Streamlining Hospital to Hospice IPU Referrals

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Abbreviated abstract: Discharge planning from hospital for patients approaching end of life or with complex symptom needs is an important process. This poster describes a scoping exercise over five HPCT and six Hospice inpatient units (IPU), providing baseline data on referral patterns and examining the referral process between sites. It also provides suggested guidance and standards for baseline information for referral completion from HPCTs, referral management processes for hospice IPUs, and communication methods between the sites.

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Background and methods

- Discharge to Hospice IPU from Hospital important and time sensitive
- Clear communication and processes essential – right patient, right place, right time
- National Clinical Standards for referrals last updated in 2002
- No standard processes across NHS GGC Acute Setting or in Hospices – lots of variation
- Cross site/service review to identify barriers and examples of good working
- 5x Hospices and 6 HSCPT contributed to review and final report
- HSPCT and Hospice Teams completed baseline data questionnaire on current processes, identified frequent challenges and local areas of good practice

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Themes

Challenges

- Incomplete referrals to IPU
- Clarity around levels of intervention and patient expectations
- Information on bed availability and "waiting lists"
- Processes to "get more information"
- Delays waiting for "call backs"
- Transport/ambulance issues
- Practical issues - bed closures, staffing

Good practice

- Cross site working
- HSPCT input to bed allocation
- Dedicated phone / email for discussion and information
- Daily communication

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Referring to IPU from Hospital

Appendix 1: Proposed Referral Completion Guidance

Comprehensive completion of Hospice IPU referrals from the Hospital setting is very helpful in terms of accepting and prioritising patients for the limited beds that are available. As such this brief document has been developed to aid in this process.

If in any doubt about referral, please contact the desired Hospice IPU directly.

- If IPU referral is **urgent** (severe symptoms/rapidly changing condition/other), in addition to highlighting in the referral form please also contact the Hospice IPU directly by telephone and discuss with an allocated member of clinical staff, 7 days a week, to allow appropriate prioritisation and information transfer.
- A summary of the patient's current condition is helpful, including:
  - Previous treatment
  - Rate of decline (if appropriate)
  - Any future treatment options/follow up planned
  - Any health issues that may impact on transfer/patient care (Covid status, aerosol generating procedures, additional nursing care, capacity, delirium, falls risk)
- Please ensure clear communication of:
  - Advance Care Planning (ACP) discussions
  - Decisions around transfer to the acute from Hospice in event of deterioration
  - DNACPR discussions
  - Any ongoing active treatment (IV antibiotics etc.) and a clear plan for these
  - That patient/family are aware of the levels of interventions available in a Hospice setting
- Where appropriate, clear communication that patient/family are aware that Hospice IPU is not a place of longer-term care, and if condition stabilises/improves discharge to another location (Home, Care Home, other) will be required.
- If referral is for a patient outwith the Hospice IPU catchment area, clear communication for the reason for an out-of-area request is required.

Hospice processing referrals

Appendix 2: Proposed Referral Processing Guidance

Clear communication and processing of Hospice IPU requests from HSPCT is essential for high quality patient experience, as well as appropriate use of acute setting and Hospice IPU resource. As such this document has been developed with input from Hospice and Hospital Palliative Care Teams across NHS GGC.

- All routine referrals should be reviewed daily Monday to Friday. Teams should also have the ability to review urgent referrals seven days a week if required.
- There should be a robust and clear process for HSPCT to input to Bed Allocation/Triage meetings in all Hospices to allow prioritisation of multiple bed requests from Hospital. The mode of this will be determined by local practices, but phone call/TEAMS/email should all be considered.
- Referrers should be provided with a clear communication of referral receipt and acceptance to Hospice waiting/priority list **within one working day** (Mon-Fri) of referral being made. This could be either via email or by phone call direct to the relevant HSPCT – generic emails are available for all HSPCT sites (see appendix 4) and would seem the most efficient route.
- If referral is not accepted, a clear reason for this must be recorded and communicated to referrer **within one working day** via email or phone call as above. A clear process for gaining additional required information (if appropriate) in a timely manner must be in place.
- Hospice IPUs should have an allocated bed manager/individual each day who can act as a timely and **accessible** point of contact for urgent referrals or for provision of additional information and discussion.
- Hospice IPU should be clear in communication re: bed status and likely waiting times and provide this information to HSPCT **on at least a weekly basis** to better inform patients and families of possible wait times This allows alternative places of care to be considered in a timely manner if appropriate.
- All IPU should have clear information easily available re: visiting restrictions, Covid testing requirements for admission, hospice layout/single rooms and a point of contact for family members to be able to discuss specific aspects of Hospice care.

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