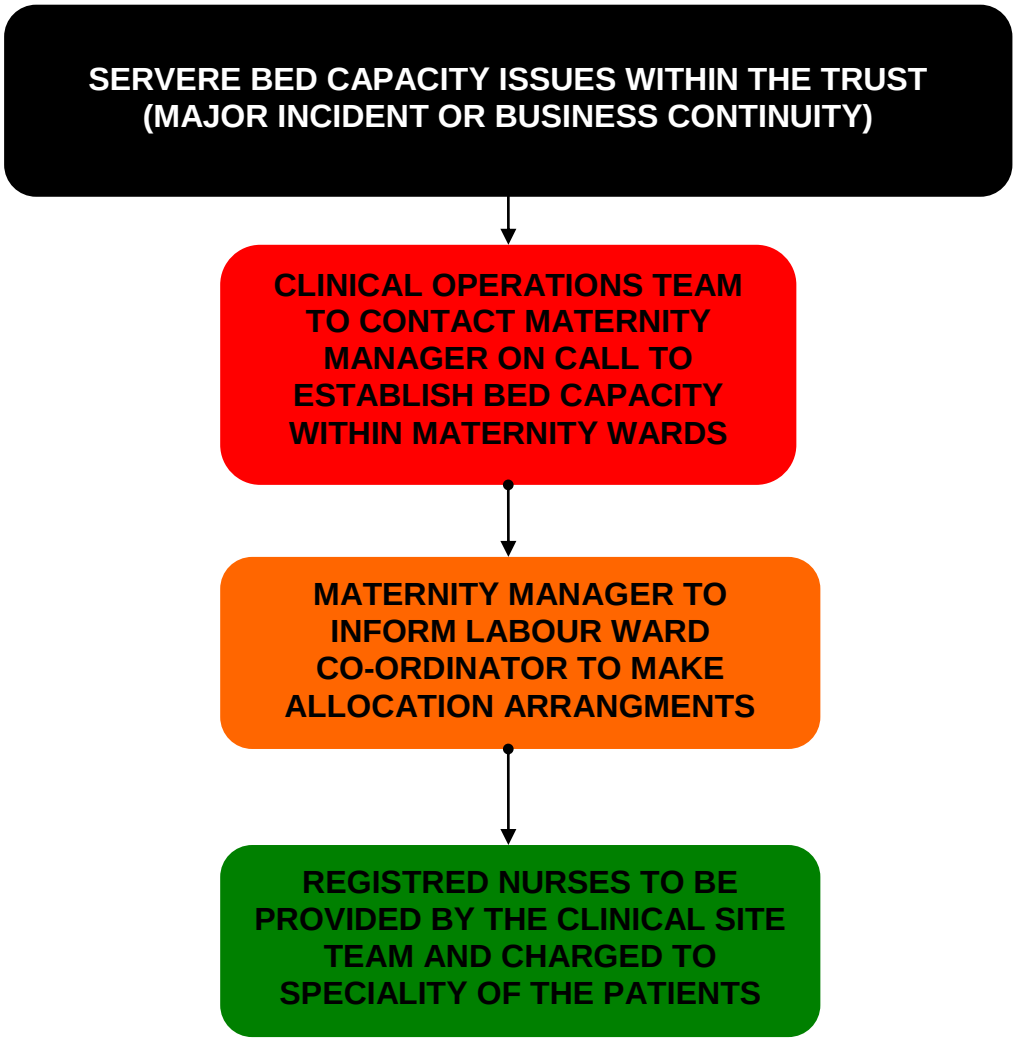
11.3 If there is a need to breach this plan the Maternity Manager must be informed and the wards must be staffed appropriately before beds are re-opened.

12 Monitoring Compliance

Please refer to the Monitoring and Auditing document for details on monitoring compliance for this protocol.

13 Appendix

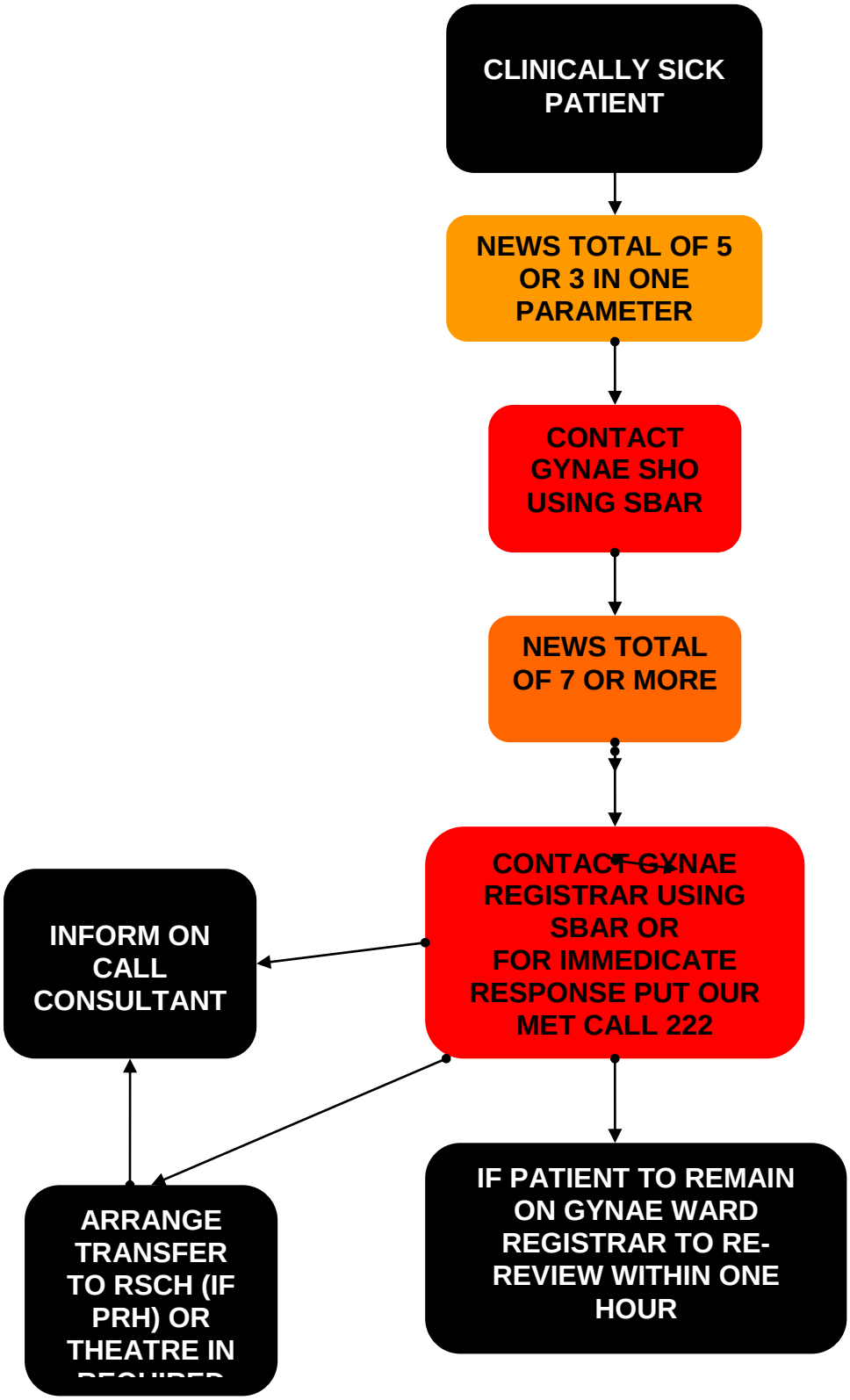
Appendix A: Use of Maternity Wards for Non-Obstertic Patients



CRITERIA FOR ADMITTING PATIENTS TO THE MATERNITY WARDS

- All patients must be MRSA negative
- Only female patients
- There must be no infection control issues
- Estimated Discharge Date (EDD) must be within 24 hours
- No medical patients are to be admitted to the maternity wards
- All patients must be mobile without a nurse
- The patient should not be considered high risk of falls
- Post-op patients having had major surgery within 48 hours must not be transferred to the maternity wards.
- Patients with psychiatric conditions should be avoided

Appendix B: Escalation Process for Clinically Sick Patient



Appendix C: Process for Cancellation of Operations