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| **Task** | **Details** | **Date completed / initialled** |
| **Before the hospice has agreed to accept the patient for admission** |  |
| Discuss care options with the key staff involved in the patients care at the hospital | - Consider discharge plans and options – home, care home, hospice- Think about where the patient is in their journey, what is their prognosis – days, days to short weeks; weeks to short months etc- Have the team used any prognostic indicators or patient outcome measures to assess level of need e.g. GSF or OACC |  |
| Discuss transfer with the patient and family | - Does the patient have an ACP- Does the patient have a TEP form- Have they expressed a preference about their preferred place or care and preferred place of death - What issues, problems, symptoms has the patient identified that the hospice might be able to help with? |  |
| **Once the team has decided to request admission** |  |
| Make a referral to the Hospice  | - Call our Healthcare professional advice line **01271 347214** to request referral to our Inpatient Unit. Information our doctor will need:* Medical history
* Specific information regarding recent falls/confusion
* Oxygen requirements
* Infection status - any potential infectious conditions (check if any pre-admission infection screening required)

- This discussion will either lead to a decision to admit today OR place the patient on our Awareness List for discussion at the next scheduled Capacity Meeting (see above) |  |
| Nursing Team to start nursing handover and discharge paperwork | - Use our Nursing handover Guide below to help you gather all the information we will need for transfer- If you want to discuss the patient, please feel free to call our nurses on 01271 347214- If things change with the patient’s condition, remember to update your information prior to handover |  |
| Start the process of arranging TTAs | - The patient may need to bring some TTAs with them on transfer, check with Hospice nurse/doctor prior to requesting from pharmacy so as not to delay transfer (NB: most syringe driver and ‘anticipatory’ medications are standard hospice stock and will not be required).- As TTAs may take a while to arrange it might be worth considering commencing your paperwork after your initial referral discussion if admission is being considered.  |  |
| Inform Family | - Advise the patient and family that you have requested admission.- It may be helpful to explain that our team discuss requests each day but that sometimes we can’t always admit immediately.- Reassure them that we will keep you informed so you can update them about plans.  |  |
| **Once admission is accepted (see categories above). The next bullet points relate to category 1 only** |  |
| Our team will contact you to confirm arrangements and take a final handover - see Nursing Handover guide below |  |
| Arrange transport | - The patient should be transferred as soon as possible, ideally to reach hospice by early afternoon. - If the patient has not departed the ward by 2pm then the discharge co-ordinator should liaise with the Hospice team.  |  |
| Finalise your request for limited TTAs | - TTA section of discharge summary should still be completed by ward team, and reviewed by ward pharmacist, even if no medications need to be sent.  |  |
| Complete discharge summary | - Before discharge, a copy of the discharge summary should be completed as per usual discharge process |  |
| Package and send any paper-based notes | - Any relevant physical documentation should be sent with the patient (The hospice team have read-only access to EPIC).  |  |
| **FOR TRANSFERS DIRECT FROM THE EMERGENCY DEPARTMENT** |  |
| Contact our Team | If the patient has arrived in ED but you feel transfer to the hospice is clinically indicated, please contact our team as soon as possible to discuss the possibility of transferWe can consider admission if we have capacity as long as:* The patient / family has consented to transfer.
* All reversible causes have been considered and managed or
* It has been discussed and agreed with the patient that further acute treatment is not clinical indicated.
* You are able to provide a clinical background to the case. This is especially important if the patient is not already known to the hospice.

We are unlikely to be able to agree to immediate transfer if the patient arrives in ED after 3pm but after discussion we may be able to agree to transfer the following morning. |  |