To: All EOC Colleagues Date: 3<sup>rd</sup> March 2023 Document number: EI 071 (Version 7.0)

# **Cohorting Management & Oversight**

Versi	on Control	Date
1.0	Initial Version – OSDG Approved.	20/09/22
2.0	Amended with Clearer Instructions.	11/10/22
3.0	Addition of Step 11.	17/10/22
4.0	Amendments following review by DQ&S and Informatics	12/01/23
5.0	Amendments following development of Cleric to include automatic population of Resource Times to facilitate accurate reporting.	01/02/23
6.0	Amendment to Handover > Clear Process for Conveying Resource (Point 11).	27/02/23
7.0	Movement of HRWI to Chelmsford EOC in Appendix 1.	03/03/23

Details of the change from previous version

**Produced by:** EOC & Operational Colleagues **Authorised by:** OSDG **Review date:** 27<sup>th</sup> February 2025



# **EOC INSTRUCTION**

Cohorting Management & Oversight, continued

## Background

The Trust requires the ability to track patients that have been cohorted at hospital and maintain oversight of patients that still remain within the Trust's care.

This instruction and technology have been created to allow for tracking of patients that remain within EEAST cohort, and therefore allows for the Trust to better report patient handover delays.

## **Call Signs**

Cohort Call signs have been created for hospital sites and are contained in Appendix 1.

## Criteria

*This process is only for patients being Cohorted by EEAST staff and are still awaiting handover. Sites such as Broomfield have their own internal Cohorting processes (run by nurses they employ), as they facilitate this, it still constitutes a Handover from the Trust to the Acute.* 

Once EOC have been notified by a HALO or Conveying crew that a patient is to be Cohorted (by Trust Personnel) a COHORT resource callsign should be assigned to the incident following the below process.

# **General Comments**

- A COHORT resource callsign should only be assigned to **1 incident** at a time (**DO NOT** multi-assign COHORT resources)
- If multiple resources have conveyed on 1 incident, and multiple patients are cohorted, assign 1 COHORT per patient/conveying resource.
- A COHORT resource callsign should NOT be booked on with shift information or Staff ID numbers. It's understood that One member of Trust Personnel may Cohort multiple patients, but each patient/incident should be assigned to a separate COHORT resource.
- DO NOT use any other EEAST callsigns/resources to facilitate this process, including other DSAs or HALO callsigns. For example, if another DSA at the hospital with their own patient (e.g. BAF185) do not use the below process to assign BAF185 to the incident,



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use a designated COHORT resource instead (making CAD notes that BAF185 are facilitating COHORT if required).

• Only use COHORT resources to facilitate this process at Acutes which are designated part of the COHORT process.

# Video Guide

Link to Step by Step Video: Allocating a COHORT Resource.mp4

#### **Process**

1. From the '*Resources*' tab of the incident record and select '*New*' to assign a new resource to the incident (*below*)



 Use the 'Allocate Resource' screen (below) to select an unassigned COHORT callsign for the appropriate Hospital (using only Callsigns from Appendix 1). Select 'OK' to assign the resource.

	Allocate/Update ve	hicle			<u>Running vehicles</u>			
Resource		Method	Vehicle desti	nation	VNR reason			
Call size - NN	1000	C Badio	Hospital :		Reason :			
Tan		C Phone C C Mobile data No	Clinic :		Late/Outside OBCON reasons			
Type :					Anticuliar )			
Base : I			Notes :		Activation .			
Resource Stat	us/Location when Passed	C Pager			Hesponse :			
		C Direct			Uig/PTS :			
Status :					Handover Details			
Type :	•	C Running Casualties Alert Casualty of Priority		Alert Casualty of Priority	PIN : Link Ref :			
Name :		C SMS	S & Lonvey	S & Ireat	Time(mins) :			
Conumunoo T		Autor Time Amended Desses		manded Research	Reason :			
Turner	ype 1		Danne Tille A	(interfued meason	Late Dispatch Reason			
Call Sign	Besource hase	Badio No AF	PRNo P	lea No Moh Tel	ElectNo			
NINI ICOOT	Norwich Enc	10010140 74	N ING	INI ICON1	Theorito			
NNUC002	Norwich Eoc		N	INUC002				
NNUC003	Norwich Eoc		N	INUC003				
NNUC004	Norwich Eoc		N	INUC004				
NNUC005	JUC005 Norwich Eoc			INUC005				
NNUC006	Norwich Eoc		NNUC006 NNUC007					
NNUC007	Norwich Eoc							
NNUC008	Norwich Eoc		N	INUC008				
NNUC009	Norwich Eoc			INUC009				
NNUC010	Norwich Eoc		N	INUC010				
NNUC011	Norwich Eoc		N	INUCUII				

3. A Pop-Up box will present to warn the resource does not have Mobile Data. Select '*OK*'



4. If only resource has conveyed and booked '*At Hospital*' skip to Step 5. If more than one resource has conveyed a Pop-Up box will appear prompting you to select which resources patient the new COHORT assignment will be taking responsibility for (*below*). Ensure the correct Conveying Resource is selected.



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- 5. Cleric will Assign the COHORT to the incident and automatically populate the following times for the COHORT resource:
  - DT Passed
  - DT Mobile
  - DT Arrive
  - DT Hospital (which will Match the DT Hospital of the Conveying Resource)

DO NOT change any of the above times for the COHORT resource. These are required for the Data Warehouse logic to ensure accurate reporting.

# Example

	DT Passed	DT Mobile	DT Arrive	DT Leave	DT Hosp	Handov er	DT Clear
Conveying Resource	14:40:00	14:41:37	15:00:00	15:29:17	<mark>16:01:26</mark>		
COHORT Resource	16:24:10	16:24:10	16:24:10		<mark>16:01:26</mark>		

6. Double Click the COHORT resource from the '*Resources*' tab to open the '*Allocate Resource*' screen. The Handover PIN should then be given to the member of Trust personnel responsible for the patient, to allow Acute staff to record the Handover of the patient when complete.



7. Right Click the COHORT resource from the '*Resources*' tab and select '*Resource Status*'





- 8. From the 'Status Select' screen, book the COHORT Resource into one of the following statuses (*below*)
  - **Cohort In Ward** To be used for patients being cohorted in the A&E or a dedicated Cohort area.
  - **Cohort Outside** To be used for patients being cohorted outside the A&E or dedicated Cohort area.



9. After selecting the appropriate Cohort Status, a Pop-up will appear (*below*) asking you to confirm the location of the status, enter the appropriate hospital.



- 10. The Conveying resource, prior to booking 'Vehicle Clear' should then transfer the EPCR record to the member of Trust personnel responsible for completing the Handover after they leave.
- 11. Where the resource has said they do not require any post-clear time, the conveying resource should be booked '**Vehicle Clear**' from the incident and then booked OOS as per **EI016**, if required.
  - Should the resource need time before clearing from hospital, the resource can remain attached to the call and clear themselves once back in service.
- 12. Once the patient is handed over from the COHORT resource to the Acute Trust, the Acute should enter the Handover PIN for the COHORT resource (from **Step 6**) as normal or EOC should manually book the COHORT resource 'Handover'.
- 13. Following Handover, the COHORT resource should then be cleared from the incident, which will also log off the COHORT resource.



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# Example

Following completion of the Handover of the patient, if the above steps are followed the assignments of the Conveying and COHORT resource should look as below:

#### Single Cohort Assignment

	Allocated	Mobile	At Scene	Left Scene	At Hospital	Handov er	Vehicle Clear
Conveying Resource	14:40:00	14:41:37	15:00:00	15:29:17	16:01:26	-	16:25:45
COHORT Resource	16:24:10	16:24:10	16:24:10		16:01:26	18:30:43	18:31:22

#### **Multi Cohort Assignment**

	Allocated	Mobile	At Scene	Left Scene	At Hospital	Handov er	Vehicle Clear
Conveying Resource 1	14:40:00	14:41:37	15:00:00	15:29:17	16:01:26	-	16:25:45
COHORT Resource 1	16:24:10	16:24:10	16:24:10		16:01:26	18:30:43	18:31:22
Conveying Resource 2	14:45:00	14:46:32	15:20:43	15:59:59	16:45:56	-	17:10:00
COHORT Resource 2	17:08:10	17:08:10	17:08:10		16:45:56	19:00:21	19:02:35

Logic has been deployed to the Trusts Data Warehouse to ensure reporting of instances of Cohorting are included in External & Internal reporting correctly. It's imperative all the above steps are followed exactly to ensure reporting is not negatively impacted.

If any times are entered incorrectly and unsure how to resolve, please email <u>dataquality@eastamb.nhs.uk</u> with full details.

#### **Escalation**

Any concerns or issues regarding the Cohorting Process at Hospitals should be raised to the TOC.

Any other issues relating to resources should be escalated to the Duty Manager as per El021.



# Appendix 1 – Call Signs

Call Sign	Base	Hospital Name
LISTC001 - LISTC015	BEOC	Lister Hospital
LUDC001 - LUDC015	BEOC	Luton & Dunstable Hospital
PAHC001 - PAHC015	BEOC	Princess Alexandra Hospital
SWIC001 - SWIC015	BEOC	Bedford South Wing
WATC001 - WATC015	BEOC	Watford Hospital
BASC001 - BASC015	CEOC	Basildon Hospital
BRFC001 - BRFC005	CEOC	Broomfield Hospital
COLC001 - COLC020	CEOC	Colchester General Hospital
HRWIC001 - HRWIC010	CEOC	Ipswich Hospital
SENC001 - SENC015	CEOC	Southend University Hospital
WSGC001 - WSGC010	CEOC	West Suffolk General Hospital
ADDC001 - ADDC010	NEOC	Addenbrookes Hospital
HINC001 - HINC015	NEOC	Hinchingbrooke Hospital
JPHC001 - JPHC010	NEOC	James Paget General Hospital
NNUC001 - NNUC020	NEOC	Norfolk & Norwich University Hospital
PAPC001 - PAPC010	NEOC	Royal Papworth
PCHC001 - PCHC010	NEOC	Peterborough City Hospital
QEKC001 - QEKC010	NEOC	Queen Elizabeth Kings Lynn

