

Active/Assertive Inreach Standard Operating Procedure	Type: Policy Register No: 16004 Status: Public
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Developed in response to:	SAFER(R) Flow Bundle (See appendix)
Contributes to CQC Regulation:	9, 11

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Document Review History

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1.0 Purpose

- 1.1 The purpose of this document is to provide guidance for all members on Active/Assertive Inreach based processes.
- 1.2 Evidence shows that early specialist involvement improves outcomes and mortality and reduces length of stay.

2.0 Introduction

- 2.1. Prompt speciality referral is crucial for quality of care and patient flow. Clinical teams are to be encouraged to review referrals promptly and identify early ('pull') those which need to move to their ward, ideally also identifying early discharges to facilitate this.

3.0 Equality of Service

- 3.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all patients.
- 3.2 Whilst the Trust is introducing a standardised system, it is understood that there are patients with special needs which must be met and the Trust is committed to making reasonable adjustments to its procedures when these are necessary. Failure to take into account special needs, should be reported as a risk event.
- 3.3 In the context of this document, the reasonable adjustments for patients with learning disabilities and autism could include:
 - Additional time spent with the patient and their carer
 - Time to contact the Specialist Nurse for ID & Autism
- 3.4 This document accepts that staff must at all times operate within the frameworks of:
 - 09116 Caring for Adult Patients with a Learning Disability
 - 13003 Carers Policy
 - 15010 Making Reasonable Adjustments

4.0 Aims

- 4.1 All specialties move as soon as possible to electronic referrals via Extramed ensuring that this only happens after the patient has been admitted on PAS. **Patients must never be admitted on Extramed.**
- 4.2 Standards should be adopted by all teams at senior and junior level.
- 4.3 All specialties to make daily contact with EAU to review appropriate patients and direct patients to empty beds generated on the base ward.

4.4 Response times to referrals to be audited.

4.5 Delays of more than 24 hours to be escalated to bed office.

5.0 Scope

5.1 This document is applicable across all ward areas

6.0 Roles and Responsibilities

6.1. Clinical Director

It is the responsibility of the Clinical Director to ensure compliance amongst the medical teams for expectations outlined in this document.

6.2. Associate Chief Nurse

It is the responsibility of the Associate Chief Nurse to ensure compliance amongst the nursing teams for expectations outlined in this document.

6.3. Matrons

Matrons are responsible for ensure supervision of the ward nursing teams, with compliance against this SOP.

6.4. Medical Teams

It is the medical team's responsibility to ensure compliance with this SOP, especially in regards to discharge letters.

6.5. Nursing Staff

At least 1 member of nursing staff to ensure compliance against this SOP.

7.0 Operational standards

7.1 Active Inreach – Medical Specialties

- Patients with clear specialty needs should be reviewed by a Consultant from that team as early as possible in their hospital stay, ideally within 48 hours.
- Referrals to Specialty teams should be seen within 24 hours of referral. Patients should not wait in hospital pending specialist review
- Referrals are more efficiently handled using an electronic referral system which allows real time response, audit trail and avoids the risk of lost referrals (compared to fax)

- Specialty teams should identify patients, especially from EMAU, that need to be moved to their ward base, and actively pull them across to the ward by identifying discharges to create beds and liaising closely with the Bed Office
- Where patients do not need to be transferred across to the base ward, instructions need to be clear to the existing ward team regarding treatment plan, criteria for discharge and follow up arrangements (**including how to arrange this robustly**)

7.2 Breaches

Patients waiting longer than 24 hours for a specialty inpatient referral – these will be identified through Extramed and monitored/escalated where required.

8.0 Audit and Monitoring

8.1 Auditing/Monitoring of will be used as a Active/Assertive Inreach quality assurance procedure undertaken by either a clinician or senior nurse who is independent of and separate from the ward/area under review.

8.2 The purpose of auditing/monitoring Active/Assertive Inreach is to evaluate conduct and compliance with the Active/Assertive Inreach standard operating procedure (SOP) and guidelines.

8.3 Audit/Monitoring visits may take place at any time (random peer reviews), although adequate notice could be given depending on the circumstances.

9.0 References

<http://www.england.nhs.uk/wp-content/uploads/2015/03/breaking-the-cycle-safer-flow.pdf>

Appendix

1. SAFER Patient Flow Bundle – MEHT adapted

S	<ul style="list-style-type: none">•All patients will have a Consultant review before 10am•An MDT Board Round will take place before 10am as per the Board Round SOP.•Sick patients and those identified for discharge should be prioritised on each round.•A senior registered nurse will participate on both ward and board rounds.•Patient review should include review of EDD by a Consultant/Senior Decision Maker.•Patient's plans should be reviewed again in PM board round and tomorrows discharges identified.•TTA (medication) should be prescribed and diagnostics ordered in real time.
A	<ul style="list-style-type: none">•All patients will have an up to date Case Management Plan•All new patients will have an EDD (Expected Date of Discharge) set within 24 hours of admission.•All 'appropriate' patients will have a CCD (Clinical Criteria for Discharge) after the first Senior Decision Maker Review following admission.•All admitted patients must have an Escalation Plan to support the CCD.•All EDDs' will be reviewed at the Board round and steps taken to ensure the patient is discharge on the EDD.•EDDs' will be communicated to patients daily.
F	<ul style="list-style-type: none">•Improved flow of patients through the Acute Medical floor.•EAU (Emergency Assessment Unit) will transfer one patient to each ward daily before 10am.•The COMS (Clinical Operations Management (Bed Office)) will contact the base wards daily before 8am with the names of patients identified for transfer.•There will be a standard of 45 minutes to receive a new patient whenever a bed is vacated.•All patient status including transfers, discharges and named Consultants with a real time update on ExtraMed.
E	<ul style="list-style-type: none">•Increase in number of patients discharged before 11am•Discharge on Admission – Criteria Led Discharge.•Planned early discharges will have been identified at PM board round of the previous day.•Proactively plan out of Hours (Weekend) discharges the preceding Thursday.•Patients should be informed of early discharge and if being transferred to the discharge lounge.•All patients deemed appropriate should be transferred to discharge lounge as soon as possible.•TTA's to be dispensed for patients that have been transferred to the discharge lounge.
R	<ul style="list-style-type: none">•All patients with a LOS> 10 days must be reviewed•Board/Ward Round Meetings must include MDT and other partners involved in patients' discharge pathways.•All patients must have an action plan documented following the weekly LoS Review meeting.•Identify potential patients that can be assessed in another setting.
(R)	<ul style="list-style-type: none">•Reducing wasted bed days and rectifying delays•Embedding processes that help identify delays in patient pathways and taking corrective actions to reduce Length of Stay.•Use of a decision making tool to support the identification and rectification of delays.•Ensure continuous feedback to key stakeholders to enable the right decision to be taken.