

# ADMISSIONS

## POLICY®

### DOCUMENT SUMMARY/KEY POINTS

**This document provides overall admission principles**

The admission policy is based on the principles of:

- Equitable access for patients
- Clinically appropriate for the patient.
- Care is provided as close to home as possible.
- Maintaining continuity of care where possible

Identifies the slightly different process for admission to specialist units and services: PICU, ICU, Grace, Burns Unit, Trauma, and Mental Health.

Clinicians that request a patient to come to a SCHN hospital cannot request admission under another clinician unless they have handed over the patient to the team that will be looking after the patient.

There are in general three categories of admission. These are:

- Urgent admissions
- Semi urgent and
- Planned elective admissions

The bed manager/AHNM is to be contacted prior to accepting an urgent, semi urgent or inter hospital transfer.

The content of this policy aligns with the mandatory requirements of NSW Health Policy Directive PD2009\_055:

[http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2009\\_055](http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2009_055)

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> February 2017	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Nurse Manager	<b>Area/Dept:</b> Patient Flow

## CHANGE SUMMARY

- Conversion to a SCHN policy
- The policy contains general principles for admission
- All links to policies updated.

## READ ACKNOWLEDGEMENT

- Patient Flow staff are required to read and acknowledge the document.
- Medical staff admitting patients to SCHN are to read and acknowledge the contents of this document.
- Nursing staff are required to read and acknowledge the document.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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## Principles

Admission and patient flow management is based on Ministry of Health Policies and Guidelines.

The admission policy is based on the principles of:

- Equitable access for patients
- Clinically appropriate for the patient.
- Care is provided as close to home as possible.
- Maintaining continuity of care where possible.

## Over Age Admissions

- Refer to SCHN [Age for Admission/ Treatment: Principles regarding Inpatient, Outpatient and Outreach Clinic Care Policy](#):

In summary:

For **patients who have reached their 16<sup>th</sup> birthday**: Existing patients (chronic conditions) may attend up to their 18<sup>th</sup> birthday for the same or related condition. New patients - approval is required.

- For patients who have reached their 18<sup>th</sup> birthday: Approval is required.
- SCHN strongly supports patients being well prepared for transitioning. Poorly managed transitioning is not justification for re-admission or ongoing care in outpatients.

**Note:** For an exception to be made to the above rules, an application must be made to the Director of Clinical Operations, or after hours to the Executive on-call.

## Acceptance for Admission of Overseas and/or Medicare

### Ineligible Patients

- Refer to SCHN [Acceptance for Admission of Overseas and/or Medicare Ineligible Patients Policy](#)

In summary:

- All planned overseas and or Medicare ineligible patients requiring admission must be approved by the Director of Clinical Operations (DCO).
- All urgent admissions (via the Emergency Department) are to be notified to the DCO or delegate if long term or complex surgery is required.

- All elective overseas and or Medicare ineligible patients require costings by the Admitting Medical Officer and Clinical Service Business Support Manager or nominated Administrative support person, in conjunction with the revenue department.

## General Principles

Patients can be admitted to CHW or SCH either as an urgent admission or planned admission. They may be admitted through the following areas:

- Emergency Department
- Admission Office (including overseas patients)
- NETS
- Private rooms
- Day only areas
- Outpatient areas
- Other hospitals.

All patients being admitted to CHW or SCH will be admitted under an AMO that has admitting rights at the hospital where the patient is being admitted.

If the treating consultant is on leave and the admission is required prior to his/her return then the patient should be accepted by the designated covering consultant.

Patients that have private health cover may request a particular consultant. They can be admitted under that consultant providing that the consultant has admitting rights to the hospital and agrees to the admission.

Patients that require admission and are accepted into an SCHN hospital will be admitted directly into an inpatient ward bed, during the hours of 0800 – 1700 unless they require emergency care. If the patient requires emergency care they are to go through the Emergency Department.

Inter hospital transfers (IHT) that arrive after these hours for an inpatient overnight ward bed will go through the Emergency Department .

## Admission to Specialist Units/Services

As SCHN provides tertiary and quaternary services, admission process to these specialist services are slightly different to the usual processes.

Admissions to the Intensive Care Units, the Grace Centre for Newborn Care, the CHW Burns Unit, Trauma services and Mental Health Units should be arranged in liaison with the relevant Consultant on-call, Registrar or Fellow for the particular area and the bed manager/AHNM is notified of these admissions.

In the event that one of these units/services is at capacity (as determined by the unit/service and AHNM), then this site should discuss this with the other unit/service and AHNM regarding the most appropriate site for the patient to receive care. This may include the patient remaining at the unit/service requesting transfer, or recommendation that the referring

unit/service make a referral to other acute psychiatric inpatient units in NSW, all of which are able to provide tertiary care for MH patients.

This process should not delay the patients that are time critical transfers. These patients should go to the closest tertiary paediatric hospital as determined by [Critical Care Tertiary Referral Networks \(Paediatrics\) Policy](#), [Emergency Paediatric Referrals Policy](#) and the responding agency.

## Prioritisation of Patients

Priority of admissions is based on clinical urgency for all patients that require admission, including ED, elective surgical and medical admissions and inter hospital transfers.

Priority for the admission of elective surgical patients must take into account the patient's assigned urgency category on the waiting list, how long the patient has been waiting and previous cancellations

The prioritisation of the patients may differ on any given day and takes into account numerous factors, such as tertiary care requirements or Unit capacity at each site (ED, ICU, isolation etc).

The Bed Manager is responsible for the triaging and allocation of all bed requests into the appropriate bed, ward or model of care. This includes patients in the ED, OPD, day units, other hospitals and consultants rooms. This is done in consultation with the teams and relevant managers.

Changes in the patient's clinical condition are to be communicated to the Bed Manager, who can then re triage the patient.

There are in general three categories of admission. These are:

- Urgent admissions
- Semi urgent and
- Planned elective admissions.

## Urgent Admissions

Urgent patients include both those whose clinical conditions require immediate admission and are those who require assessment and possible admission to hospital within 24 hours.

### General Guidelines for Urgent Admissions

- a) Patients requiring immediate admission to CHW or SCH must be approved by the ED Admitting Officer or the Paediatric Intensivist or Fellow on-call. Communication with the Bed Manager or After Hours Nurse Manager (AHNM) regarding bed availability for these patients is mandatory (if one site is at capacity the other site may be in a better position to provide care).

- b) Other patients requiring transfer within 24 hours must be discussed with the Bed Manager regarding bed availability. Cases should **not** be accepted by other members of staff independently without first consulting the Bed Manager.
- c) The Accepting doctor can only accept patients on his/her team's behalf. They cannot accept the care of a child under another team.
- d) If a patient that has been accepted by a team on presentation and requires transfer to another team, it is the responsibility of the team that has accepted care to request transfer, irrespective of whether the patient is in an inpatient ward bed or the emergency department.
- e) Admission dates, times and ward allocation are determined by the Bed Manager in consultation with the team.

## Admissions Through the Emergency Department

- The ED Admitting Officer is responsible for the decision on who should be the Admitting team for each patient admitted through the Emergency Department as per PD2009\_055 [Emergency Department-Direct Admissions to Inpatient Ward](#).
- The ED Admitting Officer is responsible for notifying the AMO or their registrar about any admission under their care. Such notifications are made by the doctor assessing the patient in the Emergency Department. This must be documented in the patient's notes
- If the nominated AMO believes that it would be more appropriate for the patient to be cared for by another team then he/she is responsible for arranging the appropriate transfer of care. In this situation, the normal consultation process must be followed. Once a child is admitted under an AMO, that AMO's team is responsible for contacting other consultants who may have been previously involved in the care of the patient.
- A child being assessed in the Emergency Department is deemed to be under the care of the Emergency Department Consultant on-call until an inpatient team is notified that the child is being admitted under its care. The AMO of the inpatient team then takes responsibility for the child, whether he/she has been transferred to a ward or is still in the Emergency Department.

## Semi Urgent Admissions

### Definition

Patients are considered as semi-urgent admissions when their condition warrants that they be admitted to hospital within days.

Patients who require semi urgent admission do not necessarily need to be admitted through the emergency department. The admitting doctor contacts the Bed Manager to discuss the admission and completes a Recommendation for Admission (RFA) form.

It is the admitting team's responsibility to update the Bed Manager of any changes to the patient's clinical condition.

## For patients requiring a semi urgent procedure requiring a general anaesthetic

### ***Process within Normal Working Hours (7.30 a.m. – 4.00 p.m. Monday to Friday)***

- The admitting doctor contacts the Bed Manager to discuss the admission. If the patient is going to have surgery then this should be arranged prior to the patient coming to SCHN. The accepting team will liaise with the family regarding fasting and arrival times and where to present. Patients will be admitted via an inpatient area (surgery day unit, other ward) and should not be directed to present to the emergency department.
- A RFA is to be completed
- Please refer to local procedures for theatre bookings.

### ***Process After Hours (times other than 7.30 a.m. – 4.00 p.m. Monday to Friday)***

- Bookings should only be made after hours if clinically appropriate and cannot wait until normal working hours.
- The consultant or registrar is to contact the AHNM re bed availability. The surgeon or registrar is to organise theatre time. Depending on bed availability and where the patient is presenting from the patient may be placed in a ward or asked to present to the emergency department, (please refer to local procedures).
- Fasting and arrival details are to be given by the accepting team.
- Please refer to local procedures for theatre booking process.

### ***Patients waiting to go to the operating theatre (in the ED or pre-operative surgical areas)***

- If a patient is unable to be allocated theatre time on the day of their presentation and does not need inpatient care overnight they should be discharged from the emergency department or pre-operative area and asked to represent to the SCHN hospital. If this is during normal working hours they should present to the day surgical area. After hours these patients may be asked to present to a ward or the emergency department.
- Please refer to local procedures for theatre booking, fasting and arrival times and where the patient should present to.

## Elective Admissions

### Definition

- An admission that is not urgent or semi urgent is an elective admission.
- Requests for elective admissions are placed on the waiting list.
- All patients on the CHW and SCH waiting lists are managed according to the NSW Health [Waiting Time and Elective Surgery](#) Policy (PD2012\_011).



## Elective Admission Procedure

1. A RFA must be completed by the AMO/team. Please refer to local procedures as to where the RFA is to go i.e. admission office, surgical unit or day only area.
2. All data fields on the form are to be completed.
3. The admission date for patients having an anaesthetic for a procedure is determined by the Waitlist Nurse Manager in conjunction with the team.
4. The admission date for all other booked patients requiring an overnight bed is determined by the Bed Manager in conjunction with the team.
5. Refer to local guidelines for notification of patients, pre admission, fasting times.
6. If the admission is within 7 days it is the medical teams responsibility to inform the family of the admission and process (i.e. when to call for fasting and arrival times).
7. Please check local preadmission process for patients undergoing surgery or a procedure requiring an anaesthetic.
8. Families requiring admission to an inpatient overnight ward, are asked to ring the admission office on the day of their admission to check bed availability after 1000

## Requests for the transfer of patients from other hospitals

- The need for the transfer to CHW or SCH should be established before acceptance of the transfer. Patients should only be transferred if they require tertiary level care. This should always involve discussion with the relevant specialist team. It is possible that there may be an appropriate alternative hospital to which the patient may be transferred. Please also refer to Ministry of Health's [Children and Adolescent – Inter-Facility Transfer](#) policy.
- The Bed Manager must be notified by the SCHN accepting doctor of any impending admission in order to establish the availability or non-availability of a bed.
- All patients requiring transfer in to SCHN are to be placed on the Patient Flow Portal by the sending hospital (interstate/territory and private hospitals are excluded).
- Should there be capacity issues at the accepting site an admission to the other site will be considered. This will involve conversations between the Bed Managers at either site. Considerations for doing so should take into account patient location, whether the patient is known to either site, the service and care required, and the other site has capacity for the admission. The Bed Manager will be responsible for communicating the outcome to the referring hospital and relevant teams.
- In the event of a bed not being available at either site the potential for the patient to remain at the referring hospital in the short term should be considered if clinically appropriate. If this is not clinically appropriate the Bed Manager at each site will discuss with involved teams and agree as to where the patient should be placed. If agreement cannot be reached the executive on call is to be notified

- It is the responsibility of the accepting team at the SCHN hospital to arrange the bed for the Inter Hospital Transfer (IHT). This is done by contacting the Bed Manager at the SCHN hospital.
- The following information is required: name, age, diagnosis, reason for admission, urgency of transfer, infectious status, accepting doctor and estimated date of discharge. A RFA is to be completed. The Bed Manager will contact the sending hospital when a bed is available.
- If the accepting team determines that the patient is unable to be transferred directly to an inpatient ward bed, the team is to discuss the transfer with the ED Admitting Officer.
- The stability of the child's condition and the mode of transport should be discussed with the referring hospital to establish appropriate mode of transfer and escort requirements. The referring hospital will need to arrange ambulance transfer, or NETS retrieval (if a medical team is required) as needed. To discuss with NETS the referring hospital should be asked to call 1300 36 2500 and the SCHN accepting doctor should join the conference call.

## Other Considerations

- Patients and families with cultural, religious or physical disabilities may have special requirements and these should be considered when admitting patients. All patients and their parents/carers must therefore be given the opportunity to express their special needs
- Aboriginal and Torres Strait Islander patients should be referred to the Aboriginal Health worker upon their arrival at the Hospital or at the first opportunity if the admission occurs outside normal working hours.
- Health Care interpreter services are available 24 hours a day.
- A 24 hour on-call chaplaincy service is provided by the Hospitals.
- Consideration needs to be given to patients coming from rural and remote areas should capacity issues affect the ability to admit the patient.

## Further Information

### Contacting the Patient Flow Units

	CHW		SCH	
	In Hours	After Hours	In Hours	After Hours
Patient Flow Manager	Mobile via switch Xtn 50509		Mobile via switch Xtn 20116	
<b>Bed Manager</b>				
Hours of operation	Monday – Friday 0730 – 1600	AHNM	Monday – Friday 0800 - 1500	AHNM
Location	Level 2, behind enquiry desk		AHNM's Office Level 1	AHNM's Office Level 1
Phone extension	52687	52466	N/A	21649
Mobile	0408 479 384		0411 414 210	
Pager	6056		44103	
<b>Booking Office</b>				
	Monday to Friday 0730 – 1600		Monday to Friday 0730 – 1700	
	Level 2, behind enquiry desk Fax 984-52681		Level 0, Main Entrance	
<b>Enquiry Desk</b>	Monday to Friday 0730 – 2000 Saturday & Sunday – 0830 – 1700		Monday to Friday 0730 – 2000 Saturday & Sunday – 0830 – 1700	
	Level 2, Main Entrance		Level 0, Main Entrance	

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## Related policies and further information

- Acceptance for Admission of Overseas and/or Medicare Ineligible” Patients Policy  
<http://webapps.schn.health.nsw.gov.au/epolicy/policy/3529>
- Admission to Acute Mental Health Unit  
<http://webapps.schn.health.nsw.gov.au/epolicy/policy/3891>
- Age for Admission/Treatment: Principles regarding Inpatient, Outpatient and Outreach Clinic Care and Clinical Research  
<http://webapps.schn.health.nsw.gov.au/epolicy/policy/3249>
- Care Coordination: Planning from Admission to Transfer of Care  
<http://webapps.schn.health.nsw.gov.au/epolicy/policy/2644>
- Children and Adolescent – guidelines for Care in Acute Care Settings  
[http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2010\\_034](http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2010_034)
- Children and Adolescent – Inter-Facility Transfers  
[http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2010\\_031](http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2010_031)
- Critical Care Tertiary Referral Networks (Paediatrics)  
[http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2010\\_030](http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2010_030)
- Demand Management and Escalation Plan  
<http://webapps.schn.health.nsw.gov.au/epolicy/policy/3143>
- Disability - People with a Disability: Responding to needs during Hospitalisation  
<http://webapps.schn.health.nsw.gov.au/epolicy/policy/3813>
- Emergency Department – Direct Admission to Inpatient Wards (PD2009\_055)  
[http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2009\\_055](http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2009_055)
- Emergency Paediatric Referrals  
[http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2005\\_157](http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2005_157)
- Transfer and Transport of Patients within SCHN Hospitals  
<http://webapps.schn.health.nsw.gov.au/epolicy/policy/3496>
- Transitional Care <http://webapps.schn.health.nsw.gov.au/epolicy/policy/2511>
- Waiting Time and Elective Patient Management  
<http://webapps.schn.health.nsw.gov.au/epolicy/policy/4042>
- Waiting Time and Elective Surgery  
[http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2012\\_011](http://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2012_011)