

CONTROLLED DOCUMENT

**EMERGENCY DEPARTMENT FULL
CAPACITY PROTOCOL**

Category:	Procedure
Classification:	Clinical
Purpose:	To provide an opportunity to improve flow to wards when ED reaches full capacity
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<ul style="list-style-type: none"> • Essential Reading for: • Information for: 	<p>All Trust staff and departments</p> <p>All staff</p>

1. Introduction

- 1.1 Patient safety and the provision of high quality care and a good patient experience are the Trust's strategic priorities at all times. Sometimes demand and operational pressures result in ED reaching full capacity
- 1.2 The Emergency Department (ED) does not have the option to stop demand when all available patient cubicles are occupied. The risk of serious incidents happening increases with every additional patient that arrives over and above capacity. Currently, this risk is concentrated into one geographical area – the Emergency Department.
- 1.3 This paper sets out a protocol that allows some of this risk to be shared across the organisation, in the safest way possible. It describes the actions necessary when the ED (as the main point of entry for emergency admissions) reaches full capacity. It is not necessarily exhaustive and does not replace the Trusts current escalation policy. The Trust Escalation Policy includes measures that should be adopted early at relatively lower levels of escalation in order to prevent the risks from occurring in the first place. Please refer to the Standard Operating Procedure for Trust Capacity Escalation (ref: 925).

2. Principles of the Full Capacity Protocol

- 2.1 The Full Capacity Protocol will be partially or fully activated depending upon the number of patients in ED, the number of patients waiting for beds, number of planned discharges and the specialty match.
- 2.2 Instigation of the protocol may also be considered if there are overall high levels of acuity of illness in the ED, which are considered to be high risk, regardless of absolute numbers of patients in the department.
- 2.3 The protocol will be activated when ED has reached full capacity and under the following circumstances: A ward has a patient whose discharge has been agreed. Preferably the ward staff will arrange for the patient to go to the discharge lounge but if this is not possible, then the ward should arrange for the patient to 'sit out'. The vacated bed will be used to transfer an appropriate patient from SAU, CDU or ED for a specific speciality where route of admission is not via SAU or CDU. By going 'one-up' on the ward, ED will be able to transfer an acute admission to the bed space created on SAU or CDU. This will alleviate some of the pressure from ED.
- 2.4 It is expected that the protocol will be instigated between the hours of 08.00hrs and 17.00hrs Monday to Friday for the purpose of a trial period. Activation of the policy will be reviewed at each bed meeting.

3. Responsibility

- 3.1 Between 08.00hrs and 17.00hrs, the decision to instigate the protocol will be made by the Head of Operations. *The Executive Chief Operating Officer, Executive Chief Nurse or the Executive Medical Director will be informed.*
- 3.2 The decision to deactivate the protocol or step-down certain elements of it will also be made by the Head of Operations. Deactivation may also occur if the Associate Directors of Nursing (ADN) for the area raises concerns with Head of Operations or Executive Chief Nurse (or their deputy).

4. Actions

- 4.1 The actions required when the ED is operating at full capacity are illustrated in Appendix 1.
- 4.2 Activation of the protocol will be discussed at the bed meeting when it is understood, which specialty beds are needed, where appropriate discharges have been identified and where there are appropriate patients to move to create flow. The Head of Operations will immediately inform the relevant ADNs or nominated deputy.
- 4.3 Speciality In-reach to the Emergency Floor
 - 4.3.1 Each Divisional ADN will ensure a nominated individual attends the Operations centre to represent the division, a minimum of 3 times daily to liaise with the Clinical Site Manager. The first attendance must be within 30 minutes of the call to activate the protocol. The Clinical Site Manager must be informed of the name of the nominated individual. The priority will be for the ADNs (or nominated deputy) to identify patients to move directly to the discharge lounge. If there is a requirement for specialty in-reach into ED this should be considered prior to enacting the policy.
 - 4.3.2 Useful activities include the review of specialty-type patients (regardless of a decision to admit), triage, admission avoidance actions including the provision of early/ immediate outpatient/ ambulatory care clinic appointments, expediting procedures and investigations.
 - 4.3.3 Specialty teams visiting the ED should expect assistance from the junior medical teams in the delivery of their management plans. Clinical Nurse Specialists will be expected to assist with this in-reach work in association with their medical colleagues.

4.3.4 Patients moved to identified beds will be medically clerked within the ward setting. Medical staff will be informed of patient move to up to the ward. The Divisional Capacity team must track patient clerking, and escalate within speciality where there is a delay to expedite clerking of patient.

5. Approval

Submitted to and approved by:	
Executive Chief Nurse
Date:
Executive Medical Director
Date:
Executive Chief Operating Officer
Date:

Appendix 1: Full Capacity Protocol Actions

Risk demand in Emergency Department due to:

- Number of patients in the department
- Number of patients requiring inpatient beds
- No immediate cubicles available

And Site Team have a clear awareness of all expected beds coming up later following a review of Ward Viewer.



Head of Operations to identify that the Full Capacity Protocol is to be activated and contact appropriate Associate Director of Nursing (depending upon Specialty beds required).



Associate Director of Nursing to:

- Facilitate review of identified beds for planned later TCI's
- Facilitate identification of definite discharges with bed availability times
- Facilitate identification of which of the patients could:
 - Move to the discharge lounge
 - Sit in the ward environment while waiting for discharge arrangements to be completed.



Associate Director of Nursing to feed back to Head of Operations/ Clinical Site Manager.



Specialty patients to be transferred to the identified specialty bed from SAU or CDU

In times of increased demand in the Emergency Department, the Full Capacity Protocol will be discussed at the 09.00, 12.00 and 16.30hrs bed meetings.