

REFERRAL POLICY AND CRITERIA FOR ADMISSION TO THE HOSPICE INPATIENT UNITS*

Pilgrims Hospices in East Kent is a provider of specialist palliative care. The organisation also has a wider responsibility for palliative, supportive and end of life care in East Kent and nationally which is addressed through research, education and advice delivered to colleagues.

Our specialist services are delivered by a multi-professional team (doctors, nurses, counsellors, social workers, chaplains, therapists) whose members have recognised training in palliative care and for whom palliative care is their core specialty.

Referral criteria for access to Pilgrims Hospices services are as follows:

1. A patient with progressive, life-threatening, incurable illness and a limited prognosis (see Gold Standards criteria below**) **AND**
2. The patient will also have difficult and/or complex needs (for physical, psychological, social and spiritual care) which cannot be met by other teams, requiring specialist palliative care **OR**
3. The patient is in the last few days of life and seeks terminal care in their preferred place of dying.
4. The patient consents to referral to the hospice.

ADMISSIONS POLICY

It is intended that appropriate patients will achieve admission to the hospice without any undue delays.

Each site will hold an **admissions meeting** completed before 10am Monday to Friday.

The attendance at the admissions meeting will include:

- Senior ward doctor
- Senior ward nurse
- Social worker
- Medical secretary or ward clerk
- CNSs presenting admission requests
- Others

The patient will meet referral criteria (above) except in the case of admission for respite*.

PRIOR TO ADMISSION

The aim of the admission will be clearly stated using the Pilgrims Hospices Admission Request form:

- Symptom control
- End of life/terminal care

- Psychosocial and/or carer support
- Booked respite

Community patients will have been seen or assessed by a Pilgrims Hospice Clinical Nurse Specialist or a Palliative Care doctor within 48 hours.

The patient will consent to admission.

Discharge plans will be discussed with the patient, family or carer prior to admission by the person requesting admission. The role of the hospice will be explained to the patient, family or carer, in particular that once symptoms are stable, a discharge process for placement at home, in care home or other appropriate setting will be undertaken.

ADMISSION

Where beds are available, all staff will work flexibly to ensure same day admission; this will include admission to another site if beds are not available on the relevant site for an appropriate admission. The nursing shift leader and ward doctors will reallocate resources as necessary to admit patients.

A bed will not be left empty for 24 hours following a death if a patient is waiting for admission.

A bed will not be held for a patient who has just been discharged to act as a “safety net”. If a recently discharged patient requires readmission, this request should be prioritised with all other requests for admission active at the same time.

A bed will not be saved for a respite admission if a patient is waiting for admission for symptom control or terminal care; booked respite admissions may be offered a bed at an alternative site and this should be stated when the respite admission is booked.

OUT OF HOURS

The hospices may admit patients in need of urgent specialist palliative care on Saturdays and Sundays.

The hospices are not staffed to admit patients between 5pm and 9am, although delayed transfers of patients accepted for admission will be accommodated.

*Please see related Respite Policy

**Gold Standards Framework, Prognostic Indicator Guidance version 2.25, July 06

1. The surprise question, “Would you be surprised if this patient were to die in the next 6-12 months” - an intuitive question integrating co-morbidity, social and other factors.
2. Clinical indicators - Specific indicators of advanced disease for each of the main end of life patient groups- cancer, organ failure, elderly frail/ dementia or progressive neurological diseases. Detailed guidance on the Gold Standards website.
<http://www.goldstandardsframework.nhs.uk/>

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