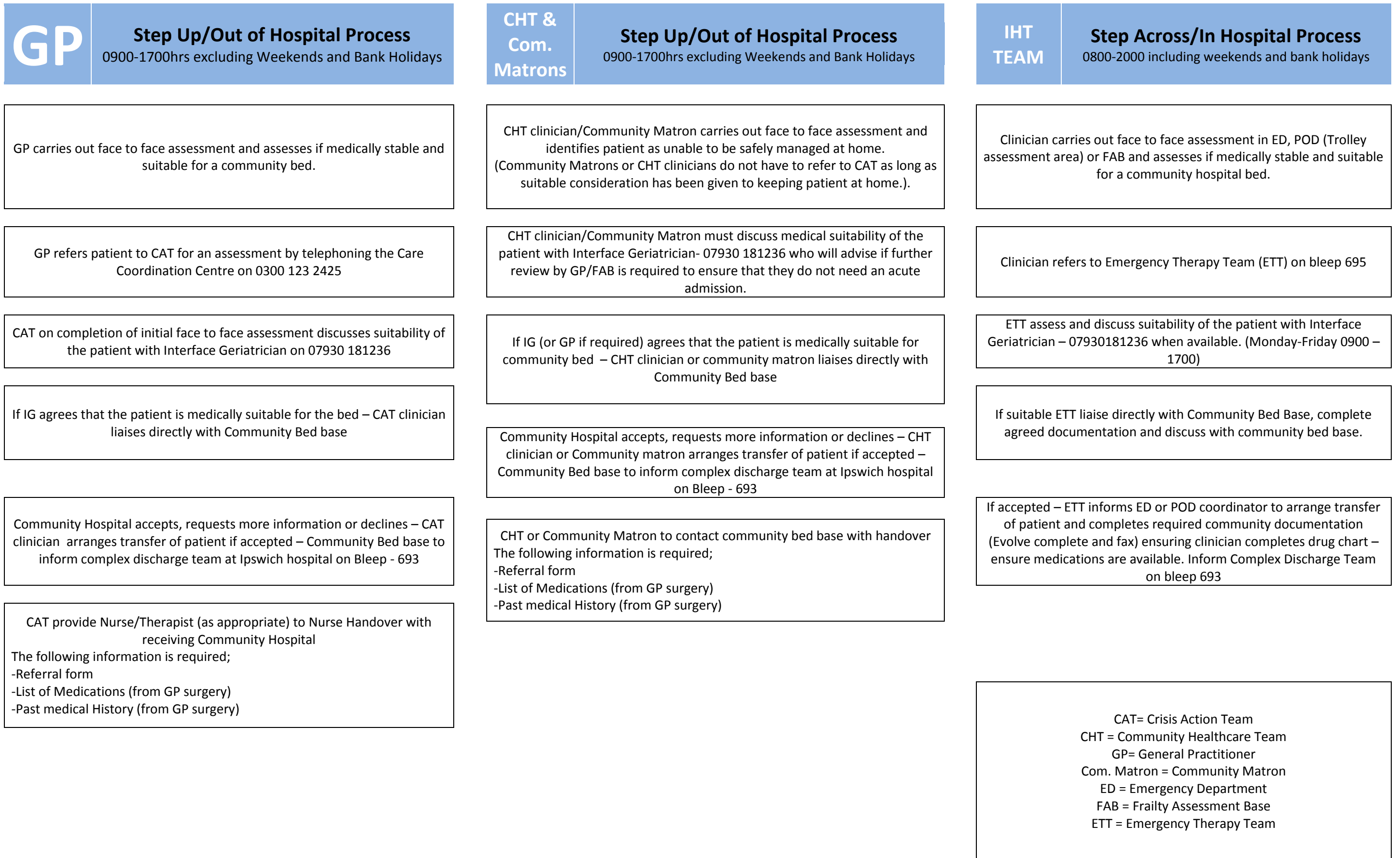


PROTOCOL FOR ACCESSING COMMUNITY BEDS STEP UP/STEP ACROSS

These include Bluebird Lodge inpatient unit, Aldeburgh Community Hospital, Felixstowe Community Hospital

PURPOSE: The focus of the community beds is for the provision of step up and step across care to support community based reablement / rehabilitation.



PATIENT CRITERIA FROM COMMUNITY FOR ACCESS TO: COMMUNITY BEDS

Criteria as follows

Patients can be 'stepped up' by GP via the IG and Crisis Action Team (CAT), Community Healthcare Team or Community Matron into a community bed

Patients will be all of the following:

- a) aged 18 and over and Registered with an IESCCG GP
- b) Medically suitable and stable i.e. not requiring daily intervention from medical staff and **seen** by a doctor and CAT/ Community Healthcare Team/Community Matron within the last 24 hours prior to proposed admission
- c) Referred via the Interface Geriatrician
- d) Able to be cared for **safely** and with dignity within the community hospital environment, taking into account facilities, Health and Safety requirements, Deprivation of Liberty Standards
- e) Not presenting an infection control risk to other patients within the community hospital setting
- f) Requiring reablement/rehabilitation support that is best provided in a community hospital setting rather than an acute hospital
- g) Requiring support that is best provided in an in-patient setting rather than their own home

Patients will also have at least one of the following needs:

- a) An identified management support plan i.e. clearly defined, time bound goals that are achievable for the patient and the setting.
- b) Active treatment assessed as not requiring acute care that can be provided in the setting where it is not possible to deliver the treatment in the patient's home.
- c) Active treatment assessed as not requiring acute care that can be provided safely in the patient's own home.

On admission, an assessment will inform the expected length of stay and estimated date of discharge for that patient and this will vary based upon the assessed needs.

PATIENT CRITERIA FROM A/E/EAU/FAB FOR ACCESS TO: COMMUNITY BEDS

Criteria as follows:

Patients can be 'stepped across' from FAB / A&E / EAU POD (trolley assessment area only). This should be as a result of a clinical discussion between ED/EAU Consultant/ETT and the Interface Geriatricians (via the Frailty Assessment Base) and a clinician to clinician handover with the Community Hospital.

Patients will be all of the following

1. Aged 18 and over and Registered with an IESCCG GP
2. Medically stable on transfer (all patients must be assessed face to face by a doctor), and recorded in the patients notes as being so.
3. Requiring enablement/rehabilitation support
4. Able to be cared for safely and with dignity within the community hospital.
5. Not presenting an infection control risk to other patients within the environment
6. Requiring reablement/rehabilitation support that is best provided in a community hospital setting rather than an acute hospital
7. Requiring support that is best provided in an in-patient setting rather than their own home

Patients will also have at least one of the following needs:

- a) An identified management support plan i.e. clearly defined, time bound goals that are achievable for the patient and the setting.
- b) Active treatment assessed as not requiring acute care that can be provided in the setting where it is not possible to deliver the treatment in the patient's home.
- c) Active treatment assessed as not requiring acute care that can be provided safely in the patient's own home.

On admission, an assessment will inform the expected length of stay and estimated date of discharge for that patient and this will vary based upon the assessed needs.

Exclusion criteria

New onset or increase in acute confusion where the medical / therapy team feel it would prevent discharge within 5-10 days.

OUT OF HOURS URGENT ADMISSION TO STEP UP BEDS

It is best that patient care is planned and the need to admit out of hours avoided.

Due to the nature of admission avoidance it is accepted that it not always possible to predict when a crisis situation will present itself.

To admit out of hours the same process is followed as in hours however to ensure that patient is medically suitable the following must be undertaken.

- **Patients must be referred via CAT**
- **CAT/APS clinicians must take the baseline bloods**
 - **FBC**
 - **U&E**
 - **CRP**
 - **And any other relevant as directed.**
- **CAT must ensure that a drug chart is written up, either by GP, OOH GP or FAB**