Admission to IPU (excluding ESSU)

FirstNet

Quick reference guide

Placing an admit to inpatient order and commencing READi process

The READi process will continue to be used for all IPU admissions. The responsibilities for completing the READi process will be by the:

- Zone ED SMO
- EFC
- Zone TL
- Bedside treating nurse
- Zone Administrative Officer

SMO – Decision to Admit

1. The ED Senior Medical Officer will activate an "Admit to Inpatient" order and commence the READi Form once the decision has been made to admit.
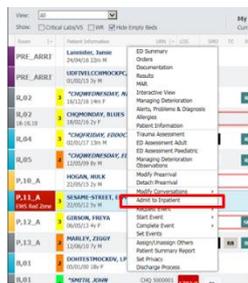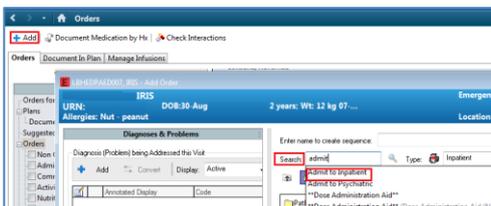
2. The "Admit to Inpatient" order must contain the following information:

   a. Bed requirements:

      I. General Ward Bed

      II. Intensive Care

      III. Mental Health

   b. The request date and time

   c. Diagnosis → Working
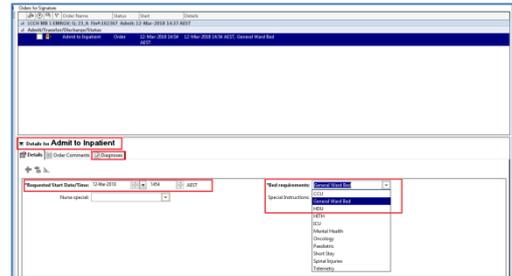
3. Once the order has been placed, the SMO will commence an Admission narrative in Clinical Comments on LaunchPoint:

   a. Display the Diagnosis

   b. Display a bed icon in the Status column

   c. Restart the Event clock (for NEAT monitoring).

4. The SMO will commence an Admission narrative in Clinical comment:

   a. Click on the speech bubble 🗩 in the Patient Details column e.g. Inp Paed : Referred: Not Ready

Administration Officer

1. The AO can complete the Patient Election Form (PEF) with the patient/carer and update the Administration Comments via the speech bubble 🗨 in the Patient Details column.
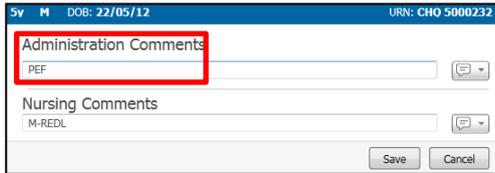
Zone Team Leader

1. The Zone Nurse Team Leader will complete the Communicable Disease Screen on the READi form as current process.

2. The Zone TL updates the admission narrative clinical comments to reflect communicable screen status. Click on the speech bubble 🗨 in the Patient Details column. Enter updated details and click save.

3. The Zone TL completes the Patient Isolation Order based on the results of the Communicable Disease Screen.

    a. Access the Orders page of the patient chart.

    b. Search for Patient Isolation.

c. Complete the Isolation Code details in the order entry form and sign.

Patient's "Emergency care is complete"

Bedside Nurse

1. The Bedside Nurse prepares the patient for admission and ensures the patient's emergency care is complete.

    a. Allergies mark as reviewed.

    b. Weight measured documented.

    c. Time critical medications administered.

    d. Have had a plan documented by the admitting doctor.

Analgesia charted.

IVC inserted (if required).
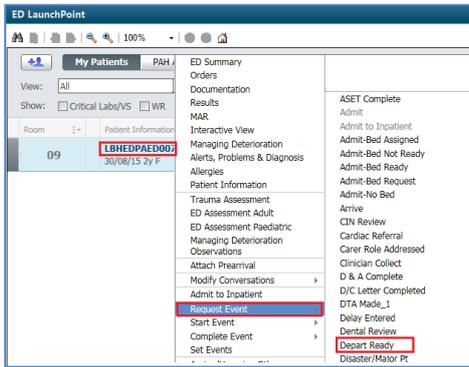
Fluids charted (if required).

EWS (CEWT) score up to date.

Zone Team Leader

1. Once the Patient's emergency care is complete the Zone TL will mark the patient as Departure Ready.

2. Navigate to LaunchPoint. R Click on the patients name and select "Request Event" and "Depart Ready".

3. The patient's 'Depart Ready' status is shown in the room column of LaunchPoint and clinical comment is visible.

4. The Zone TL updates the clinical comments to reflect depart ready status.
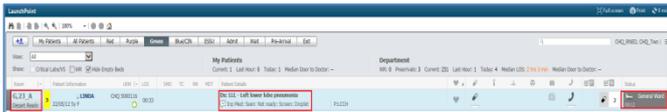
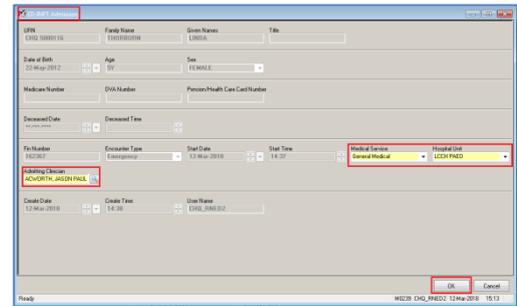5. Once the patient is depart ready the Zone TL informs the EFC of the need for an IPU bed.

Capturing "ED to IPU admission" information EFC

1. The EFC completes the ED-INPT Conversation

   a. Right click in the white space in the Patient information column on LaunchPoint.

   b. Select Modify Conversation > ED-INPT Admission.
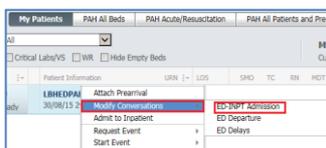
2. Enter details for example a medical patient:

   Medical Service: e.g.General Medical > Hospital Unit: e.g. LCCH PAED > Enter the Admitting Clinician > click OK.

3. The EFC will now send a text to PFSU Bed Manager to request the bed.

Admitting the patient to Emergency Virtual ED Administration Officer

1. Once the patient is Depart Ready and has an Admit to Inpatient order the ED AO can admit the patient in HBCIS to EMRGV. The depart ready time **must** be used as the HBCIS admission time. (See: QRG – Patient Summary Report).

2. Update Administration Comments on LaunchPoint to include "HBCIS".

Assigning the inpatient ward PFSU

1. PFSU will access LaunchPoint to review the clinical comments and acknowledge the text. PFSU will click in the Status column and update as per the following:

If an IPU Bed is Available

1. PFSU will double click in the Status column and assign the ward e.g. 10A.

2. Right click in the white space in the patient information column on LaunchPoint > select Request Event > Admit-Bed Assigned.

3. The Bed status column will update with an arrow above the bed and the event clock is restarted.

If an IPU Bed is unavailable

1. PFSU will place AWA in the Bed Status column. This acknowledges that the Bed Request text has been received and communicates back to Emergency that there will be a delay to bed allocation.

2. A delay reason must also be recorded via the ED Delays conversation, specifying the reason for the delay (See QRG: Ward Delay reason).

3. When a ward is available for allocation the "If an IPU Bed is Available" steps are to be followed.

Ward Ready

PFSU/EFC

The person responsible for the following steps will either be the PFSU or the EFC. This is dependent on when the ward is ready for the patient. If there are extended delays then it is likely that the EFC will be informed directly by the IPU TL when the bed and ready and in this case the following should be completed by the EFC. All other times this would be completed by the PFSU.

1. Once the IPU Bed is ready and available, the PFSU/EFC starts the Admit-Bed Ready event.

2. Right click in the white space in the patient information column on LaunchPoint > select Request Event > Admit-Bed Ready.
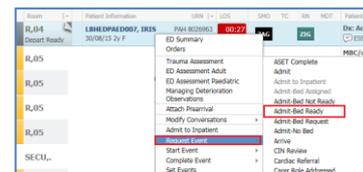
3. The Event clock has reset and a tick is now showing in the status column above the bed icon.

Zone Team Leader

1. The Zone TL notifies the Bedside nurse to be prepare for handover

ED to IPU Nursing Handover

Bedside Nurse

1. The IPU Nurse will come to collect the patient in Emergency. The ED and IPU nurse will conduct handover using the ED Nursing Summary. At a **minimum** this will include review of the following tabs and widgets:

   a. Situation Background

       I.   Allergies

       II.   Alerts and Problems

       III. Patient Background – Isolation

       IV.   Procedure History

       V.   Flagged Events

       VI.   Overdue Tasks

       VII. Outstanding Orders

   b. Assessment

       I.   Vital Signs

       II.   Medications

       III. Fluid Balance

       IV.   Lines, Tubes and Drains

       V.   Oxygenation and Ventilation

       VI.   Documents

2. Complete the Nursing Communication Handover iView Band.

3. The ED Bedside Nurse will update the patient location to EXIT as the patient leaves Emergency.

Completing the ED Departure Conversation

ED Admin Officer

1. Once the patient has physically left the ED AO will complete the ED Departure conversation which will stop the clock for NEAT.

   a. Right Click on the patient, Modify Conversation > ED Departure.

2. Complete the ED Departure Conversation.

   a. ED Departure Status – Admitted (excl ED bed).

   b. ED IN-Pt Ward (EDIP) Pt – Yes.

   c. Admitted Destination – IPU Ward.

   d. Admission Speciality – as per ED-INPT conversation.

   e. EDIP Admit Date/Time – as per EXIT time.

       (See: QRG – Patient Summary Report).

3. Click OK.

4. Complete the HBCIS Transfer from EMRGV to the IPU using the EDIP Admit Date and Time as the transfer date/time. This will cause the patient to drop off LaunchPoint.