Contents

1. Introduction and Who Guideline applies to: 2
2. Guideline Standards and Procedures 2
2.1 Live Bed States 2
2.2 Bed Closures 2
2.3 Identifying Patients for Discharge 4
2.4 Identifying Patients who are in the right clinical specilaity area for their clinical condition 5
2.5 Making a Bed Request 5
2.6 Viewing Bed Requests 6
2.7 Reserving a Bed 7
2.8 Understanding Bed Chains 9
2.9 Moving a patient around within a ward 10
2.10 Viewing demand versus capacity for a speciality 10
2.11 Oversight of Patient Flow 10
2.12 Planned or Unplanned Downtime 11
3. Education and Training 11
4. Monitoring Compliance 11
5. Supporting References (maximum of 3) 12
6. Key Words 12
Appendix A – Bed Closure/Opening Governance process (escalation beds already live on Nervecentre) 13
Appendix B – Opening & Closing of 'Dormant' escalation areas/wards on Nervecentre.. 14

1. INTRODUCTION AND WHO GUIDELINE APPLIES TO:

Nervecentre Bed Management (eBeds) is UHL's digital system to enable real time safe patient flow management, supporting improved patient safety with getting the Right Patient in the Right Place at the Right Time. This standard operating procedure (SOP) outlines the procedures and principles that must be followed in order to achieve safe patient flow in conjunction with the electronic system.

This standard operating procedure applies to all clinical and operational staff who are involved in the safe transfer of patients around the Trust from admission through to discharge.

More detailed technical 'how to' guides are available on UHLConnect for clinical and operational colleagues.

2. GUIDELINE STANDARDS AND PROCEDURES

2.1 Live Bed States

In order for the teams to be able to safely and accurately use the electronic bed management system and to ensure patient safety in the event of a major incident or fire, it is vitally important that the system always reflects the accurate live picture of patient occupancy on the ward. Therefore the ward Nurse in Charge is responsible for ensuring that all patients have been admitted, transferred or discharged within 15 minutes realtime from patient systems and that all patients are assigned to the correct beds on the ward.

IMPORTANT NOTES:

Ward teams **MUST** ensure that only 1 patient is allocated to each bed space. For safety reasons (in order to allow e-Obs to occur in urgent circumstances) the system DOES allow two patients to occupy one bed space. This MUST NOT occur in normal circumstances.

Patients **MUST** also not be allocated to a Closed Bed the closed bed tag must always be removed after appropriate removal where necessary.

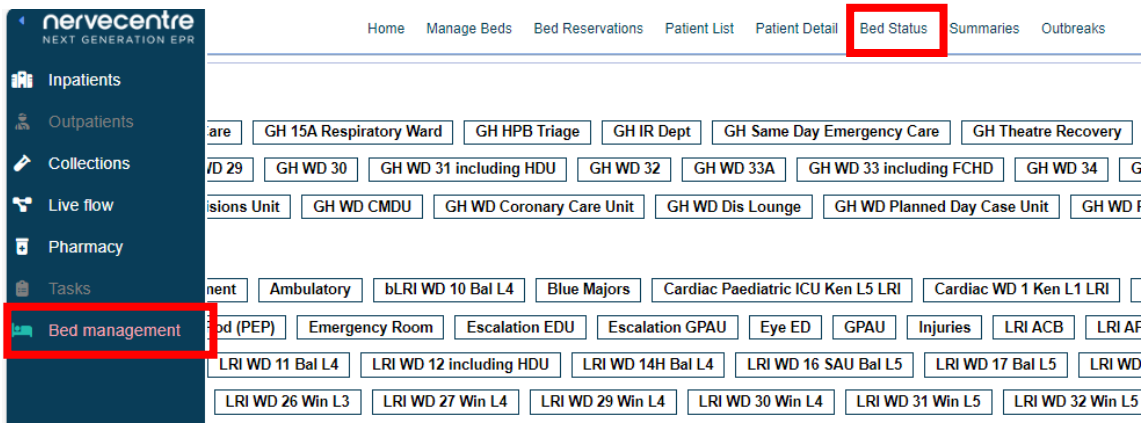
- Patients who are being discharged from the hospital **MUST** be discharged from PatientCentre at the time of their departure (Nervecentre if in ED).
- For patients located in side rooms, any infection control issues must be recorded within the IP Management field.

2.2 Bed Closures

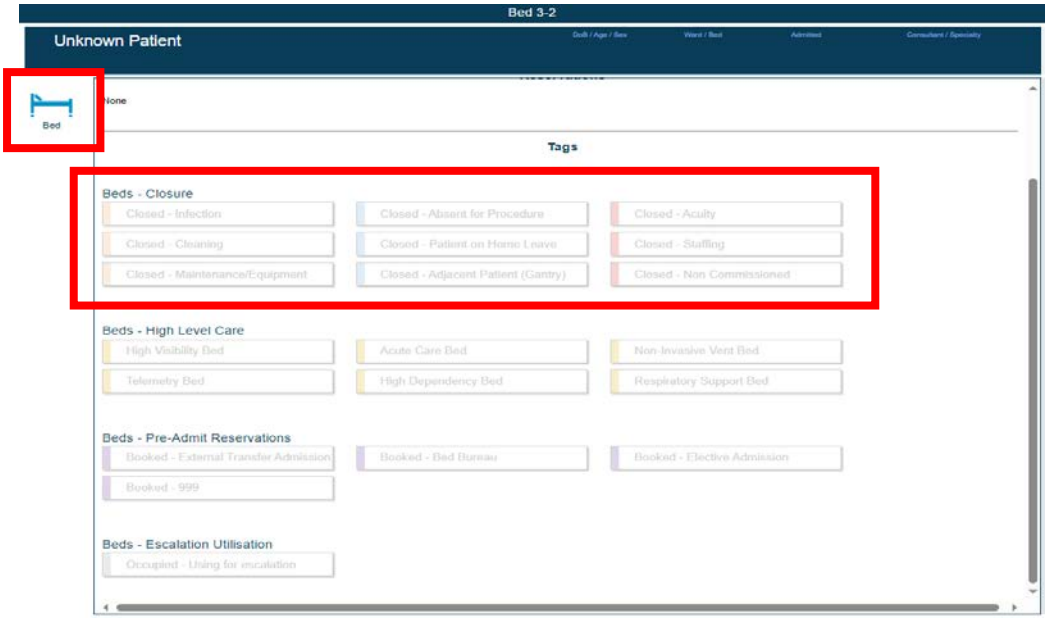
- Opening of non-commissioned beds or closing of beds for the reason of staffing or acuity **MUST** be approved by the Chief Nurse, Chief Operating Officer or relevant Deputy in accordance with governance process outlined in Appendix A.
- Longer term deactivation of dormant/no longer required capacity must be completed in accordance with governance process outlined in Appendix B
- Overall accountability is with Deputy Chief Operating Officer (UEC) for accurate bed capacity in Nerve Centre across UHL.
- The Head of Capacity and Flow is responsible for ensuring timely changes are made to Nervecentre when made aware of them by the CMGs, as well as responsible for internal and external reporting of bed capacity.
- Heads of Operations are accountable for the accuracy of the reported bed capacity in their CMGs.
- Patients **MUST NOT** be placed in beds that are identified as Closed without that tag being first removed (following approval under the bed opening/closure governance process Appendix A).
- Guidance for opening & closing of 'Dormant' escalation areas/wards on Nervecentre can be found in the Appendix B.

The action of Opening & Closing of individual beds need to be completed on the PSAAG page within Nervecentre and **can only be completed by those approved to do this by the CMG**.

- From the Bed Management page, click on **Bed Status** from where you will be able to select your ward to view the PSAAG



- Select the Bed that you wish to close and this will then pop open and you'll be able to select the appropriate bed closure reason must be selected



Bed Closure tags can only be applied in accordance with the below rationale:

Closure Detail	Closure Rationale	Additional Detail
Closed - Infection	Bay Bed empty and closed due to infection status of other patients in Bay or ward is closed due to infection outbreak	Infection details of surrounding patients must be completed on Nervecentre
Closed - Cleaning	Bed empty and closed for cleaning following infection	Only to be used for Red clean as Amber & Green cleans timescales are achievable whilst patient is in transit. (See below)

Closed - Maintenance	Bed empty and closed as unsafe for patient occupancy until maintenance complete or equipment replaced.	Note must be added in regard to detail and timescale for resolution
Closed – Adjacent Patient	Bed empty due to equipment being in place for adjacent patient (eg. gantry hoist)	Patients with bariatric requirements should be admitted to dedicated wider bed spaces where available.
Closed – Absent for procedure	Bed temporarily empty whilst patient is off ward elsewhere in hospital undergoing a procedure.	Note must be added in regard to detail
Closed – Patient on Home Leave	Bed temporarily empty whilst patient is on a trial at home period.	Note must be added in regard to detail and planned return date
Closed – Acuity	Bed empty and closed due to the acuity of patients on the ward impacting on the ability to take further patients within safe staffing levels.	Only to be used following Chief Nurse approval
Closed – Staffing	Bed empty and closed due to inability to provide safe staffing levels to match the patient numbers on the ward.	Only to be used by Childrens Hospital following Chief Nurse approval
Closed – Non-Commissioned	Bed is closed as not funded through current establishments but available immediately for escalation purposes - includes beds formerly referred to as flex beds.	Additional staff and possibly equipment may be required to use these beds and approval must be granted by the Chief Nurse due to impact on safe staffing levels.

The Closed-Cleaning option should only be selected if a bed area is being closed for a Red clean.

Clean Type	Time	Bed Closed on NC
Green	15 minutes	x
Amber	40 minutes	x
Red	3 hours approx.	√

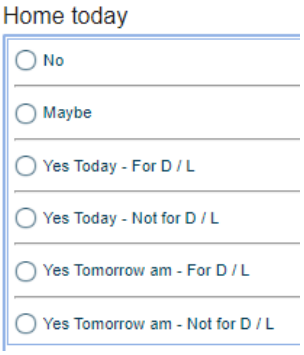
The Head of Capacity and Flow, and/or Senior Operations Manager (SOM) should be sighted to all bed closures in each Tactical Command meeting.

2.3 Identifying Patients for Discharge

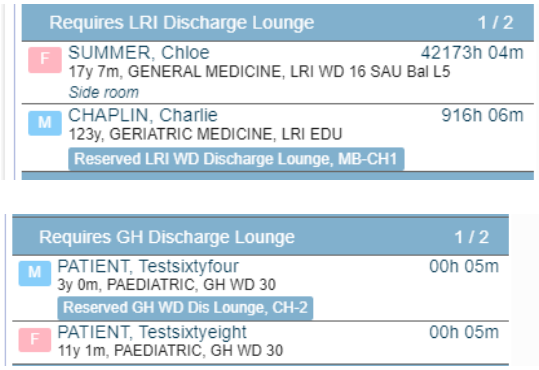
Identifying patients planned for discharge on current or next day is integral to daily Board Rounds and ensures clear visibility to all members of the MDT across the Trust, allowing appropriate prioritisation of tasks to ensure that patients are not delayed in getting to the next destination, home or other community setting. All patients should be transferred to the discharge lounge (where applicable) unless not in their best interest and they don't meet the Discharge Lounge criteria.

- For patients who are definitely or potentially being discharged today or tomorrow, select one of the options in the **Home Today** field
- For confirmed discharges who can go to the discharge lounge, select **Yes Today – For D/L**
- For confirmed discharges who cannot go to the discharge lounge, select **Yes Today – Not For D/L**

- For patients who are a 'possible' discharge today, select the **Maybe** field but it must be updated to one of the 'Yes' options once the discharge has been confirmed.
- For confirmed Next Day discharges who can go to the discharge lounge, select **Yes Tomorrow – For D/L**
- For confirmed discharges who cannot go to the discharge lounge, select **Yes Tomorrow – Not For D/L**



- All patients needing to go to the Discharge Lounge should have a Bed Request for Discharge Lounge made to enable creation of a list that the team can then manage reservations from a make appropriate plans.



2.4 Identifying Patients who are in the right clinical specilaity area for their clinical condition

When a patient is located in the correct area for that speciality this can be identified if not already in place by either selecting the 'Preferred Speciality' or 'Plan' field from a dashboard view or by selecting the 'Preferred Speciality' on the 'Bed Request Notes Profile' but **without selecting a requested bed status**. If the Bed request section is completed with requested this will place patients on the bed wait list for that speciality demonstrating false demand for the service.

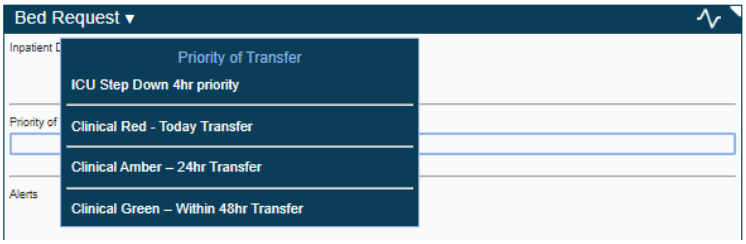
2.5 Making a Bed Request

The senior clinician (Consultant or SpR) is responsible for making the decision to admit a patient or transfer to another speciality and assigning the preferred specialty following consultation and acceptance by the proposed specialty that the patient is transferring to.

- Nurse/Doctor/Bed Manager logs into Bed Request handover profile to make a bed request (ED bed Request handover profile used by ED colleagues).
- All fields must be fully completed to ensure clear and accurate communication of patient detail required for safe patient movement.
- Once a bed request has been made, it will appear in the relevant **Requires Specialty** field under the patients current location, either **ED, Admission Areas or Wards** section of the

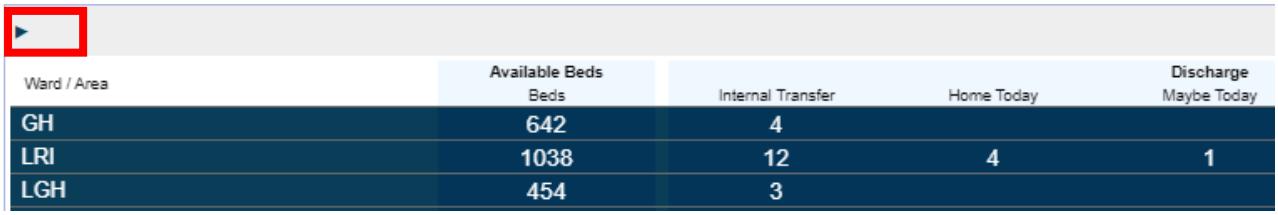
Patients waiting for beds window in effect placing the patient on the 'bed wait list' for that speciality.

- Clinical Priority for Transfer will be set by accepting Clinician in discussion and agreement with referring clinician

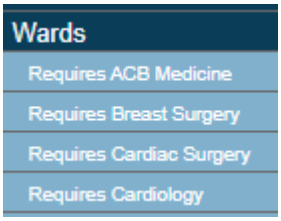


2.6 Viewing Bed Requests

- On opening Nervecentre select **Bed Management Pages**
- In the headings select **Manage beds**
- If not already visible click on the little arrow on the left hand toolbar to open up the **Patients waiting for beds** screen



The dark blue section will highlight how many bed requests in total for the that collective area and then those bed requests will be broken down by specility in the light blue area



- Each **Requires Specialty** field will indicate how many bed requests there are for each specialty.
- Clicking on your chosen specialty will open up the patient list and allow you to view the patient details for people waiting for that speciality and any bed requirements (eg: side room).
- It shows all bed requests from all admission areas in bed request time order.
- It also shows how many of the bed requests have bed reservation plans for example the screenshot below demonstrates that there are 16 bed requests in ED and 10 of those don't have a bed reservation plan, the 2 requiring Breast Surgery all have bed reservation plans whereas the 1 requiring cardiology does not have a bed reservation plan.

Making a Bed Request for an elective or non ED emergency admission patient

Once Nervecentre PAS is in place all Elective and all non ED emergency admissions will be able to be pre-admitted which will allow for bed requests to be completed and the patients to be listed on the bed demand lists within the Bed Management module alongside ED patients & inpatients.

Making a Bed Request for a patient who can Outlie

Once the decision has been made that a patient can outlie, the **Outlier Status** field (available in the Nurse / Doctor / Board Round profiles) needs to be updated to 'Suitable to Outlie'
The Nurse / Doctor / Bed Manager logs into their handover profile and makes the bed request on the appropriate patient by completing the following 3 fields:
Preferred Specialty – complete with specility specific for patient so that the patient is visible to the specility bed coordinator or flow coordinator
Bed Requirements Inp – select 'Outlier Bed'
Bed Request - select 'Requested'

Making a Bed Request for a patient who can Rapid Flow

The Nurse / Doctor / Bed Manager logs into their handover profile and makes the bed request on the appropriate patient by completing the following 3 fields:
Preferred Specialty – complete with specility specific for patient so that the patient is visible to the specility bed coordinator or flow coordinator
Bed Requirements Inp – select 'Rapid Flow'
Bed Request - select 'Requested'

Making a Bed Request for a patient who can Board

Once the decision has been made that a patient can board, the **Potential Outlier** field (available in the Nurse / Doctor / Board Round profiles) needs to be updated to 'Yes'
The Nurse / Doctor / Bed Manager logs into their handover profile and makes the bed request on the appropriate patient by completing the following 3 fields:
Preferred Specialty – complete with specility specific for patient so that the patient is visible to the specility bed coordinator or flow coordinator
Bed Requirements Inp – select 'Boarding'
Bed Request - select 'Requested'

2.7 Reserving a Bed

Safe patient movement planning is achieved through the bed reservation functionality.

IMPORTANT NOTES:
All patients requiring admission or transfer to another speciality across the Trust **must have** their move mapped against the bed they will be transferring to.

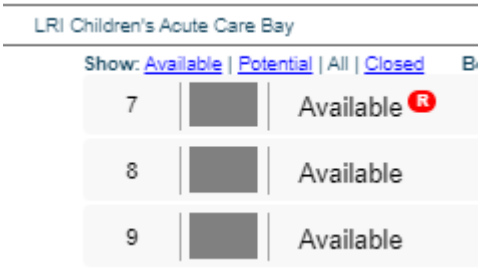
This supports the clinical areas and the Trust overall in understanding the realtime deficit or surplus in demand versus capacity of the ward or service.

- The reserving of beds is done by the staff identified within the CMG as responsible for this role. This may be bed co-ordinators, flow coordinators, nurse-in-charge, manager of the day etc.
- Highlight the patient you wish to reserve a bed for by clicking on their details in the **Patient waiting for beds** window
- To view available beds, select relevant site (GH, LRI or LGH), select CMG then select the ward you require. Nervecentre defaults to displaying **Available beds**. It is advised that this view only should be used for bed reservations.
    - Selecting 'Available' will show empty beds plus beds occupied by patients identified as 'Home today' or 'Internal Transfer' (those with a bed reserved in another location).
    - Selecting 'Potential' will show the same as 'Available' with the addition of those patients who are 'EDD Past' and those identified as 'Maybe Today'
    - Selecting 'All' will show the status of every bed on the ward.
    - Selecting 'Closed' will show the closed beds and reason for closure

In this ward view it is also possible to see if a bed is being virtually occupied by more than one patient to alert the need for timely patient discharge from patient centre system to be conducted.

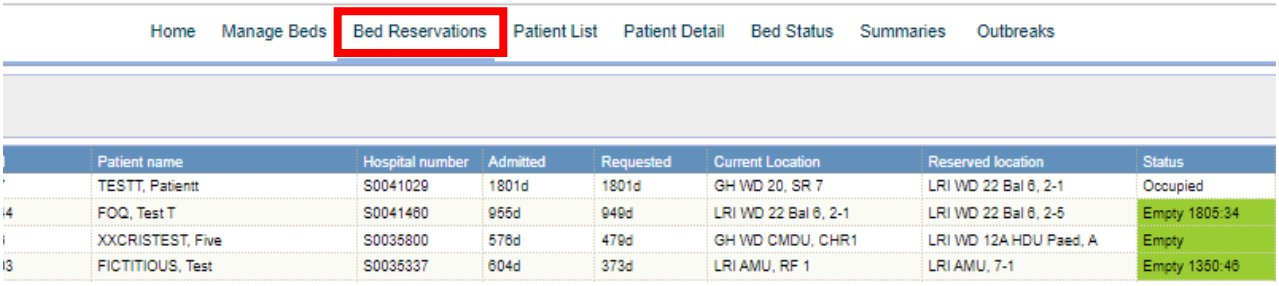
A red alert will also be visible if there is a patient on the ward system not allocated to a bed and this must be clarified and rectified before any further bed reservations can be made for that ward or area.

- To reserve the bed click on the patient then click on the bed you want to reserve and select **Reserve** from the pop up box. A red 'R' will appear next to the bed you have reserved.



- Once the patient has physically moved, transfer the patient on PatientCentre to the selected ward and the patient will automatically be allocated to the reserved bed space.
- To cancel a bed reservation, click on the reserved bed space and then select **Cancel Reservation** from the pop up box – the red R disappears from the screen

To view all active bed reservations across the trust select **Bed Reservations**



- Bed reservations can be cancelled from this page also. Right click on the reservation you wish to cancel and select 'delete selected' from the pop up box.

IMPORTANT NOTES:* *Bed Reservations

- If a bed is reserved on one ward and the patient is transferred (and admitted on Patient Centre) to another ward, the reservation (red R) stays on the original bed and the original bed request stays on the patient. **These will need to be removed manually. The responsibility for this lies with the person or team that made the reservation change**.
- To remove the bed reservation, go to the **Bed Reservations** heading, select the patient, right click and select 'cancel reservation'.
- To remove a bed request on a patient, the **Bed Required** field in **Bed Request Handover Profile** should be changed to 'No'. This will stop the bed request still being visible in the **Patients waiting for beds list**.

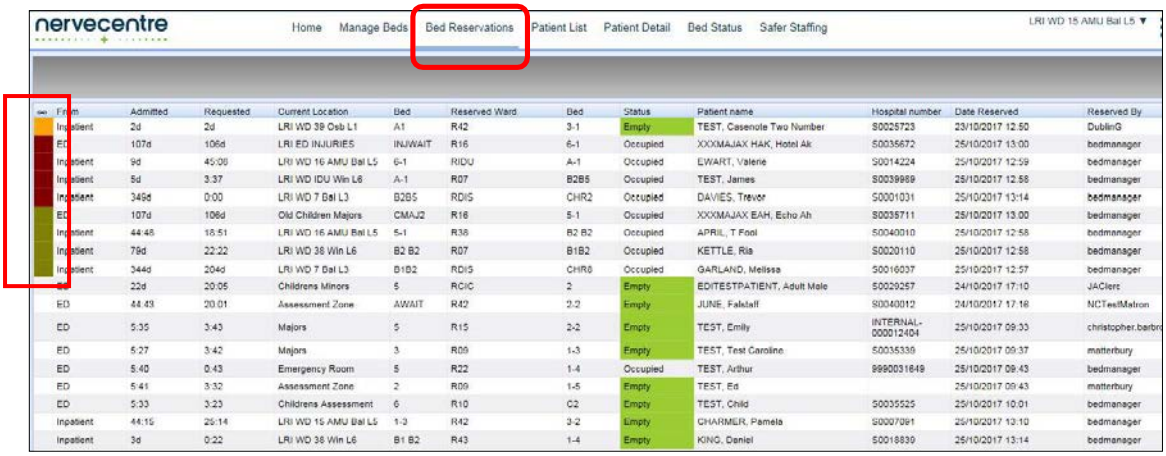
2.7.1 Reserving a bed for patients due to come in from another source other than ED

To Reserve a bed for an Elective or External Transfer patient

- In **PSAAG view** click on the bed and select the bed icon on the left, if bed occupied then under Tags select select either **Booked - Elective** or **Booked - External Transfer** and then insert the name of the patient and date TCI in the pop up box
- Once the patient has been admitted on PatientCentre remember to deselect the reason for closure by clicking on the bed and unticking the **Booked - Elective** or **Booked - External Transfer**
- **Once Nervecentre PAS is in place all Elective and all non ED emergency admissions will be able to have beds reserved through the bed management page and the bed closure reservation function will be deactivated.**

2.8 Understanding Bed Chains

On the left-hand side of the Bed Reservation page there are coloured boxes that indicate where bed moves are linked in a chain.



An example of a chain is shown below (see the maroon-coloured column at the far left):

ED	107d	106d	LRI ED INJURIES	INJWAIT	R16	6-1	Occupied	XXXMAJAX HAK, Hotel Ak
Inpatient	9d	45:08	LRI WD 16 AMU Bal L5	6-1	RIDU	A-1	Occupied	EWART, Valerie
Inpatient	5d	3:37	LRI WD IDU Win L6	A-1	R07	B2B5	Occupied	TEST, James
Inpatient	349d	0:00	LRI WD 7 Bal L3	B2B5	RDIS	CHR2	Occupied	DAVIES, Trevor

In this example, each patient is waiting for another patient to move, e.g., Trevor Davies needs to move from LRI Ward 7 (R07) to the LRI Discharge Ward (RDIS) before James Test can move from his bed on the LRI Infectious Diseases Ward (LRI WD IDU Win L6) to LRI Ward 7 (R07) and take the bed that was formerly occupied by Trevor Davies.

Once the Chair that is required in the LRI Discharge Ward has become available for Trevor Davies, the **Status** changes from **Occupied** to **Empty**, a clock is started. This clock denotes the time elapsed that a chair/bed/trolley has become available to allow a transfer to go ahead:

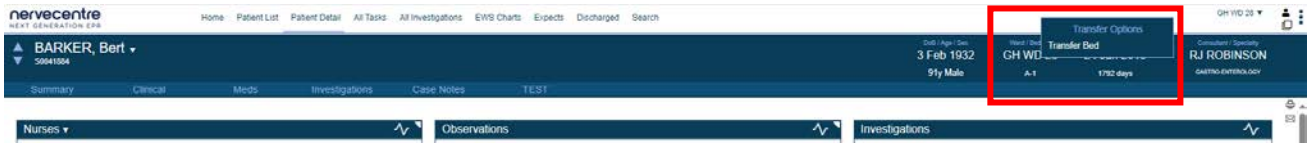
ED	107d	106d	LRI ED INJURIES	INJWAIT	R16	6-1	Occupied	XXXMAJAX HAK, Hotel Ak
Inpatient	9d	45:23	LRI WD 16 AMU Bal L5	6-1	RIDU	A-1	Occupied	EWART, Valerie
Inpatient	5d	3:52	LRI WD IDU Win L6	A-1	R07	B2B5	Empty 0:05	TEST, James

The purpose of chains and best practice for effective flow would be to start with the first patient in the chain (e.g. HotelAk HAK) move them to their next place, collect the patient from that space and move them onto their next space and so on. This means the patient in

ED moves out quicker, but all patients get safely transferred to their next place in the chain.

2.9 Moving a patient around within a ward

- If a patient is moved to a ward where that patient has a bed reserved, the patient will automatically move into that bed when they are transferred on PatientCentre.
- If a patient moves once on the ward (or arrives at a different bed to the one that is reserved), the patient will need to be allocated to the correct bed. Click on the Patient Detail then click on the down arrow next to 'Ward/Bed' field in the top right, select 'Transfer Bed' and select the required bed from the list.

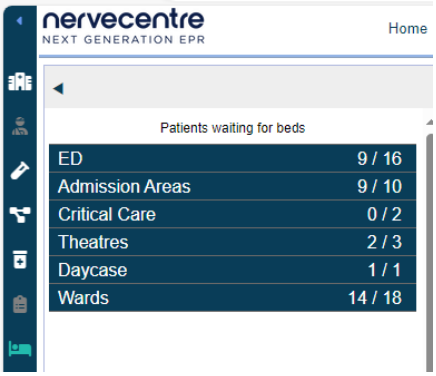


2.10 Viewing demand versus capacity for a speciality

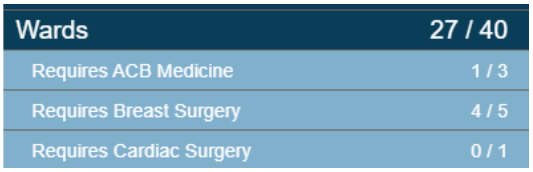
Within the '**Patients waiting for beds'** of the '**Bed Management Page**' there is visibility of how many of the patients with a bed request have got a bed reservation and therefore how many still require a plan.

For example for screenshot below demonstrates that there are:

16 patients in ED with a bed request, 9 of which **do not** have a bed reservation plan
10 patients in Admission Areas with a bed request, 9 of which **do not** have a bed reservation plan
2 patients in Critical Care with a bed request, 0 of which **do not** have a bed reservation plan
3 patients in Theatres with a bed request, 2 of which **do not** have a bed reservation plan
1 patient in Daycase with a bed request, which **does not** have a bed reservation plan
18 patients in Wards with a bed request, 14 of which **do not** have a bed reservation plan



Further detail is provided in speciality view as demonstrated below:
In Ward Areas
3 patients have beds requested for ACB Medicine Specility of which 1 **do not** have a bed reservation plan
5 patients have beds requested for Breast Surgery Speciality of which 4 **do not** have a bed reservation plan
1 patient has a bed request for Cardiac Surgery and they have a bed reservation plan

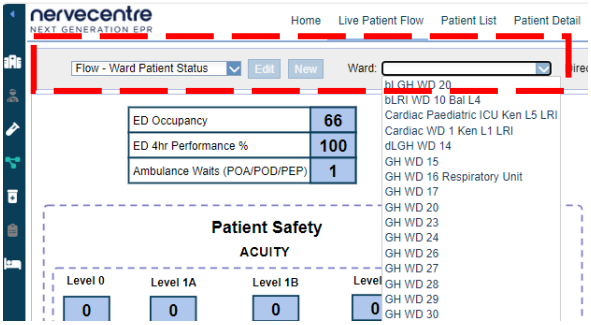


2.11 Oversight of Patient Flow

To support effective patient flow Live Flows have been developed to support clinical & operational teams to have oversight and clear visibility of aspects of patient care that will support timely care, treatment, admission and discharge. These are available at:

a) Ward level
b) Speciality level
c) CMG level
d) Trust level

Ward Level is found by choosing the **Flow-Ward Patient Status** LiveFlow then selecting the relevant ward from the **'Ward'** dropbox**.**



2.12 Planned or Unplanned Downtime

No digital backup currently exists for electronic bed management downtime.

- All areas should invoke downtime or business continuity procedures as necessary to ensure that patient safety is maintained. **Areas MUST ensure their Business Continuity Process (BCP) boxes contain sufficient documentation** to support downtime.
- For planned downtime it is possible to print the Bed Reservation list from the web browser view page.
- For planned downtime it is possible to print the list of patients waiting per speciality from the web browser view page.

3. Education and Training

Local induction and training plans are responsibility of CMG and Operational teams. Additional technical system training can be provided on request by the Clinical IT Facilitators and user guides and top tips are available on UHL Connect and the live user guide within Nervecentre. There also ebeds Champions across the Trust who can support with queries regarding the system use.

4. Monitoring Compliance

Compliance will be demonstrated within an Operational Safe Patient Flow & Capacity Report. This report will contain the following metrics:

- Admission, Discharge, Transfer (ADT) timestamp statistics
- Home Today Field Compliance
- Incomplete Discharges
- % Bed Requests that have a Bed Reservation
- Ave. Time from Bed Request to Bed Reservation
- Ave. Time from Bed Reservation to patient arriving in Reserved location
- Ave. Time from Request to Transfer for Clinical Priority Red

- % Transfers on same day Before 8pm for Clinical Priority Red
- Ave. Time from Request to Transfer for Clinical Priority Amber
- % Transfers with 24hrs for Clinical Priority Amber
- Ave. Time from Request to Transfer for Clinical Priority Green
- % Transfers with 48hrs for Clinical Priority Green

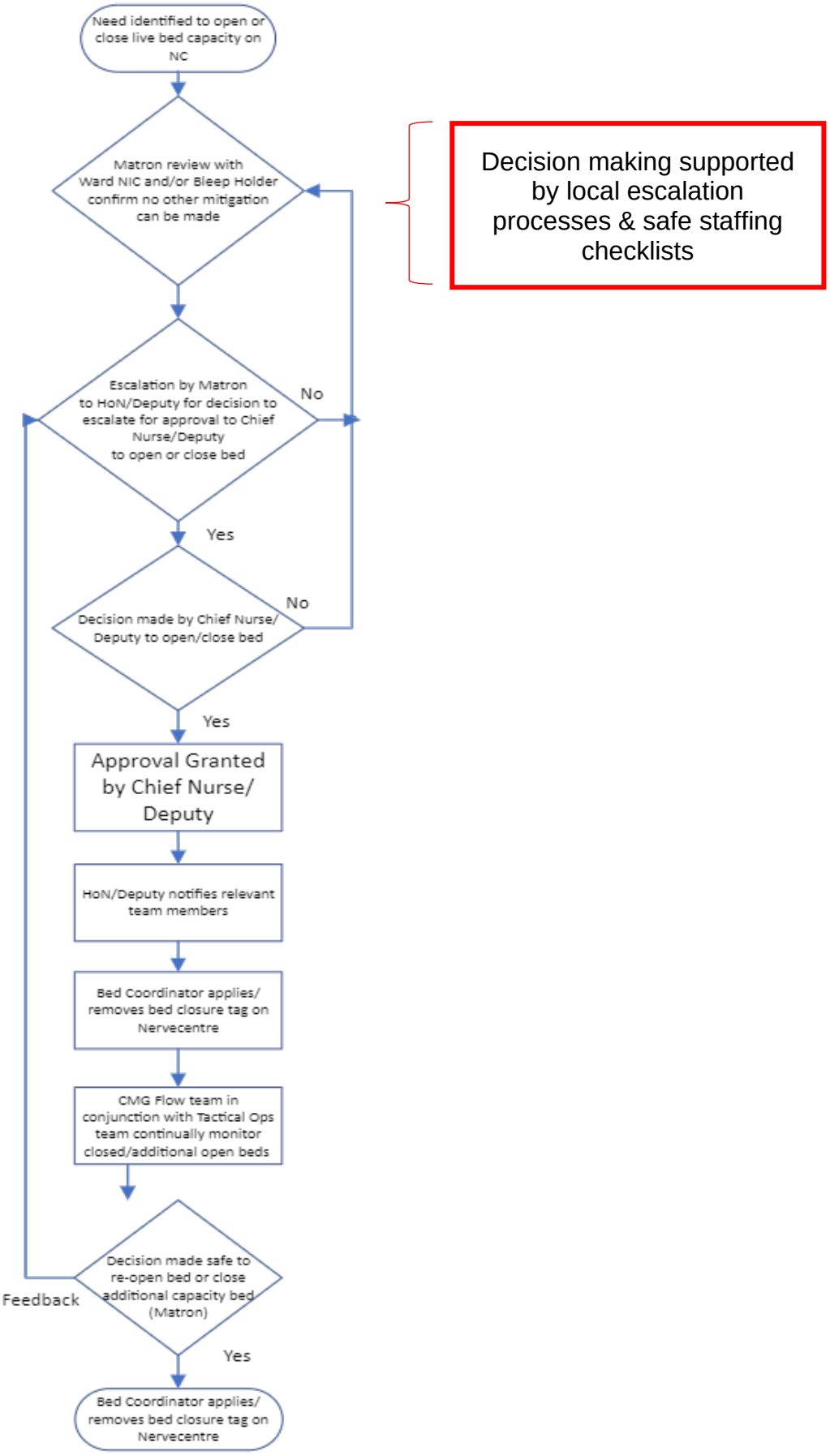
5. SUPPORTING REFERENCES (MAXIMUM OF 3)

None

6. KEY WORDS

eBeds, Bed Management, Patient Flow

APPENDIX A – BED CLOSURE/OPENING GOVERNANCE PROCESS (ESCALATION BEDS ALREADY LIVE ON NERVECENTRE)

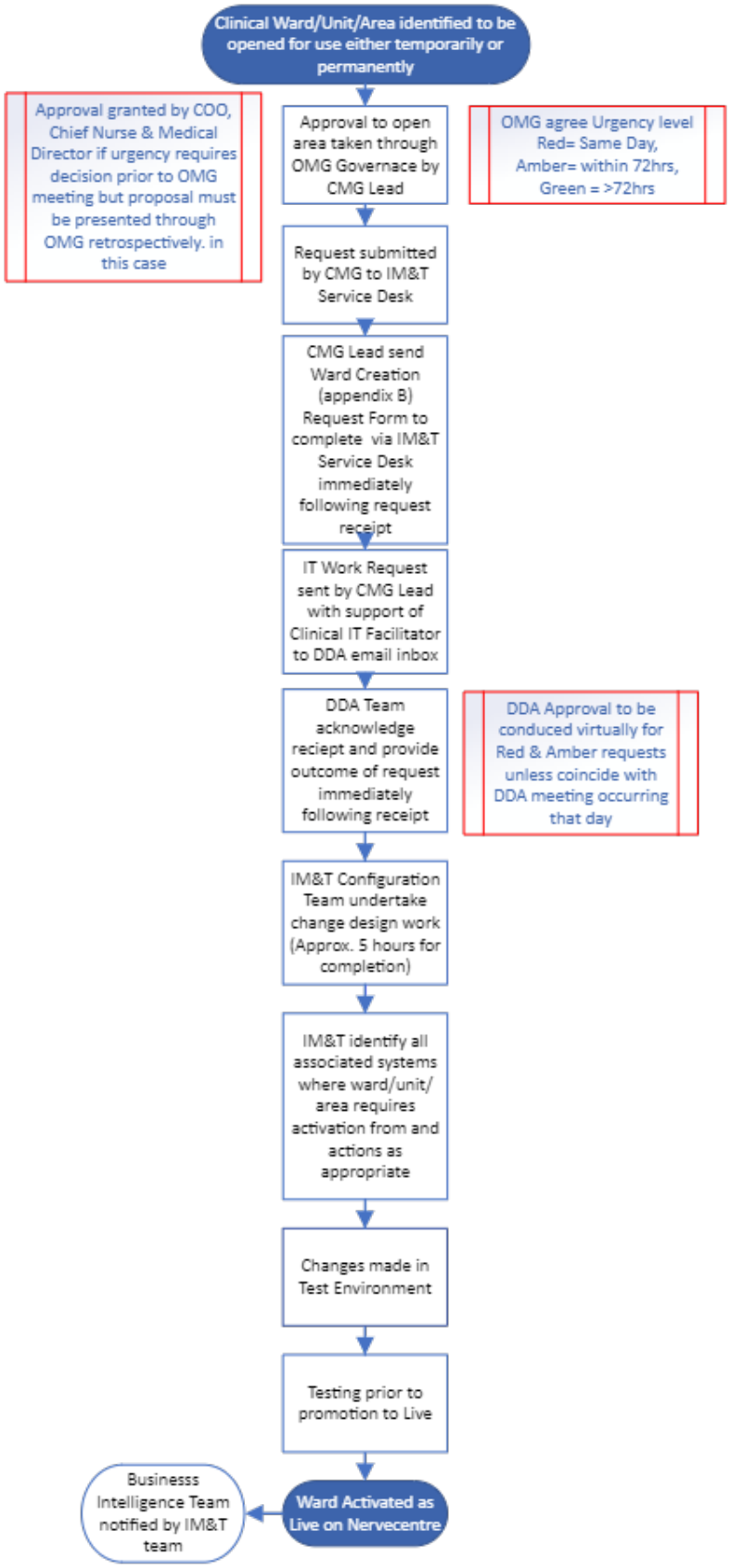


NB: Paper copies of this document may not be most recent version. The definitive version is held on InSite in the Policies and Guidelines Library

APPENDIX B – OPENING & CLOSING OF 'DORMANT' ESCALATION AREAS/WARDS ON NERVECENTRE

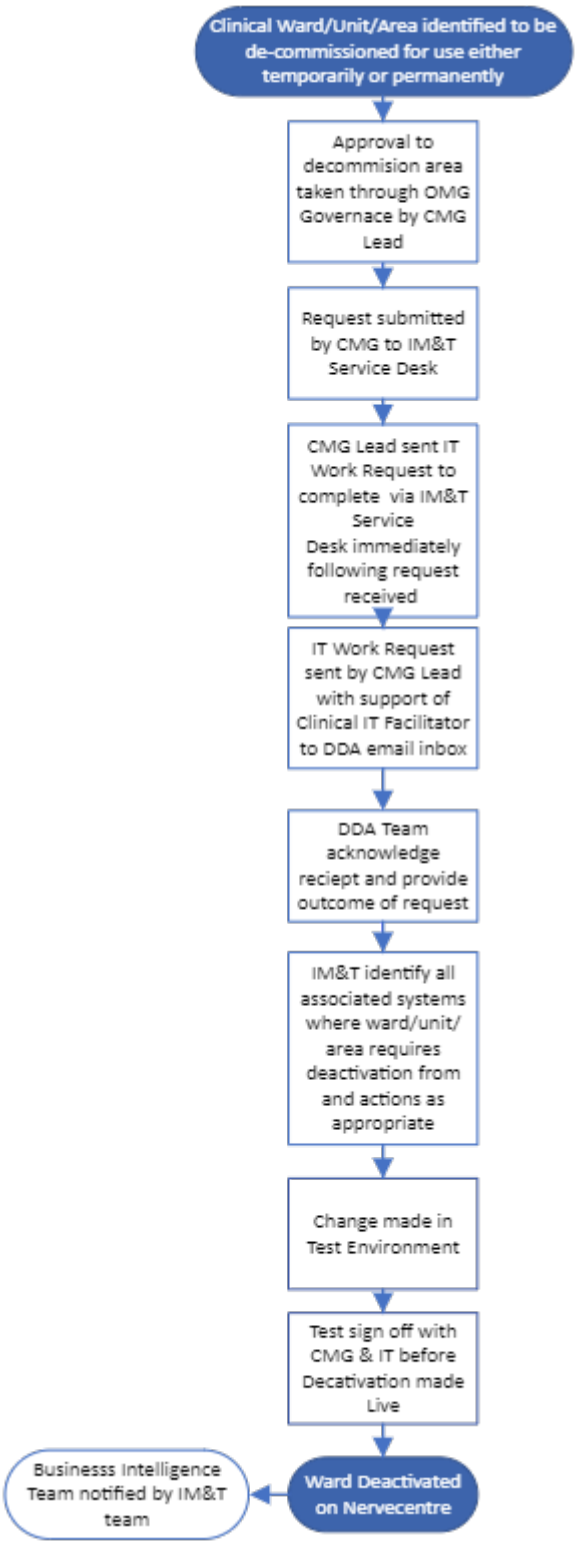
Opening New Ward/Clinical Area Capacity

IM&T Ward Creation Request Form link here



Closing Dormant Ward/Clinical Area Capacity

IM&T Ward Closure Request Form link here



CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Head of Nursing for System Emergency Care	**Executive Lead: Chief Nurse**
Details of Changes made during review:	