ST LUKE'S GENERAL HOSPITAL, CARLOW/KILKENNY

Feidhmeannas Seirbhíse Sláinte
Health Service Executive

Grúpa Ospidéal
Oirthear na hÉireann
Ireland East
HOSPITAL GROUP

UCD DUBLIN

Admissions and Discharge Policy

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Revision Date	**April 2021**	**Responsibility for Review and Audit**	**Ms. Helen Roche** Assistant Director of Nursing

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1 Policy Statement

1.1 This policy outlines the correct procedure for the admission and discharge of patients to and from St. Luke's General Hospital, Kilkenny.

2 Purpose

2.1 To outline the correct procedure for the admission and discharge of patients to and from St. Luke's General Hospital, Kilkenny.

2.2 To ensure there are arrangements in place which promotes service users privacy and dignity.

2.3 To engage with the patient from the beginning of their hospital stay.

2.4 To ensure St Luke's General Hospital, Kilkenny has an effective admissions and discharge policy involving the active co-operation of all staff and the community e.g. G.P.'s, CIT, PHN'S.

2.5 To comply with standards in/by achieving continuity of effective, individual and safe patient care.

2.6 To ensure care provided is based on evidence based practice.

2.7 To ensure discharge planning commences on admission of patients to St Luke's General Hospital, Kilkenny.

2.8 To promote safe timely and appropriate discharge of patients when medically fit for discharge.

2.9 To maximise generation of hospital income by ensuring the appropriate use of designated private and semi-private facilities.

3 Scope

3.1 This policy applies to all Healthcare staff (including agency and contract staff) employed in St. Luke's General Hospital, Kilkenny.

4 Legislation/ Other Related Policies

4.1 Relevant Infection Prevention & Control Policies relating to the management of patients requiring isolation i.e.

- Isolation Methods for Communicable Infections
- Transmission Based Precautions Policy
- Infection Prevention and Control Recommendations for the prioritisation of patients who require isolation
- Policy on the prevention and control of MRSA
- SLGH CPE policy
- SLGH MDRO Policy
- Management of an Outbreak of Norovirus Infection
- Hospital Outbreak Policy

4.2 Children First National Guidance for the Protection and Welfare of Children (2017) Department of Children and Youth Affairs.

4.3 Child Protection and Welfare Practice Handbook (2011) Health Service Executive.

4.4 HSE S/SE (2011) Infection Prevention & Control Policy Manual for Acute Hospitals.

4.5 Children First Bill 2015.

4.6 National Vetting Bureau Act 2012.

4.7 Criminal Justice (Withholding of information on Offences against Children and Vulnerable Persons) Act 2012.

4.8 Freedom of Information Act 2014.

4.9 Data Protection Acts 1998 & 2003.

4.10 HSE Staff responsible for the Protection and Welfare of Children 2010.

4.11 HSE Social Work Duty System 2010.

4.12 HSE Child Protection Conference Policy 2010.

4.13 Protected Disclosure of information in the Workplace Procedure.

4.14 Criminal Justice Act 2016 – Reckless Endangerment.

4.15 Protection for Persons Reporting Child Abuse Act (1998).

4.16 Department of Health (1997) Putting Children First: Promoting and Protecting the Rights of Children. Dublin: Department of Health.

4.17 Domestic Violence Act (1996).

4.18 Child Care Act (1991).

4.18.1 SLGH Policy for Admission to and Discharge from the Intensive Care Unit (2019).

4.18.2 SLGH Admission and Discharge Policy for the Acute Stroke Unit (2017). .

5 Glossary of Terms/Definitions/Abbreviations

Abbreviations

ADON	Assistant Director of Nursing
AMAU	Acute Medical Assessment Unit
ASAU	Acute Surgical Assessment Unit
ASU	Acute Stroke Unit
CCU	Coronary Care Unit
C diff	Clostridium Difficile
CEO	Chief Executive Officer
CIT	Community Intervention Team
CNM	Clinical Nurse Manager
CMM	Clinical Midwifery Manager
CPE	Carbapenem Producing Enterobacteriales
DOSA	Day of Surgery Admission
DSU	Day Services Unit
ED	Emergency Department
Elective Admission	Planned Admission
ELOS	Estimated Length of Stay
Emergency Admission	Unplanned/Urgent Admission
EPAU	Early Pregnancy Assessment Unit
ERCP	Endoscopic Retrograde Colongio Pylography
GA	General Anaesthetic
GEMS	Geriatric Emergency Medical Services
GP	General Practitioner
HCW	Healthcare Worker
NHSS	Nursing Home Support Scheme
ICD	Implantable Cardiovertor Defibrillator
IDPP	Inpatient Day Case Planned Procedure
ICU	Intensive Care Unit
ICV	Intermediate Care Vehicle
IPC	Infection Prevention and Control
IPCT	Infection Prevention & Control Team
IPMS	Integrated Patient Management Systems
KPI	Key Performance Indicators
MDR-TB	Multidrug Resistant Tuberculosis
MDRO	Multidrug Resistant Organism
MRSA	Methicillin Resistant *Staphylococcus Aureus*
NOK	Next of Kin

OAU	Obstetric Assessment Unit
OPD	Outpatient Department
OT	Operating Theatre
PAS	Patient Administration System
PAU	Paediatric Admission Unit
PCCC	Primary Community and Continuing Care
PDD	Predicted Date of Discharge
PHN	Public Health Nurse
SIF	Special Interest Flag
SMU	Surgical Medical Unit
STEMI	ST Elevation Myocardial Infarction
TB	Tuberculosis
VIP	Variable Indicator of Placement Risk
VRE	Vancomycin Resistant *Enterococci*

Terms

Out of hours Nurse Manager is;
Senior Nurse Manager (16:15 - 21:15hrs)
Night Assistant Director of Nursing (21:00 – 08:00hrs)

6 Roles and Responsibilities

6.1 Bed Management/Out of Hours Nurse Manager

6.1.1 The Bed Manager/Out of Hours Nurse Manager is responsible for the implementation of St Luke's General Hospital Admission and Discharge Policy.

6.1.2 The Bed Manager/Out of Hours Nurse Manager has responsibility for the management of and access to all beds, while at all times liaising with the Infection Prevention and Control Department and complying with relevant Infection Prevention and Control Policies.

6.1.3 The Bed Manager/Out of Hours Nurse Manager is responsible for ensuring that the Criteria for Admission to the AMAU/ED, is adhered to. Refer to Appendix I

6.1.4 The Bed Manager/Out of Hours Nurse Manager is responsible for liaising with Hospital Management during pending bed crisis and thereafter as required.

6.1.5 The Bed Manager/Out of Hours Nurse Manager in consultation with the CNM2/Nurse in Charge will endeavour to allocate patients with same – sex bedroom accommodation while taking into account that this may not always be possible in specific areas or in specific circumstances.

6.2 Assistant Director of Nursing Patient Flow

6.2.1 The ADON Patient Flow has a key role in the management of patient flow to and from the ED, AMAU, ASAU and overcapacity areas e.g. DSU.

6.2.2 The ADON Patient Flow will engage and influence the performance of the hospital flow pathways and support systems to facilitate optimum efficiency and effectiveness.

6.2.3 The ADON Patient Flow will engage and influence the prioritisation of patient access to diagnostic facilities in collaboration with clinicians.

6.2.4 The ADON Patient Flow will work collaboratively with other colleagues to drive processes essential to timely discharge, namely advocating the SAFER bundle (Senior review, All patients have a predicted date of discharge, Flow begins early from ED and AMAU, Early discharge and Review of stranded patients) through the Navigational hub.

6.2.5 The ADON Patient Flow has responsibility to liaise with Primary and Community Care partners to improve integrated working and problem solving to reduce unnecessary attendances and support early discharges to the most appropriate setting. This process is currently facilitated through the Home First Tuesday Meeting which focuses on problem solving for complex in patients with the support of the Public Health Liaison Nurse and the Home Support Services Manager from the community setting.

6.3 CNM2/Nurse in Charge

6.3.1 The CNM2/Nurse in Charge is responsible for providing accurate and up to date information regarding bed availability and to attend the daily navigational hub Monday to Friday.

6.3.2 Each CNM2/Nurse in Charge must meet provide details of current and next day planned discharges at the daily navigational hub to the bed manager.

6.3.3 Each CNM2/Nurse in Charge is responsible for the placement of patients within their ward, consistent with their clinical needs and the patient's infection control status as checked via the IPMS IPC alert system or the Laboratory SIF/Note IPC alert system.

6.3.4 CNM2/Nurse in Charge is responsible on a daily basis to inform the bed manager and the Infection Prevention and Control Team of any patients within their ward that require isolation for a communicable colonisation/infection or protective isolation in the event of immunosuppression. In addition, the CNM2/Nurse in Charge in consultation with the Infection Prevention and Control Team and the Clinician responsible for the patient must also ensure that transmission based precautions or protective isolation is discontinued when clinically appropriate and bed manager is informed without delay.

6.3.5 The CNM2/Nurse in Charge is responsible for the effective planning of discharges, ideally arranged prior to day of discharge.

6.4 Consultants and Medical /Surgical/Obstetric/Paediatric Teams

6.4.1 The Consultant as Lead Physician has overall responsibility for the admitted patient from admission to discharge.

6.4.2 The Consultant/Registrar of the accepting/referral team is responsible for the agreement of all inter-hospital transfers (must be agreed between Consultant Teams). The Consultant/Registrar is responsible for notifying the Bed Manager/Out of Hours Nursing Manager of the impending transfer and agrees the appropriate placement of the patient on arrival to the hospital. Patients who do not require assessment in ED ASAU or AMAU (such as transfers from tertiary hospitals, paediatrics and maternity) may be directly admitted to a ward suitable to their needs subject to availability.

6.4.3 The Consultant/Registrar in consultation with the CNM2/Nurse in Charge is responsible on a daily basis to inform the bed manager and the Infection Prevention and Control Team if any patients in their care require isolation for a communicable colonisation/infection or protective isolation in the event of immunosuppression. In addition the Consultant/Registrar and CNM2/Nurse in Charge in consultation with the Infection Prevention and Control Team must also ensure that transmission based precautions or protective isolation is discontinued when clinically appropriate and bed manager is informed without delay. In addition the team will ensure a patient's infection control status as diagnosed clinically or checked via the IPMS IPC alert system or via the Laboratory SIF/Note IPC alert system will be communicated to all HCWs and will be included in all documentation when referring a patient to another health care professional; GP or another health care facility.

6.4.4 On the day when "the team" has a commitment to OPD Clinic's or O.T. they must ensure that a special effort is made to assess patients who may be for discharge as identified by the CNM2/Nurse in Charge.

6.4.6 Ward rounds should be carried out as early as possible each day.

6.5 Hospital Manager

6.5.1 The Hospital Manager has overall responsibility for effective and efficient use of all hospital beds and reports to the Executive Management Team and the CEO of the Hospital Group.

6.5.2 The Hospital Manager is responsible for the overall implementation and adherence to the policy. The Business Managers have delegated responsibility for Scheduled and Unscheduled Care, in conjunction with the ADON for Patient Flow.

6.6 Infection Prevention and Control Department

6.6.1 The IPCT is responsible for providing advice and support to the Bed Manager, CNM/CMM/Nurse/Midwife in Charge and Clinicians.

6.7 Discharge Planner

6.7.1 The Discharge Planner is responsible for the review and support of patients with complex care needs.

6.8 Healthcare Staff

6.8.1 It is the responsibility of all Healthcare Staff involved in the admission and discharge of patients to and from St. Luke's General Hospital, Kilkenny to be aware of this policy and have signed that they have read, understood and agree to adhere to the policy.

6.8.2 Ultimately it is the responsibility of all relevant healthcare staff to read, understand and agree to adhere to this policy and sign the signature sheet to indicate that he/she has completed same.

7 Procedure

7.1 Guideline for Elective Admissions (Scheduled Care)

7.1.1 Elective admissions will be allocated beds subject to availability.

7.1.2 Patient's medical notes and laboratory results must be checked by the staff working in the Pre – Operative Assessment Unit prior to all planned admissions for identifiers relating to communicable colonisation/infection/antimicrobial resistant organisms. IPMS (IPC alert) and the laboratory (SIF/NOTE) Infection Prevention and Control (IPC) alert systems should be checked and documented. If a patient is noted to have an IPC alert, isolation with transmission based precautions may be indicated. Advice can be sought from the Infection Prevention and Control Team/Infection Prevention and Control Policies.

7.1.3 Patients with an active communicable infection e.g. diarrhoea or influenza may need to be deferred following consultation with the patients consultant and/or infection prevention and control team.

7.1.4 Elective admissions are requested to ring the Bed Management Office (ext. 5337) at 14:00hrs the day prior to admission. However if and when the hospital is extremely busy, the admission should be confirmed at 08:30hrs the morning of planned admission. Patients may be given varied times for admission throughout the day.

7.1.5 Every effort should be made to prevent cancelling the elective admission of patients however, in the event of cancellation the following will occur: The patient must be reinstated on the waiting list and rebooked for admission as soon as possible. The following categories of patients should be the last patients considered for cancellation;

1) Urgent patients who have been previously cancelled
2) Urgent patients
3) Routine patients who have previously been cancelled
4) Routine patients in chronological order – the patient should be selected for booking based on the date the referral was received. (Refer to National Waiting List Management Policy, 2017).

7.1.6 If a patient declines a date for admission on two occasions they need to be informed of the consequences of declining the second offer. When a patient declines an initial offer of admission date this must be documented on the PAS system. Patients who decline a second offer should be removed from the waiting list, and both G.P. and patient be advised of their removal from the waiting list in writing with a copy of the letter filed in the medical record. (Refer to National Waiting List Management Policy, 2017).

7.1.7 Elective admissions will be allocated beds through the Day Services Unit in consultation with by the Bed Manager.

7.1.8 Pre-assessment investigations should be carried out by the pre-assessment clinic prior to admission.

7.1.9 A leaflet detailing what a patient needs to bring with them to the hospital on admission e.g. clothing, toiletries, insurance details etc. is given to the patient when they attend the Pre-Assessment Clinic.

7.1.10 Patients should be admitted on the day of surgery unless otherwise clinically indicated (Refer to National Service Plan 2019) DOSA KPI.

7.1.11 Day cases are managed in the Day Services Unit.

7.1.12 Oncology Day Care is managed in the Oncology Day Unit.

7.1.13 Dental patients who are managed by the Carlow/Kilkenny PCCC principal dental surgeon are consented by the dentist and reviewed pre-operatively by the anaesthetist.

7.1.14 The surgeon on call must be contacted in the event of post operative problems with dental patients when the dentist is not on site.

7.2 Waiting Lists

7.2.1 In-patient surgical and medical waiting lists will be held in the Bed Managers Office.

7.2.2 Medical Staff in consultation with the Bed Manager will review and assess priority for admissions from Waiting Lists.

7.2.3 Gynaecology lists are currently managed by the Obstetrician Secretaries who must liaise with the Bed Manager on bed availability.

7.2.4 Surgical Endoscopy list is managed by the Day Services Unit, Secretary. Medical Endoscopy list is managed by the Medical Secretary. Surgical Procedure list is managed by the Bed Managers Secretary.

7.2.5 Lists should be reviewed and validated on a regular basis in conjunction with the Waiting Lists Executive Lead for St Luke's General Hospital, Kilkenny, in line with the National Inpatient, Day Case, Planned Procedure (IDPP) Waiting List Management Protocol

7.2.6 The Bed Manager will liaise with the Waiting List Executive Lead weekly regarding validation of lists.

7.3 Patients who should not be cancelled

7.3.1 All patients classified urgent.

7.3.2 Patients booked for scheduled procedures requiring co-ordination of staff, i.e. X-ray or patients requiring specialised nursing care or preparation e.g. ERCP's.

7.4 Day Service and Admissions

7.4.1 All patients scheduled for elective admissions are ideally placed in the Day Services Unit unless otherwise instructed by the Bed Manager.

7.4.2 Refer to the Guideline for booking admission and discharge of patients on Day Service Unit (2018).

7.4.3 Procedure for the Discharge of Ambulatory patients from the Day Services Unit (2018).

7.5 Emergency Referrals (Unscheduled Care)

7.5.1 G.P's/Caredoc should contact the Bed Manager/Out of Hours Nurse Manager prior to sending in an emergency referral via ED/ASAU/AMAU for assessment. All referrals should be accompanied by a letter/ scanned letter.

7.5.2 Surgical assessments should be seen in ED/ASAU.

7.5.3 Medical assessments should be seen in AMAU between 08:30am and 19:00pm, and out of hours between 19:00pm and 08:30am in ED.

7.5.4 Oncology and palliative care patients will be allocated to an appropriate assessment area dependent on their acute clinical presentation.

7.5.5 Pregnant women with non-pregnancy related problems are seen in the ED/ASAU/AMAU as appropriate.

7.5.6 Patients requiring admission from the OPD will be allocated an appropriate bed via the Bed Manager.

7.5.7 Children under the age of 18 years that present to ED/ASAU/AMAU that require a Psychiatric Assessment – Refer to Appendix II.

7.5.8 It is the responsibility of the admitting nurse to check patient's medical notes and laboratory results prior to all unscheduled admissions for identifiers relating to communicable colonisation/infections/antimicrobial resistant organisms. IPMS (IPC alert) and the laboratory (SIF/NOTE) Infection Prevention and Control (IPC) alert systems should be checked and documented. If a patient is noted to have an IPC alert, isolation with transmission based precautions may be indicated. Advice can be sought from the infection prevention and control team/infection prevention and control policies.

7.5.9 Where a patient is suspected to have a transmissible infection e.g. gastroenteritis; Influenza; Measles; TB etc – ensure isolation precautions are implemented as per infection prevention and control policies.

7.5.10 It is the responsibility of the admitting department/nurse to book an appropriate bed for confirmed admissions with the Bed Manager/Out of Hours Nurse Manager i.e. isolation/telemetry.

7.5.11 All patients must have an identification bracelet applied on admission/before leaving ED/ASAU/AMAU/PAU. Refer to HSE/St Luke's General Hospital Kilkenny (2016) Patient Identification.

7.5.12 In the event of visitors to the hospital requiring urgent medical attention, they should receive initial treatment in the area they are in and then be transferred to ED/ASAU/AMAU/PAU as deemed appropriate.

7.6 In Hospital Bed Allocation

7.6.1 The Bed Manager/Out of Hours Nurse Manager will allocate inpatient hospital beds to admissions for ED/ASAU/AMAU Departments.

7.6.2 Patients requiring admission from OPD will be allocated an appropriate bed via Bed Manger/Out of Hours Nurse Manager.

7.6.3 It is the Bed Manager/Out of Hours Nurse Manager's responsibility to place the patient in a bed/ward where their healthcare requirements can be delivered safely. When allocating a patient a bed due consideration needs to be given to the patient's dependency status and infection prevention and control requirements.

7.7 Ward Unit Referral of Patients Post Angiography to the Acute Medical Assessment Unit (AMAU) for possible discharge

7.7.1 **Patients that may be suitable for review in AMAU are:**

- Patients who return on the same day having had a normal angiogram.

- Patients who return the day after stenting but who have not had ST Elevation Myocardial Infarction (STEMI) in the previous 3/4 days.

7.7.2 Patients Primary Team should document on the medical notes that the patient is potentially for discharge post angiography.

7.7.3 The Bed Manager in the referring hospital liaises with the Bed Manager in the hospital carrying out the procedure to ensure that the patient is not for re admission.

7.7.4 The Bed Manager must be notified by the CNM2 or patients named nurse on the morning of the procedure with the following details, referring ward/unit, Name of Patient, Consultant, Registrar to review patient, Provisional Diagnosis, Hospital performing angiography.

7.7.5 The Bed Manager will then book the patient into the AMAU.

7.7.6 Referring ward/unit to ensure medical notes are delivered to AMAU.

7.7.7 Patient's belongings should be kept on referring ward/unit.

7.7.8 Patients who may not be suitable for discharge via AMAU and may be for consideration for readmission to a ward bed are:

- For discussion at Cardiac Thoracic Conference (CTC).
- Following PPM (Permanent Pacemaker) insertion as these patients need telemetry for 24 hours post insertion and they should have a pacing check prior to discharge.
- Post ST Elevation Myocardial Infarction (STEMI) as above.
- Who return to the hospital on the same day as stenting should be admitted overnight to CCU.
- Post ICD (Implantable Cardiovertor Defibrillator) insertion.
- Patients who require recommencement of Warfarin therapy.
- Requiring other in-hospital investigations/procedures.

7.7.9 Patients for readmission:

- Isolation may be required and screens taken for MRSA/CPE/VRE or any other MDROs as indicated by relevant hospital IPC policies. Prior to the patients transfer, check the patient's infection control status with the hospital transferring the patient to SLGH.
- May return back to referring ward/unit if bed available.
- Contact Bed Manager for bed allocation if bed not available or required on same ward/unit i.e. CCU bed to a general bed.
- Transfer patient to identified admission ward/unit.

7.8 Paediatric Admissions

7.8.1 Infants and Children up to the eve of their 16th year may be admitted to the Paediatric Unit.

7.8.2 Medical Paediatric referral by G.P's, PHN, self-referrals or other referral routes will be reviewed in the Paediatric Assessment Unit.

7.8.3 All children under 2 years of age with non traumatic illness including abdominal pain, who present to ED, will be immediately sent to the Paediatric Assessment Unit for assessment.

7.8.4 All children under 2 years with a head injury will be seen in ED by the Surgical Team and if requires admission will be admitted to the Paediatric Unit under the joint care of the Consultant Surgeon and the Consultant Paediatricians.

7.8.5 All children with an injury as a result of trauma e.g. falls, fractures, lacerations, burns etc. will be seen by ED Doctor then referred to the Surgeons/Paediatricians if necessary.

7.8.6 All children >2 years with abdominal pain will be seen by the ED Doctor and referred to Surgeon if necessary.

7.8.7 A clinical handover must take place for all children from the ED Doctor in the ED to the Surgical and Paediatric Doctors as appropriate before the ED Doctor leaves at the end of his/her shift.

7.8.8 Consultation between Surgical and Paediatric Teams will be initiated by a Consultant in all but emergency cases.

7.8.9 All children requiring resuscitation not due to trauma should be admitted directly to the Paediatric Assessment Unit and not to the ED unless they present at the Emergency Department. (Hospital Admission & Discharge Policy for the Paediatric Unit, 2016).

7.8.10 All children under 8 years with a surgical issue requiring a G.A. must be transferred to a Paediatric Unit such as OLHC, Temple St. etc.

7.8.11 It is the responsibility of the admitting nurse to check patient's medical notes and laboratory results prior to all emergency admissions for identifiers relating to communicable colonisation infections/antimicrobial resistant organisms. Special Interest Flag (SIF) code on the laboratory system should be checked and documented. If a patient is noted to have an MRSA/VRE/CRE flag, isolation with transmission based precautions may be indicated depending on recent results. Advice can be sought from the Infection Prevention and Control Team/Infection Prevention & Control Policies.

7.8.12 Where a patient is suspected to have a transmissible infection e.g. gastroenteritis –ensure isolation management as per infection prevention and control policies.

7.9 Admission of patients sibling for supervision

7.9.1 St. Luke's Paediatric Unit encourages family centred care. Parents / guardians can visit at any time during the day. One parent is welcome to stay at the bedside 24 hours a day.

7.9.2 Siblings can visit during normal visiting hours. However all children under 18 must be have parental supervision at all times.

7.9.3 Siblings under 18 cannot stay in hospital with the patient over night. Sibling can only be present during visiting hours. This is to respect all other patients on the Unit.

7.9.4 In the event that a sibling has no way home parents/ guardians must take responsibility for them. The sibling must be accounted for and name and age noted by hospital management. This is to ensure their safety in the event of a fire and / or emergency in the hospital. Refer to Appendix III.

7.10 Protection of Children in Emergencies – Section 12

7.10.1 All patients admitted under section 12 of the Child Care Act, 1991 must have the relevant form (Appendix IV) completed by the Garda who brought them to the Paediatric Unit.

7.10.2 This form must remain in the medical notes along with a description of their height, weight, hair colour, clothes etc in the nursing notes. Adhere to the Children First Guidelines 2017.

7.11 Maternity Admissions

7.11.1 Women who have a positive pregnancy test result until 42 days post delivery presenting with obstetric related problems should be referred directly to the Maternity Department. Refer to "Admission and Initial Assessment of a woman to the Maternity Department" September 2017 SLGH MID 041

7.11.2 Pregnant women with non pregnancy related problems are reviewed in the ED/ASAU/AMAU as appropriate. The Irish Maternity Early Warning Score (IMEWS) TOOL should be used to record the vital signs on women from positive pregnancy test to 42 days post delivery.

7.11.3 An Obstetric review can be obtained as clinically indicated by contacting the Obstetric Registrar on call.

7.11.4 It is the responsibility of the admitting doctor to inform the obstetric registrar on call of the admission of the patient using the ISBAR communication tool. It is the responsibility of the obstetric registrar on call to liaise with the shift leader on duty to ensure the shift leader records the patient on the Labour Ward "White Board" to ensure adequate follow up and inclusion on the ward "Safety Pause".

7.11.5 Pregnant women with Varicella (chicken pox) will not be admitted to the Maternity Unit. They will be admitted to the medical/surgical ward if admission required (Refer to SLGH Midwifery Guideline (2016) Chicken Pox in Pregnancy.

7.11.6 IPMS (IPC alert) and the laboratory (SIF/NOTE) Infection Prevention and Control (IPC) alert systems should be checked and documented if a patient is noted to have an IPC alert, isolation with transmission based precautions may be indicated. Advice can be sought from the infection prevention and control team/infection prevention and control policies. If a patient is noted to have an IPC alert, isolation with transmission based precautions may be indicated. Advice can be sought from the Infection Prevention and Control Team/Infection Prevention & Control Policies.

7.11.7 The level of maternal and fetal surveillance will be documented by the obstetric team and communicated using the ISBAR communication tool to the shift leader in Maternity.

7.11.8 It is the responsibility of the nursing staff on the admitting ward to liaise with the shift leader in Maternity if they require additional support/advice in relation to maternal care and fetal surveillance. The shift leader is then responsible for organising required care.

7.12 Referral Pathways for Mental Health In-patients in the Department of Psychiatry Requiring Medical Care and Treatment form the Acute General Services

7.12.1 For ***Emergency Referral*** (life threatening situation/cardiac arrest) the DOP Medical Team/ Nursing Management will telephone the Emergency Department to inform staff of the imminent emergency transfer of the mental health in-patient in the DOP to the ED Resuscitation Room.

7.12.2 In the case of an **Urgent Surgical Referral** for a mental health in-patient, the DOP NCHD will contact the ED Team to request the urgent transfer of the patient for medical treatment in ED. The DOP CNM/nurse in charge to inform ED shift leader of the planned transfer.

7.12.3 In the case of an **Urgent Medical Referral** for a mental health in-patient, the DOP NCHD will contact the relevant MROC in the Acute General Services. Based on the clinical information received to include the National Early Warning Score from the DOP NCHD, the MROC will decide whether to

- Undertake a medical assessment/examination of the mental health in-patient in the DOP and advise DOP staff on the medical care/treatment plan for the patient.

Or

- Undertake a medical assessment/examination of the mental health inpatient in the DOP and make a decision to transfer the patient directly to a general hospital ward to receive continuing medical care/treatment in the appropriate environment. In this situation, the MROC must contact the Bed Manager/Nurse Manager out of hours via switchboard 5000 to arrange for a bed in the acute services for the mental health in-patient (ward bed if available/ED/AMAU).

Or

- Undertake a medical assessment/examination of the mental health inpatient in the DOP and make a decision to transfer the patient to the ED/AMAU for further medical management treatment. The MROC must contact the relevant ED/AMAU registrar (where relevant) AMAU – 8.30 – 19.00hrs or ED any other times. The DOP CNM2/Nurse in charge to inform the ED/AMAU shift leader/Shift Co-Ordinator of the planned transfer of the patient.

Or

- Request direct transfer of the mental health inpatient to the AMAU/ED for an Urgent medical assessment. In this event, the MROC must contact the relevant ED/AMAU registrar (where relevant) AMAU – 8.30 – 19.00hrs or ED any other times. The DOP CNM2/Nurse in charge to inform the ED/AMAU shift leader/Shift Co-Ordinator of the planned transfer of the patient.

For further information Refer to the SLGH (2019) Policy for the Referral Pathways for Mental Health In-patients in the Department of Psychiatry Requiring Medical Care and Treatment form the Acute General Services.

7.13 Intra Hospital Patient Transfer

7.13.1 Where an initial ward placement is deemed unsuitable to meet the care needs of the patient, on admission to St. Luke's General Hospital, Kilkenny, the Bed Manager/ Nurse Manager Out of Hours must facilitate the transfer to the specialist unit as requested by the Consultant/Registrar at the earliest opportunity.

7.13.2 Transfers to ICU/CCU/ASU must be agreed and arranged by the referring consultant or their Registrars and notified to the Bed Manager/Out of Hours Nurse Manager on duty. Refer to the SLGH Policy for Admission to and Discharge from the Intensive Care Unit (2019) and SLGH Admission and Discharge Policy for the Acute Stroke Unit (2017).

7.14 Inter Hospital Patient Transfer

7.14.1 Inter hospital transfers are agreed between referring and accepting Consultant teams and arranged with Bed Manager/Out of Hours Nurse Manager on duty.

7.14.2 All patient transfer documentation (nurse and doctors transfer letters) must be completed and accompany patient. In addition the patient's infection control status should be communicated to the receiving hospital.

7.14.3 The requirement for a nurse and/or doctor escort will be agreed between the referring Consultants Team and CNM/Nurse /Nurse Manager Out of hours. If the patient requires a medication pump / infusion National Emergency Operations Centre have stated that the patient must have a nurse escort.

7.14.4 Inter-hospital transfers into St Luke's General Hospital, Kilkenny are directly admitted to a ward/unit suitable to their healthcare needs, if they do not require assessment in ED/AMAU. Isolation may be required and screens taken for MRSA/CPE/VRE or any other MDROs as indicated by relevant hospital IPC policies. Prior to the patients transfer, check the patient's infection control status with the hospital transferring the patient to SLGH.

7.14.5 Refer to SLGH (2019) Guideline for Transferring the Critical Ill Adult Patient from the Intensive Care Unit to another Health Care Facility.

7.14.6 Refer to HSE/St Luke's General Hospital, Kilkenny (2016) Guideline for Transferring the Critical / Non-Critical Infant and Child from the Paediatric Unit to another Health Care Facility.

7.14.7 Booking transport for time critical transfer ambulance- refer to Protocol 37 pathway.

7.15 Major Emergency

7.15.1 In the event of a Major Emergency – HSE/St Luke's General Hospital, Kilkenny (2012) Major Emergency Plan.

7.16 Isolation Facilities

7.16.1 IPMS (IPC alert) and the laboratory (SIF/NOTE) Infection Prevention and Control (IPC) alert systems should be checked and documented if a patient is noted to have an IPC alert, isolation with transmission based precautions may be indicated.

7.16.2 Transmission Based Precautions are necessary when a patient has been diagnosed with or is suspected of having a communicable colonisation/infection. Patients being admitted with a suspected or confirmed communicable colonisation/infection or antimicrobial resistant organism must be isolated with transmission based precautions and the Infection Prevention and Control Team informed. Refer to the Isolation Methods for Communicable Infections policy

7.16.3 Patients requiring isolation will be accommodated and prioritised for single room facilities. Where a single room/isolation room is not available and where there are two or more patients with the same confirmed organism identified, the Bed Manager/Out of Hours Nurse Manager based on a risk assessment and in consultation with IPCT can open a dedicated cohort bay for specific communicable organisms e.g. dedicated VRE cohort bay or a dedicated MRSA cohort bay. CPE contacts who share the contact with the same type of CPE e.g. OXA 48 can be cohorted together as outlined in the hospital CPE policy. In addition the bed manager/out of hours nurse manager can risk assess patients for isolation in line with the SLGH infection prevention and control recommendations for the prioritisation of patient who require isolation policy.

7.16.4 Patients with suspected or confirmed Airborne Transmissible Infections should be prioritised for isolation in AMAU room 9 which is a dedicated isolation room with neutral pressure ventilation. Patients admitted with suspected/confirmed viral haemorrhagic fever (VHF) or TB in particular MDR TB should be accommodated in AMAU room 9. Patients with other airborne related communicable infections can be accommodated in single rooms with solid ceilings and no air cooling handling units e.g. Medical 2, Surgical 1 Surgical 2 Medical 1 (one room only). If a solid ceiling room is unavailable in these wards the patient can be placed in a room with a tiled ceiling and an air cooling unit e.g. SMU, Surgical 3, CCU **but** the air cooling unit **must be turned off** for the duration of the patient admission. Air conditioning unit will need to be disinfected after the patient's discharge and this should be arranged in advance of the patients discharge with technical services.

7.16.5 The Bed Manager/Out of Hours Nurse Manager will liaise with the Infection Prevention & Control Team on infection prevention and control issues and refer to Infection Prevention and Control Policy when necessary.

7.16.6 Relevant personnel are notified in relation to notifiable diseases.

7.16.7 The CNM/CMM/Nurse or Midwife in Charge should ensure that isolation precautions are discontinued as appropriate with reference to the Isolation Methods for Communicable Infections Policy and advice from clinical team and infection prevention and control team as necessary.

7.16.8 Communication between healthcare facilities is essential to provide information about patients being admitted or transferred, so that appropriate isolation arrangements can be coordinated. It is best practice to notify the receiving healthcare facility about a patient known to have an antimicrobial/multi-drug resistant organism (either colonised or infected) or a communicable infection (such as Clostridium *difficile* before the patient arrives.

7.17 Breastfeeding Mothers

7.17.1 Every effort will be made within the resources available to accommodate breastfeeding mothers who require admission in a single room.

7.18 Students Sitting State Exams

7.18.1 When a student is deemed well enough to undertake examinations by the Consultant Team, the Hospital will provide a single/quite room to enable students to sit state examinations.

7.18.2 All other arrangements are made by the student's school and the student must be supervised by an invigilator appointed by the Department of Education.

7.19 Bed Crisis Contingency Plan

7.19.1 It is deemed that a bed crisis exists when the hospital cannot meet current and predicted bed needs on a given day.

7.19.2 In the event of this happening –Refer to SLGH (2018) Hospital Wide System Escalation Framework and Procedures.

7.19.3 In the event of the Paediatric Unit not being able to meet their bed needs – Refer to SLGH (2016) Admission and Discharge Policy for the Paediatric Unit.

7.19.4 In the event of the Maternity Unit not being able to meet their bed needs - Refer to HSE/St. Luke's General Hospital, Kilkenny (2013) Bed Policy and Escalation Policy Maternity Services.

7.20 Discharge against Medical Advice

7.20.1 If staff are aware of any factors which may contribute to the patient/parent taking their own discharge they should try as far as is reasonably practicable to resolve these issues.

7.20.2 Healthcare Professionals should ensure as far as reasonably practicable that the patient/parent understands all the risks/potential risks to their health if he/she takes their own discharge and/or refuse medical treatment.

7.20.3 All information regarding the risks/potential risks including death must be explained to the patient/next of kin in clear precise terms if he/she takes their own discharge and/or refuse medical treatment.

7.20.4 All efforts must be made to enable the patient to make the most appropriate decision.

7.20.5 If healthcare professionals decide that the patient is not competent to make that decision, this should be discussed with Consultant or a member of the team as appropriate.

7.20.6 The patient/parent should be asked to sign the Refusal of Further Medical Examination and/or Treatment form, in the presence of a witness who should also sign the form. All entries must be signed and dated.

7.20.7 All discussion with the patient/next of kin and all information given to the patient/next of kin must be accurately documented in the patient's medical records. All entries must be signed and dated.

7.20.8 If the patient insists on leaving the hospital, all intravenous cannulae should be removed prior to the patient leaving.

7.20.9 Complete a National Incident Report Form (NIRF) and send to the Clinical Risk Manager.

7.21 Missing Person

7.21.1 Refer to HSE/St Luke's General Hospital, Kilkenny (2016) Missing Person Policy and Search procedure.

7.22 Discharge Planning

7.22.1 The Discharge Planner currently reviews and supports the discharge of all patients with complex care needs in St. Luke's General Hospital. The process to assist with this is as follows:

7.22.2 Discharge planning begins from the time of admission on all patients.

7.22.3 All potential obstacles to discharge should be identified through the documentation of a good collateral history obtained from the patient relatives, GEMS team, or Public Health Nurse within 24 hours of admission.

7.22.4 VIP screening on all patients > 75years presenting through ED/AMAU and positive VIP reviewed by GEMS team carried out within 24 hours of admission enabling early identification of discharge planning issues.

7.22.5 All patients must have discharge risk assessment carried out by ward staff. Patients identified with discharge problems may be referred by any member of the multi-disciplinary team as appropriate *via* the CNM2/CNM1/Nurse in charge on the ward, GEMS CNM2/CNS or Geriatrician to the Discharge Planner on the appropriate Discharge Planner Referral form.

7.22.6 All patients must have an Estimated Length of Stay (ELOS) or Predicted Date of Discharge (PDD) documented in patients notes and communicated to patient and or next of kin within the first 24 hours.

7.22.7 Discharges should be planned 24 hours in advance. Patient and Next of Kin/Family to be informed of discharge plan by medical and nursing staff on the ward.

7.22.8 All patients with physical and sensory disabilities (excluding those in residential care) are to be notified to the Discharge Planner for community follow-up.

7.22.9 Doctors, Nurses and Health & Social Care Professionals work as a multidisciplinary team to ensure safe discharge back to the community or appropriate accommodation (vis-á-vis discharge letters/prescriptions/follow up). Ensure information relating to communicable colonisation/infections/antimicrobial resistant organisms are recorded in discharge letters and include reference to recent results and treatment.

7.22.10 Decisions to discharge patients should be communicated to their family and Public Health Nurse 24 hours in advance of discharge by nursing staff on the ward to allow collection and other support services to be organised.

7.22.11 Discharges should be planned 24 hours in advance of the discharge date.

7.22.12 Patients and NOK/family should be informed on the day of admission of the ELOS or PDD.

7.22.13 All discharges should take place before 11 am on the morning of discharge or to the Discharge Lounge (refer to Discharge Lounge criteria), and the patient and NOK/family informed of this on admission.

7.22.14 All patients who are transferred to another facility e.g. Hospital, Nursing Home, Care Home etc. need to have documented on their nurse, doctor and PHN letter if the patient is colonised with an antibiotic resistant organism e.g. MRSA, did the patient have a healthcare associated infection during their current admission, e.g. C. Diff., and that the patient is aware of the above.

7.22.15 All patients with new complex care needs should be referred to Discharge Planner so that appropriate Home Support Services can be applied for. The Discharge Planner will liaise with Community Care to organise new services prior to discharge. (Therefore staff need to notify the Discharge Planner of concerns or actions that need to be taken to aid with prompt discharge).

7.22.16 Three times per week the Discharge Planner meets with the CNM2/CNM1/Nurse in charge on the ward following daily huddles with Health and Social Care Professionals where patients with complex care needs/discharge issues are identified, discussed and a plan of care determined, i.e. rehabilitation, palliative beds, long term care, etc. If staff are concerned or wish to advocate on a patients behalf, please contact Ward manager/team members or attend the meeting. Public Health Nurses (PHN) to be contacted 24 hours in advance of discharge to ensure recommencement of existing services.

7.22.17 Local Placement Forum meetings take place fortnightly in St Luke's General Hospital to process patients in need of nursing home support scheme.

7.23 Discharge Lounge

7.23.1 All identified adult discharges both possible and actual where possible should be transferred to the Discharge Lounge early in the day to free up beds for acutely ill patients in ED/ AMAU.

7.23.2 Identification of patients for transfer to the Discharge Lounge should take place at the Navigational Hub the day before discharge is planned.

7.23.3 The Discharge Lounge facilitates the transfer of patients awaiting discharge collection by ICV or family/NOK to their place of residence.

7.23.4 All adult patients identified for discharge should be considered for transfer to the Discharge Lounge.

7.23.5 The patient should be confirmed as clinically stable/fit for discharge by the medical practitioner and documented in the patient's healthcare record.

7.23.6 Refer to SLGH (2019) Discharge Lounge Inclusion and Exclusion Criteria.

7.24 Discharge of the Elderly

7.24.1 All patients over 75 year and those patients under 75 years who require Public Health Nurse interventions (except Nursing Home patients) will have Public Health Nurse letter sent out on discharge home by the nurse. Please indicate if the Public Health Nurse should call within 24 hours and if the patient has been informed of the Public Health Nurse calling.

7.24.2 All patients over 75 years will have a copy of their Public Health Nurse Letter emailed to the County Clinic by the ward clerk on discharge.

7.24.3 A copy of each email to be inserted in the patient's case notes.

7.24.4 The discharge report is not completed if the patient is for discharge to another hospital.

7.24.5 When a patient has been deemed appropriate to be in need of long term care by the multi-disciplinary team, the Discharge Planner is to be contacted to commence the NHSS (Nursing Home Support Scheme) process.

7.24.6 Patients requiring rehabilitation beds must have appropriate checklist completed by the appropriate Health and Social Care Professional/Geriatrician and referred to the Discharge Planner to be placed on appropriate bed list.

7.24.7 Patients deemed to require convalescence for a specific medical condition by their Consultant can be referred to the Discharge Planner to be placed on the appropriate bed list.

7.24.8 Patients deemed to require a palliative bed must be under care of Palliative care team in hospital and if deemed appropriate can be referred to the Discharge Planner to be placed on the appropriate bed list.

7.25 Discharge of Young Chronically Ill patients requiring Long Term Placement

7.25.1 Refer patient to the Discharge Planner on appropriate referral form.

7.25.2 The Discharge Planner liaises with Community Disability Services.

7.25.3 Multi-disciplinary meeting will be organised by Discharge Planner if required.

7.25.4 Placement organised with Discharge Planner in conjunction with PCCC.

7.26 Discharge of the Homeless Person

7.26.1 Patients who present as being homeless are to be referred to the Discharge Planner on admission.

7.26.2 This allows for early intervention and helps avoid delays when medically fit for discharge.

7.26.3 Refer to HSE Draft Protocol to Prevent Homelessness among those leaving Acute Care.

7.26.4 Refer to Directory of Adult Homeless Services, South East Region 2014.

7.27 Discharge of Patient Requiring Ambulance

7.27.1 Ensure patient is not suitable for alternative transport method e.g. wheelchair taxi before booking an ambulance for patient's transfer to the home destination.

7.27.2 If an ambulance is required for a routine transfer to a nursing home, home or elsewhere the Intermediate Care Ambulance should be contacted by dialing 0818 308000. It is preferred to make the booking the day prior to discharge but sometimes the schedule can be rearranged to accommodate same day discharges. If an ICV is not available to accommodate the transfer, permission must be sought from the Bed Manager, ADON Patient Flow or Out of Hours Nurse Manager on duty to seek a private ambulance booking and a log needs to be kept in the Private Ambulance Booking Book of the patient details and the specific ambulance company facilitating the discharge.

7.27.3 Ensure appropriate information relating to a patient with a suspected or confirmed communicable colonisation/infection or antimicrobial resistant organism requiring transmission based precautions are notified to ambulance control when booking an ambulance.

7.28 Discharge of Patients to Community Intervention Team

7.28.1 Ensure patient is clinically stable, and has consented to be discharged to the Community Intervention Team (CIT).

7.28.2 Ensure patient meets the Mandatory Inclusion Criteria. Refer to Appendix VI.

7.28.3 Ensure the patient does not fall into the Mandatory Exclusion Criteria. Refer to Appendix VI.

7.28.4 Follow the referral process. Refer to Appendix VI.

8 Implementation Plan

8.1 This policy once approved will be available to view on the Hospital Intranet Site/Hospital Policies Procedures Protocols Guidelines/Operational PPPG's. This policy will be disseminated to the General Manager, Clinical Director, Hospital Consultants, Director of Nursing, Director of Midwifery, Senior Nurse Management Team, ADON Patient Flow, Bed Managers, Discharge Planner, Department Heads, Clinical Nurse/Midwifery Managers, Clinical Risk Manager, Business Managers in St. Luke's General Hospital, Kilkenny.

8.2 It is the responsibility of all Consultants, Department Head, CNM/CMMs to ensure that all staff within their area of responsibility are familiar with and adhere to this policy.

8.3 Ultimately it is the responsibility of each healthcare staff member involved in the admission and discharge of patients to read this policy and sign the signature sheet page to confirm that they have read, understand and agree to adhere to this policy.

9 Evaluation and Audit

9.1 The content of this policy will be reviewed and evaluated after 2 years from the date of approval or sooner if indicated by a change in practice or emerging evidence.

10 Revision History

Date	Review Number	Section Number	Change/s
March 2019	5		All sections updated
		7.12	Mental Health Referrals from DOP for Medical Care to Acute Services section added.
		7.23	Discharge Lounge section added

11 References/Bibliography

HSE/St Luke's General Hospital, Kilkenny Acute Stroke Unit Operational Admission & Discharge Policy Current Edition.

HSE/St. Luke's General Hospital, Kilkenny (2016) Admission and Discharge Policy for the Paediatric Unit.

HSE/National Waiting List Management Policy, (2017) A standardised approach to managing scheduled care treatment for inpatient, day case and planned procedures.

HSE/St. Luke's General Hospital, Kilkenny (2013) Bed Policy and Escalation Policy Maternity Services.

Children First National Guidance for the Protection and Welfare of Children (2017) Department of Children and Youth Affairs.

HSE Draft Protocol to Prevent Homelessness among those leaving Acute Care.

SLGH Infection Prevention and Control Polices.

SLGH (2019) Policy for Admission to and Discharge from the Intensive Care Unit.

SLGH (2019) Policy for the Referral Pathways for Mental Health In-patients in the Department of Psychiatry Requiring Medical Care and Treatment form the Acute General Services.

SLGH (2019) Discharge Lounge Inclusion and Exclusion Critieria

SLGH (2019) Guideline for Transferring the Critically Ill Adult Patient form Intensive Care Unit to another Healthcare Facility.

SLGH (2018) Guideline for the Bookings, Admission and Discharge of Patients on the Day Service Unit.

SLGH (2018) Hospital Wide System Escalation Framework and Procedures.

SLGH (2017) Admission and Discharge Policy for the Acute Stroke Unit.

SLGH (2017) Admission and Initial Assessment of a woman to the Maternity Department SLGH MID 041

SLGH (2016) Admission and Discharge Policy for the Paediatric Unit.

SLGH (2016) Policy for the Referral and Management Pathways for the Patients attending the Emergency Services.

SLGH (2016) Guideline for Transferring the Critical / Non-Critical Infant and Child from the Paediatric Unit to another Health Care Facility.

SLGH (2016) Full Capacity and Escalation Plan.

SLGH (2016) Patient Identification Policy.

SLGH (2016) Policy and Search Procedures for Missing Patients.

SLGH (2012) Major Emergency Plan.

12 Appendix I Criteria for the Admission to the Acute Medical Assessment Unit / Emergency Department.

Acute Medical Conditions Assessed in Acute Medical Assessment Unit (AMAU)

1. Chest pain – Angina/MI/PE
2. Dyspnoea – LRTI/PE/LVF/COAD
3. Diabetic emergencies – DKA, HHS, Hypoglycaemia
4. Acute delirium/confusion
5. CVA/TIA
6. Acute renal failure/UTI
7. Liver failure/Painless jaundice
8. Seizures
9. C2H5OH withdrawal
10. Malignant hypertension
11. DVT
12. Arrhythmias that do not require resuscitation
13. Acute headache
14. Stable overdoses
15. Smoke inhalation only
16. Tonsillitis
17. Allergic reactions
18. Peg tube problems. **Note**: A Peg tube clinic is held on Thursday mornings between 1000hr-1200hr by Cathy Keenan (Dietician) Bleep 5604. Appointment is advisable.

Note to NCHDs in MAU – full AMAU investigations may not be necessary in all cases.

Not suitable for AMAU referral to be seen in the Emergency Department (ED)

1. Resuscitation cases
2. Severe anaphylaxis
3. Trauma – note if trauma is associated with medical condition such as seizure or chest pain, patient should be assessed in ED (suturing/fracture/head injury/dislocation reduction etc.) These cases will be reviewed by Medical Registrar or SHO in the ED.
NB. The Medical Registrar on Call should review the patient within 15-20 minutes. The Consultant Physician on Call may be contacted if there are any delays.
4. Burns and smoke inhalation
5. Patients with complications post surgery
6. Gastro-intestinal bleeding
7. Back pain
8. Abdominal pain - IBD patients are only seen in AMAU with Express consent of Dr. Courtney / Dr.Aftab. GPs can contact Either consultant directly to arrange referral to AMAU.

9. Leg pain - Self referred patients with leg pain to the ED are Not suitable for referral as? DVT unless they have moderate to high risk of a DVT as per St Luke's General Hospital, Out Patient below Knee DVT Protocol, following assessment by the Triage Nurse/ED doctor
10. Quinsy
11. Insect bites/stings with a localised reaction i.e. Cellulitis

NB. Chronic conditions for review in OPD e.g.: hypertension, rash, poorly-controlled diabetes, chronic renal impairment.

Reviewed: October 2013 Revision Date: October 2015

13 Appendix II Algorithm for a Child (under the age of 18 years) presenting to the Emergency Department, Medical Assessment Unit, Paediatric Unit that requires a Psychiatric Assessment Out of Hours

Out of Hours – There is currently no Child and Adolescent Psychiatry Team for Out of Hours, therefore if a child requires a Psychiatric Assessment the Adult Psychiatry Team are to be contacted to perform this Assessment in the Out of Hours situation

Child presents to St. Luke's General Hospital, Kilkenny (children are defined as persons under the age of 18 years)

↓

Boys and Girls over their 16th Birthday will be assessed in the Acute Medical Assessment Unit (AMAU) or the Emergency Department (ED). The AMAU closes to Admissions at 19.00hrs and the Emergency Department takes all Medical Admissions after 19.00hrs

Or

Boys and girls up to the eve of their 16th birthday
Assessment is done by the Paediatric Unit

↓

If a Psychiatric Assessment is required, the Admitting Consultant contacts the on-call Psychiatric Register by phone to arrange the Assessment

↓

If the Register does not accept this referral to assess the child then the Admitting Consultant contacts the on-call Psychiatric Consultant by phone to arrange the Assessment

↓

If the on-call Consultant Psychiatrist does not accept this referral then Frank Kelly Executive Clinical Director for Carlow, Kilkenny, South Tipperary Mental Health Service can be contacted by phone, he will assess the situation and arrange an assessment to be performed

↓

The child is admitted to the Paediatric Ward (children up to the eve of their 16th Birthday)

Or

The child is admitted to the Medical Ward if over the age of the Paediatric Ward admissions Policy

If a nurse special is requested by Psychiatrist on-call, inform Nursing Administration to arrange special. Risk assessment to be completed on each case to assess what special is required using clinical judgement

Amended as per introduction of the national cut of age 2016
Dolores Delaney
CNM 2
Paediatric Ward
April 2019

Algorithm for a Child (under the age of 18 years) presenting to the Emergency Department, Acute Medical Assessment Unit, Paediatric Unit that requires a Psychiatric Assessment <u>Monday – Friday 09.00 – 17.00hrs</u>

<u>During the Hours of 09.00 – 17.00hrs Monday to Friday</u>
The Child & Adolescent mental Health Service attends to all referrals

Child presents to St. Luke's General Hospital, Kilkenny (children are defined as persons under the age of 18 years)

↓

Boys and Girls over their 16th Birthday will be assessed in the Acute Medical Assessment Unit (AMAU) or the Emergency Department (ED). The AMAU closes to Admissions at 19.00hrs and the Emergency Department takes all Medical Admissions after 19.00hrs.

Or

Boys and girls up to the eve of their 16th birthday
Assessment is done by the Paediatric Unit

↓

If a Psychiatric Assessment is required the **Referral will need to be faxed before 10.00am** in order to facilitate an assessment on the day of referral if possible

Fax Number 056- 7771015.
Ring 056-7784754 to ensure the fax was received, if you cannot get an answer try 059-9178033
Referral should include the name of the Referring Consultant, Ward, Telephone number and G.P name

Ensure a suitable room is available for the assessment and that a parent(s)/ guardian(s) will be available for assessment and have consented to this assessment

↓

The child is admitted to the Paediatric Ward (children up to the eve of their 16th birthday)

Or

The child is admitted to an Adult Bed if over the age of the Paediatric Ward Admissions Policy.

If a nurse special is requested by Psychiatrist on-call, inform Nursing Administration to arrange special. Risk assessment to be completed on each case to assess what special is required using clinical judgement

Amended as per introduction of the national cut of age 2016
Dolores Delaney
CNM 2
Paediatric Ward
April 2019

14 Appendix III Admission of patient's sibling for supervision

Parental acknowledgment that sibling is staying in hospital under parents' responsibility:

It has been clearly explained to me and I understand the reasons why (name of sibling)_____ cannot stay in hospital over night.

I realise that if _____ (name of sibling) stays in hospital due to no transport home/ lack of parent/guardian supervision at home I am responsible for him/her during the stay.

I accept all responsibility for this decision and any consequences that may arise from it.

Signature of parent/guardian: _____

Relationship to patient: _____

Signature of doctor:_____

Date:_____

15 Appendix IV Protection of Children in Emergencies – Section 12 of the Child Care Act, 1991.

Protection of Children in Emergencies - Section 12 of the Child Care Act, 1991.

Name of Child/Children_____ **Age/DOB of Child** _____

_____ _____

_____ _____

_____ _____

Address of Child/Children_____

_____

Name of Parents: _____ **Contact details**:_____

I, the undersigned, being a member of An Garda Síochána, state that I have reasonable grounds for believing that there was an immediate and serious risk to the health and welfare of this child, and that it would not be sufficient for the protection of the child from such immediate and serious risk to await the making of an application for an emergency care order by the Health Services Executive South Eastern Area under Section 13 of the Child Care Act, 1991. I therefore deliver this child up to the custody and care of the Health Services Executive South Eastern Area at -

_____

on this date _____ and at this time _____a.m. ____p.m.

Details of situation in which I found this child _____

_____

_____

Signed _____ **Name (please print)** _____

Garda Station _____ **Garda Number** _____

Phone Number _____

16 Appendix V C.I.T Mandatory Inclusion/ Exclusion and Referral Process

Carlow Kilkenny Community Intervention Team (CIT)

Early Discharge and Admission Avoidance
"Nursing Care in the Community"

Mandatory Inclusion Criteria

- Patient deemed clinically stable
- Consent from patient to enter CIT
- Family or carer aware of proposed CIT intervention
- Clinical diagnosis from team
- Resident within the 4 network area of Carlow and Kilkenny
- Access to phone for patient in the home
- Home is suitable and safe environment for care to be provided
- Phsio/TO assessment completed as required
- Care up to 72 hours (Extension Considered)

Examples of diagnosis considered:

- Falls, Cellulitis, Urinary Tract Infection (UTI), Lower Respiratory Tract Infection (LRTI), Gastroenteritis

Referral Process

- Consultant/Registrar documents proposed referral in patients notes
- Clinical staff (Reg, CNMII, Discharge Planner) have initial patient suitability discussion with CIT staff – by mobile phone if suitable

Send referral form via fax CIT nurse on **059 9133968** (electronic at future date)

CIT confirmation of acceptance to clinical staff

Hospital follow up recorded

Non Acceptance

No further action

Mandatory Exclusion Criteria

One or more of the criteria below excludes the patient from CIT

Profound Sepsis

- Temperature greater than 39° or less than 36°
- White cell count >20 X 109/cells per litre or < 3 X 109/cells per litre
- Neutropenic sepsis
- Hypotension systolic BP< 90 mmHg or diastolic BP < 60 mmHg
- Heart Rate > 120bpm
- CRP level of > 100 (**consideration will be given on an individual basis if required)**
- Rising CRP level

Respiratory

- Respiratory rate > 24bpm
- Non-COPD patient Oxygen saturation <92% on room air
- COPD patient Oxygen saturation <90 on room air (**consideration will be given on an individual basis if required)**
- Respiratory failure (Pa02 , 8.0kPa, C02>605kPa PH<7.30)

Cardiac

- Acute or decompensated cardiac failure
- Acute or unstable chest pain
- ECG changes suggestive of acute ischemia or infarction
- New onset or unstable cardiac arrhythmia

Renal/Hepatic Failure

- Acute kidney disease/injury with oliguria (urinary output ,30ml/hour)
- Severe electrolyte imbalance (hypokalaemia.hyponatraemia) or metabolic acidosis
- Acute Hepatic disease/injury

Neurological

- Acute CVA
- Acute delirium/confusion
- Dementia with behavioural disturbance
- Impaired level of consciousness
- New onset Seizures

Miscellaneous

- On going alcohol or drug dependence
- Uncertain diagnosis
- Requirement for continuous IV fluids
- Pregnancy – Review on individual basis
- Less than 16 years of age
- Unsafe home environment for lone worker

18 Appendix VI PPPG Development Group Membership

Ms. Dolores Delaney CNM2 Paediatric Unit	Signature: D. Del Date: 15/04/19.
Ms. Mary Clare Hayes Infection Prevention & Control CNS	Signature: MC Hayes Date: 19/4/19
Ms. Fiona McEvoy ADON Patient Flow	Signature: Fiona McEvoy Date: 15-04-19.
Ms. Eleanor Moore Business Manager Clinical Directorate	Signature: Eleanor Moore. Date: 15.4.19.
Ms. Kate Walsh Bed Manager	Signature: Kate Walsh Date: 15.04.2019.
Ms. Paula Power A/Director of Midwifery	Signature: Paula Power Date: 15/04/19
Ms. Mary Ryan Business Manager Unscheduled Care and Medical Services	Signature: Mary Ryan Date: 15/4/2019.
Ms. Elaine Wall A/Discharge Planner	Signature: Elaine Wall Date: 15-4-19.
Chairperson: Ms. Helen Roche Acting Assistant Director of Nursing Medical Directorate	Signature: Helen Roche Date: 15/04/2019.

17 Appendix VII Peer Review of Policy, Procedure, Protocol or Guideline

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation is circulated to a peer review (internal or external). You are asked to sign this form to confirm to the committee developing this Policy that you have reviewed and agree the content and approve the following Policy for use within the organisation:

Admissions and Discharge Policy

I acknowledge the following:

- I have been provided with a copy of the Policy described above.
- I have read the Policy document and agree the content
- I approve the Policy for implementation

Signature: E Gallagher **Date:** 16-04-2019
Ms. Elizabeth Gallagher
Night Assistant Director of Nursing

Signature: Olive Flynn **Date:** 17/4/2019.
Ms. Olive Flynn
A/Clinical Risk Manager

18 Appendix VIII Key Stakeholders Review of Policy, Procedure Protocol or Guideline

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation is circulated to Managers of Employees who have a stake in the PPPG. You are asked to sign this form to confirm to the committee developing this Policy that you have reviewed and agreed the content and approve of the following Policy for use within the organisation.

Admissions and Discharge Policy

I acknowledge the following:

- I have been provided with a copy of the Policy described above.
- I have read the Policy document and agree the content
- I approve the Policy for implementation

Signature: Helen Butler **Date:** 15/4/19
Ms. Helen Butler
Director of Nursing

Signature: Garry Courtney **Date:** 15.4.19
Professor Garry Courtney
Clinical Director

Signature: Paula Power **Date:** 15/04/19
Ms. Paula Power
A/Director of Midwifery

Signature: Anne Slattery **Date:** 15/04/19
Ms. Anne Slattery
General Manager

19 Appendix IX Signature Sheets

I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline.

Print Name	Signature	Area of Work	Date

Signature Sheets

I have read, understand and agree to adhere to the attached Policy, Procedure, Protocol or Guideline.

Print Name	Signature	Area of Work	Date