East Hampshire NHS



Primary Care Trust

GUIDELINES FOR ADMISSION TO ELDERLY MEDICINE BEDS ON SULTAN WARD, Gosport War Memorial Hospital

Suitable Patients

- Those over the age of 65 registered with a GP belonging to the Fareham & Gosport PCT.
- Those from Elderly Medicine wards (preferable post acute or rehabilitation) who need a stepdown bed but the GP (Gosport only) doesn't agree to look after them on Sultan Ward.
- Those in Elderly Medicine or Portsmouth Hospitals who are awaiting Rest or Nursing Home Placement.

Patients NOT SUITABLE

- Those who are medically unstable and hence need to remain on the acute site.
- Those waiting for EMI Rest Home placement and/or have behavioural problems.

PROCEDURE FOR ADMISSIONS

1. Upto a maximum of 6 beds will be used on Sultan Ward for patients from the Fareham & Gosport PCT.

2. There will be a nominated Consultant Geriatrician providing supervision for these beds. The day to day care will be provided by the Intermediate Care Physician. Weekly ward rounds will be arranged with Sultan Ward. The out of hours cover is the same as that on Daedalus and Dryad Wards.

3. A cumulative record of all patients transferred will be maintained at the Admissions Office QAH with information provided by Sultan Ward.

4. For those awaiting Rest or Nursing Homes or Complex Packages of Care in an acute bed in Portsmouth Hospital/ Elderly Medicine:

a) Gosport War Memorial Hospital General	Manager or	Senior Clinical Nurse	will liaise with
Social Services and provide the names to	either	Code A	at the
Elderly Medicine Admissions Office at QAH.	(T:	Code A)

b) **Code A** will enquire from the wards the main diagnosis/diagnoses, Barthel Score, MTS, nature and location of placement that is considered ideal, and the progress that has been made in discharge planning. If discharge is considered to be more than 5 working days away, the patient will be reviewed by either a Specialist Registrar or Consultant in Elderly Medicine to establish that they are suitable for transfer.

c) The ward visit form will be titled **ASSESSMENT FOR AN ELDERLY MEDICINE BED ON SULTAN WARD, GWMH** and the information obtained in b) included on the referral form. These will be allocated as are other ward visits in Elderly Medicine.

d) If after assessment the patient is considered suitable the Specialist Registrar/Consultant Geriatrician should discuss with the patient's GP (in the case of a Gosport resident) if they would take them over to Sultan Ward. If the GP declines to take the patient over to a GP

bed on Sultan Ward or they are registered with a Fareham GP, the Admissions Office QAH will arrange the transfer to Sultan Ward and informs the ward and the responsible Consultant Geriatrician. Sultan Ward informs the Intermediate Care Physician at GWMH of the transfer.

e) If patients need NHS Continuing Care they should go to Dryad Ward and for stroke and general rehabilitation to Daedalus Ward as before.

5. Patients from Daedalus Ward, GWMH could be transferred if they are waiting for a rest or nursing home or a complex package of care. The transfer should be agreed by the multidisciplinary team prior to the patient being moved and arrangements made for ongoing rehabilitation to be continued. The Consultant Geriatrician covering Sultan ward should be informed prior to transfer.

6. Transfer of patients from Dryad Ward - This would be unusual and should only happen if there are 2 or more patients on the Dryad Ward (Continuing Care) waiting list. Patients may be transferred if they are waiting for a rest or nursing home or a complex package of care.

7. Patients will not normally be transferred direct from A & E or the Medical Assessment Unit. If this is required the patient must have been assessed on the day of transfer by a Consultant Geriatrician and agreement obtained from the Consultant covering Sultan Ward or any Consultant working at Gosport War Memorial Hospital.

Future use of these beds

It is possible to use any spare capacity on Sultan Ward for admission of the Complex (but not acute) patients who need an intensive multidisciplinary team assessment especially if they are already attending Outpatients, Dolphin Day Hospital and/or the CES. The AEP tool (attached) could be used so as to ensure that patients are AEP negative and hence do not need to be on the acute site. If such patients are to be admitted, adequate medical, nursing, therapy, social services, clerical and out of hours cover needs to be ensured.

Dr. A. Lord FRCP Consultant Geriatrician 11th May 03.