

Activation of Patient Boarding Protocol Definitions and Flowchart

Definitions	Surge Capacity (Resourced / Staffed) Definition Implementation of additional beds, that are resourced and equipped, on a risk assessed basis, in response to an anticipated and discrete episode of increased demand.	Surge Capacity (Unresourced / Not staffed) Implementation of additional beds, that are not resourced or staffed but are equipped, on a risk assessed basis, in response to an anticipated and discrete episode of increased demand.	Boarding / Double Boarding Exceeding the commissioned working capacity of a ward/unit, on a risk assessed basis, utilising a non-configured space in anticipation of CONFIRMED upcoming discharge/transfer, for a short period of time	Boarding at Risk Exceeding the commissioned working capacity of a ward / unit, on a risk assessed basis utilising a non-configured space in anticipation of a POTENTIAL upcoming discharge / transfer, for a short period of time.	Boarding at extreme risk Exceeding the commissioned working capacity of a ward / unit, on a risk assessed basis utilising a non-configured space with NO IDENTIFIED discharges / transfers, for a short period of time.
Triggers	Level 3 / 16 Deteriorating position with increasing handover delays over 1hour and increasing demand in ED	Level 4 16 - 20 Ambulance handover delays likely to exceed 1 hour	Level 3 / 16 All surge capacity exhausted. Ambulance handover delays likely to exceed 2 hours and / or extreme risk identified in ED	Level 4 20 / Level 5 25 / Pre BCI actions All surge capacity and boarding against confirmed discharges across all potential areas been exhausted Ambulance handover delays likely to exceed 3-4 hours	Level 5 / 25 / BCI actions BCI has been declared All actions in line with BCI have been enacted
Risk Assessment	No	Yes	Yes	Yes	Yes

Patient exceptions to boarding (or ward patients moving into non designated clinical spaces)

- Patients requiring palliative or end of life care
- Patients requiring isolation due to infection control issues
- Patients who are neutropenic or immune compromised

- Patients with delirium or acute confusion / Patients without capacity to make decisions
- Patients with Learning Disabilities or requiring reasonable adjustments
- Patients requiring additional assistance with fundamentals of care including nutrition, hydration, continence needs etc
- Patients deemed clinically unstable or requiring specialist nursing support, for example, NIV/Cardiac Monitoring/Blood Transfusions (unless being admitted into a suitable ward environment with an appropriate staffing level)
- Patients with a NEWS over 2
- Patients with high acuity or dependency, or those requiring enhanced patient supervision

Principles of boarding

- This protocol is to be used only in exception and after all other actions have been exhausted
- If the clinical area/ward has staffing shortfalls and / or high levels of acuity this must form part of the risk assessment and be escalated to the Head of Nursing / Site Management Team in hours and the site manager out of hours.
- Patients suitable for boarding will be identified from ED and assessments areas following a risk assessment completed by the site manager and medical team.
- The receiving ward will have identified a planned discharge for the same day (next day if out of hours)
- The ward receiving the boarding patient must take responsibility for the patient they have received and work as part of the multi-disciplinary team to ensure the next patient awaiting discharge from the ward leaves the ward as soon as possible
- The patient awaiting discharge should move into an escalated space to allow the waiting patient to move into the bed space
- Priority must be given to patients identified for discharge to be moved to the discharge lounge (in hours).
- The escalation space to be used will be identified by the nurse in charge of the ward in line with Health & Safety and Fire Regulations.
- Ward staff to advise clinical teams that the escalation space is being used and the additional patient is on the ward
- The final decision on whether to board will be taken by the Hospital Management Team based on assesment of risk across the site

BOARDING PROCESS	BOARDING AT RISK PROCESS	BOARDING AT EXTREME RISK
Site escalation level 4 / 20	Site escalation level 4 – 5 (20-25) Pre BCI actions	Level 5 – BCI declared

ED escalated and surged with ambulance delays likely to exceed 2 hour and / or demand and risk within ED is significant	ED fully escalated and surged with ambulance delays likely to exceed 3-4 hours and / or there is significant demand and risk across EDs	All sites reporting significant pressures and boarding at risk has already been implemented. Handover delays remain over 4 hours, high numbers/acuity of patients in ED
All escalation actions in line with Level 3 and Level 4 Emergency Pressures & Escalation Policy have been taken by site teams	All appropriate escalation actions in line with Level 4 and pre-Level 5 / BCI Emergency Pressures & Escalation Policy are being taken by site teams	All escalation actions in line with Level 5 / BCI Emergency Pressures and Escalation Policy are being taken by site teams
All potential surge capacity (resourced and unresourced) has been fully utilised across site.	All potential surge capacity (resourced and unresourced) has been fully utilised across site. Boarding against confirmed discharges has been initiated.	All surge and boarding capacity based on confirmed and potential discharges has been utilised.
Senior clinicians / Site manager & ED Navigator have identified patients suitable to be transferred out of ED for boarding in a non-designated ward space	Senior clinicians / Site manager & ED Navigator have identified patients suitable to be transferred out of ED for boarding at risk in a non-designated ward space	Senior clinicians / Site manager & ED Navigator have identified patients suitable to be transferred out of ED for boarding at extreme risk in a non-designated ward space
Senior Nurses and HON have identified suitable areas for patients to be boarding and risk assessments of area completed considering current acuity of ward areas, nurse staffing levels and overall risk	Senior Nurses and HON have identified suitable areas for patients to be boarding and risk assessments of area completed considering current acuity of ward areas, nurse staffing levels and overall risk across site	Senior Nurses and HON have identified suitable areas for patients to be boarding and risk assessments of area completed considering current acuity of ward areas, nurse staffing levels and overall risk across site
Numbers of patients boarding in non-designated patient areas to be reported via daily sitreps	Numbers of patients boarding in non-designated patient areas to be reported via daily sitreps	Numbers of patients boarding in non-designated patient areas to be reported via daily sitreps
Any patient related incidents or harms which occur because of boarding to be reported via Datix – this will include any instances where planned discharges do not go ahead and any impact this has on patient care.	Any patient related incidents or harms which occur because of boarding to be reported via Datix – this will include any instances where planned discharges do not go ahead and any impact this has on patient care.	Any patient related incidents or harms which occur because of boarding to be reported via Datix – this will include any instances where planned discharges do not go ahead and any impact this has on patient care.

