

The Prince of Wales Hospice

policy and procedure for admissions to incare - summary

ELIGIBILITY FOR ADMISSION

Patients with active, progressive and life limiting illness can be admitted to the hospice for:

- complex symptom management; - where a patient has specialist palliative care needs which includes physical, psychological, social and spiritual needs unmet by their caring team
- complex end of life care – care of a patient during the last part of their life, when it is clear the person is in a progressive state of decline and their needs cannot be met by their caring team;
- respite care - where a patient's needs are complex, would not be managed elsewhere, and the carer needs to rest in order to continue to care at home. Respite care will not usually exceed 14 days and will usually be offered at short notice and not usually on a regular basis.

REFERRALS PROCEDURE

Referrals should be made on the district wide referral form. Telephone enquiries about referrals can be accepted on 01977 708868.

Referrals can be made by GPs or hospital doctors (after assessment by the hospital palliative care team). Macmillan nurses or community nurses may make referrals with GP or hospital doctor consent and ideally after assessment by the Community Macmillan Team.

Referrals are reviewed and prioritised each weekday morning. Decisions will be communicated to the referring professional and other relevant healthcare professionals as soon as is practicable.

Where there are several referrals, admissions will be prioritised according to the patient's condition, symptoms and setting. Preference will *usually*, but not always, be given to those who are high priority and in a community setting.

ADMISSION TO INCARE ARRANGEMENTS

Admissions will usually only be made on weekdays, with the latest admission time being 4pm. In a crisis, if the patient is known to the hospice and the admitting team agree, an admission may be taken at the weekend. Usually a maximum of two patients will be admitted in any given day.

The referrer is expected to make the necessary transport arrangements for all admissions.

Those referring from a hospital or other care environments will be asked for a transfer letter outlining the patient's current problems, treatments tried and drug regime. Referrers from the community should provide a list of the current drug regime and any relevant professional notes.

Patients will be assessed at the earliest opportunity by the nurse and doctor; this assessment will cover physical, psychological, social, religious and spiritual and cultural needs. A plan of care will be formulated in liaison with the patient and with the family if the patient consents.