Clinical Haematology Ward Operational Policy

The Clinical Haematology Ward (CHW) provides inpatient services for patients with malignant and non-malignant haematological disorders. Patients are referred from the wider Thames Valley Cancer Network for treatment of complex disorders, including those who require bone marrow transplantation. Other specialist services include apheresis and management of thrombotic thrombocytopenic purpura (TTP).

**Admission**
Priority for admission is given to those patients who require:
- Allogeneic bone marrow transplantation (BMT)
- Autologous bone marrow transplantation
- Inpatient chemotherapy
- Treatment for unstable neutropenic sepsis
- Management of sickle cell crisis
- Management of TTP
- Emergency apheresis
- Early phase clinical trials requiring inpatient management (Statutory requirement)

The following facilities are available on the Ward:
- 10 positive pressure HEPA filtered single rooms for patients undergoing allogeneic BMT
- 5 single rooms
- 5 two-bed bays
All rooms are en-suite.

**Ward rounds**
Medical ward rounds take place daily, with twice weekly (Mon, Thurs) Consultant ward rounds. Consultant ward rounds are purely business rounds; teaching, speaking to relatives and other activities should take place outside the ward round time frame.

**Protected meal times**
CHW operates a protected meal time policy, tests, investigations and ward rounds will be planned outside these hours. Breakfast is served between 7-8am Lunch at 12pm and supper between 5-6pm. (Optimising Nutrition and Hydration Care for All Patients, 2012).

**Patient triage and advice**
A 7 day per week triage service is available for patients who require assessment and possible admission. Telephone is the first point of contact; following assessment by the triage nurse, patients may be advised to attend the triage unit for formal medical assessment. In the event of Triage being closed (24hr service is not yet in place days per week) the triage phone is automatically transferred to haematology ward where patients or their relatives will be given telephone advice as per the triage system. (Ref: Triage Operational Policy)

**Clinical Trials**
Patients who are enrolled on a clinical trial are advised to telephone their research team contact in the first instance. The research nurse will then seek advice from the Principal Investigator or his/her deputy. Patients will undergo medical assessment on the early phase unit or triage unit as appropriate, and admission, if required, is coordinated directly through the Clinical Haematology Ward. Out of hours, trials patients should use the usual Triage route or contact the Haematology
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Ward directly. Calls are then directed to the on-call medical staff who may then contact the Principal Investigator or his/her deputy. All trial patients who are admitted must be reported to the research team on the next working day, trial patients may be out lied to the allocated oncology beds but not elsewhere on the hospital site.

Bed Management
Out of triage hours and when the Clinical Haematology Ward is full, the ward co-ordinator should contact the Operational Manager for the Churchill Hospital, to establish whether beds are available on the Churchill site. The Operational Manager should liaise with the appropriate ward, and inform the haematology co-ordinating nurse of an available bed. The nursing co-ordinator should liaise with the SpR who may then arrange admission.

When no beds are available at the Churchill Hospital, admission should be coordinated by the on-call Haematology SpR; with a SpR to SpR referral to the Medical team on-take at the John Radcliffe Hospital or the patients District General Hospital(DGH) The operational managers on both sites should be notified and liaise to determine allocation of bed. Admitted patients to the John Radcliffe site should be transferred to the Churchill Hospital as soon as possible.

When capacity on the haematology and oncology ward is deemed unsafe with excessive outliers and no capacity for triage patients, the Clinical Leads, Clinical Director (as indicated), Ward Sisters and Matron will meet to discuss capacity, escalation beds and cancelling elective patients.

The ward has responsibility for ensuring that the Operational Management team are aware of any referrals to or from other hospitals. It is the responsibility of the Operational Management team to communicate with the receiving or referring hospital, with an aim to transferring the patient in as short a time frame as possible. Clinical teams must ensure patients are ready for transfer once repatriation is confirmed and provide an accepting consultants details.

Management of outlying patients
There is a requirement to ensure timely medical review of patients on outlying wards. Outlying ward staff may contact the Clinical Haematology Ward for support. However, a ward nursing staff outreach service is not available. Where possible, Nurse Practitioners will review patients on outlying wards as requested. Twice-daily bed meetings operate on the Churchill site and are an opportunity for ward staff to raise concerns about outlying patients and prioritise transfer to the home Ward. All outlying patients must be discussed in the ward MDT meeting.

Haematology patients may be placed in the Oncology Ward. Where there is debate regarding the clinical prioritisation of movement of patients between wards, this must be discussed with the Consultant(s) responsible for the patients’ care and referred to the Clinical Lead where issues are not resolved. Patients should not be moved between the oncology and haematology ward unless clinically indicated by the Consultant responsible for the patient’s care.

Chemotherapy
Intravenous and Intrathecal Chemotherapy will only be administered on the Clinical Haematology Ward or in the Haematology Day Treatment Unit. Intravenous Chemotherapy only, may also be given on Oncology ward dependant on staff skills (please discuss with the Ward Sister). There will however be circumstances in which patients cannot be moved in order to receive chemotherapy (e.g. on the Intensive Care Unit or on the Renal Dialysis Ward). In these exceptional circumstances, chemotherapy may be given on the outlying ward by Haematology chemotherapy trained nurses; this must be discussed with and authorised by the Ward sister/DTU manager or
Matron (a Datix form should be completed). For further guidance, refer to the Chemotherapy Operational Policy.

**Discharge planning**
Discharge planning should commence on admission, and be discussed with patients and their carers. Patients with potentially complex discharge plans will be discussed in detail at the Ward MDT. Wherever possible, medical and pharmacy staff will make discharge documents and medications available on the day before discharge (ref Trust policy at end of Document). Patients should aim to leave the ward by 11.00am on the day of discharge. All discharge summaries will be approved by the attending Consultant responsible for the patient’s care. Nursing staff will ensure that all patients are given a copy of their discharge summary before leaving the ward.

**References:**
Haematology and Oncology Directorate Triage Operational policy
Haematology and Oncology Directorate Chemotherapy Operational policy
Optimising Nutrition and Hydration Care for All Patients, 2012
OUH Corporate Bed Management Policy
Clinical Haematology H.36 Major Internal Incident and Continuity plan.

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