

GUIDELINES FOR ADMISSION TO DRYAD WARD
Gosport War Memorial Hospital

Aim: To provide inpatient Continuing and Palliative Care for older persons registered with a General Practitioner in Fareham & Gosport Primary Care Trust.

1. Suitable patients – Over the age of 65 who have intense, complex and unpredictable health needs and require specialist medical and nursing attention in a hospital environment. These patients would meet Category 1 of the Continuing Care Assessment Tool as defined in the Hampshire and Isle of Wight NHS Strategic Health Authority document “Eligibility Criteria for Continuing NHS Health Care” (October 2002).
2. Patients will usually be transferred from Queen Alexandra (QAH), St. Mary’s (SMH) or Haslar Hospitals from Elderly Medicine, General Medicine, Surgical and Orthopaedic wards.
3. All transfers will be actioned by the Elderly Medicine Admissions Office QAH. Any emergency transfers (out of hours) need to be notified to the office on the next normal working day. The ward clerk on Dryad Ward will phone the Elderly Medicine Admissions Office at QAH (T:02392 286920) every morning with an update on available beds.
4. There will not usually be direct admissions from the Community unless the patient concerned has been seen and assessed by a Consultant Geriatrician working in Fareham & Gosport. Agreement for admission must be obtained from the Consultant in charge of Dryad Ward.
5. Catchment Area – those registered with GPs in Fareham & Gosport PCT. Admission of residents outside the defined catchment area will depend on bed availability and needs to be agreed by the Consultant in charge of Dryad Ward.
6. If patients are not from an Elderly Medicine ward they will need to be assessed by a Consultant, Specialist Registrar or Staff Grade in Elderly Medicine, before they are transferred. Patients will not be transferred direct from Accident & Emergency or the Medical Assessment Unit unless the patient has been seen by a Consultant Geriatrician and the transfer has been sanctioned by a Consultant Geriatrician working in Fareham & Gosport.
7. Documentation prior to transfer – The doctor who visits the patient will dictate a letter summarising the patient’s medical condition, present clinical state and long-term prognosis. When this has been typed, it should be faxed to Dryad Ward and the original posted. The ward is phoned by the Elderly Medicine Admissions Office QAH with the details and date of transfer.
8. Patients will be allocated a bed in order of referral to the Elderly Medicine Admissions Office, QAH.
9. All admissions to the ward must be arranged to arrive in the morning from Monday to Friday. If an admission has not arrived on the ward by 4.30 pm the Intermediate Care Physician at GWMH or the Nurse in Charge of the ward should phone the transferring ward and defer the transfer for the next normal working day.
10. On transfer all patients will need to bring with them their hospital records (including a current Prescription Chart), XRays, and a 3-day supply of their current medication. Patients

on nasogastric or PEG feeds should have at least a day's supply of feed. The referring ward needs to ensure that information on special diets, handling requirements, pressure sores, oxygen therapy is handed over prior to transfer. For admissions direct from the community, hospital records must be obtained on the day of admission.

11. All admissions will be seen by the Nursing & Medical Staff on the same day of admission. Referral to the relevant therapists should be made at the earliest opportunity. If a planned admission arrives on the ward after 5 pm the Nurse in Charge must ensure that the patient is medically stable. If so, on the next normal working day it needs to be brought to the attention of the Intermediate Care Physician(s) that the patient requires to be clerked in. If the patient is not medically stable see Point 14.

12. If the Continuing Care Assessment Tool had not been carried out prior to transfer, arrangements should be made for this done after transfer. Patients will continue to be assessed every 4 – 6 weeks to ensure that the placement is appropriate.

13. Occasionally, due to a severe shortage of beds in the acute sector, it is necessary for patients to be admitted urgently during a weekend or out of hours, it is the responsibility of the Duty Consultant Geriatrician to ensure that the patient has been examined on the day of transfer, is stable, and that the Nursing Staff on Dryad Ward have clear instructions for management over the weekend. The same Consultant will carry the Consultant responsibility for the patient's clinical care, till the next normal working day.

14. Out of hours medical cover – This refers to the periods outside the hours of 9 am to 5 pm from Monday to Friday and includes Bank Holidays. In the event of any concern with a new admission or existing patients on the ward the Nurse in Charge contacts the on-call doctor (at present PrimeCare with nominated Primary Care Physicians). If the on-call doctor and/or Nurse in Charge remain concerned about the patient's condition and future management the Duty Consultant Geriatrician should be contacted via QAH switchboard.

15. The need may arise to admit patients for Palliative Care. If there are concerns about the management of these patients, advice can be obtained from Dr. Val Vardon (Associate Specialist in Elderly Medicine) and the Nursing team on Charles Ward at QAH and/or Countess Mountbatten Hospice, Southampton.

16. Once agreed, any change to the above policy must be discussed with both East Hants and Fareham & Gosport Primary Care Trusts, Consultant and Nurse in Charge of Dryad Ward.

Dr. A. Lord FRCP
Consultant Geriatrician
11th May 2003.