Admissions Meeting Project

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Admissions Meeting Project

- Aims
- Methods
- Results
- Discussion
- Positives and Challenges
- Recommendations

Initial Aims

To evaluate the effectiveness of current admissions meeting

Gain understanding of staff views on Admissions Meeting factors (inc thoughts, attitudes & environment)

Analyse factors contributing to effective Admission meeting processes

Methods

CONFIDENTIAL SURVEY SENT TO RELEVANT STAFF

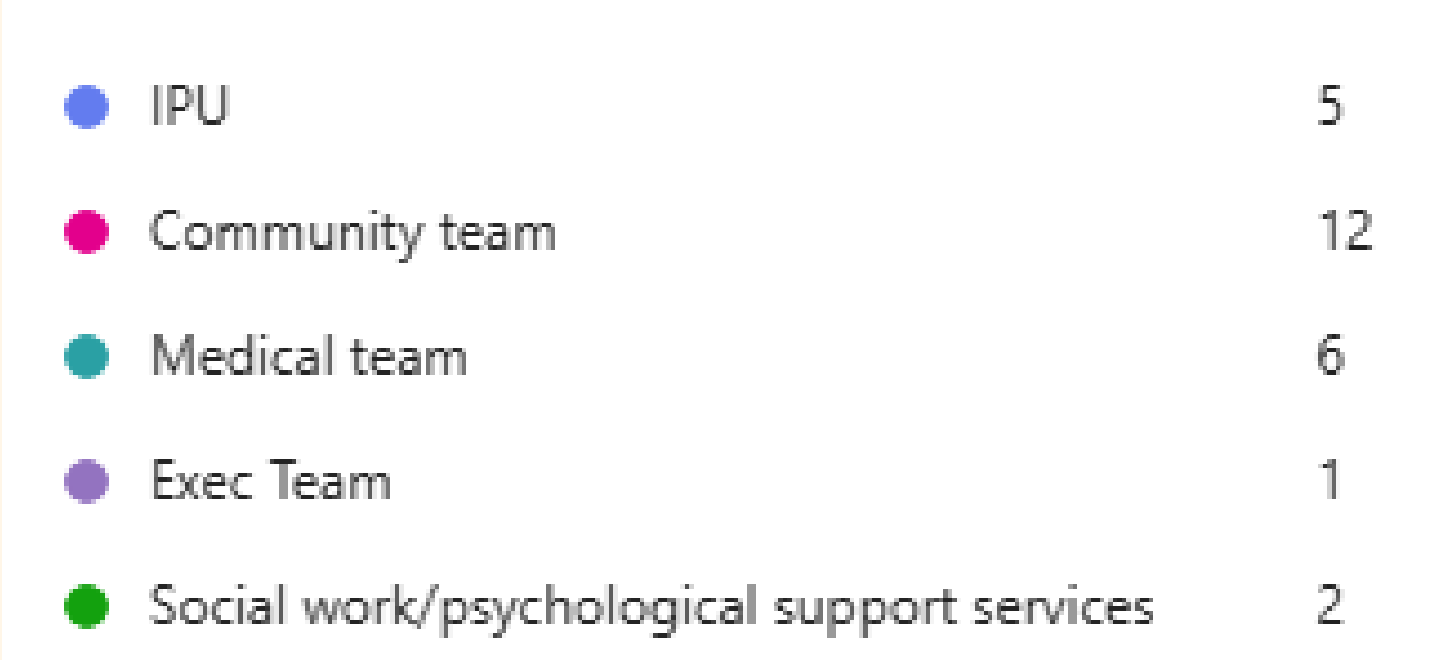
DATA COLLECTED VIA MS FORMS (ANONYMISED RESULTS)

PROVIDED AN ALTERNATIVE TO PREVIOUS LOCATION FOR 8 WEEKS IN OUTPATIENT ROOM

RE-EVALUATED AFTER 6 WEEKS WITH FURTHER CONFIDENTIAL SURVEY

First Survey – April 2025

- 26 Respondents across breadth of hospice
- Most respondents attended 2-3 times per week



Questions on Survey

Mixture of multiple choice and free text questions

3 broad categories

Thoughts and feelings	Environment & structure	Decision making & efficiency

First Survey - Recap

- **Feelings**: Intimidating, tense, hostile, conflict
- **Environment**: Overcrowded, physical barriers, poor virtual connection
- **Attendees**: unclear roles within meeting, lack of understanding of each others roles
- **Meetings**: lack structure, inefficient, disorganized, overrun
- **Decision making**: Admission decisions are felt to be an MDT process and objective
- **Areas for concern: Imbalance in Decision-Making Power (CPCT vs IPU)**
- **Goals: Equitable, more structure, educational, including defined admission and discharge criteria, and clearer roles for attendees.**

Areas of Focus

1. Atmosphere and Tone of Meetings

- **Many respondents describe the meetings as tense, intimidating, or even hostile, particularly when decisions about admissions are contentious.**
- **The tone is often defensive or adversarial, especially between IPU and community teams. This impacts collaboration and morale.**

“hostile… lack of understanding of each other’s workload.”

“It has been described at times 'like entering a lion’s den’.”

“Can be intimidating… especially when they say ‘well they’re not dying’.”

“It can give off vibes of 'them vs us

I felt anxious and stressed

'Values of the Hospice’ is not met in the IPU admissions meeting.”

“I find it quite upsetting… unprofessional and uncaring.”

Positive themes from 1st Survey

	A strong and recurring theme is the appreciation of the MDT approach.
MDT Involvement	benefits of coming together as a team
Information Sharing	helps teams prepare and coordinate care more effectively
Triage and Prioritisation	Reviewing all patients on the waiting list and agreeing on priorities is seen as a positive aspect of the process
Learning Opportunities	meetings provide a valuable space for professional learning and insight, especially around complex cases
Emergency Admissions	ability to accommodate emergencies quickly when necessary
Inclusivity	Large forum and a space where everyone could share their views “if they want to give an opinion.”

Significant Concerns Raised

Tension & conflict
Disrespect & dismissive culture
Lack of understanding of roles/pressures
Lack of structure
Devaluing certain members or teams
Inconsistencies in decision making

What does an ideal admissions meeting look like?

1.Psychological safety & open communication –
Foster an atmosphere where everyone feels relaxed, free to speak openly, question constructively, and share challenges without fear—ground rules such as active listening, respect, and round-robin contributions support

2. Clear purpose, structure & roles –
Set transparent agendas, objectives, clear timescales, and include one representative per team to ensure focused, efficient, and time-appropriate decision-making .

3. Inclusive, respectful, and valued contributions
Value diverse perspectives, ensure every voice is heard equally, recognize each person's pressures and effort, and reinforce respect and kindness throughout .

Summary based on 26 responses:

4. Collaborative decision-making with accountability

Leverage structured scoring or decision systems, encourage shared leadership and constructive challenge, and hold teams accountable through transparent metrics and feedback loops .

5. Supportive, growth-oriented environment

Create neutral, smaller spaces where individuals feel fully supported—through mental check-ins, gentle tone, mentorship, recognition, better hybrid options, and ongoing learning mindsets

Intervention:
Environment Change – April 2025

Meeting moved into Outpatient room for minimum 8 weeks

1 Representative from each of the following:

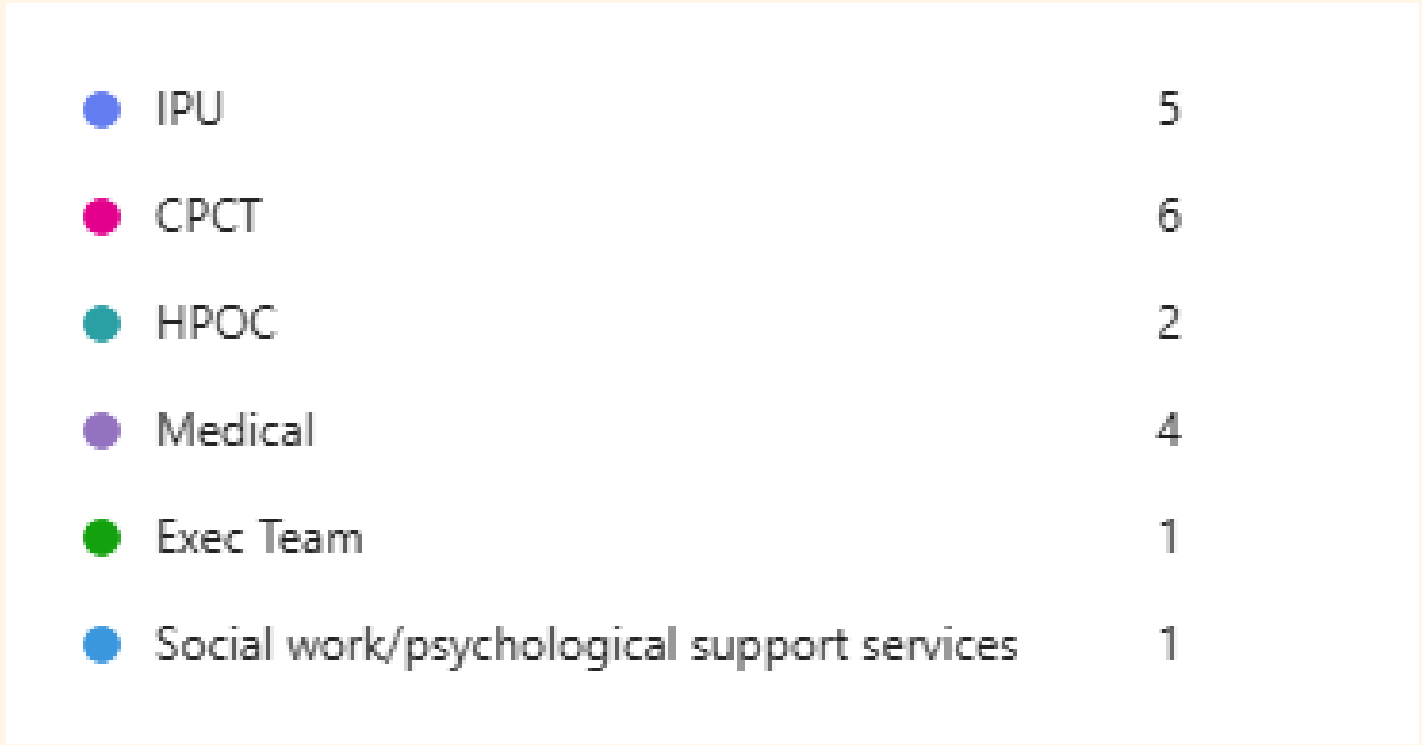
- HPOC
- CPCT (triage)
- Senior member of medical team
- IPU lead nurse

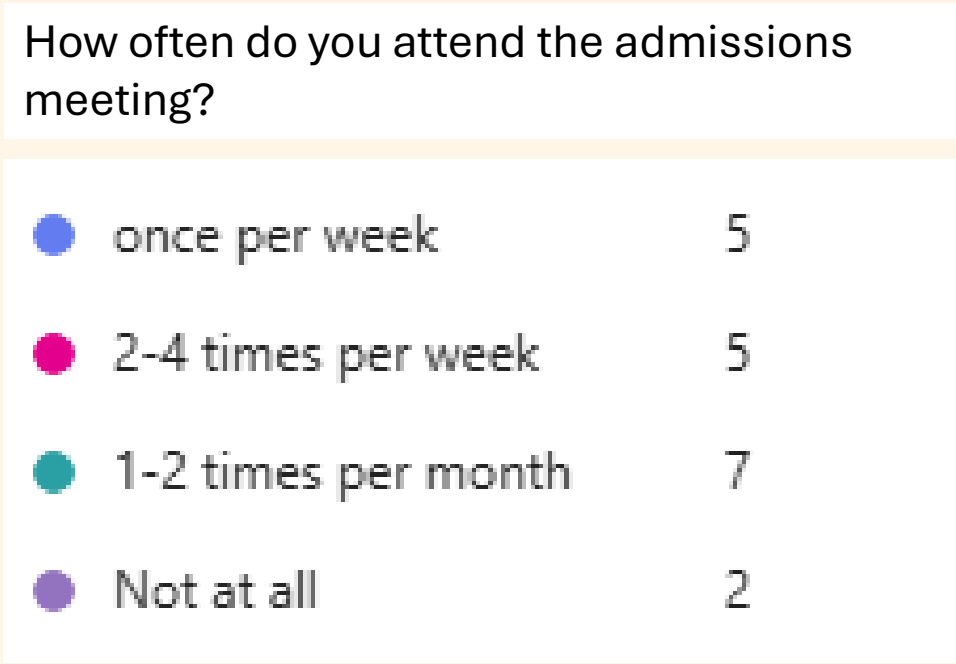
Additional non-essential members could include:

- **Clinical director**
- **Lead for psychological support or social work team**
- **Admitting doctor**
- **Community services manager**
- **Healthcare trainees or students (max 1 per meeting)**

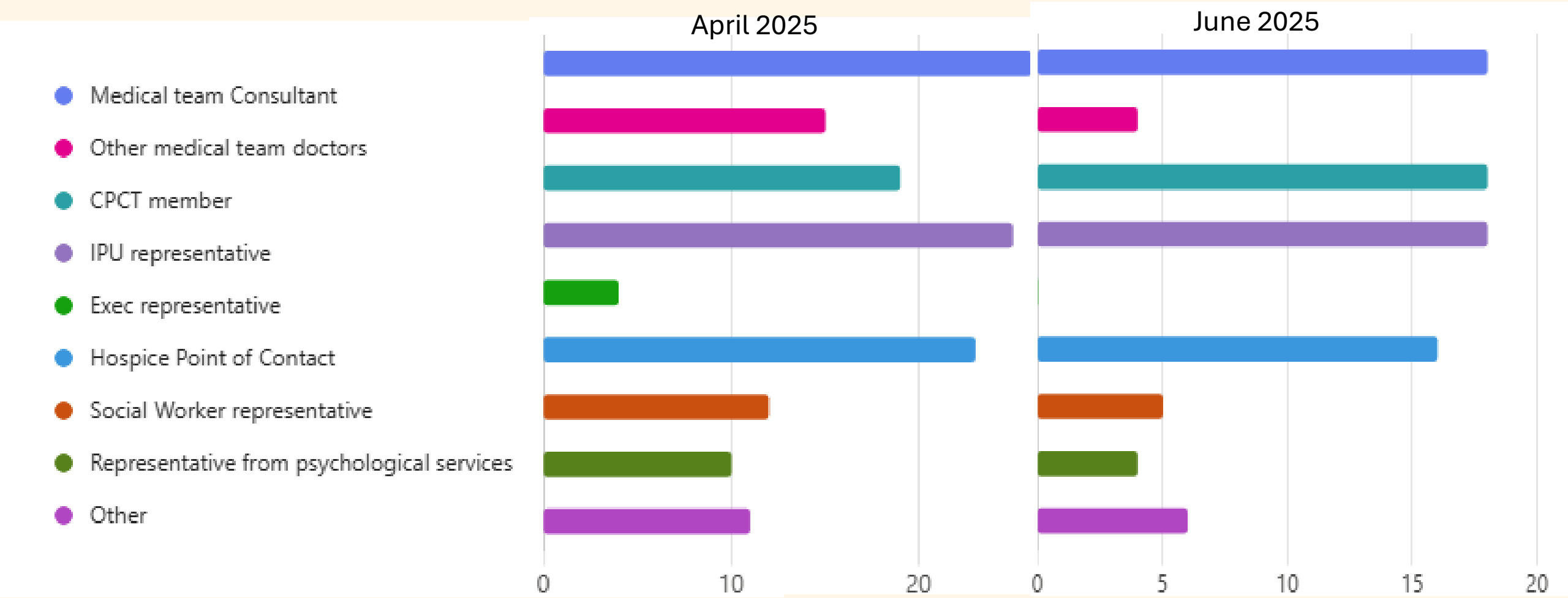
Repeat Questionnaire - June 2025

- 19 Respondents
- Attendance more varied, as expected





Who should attend Admissions Meetings?



Admissions Meeting Environment Feedback Themes

- The word cloud below highlights the key themes from the admissions meeting environment feedback, emphasizing the most frequently mentioned terms.

Environment and Atmosphere

Audio & Technology

Atmosphere

Meeting focus

Efficiencies

Documentatio

- **Audio & Technology**
  - **Clearer communication** has been noted, especially for remote participants:
    - *“Everyone has a voice and is treated with equal stake in the process. HPOC, if remote, is heard well and clearly.”*
  - **Tech improvements are needed:**
    - *“It would be useful if Teams worked—there doesn’t appear to be a camera in the room.”*

Atmosphere

- The atmosphere is consistently described as calm, relaxed, and conducive to discussion
  - *"Feels less tense." "Much better than previous admissions being in the community room. Less intimidating atmosphere."*

Meeting Focus & Efficiency

- Positive shift toward **more focused discussions**:
  - *"More focused and less unnecessary deliberation which has little value to the main objective which is admissions list and capacity to admit."*

Remote Participation & Documentation

- **Remote access is valued**, but multitasking can be challenging:

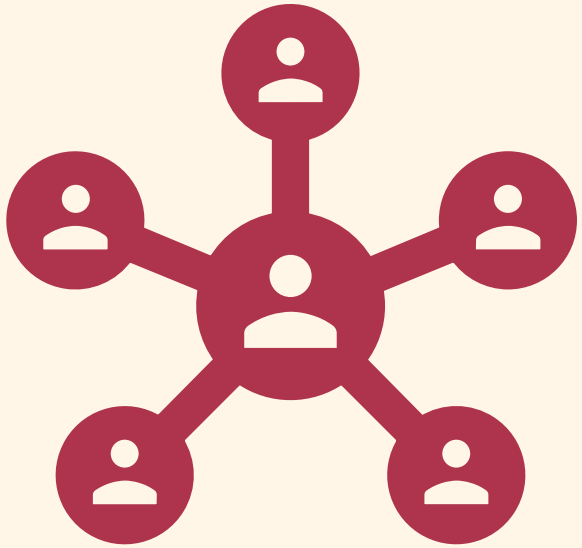
“It’s good that HPOC can call in from home and hear and be heard.”

“It’s tricky if you’re typing and also trying to be part of the conversation.”

- **Documentation process needs improvement**:

- *“Difficulty documenting discussions as only one computer to present from—left to CPCT & HPOC to document after meeting, adding to time/workload.”*
- *“More than one computer in room to enable more scribers.”*

Engagement & Inclusivity



- The environment encourages **direct communication and engagement**:

  “The environment allows more direct communication and engagement and atmosphere has been good.”

- Some feel **disconnected from the wider team**:

  “It feels remote from the rest of the teams.”

- Others emphasize that **contributions matter more than the setting**:

  “My thoughts are that it is the contributions made by HCPs that are important, are not the room.”

Summary of Feedback on Admissions Process Post-Location Change

Positives

- ## Calmer, More Structured Environment
  Several respondents noted that the new setting feels **less emotionally charged** and more **systematic**:

  “It seems more systematic… less bias as people presenting more factually.”
  “Generally feels a little calmer and discussions less charged.”
  “ Less negativity when ward cannot admit”
  “ I feel my point of view is listened to. I can also discuss any discharges from the ward that day.”

- ## Efficiency and Focus
  Some found the meetings to be **efficient** and **unchanged in core process**:

  “The process… is unchanged. It remains reliant on the same criteria as before.”
  “The meetings were more efficient and all seemed okay with the outcomes.”
  “Ward doctors can start doing their paperwork-death certification/handover updates early as well.

Positives

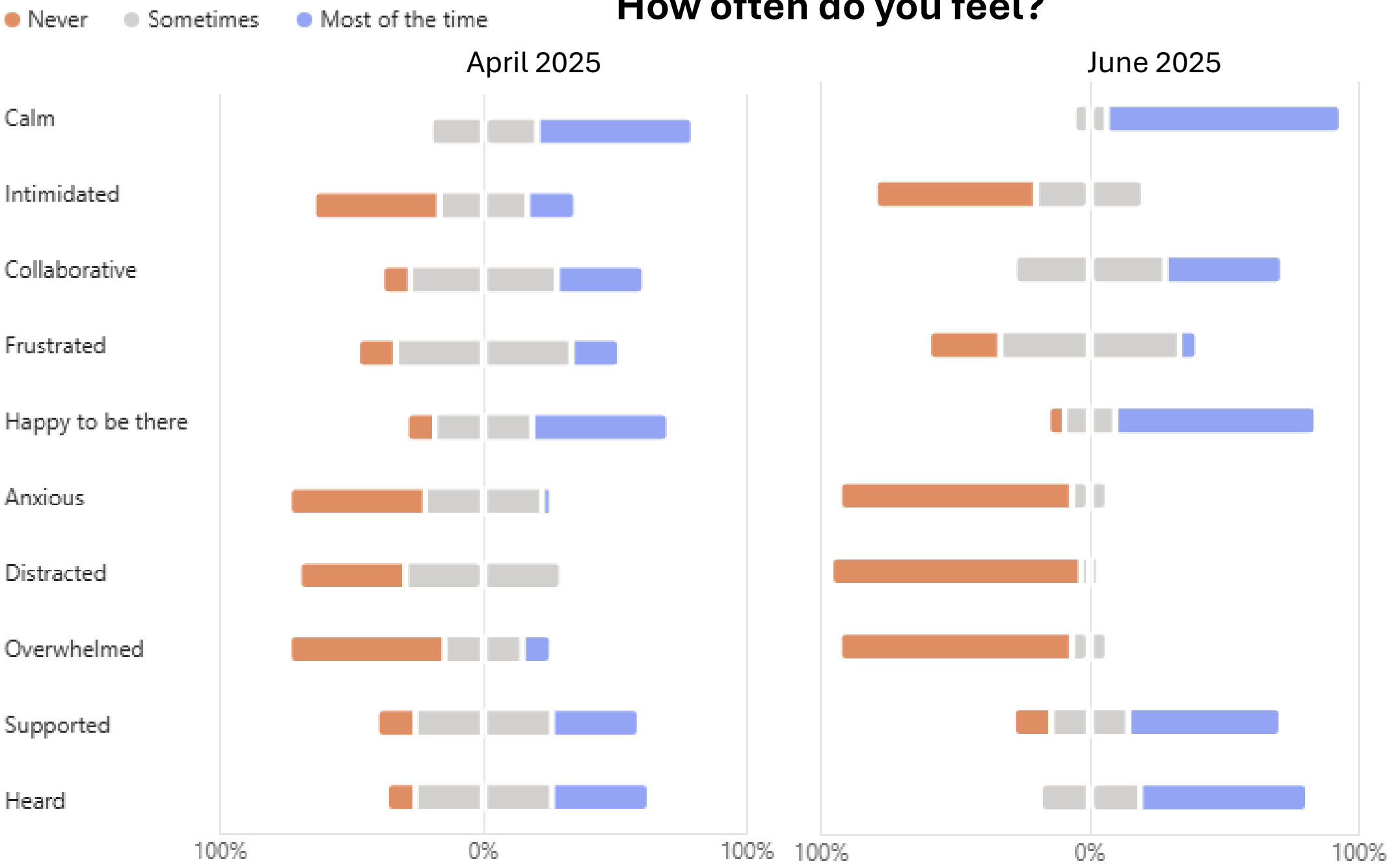
- **Efficiency for Community MDT**

  "Since admissions have been taken out of the community MDT, comm MDT can be started early… nurses can start home visits earlier."

  "less bias less tension between teams potentially enables CPCT MDT to save time getting out to visits earlier"

  "less time wasted and community can crack on with their day at 9 am"

How often do you feel?



Challenges and Concerns

- **Loss of Nuance and Context**

  A recurring concern is that **important patient context may be lost**:

  > “Nuances… get lost.”

  > “It can be tricky to relay the whole picture when someone else has visited and put them on the waiting list.”

Reduced Team Involvement

Some feel the process is now **more fragmented with lack of continuity**:

> “I personally do not like the current admissions process and prefer the whole team approach.”

> “Triage have to come back and tell everyone in CPCT what the situation is… the person from CPCT misses some of MDT.”

Challenges and Concerns

- **Inconsistency and Communication Gaps**

  “It has become more difficult due to a lack of consistency.”
  “No-one appears to challenge decisions made… despite bed capacity.”
  “led by the CPCT coordinator, who is often not present at the previous admissions discussion and may be unfamiliar with the patients on the waiting list they are presenting”

- **Technical and Logistical Strains**

  Lack of clarity on who is responsible for scribing.

  “Hard to type and talk/be part of the discussion.”

Challenges and Concerns

Attendance & Participation

- IPU staff frequently absent due to ward pressures

  > “IPU do not always attend due to busyness.”

- Limited presence of IPU reduces the quality of discussion and decision-making and comes across inconsiderate to those in attendance.

  > “I find this lack of presence frustrating and risks devaluing the importance of the admissions process”

- Less opportunity for learning and shared insight

  > “Less learning for others.”

Concerns and Challenges

Flow & Efficiency

- Disruption to CPCT MDT due to overlapping schedules and lack of senior doctor availability.
- Some CPCT coordinators feel overwhelmed by the structure

> “Meeting no shorter, but takes more time to document after.”

Communication Gaps

- Outcomes not effectively handed over

> “Currently no/limited handover to wider team.”

- Triage staff unaware of bed status or patient context

> “Not fully aware to manage triage and issues through the day.”

Team Dynamics & Culture

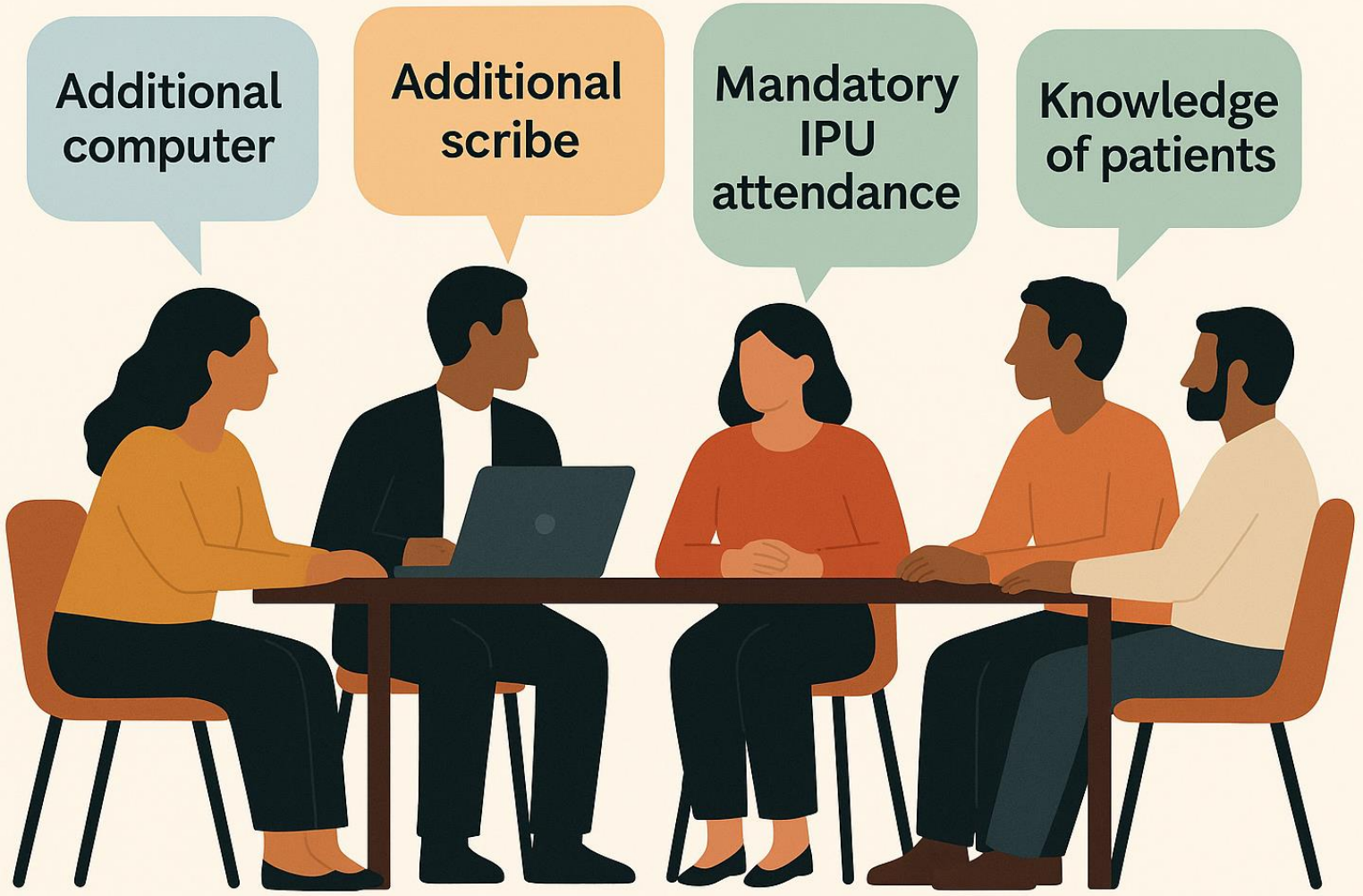
Team Dynamics & Culture

- CPCT often unaware of IPU issues and vice versa

  > “CPCT not really aware of what’s happening in the IPU.”
  >
  > “Some people may feel less connected.”

- Lack of shared accountability and mutual understanding between IPU and CPCT.
  - Ongoing theme before and after environment shift
  - Tension, conflict and lack of respect between teams
  - **Bigger issue than admissions meeting location**

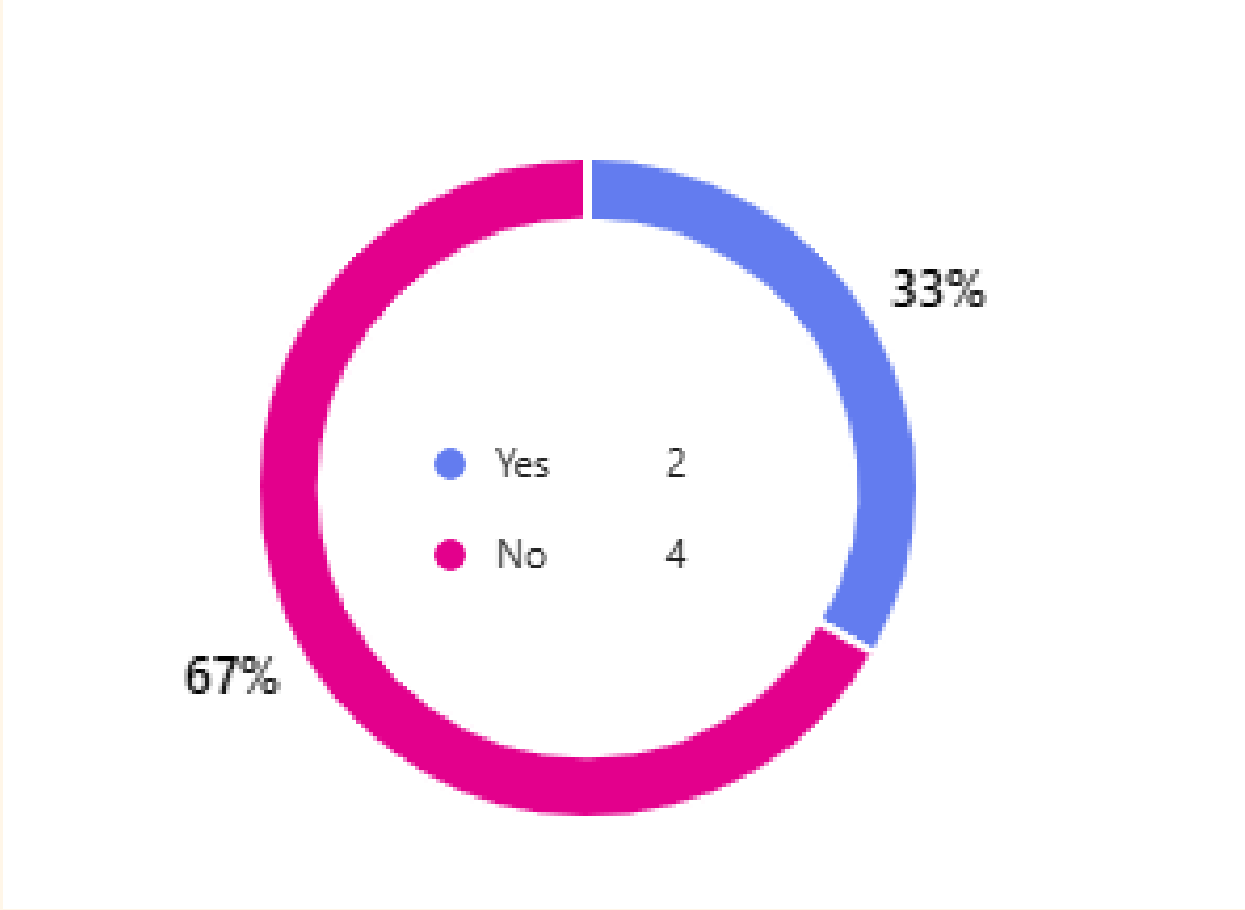
What improvements can you suggest for the admissions meetings **since moving into the outpatient room**?



“Staff could present patients they know - as it's hard to know the intricacies if you've reading and trying to write on EMIS”
“guess if staff know who is going to be discussed, they need to ensure that those attending the meeting have all the pertinent information that they need”

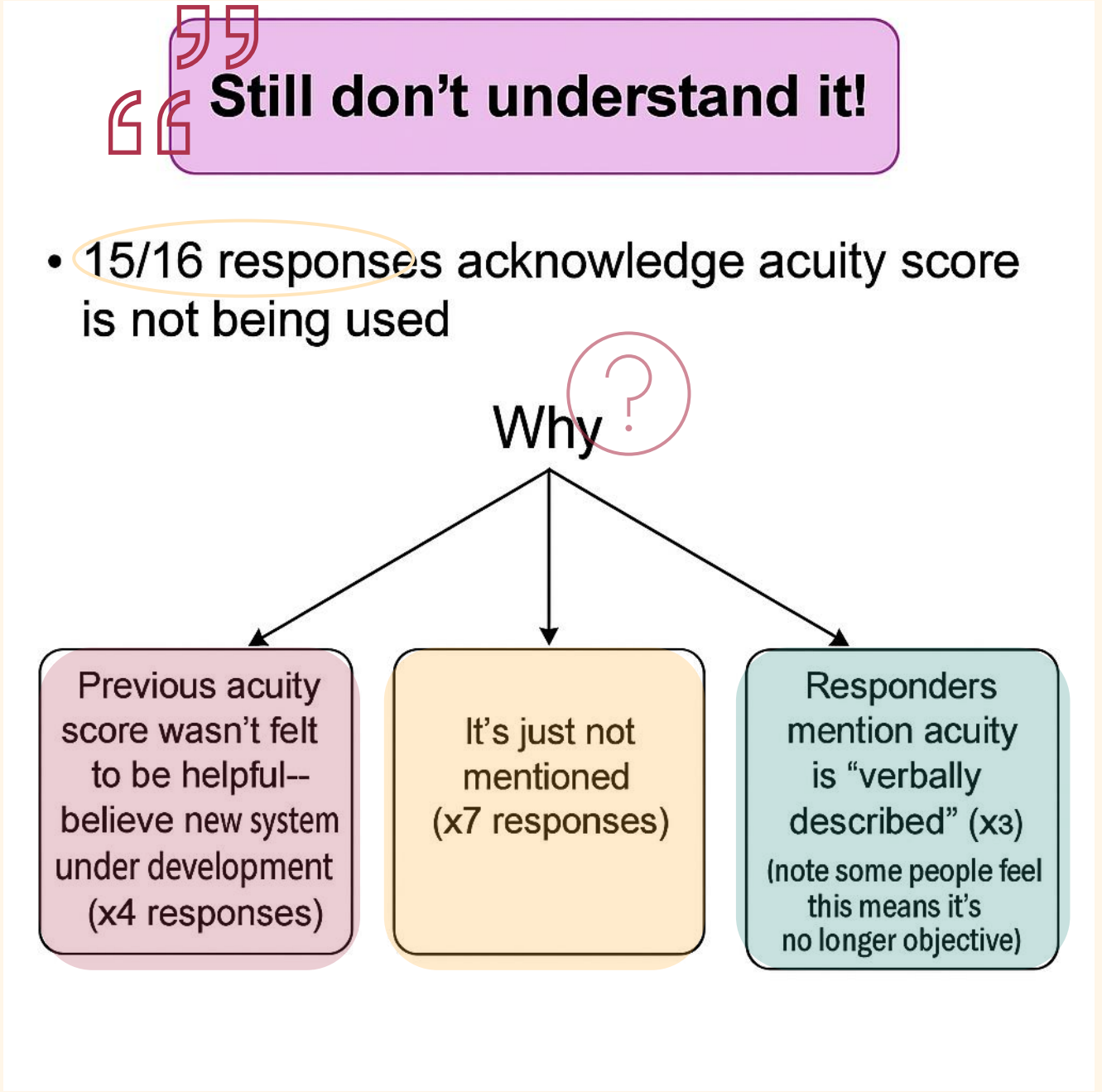
Other suggestions:

For IPU staff ONLY: Do you feel there is safe level of staffing on the IPU to accommodate 1-2 admissions per day (if there are adequate beds)?



Indicates lack of confidence re staffing levels and skill mix

How is the ward **acuity status** being presented in admissions meetings now?



2 responders feel the current (non numerical) process **is clearer**

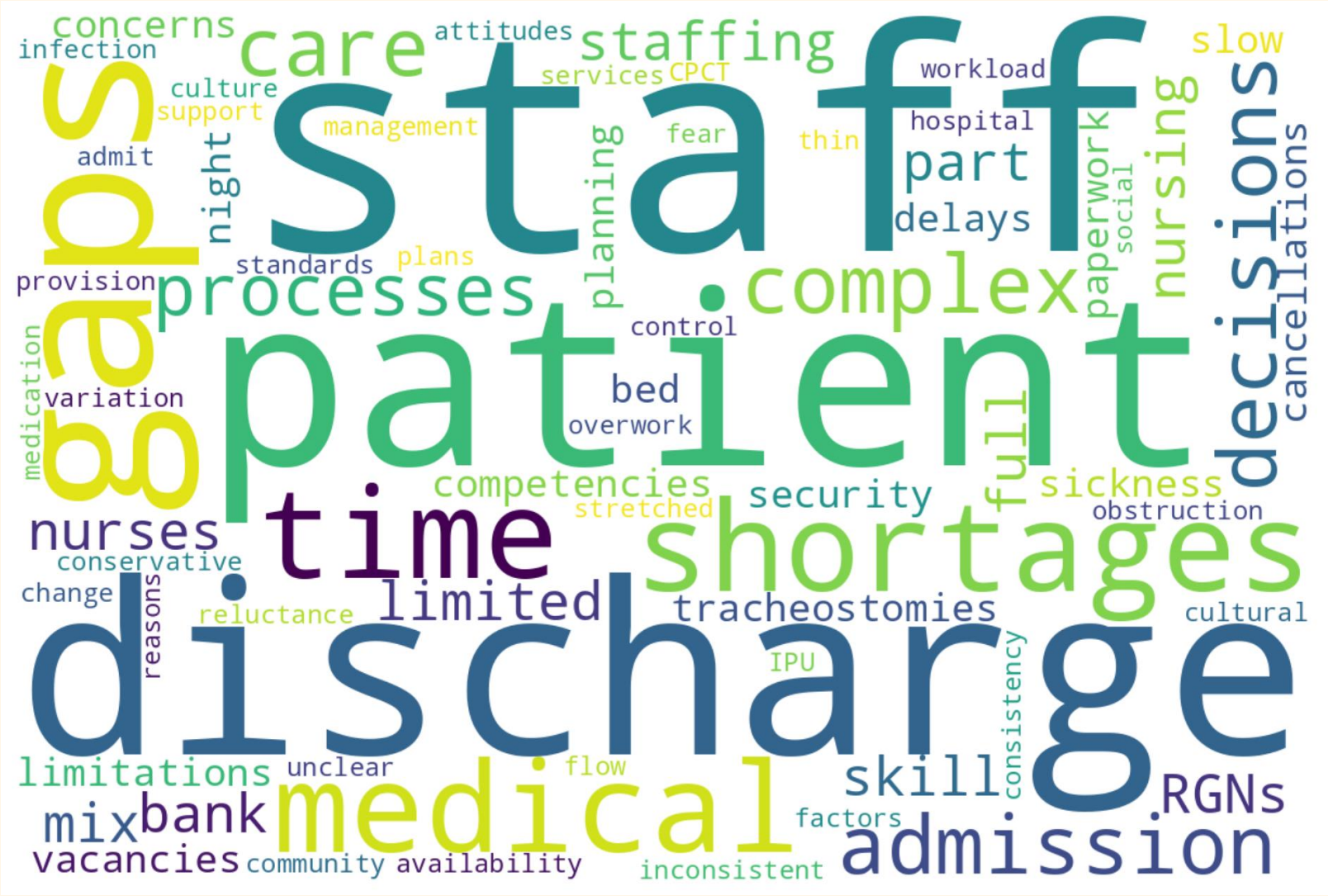
Suggestions for improvement of understanding acuity included:

Traffic light system of ward status - red (cannot admit), yellow (admit one but ward complexity/bed heavy), green (admit as needed)

The afternoon admission meeting goes through the board clearly explaining the needs of each individual patient- maybe we should do a brief summary in the admissions meeting ?

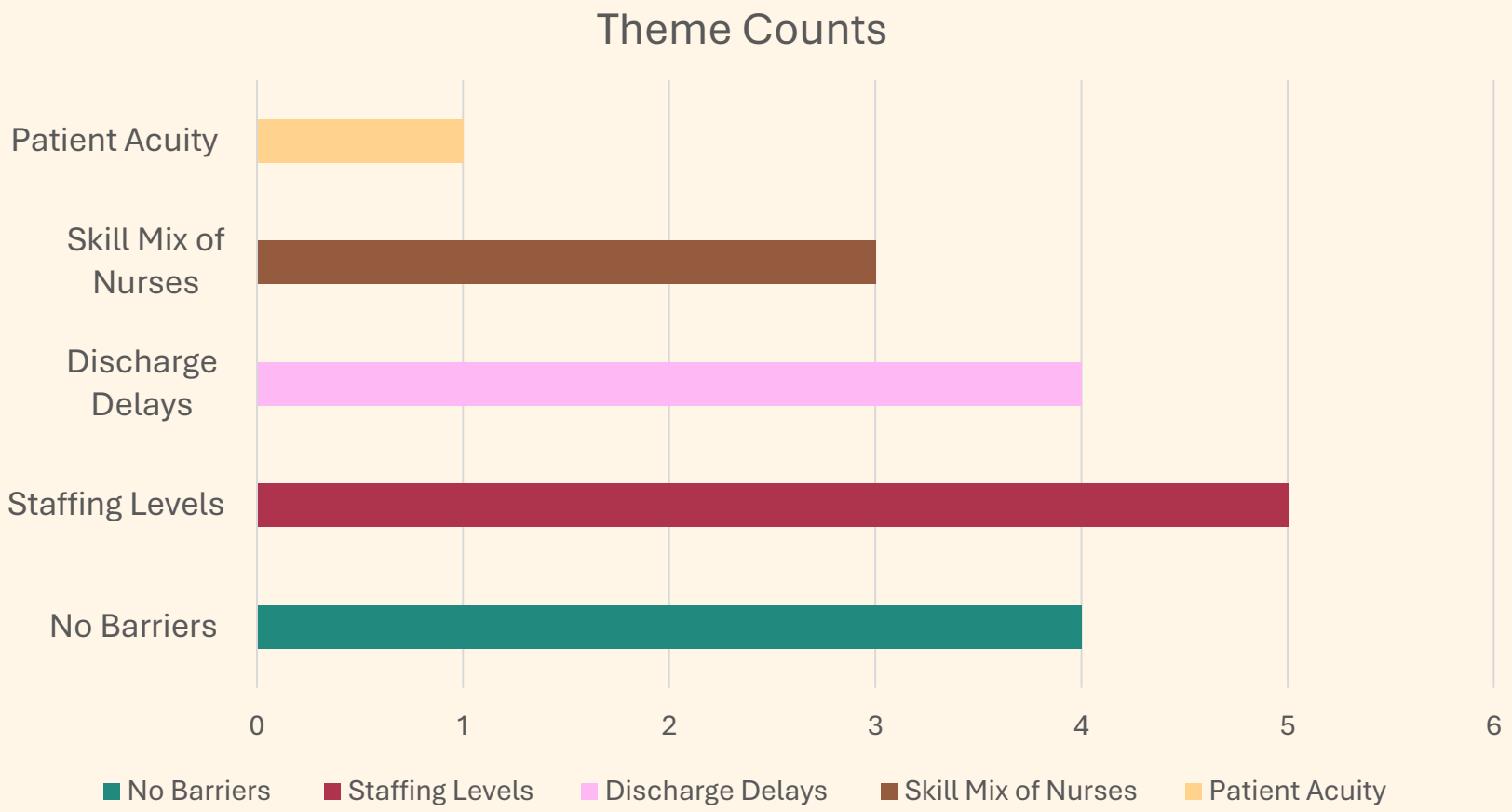
The aim is to design a tool that is easy to understand, easy to use, and reflective of the nurse to patient ratio of care provision.

Barriers to admissions



What do **you perceive** to be the barriers to admissions coming in since moving to the outpatients room?

1st Survey:
Staffing Gaps & Skill Mix
Delays in Discharges
Admission Challenges
Workload Management & Culture



Positive aspects lost since moving to the outpatients room?

- Loss of Shared learning (3)
- Loss of information from the CPCT member who knows the patient best (4)
- Having to relay information back to the team / Loss of general awareness of situation regarding admission capacity. (3)
- Loss of Opportunity for wider discussion as an MDT (2)
- Loss of efficiency / delays MDT meeting / logistics of documentation (2)

6/19 responders felt **there were no aspects that had been lost** from moving the meeting

Do you feel MDT runs more efficiently since admissions has moved outside?

8 responders = All said NO (at 6 weeks)

Reasons given:

1. Delay/Disruption to MDT Meeting

-lack of senior doctor (medical shortages)

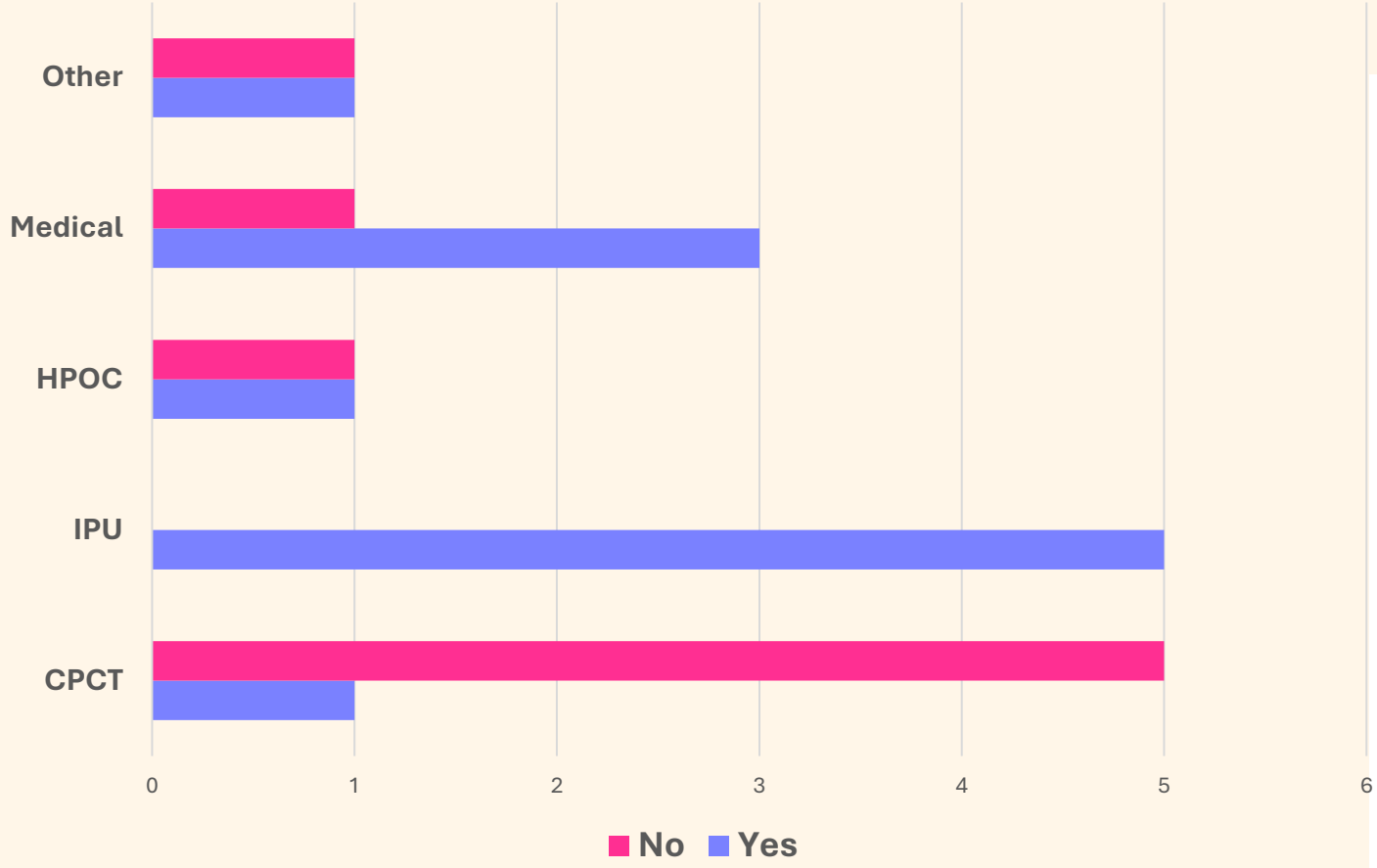
- no start time defined for meeting.

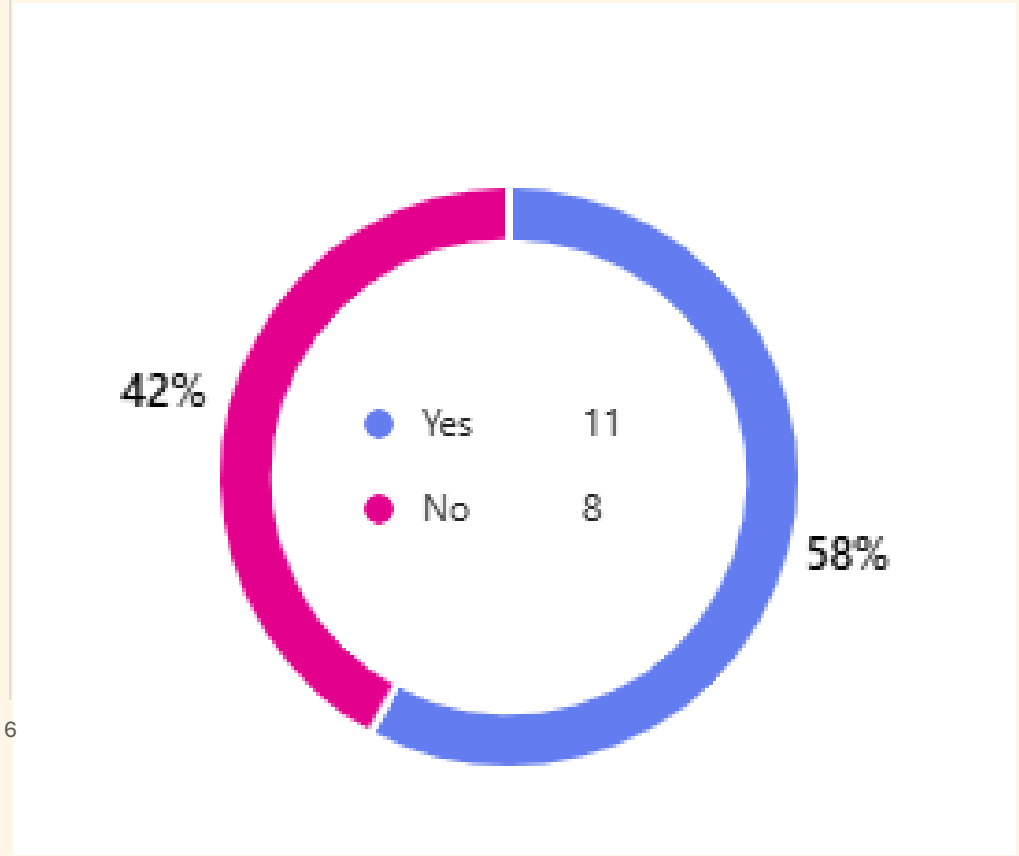
2. Having to Come Back and Update the Team About Admission Capacity

3. Impact on Ability to Plan the Day Ahead

4. Loss of Knowledge / Complexities When Key Team Members Are Absent

Should continue Admissions Meetings in the outpatient room?





Admissions Meeting Running Costs

- Larger MDT style meeting:
  - Average of 3 doctors,1 CPCT lead, 6 CPCT/HPOC, 1 band 6 nurse, 1 social worker, 1 psychological support assistant
  - (approximated over 40 weeks to allow for different working patterns, numbers, BHs)
  - £300 per day
  - £1500 per 5 day week
  - **£60000 per year**

Admissions Meeting Running Costs

- Smaller focused meeting:
  - Average of 1 senior doctor, 2 CPCT/HPOC, 1 band 6 nurse
  - (approximated over 40 weeks to allow for different working patterns, numbers, BHs)
  - £95 per day
  - £475 per 5 day week
  - **£19000 per year**

Any other comments about admissions since moving into the outpatients room?

- *"but overall I feel meeting causes **more disruption for CPCT**, increases our workload and means our team is less informed"*
- *"to focus on behaviours and standards of practice in the bigger admissions meeting"*
- *" .. have less of a grasp of current IPU bed status"*
- *"There needs to be a more positive approach to the ward and discharge planning"*
- *" I believe we should be admitting hospital patients in crisis over a weekend .. the decision to admit should be led by management level who would look at the staffing on the day"*
- *"I much prefer it. Feels much more professional"*
- *"If there is safe level of staffing on IPU, we can admit 2 patients in a day."*

Recommendations

- From Gaby – get local hospitals to dial in via teams for 3pm meeting to update on patients