

1. Introduction and who this Standard Operating Procedure (SOP) applies to;

This SOP is for all Gynaecology staff, the Duty Management team and other CMG Ward and Management teams and outlines their role in the identification of suitable patients to be outlied / transferred to Gynaecology.

This SOP applies to Ward 31 Elective Gynaecology at the Leicester General Hospital only. Gynaecology Assessment Unit (GAU), LRI is ringed fenced in line with other emergency assessment areas within the Trust.

Overarching document

This document should be used in conjunction with the UHL **Outlying Adult Patients UHL Policy (B18/2018)**. Exceptions to the Trust policy that are specific to gynaecology are detailed in the following SOP.

Criteria

In line with UHL Infection Prevention recommendations (November 2020) and local guidelines the following criteria must be adhered to:

1. Any elective patient selected for transfer/admission to Ward 31 LGH **must have** a negative MRSA, Covid-19 and CRO screen (if applicable).
2. Any elective patient with a confirmed infection including MRSA, COVID-19, ESBL, CRO & CDT or with recent history of diarrhoea and vomiting; their admission must be queried with the appropriate Consultant and discuss whether surgery is clinically urgent or can be postponed.
3. Ward 31 can accept the appropriately negatively screened female patients as defined above from Surgery and MSK.
4. Ward 31 will accept transfers from Gynaecology Assessment Unit (GAU) if;
 - a. It is clinically necessary (i.e. a gynaecology patient)
 - b. If GAU have no or limited admitting capacity
5. Patients from GAU must have a negative Covid & CRO screen (if applicable). The MRSA screen can be pending if ward 31 can create an appropriate bed space.
6. Patients who can be transferred must;
 - a. Have a confirmed diagnosis or treatment plan.
 - b. Not require imminent surgery
 - c. Not require urgent radiological intervention unless agreed by radiology to transfer the request to the LGH
 - d. Patients when deemed suitable for transfer must have the clinical agreement of the GAU on-call Consultant who will identify the patients named Consultant following transfer.

Coordination of admissions will be conducted daily through the Gynaecology Nurse-in Charge and the Surgical Bed Co-ordinators. With escalations going through to the Gynaecology Matron and CMG Manager of the Day.

Extension of Criteria

There may be incidents where there is a need to extend the criteria for patients who can be outlied to Ward 31.

- Escalation Levels 1-2: Gynaecology will work as business as usual within the criteria defined above
- Escalation Level 3-4: Gynaecology will take patients on to Ward 31 at the LGH outside of the defined criteria. This extends to medically optimised with the agreement of the sending specialty's medical teams. Patients with dementia etc. should only be moved as a last resort with the appropriate consent as the environment is not dementia friendly and multiple ward moves are associated with increased delirium.
- Escalation Level 5: Gynaecology will take male patients as per the directive from UHL Strategic. Due to the toilet and washing facilities, if Ward 31 take male patients then all the patients on the ward need to be negatively screened or alternatively what is defined as appropriate through infection prevention and command and control structures from UHL Strategic.

Escalation levels 1 – 4 must be discussed and agreed with the Gynaecology Matron or Ward 31 Sister. Out of hours the On-call Manager for Women's and Children's CMG must be contacted.

Escalation level 5 would only be agreed in exceptional circumstances through strategic on call meetings and must have sign off by the Chief Nurse, or Director on Call.

Rationale

The above criteria are based on ward 31 LGH:

- Only having 1 side room which is commonly used for vulvectomy patients and end of life patients.
- During any Pandemic elective activity is reduced to oncology surgery (with some clinically urgent) only; therefore, the ward is classed as a clean ward to safeguard a vulnerable cohort of patients.
- Due to reduced elective activity gynaecology are therefore able to offer bed capacity to Surgical Specialities and MSK to enable their elective activity to continue.

3. Education and Training

None.

4. Supporting References

UHL [Outlying Adult Patients UHL Policy \(B18/2018\)](#).

5. Key Words

Discharge, Escalation, Transfer

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS			
SOP Lead (Name and Title) R Bowden - Matron		Executive Lead Chief Nurse	
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
June 2023	3	R Bowden	Format update Updated IP criteria Added males and criteria to be met to allow admission. Escalation levels and actions to be taken added