

Appendix 1 - Community Hospital Admission SOP

STEP BY STEP PROCEDURES TO BE FOLLOWED

All BGH staff/ GPs/ANPs	<p>Knoll & Kelso Community Hospitals: Contact the Nurse in Charge of the relevant Community Hospital regarding patient details, agree if the patient is appropriate and CH staff will add the patient to the waiting list. A medical handover from the BGH doctor responsible for the patient to the Community Hospital ANP is also required. Knoll Community Hospital - 01361 885000 Kelso Community Hospital - 01573 223441</p> <p>Hawick & Hay Lodge Community Hospitals:</p> <ol style="list-style-type: none"> 1. Contact the relevant GP practice to obtain GP acceptance. (8am – 6pm) The duty doctor at the practices will take the call if available or return the call when they can. 2. Contact the relevant Community Hospital to inform of GP acceptance, provide patient details, agree if the patient is appropriate and CH staff will add the patient to the waiting list. <p>Hawick Community Hospital - 01450 372162 Hay Lodge Community hospital – 01721 726978</p> <p>If a patient has transferred to the BGH from a Community Hospital and is admitted into a BGH ward for treatment for an event such as an MI/CVA, they should be re-accepted by NIC/ANP/GP prior to transfer back/ being added to the waiting list.</p>
Community Hospital Nursing Staff	<ul style="list-style-type: none"> • Take a handover ensuring it is detailed and the patient has a plan using the Patient Telephone Handover SBAR. • Discuss if the patient has any clinical or physical risks (falls, V&A, infection etc.) and identify appropriate equipment required e.g. low bed/bariatric equipment. • In line with the admission criteria, determine if the patient is appropriate for admission and add to the waiting list. • Patients being stepped down from the BGH to the Knoll and Kelso Community Hospitals can be admitted when a doctor is not on the ward if the relevant documentation is in place, including a medication Kardex and Treatment Escalation Plan (TEP). • Any disagreement on suitability of patients should be referred to the SCN/CN/ANP and doctors/GP for further discussion prior to acceptance. • When a bed is expected to become available, the Community Hospital staff will agree the most suitable patient on the list for admission and contact the relevant ward to plan transfer. Ideally this should be 24-48 hours prior to transfer or as soon as possible once a bed becomes available. • Details on upcoming Community Hospital discharges are discussed at the daily CH Safety Huddles and P&CS Huddles with details shared with the Site & Capacity Team and BGH Managers as part of Community Integrated Huddle spreadsheet on the “Forward Planning” tab. • Should a member of the Site & Capacity Team be unable to attend the daily P&CS Huddle, an email will be sent to the Site & Capacity with transfer plan details for that day and the days/week ahead. • Waiting Lists will be updated by CH nursing and admin staff and saved on the P&CS Community Hospital shared drive. • The waiting lists will be emailed at the end of each weekday to the BGH Safety Brief to allow this information to be shared at the 8:30am Safety Brief the following morning. At weekends, the waiting list will also be emailed to the Site & Capacity Team and P&CS On-Call Managers. • Any changes to the Community Hospital planned discharges following the P&CS Huddle should be communicated to the Site & Capacity Team via the BGH Switchboard, bleep 1412. • Community Hospital Staff must remain in communication with the referring ward/GP/ANP to ensure the patient’s journey is managed and transfers are effectively and safely planned.
All BGH & CH Staff – Do	<ul style="list-style-type: none"> • All staff are responsible for ensuring beds are utilised and patients reach the appropriate destination for their identified care requirements in a timely manner. • BGH wards are responsible for identifying appropriate patients on Pathways 3 and 4 and contacting the relevant Community Hospital to determine if the patient is appropriate for admission and to add to the waiting list if a bed is not available at that time. • Once a patient has been accepted, BGH staff are to ensure this is recorded in the comments box on the Discharge Planning page on Trak. This will keep a clear record when patients have

	<p>been accepted, particularly when patients are boarded around the hospital whilst waiting transfer.</p> <ul style="list-style-type: none"> BGH wards are responsible for advising the relevant Community Hospital if a patient already on the waiting list becomes unwell and is no longer suitable for transfer. Each Community Hospital will be responsible for managing their own waiting lists and matching the appropriate patients on the waiting list for admission. Beds will be prioritised between community step up and BGH step down, ensuring admissions are based on individual patient need and patient safety as per NHS Borders Community Hospital Admission Policy. Consideration of the length of wait will be taken into account, and those patients waiting longest should be prioritised accordingly. All patients stepping down from BGH MUST come with a Treatment Escalation Plan (TEP) with the Community Hospital section completed, a medicine Kardex with space, prescribed insulin (if required), all medications, a detailed handover and all medical & nursing notes. A detailed telephone handover MUST take place prior to transfer of all patients from BGH. This is the responsibility of BGH and CH staff. Step ups from home to the Knoll and Kelso Community Hospitals need to arrive before 3pm on a day that the doctor is present with their medications, DNACPR form (if in place), a GP summary from the patients GP practice and any other required belongings. If, at the weekend, a bed becomes available where there are no suitable patients on the list, the Nurse in Charge in the relevant Community Hospital will: <ol style="list-style-type: none"> Contact BGH Switchboard and ask for Site and Capacity Team (SACT) on bleep 1412. Advise SACT of the gender of vacant bed <p>BGH - SACT will liaise with wards to identify a suitable patient for transfer. The relevant ward will then liaise with the Community Hospital as per process above and arrange the patients transfer. Any concerns can be discussed with the On- Call Manager.</p> <ul style="list-style-type: none"> Should Community Hospital beds be available but there are no patients or no suitable patients (e.g. incorrect gender of bed) on the list, consideration can be given to out of area patients. This should be discussed with the P&CS CNM/CSM in the first instance. 		
All BGH & CH Staff – Don't	<ul style="list-style-type: none"> Move patients due to the pressure of beds within the BGH and Community Hospitals which affects the health and safety of patients & staff. 		
All staff – Emergency Procedures	<ul style="list-style-type: none"> Any concerns – please discuss with Site & Capacity, CNM and/or the On- Call Managers for Acute and P&CS. 		
Reporting Issues, faults, and repairs to equipment	Via SCNs/CNs/ CNM/CSM	Procedures for monitoring	All staff concerned to monitor patient flow, Trak, Safety Briefs, Adverse Event Reports and staff feedback.
Date safe system of work developed	14/10/2024	Safe system of work developed by	Andrea Johnstone Elaine Dickson
Version No	V1.7	Date safe system of work issued	05/06/2025
Review Date	Annually	Authorising Manager	Philip Grieve Elaine Dickson