

Standard Operating Procedure (SOP) Number:

SOP Title: Reverse Boarding of Patients Awaiting Discharge

Classification:	Standard Operating Procedure		
Authors Name:			
Authors Job Title:	Associate Chief Nurse		
Authors Division:	Corporate Nursing		
Departments/Group this Document applies to:	All ward/clinical areas		
Approval Group:	Date of Approval:		
	Last Review:	February 2023	
	Review Date:	February 2025	
Unique Identifier: Governance allocate new numbers	Status: Approved	Version No: Update with the latest version number	
Scope: Who will use this document in the Trust? Division/CSU/Job roles		Document for Public Display: Yes/No	
To be read in conjunction with the following documents: Identify associated documents i.e. policies, patient information			

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SOP Statement

This SOP outlines the procedure for Reverse Boarding. The SOP is to support continuous flow and patient safety and in times of increased pressure in the ED, the clinical risk due to crowding and exit block from Wards is contained within the Emergency Department (ED). This concentrates the clinical risk in a single department and limits the ability of ED to provide safe care. Unlike Wards, the ED cannot close its doors when all patient care spaces are occupied.

An additional contributor to overcrowding in ED is that 40% of vacated beds are coming up after 5 pm (with a correspondingly low rate of morning discharges).

This SOP is designed to support and maintain patient safety and describes the actions Wards need to take when the ED (the main entry point for emergency admissions) has more patients than it can safely manage.

Please note that Reverse Boarding is an additional action, not a substitution for transferring patients to the Planned Discharge Unit (PDU).

Executive Summary

The provision of safe, effective, high-quality patient care at all time is a key priority for the Trust. To reduce the clinical risk to patients during periods of pressure in ED and for a defined period, wards will be required to take clinical responsibility for an additional patient.

To safely accommodate the additional patient, Wards will be asked to move a patient who is a definite or potential discharge to the ward corridor or day room. This action will free up a bed space for the patient arriving from ED. These actions are referred to as Reverse Boarding.

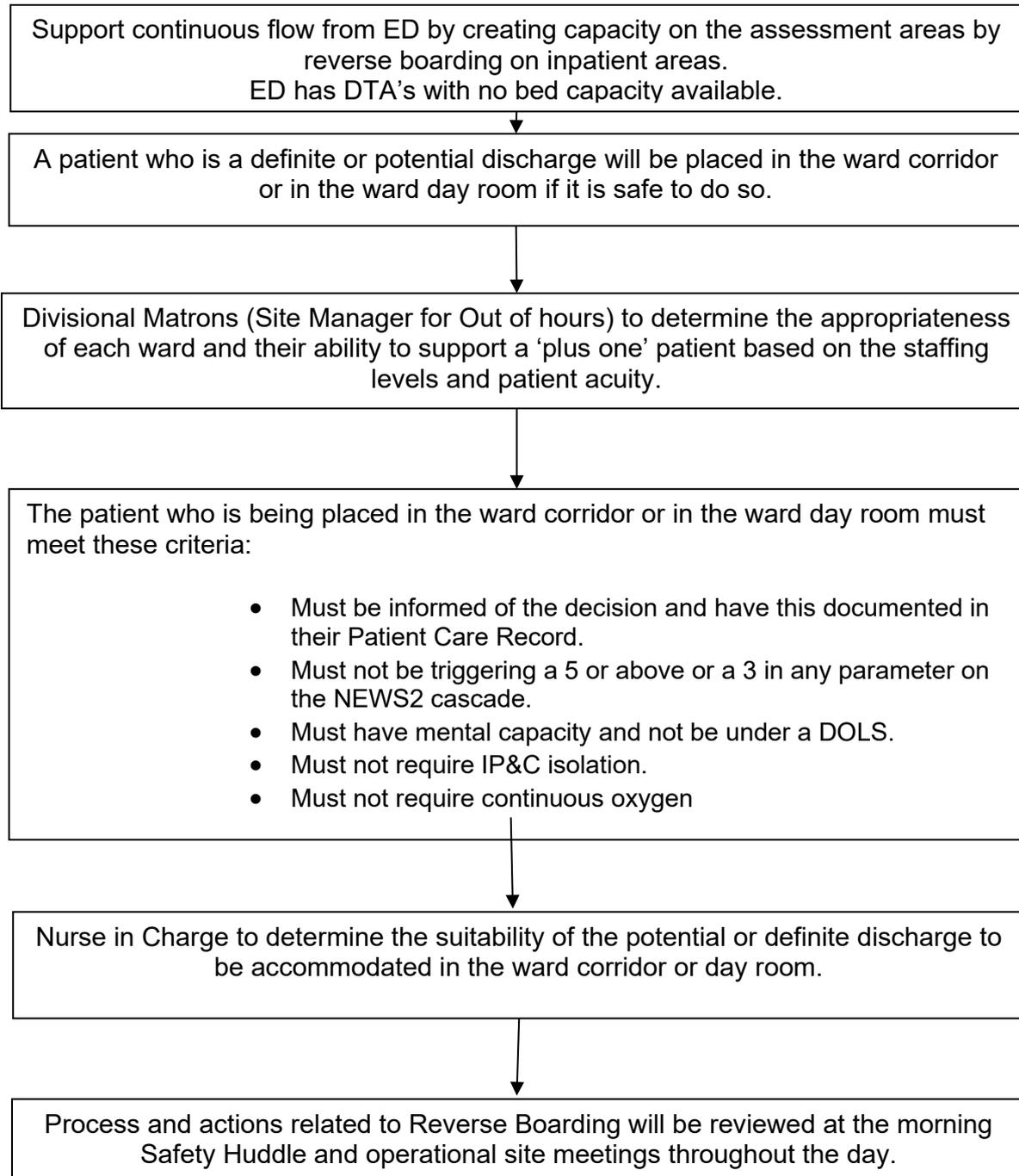
This means that:

- This process supports continuous flow and patient safety across the Trust to ensure that there are beds available in Assessment areas for referrals waiting in ED
- When the ED has patients with a Decision to Admit (DTA) with no available bed wards with a definite or potential discharge will be asked to take one additional patient.
- The patient who is a definite or potential discharge will be moved to the ward corridor or the day room if the patient is well enough.
- The patient arriving from ED will be admitted into the vacant bed space.

Paediatrics, Maternity, Day Surgery Unit (DSU) and the Intensive Care Unit (ICU) are excluded from this SOP.

Quick Reference

The quick reference guide below is designed to support the transfer of patients from admission areas to wards by operational teams:



1.0 Roles and Responsibilities:

1.1 Ward Nurse in Charge:

- Ensure patients for discharge are transferred to PDU as soon as possible.
- If patients are not suitable for PDU, identify an appropriate patient who would fit the criteria for a 'plus one' patient, if required.
- Ensure there is access to portable oxygen and suction in case of an emergency.
- Escalate any safety concerns to the Matron/Site Manager.
- Keep the Bed Manager informed of all patient flow in a timely manner.

1.2 Matron

- Review the ward for their suitability to safely accept a 'plus one' patient, taking into consideration staffing levels and patient acuity.
- Support the use of PDU for all discharge patients, ensuring timely transfer for those suitable.
- Escalate any safety concerns to the Senior Matron/Divisional Chief Nurse.

1.3 Senior Matron/Divisional Chief Nurse

- When reverse boarding is in use, attend the operational site meetings to support organisational flow.

1.4 Clinical Site Manager

- In conjunction with Silver and Gold command, request for reverse boarding when ED has DTA's without an available bed or to support the transfers of medical/ surgical referrals to assessment wards.

2.0 Implementation and dissemination of document

This SOP is to be utilised in conjunction with the ED escalation policy and the Trust Transfer and Discharge Policy. It will be published on the Trust Intranet.

3.0 Processes and procedures

Objectives:

The objectives of this Standard Operating Procedure (SOP) are to:

- Enable the safe and timely transfer of patients from ambulances into the emergency department.
- To ensure the clinical risk to patients due to overcrowding in ED is managed and mitigated.
- Provide a framework to manage patient flow across the wards, thus avoiding delays within the admission areas.
- Maintain the safety and dignity of patients of those placed within a corridor/day room whilst awaiting discharge.

Transfer of patients to wards whilst awaiting a bed (reverse boarding)

3.1 In circumstances of the need for continuous flow and of increased pressure and for the

risk-sharing rationale stated above it may be necessary to transfer patients with a clear decision-to-admit to a ward without a bed being immediately available. There is a clear expectation that a definite or potential discharge has been identified within that ward and a bed will become available. In all cases, wherever possible, the Planned Discharge Unit (PDU) should be utilised for all definite discharges.

3.2 The following conditions must be met to accommodate a 'plus one' patient:

- Each ward shall accommodate no more than one 'plus one' patient at a time, this includes the use of boarding beds (where an additional bedspace is set up on dedicated wards).
- Transfers of a 'plus one' patient shall only be accommodated between the hours of 0700 – 2200.
- The destination ward should have an identified confirmed or potential discharge (ideally available within the next 4 hours).
- The most appropriate and suitable patients are identified by clinical teams: the nurse-in-charge in conjunction with the medical staff.
- The 'plus one' patient must meet these criteria:
 - Must not be triggering a 5 or above or a 3 in any parameter on the NEWS2 cascade.
 - Must have mental capacity and not be under a DOLS.
 - Must not require IP&C isolation
 - Must not require continuous oxygen.
- Single-sex accommodation considerations must be observed
- The nurse-in-charge will explain all the above to the affected patients, including the rationale described above.
- The nurse-in-charge will ensure that there is access to portable oxygen and suction should it be required in case of an emergency.
- Where possible the 'plus one' patient should be visited by a Matron or the Clinical Site Manager to support the nursing teams in their care delivery, escalate safety issues and answer any additional questions relatives and families may have about the rationale for this process.
- If the expected bed availability ceases to be the case, then this will be escalated to the Bed Manager immediately and an alternative bed sought as a matter of priority. The relevant Matron/Clinical Site Manager will be notified.

Reverse Boarding cannot be used when the patient is pending a clinical transfer

out to another hospital (awaiting ambulance transport) or when a patient has died.

In the event of any problems, the nurse-in-charge will escalate the situation immediately to the relevant Matron and Clinical Site Manager (out of hours).

3.3 Table of Boarding Bed/Day Room Availability in Ward Areas:

WARD	DAY ROOM	BOARDING BED SPACE
1	√	NO
2A	√	NO
2B (Escalation)	NO	NO
3	√	NO
7	√	NO
8	√	NO
14	√	NO
15	√	√
16	√	√
17	√	√
18	√	√
19	√	√
20	√	√
21A	NO	NO
21B	NO	NO
22	NO	NO
23	√	NO
24	√	NO
25	√	NO

3.4 Example of Reverse Boarding Space:



5.0 Governance

5.1 Document review history

Version number	Review date	Reviewed by	Changes made
1	28/3/2024	Gold On-Call	Slight amendments to the wording in the first box of the table on pg3.

5.2 Consultation History

Include staff in consultation who will be required to ensure the SOP is embedded. This table should be completed in full even if no comments are received.

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
	Nursing	11/1/2023	18/01/2023	From Execs: Additional line in bold.	Yes
	Nursing	2/2/2023		Challenge over NEWS score.	No
	Nursing	2/2/2023		Challenge over relevance of Ward 24.	No
	Nursing	2/2/2023			
	Nursing	2/2/2023		None	
	Nursing	2/2/2023		Agreed changes via GOLD on call adapted 28/03/24.	Yes
	Nursing	28/3/2024	16/4/2024	Minor changes to wording noted.	Yes