



### **Standard Operating Procedure for the Hospital at Home Co-ordinator Role within UHM**

The Team Lead/ Deputy Team Leader will allocate a band 6/5 to be the co-ordinator on a daily basis.

All band 6/5 Hospital at Home (H@H) practitioners are required to participate in the daily H@H co-ordinator role.

In the morning and night before, the co-ordinator for that day will be responsible for the overseeing and allocation of the Assistant Practitioners (APR) workload and will be responsible for dissemination of the APRs into local areas to work from.

The Co-ordinator will also be responsible for the screening/triaging/allocation of new patient ERC/SAS/Ward & A&E referrals to the appropriate Band 6/Band5/APR colleagues. The co-ordinator will screen the appropriateness of these referrals to the team and contact the referrer for further clarification if deemed necessary. The referral will be printed by administration staff off including labels, Emergency Care Summary and any other additional information such as previous discharge letters.

The Co-ordinator will be present during the daily ward round with the consultant and any other medical/clinical staff whereby patient's caseloads will be discussed. They will be required to document what workload is required from the ward round and be responsible for completion of the daily safety brief. The safety brief will then be sent out to all appropriate members of staff and senior management by the administration staff. Following the ward round, the co-ordinator will be responsible for the allocation any ward round workload to the most appropriate band 6/5 practitioners/APRS.

Throughout the day, the co-ordinator will discuss with colleagues the number of new patient referrals they feel they can reasonably take as an estimate of safety capacity. In addition, the Co-ordinator will be required to continuously monitor safety capacity/team efficiency during the working day and liaise with the team lead/ consultants and administration staff accordingly.

The Co-ordinator will be required to contact the team lead/Consultant/Senior Nurse/Service Manager to discuss when they feel safety capacity has been reached and inform the administrator with the outcome. The co-ordinator will be required to complete Safety Capacity Audit form after discussion and agreement with management.

In addition, the co-ordinator will also be responsible for the monitoring of the Current Health (CH) NEWS scores which are on display on the large screen in the office. When recording CH NEWS, the co-ordinator should be looking at trends and evaluating if the NEWS score adds up with the figures being recorded. For example someone with low O2 saturations may indeed have COPD or some other

respiratory disease. Or a low BP recording may be that individuals normal BP. The co-ordinator will also be involved in telephoning patients with notifications of low battery usage or recordings of BP's which happen daily. All practitioners/APRs also have access to Current Health Monitoring Equipment on their work phones. Any technical or recording issues with CHME then the CH Helpdesk on 01472732037 should be contacted. The recording of CHME will continue daily until decided otherwise from the daily ward round or if the patient is ready for discharge. Once discharge is confirmed an APR or practitioner will allocated by the co-ordinator the task of removing the CHME and discharging the patient from the device as well as cleaning and collecting all equipment.

As part of the working day, the co-ordinator will be responsible for reviewing emails sent by the administrator during the working day and ensure that any outstanding work is delegated appropriately. The co-ordinator will review and monitor team efficiency throughout the working day. If colleagues have any issues with the volume of workload/complexity of caseload then this should be discussed with the co-ordinator in the first instance and strategies employed to resolve them.

On a Friday, the Co-ordinator should be the person who is working on that weekend as this will give them the opportunity to monitor the volume of weekend workload and planning including skills mix, and suitability of referrals.