

New Copy

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HealthCare
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Consultant Geriatricians
 Specialist Registrars
 Professor Severs
 Ward Managers Jersey House/George
 ward/Jubilee House/Briarwood ward/
 Shannon ward/Cedar ward/Daedalus
 ward/Dryad ward
 Chrissie Immins & Medical Secs

Our ref

DJ/LB

Your ref

Date

16 February 2000

Ext

6920

Dear Colleague

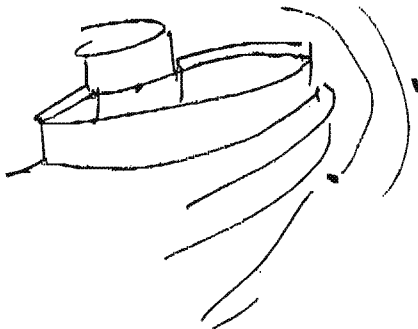
The bed crisis at Queen Alexandra hospital continues unabated. Routine surgical operations have been cancelled now. It has fallen on us to try and utilise all our beds in elderly medicine as efficiently as possible. There has been some underutilisation of continuing care beds. From 16 February I propose that we use vacant continuing care beds for post acute patients. A policy offering guidance is enclosed. We shall trial the flexible use of the beds for a few weeks and I would be happy to co-ordinate any comments.

Thank you for your help.

Yours sincerely

Code A

DAVID JARRETT FRCP



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EMERGENCY USE OF COMMUNITY HOSPITAL BEDS

Due to current crisis with the acute medical beds at Queen Alexandra Hospital and the detrimental effect on surgical waiting lists, the Department of Medicine for Elderly People is making some urgent changes to the management of beds in the small hospitals. Some continuing care beds remain underutilised in Petersfield Community Hospital, Gosport War Memorial Hospital and St Christopher's Hospital Fareham. These beds have no resident medical staff and weekly, or less than weekly, Consultant ward rounds. There is basic nursing care and only minimal rehabilitation staff and facilities.

Therefore patients referred to these beds for post acute care should be:

- 1 Waiting for placement having had a full care management assessment
- 2 Medically stable with no need for regular medical monitoring
- 3 No outstanding investigations or need for close medical or nursing monitoring
- 4 No interventional therapy such as intravenous lines or need for IV medication
- 5 The patient lives near the community hospital and/or are willing to go there for temporary placement awaiting permanent placement
- 6 The patient and family consent to the move
- 7 The patient, family and staff of referring ward clearly understand that the placement is in a post acute bed, not continuing care bed; this placement does not entitle patient to NHS continuing care
- 8 GP beds in community hospitals are independent of the department's continuing care provision and their flexible use should be negotiated with the patient's general practitioner

This policy will be operational from 16.2.00 and will be reviewed after one month. Linda Butchers in the Elderly Medicine Offices will keep a list of names of patients from referring ward and consultant, discharge destination and any problems encountered.