

Adult In-Patient Outlier Procedure

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Summary of document:

The procedure is intended to guide staff to appropriately outlie patients, while ensuring the provision of safe, dignified, quality care for patients.

Scope:

The procedure applies to adult inpatient areas, emergency departments and assessment areas within the acute sites in Hywel Dda University Health Board.

To be read in conjunction with:

[409 - Professional Nurse Staffing Standards and Escalation Plan for Inpatient Acute Services](#) (opens in new tab)

[353 - Transmission Based Precautions](#) (opens in new tab)

[354 - Standard Infection Prevention and Control Precautions \(SICPs\) Policy](#) (opens in new tab)

[236 - Outbreak Management Policy](#) (opens in new tab)

[674 - Risk Management Procedure](#) (opens in new tab)

Patient information:

Include links to [Patient Information Library](#)

Owning group:

Senior Nurse Management Team

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Mandy Rayani, Director of Nursing, and Patient Experience

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Keywords

Outlier, Capacity, Patient Flow, Emergency Pressure

Glossary of terms

ACDU - Adult Clinical Decision Unit

AMAU – Acute Medical Assessment Unit

CDU – Clinical Decisions Unit

ICMDT - Intermediate Care Multi-Disciplinary Team

PSAG – Patient Status at a Glance

PUO - Pyrexia of Unknown Origin

SAU – Surgical Assessment Unit

TOCALs - Transfer of Care and Liaison Service

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Introduction

The acute site hospitals within Hywel Dda University Health Board are typically managed in clinical specialities, which allows patients to receive care from clinical team with the skills and expertise required.

Secondary care is under constant high pressure due to demand, resulting in challenges in bed capacity. The term outlying refers to patients receiving care on a ward other than their clinical speciality, for example, a medical patient nursed on a surgical ward. This is done as a means of managing capacity challenges.

Scope

This procedure provides guidance to staff to aid identification of patients that may be suitable to outlie, however clinical assessment will be required in each and every case. All staff working in emergency departments, assessment areas and inpatient wards need awareness of this procedure. Identification of patients to outlie needs to be a multi-disciplinary decision.

For the purpose of this procedure, the term patient will be used when referring to adult patients who are receiving care in emergency departments, assessment areas and inpatient wards.

Aim

The aim of this document is to:

- Support the provision of excellent, high quality care to patients within the ward area most appropriate for their clinical need.
- Guide and support decision making of clinicians when considering outlying of patients.
- Provide safe, high quality care to all patients based on assessments of their individual needs.
- Treat all patients with sensitivity, dignity and respect.
- Ensure that the needs of all patients are considered when making decisions relating to outlying
- Ensuring all patient factors are considered, i.e. infection prevention and control.

Objectives

The aims of this policy will be achieved by ensuring that staff are aware of processes and their roles and responsibilities relating to patient safety and quality care delivery by adhering to the following objectives:

- Provide clear and agreed outlying guidance
- Ensure the safety and dignity of the patient
- Support the maintenance appropriate staffing levels for ward areas
- Ensure effective communication with patients and their relatives/ carers
- Clarify the roles and responsibilities of all parties involved in this procedure, ensuring a multidisciplinary approach
- Provide a clear escalation procedure

Definitions

- **Outlier** – Transferring a patient to a clinical area outside of their speciality.

NB: A patient under a medical consultant's care who is cared for in a bed which is normally allocated to another medical consultant is not normally classified as an "outlier"

- **Flexed capacity** – Opening 1 or 2 additional beds situated within an existing ward area that do not require additional nurse staffing
- **Surged capacity** – Opening additional beds within a ward area which do require additional nurse staffing / medical staffing
- **Out of Hours** – Between 17.00 hrs and 08.00 and during weekends and Bank holidays.

General Principles

- Preferably, patients are not outlied. However, when capacity and demand in Emergency Departments / Assessment Units exceeds bed capacity within specialities, it is often safer for the whole system to appropriately outlie patients.
- Patients need to be agreed as appropriate to outlie by the multidisciplinary team managing their care.
- Patients nursed on inpatient wards are considered for outlying as the first option and prior to emergency departments or assessment units.
- Patients from Emergency Departments and Assessment areas (CDU/ SAU / AMAU/ ACDU) will only be outlied following discussion and agreement with the senior doctor available and only in exceptional circumstances.
- The multidisciplinary team managing the care of patients will be responsible for agreeing suitable patients to be outlied in accordance with assessment criteria as depicted in Appendix 1.
- The ward area receiving an outlying patient must be able to meet the clinical and mental health needs of the patient
- The outlying patient must have an acuity and dependency level that the receiving ward can manage within their planned staffing levels and skill set.

Infection Prevention and Control

- Decisions to outlie should always be taken in a manner that supports the achievement and maintenance of patients' individual need, privacy, dignity, infection control status and gender requirements.
- In order to reduce the risk of exposure to infection. Such decisions must be taken in accordance with HDUHB Policy [353 - Transmission Based Precautions TBP Policy on Contact/Airborne/Droplet Precautions](#) (opens in new tab), [354 - Standard Infection Prevention and Control Precautions SICPS Policy](#) (opens in new tab).
- HDUHB Policy - [236 - Outbreak Management Policy](#) (opens in new tab) must be considered for any potential outbreak situations as this policy outlines specific restrictions in relation to patient movement.
- The Nurse looking after the patient on their original ward must provide the receiving ward with a verbal handover which includes any relevant information with regards to known or suspected infection or details of immunosuppression
- Patients on wards where there is a confirmed outbreak of infection should not be outlied without prior agreement of the outbreak control team.

Identifying Patients to Outlie

- Daily board rounds provide the opportunity for a multidisciplinary discussion to identify patients appropriate to outlie. The 'Patient Status at a Glance' (PSAG) board should be used to highlight this decision by using a green flag symbol for patients who are identified to be the safest patients to be outlied, or a red flag for high risk, complex patients not appropriate to outlie. The decision should be reviewed daily on the board round.
- If a patient is considered appropriate to outlie, it should be recorded in the clinical record.

- Patients considered suitable to outlie must be in accordance with the prioritisation criteria listed in [Appendix 1](#).
- Outlier decisions must be made by the Site Manager/Ward Manager and be based on a full understanding of the current position regarding whole hospital capacity and decisions made to balance the prevailing risk across the acute hospital and between specialties

Patient Management

- Outlied patients need to be reviewed by the medical teams from their specialty on a frequency appropriate to the patients' clinical condition. This would be expected to be at least on a daily basis. The frequency should be recorded in the health records and communicated to the ward nursing staff.
- Patient treatment plans must be updated and must include pending investigations and discharge plans documented in the patient's health records.
- Relatives/Carers must be informed of all decisions to move patients and they must be provided with precise details of the ward to which the patient has been moved.

Organisational Management

- Caring for high numbers of outlied patients, in addition to the existing caseload will be challenging for medical and nursing teams. The hospital management team must work with the specialty clinicians to agree how outlier patients will be supported by the multidisciplinary team.
- Clinical teams must be informed of patients who are to be moved by the Ward Manager/Nurse in charge. The Welsh PAS system must be updated promptly as this will help the clinical teams identify which of their patients are outlied and identify the location of the patient.
- The number of bed moves during each patient's stay must be minimised. Ideally once a patient has been moved from their original ward they should not be moved again. If further movement is necessary then careful dialogue must take place with the patient / and or relatives and documented within the patient record.

Nurse Staffing Levels

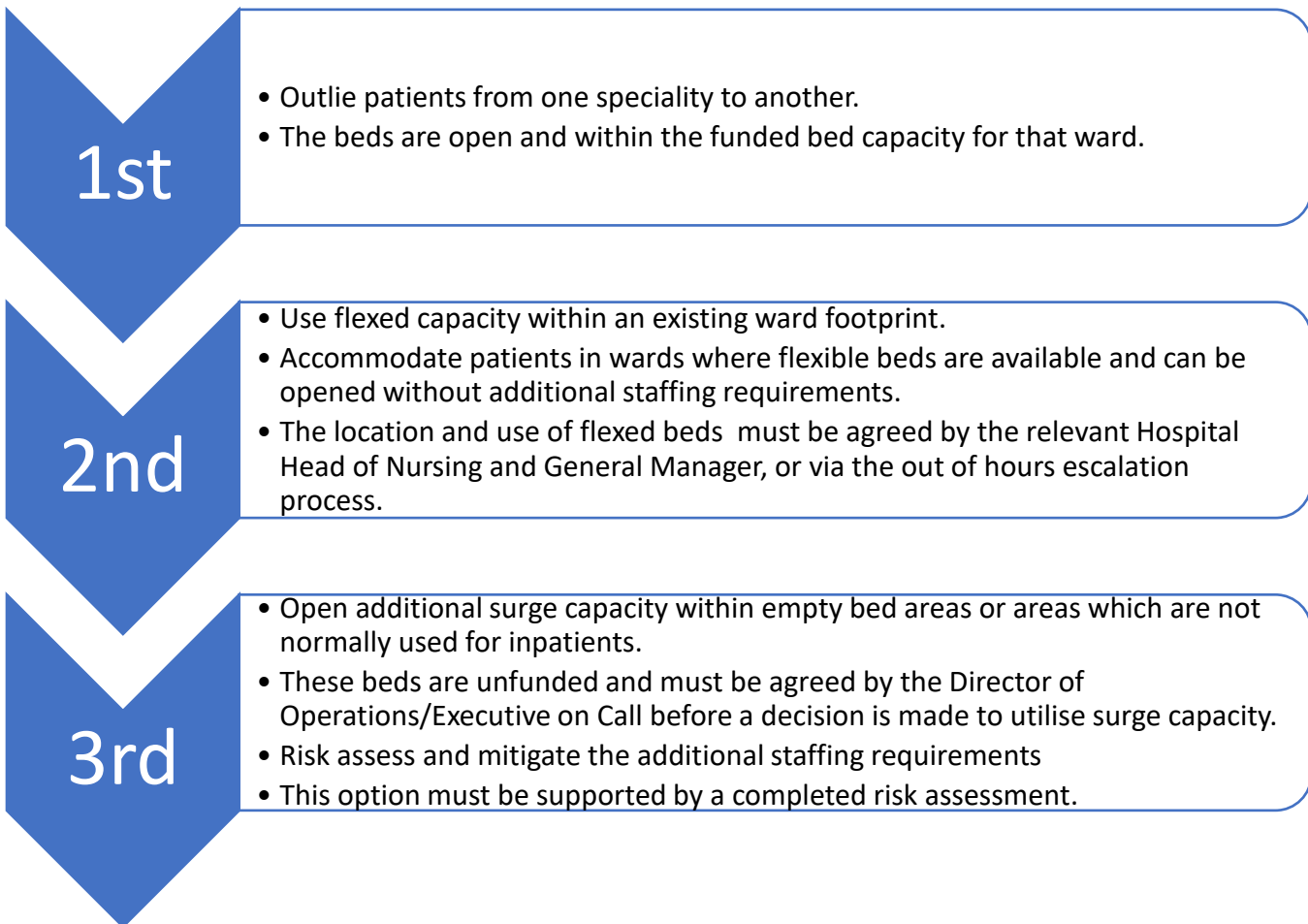
All patients' receiving care within Hywel Dda University Health Board are entitled to care delivered by:

- Agreed staffing levels (in both speciality and outlier areas).
- Staff with the required knowledge, skills and competencies relating to the patient's condition, and ensuring utilisation of multidisciplinary team expertise as required.

If the ward areas are unable to meet the planned staffing level, or has insufficient equipment or physical resources, risk assessments must be completed and the concerns escalated to the senior nursing team. Where possible, all risks should be mitigated, which will be documented on the risk assessment. When considering the use of surge bed capacity, the ward will need additional staffing resources. Ensure the staffing needs are assessed and mitigation is documented. The risk assessment must be completed in accordance with HDUHB Policy [409 - Nurse Staffing Levels and Escalation Plan - Adult Acute Services Policy](#) (opens in new tab).

Options for Outlying (listed by priority)

The following options are in order of priority and must be adhered to during periods of escalation levels and capacity problems:



[Appendix 1](#) details the criteria which must be considered when risk assessing patients for outlying.

In the event that a suitable patient cannot be identified to outlie, a risk assessment should be undertaken and escalated to the Head of Nursing or nominated deputy. The Hywel Dda University Health Board Risk Assessment procedure can be found at [674 – Risk Assessment Procedure](#) (opens in new tab).

Outlying Medical Patients to Surgical Wards

In the event that medical patients are outlied to surgical wards, every effort should be made to ensure these patients are nursed in separate bays or areas to patients undergoing surgical intervention.

Exclusion Criteria for Outliers

All patients considered for outlying need to be assessed against the following exclusion criteria. If one or more of the following is present, the patient is not appropriate to outlie:

- Chronic wounds/ pressure sores / leg ulcers
- Dermatological conditions
- Central venous access device in situ

- Pyrexia of Unknown Origin (PUO)
 - a. Patients with suspected or known infection: These include (but are not an exhaustive list):
 - b. Patients nursed with source isolation precautions
 - c. Confirmed or suspected infective diarrhoea and/or vomiting
 - d. MRSA positive patients (including known previous positive status)
 - e. *Clostridioides difficile* toxin positive patients (including known previous positive status)
 - f. Multi Drug Resistant positive patients (including known previous positive status)
 - g. Patients that have had an overnight stay in a hospital abroad (or an invasive day case procedure abroad for example; IVF or Renal Dialysis, or an overnight stay within any other hospital in the last 12 months, unless a negative PCR rectal screen for Carbapenem Resistant Organism (CRO) has been obtained.
 - h. Patients with a productive cough where there is a provisional diagnosis of potential infection.
 - i. Patients with a suspected respiratory infection including COVID19 and influenza
 - j. Those with infected leaking wounds or any infected drains/ drain sites.
 - k. Less than 72 hours post-operative
 - l. Those with an external fixator

Outlying of Patients to Midwifery Wards/Units

Pregnant women with pregnancy associated problems e.g. hyperemesis can be moved within midwifery areas dependant on the gestation period of pregnancy. On occasion, and with the agreement of the consulting doctor and Midwifery on call manager, it may be possible for a pregnant woman to be outlied from a gynaecology speciality ward into maternity services, depending on the presenting condition and gestation of the pregnancy.

In the event that pregnant women are admitted with non-pregnancy related condition(s) the band 7 midwifery coordinator must be informed of the admission to ensure the ward possess the skills required by the patient, and the wellbeing of the pregnancy is protected.

Any pregnant woman presenting with a medical/surgical should be within the appropriate clinical ward to manage the presenting condition, with a referral the Obstetric/midwifery team for specialist input.

Duties and Responsibilities

Director of Operations/ Deputy Chief Executive & On Call Executive Director

- Provide authorisation for the use of additional capacity for outlier patients.
- Ensure all policies and procedures have been adhered to in the process of outlying.

Senior Nurse Manager Site / Patient Flow

- Day to day operational management of patient flow ensuring continuous and effective flow of patients is maintained.
- Leadership of Site Management team.
- Overall leadership and management of acute site bed stock, as delegated by Hospital General Manager.
- Support Ward Nurses in Charge to make decisions about patients suitable to outlie in accordance with the agreed categories identified.
- With conjunction with Senior Nurse Manager/Deputy or Head of Nursing undertake risk assessments prior to opening surged capacity, securing appropriate equipment, staffing levels and ensuring the area is safe.

- Review the need to cancel elective patients – this decision must be undertaken with the relevant General Manager and in hours with the relevant Senior Nurse Manager.

Duty General Manager

- Keep continually apprised of the whole hospital position in relation to capacity and demand and on any internal/external issues which might affect patient flow.
- Lead hospital Teleconference meetings at 10.00 and 16.00hours in order to assess the need for identifying outliers and opening unfunded “surge capacity”.
- Appraise the need for a teleconference meeting to be held at 13.00hours. Decisions will be made at 10.00 or where patient flow issues are escalated during the morning.
- Receive reports from Clinical Site Lead Nurse/Senior Nurse Managers in relation to current staffing issues and or potential deficits for the next 24 hours and agree contingency plans.
- Keep the on call manager and on call Executive Director fully briefed of the hospital position and request authorisation to open unfunded capacity and outlie when required.

Clinical Site Manager

- Ensure sufficient potential patients are identified and outlied to suitable wards and departments in a timely manner.
- Maintain the outlier log ([See Appendix 2](#)). Review the outlier log with the support of the Discharge Liaison Nurse.
- Liaise closely with the Infection Prevention and Control Team.

On Call Manager

- Should attend the 16:00 hours Health Board Sitrep meeting to ensure they are apprised of the whole hospital and health board bed position.
- Support site managers to make decisions regarding outlying patients, particularly when this requires the opening of surge capacity by ensuring this is escalated to the on call executive for approval.
- Give advice and guidance to site managers in relation to patient flow and outlying decisions.

Directorate Operational Management Team

- Ensure robust systems and processes are in place for capacity management within the directorate.
- Provide timely and accurate information to appraise Senior Nurse Manager/Site Managers of current demand and capacity issues and work to prevent the need to move patients outside their speciality by maintaining effective flow.

Clinical Leads and Consultants

- Ensure patients under their care have agreed treatment plans in place.
- Adjust discharge thresholds where possible in order to ensure that maximum bed capacity is created and to avoid the need to outlie and in particular avoid the need to open additional capacity.
- Ensure patients who have been outlied get prompt and appropriate medical assessment and interventions and receive a medical review at least once in every 24 hour period Monday to Friday period and preferably at weekends.
- As part of patient medical review, ensure decisions about outlying suitability are made and documented within the patient record. Communicate to junior medical staff and the ward nursing team.

- Ensure that junior medical staff respond appropriately to calls concerning an outlying patient's condition and that appropriate arrangements are in place in the case of a patient's condition deteriorating or in a medical emergency.

Junior Doctors

- Ensure daily medical review of patients who are being cared for in outlying areas.
- Respond promptly to ward requests to review outlying patients e.g. if NEWS scores are deteriorating.
- Ensure patients who are outlied have appropriate treatment and medication regimes prescribed.

Head/Deputy Head of Nursing Acute Sites and Senior Nurse Managers

- Understand the daily position with regard to bed capacity, patient moves and outliers either by attendance at the morning patient flow meeting or by contacting their clinical areas.
- Ensure that all their areas of responsibility have complied with requirements to identify outliers (minimum of 1 per area) and have provided this information to the site manager by 12:30 hours patient flow meeting.
- Ensure that the assessment criteria is met to outlie patients.
- Assess nurse staffing situation with the nurse in charge ensuring that additional staffing is provided for surge capacity.
- Make decisions to deploy nursing staff across wards / departments to mitigate risks.
- Ensure risk assessments are completed ensuring any unfilled shifts are clearly identified and contingency measures are recorded. If the gaps cannot be backfilled then **additional beds must not be opened**. The risk assessment must be forwarded to the Hospital Head of Nursing/General Manager.

Ward Manager/Nurse in Charge

- Identify suitable outliers with multidisciplinary team in accordance with set criteria.
- Communicate patient details to the site manager prior to the 12:30 patient flow meeting.
- Record decision in the patient's clinical records.
- Ensure patients and their families/carers are kept fully informed of potential/actual decisions to outlie.
- Ensure nurse in charge of the receiving ward is given comprehensive handover of the patient's condition, care and treatment plans including completion of ward transfer documentation.
- Ensure the WPAS System is updated.
- Escalate delays in medical reviews / discharge planning for any outliers.
- Review and update the Expected Date of Discharge (EDD) for each patient ensuring the update of the EDD within the WPAS system.

Discharge Liaison Nurse

- Review every outlier patient daily during Monday to Friday period with an objective of effective discharge planning.
- Attend patient flow meeting at 12:30hrs ensuring real time information is provided.
- Ensure patient's progress towards safe and effective discharge is maintained.
- Make recommendations/arrangements to repatriate patients to their original speciality if their condition deteriorates or progress is not as per expected pathway.

Infection Prevention and Control Nurse

- Attend patient flow meetings as indicated to advise of any specific outbreak or infection related notifications.
- Contribute to decisions about outliers and ensure any proposed outlier moves are appropriate, particularly for patients who are identified as having a known or suspected infection or are at high risk of hospital acquired infection e.g. patients immunosuppressed as a result of disease or treatment.

Allied Health Professionals

- Continue to provide therapy for patients under own speciality who have been outlied to another speciality or ensure handover of the patient to the appropriate team for the outlying ward.
- Include the involvement of TOCALs (Transfer of Care and Liaison Service) and ICMDT (Intermediate Care Multi-Disciplinary Team) to expedite discharges

Training

No formal training is provided. Staff will have access to this policy via the intranet for guidance. Specific training needs will be identified and addressed locally.

Implementation and Monitoring

Immediate implementation of this procedure will be the responsibility of each acute site's unscheduled care management team.

The implementation and use of this procedure will be monitored by Senior Nurse Managers for site via the patient flow meetings, review of outlier recording log ([See Appendix 2](#)) and Datix incident reporting mechanisms.

Further Information and References

- Professional Nurse Staffing Standards and Escalation Plan for Inpatient Acute Services (2015). Policy Hywel Dda University Health Board.
- Use of a risk analysis is method to improve care management for outlying inpatients in a university hospital *Qual Saf Health Care* 2009;18:6 441-445

Appendix 1 – Procedure to be Followed when Outlying an Adult Patient

Outliers are patients who transferred to an area outside of their speciality. It is the responsibility of the Specialist Team and Ward Manager to identify patients who can be outlied safely.

Nurse in charge of shift will identify outliers by 12 midday

Category 1

- The patient has a confirmed diagnosis and/or a treatment and discharge plan in place
- The predicted date of discharge will normally be at 48 hours or less
- The patient will not have experienced symptoms of infective diarrhoea or vomiting within the last 48 hours and the patient must have passed a normal stool
- The patient is clinically stable and has not experienced deterioration in their condition in the previous 24 hours. NEWS score is within expected limits for the patient.
- Resuscitation status is known/clearly documented within the patient record (DNAR documentation is completed if appropriate)
- The patient is not confused or disorientated and has not attempted deliberate self-harm at this admission.
- (including those with a diagnosis of Dementia or Delirium)
- The patient will not be undergoing treatment for an MRSA or any other multidrug resistant infection or colonisation
- The patient does not pose a risk to other patients or staff.

If no to Category 1 Patients



Category 2

- Patients are medically stable but may have a greater patient dependency / acuity level
 - The patient has been in pain but is on a stable analgesia regime
 - The patient is not expected to die or on the end of life pathway
 - The patient is safe to be cared for by nursing staff who do not necessarily have speciality knowledge or experience
 - The patient may require a “social stay” i.e. with no active treatment, following medical interventions or elective surgery
 - Previously known patients with MRSA – Must be transferred in accordance with Infection Prevention and Control policies
 - Patients with learning disabilities
- Speciality** - The patient has been stabilised post operatively (ideally for at least 72 hours) within their own speciality. Agreed speciality plans/criteria must be followed.

If no to Category 2 Patients



Category 3 - Severe bed pressure and exceptional circumstances

In times of extreme capacity issues and where the speciality teams cannot identify a suitable patient to out lie then a **risk assessment** should be undertaken to move a patient. Often it is safer to move /transfer a patient to out lie rather than have a direct admission from ED.

ACTION TO BE TAKEN IN ALL CASES

- The ward manager will identify suitable patients with the medical team. Discussion to be held with patient, which must be documented in the patient record. Information to be conveyed to the Site Manager before 12.30 hours
- The nursing staff will discuss the care & medication treatment of the patient with the receiving ward ensuring all documentation is updated prior to transfer.
- The nursing care of the patient will be the responsibility of the receiving ward. It is essential that a detailed report is given to the ward accepting the patient to ensure clinical governance issues are addressed.
- Inter ward transfer form must be completed.
- The site manager will maintain the outlier log which will be reviewed on a daily basis.

