Policy: **Admission to the In-Patient Ward**
Policy number: **1.02**

1. *Policy Statement*

We need to demonstrate effective and efficient use of our beds. All admissions are managed through daily multidisciplinary meetings to ensure those patients with the most complex needs, or whose preferred place of death is the Hospice, are prioritised for admission. Decisions can usually be made on the day of referral unless additional information is required.

Patients with any terminal illness may be admitted. The reason for admission is based on need rather than diagnosis. Such needs may be physical, psychological, social, or spiritual.

Patients must consent to be admitted to the In Patient Ward. However, where the patient is unable to give consent their family or carers must be aware of the referral for admission and be in agreement with it.

Hospice in the Weald does not discriminate on grounds of race, religion, sexual orientation, gender, age or ability to donate to Hospice funds (in the past or future).

2. *Related policies, guidelines and procedures*

Policies:	2.03 Administration of Blood Components 6.04 Adverse Comments and Complaints 1.01 Referral to HitW 3.01 Consent (including incapacity, advanced decisions, creative therapies, recorded material and photographs) 6.07 Restraint and Deprivation of Liberty Safeguards 6.01 Safeguarding vulnerable adults 2.11 Out of Hours Access to Hospice Care 6.05 Patients money and valuable 11.02 Smoking
Guidelines:	Bisphosphonate Therapy Malignant Ascites
Associated Documents:	Process for managing CHC on the ward LOP

3. Responsibility and Accountability

Policy formulation and review:	CMT /NLT
Clinical Approval:	Care Director or CEO
Compliance:	All clinical staff and volunteers

4. Relevant Dates

Policy originated:	July 2006
This Review Date:	May 2017
Next Review Date:	March 2021

5. Admission Categories

a) Symptom control

Patients may be admitted with uncontrolled symptoms for Hospice intervention.

b) End of life care

Some patients may choose the Hospice as their preferred place of death and every effort will be made to accommodate their wishes.

c) Procedure admissions requiring overnight admission

Whilst every endeavour will be made to admit patients in a timely way for overnight procedures such as paracentesis and blood transfusions, end of life care admissions may take precedence. Should a significant delay to admission be anticipated then admission to an appropriate alternative service for these patients may need to be explored.

d) Day procedures

Patients requiring regular Denosumab (monoclonal antibody) injections, bisphosphonate or blood transfusions and other regular injectable treatments such as Botox (this list is not exhaustive) will usually attend as a day patient (see relevant guidelines).

e) Carer crisis

This is available for all patients under the care of the Hospice. The aim is to provide a time limited admission following carer crisis due to a sudden event involving the main carer e.g. an emergency hospital admission where other support options are not available or appropriate.

6. Length of Stay

The Hospice is intended as a short stay unit although recent analysis suggests a rising average length of stay. Each individual patient's length of stay will be dependent on their need for the Hospice ward.

7. Preadmission Assessment

A pre admission assessment is required for all referrals for admission to the In Patient Ward. The patient must have been seen and assessed by a Palliative Care Professional (Hospice or Hospital based) before a referral for In Patient Ward admission is made and accepted. If they are known to Hospice in the Weald they must have been seen within the current episode by a member of the Medical or Nursing teams.

8. Admission Waiting List

If the demand for admission to the Ward exceeds capacity (due to numbers of beds available) patients may be placed on a priority list for admission.

Only in exceptional circumstances will staffing be deemed a reason for non-admission, after options for redeployment of nursing staff have been explored. Any staffing level reason not to admit a patient will be agreed

between the Matrons and the Medical Director and sanctioned by the CEO. Additional nursing support will always be explored for patients remaining at home until a bed is available. Priority patients are discussed daily at the afternoon Complex Patient meeting and the morning Admissions meeting.

9. Urgent out of hours Admissions

Such admissions are defined as those occurring at weekends, Bank Holidays or after 17.00hrs.

These requests should go through the Doctor on call who will:

- Discuss the options with the referrer
- Consult with the Senior Nurse on Duty regarding bed availability and patient dependency.

The final decision as to admit will be made by the Doctor on call and in cases of clinical doubt the Consultant on call.

10. Additional Weekday Admissions

Should the need for an admission become apparent at some stage after the morning admissions meeting, then the professional involved must:

- Consult with the Matron or in her absence, Senior Nurse on Duty, regarding bed availability and patient dependency and the Senior Doctor on duty.
- The final decision to admit rests with the Medical Director and the Care Director (or their direct reports in their absence).

11. Transfers from Hospice Day Service (HDS)

Patients already on the Hospice premises are owed a duty of care *over and above* those in the wider community. Should the nursing team assess the patient is too unwell to return home then the procedure for an **additional weekday admission** should be followed.

Should an admission to HitW not be possible, the patient should be referred to the acute sector with patient consent.