



**ADMISSIONS POLICY AND PROCEDURE
FOR THE MYTON HOSPICES INPATIENT UNITS AND NURSE LED BEDS**

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Admission Policy

1. Myton inpatient units (medically led beds)

The Myton Hospices has a maximum of 30 beds between the two inpatient units at Coventry and Warwick. In order to meet the high demand for these beds an allocation process has been established in order to prioritise admissions. This process relies on receiving accurate and timely information from the referrer.

Admission will be considered for any patient, aged 18 or over, with specialist palliative care needs due to advanced, progressive, life limiting disease. The patient should be registered with a Coventry or Warwickshire GP to qualify for care in Myton inpatient unit beds.

The length of stay will depend on need. Myton Hospice does not provide long term care.

1.1 Criteria for Admission

Referrals will be considered on the basis of clinical need and admissions will be accepted and prioritised according to the following criteria:

Symptom control

Patients who have physical symptoms or psychological distress, which have not responded to management in their current care setting.

Terminal Care

Patients with an estimated prognosis of less than two weeks.

Respite care

There are two respite beds available at the Warwick Myton Hospice inpatient unit. Respite care is offered by Myton Hospice using a needs based approach. Respite admissions are usually for a fixed period of up to 7 days. Requests for longer admissions will be considered on an individual basis. A new referral is required for each respite admission. Myton Hospice does not offer 'rolling respite' bookings.

Patients might not be prioritised for admission in the following circumstances:

- Patients without specialist palliative care needs who require nursing home admission or an increased home care package.
- Patients referred only for terminal care whose estimated prognosis is longer than two weeks, even if their preferred place of death is Myton.
- Patients with serious medical conditions which require support and assessment in the hospital setting e.g. neutropenic sepsis or acute renal failure.

1.2 Referral and allocation process

Referrals can be made by the patient's Macmillan Nurse, Clinical Nurse Specialist, Community Matron, GP or senior specialist doctor. Referrals from District Nurses will be considered but we may request that a Clinical Nurse Specialist, Macmillan Nurse or GP reviews the patient and supports the referral. The referring health care professional should be actively involved in the patient's care and fully aware of their current condition and circumstances.

Referral should be made on the Myton Hospices General Referral Form (which can be found on the Myton Hospice website <http://www.mytonhospice.org/referrals>) and faxed to the Central Admissions Allocation team at Warwick Myton Hospice. It is necessary to include information about the diagnosis, reason for admission, drugs already tried for the current problem, social situation and any other information that will help the allocation team to prioritise the referrals. Referrals should also include recent specialist clinic letters, blood results and relevant imaging reports. The allocation team welcomes supplementary information by telephone.

The patient must give consent for the referral before the form is sent, or when this is not possible admission must be considered to be in their best interests. If a patient refuses a bed when offered, the referral may be put on hold depending on the reason for refusal. In some circumstances the referral may be removed from the waiting list in discussion with the referrer.

The Hospice Allocation Team comprises the Referrals and Discharge Manager and/or Referral and Discharge Co-ordinator, a senior doctor and the nurse in charge on the day. All referrals to Myton Hospice are discussed at each allocation meeting. The meeting takes place each morning Monday to Friday at Warwick Myton Hospice, which acts as a single referral point for all inpatient admissions.

The allocation team assess each referral and priority is given to the patients considered most in need of admission at that time. Inaccurate or incomplete referral information could result in a patient not being prioritised appropriately.

Any emergency referrals during normal working hours will be reviewed by the allocation team as and when they arrive.

It is the duty of the referrer to update the bed allocation team on the patient's condition if this would alter prioritisation.

The allocation team will inform the referrer when a bed is available for their patient, or if the referral is not to proceed for any reason.

1.3 Criteria for Emergency Admissions after 1700hr weekdays, weekends and bank holidays

Referrals for admission outside normal working hours will be considered in emergency situations for severe physical, psychological and spiritual symptoms which cannot be managed in the community. Patients should have a clearly confirmed palliative focus for their care.

Referrals for emergency admissions will be considered from health care professionals who have made an assessment of the patient on the same day. The referrer must be fully aware of the patient's current condition and circumstances.

If an emergency referral is made out of hours the senior nurse on duty will collect information about the referral on the clinical telephone advice form and pass this to the senior doctor on call, along with information on the current bed state and waiting list.

The senior doctor on call is responsible for discussing the referral with the referrer and deciding whether admission is required. All details should be recorded on the clinical telephone advice form. This should be forwarded to the ward clerk the next working day.

Once an admission has been agreed the senior doctor on call should inform the senior nurse on duty. The senior nurse on duty should inform the junior doctor of the admission.

2. Myton nurse led beds

2.1 Criteria for admission

Patients **must** be registered with a Coventry or Rugby GP

Patients can be admitted from hospital, hospice or the community.

Admission will be considered for patients who cannot be cared for in their own home or are not able to be cared for in an alternative place of nursing care due to their specialist palliative nursing and/or supportive care needs.

Patients referred to a nurse led bed should not be requiring medical assessment or regular medical intervention i.e. they should be medically stable for discharge if in hospital or the hospice.

CHC funding **must** be agreed prior to admission. Patients referred should always meet the criteria for fast-track funding.

Patients should be in the final days or few weeks of life and have a DNACPR in place.

2.2 Referral and allocation process.

Patients will require review and ongoing assessment by a specialist palliative care team before referral to ensure that the most appropriate patients are identified for these beds.

Palliative care professionals working at UHCW NHS Trust, in Coventry community or Rugby community referring into these beds will need to identify appropriate patients who are eligible for fast-track CHC funding and use their own clinical judgement regarding the patient's condition, co-morbidities, disease progression, likely prognosis, clinical complexity and any potential need for ongoing medical input or potential challenges from the therapy perspective which could not be addressed. Preferably this should be a multidisciplinary decision.

Referrals from the hospice inpatient unit will require an MDT decision between the patient's Myton Hospice Consultant or senior doctor and the Ward Sister/Deputy Ward Sister.

A decision regarding appropriateness of suitability of transfer for a patient from a consultant-led Myton Hospice bed into a Coventry Myton Hospice Nurse-led bed will be made.

External referrers should use the Coventry Myton Hospice Nurse Led Bed Referral Form which can be found on the Myton Hospice website <http://www.mytonhospice.org/referrals>. This should then be faxed to the central allocation team.

Referrals will be discussed by the hospice bed allocation team and nurse in charge of the Nurse Led Unit on Monday to Friday 0900 to 1700. Referrers may be contacted directly if further information is required. A decision will be made based on the information provided by the referrer and the referrer will be then advised of the outcome once a decision has been agreed.

Out of hours urgent referrals can be discussed with the senior doctor on call but admissions will not routinely take place out of hours.

Admissions will only take place between 0900 and 1400 hours on Monday to Friday unless the patient is transferred from an IPU bed.

Admission procedure to IPU and Nurse Led beds

1. Transport

Once a bed has been allocated the referrer will be contacted by the Referral and Discharge Manager or Coordinator to confirm acceptance and check transport requirements.

It is the referrer's responsibility to organise transport. If an ambulance is required, the referrer will be advised to arrange suitable transport. Where a patient has a planned admission they are to arrive no later than 12:00 noon. Any non-emergency patient who has not arrived by 1700 may need to be postponed until the following working day

2. Preparation prior to admission

With the offer of a bed all patients will have a pre-admission checklist completed (Appendix 1).

For a patient in **hospital**, the referrer will be advised that notes, a copy of the drug chart, TTOs (excluding controlled drugs) and a transfer letter/discharge letter must accompany the patient.

When a patient is admitted from the **community** the referrer will be advised to forward letters, summaries, drug lists, and any other relevant information, if not already received with the referral.

Where a patient is known to the Oncology Department, University Hospitals of Coventry and Warwickshire an oncology summary can be requested by telephoning the appropriate consultant's secretary or accessing CRRS.

The person making the referral will be asked to inform the patient and the patient's carers of the proposed plans ahead of admission. It is also the referrer's responsibility to ensure that the patient's GP and other agencies involved are aware of the admission. The referrer can give the pre-admission information leaflet to the patient, if required (Appendix 2).

Referrers are informed that patients are required to bring their own medications, creams, clothes and toiletries into the hospice.

Patients should bring in a DNACPR form and advanced care planning documentation, if they have them.

Hospice administrative staff will prepare hospice notes.

For out of hours admissions the senior nurse on duty will take the patient's details and establish whether the patient is already known to The Myton Hospices. They will either try to obtain their current hospice medical records and update Crosscare, or make up temporary notes.

Patients will not be transferred to the hospice if this would pose a significant infection control risk to other patients or staff e.g. Active C. difficile infection or norovirus in the unit where the patient is currently being cared for. All cases will be considered on an individual basis and transfer arranged as soon as safe to do so.

3. On the day of admission

On the day of admission a nurse will be identified to undertake the admission, to allow the smooth running of the admission.

Reception must be informed of all admissions and allocated room placements.

Patient's room to be supplied with patient information folder and ensure all equipment and documentation for the admission process is in place.

4. Admission of the patient

Patients transferred from the IPU to a nurse led bed will not require all of the steps below.

Reception should inform the ward office when the patient arrives and the admitting nurse or ward clerk to go to reception to welcome the patient and escort them to their room. The doctor and Referral and Discharge team are to be informed of the patient's arrival.

Where appropriate, the patient and their relatives should be offered a drink.

The nurse call system should be explained to the patients and relative/carer, if present.

The patient will be issued with an identification wristband.

The layout and general routine of the in-patient unit to be explained to the patient and their relative/carer and an information pack given to them with an explanation regarding the important information which it contains.

The nurse will ensure that all the demographic information regarding the patient's next of kin and emergency contacts are correct and complete all necessary admission requirements using the admission checklist.

The admitting doctor will see the patient as soon as possible following arrival or immediately if medically necessary. When a delay is anticipated, staff will introduce themselves and give estimated time of admission interview. If the doctor is delayed their whereabouts are to be known by the nursing team, who will inform the doctor of any deterioration of the patient.

A full medical and nursing assessment of the patient will be carried out and a joint plan of care agreed with the patient. With the consent of the patient the admitting doctor and nurse will discuss the patient's care with their relative/carer and answer any questions raised.

All medical and nursing documentation will be completed, including prescription chart, care plan and CPR decision record and advanced care planning documentation, where possible.

The patient's preference regarding drinks and food must be recorded. The kitchen is to be informed of the patient's dietary needs, and the process for ordering and serving meals to be explained.

Patients are asked not to bring in valuables or large quantities of cash as we cannot be responsible for these and do not have secure storage facilities.

Patients from the community are required to bring in their own medication for review. These medications are reviewed by the admitting doctor and nurse. All medications which will be used during the in-patient stay are counted and recorded on the 'patient's own drugs' sheet. Any medications not to be used are returned to the patient's family. Medications to stay at the hospice are then locked in the patient's POD. Patients own controlled drugs, if they need to be kept, are recorded in the 'patient's own controlled drug' book and then locked in the Hospice controlled drugs cupboard. In most cases controlled drugs should be sent home with the family or destroyed.

DOCUMENT CONTROL SHEET

Development and Consultation	Developed by: Associate Specialist, Admission and discharge coordinator, Deputy Directors of Nursing and Audit & Compliance Manager Consultation: Director of Nursing, senior medical and nursing staff, Myton Operational Group, Clinical Forum.
Dissemination	The policy will be distributed, by the Audit & Compliance Manager to all relevant Department Managers/Line Managers for dissemination to staff. An Electronic copy can be found in Teamroom. A Hard copy of the policy will be put in all Hard Copy Policy Folders
Implementation	Implementation date will be the date the policy is issued by the Audit & Compliance Manager and supersedes all previous policy versions
Training	There are no specific training requirements for this policy. All clinical staff should be familiar with and adhere to the contents of the policy.
Audit	The policy has been developed in line with the Policy Development Process. Monitoring of and adherence to the policy should be undertaken periodically.
Review	The owner of the policy is responsible for reviewing and updating the policy every 3 years. 3 months notification will be given by the Audit & Compliance Manager.
Links with other documents that guide practice	<u>Myton Policies:</u> Data Protection 015 Confidentiality 011 Management of Clinical and Non Clinical Records 021 <u>CQC Applicable Publications:</u> Confidentiality: NHS code of Practice (DH 2003) Being Open – communicating patient safety incidents with patients and their carers (NSPA 2006) Mental Capacity Act Code of Practice (2007) End of Life Care Strategy (DH 2008) Records Management: NHS code of Practice (DOH 2006)

Essential Standard of Quality and Safety	This policy supports the Organisation in its compliance with the Care Quality Commission's Essential Standards of Quality and Safety in the following areas:
Regulation: Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 Regulation: 17, 9,24	Outcome: 1 Respecting and Involving people who use the services Outcome: 4 Care and Welfare of people who use services Outcome: 6 Cooperating with other providers

The Myton Hospices Pre-Admission Assessment and Handover

Completed by:	Date:
Referrer:	Patient name:
Base:	Date of Birth:
Contact Number:	NHS number:
Date of Admission:	Admission Location:

Does the patient have a DNACPR decision in place?	
Does the patient have a recorded preferred place of death?	
Are there any oxygen requirements? (e.g. rate, route, concentrator)	
Are there any infection control concerns?	
Are there any language or communication needs? (e.g. light writer, translator)	
Are there any specific cultural needs?	
Are there any dietary or feeding requirements?	
What is their mobility status and falls risk?	
Does the patient require any manual handling equipment? (e.g. pressure mattress, bariatric equipment, hoist) Please record patient's weight.	
Is there any tissue damage or wounds?	

<p>Does the patient have any of the following – IV, Stoma, Peg, Catheter, Syringe Driver, NIV?</p>	
<p>Are there any psychiatric, neurological, cognitive needs? (e.g. dementia, memory, confusion, behaviour, substance misuse)</p>	
<p>Does the patient have any current, upcoming treatment plans or appointments?</p>	
<p>Are there any particular family concerns or difficulties to be considered?</p>	

1. Please provide us with any notes and scan reports, preferably prior to admission (fax 01926 838894)
2. Patients must bring clothing, toiletries, current medication, specialist dressings, diabetic equipment, nursing/hospital notes and DNACPR/ACP documentation.
3. Patients must arrive prior to 1pm on day of admission.

Name:

Signature:

Designation:

Appendix 2

Pre-admission leaflet

Introduction to The Myton Hospices

The Myton Hospices provide high quality, specialist care to people whose condition no longer responds to curative treatment. There are inpatient beds at our Warwick and Coventry Hospices.

How long can you stay at Myton?

The hospice does not provide long term care. If you are coming in for a planned respite admission then your discharge date will already have been set. This can only be changed in exceptional circumstances.

For other admissions the length of stay will depend on how quickly your symptoms settle down. If you are finding it difficult to manage at home we will help you sort out additional help at home or arrange a place for you in a care home.

What should you bring in with you?

Please bring in any medication you are taking and any dressings that you are currently using. We ask you to provide your own toiletries, clothes and nightwear and to arrange for someone to do your laundry.

Please do not bring valuables or large sums of money in to the hospice as we cannot take responsibility for their safe keeping.

What does it cost?

Myton inpatient care is free of charge to all our patients. Myton Hospice is a registered charity and we pay for all our services through our fundraising efforts as well as a small grant from the NHS.

Meals

Food is cooked daily in our own kitchens. The catering team will help you to choose a suitable menu. Please let us know of any special dietary requirements or preferences. Patient meals and refreshments are provided free of charge.

Visiting hours

Visitors are welcome at any time, however at night and between 2pm and 3pm, we ask that noise is kept to a minimum. Children are welcome to visit and there is a family room with toys. Pets can also visit but cannot stay overnight.