Admission Protocol

for

Hospital Patients in Shetland

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1.0 Introduction

Shetland NHS Board (NHS Shetland) and Shetland Islands Council (SIC) recognise the importance of a jointly agreed protocol for admissions.

This protocol is to be followed when a patient's needs indicate that they need to be admitted to hospital for any reason.

This is a live document and as services and practices develop, it will be reviewed to improve or add to ways of working and to accommodate new service developments. The forum for which will be the admissions and discharge group.

2.0 Aim of this Protocol

The aim is to provide a consistent coordinated approach with multi disciplinary, multi agency input, whilst maintaining the individual's interests as central to the admission planning process.

3.0 Definition of Admission

There are several different types of hospital admissions, depending on the nature of tests or treatment required. These are,

- Outpatient

If a patient is referred to see a hospital consultant for their specialist opinion, they will receive an outpatient appointment. The patient will not need to stay in hospital.

People usually get referred to Outpatients by Casualty, their GP or they get referred from Aberdeen Hospitals.

- Day patient

A patient may need a hospital bed for tests or surgery, but do not need to stay overnight, in this case they will have a day patient appointment. This is also known as a day case.

- Inpatient

Should a patient need a hospital bed because they have to stay in hospital for tests or in-patient treatment or surgery, they will have an inpatient appointment.

Patient appointment details

Whichever type of treatment, care and support is required, the hospital will write to the patient with details of the appointment date and time. This will include for the patient directions explaining how to get there.

Patient also may be asked to telephone the hospital to arrange an appointment on a convenient day.
Patients will be told what will happen during and after the appointment, and a telephone number will be provided for questions.

4.0 National Policy Context

National Guidance

The main national guidance documents regarding admission are listed below. These and other national guidance are referenced in the text.

In December 2004, the then Scottish Executive Health Department published a document ‘Fair to All, Personal to Each’ which announced the introduction of new ways of defining, recording and measuring waiting times. These were designed to make measurement and reporting of waiting more transparent, consistent and fair.

The Mental Health (Care and Treatment) (Scotland) Act 2003, passed by the Scottish parliament in 2003 and came into effect in 2005, which covered issues such as,

- when a person can be taken into hospital against their will
- when a person can be given treatment against their will
- what a person’s rights are under these circumstances, and
- safeguards to make sure these rights are protected.

It may also be advisable to refer to the, Best Practice Statement guide for Admissions to adult mental health inpatient services, March 2009.

Published 13th November 2007, The Government Economic Strategy outlined an implementation plan that would create a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable growth.

There was further development with the report on Shifting the Balance of Care. The main ethos behind this is to provide much of the support within the primary setting, and where the person spends their life and only coming into the secondary and specialist settings when necessary.

NHS Continuing Healthcare CEL 6 (2008) issued by the Scottish Government on 7 February 2008 provides revised guidance on NHS continuing health care and replaces previous guidance contained in MEL (1996) 22. The objectives of the guidance include to:

“Promote a consistent basis for the assessment of, and provision of, NHS continuing healthcare.” and

“Agree a basis for the development of effective local agreements on inter agency and multi disciplinary working in relation to NHS continuing healthcare.”

The Scotland Act (1998) gives the Scottish Government power to encourage equal opportunities, particularly the observing of the equal opportunities requirements. It also has power to impose duties on Scottish public authorities and cross border public bodies operating in Scotland.
The Scotland Act defines equal opportunities as:

“The prevention, elimination or regulation of discrimination between persons on the grounds of sex or marital status, on racial grounds or on grounds of disability, age, sexual orientation, language or social origin or of other personal attributes, including beliefs or opinions, such as religious beliefs or political beliefs”

4.1 Local Policy Context

Shetland’s Community Planning Single Outcome Agreement is the overarching corporate document that all partners feed into and it contains all relevant targets that staff will be working toward.  
Single Outcome Agreement 2009/10

It contains the following health and wellbeing targets relating to admissions,

- Provide 48 hour access or advance booking to an appropriate member of the GP Practice Team by 2010/11.

- The maximum wait from urgent referral with a suspicion of cancer to treatment is 62 days; and the maximum wait from decision to treat to first treatment for all patients diagnosed with cancer will be 31 days from December 2011.

- Deliver 18 weeks referral to treatment from 31 December 2011. No patient will wait longer than 12 weeks from referral to a first outpatient appointment from 31 March 2010. No patient will wait longer than 12 weeks from being placed on a waiting list to admission for an inpatient or day case treatment from 31 March 2010.

Shetland’s Community Health and Care Partnership Agreement provides the local policy context.  
http://www.shetland.gov.uk/socialwork-health/JointFutures.asp

Shetland’s Single Shared Assessment and Care Management guidance (SSA) are key components of the admission process. As part of the initial information gathering process, the relevant service provider will check to make sure that an SSA has been done or at least started in conjunction with a carer's assessment if relevant. The Single Shared Assessment is available from Community Care or the Health Service. Further information regarding the assessment of care and support needs, the care planning process and how to access care services in the community, can be found on the following Council and NHS websites - .

1 http://www.shetland.gov.uk/socialwork-health/documents/SSA.pdf
The SSA was fully revised in 2007/08 and approved by NHS Shetland and SIC in March 2008
2 Consultant, GP, Junior doctor, Care Manager, whomsoever the admitting person is.
5.0 Our Guiding Principles

Shetlands Community Planning Partners are committed to the following principles and values, which are drawn in part from work published in the NHS in Scotland Planned Care Improvement Programme³:

- Putting the needs and wishes of the individual and their carers at the centre of the admission planning process.
- The admission process is as quick and efficient as possible
- Excellent communication and information sharing to ensure efficient service
- A collaborative multi-disciplinary multi agency approach.
- Mutual respect across all agencies and disciplines.
- A no blame culture and constructive relationships on the ground.
- A shared analysis of the reasons for delays locally.
- Support for staff involved in the discharge process through regular training e.g. in the Single Shared Assessment process, and
- An immediate explanation is offered for any delays that occur during the admission process and that all possible steps will be taken to rectify the situation.

6.0 Joint Working

Joint working is essential for the effective management of admission, transfer and discharge from hospital.

Admission to hospital (secondary care) will normally either be electively at the request of the patient’s General Practitioner for planned investigations or surgery, by transfer from another NHS facility or as an emergency. The discharge planning process will begin as soon as practicable after admission and in the case of planned admissions may begin prior to admission to hospital.

It is important therefore, that the input from our partners is co-ordinated effectively and promptly.

Communication between members of the multi-disciplinary team must be robust if the protocol is to be effective.

The team,

- Primary Care Team,
- Care Manager, Care Co-ordinator or Social Worker,
- Community Mental Health Team
- OT and other allied health professionals,
- Pharmacists (Hospital and Community)
- SIC housing,
- Ambulance service and
- Voluntary services e.g. independent advocacy.

6.1 Information Sharing

It is an accepted form of practice, experience and research that the sharing of information between professionals helps to ensure that adults and children receive the care, services, protection and support they need. Sharing personal information between partner agencies is vital for a coordinated and seamless service for people.

Personal information is shared in accordance with the joint Personal Information Sharing Policy developed by NHS Shetland, Shetland Islands Council, Northern Constabulary, Shetland Area Command and Shetland Council of Social Services.

Information is shared on a case-by-case basis subject to the agreement of the client.

It provides a framework for the secure and confidential sharing of information between partner organisations enabling them to meet the needs of individuals and groups for their care, protection, support and delivery of services in accordance with government expectations and legislative requirements.

7.0 Planning for Admission

Whether patients come to the hospital for an outpatient, day patient or inpatient admission, the process will be the same.

The Consultant or resident doctor will discuss with the General Practitioner (GP) and service user a mutually agreed date and time for admission. The admitting doctor should inform the relevant Personal Assistant and ward staff of the forthcoming admission.

The GP will send a cover note/letter including the clinical details discussed and any other clinical information relevant, such as past medical history (inclusive repeat and acute).

At this point it is critical to ascertain if there is an existing assessment, SSA, action plan, crisis care plan, wellness recovery action plan (WRAP) or integrated care pathway (ICP) care plan. If there is such an assessment this should be made available to all relevant practitioners and should be agreed with the patient.

Our colleagues in Community Nursing, Social Care, Social Work, Housing, Community Pharmacy, or Community Mental Health Team will provide, as relevant, information necessary for admission; therefore the relevant team must be contacted to be told of the forthcoming admission.

Risk assessment and management is integral to every stage of the admission process

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The Consultant's Personal Assistant (if the relevant PA) will:

- Provide an admission date and time that is convenient and takes into account patients geographical proximity to Lerwick and travel arrangements.

- Two weeks before admission, the Consultant's PA will send out a letter confirming the admission date. In all instances the admitting ward should be informed as soon as possible to potential admissions.

- The carer/guardian/family should be kept informed should that be the wish of the patient.

- If the patient has a key worker/case manager they need to be informed of the forthcoming admission.

Cancellation of Admission

If a planned admission needs to be cancelled / postponed due to lack of bed availability, the nurse in charge on the ward where the patient was to be admitted will ring the patient/carer at home as soon as possible and if relevant, key worker/case manager. This should occur no later than the 24 hours before admission and a full explanation of the situation should be given. The patient and key worker/case manager will be informed of the likely duration of the delay in his/her admission to the ward and informed as soon as possible when the admission can take place.

If an elective admission needs to be cancelled / postponed due to lack of bed availability, the nurse in charge on the ward where the patient was to be admitted will ring the patient at home as soon as possible. This should occur no later than the night before admission and a full explanation of the situation should be given. They should also inform Key Worker/Case Manager. The patient/Carer will be informed of the likely duration of the delay in his/her admission to the ward and informed as soon as possible when the admission can take place.

If the admission is unable to take place for any other reason, the Consultant's PA, will ring the patient (or carer) at home, as soon as possible. They should also contact key worker/case manager if relevant. The PA, will inform the client of the reason for cancellation and, where possible, offer a new date for admission.

The cancellation will always be confirmed by letter.

7.1 Arrival at the Gilbert Bain Hospital

Upon arrival to the Gilbert Bain – patient's will be directed to the relevant department by the reception staff. Should clients require assistance, this will be arranged by the staff on reception.

Arrival on a Ward

All staff involved in the admission process should be aware of the potential for increased stress and distress of a person being admitted and should therefore provide information and support throughout the admission procedure.

The following can relate to any ward,
• A member of the ward team will take patients to their allocated bed and orientate with the ward
• The allocated doctor and nurse will be informed of a patient’s arrival to the ward, promoting prompt assessment, clinical examination and the ordering of any relevant tests.
• If appropriate, members of the multi disciplinary team will be informed of patients arrival on the ward, such as members of the mental health team, community nurses, social care staff or pharmacist.
• The responsible nurse or doctor will clarify what support, care and/or treatment is required and why. Patients will have the opportunity to discuss the support and treatment with them, and ask any questions they may have.
• While in hospital, staff will, with patient’s permission, ensure a friend or relative is kept informed of progress.
• At all times staff will be sensitive to a patient’s religious, spiritual and cultural needs. Healthcare is the priority, and the treatment a person receives will not be affected by gender, age, sexual orientation, religious beliefs, ethnic background or disability.
• Patients will be requested to bring any medications with them into hospital these will be stored in their own locker bedside their bed.
• Should a patient wish to self medicate, they may do so, in line with NHS Shetlands local policy on this.

7.2 Emergency Admissions

Emergency admissions may be defined, as those where individuals require prompt in-patient assessment and treatment in a hospital setting. By their nature, emergency admissions allow for little planning.

Should findings from an outpatients clinic so warrant, admission may take place directly from there. For those attending outpatient clinics held in the Gilbert Bain Hospital, the nurse attending clinics will arrange transfer of the patient to the inpatient ward and arrange to contact next of kin or carer should this be appropriate.

Referral by GP for Emergency Admission to Hospital

Once the GP has seen a client and feels an admission into hospital may be indicated, he/she should take the following steps:

• Contact the appropriate Consultant/ Doctor (Surgical or Medical) at the Gilbert Bain Hospital to discuss the request for admission, presenting clinical condition and past medical history, inclusive of repeat and acute medication.

• Organise ambulance transport if condition warrants this or if a client has no other means of getting to the hospital.

• Ensure the patient has a cover letter (sheet), which could form part of the Single Shared Assessment, confirming details of the information already discussed with the doctor, which is placed in an envelope, clearly marked for the attention of this individual.
Prior to Admission
Whilst emergency admissions by their very nature may be fraught, the basic admission principles and the patient’s dignity and comfort must never be forgotten.

Upon accepting an emergency admission the appropriate doctor will:

- Inform the relevant clinical area i.e. Accident and Emergency or the Ward in order that preparations can be made for the patient’s arrival.
- Where indicated organise the appropriate tests for when the patient arrives, thus reducing delays and facilitating a swift admission process.
- Check legal status – Compliance with Adults with Incapacity Act, Mental Health (Care and Treatment) Act 2003 and so forth.

Ensure that the ward team have all relevant equipment ready to hand, and that appropriate documentation is prepared for the patient’s arrival.

Non Referral Admissions through Accident and Emergency
It is recognised that patients may refer themselves to Accident and Emergency or be transported there directly by ambulance, without any referral from a doctor. (999 calls – NHS 24)
In this instance the standing procedures for assessment of patients by medical and nursing staff in Accident and Emergency department will apply.

7.3 Who are we and what do we do?

- Outpatients Department:
  This department deals with outpatient clinics and arranges appointments for:
  Visiting Clinics, Fracture Clinics, Surgical Clinics and Surgical Wart Clinics

- Day Patients – Ward 2:
  Minor operations are carried out in the Day Surgery Unit.

- Inpatients – Ward 1 and 3:
  Ward 1 is a 26 bedded surgical ward which has two dedicated High Dependency Unit beds. The ward is open for emergency admission 24 hours a day seven days a week.
  
  They are four bedded wards and four single rooms on Ward 3. The priority for the single rooms is for children and parents.
  
  There is a cardiac machine at every bed in the ward that is connected to a central station so that all patients can be monitored.
  
  The ward is part of the Managed Clinical Network on CHD (Coronary Heart Disease) with sub-groups in heart failure and strokes.
Ward 3 offers palliative care and Macmillan Nurse Oncology support is based here.

Staff also care for patients with mental health issues. Staff offer service users a place of safety whilst they wait to be transferred to a specialist hospital such as the Royal Cornhill Hospital in Aberdeen.

For more information on who works in the department please follow the link.

http://www.shb.scot.nhs.uk/healthcare/shetlandwide/index.asp

8.0. Vulnerable or At Risk Patients

The specific arrangements for vulnerable or at risk individuals are detailed in the jointly agreed Adult Support and Protection Procedures http://www.shetland.gov.uk/socialwork-health/documents/ASPProcedures-Jun09.pdf

The above procedures take into account the legal aspects for adults in need of support and protection ((inclusive - Mental Health (Care and Treatment) (Scotland) Act 2003)).

9.0 Patient Involvement

Patients and Carers will be involved in decisions at every stage possible of the admission, transfer and discharge process from hospital. The patient/client and where appropriate, their carers will be invited to multi-disciplinary meetings. Information will be provided in an accessible format on patients’ rights, post-hospital care services and choices of accommodation.

10.0 Carers

A carer is, generally defined as, a person of any age who provides unpaid help or support to a relative friend or neighbour who cannot manage to live at home or in their current setting without the carer’s help.

With the patient’s consent, carers will be included at all stages of the admission, assessment and discharge process.

Carers who provide care on a “regular and substantial basis”\(^5\), as defined by the Scottish Government, have a right to an assessment to establish their ability to provide or continue to provide care for another person. Carers’ issues must be taken into account when planning the discharge of a cared-for person.

Specific supports for carers should be discussed and requested as appropriate e.g. Crossroads, carer support groups, benefit advice. Carers should be made aware of the existence of the Carers Information Strategy and Carers’ Strategy.

\(^5\) Community Care and Health (Scotland) Act 2003
Training is available for carers as an outcome of assessment e.g. manual handling, dealing with stress, administering medication.

11.0 Dealing with Disputes

Patient or Carer complaints should be investigated using the Joint Framework for Investigating Complaints. The effectiveness of admission to hospital will be monitored using existing guidance for emergency readmission. Deficiencies identified by the patient, their carer(s) or others e.g. a care provider; voluntary organisation or Primary Care Team will be communicated to the named consultant in the first instance. The individual patient and/or carer’s views should be sought in this process.

NHS Shetland and the Council will identify individuals for whom the care provided has been inappropriate either in the level available or the timing or nature of the admission process and review procedures and outcomes to remedy this. The Admissions and Discharge Group will be the forum where such cases are considered.

The Admission and Discharge Group will review this policy on an annual basis unless new legislation, guidance or operational difficulties dictate otherwise. The review will use the checklist of minimum requirements set out in the Framework for the Production of Joint Hospital Discharge Protocols. This protocol has been reviewed and benchmarked against current national standards and JIT’s Admission, Transfer and Discharge Protocol for hospital patients in Scotland Best practice report, as well as a Self Assessment pathway tool also produced by the Joint Improvement Team (JIT), 2009.

12.0 Monitoring and Review Mechanisms

12.1 Staff Development and Training

It is essential that health and social care staff have the opportunity for continual training and development with regard to person centred care, admission to hospital, delayed discharge, supporting patients in hospital and interim placements. A programme of relevant training should be brought up at each employee review and development session. Any changes to admissions and discharge protocols could be feedback at these sessions also.

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6 ELPA and Community Care Plans 2007-2010
8 Joint Improvement Team for Scotland