

# Haematology In-Patient Unit

## Standard Operating Procedure

Version 6

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## Haematology In-Patient Unit Standard Operating Procedure

### Associated documents

| BHT Ref     | Title   | Location/Link   |
|-------------|---|---|
| BHT Pol 028 | Cytotoxic Medicines Policy  | <a href="http://swanlive/sites/default/files/cytotoxic_policy.pdf">http://swanlive/sites/default/files/cytotoxic_policy.pdf</a> |
| CSS 11      | Ambulatory Care for Haematology High intensity Chemotherapy Standard Operations Procedure - DRAFT | (not on intranet at present)  |
| n/a         | Acute Oncology Operational Policy   | (not on intranet at present)  |
| n/a         | Haematology Operational Policy  | (not on intranet at present)  |
| CSS 3       | CCHU Operational Policy   | <a href="http://swanlive/policies-guidelines/haematology-0">http://swanlive/policies-guidelines/haematology-0</a>               |
| CSS 7       | Sunrise Operational Policy  | <a href="http://swanlive/policies-guidelines/haematology-0">http://swanlive/policies-guidelines/haematology-0</a>               |

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## 1. Introduction

Buckinghamshire Healthcare NHS Trust's specialist Haematology Inpatient Unit is on ward 5 Stoke Mandeville Hospital and has six designated Haematology side rooms, of which four are purpose built with positive pressure air filtration systems. The ward of 18 beds contains 10 side rooms and is shared with medicine. It accommodates all Haematology inpatients for mid and south Buckinghamshire (population >500,000) and is located in the new PFI building on the first floor.

The ward layout and facilities have been adapted to provide a dedicated area suitably equipped for the care of patients with haematological disorders including neutropenic sepsis and autologous stem cell transplantation, with isolation facilities and designated areas for chemotherapy storage and administration.

This specialist unit aims to comply with NICE Guidance on Haematology Cancers: improving outcomes (2016). The National Cancer Strategy (2011) 2015-2020. Achieving World Class Outcomes Taking the Strategy Forward (2016) FACT-JACIE International Standards (2015) and the National Cancer Peer Review programme including the Haematology, Chemotherapy and Acute Oncology measures.

## 2. Philosophy of the Service

**Our aim is to reduce harm, reduce mortality and offer a great patient experience.**

Haematology patients are treated in a ward with side rooms commissioned for the treatment of neutropenic patients. The specialist trained staff in the ward aim to improve care for patients with haematological disorders by:

1. **Clean and safe** practice, clinics and hospitals so you never need to unduly worry
2. **A caring, helpful and respectful** attitude from approachable teams, who listen to you, involve you in decisions about your care and ensure you're clear about what to expect
3. **Respect for your time** with care closer to home, offering choice and flexibility with a minimum of delays and cancellations
4. Easy access to **comfortable and modern** facilities, offering privacy and dignity, personal space and good healthy food
5. The **best clinical care** from teams of skilled healthcare professionals, who help you improve and maintain your health

### Haematology Unit Philosophy

By developing trusting and supportive relationships we hope to achieve good communication with patients and their carers. We respect that a patient has the right to information and for their questions to be answered honestly, enabling them to make decisions about their own care. We will also endeavour to encourage and assist patients to maintain their independence at every stage of their illness.

It is our aim to create a relaxed, homely and happy atmosphere where dignity, peace and privacy is respected. We will do our utmost to create an environment where feelings and emotions can be freely expressed.

We will endeavour to value and understand individuality and the unique range of needs including sexual, spiritual, emotional, cultural and physical needs and beliefs. We will endeavour to create a safe environment where confidentiality will be respected.

We have an obligation to use and develop our knowledge and skills for the benefit of patients in our care by providing a high standard of research based care.

Continuing professional development will be promoted for all team members. Newly appointed nurses will be allocated mentors and together they will work through an orientation programme.

Peer review of the haematology and oncology service will be part of the external audit and performance monitoring process.

### **3. Ward Facilities**

The ward consists of 18 beds of which are used in a flexible manner to meet the demands required by haematology patients.

#### **3.1 The beds are made up as follows:**

The four side rooms with air filtration systems and anterooms are opposite the nurse station and are designated for the intensively treated haematology patients and autologous stem cell transplantation. Two further designated haematology side rooms are on the other side of the ward. All side rooms have en suite facilities. Each room has piped oxygen and suction provided and are furnished with the appropriate equipment. (There are four further side-rooms on this ward which may be occupied by medical patients or haematology patients depending on need).

A further eight beds are available in two four bedded bays that are shared with medicine and it is intended that the non-neutropenic haematology patients will be managed in these beds.

#### **3.2 Medical beds**

The beds which are not being used for haematology patients are used for medical patients. The ratio of haematology patients to medical patients varies on a day to day basis depending on the demand for inpatient haematology beds.

The ward will contain four side rooms which will be used as necessary for isolation of patients who present a cross infection risk.

The six haematology designated side rooms will be used for medical patients with other conditions when not in use for haematology or oncology patients but the four positively-pressured side rooms will not be used to isolate any patients who present a cross infection risk.

#### **4. Doctor/Sisters Office**

This is a shared office for the ward sister and haematology doctors. When needed this office will be the base for the haematology consultants from Wycombe who work on a rotational basis with Stoke Mandeville colleagues.

#### **5. Clinical consultation room.**

The clinical consultation room is equipped with a comfortable chair and provides an area for patient consultation either prior to direct admission for none emergency admissions to the ward or while waiting for a bed to be allocated.

This room will also be used for the twice weekly video conferenced calls between ward 5 and 5A Wycombe

All emergency admission will be directed through the emergency department following the ED triage SOP... Following triage and treatment when the patient is clinical stable they will then be transferred directly to an available bed on ward 5 Stoke Mandeville Hospital.

All Haematology patients admitted with drug induce neutropenic sepsis should be admitted directly to ward 5 from the emergency department when stable, If necessary they will be admitted into a bay until such at time a side room can be made available.

#### **Day Treatment Room**

The day treatment room is a patient day room for outpatient treatments over the weekend or occasionally evenings. It will contain two reclining chairs and a number of other chairs. A television is provided for patients.

#### **6. Utility Areas**

These areas include the dirty utility area for the safe disposal of used disposable items, plus other areas for storage space, cleaner's cupboard and clinical waste.

#### **7. Kitchen**

There is a small kitchen area on the ward.

#### **8. Nursing Staff**

The ward is managed by a band 7 manager, supported by seven band 6 nurses who are responsible for orientation, appraisal and support of their staff.

The ward manager is supervisory and works clinically as well as having one administrative day each week to work alongside staff, undertake project work and attend meetings. The ward manager has an overview of all staff and is available for support and guidance. The ward manager is supported by the band 6 deputy ward managers, who will act up in their absence.

## 9. Current ward establishment

For the 18 Bedded Haematology/Medical Ward the agreed establishment is:

|        |                      |
|--------|----------------------|
| Band 7 | 1 WTE                |
| Band 6 | 5 WTE                |
| Band 5 | 13.08 WTE            |
| Band 4 | 3.27 WTE             |
| Band 2 | 5 WTE                |
| Band 2 | 1 WTE House Keeper   |
| Band 2 | 1 WTE A&C Ward Clerk |
| Total  | 29.35 WTE            |

Established staffing levels are as follows:

|             | Trained | Untrained |
|-------------|---------|-----------|
| Day shift   | 4       | 2         |
| Night shift | 3       | 1         |

The nature of the speciality requires a workforce of skilled nurses, the focus of much of the activity being patient information and support, the administration of cytotoxic drugs transfusions and other therapies, management of symptoms, terminal care and autologous stem cell transplantation. The condition of Haematology patients can fluctuate rapidly and many will require high dependency care during their treatment. If the patient fits the criteria for HDU/ICU care and is for full escalation they should be referred directly to the ICU Medical Team for consideration of ICU/HDU admission. Admission to ICU/HDU should be following consultant to consultant discussion BHT guideline 92.

The nursing establishment reflects the acute nature of the patient group and has the ability to vary the number of patients per nurse depending on the needs of the patients. The establishment should enable the ratio of registered nurse to neutropenic patient to be maintained at a minimum of 1 to 2. (13-3S-404 Cancer Standards). In the event of a patient requiring specialising by a nurse then the staff ratio can be increased following agreement by the Matron or Lead Nurse for Cancer. The ward manager has the ability to request staff from the nurse bank available to the trust, to cover shifts that do not meet the required levels due to unforeseen absence or vacant posts.

There will be a 24/7 rota for the facility providing for at least one nurse to be on duty on the ward who is trained in oncology haematology/chemotherapy (13-3S-405 Cancer Measures). There is an internal haematology teaching programme which runs on the ward and other specialist external study days and courses available to nursing staff.

## 10. Consultant Cover

**Wycombe:** Dr Beena Pushkaran  
Dr Jennifer Davies  
Dr Robin Aitchison

**Stoke:** Dr Liane Simons  
Dr Helen Eagleton  
Dr Renu Riat

The six Consultant Haematologists, on a rotational basis, act as the consultant with responsibility for the Unit, for a week at a time. There are currently two sit down

teleconferenced ward rounds every week for Consultants, supported by the Clinical Nurse Specialist, the Ward Sister or her representative and the haematology junior doctors followed by a ward round done by the onsite consultants. Out of hours cover is provided by the on call consultant haematologist. All Consultant Haematologists have transplant experience and have been competency assessed.

#### **11. Junior Doctor Support**

The unit has a dedicated full time FY1 doctor and a full time CT2 doctor on a general medical rotation. The consultant of the week or the haematology registrar does a ward round of all haematology patients every day. Out of hours, the on call medical team are available to deal with urgent requests from the Unit.

##### **Training of the registrar**

All haematology registrars working on the ward are part of a rotation with Oxford Haematology Department. Specialist training is provided by Oxford as part of their induction programme.

#### **12. Managerial Responsibility**

The ward sits within the Specialist Services Division. The ward is led by the Ward Manager who is supported by Lead Nurse for ward 5/NSIC, Matron for Cancer and Haematology and the Divisional Chief Nurse / lead cancer nurse specialist services.

#### **13. Haematology Clinics**

These run in the Outpatients Department at Wycombe Hospital and at the Cancer Care and Haematology Unit (CCHU) at Stoke Mandeville Hospital. Patients are also seen in the Cancer/Haematology Day Unit (Sunrise Unit) at Wycombe Hospital. Close co-operation between these areas is essential. Both the CCHU and the Sunrise Unit are able to provide patient isolation when required.

#### **14. Ward admissions to the Haematology Unit**

Direct admission of haematology patients is from the haematology consultant in discussion with the ward staff and Clinical Site Management (CSM). This may be from a number of pathways depending on the patient's location and clinical condition (for pathways see appendices).

Reason for admission into a haematology bed may include:

- Investigation and diagnosis.
- Care of neutropenic patient admission via emergency department.
- supportive therapies, eg IV antibiotics, blood transfusion IV treatments
- chemotherapy treatment
- care of central venous devices
- care of the patient with chemotherapy complications
- Autologous stem cell transplantation

Haematology patients will have priority over non-haematology patients for admission to the Unit, and Clinical Site Management (CSM) will ensure these patients are located on the ward



by transferring non haematology patients to other wards. The consultation room on the ward will be used for elective patients who are medically stable, whilst waiting for a bed to be made available. Patients must be bedded within 4 hours of admission to the consultation room.

Medical admissions to the Unit will be through Clinical Site Management (CSM) in discussion with the nursing staff. Admission of medical patients must comply with the side room policy agreed (see 3.1 and 3.3 of this policy).

## **15. Autologous Transplant Programme**

Patients requiring autologous transplants are treated on the ward and these transplants are performed in collaboration with the Oxford Stem Cell Transplant Programme

## **16. Transport arrangements**

If seen first at Wycombe, patients will be triaged by staff in the Sunrise Unit, Wycombe to assess whether patients requiring admission to the Unit are able to make their own way to Stoke Mandeville ward 5 or should be transported by ambulance. If the patient is clinically unstable a time critical ambulance will be ordered to ensure timely and safe transfer to the ED department SMH. ED will be pre alerted/

- a) **Own transport** – Patients and their carers will be provided with written directions to Stoke Mandeville Hospital together with a map of the hospital layout.
- b) **Ambulance** – Staff from the Sunrise Unit, Wycombe will telephone to request an urgent admission through the South Central Ambulance Service (SCAS).

## **17. 24 Hour Telephone Access**

### **All haematology patients.**

In hours – patients will be advised to ring the emergency triage phone number direct to the acute oncology service.

Out of hours - patients will be advised to ring the in-patient haematology Unit (ward 5 SMH).

Accurate triage is essential. All inpatient telephone calls must be documented on the electronic UKONS triage form on evolve (Appendix 7). These phone calls should be dealt with by an experienced haematology nurse. (11-3S-126 Cancer Standards). However most of these phone calls will still result in the nurse calling the Consultant for advice.

Out of hours the on call haematology consultant will liaise with the duty medical registrar about any Patients requiring emergency medical assistance and will be admitted through the emergency department pathway.

## **18. Infection Control**

As haematology and other neutropenic patients are extremely vulnerable to infection, all measures possible should be taken to minimise infection risk. Good communication with, and assistance from Clinical Site Management (CSM) and infection control team are vital.

- Signs are placed at Ward entrance, at side room entrance and throughout the main ward pointing out the need for good hand hygiene.
- All levels of staff will undergo training in hand washing and competency assessment.
- All ward staff will undergo training in the care of the neutropenic patient.
- Ward staff should be responsible for the care of the haematology patient in the six side rooms. Staff who do not work regularly on the ward haematology will work within the limitations of their practice and will not provide any specialist care required for haematology patients.
- All patients at risk of infection should be placed in side rooms.
- Haematology patients will be accommodated within a side room when clinically indicated. Haematology patients who do not necessitate the use of a side room will have priority over non-haematology patients for admission to these 6 side rooms unless there is a clinical need.
- No patient with suspected TB, influenza or chickenpox will be admitted to the ward.
- On occasion haematology/oncology patients may be shown to have infection but need specialist care on admission.
- No known infected patient will be admitted to the open ward area.
- Non-haematology patients isolated to control the spread of infection will be admitted to the side rooms designated for this purpose. Infection control procedures will be rigorously followed and the ward will be subject to regular infection control audits, including monthly hand hygiene audits. Monthly cleaning checks will also take place.
- All side rooms will have gel, glove and apron dispensers positioned at the entrance.
- All staff will have a good understanding of and abide by the Trust Infection control manual.
- There is a written protocol for use by ward staff regarding the use of the positive-pressure side-rooms. This will include information on checking regularly that the air-handling system is working correctly.

## 19. Ward rounds

The daily haematology ward round is combined with the acute oncology review for haematology patients. The ward medical team should aim to reach a provisional decision in the afternoon about which haematology patients could be moved out of side rooms if required. Patients with solid tumours with acute oncology needs are reviewed by the acute oncology team on daily ward round (Mon-Fri). Those admitted at the weekends will be reviewed by an acute oncology nurse. Haematology patients are reviewed by the weekend consultant or registrar.

## 20. Multidisciplinary Team

As a department we have strong links with a number of teams, who are able to offer support and advice. These include:

- Pharmacy: specialist pharmacists serves the department
- Palliative Care Team: a multi professional team who are available for support and advice to staff, patients and their carers
- Physiotherapy, Occupational therapy
- Rapid Discharge Team
- Social Worker
- Clinical Haematology Nurse Specialist(s) and outpatients nursing team
- Blood Transfusion nurse/BMS
- Infection Control

- Dietitian
- Chemotherapy Nursing Team
- Critical Care Outreach Team
- ITU
- Pathology
- Radiology
- Acute Oncology

## 21. Patient discharge

Prior to discharge the ward staff will work in conjunction with the patient and the multidisciplinary teams to endeavour to provide a safe and appropriate discharge that meets the care and environmental needs of the patient. High intensive ambulatory care patients will be managed in accordance to the High Intensity Ambulatory Care SOP 2017

## 22. Education and Training

As a department we actively support the development of our nurses and believe that reflective practice, associated with 'clinical supervision' are important aspects of ongoing development.

There is a recognised training programme to ensure the ward will maintain a list of staff trained and experienced to deliver chemotherapy (11-3S-116 and 119). (Trust Cytotoxic Policy).

There is an internal teaching programme which delivers training on haematology conditions and their treatments including stem cell transplantation.

There are recognised external modules available for specialist haematology and cancer qualifications including stem cell transplantation.

## 23. Operational and visiting times

The Unit is an inpatient ward and therefore is functioning 24 hours a day, 7 days a week. Visiting hours to the Unit are between 8am and 8pm each day. Numbers of visitors should be kept to a minimum. Visiting to the side rooms is as flexible as possible depending on the condition of the patients. The ward now has protected meal times. The ward has a policy of no flowers for patients.

## 24. Support Services

- **Car Parking:** Both pay and display and pay on exit on the SMH site.
- **Cleaning:** Contract cleaning is provided by Sodexo through the facilities management services at SMH.
- **Linen:** Provided by Sodexo.
- **Catering:** Provided by Sodexo

- **Disposal of waste:** The Trust has a waste disposal policy written by the Estates Services and is approved by the Board. All waste must be segregated at source and placed in the specific colour sacks or containers. The bags/containers must be tied or sealed as per the policy.

## 25. Quality System

This describes the tools that will be used to ensure a high quality clinical service for Cancer and Haematology inpatients. Maintenance of high standards even in times of pressure on the system will be an important part of delivering our promise to patients of a high quality of care. The interface with the day unit, outpatients and on call service is an important part of the pathway. The patient flows are described in the appendices of this document. This system will form part of the whole Clinical Governance system for Cancer and Haematology. It is intended to inform management, staff, our commissioners and the peer review groups.

## 26. Quality Indicators

The SDU uses certain measurements developed from the improving outcome standards as an overall measure of performance. The balance scorecard is reviewed on a monthly basis at the Directorate Board meeting. Any concerns are highlighted at the Divisional Board meeting.

- Number of shifts without a trained chemotherapy nurse/month.
- Number of haematology patient outliers in Stoke Mandeville who required but failed to be admitted to ward 5 on presentation/month.
- Neutropenic sepsis one hour door to needle time.

## 27. Job descriptions

All trained nurses working on ward 5, SMH, will be recruited under the standardised haematology job description.

## 28. Training

All trained nurses will undertake the national recognised chemotherapy course and an in house training programme (see attached Appendix 6). Senior nursing staff will undertake further specialist education.

## 29. Audit

There is an Audit Programme with the presentations available to all staff within haematology. The SDU also participate in the Oxford audit programme for transplantation.

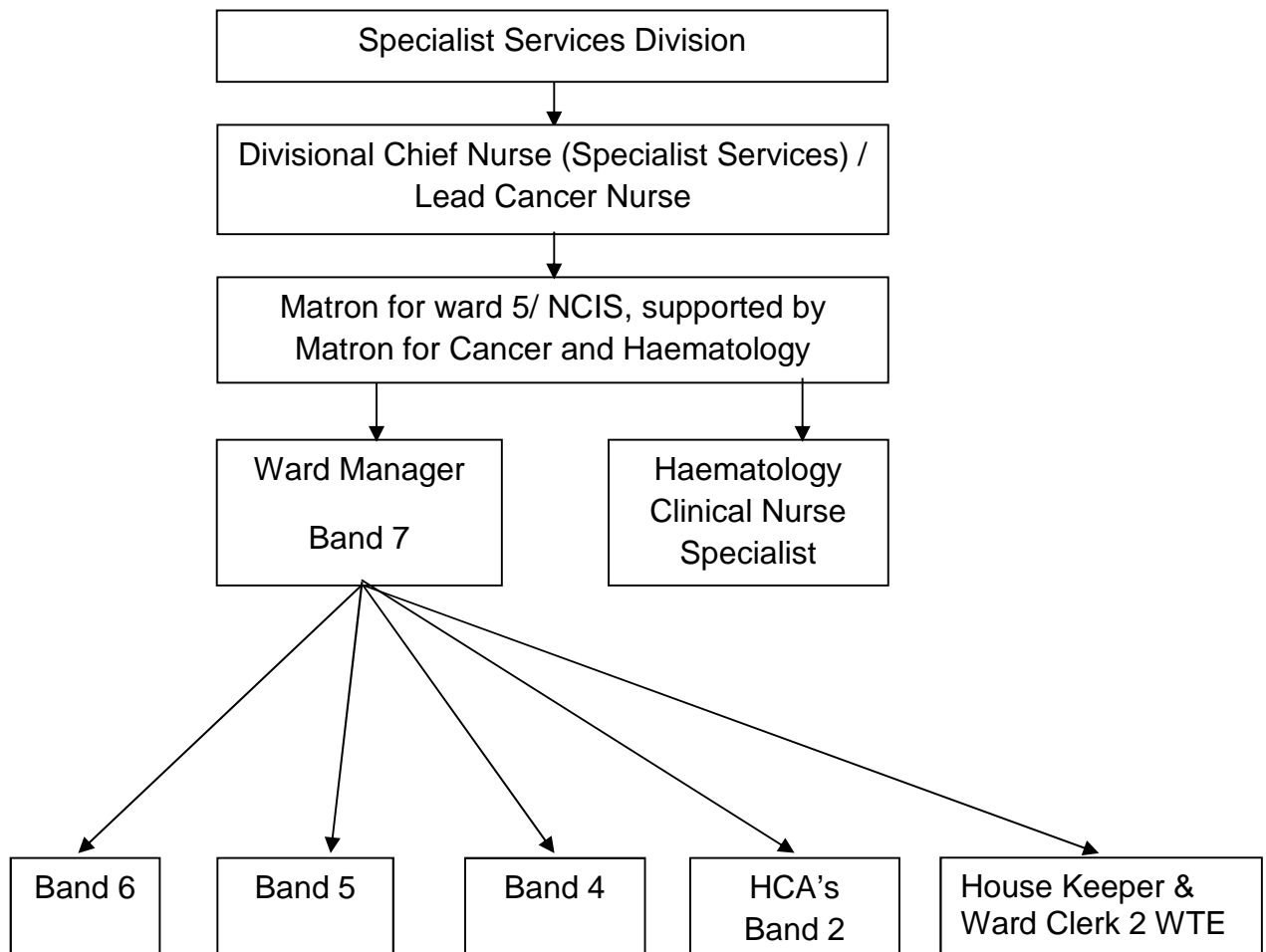
Monthly infection control hand hygiene audits.

Other Infection Control audits as per the current audit programme eg annual ward environmental audits.

## 30. Satisfaction Survey

- Survey patients within six months of major changes.
- Survey patients every year.
- National cancer patient experience survey

**31. Management / clinical flowchart**



**32. Control of Process and Records including incidents and complaints**

Quality indicators will be reviewed monthly using the Trust monthly performance review meeting with the Chief Operating Officer. The data will be collected by the ward sister and the records held by the Divisional Chief Nurse / Lead Cancer Nurse Specialist Services.

Incidents are reported on the DATIX electronic system. They are reviewed by the Ward Manager who raises concerns with the SDU clinical governance lead.

Complaints are managed using the Trust complaints process. Records of these complaints including compliance with target turnarounds are held by the Nurse Oncology Manager.

Annual Review and report to be produced to collate the information from the parameters above for the purposes of peer review and to develop development targets from the Audits and the patient satisfaction surveys.

Mortality and Morbidity reviews – regular reviews of haematology inpatient deaths at the haematology SDU meetings in accordance with BHT adult mortality review policy (215).



Buckinghamshire Healthcare  
NHS Trust

### Addendum to Bed Policy applies to Oncology & Haematology SDUs

#### 1. Patients requiring intrathecal chemotherapy

Buckinghamshire Healthcare NHS Trust has agreed and signed a directive from the Department of Health stating that patients requiring intrathecal chemotherapy will receive this treatment in the following designated areas only:

|                                   |                                    |
|-----------------------------------|------------------------------------|
| <b>Wycombe Hospital:</b>          | Ward 5a (Sunrise Unit) - PICC room |
| <b>Stoke Mandeville Hospital:</b> | CCHU - Procedure Room 5            |
|                                   | Ward 5 - Side Rooms                |

#### 2. Inpatients requiring intravenous chemotherapy for haematological malignant disease

Patients requiring planned in-patient care will be admitted directly to Ward 5. In the event of a bed not being available, patients will be asked to wait in the Day Room or Consultation Room. Ward Team will liaise with the site team to ensure a bed will be available within four hours. Non-time critical patients may be asked to wait at home until a bed is available the following day.

#### 3. In-patients undergoing autologous stem cell transplant for haematological disease

In-patients undergoing IV chemotherapy and autologous stem cell transplant for haematological malignant disease must be admitted to Ward 5 at Stoke Mandeville Hospital. This is to ensure that appropriately experienced and trained nurses administer the chemotherapy and stem cells, and that appropriate facilities are available for the management of complications of treatment.

#### 4. Drug induced neutropenic patients

##### a) Haematology patients

All neutropenic haematology patients must be admitted to the Emergency department Stoke Mandeville Hospital and then transferred directly to Ward 5. If the patient presents to the Wycombe site then a time critical ambulance will be ordered to ensure timely and safe transfer to the Emergency Department. Once time critical treatment has been given and the clinical stability achieved the patient can then be transferred directly to Ward 5 Stoke Mandeville Hospital.

***(As with all critical transfers the decision to transfer will be made by the consultant/medical team in discussion with the receiving medical team).***

In order to ensure compliance the following steps have been approved:

- i) Patients will be transferred from the Emergency Department into a bed.
- ii) If the ward is full a non-haematology/oncology patient must be moved to another ward within the agreed time-frame of 4 hours; 08.00 – 22.00 with negotiation out of hours, this takes into consideration the impact of patients required to move wards.

b) **Oncology neutropenic patients**

Patients are likely to be admitted from different access points within the organisation including transfers from other wards. In order to ensure compliance to the national standards the patient must be admitted to ward 5 Stoke Mandeville Hospital for their care needs. This may require co-ordination of patient moves (see point 2 above).

**Wycombe** - Transfer must be through the critical time ambulance to the Emergency Department. Acute Oncology Team will be informed of admission.

**Stoke Mandeville** - Patients must be admitted via the Emergency Department and the Acute Oncology Team informed of their admission.

**(As with all critical transfers the decision to transfer will be made by the consultant/medical team in discussion with the receiving medical team)**

5. **As agreed with the Infection Prevention and Control team, the beds on ward 5 SMH will not be used for patients with influenza (with the exception of Haematology patients with influenza), TB or chicken pox.**

**Note:**

- The ward staff have a responsibility to understand the Trust pressures (in the event of Black Status /closed beds due to infection etc) and have an open invite to attend any of the daily operational meetings if required.



Neil Macdonald  
Chief Operating Officer



Dr Helen Eagleton  
Consultant Haematologist



Jo Sturgess  
Divisional Chief Nurse  
(Integrated Medicine)

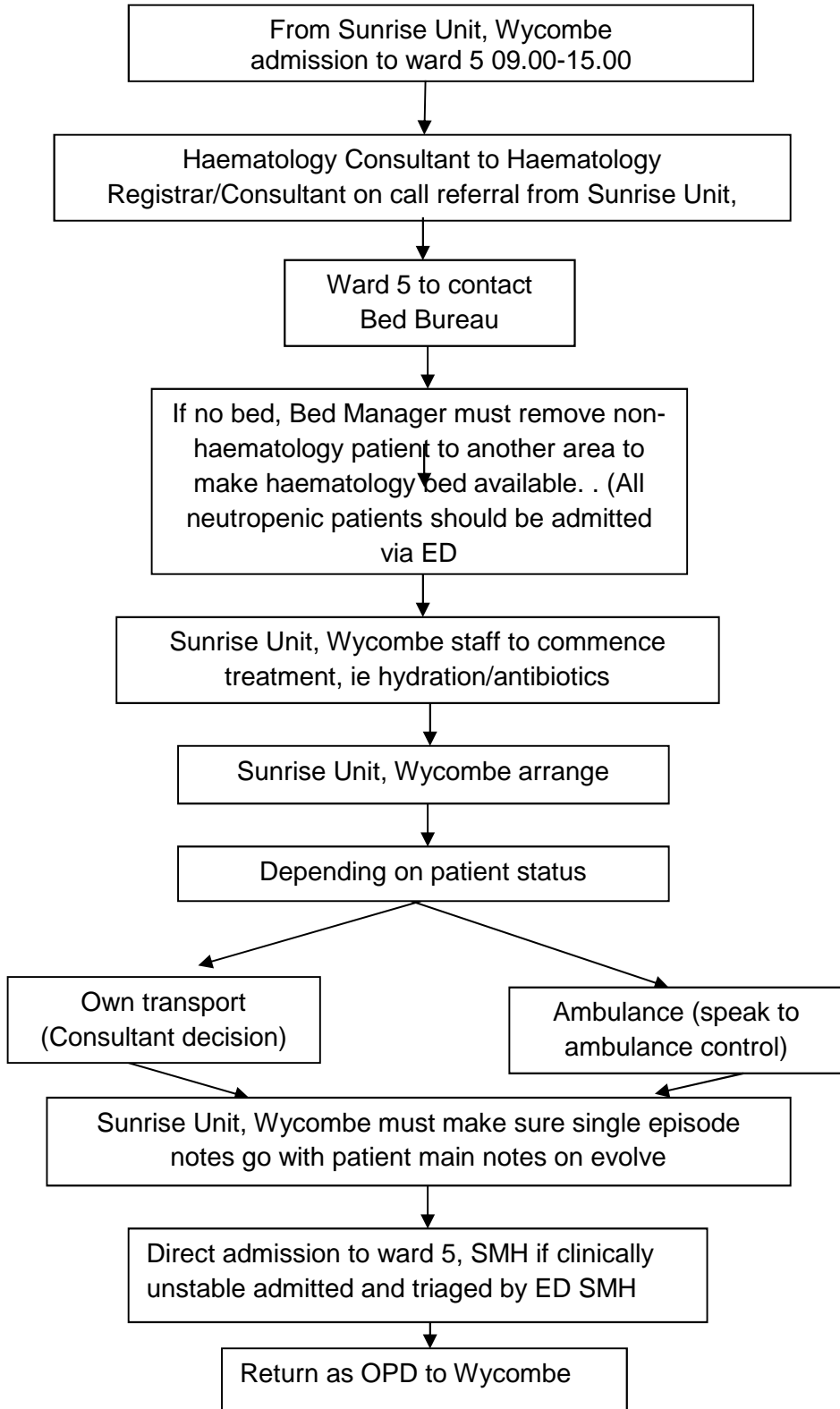


Jeanette Tebbutt  
Divisional Chief Nurse (Specialist Services)  
& Lead Cancer Nurse

**Reviewed:** January 2018

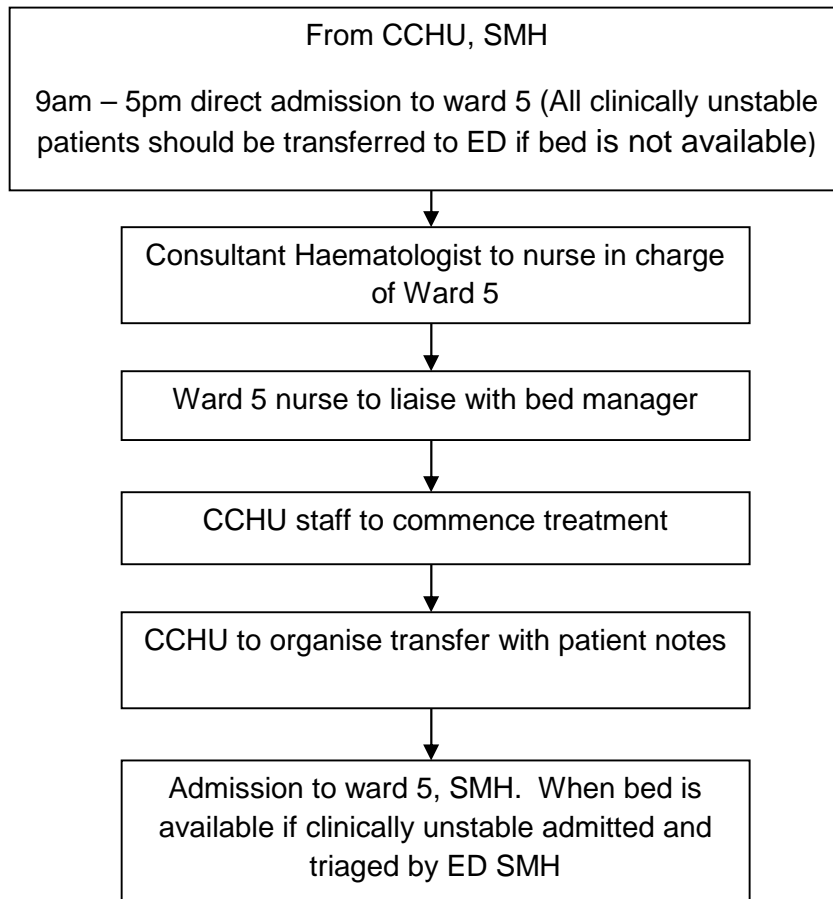
**Review date:** January 2020

## Patients attending Haematology Clinic/Day Case treatment at Wycombe

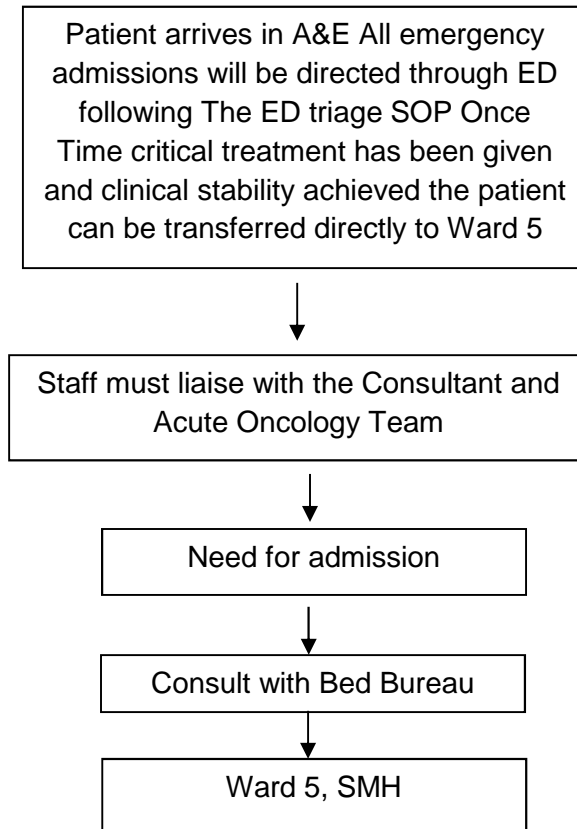




## Patients attending Haematology Clinic/Day Case treatment (CCHU) at Stoke Mandeville



## A&E Stoke Mandeville



|  |  |  |  |
|--|--|--|--|
| <b>HOSPITAL NAME / DEPT:</b>   |  | <b>UKONS 24 HOUR TRIAGE LOG SHEET (V2 2016)</b>  |  |
| <b>Patient Details</b>   |  | <b>Patient History</b>   |  |
| Name:  |  | Diagnosis:   |  |
| Hospital no.....   |  | Male <input type="checkbox"/> Female <input type="checkbox"/>  |  |
| DOB.....   |  | Consultant.....  |  |
| Tel no.....  |  | Has the caller contacted the advice line previously Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| <b>Enquiry Details</b>   |  |  |  |
| Date..... Time.....  |  |  |  |
| Who is calling?  |  |  |  |
| Contact no.....  |  |  |  |
| Drop in Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |  |  |
| <b>Reason for call</b><br>(in patients own words)  |  |  |  |
| Is the patient on active treatment? SACT <input type="checkbox"/> Immunotherapy <input type="checkbox"/> Radiotherapy <input type="checkbox"/> Other <input type="checkbox"/> Supportive <input type="checkbox"/> No <input type="checkbox"/>  |  |  |  |
| State regimen..... Are they part of a clinical trial Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |  |
| When did the patient last receive treatment? 1-7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> 15-28 days <input type="checkbox"/> Over 4 weeks <input type="checkbox"/>  |  |  |  |
| What is the patient's temperature? <input type="text"/> °C (Please note that hypothermia is a significant indicator of sepsis)   |  |  |  |
| Has the patient taken any anti-pyretic medication in the previous 4-6 hours Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |  |  |
| Does the patient have a central line? Yes <input type="checkbox"/> No <input type="checkbox"/> Infusional pump in situ Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |  |
| <b>CAUTION!</b> Please note patients who are receiving or have received <b>IMMUNOTHERAPY</b> may present with treatment related problems at anytime during treatment or up to 12 months afterwards. If you are unsure about the patient's regimen, be cautious and follow triage symptom assessment. |  |  |  |
| Advise   |  | 24 hour follow up  |  |
| Assess   |  | <b>Significant medical history</b>   |  |
| <b>Remember: two ambers equal red!</b>   |  | <b>Current medication</b>  |  |
| Fever - on SACT  |  | <b>Action Taken</b>  |  |
| Chest Pain   |  |  |  |
| Dyspnoea/shortness of breath   |  |  |  |
| Performance Status   |  |  |  |
| Diarrhoea  |  |  |  |
| Constipation   |  |  |  |
| Urinary disorder   |  |  |  |
| Fever  |  |  |  |
| Infection  |  |  |  |
| Nausea   |  |  |  |
| Vomiting   |  |  |  |
| Oral/stomatitis  |  |  |  |
| Anorexia   |  |  |  |
| Pain   |  |  |  |
| Neurosensory/motor   |  |  |  |
| Confusion/cognitive disturbance  |  |  |  |
| Fatigue  |  |  |  |
| Rash   |  |  |  |
| Bleeding   |  |  |  |
| Bruising   |  |  |  |
| Ocular/eye problems  |  |  |  |
| Palmar Plantar syndrome  |  |  |  |
| Extravasation  |  |  |  |
| Other, please state:   |  | Attending for assessment, receiving team contacted Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |
| <b>Triage practitioner</b>   |  |  |  |
| Signature..... Print..... Designation..... Date / /  |  |  |  |
| <b>Follow Up Action Taken:</b>   |  |  |  |
|  |  |  |  |
| Consultants team contacted Yes <input type="checkbox"/> No <input type="checkbox"/> Date / /   |  |  |  |

## Guidelines for practice development and training needs for nurses

### Cancer and Haematology

#### Principle

To ensure that patients receive a high quality service, the department maintains a programme of staff training.

#### Scope

It encompasses staff induction, appraisal, training and the maintenance of training records.

Responsibilities

#### Nurse Managers

Responsible for development of job descriptions, the selection and appointment of nursing staff, provision of the orientation programme, ensuring training needs are met, monitoring performance through the appraisal system and maintaining training records.

#### Job descriptions

Nurse orientation package

Appraisal records

Nurse training records

Registrar training books

Competency Training Record for Nursing Staff

Training and Competency Checklist for Medical Staff

Training or education sessions attendance list

#### Description

1. Job descriptions and person specifications define the roles and responsibilities for all levels of staff.
2. All new staff attend the Trust Induction Programme which relates Health and Safety Policies and dealing with incidents and complaints.
3. Clinical staff are given opportunities to attend meetings and conferences to fulfil their learning needs.

## ***Nursing Staff***

1. Nurses are provided with an in-house orientation package, which introduces them to the department.
2. The Nurse Managers are required to ensure their staff receive adequate training and support to achieve the competencies outlined in the Competency Training Record.
3. All nursing staff will be performance appraised annually and their training needs identified by their team leader.
4. Team leaders maintain full documentation of academic qualifications, experience, training, competencies, professional certification and mandatory updates.
5. All nursing staff are required to sign an attendance list when present at educational sessions.

## **Trust training**

Maths test

Intravenous medicines training and competencies

Blood transfusion training and competencies

Cannulation, venepuncture and venesection training and competencies

Stem cell competencies

Understanding pre transplant conditioning

Central Venous Catheter training and competencies

Internal teaching programme

Intrathecal training

Syringe driver training

## **External recognised modules/programmes**

Chemotherapy training (Oxford Brookes)

Haematology module (RMH)

Stem cell module (RMH)

Cancer degree/masters (Oxford Brookes)

Cancer Care module (Bucks New University)