

## Appendix 2 - Kelso & Knoll Step Up Patients From Home SOP

### STANDARD OPERATING PROCEDURE - P&CS

<b>Task Title</b>	Admitting 'Step Up' patients from home		
<b>Location</b>	Kelso and Knoll Community Hospitals		
<b>Version</b>	2.0		
<b>Cross Reference to health and safety risk assessments</b>	Occupational Health & Safety Manual	<b>Cross Reference to other documents</b>	Community Hospital Admission Policy. Patient Telephone Handover SBAR.
<b>Persons authorized to carry out the safe system of work</b>	All staff involved in discussing and agreeing patient admissions into Kelso & Knoll Community Hospitals.	<b>Persons authorized to supervise the safe system of work</b>	Kelso & Knoll Consultant Geriatricians, Kelso & Knoll ANP, P&CS Associate Medical Director, DON, ADON /Chief Nurse, Senior Charge Nurses, Nurse in Charge, Clinical Nurse Manager, Clinical Service Manager, P&CS On-Call Manager, Site & Capacity, Executive On-Call.
<b>Training and competency required</b>	<p>All staff will have awareness of the following:</p> <p>Community Hospital Admission Policy.</p> <p>Kelso &amp; Knoll CH Escalation Plan.</p> <p>TEP (Treatment Escalation Plans)</p> <p>All staff must be compliant with Statutory &amp; Mandatory Training.</p>	<b>Hazards to which staff may be exposed</b>	<ul style="list-style-type: none"> <li>Pressure of beds within the BGH and Community Hospitals.</li> <li>High acuity of Deteriorating Patients in the Community Hospitals.</li> <li>High acuity of patients requiring moving and handling assessment, increasing risk of falls &amp; harm.</li> <li>Increasing risk of aggression and violence with limited support within Community Hospital.</li> <li>Risk of disregarding Infection Prevention &amp; Control guidelines in times of pressure.</li> <li>No patient assessment/Clerk in if there is no ANP or medical cover available at the time of admission for patients being admitted from the Community.</li> <li>Pressure on BECS to assess patient and complete any missing or required documentation and prescriptions if the patient is admitted when no ANP/Medic/Consultant available.</li> </ul>

#### Approval Sign-off

Approver	Organisation / Role	Signature	Date
Philip Grieve	ADON/ Chief Nurse		
Tim Young	Associate Medical Director		
Karen Maitland	P&CS Clinical Service Manager		

**Document History** Until this document is approved for the first time it is not subject to formal change control and as such draft versions will always be referred to as 'V1'. *For Completion by Author/Editor*

Version	Date	Author / Editor	Details of Change
Draft 1.0	10/07/2024	CNM Andrea Johnstone ANP Susan Wight	Creation of Document
Draft 2.0	07/11/2024	CNM Andrea Johnstone ANP Susan Wight	Updated criteria for step up patients from home Removed Discharge Team process

## STEP BY STEP PROCEDURES TO BE FOLLOWED

All GPs	<ul style="list-style-type: none"> <li>Contact Knoll Community Hospital on 01361 885000 OR Kelso Community Hospital on 01573 223441</li> <li>Speak to the Nurse in Charge, ANP or available Consultant regarding patient details for admission.</li> <li><b>Ideally, a GP to Consultant discussion should take place via telephone to discuss the patient and agree if admission is appropriate.</b></li> </ul>		
Kelso & Knoll Nursing Staff	<ul style="list-style-type: none"> <li>Take a handover ensuring it is detailed, and the patient has a plan using the Patient Telephone Handover SBAR.</li> <li>Discuss if the patient has any clinical or physical risks (falls, V&amp;A, infection etc) and source appropriate equipment e.g. low bed etc.</li> <li>Add patient to the waiting list if no bed is available.</li> <li>Remain in communication with the referring person to ensure the patient's admission is managed effectively and safely planned.</li> </ul>		
All Staff – Do	<ul style="list-style-type: none"> <li>Ensure transfers into Kelso and Knoll CHs are based on individual patient need and patient safety as per NHS Borders Community Hospital Admission Policy.</li> <li>Admissions from home are limited to patients not appropriate for further invasive investigations or active treatment. <b>(Palliative &amp; End of Life Care only)</b></li> <li>Admissions from home should <b>arrive before 3pm</b> (No later than 4pm) Monday to Friday when an ANP/ Medic/Consultant is on duty to write the medication Kardex and conduct an initial review.</li> </ul> <p><b>If this is not possible and a patient is expected to arrive after 4pm, a Purple Palliative Care Kardex with anticipatory medications is required to be prescribed by the GP prior to admission.</b></p> <ul style="list-style-type: none"> <li>Community patients admitted and seen by the ANP requiring medical review are to be escalated to the relevant DME Consultant as per Escalation Plan.</li> </ul>		
All Staff – Don't	<ul style="list-style-type: none"> <li>Admit at the weekend. <b>No admissions from home are permitted at the weekend.</b></li> </ul>		
All staff – Emergency Procedures	<ul style="list-style-type: none"> <li>Any Concerns In-Hours – Discuss with the Consultant scheduled for the relevant hospital and/or CNM.</li> <li>Any concerns Out of Hours – Discuss with BECS and/or the P&amp;CS On-Call Manager.</li> </ul>		
Reporting Issues, faults, and repairs to equipment	Via SCNs/ CNs/ CNM/ CSM	Procedures for monitoring	All staff concerned are to monitor the safety of patient admissions & escalate concerns via Safety Briefs/Huddles and Adverse Events reports.
Date safe system of work developed	07/11/2024	Safe system of work developed by	Andrea Johnstone & Susan Wight in agreement with Dr Rachel Stewart, Dr Rebecca Woodcock, Dr Andrew McLaren and Dr Tim Young.
Version No	2.0	Date safe system of work issued	
Review Date	Annually	Authorising Manager	Cathy Wilson