

TO ADMIT OR NOT TO ADMIT

Developing a hospice inpatient unit nursing dependency score to guide safer admission decisions

St Raphael's Hospice, London Rd, SM3 9D
Tel: 0208 099 7777

Background: Twice daily admissions meetings at 9am and 3pm are held between the inpatient unit, community and medical team at the hospice.

To date, the decision to admit is based on bed availability alongside staffing numbers. However, the complexity of the current inpatients is not always objectively considered, and on occasion, challenges relationships between the teams.

Aims:

1. To create a tool which gives an objective view of the complexity of the patients in a hospice inpatient unit to remove any unconscious bias and create an equitable service.
2. To use this tool in admissions meetings to aid communication and decision making around capacity to admit.
3. To evaluate the use of this tool after a pilot.

Method: The 'plan do study act' (PDSA) model was used throughout the project.

Plan	Do	Study	Act
A dependency tool was adapted to fit the needs of the hospice	This was introduced first on the ward to understand the average daily dependency score over one month	The dependency scores over one month were analysed	A dependency threshold score was agreed with staff and senior management
Dependency score tool was introduced to the community team so it could be used in admissions meetings	Each morning before 9am and each afternoon before 3pm, the dependency score was calculated by the nurse in charge of the inpatient unit using the dependency tool. The score was then shared in the admissions meeting, alongside bed and staffing status and recorded on the dependency tool scoring sheet	Tool was being used based on the number of beds in use rather than the number of beds that could be open based on staffing numbers	The policy was updated with the dependency score and a table was created to show the dependency threshold score based on the number of beds the ward could be open to (2 to 10 beds) to reduce confusion or variation in use of the tool
Dependency score reintroduced with new policy to ward and community team	Dependency score continued to be used in each admission meeting and when out of hours admissions requests were considered	Staff were asked about their experiences of using the tool, in both the community and ward, and whether they had found this helpful	Feedback is being used to continually develop the tool to ensure it is helpful for all teams and achieves the main aim of an equitable service

Next Steps:

There were some thoughts and comments about how the tool could be developed further, such as using it to consider whether more staff are requested to work on a shift to ensure the hospice is always able to accommodate the maximum number of patients. It was also suggested that a community patient dependency score could be designed and used alongside the inpatient unit dependency score. Currently the score does not consider the skill mix of the nursing team or the number of medical team members available which is something that could be addressed going forward.

Results: Staff on the ward and in the community were asked for their feedback on the tool through an email questionnaire and face to face discussions.

The feedback was positive with staff commenting that it was a useful and needed tool which supports clinical judgement and helps them to understand the reasoning behind the number of patients that can be admitted on the day.

'It is essential that the IPU and Community team have a good understanding of each other's work load pressures and staffing needs. Alongside the admission meeting, the dependency score offers an objective tool and can be used as a guide for anticipated patient needs and safe/effective planning' -
Community Services Manager

'I was able to objectively justify, at the morning admissions meeting, why we were not able to accept further admissions by using the scoring system' -
IPU Senior Nurse

Conclusions:

The dependency tool helps ward staff feel more equipped to make objective and consistent decisions on how many patients can safely be admitted to the ward. This then helps the community team understand the rationale for number of patients admitted on any one day and in turn should help strengthen working relationships between the two teams. The hope is that the tool will continue to develop through feedback and regular reviews and that it will be able to guide not only the number of admissions the ward can safely accommodate, but also the number of healthcare staff needed to maintain the service.

References: 1. Mary Potters Hospice (2014) IPU Acuity Tool. 2. St Raphael's Hospice (2023) CLIN01 Admissions Policy.



Rebecca Wallis, Inpatient Unit Sister

