



**PRE-ASSESSMENT FOR ADMISSIONS TO The Village Residence COMMUNITY NURSING UNIT**

Is this document a:

Policy ☐ Procedure ☐ Protocol ☐ Guideline ☒

*Insert Service Name(s), Directorate and applicable Location(s):* **CHO8 – Louth, Meath and Midlands Older Person Services**

Title of PPPG Development Group:	<b><i>Pre-assessment for admissions to Community Nursing Units working group CHO8 – Louth, Meath and Midlands older person services</i></b>		
Approved by:	Michael McCaul		
Reference Number:	01		
Version Number:	1		
Publication Date:	2022		
Date for revision:	2025		
Electronic Location:	HIQA Drive HIQA Schedule 5 Admissions		
Version	Date Approved	List section numbers changed	Author
1			

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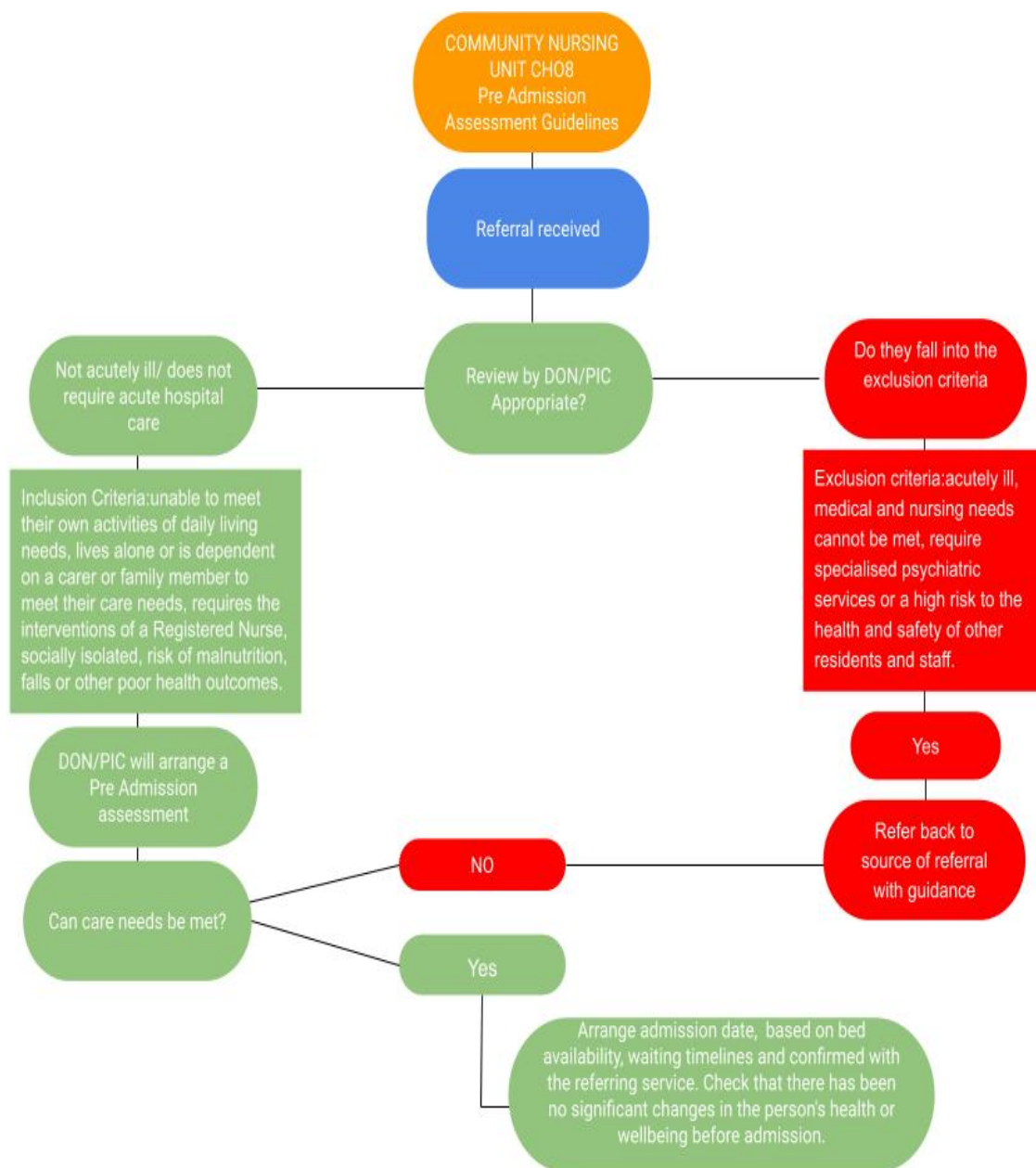
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## PART A:

### CNU Pre Admissions Algorithm



## Step by Step Guide

1.0 COMMUNITY NURSING UNIT CHO8 - Pre Admission Assessment Guidelines.

2.0 Referral received.

3.0 Review by DON/PIC Appropriate?

4.0 Not acutely ill/ does not require acute hospital care.

5.0 Meets Inclusion Criteria: unable to meet their own activities of daily living needs, lives alone or is dependent on a carer or family member to meet their care needs, requires the interventions of a Registered Nurse, socially isolated, risk of malnutrition, falls or other poor health outcomes.

6.0 DON/PIC will arrange a Pre Admission assessment.

7.0 Care needs can be met, Arrange admission date, based on bed availability, waiting timelines and confirmed with the referring service. Check that there have been no significant changes in the person's health or wellbeing before admission.

8.0 Care needs cannot be met, as falls into the exclusion criteria: acutely ill, medical and nursing needs cannot be met, require specialised psychiatric services or a high risk to the health and safety of other residents and staff.

9.0 Refer back to source of referral with guidance.

# **Title of PPPG: Pre Assessment and Admission to Community Nursing Unit for CHO 8 Laois/Offaly/Longford/Westmeath/Louth/Meath**

## **1.0 Purpose**

The purpose of this guideline is to set out the standards for pre admission assessment for Community Nursing Unit. The purpose of this guideline is to support Directors of Nursing (DON)/ Persons in Charge (PIC) or deputising Nurse Managers (NM) in the Community Nursing Units (CHO8) in the pre-assessment, acceptance and admission of adults to their service.

## **1.1 Scope of the Guideline**

This guideline applies to all DON, PIC, MN in CHO Area 8 who are involved in the pre-assessment of individuals aged 18 and over for suitability for admission and care within their Community Nursing Units.

This guideline applies to all staff employed either directly or indirectly and who have a role in pre admission, referring, accepting and processing new referrals.

## **1.2 Objective**

To evaluate the medical, nursing, and social needs of each individual referred for pre-admission screening.

To determine the services the individual needs and uphold standards of safe practice by ensuring that persons requiring care are pre-assessed and admitted to the most appropriate care facility to meet their individual health and social needs.

To evaluate whether services are available in the community nursing unit to meet the individual's needs.

To promote best practice in relation to pre-assessment and admission of residents.

To ensure all persons requiring pre-assessment for admission to HSE Community Nursing Units (CNUs) in CHO Area 8 are assessed for admittance and care using a standardised document tool and approach using the Pre-Admission Assessment Form - Older Persons Services, CHO Area 8.

The objective is to outline the duties of the staff involved in the pre- admission assessment and, is subject to change as determined by local service needs and line manager discretion; it is not intended to be prescriptive or restrictive.

## **1.3 Outcomes**

To standardised a pre admission assessment tool to determine appropriate placement.

Maintain the highest standard of care for the person requiring nursing home care.

All persons requiring assessment for continuing care, rehabilitation, respite, dementia specific,

palliative care, young chronic sick or other bed types within the HSE CHO Area 8 CNUs will be pre-assessed and admitted to the most appropriate care facility to meet their individual health and social needs.

In completing the Pre-admission each unit should co-operate closely with primary care services and acute service to optimise the person best outcome.

#### **1.4 PPPG Development Group**

See Appendix II for Membership of the PPPG Development Group Template.

#### **1.5 PPPG Governance Group**

#### **1.6 See Appendix III for Membership of the Approval Governance Group.**

#### **1.7 Supporting Evidence**

- Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People).
- Professional Guidance for Nurses Working with Older People Nursing and Midwifery Board of Ireland 2009 and 2015.
- Guidance for health and social care providers, Principles of good practice in medication reconciliation (Health Information and Quality Authority, 2014).
- Assisted Decision-Making (Capacity) Act, 2015.
- Medicines Management Guidance (Health Information and Quality Authority, 2015).
- National Quality Standards for Residential Care Settings for Older People in Ireland (Health Information and Quality Authority, 2016).
- Guidance on Dementia Care for Designated Centres for Older People (Health Information and Quality Authority, 2016).
- Assessment judgment framework for designated centres for older people (Health Information and Quality Authority, 2018).
- National Standards for infection prevention and control in community services (Health Information and Quality Authority, 2018). Guidance on promoting a care environment that is free from restrictive practice Older People's Services.
- (Health Information and Quality Authority, 2019).
- HSE (2019) National Consent Policy HSE V.1.3.
- Guidance for the assessment of centres for older people (Health Information and Quality Authority, updated 2020).

### 1.7.1 List relevant legislation/PPPGs.

1.7.2 This will replace all pre- admission policy/guidelines for CHO8 CNU's.

## 1.8 Glossary of Terms

- CNU: Community Nursing Unit.
- Continuing Care: Elective admission following a multidisciplinary evaluation including a medical, nursing and social assessment. This admission is indefinite and the resident's needs are continually assessed to ensure they are being met in the most appropriate environment.
- CHO8: Community Healthcare Services are the broad range of services that are provided outside of the acute hospital system and includes Primary Care, Social Care, Mental Health and Health & Wellbeing Services.
- DON: Director of Nursing.
- PIC: Person in Charge.
- Pre-assessment: Ensuring that the person has been adequately assessed and is for admission to the CNU.
- CNM: Nurse Manager/Deputising Manager.
- Primary Care: Primary care means all of the health or social care services that you can find in your Community, outside of hospital. It includes GPs, public health nurses and a range of other services.
- Respite: Elective admission for the purposes of providing care relief and enabling them to continue providing care at home.

## 2.0 DEVELOPMENT OF PPPG

### 2.1 Outline of PPPG steps/recommendations:

The HSE Community Nursing Units (CNUs) in CHO Area 8 residential services offer a combination of continuing care beds, rehabilitation, respite, dementia specific, palliative care, young chronic sick and palliative care beds within the their services. Following referral for admission to a unit, consultation between the Director of Nursing/ Person in Charge/ Deputising Clinical Nurse Manager and one of the following teams will occur depending on bed type requirement:

**Continuing Care Bed/ Respite Bed/ Dementia specific:** Local Placement Forum.

**Palliative Care Bed:** Palliative Care Team.

**Rehabilitation/ Respite/ Dementia specific /Palliative care/ Young chronic sick:** Acute Hospital Service.

## 2.2 Criteria for Admission

- The person referred for a bed in the CNU is not acutely ill or does not require acute hospital care.
- Following a full pre-assessment by the Director of Nursing/ Person in Charge/ Deputising Clinical Nurse Manager it is identified that the persons care needs can be met within the CNU.

### Each admission must fulfil at least one of the following criteria

- The person is unable to meet their own activities of daily living needs.
- The person lives alone or is dependent on a carer or family member to meet their care needs.
- The person requires the interventions of a Registered Nurse.
- The person is socially isolated and at risk of malnutrition, falls or other poor health outcomes.

### Exclusion Criteria for Admission

- Persons who are acutely ill and require acute services– excludes palliative care/ hospice admissions.
- Persons whose medical needs cannot be met within the CNU setting.
- Persons who have mental health problems that require specialised psychiatric services.
- Persons whose overall needs cannot be met within a CNU unit in the professional opinion of the Director of Nursing/ Person in Charge/ Deputising Nurse Manager following the pre-assessment of the individual.
- Persons whose needs have not been adequately assessed or defined.
- Persons who, for any reason, cause a high risk to the health and safety of other residents and staff in the unit.

## 2.3 Admission Process

- A full up to date, multidisciplinary assessment, such as the Common Summary Assessment.
- Report must be completed by the appropriate team and forwarded to Nursing Administration team of the CNU before pre-assessment for admission will be considered.
- A telephone call will be completed to ascertain if this is an appropriate referral, and that the person is eligible for application to CNU's.
- Prior to admission a pre-assessment of the person will be carried out by the Director of Nursing/ Person in Charge/ Deputising Nurse Manager using the Pre-Admission Assessment Form - Older Persons Services, CHO Area 8 to determine the persons care needs.



- The Director of Nursing/Person in Charge/ Deputising Nurse Manager will arrange a suitable date and time to undertake the pre-assessment of the person in collaboration with the referring service and/or family.
- The Pre-Admission Assessment Form - Older Persons Services, CHO Area 8 admission will be used to assess the person's suitability for admission to the CNU.
- Following pre-assessment the Director of Nursing/Person in Charge/ Deputising Nurse Manager must be satisfied that all care needs of the person can be safely met within the CNU.
- Following pre-assessment the Director of Nursing/Person in Charge/ Deputising Nurse Manager must be satisfied that all care needs of the person can be safely met within the CNU.
- Once assessed and it is established that the persons care needs can be met in the CNU, bed availability, waiting timelines and dates should be discussed/ confirmed with the referring service.

### **Emergency Admission**

Pre - Assessment of the person with emergent conditions means that pre assessment may not be feasible and as such clear clinical pathways for these unplanned admissions must follow the local guidance/policy.

All discussions in relation to this must be clearly documented in the person's medical notes.

## **2.4 Infection Control**

The Pre-admission assessment will identify if the person coming from the acute services has any known transmissible / communicable diseases, or specific specialised needs which may need isolation or precautionary procedures put in place prior to their admission following risk assessment. This will also identify if the Care Team will need specialised training or equipment prior to admission to the Community Nursing Unit in order to meet their required needs.

Admission dates are subject to change due to unforeseen events such as infectious disease outbreaks.

Following an infectious outbreak in a CNU, admissions will not resume until it is deemed safe to reopen the unit in liaison with the Infection Control and/ or Public Health team as appropriate. Director of Nursing/Person in Charge/ Deputising Nurse Manager must keep up to date with HIQA/ HSE /HSPC/ Public Health and Infection Control Guidance at all times.

## **2.5 Admission to unit**

New admissions will normally be accepted Monday to Friday (excluding Bank Holidays) within the Community Nursing Units.

Cut off times for transfer should be discussed with the referrer/ referring service. This is to

allow for timely admission by the GPs within the CNU's.

All CNU have additional admission policy's please refer for further guidance.

## **2.6 Review of Pre Admission**

As there may be a time lapse between the pre-assessment/acceptance to care and the actual transfer to the unit, the Clinical Nurse Manager/ Nurse in charge of the ward or unit should check and be aware of any changes to person's health status before transfer or admission.

If there are concerns in regard to the persons overall health condition this should be discussed with the referring service or family. A further medical review may be necessary prior to the persons transfer to the CNU.

## **2.7 Transport**

Transport to the unit will be arranged by the resident, family, PHN or transferring service facility. This is not organised by the CNU's.

## **2.8 Special Consideration**

The referrer should inform the unit of any special equipment, medications, and dressings etc. in advance that need to be obtained for the person prior to admission as these can take time to source, obtain or put in place.

## **2.9 Medications**

An up to date medication prescription must be obtained by the transferring service, person or family and given to the receiving ward nursing staff prior to admission to ensure all medications are available.

If transferred from another CNU or care facility, a transfer letter, doctor's letter and prescription must be provided.

Medication reconciliation must be undertaken to ensure the person is prescribed the correct medications on admission to the unit.

## **2.10 Day of Admission**

All CNU have additional admission policy's please refer for further guidance.

### **3.0 GOVERNANCE AND APPROVAL**

**3.1** Refer to Appendix III for Membership of the Approval Governance Group.

### **4.0 IMPLEMENTATION, COMMUNICATION AND DISSEMINATION**

- The guideline will be approved by the Director of Nursing/ Person in Charge.
- The guideline will be distributed from the Director of Nursing/ Person in Charge office.
- It will be circulated to Nursing Administration staff and all Clinical Nurse Managers via email.
- Each staff member will download and print the guideline and sign the distribution list as they receive the guideline.
- Each CNM2 is responsible for placing this guideline in the appropriate folder, and removing previous out of date guideline and of inform staff of its location.
- Each CNM2 is responsible for ensuring nursing staff within their area of responsibility are aware of this guideline.
- Each Director of Nursing/ Person in Charge/ Clinical Nurse Manager/ registered nurse is responsible for reading this guideline, signing the signature sheet and implementing it as appropriate.

### **5.0 MONITORING, AUDIT AND EVALUATION**

Ongoing Audit and Evaluation of the residents care and documentation will continue in line with HIQA regulation. Any indication that this guideline requires review or update based on the audit results will prompt a review of this guideline.

In order to ensure that clinical care reflects best practice standards, each unit should engage in a continuous cycle of audit, implementation and evaluation (Health Information and Quality Authority (HIQA), 2012).

The pre-admission nurse should contribute to service review and development by gathering, populating, collating and reporting on data generated from pre-admission activity as requested.

### **6.0 REVISION/UPDATE**

A formal review will be carried out on a three-yearly basis unless there is a change informed by Legislation, best practice, the Regulator or the EU Directives etc., which would identify the need to update this guideline sooner.

## 7.0 REFERENCES

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People).

Professional Guidance for Nurses Working with Older People Nursing and Midwifery Board of Ireland 2009 and 2015.

Guidance for health and social care providers, Principles of good practice in medication reconciliation (Health Information and Quality Authority, 2014).

Assisted Decision-Making (Capacity) Act, 2015

Medicines Management Guidance (Health Information and Quality Authority, 2015).

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HSE (2019) National Consent Policy HSE V.1.3

Guidance for the assessment of centres for older people (Health Information and Quality Authority, updated 2020).

## 8.0 APPENDICES

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## Appendix I:

## Signature Sheet

*I have read, understand and agree to adhere to this Policy, Procedure, Protocol or Guideline:*

[illegible]

## Appendix II:

### Membership of the PPPG Development Group (Template)

Please list all members of the development group (and title) involved in the development of the document.

Type Name here Annmarie Burke Type Title here: Practice Development Coordinator	Signature: _____ Date: _____
Type Name here Vicky McGauley Type Title here : Practice Development Coordinator	Signature: _____ Date: _____
Type Name here PJ Wynne Type Title here: Compliance & Monitoring Manager	Signature: _____ Date: _____
Type Name here Type Title here	Signature: _____ Date: _____
<b>Chairperson:</b> Type Name here Type Title here	Signature: _____ Date: _____

### Appendix III:

#### Membership of the Approval Governance Group (Template)

Please list all members of the relevant approval governance group (and title) who have final approval of the PPPG document.

Type Name here	Signature: _____
Type Title here	Date: _____
Type Name here	Signature: _____
Type Title here	Date: _____
Type Name here	Signature: _____
Type Title here	Date: _____
Type Name here	Signature: _____
Type Title here	Date: _____
<b>Chairperson:</b>	
Type Name here	Signature: _____
Type Title here	Date: _____