



Nottinghamshire Hospice
adding life to days

STANDING OPERATING PROCEDURE

Subject	Care Coordination Team: Referral into Nottinghamshire Hospice (SOP020)
Applicable to	All Care Services Staff in the Hospice
Date issued	8 Nov 2022
Next review date	8 Nov 2023
Lead responsible for Policy	Director of Care
Policy Reviewed by	Lead Nurse H@H
Notified to	Quality & Safety 8 Nov 2022
Authorised by	Quality & Safety 8 Nov 2022
CQC Standard	Safe, Effective, Caring, Responsive, Well-led
Links to other Policies/Procedures	SOP019 First contact with patients
Summary	Accurate and detailed referrals into Nottinghamshire Hospice are key to the provision of high-quality end of life and palliative care to patients and their families/carers; it is the role and responsibility of the Care Coordinators to take all Nottinghamshire Hospice referrals.
Target Audience	All Care Services Staff in the Hospice

IMPORTANT NOTICE: Staff should always refer to the website or Governance/Policies folder on the 'N' drive for the most up to date information. If the review date of this policy or procedure has expired staff should seek advice from their clinical lead or manager regarding the appropriate action to be taken.

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1. Hospice at Home, Hospice Night Support and Wellbeing Referrals

Hospice at Home, Hospice Night Support and Wellbeing referrals can be made via telephone, web enquiry form, or electronic task via SystmOne.

a. Telephone referrals.

Nottinghamshire Hospice accepts both self-referrals and third-party referrals.

On receiving a telephone call requesting to refer a patient, the patient needs to be activated on the Nottinghamshire Hospice SystmOne caseload.

i. Adding a referral to SystmOne

On PC, press F8.

On laptop, go to patient; patient maintenance; patient registration wizard (see Fig A)

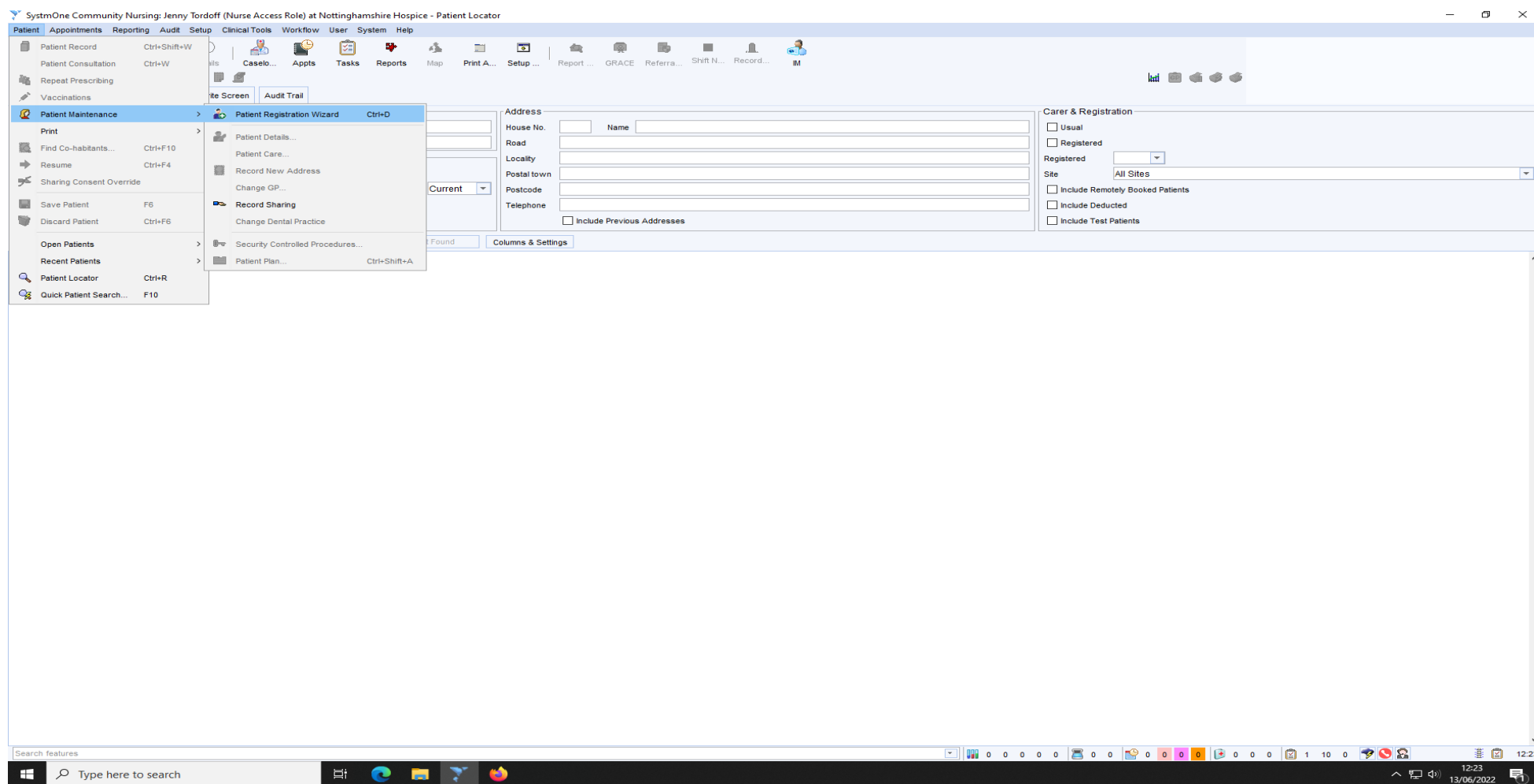


Fig. A Patient Registration Wizard

Completing the registration wizard:

- Enter patient NHS number and click search OR
- Enter patient's first name, second name, gender, and date of birth and click search.
- The patient's details appear on screen.
- Double check these details with caller by asking for caller to confirm name (if NHS number given) and address.
- Click blue tick button.
- A 'Record Referral In' pane will appear (Fig. B).

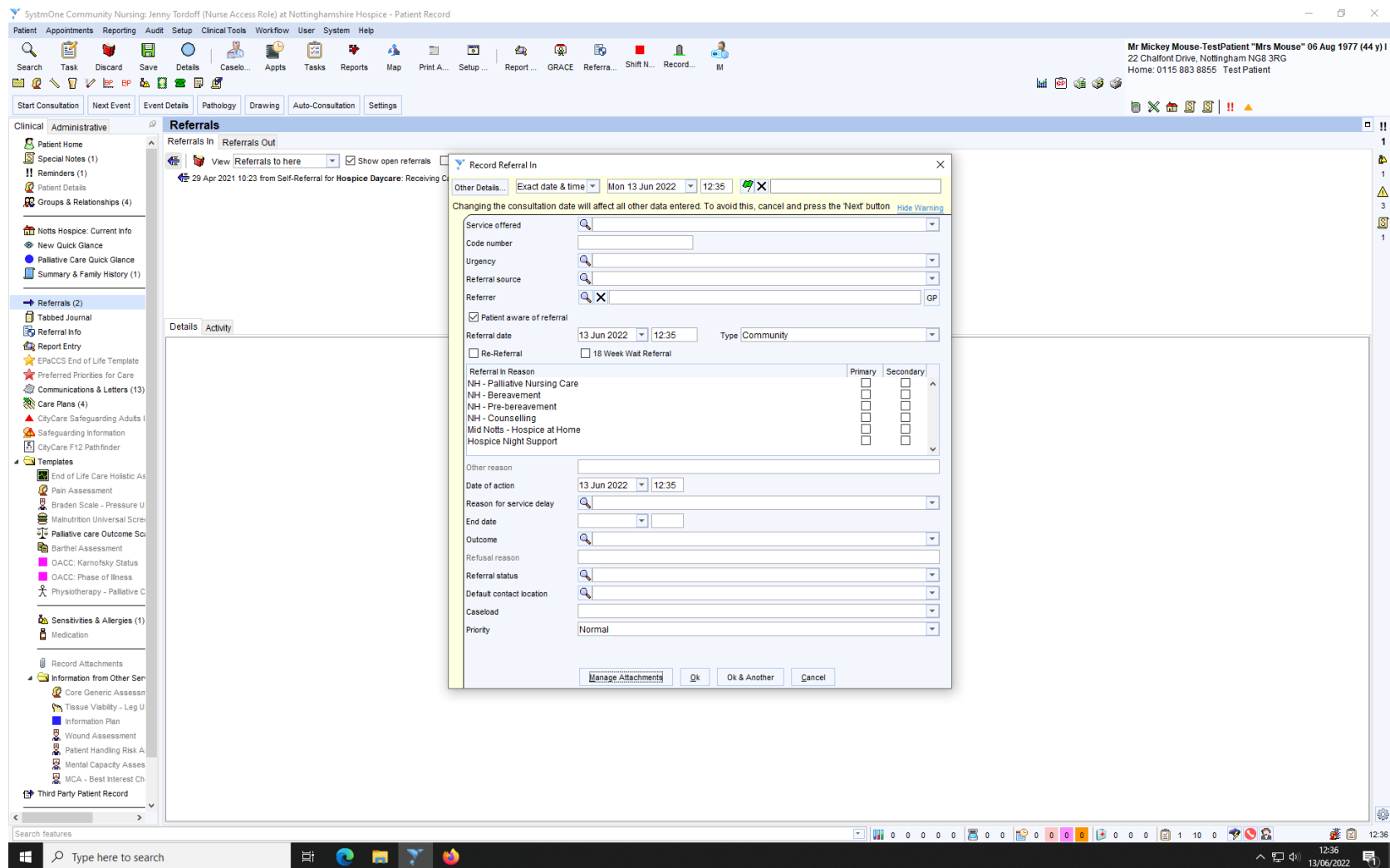


Fig. B 'Record referral in' pane

Completing Record Referral Pane:

To complete the 'Record Referral In' pane for Hospice at Home and Hospice Night Support, use the drop-down boxes and tick boxes as follows:

Service offered – for Hospice at Home and Hospice Night Support, select Hospice at home; for Wellbeing, select ?

Urgency– select cancer or non-cancer as appropriate.

Referral source – select option that best describes referrer, for example, if the refer was a community nurse, Healthcare Professional Community can be selected.

Referrer – click GP box.

Referral In Reason – click the Palliative Nursing Care box in the primary column.

Reason for Service Delay – leave blank.

Outcome – select Accepted.

Referral Status - for Hospice at Home and Hospice Night Support, select Receiving Care; for Wellbeing, select Waiting for Assessment.

Default Contact Location - for Hospice at Home and Hospice Night Support, select Home of Patient; for Wellbeing, select Nottinghamshire Hospice.

Caseload

- For Hospice at Home patients in Mansfield, Newark, Sutton in Ashfield, Kirkby in Ashfield, select Mid Notts – Hospice at Home
- For Hospice at Home patients in the city boundary – select H at H – City
- For Hospice at Home patients in all other locations – select H at H - County
- For Hospice Night Support patients – select HNS Caseload
- For Wellbeing referrals, select referrals waiting.

Click OK button.

A '2 Protocols Triggered' pane appear – click cancel.

Click Referral Button on top banner – a 'Referral Info' pane will appear (Fig. C)

The screenshot displays the SystmOne Community Nursing software interface. The top banner shows the patient's name, 'Mr Mickey Mouse-TestPatient "Mrs Mouse" 06 Aug 1977 (44 y) I', and their address, '22 Chalfont Drive, Nottingham NG8 3RG'. The 'Referrals' pane is open, showing a list of referrals. The 'Referral Info' pane is also open, displaying details for a referral recorded on 29 Apr 2021. The 'Referral Info' pane includes sections for 'Referral Info', 'Additional Info', and 'Letters'. The 'Referral Info' section shows the referral date, time, and location. The 'Additional Info' section shows the patient's details, including their name, date of birth, and address. The 'Letters' section shows the referral details, including the referral date, time, and location. The 'Referral Info' pane also includes a 'Referral Details' section with fields for 'Refer to Hospice', 'Print Acceptance letter', 'Record Relationship', 'Record Contact Details', and 'Create Reminder'. The 'Referral Info' pane also includes a 'Referral Notes' section with a text area for notes. The 'Referral Info' pane also includes a 'Referral Details' section with fields for 'Day Shift Only', 'Night Shift Only', 'Night & Day Shift', 'Add to Waiting List', 'Book Shift', and 'Shift Not Booked'. The 'Referral Info' pane also includes a 'Referral Details' section with fields for 'Discharged from hospital?', 'Continence / Mobility / Nutrition / Environment', and 'Show recordings from other templates'.

Fig. C 'Referral Info' pane

Completing 'Referral Info' Pane

Currently, the referral information pane is combination of a free text boxes, drop down boxes, and buttons. The information required for Hospice at Home and Hospice Night Support is more detailed than required for Wellbeing referrals, due to the process of patient assessment. However, all services share the need for an EPaCCs (Electronic Palliative Care Coordination System) to have been completed and consent gained.

EPaCCS

To meet Nottinghamshire Hospice criteria, all referrals are required to have an EPaCCS End of Life template activated and completed by the GP or Palliative Care Nurse. To meet the criteria for Hospice at Home and Hospice Night Support, the EPaCCS template needs to be listed as green, amber or red. If a person is referred into Hospice in Your Home services but their EPaCCS status is blue, then further fact-finding might be required ie. a telephone call to the GP or palliative care team. Wellbeing referrals can be blue, green or amber on EPaCCs.

Should, on referral without an EPaCCS status recorded, a patient be palliative or end of life, services can be provided on the basis the referrer will complete the EPaCCS within 48 hours. In these cases, it is necessary for the coordinator who is taking the referral to task the GP to explain the necessity for the EPaCCS and request a review.

Record the agreement made with the referrer regarding the EPaCCS, and that a task has been sent to the GP, in the patient's SystmOne notes.

Consent

It is imperative that the patient and/or family are aware of the referral and have consented to the Hospice contacting them to arrange care provision. If a patient lacks capacity or is unresponsive we can provide care in the patient's best interest. This should be clearly documented in the referral information.

For third party referrals, the referral to Nottinghamshire Hospice needs to have been discussed and agreed with the patient and/or family.

Referral Information

For effective care provision, and staff safety, it is essential that comprehensive information is gathered at the point of referral. Please complete all the boxes on the first tab then continue to "additional information" tab. Any important information not included in these two tabs should be documented in free text in the box for "referral info". See list below.

A Nottinghamshire Hospice referral form should be completed for all referrals into the hospice (see Appendix 2). For referrals into Wellbeing, only the front sheet needs completing. The Wellbeing team will gather any further information required during the telephone triage.

Saving the referral and sending service introductory information

Click ok .

A question pane appears asking 'Print Wellbeing Welcome Letter' - click 'No' button (Fig. D).

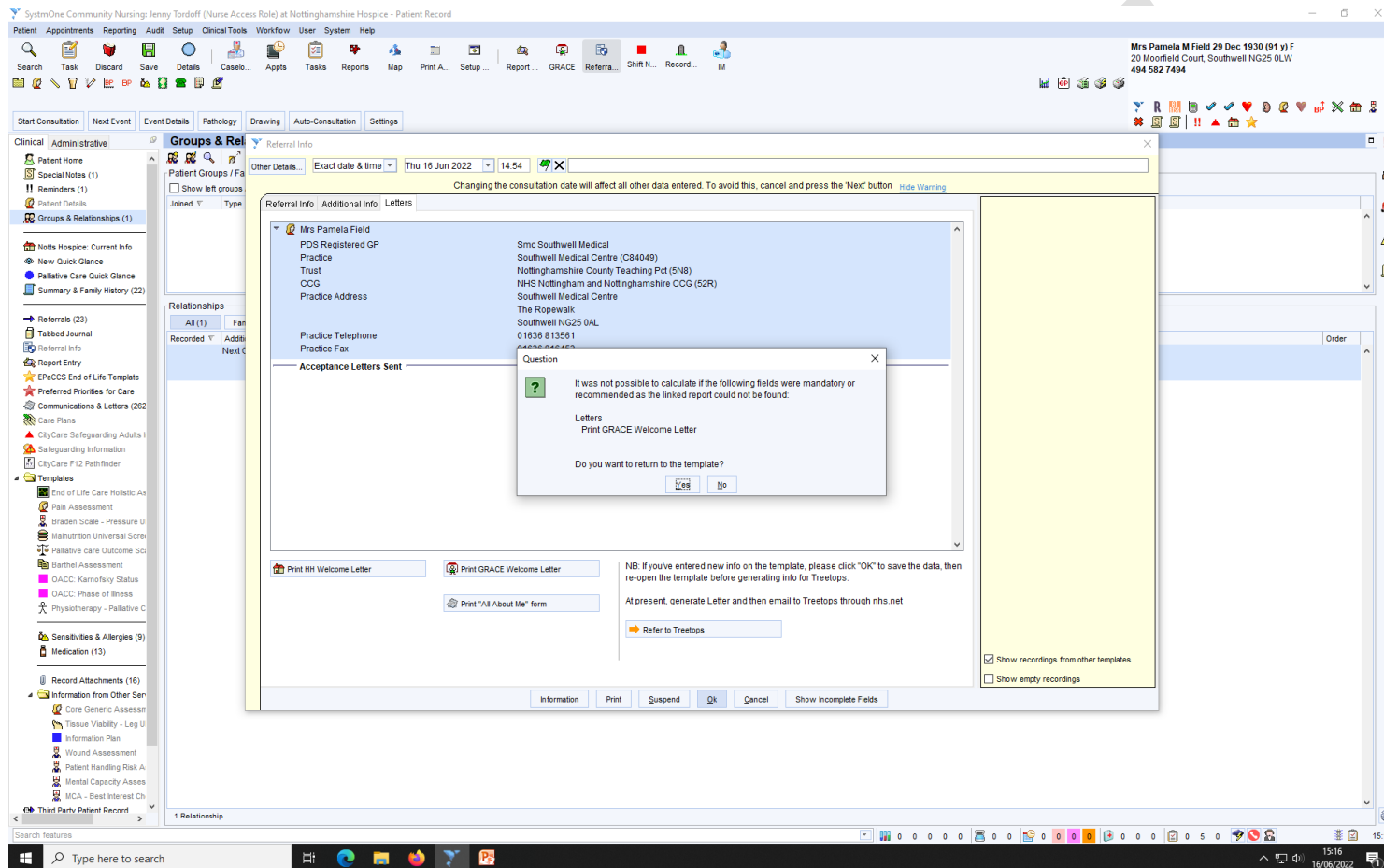


Fig. D 'Print Wellbeing Welcome letter' pane

Click 'Referral' button on top banner.

Click 'Letters' tab.

Click 'Print HH Welcome Letter'.

Click 'Write Now' button (Fig. E). SystmOne will create and open a letter in MS Word software (Fig. F).

UNDER REVIEW

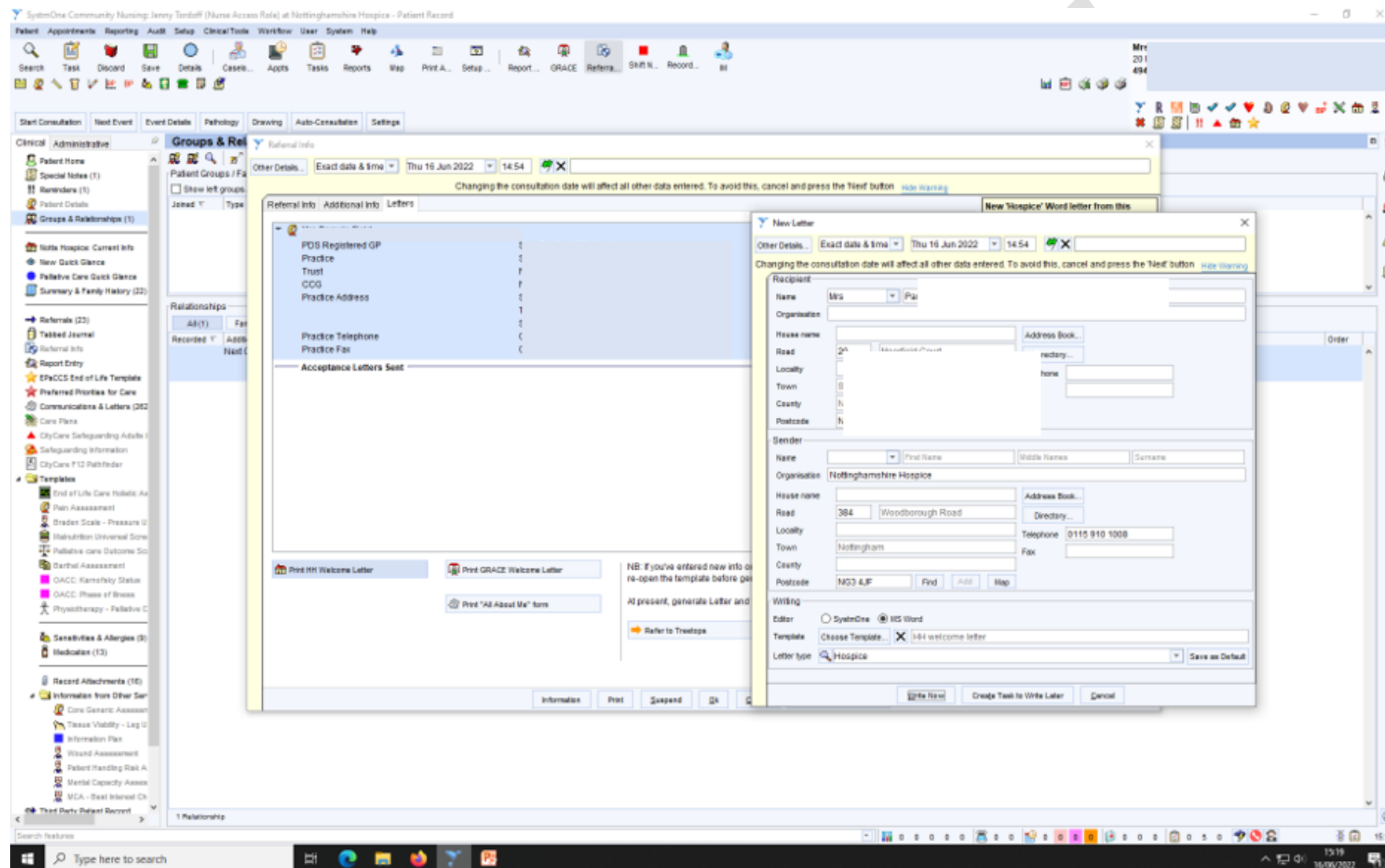


Fig. E 'New letter' pane

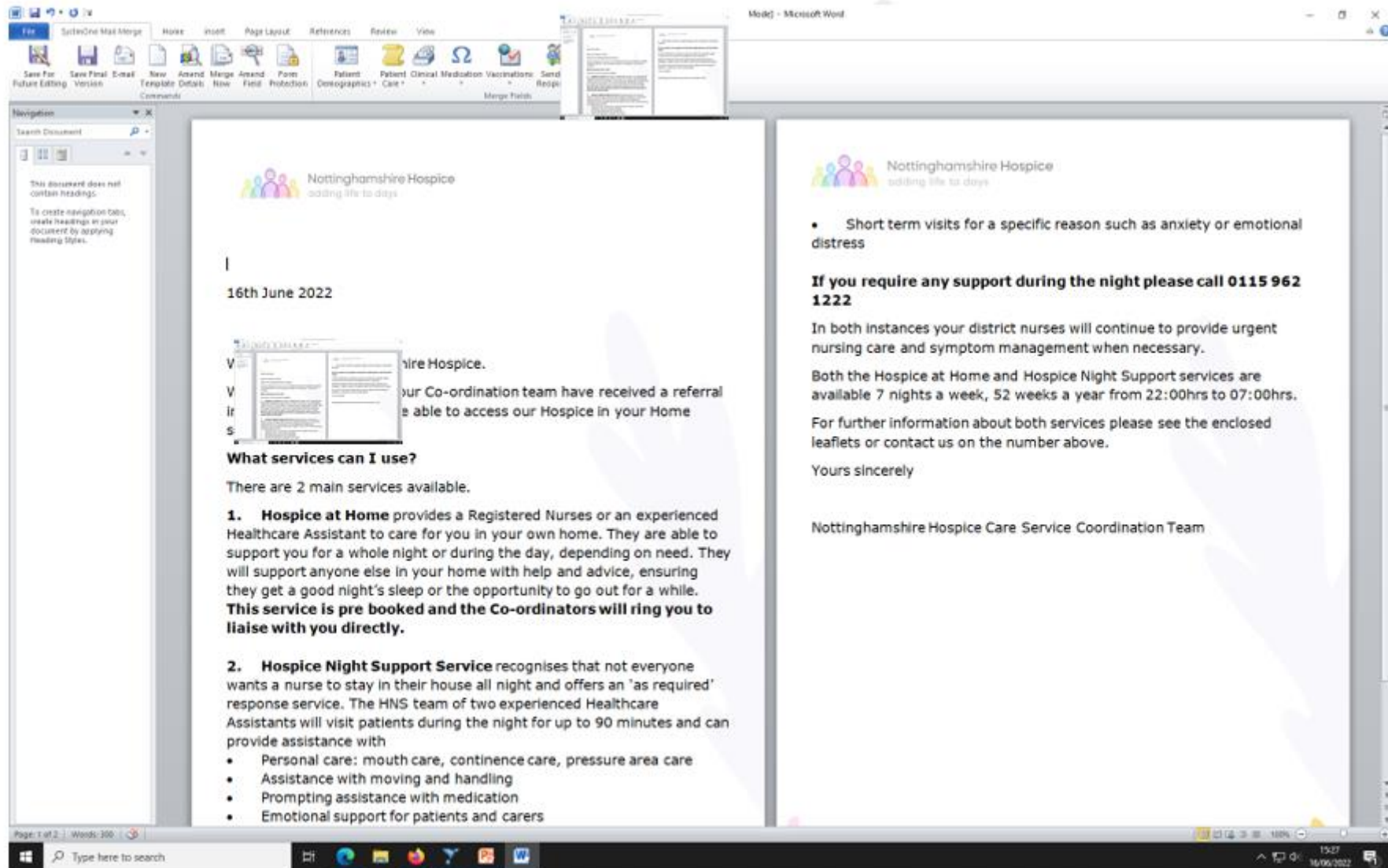


Fig. F MS Word welcome letter

Print letter – click file, print, send to Konica Minolta C3320i on pc-c3x8c72.

Click 'Save final version'.

A question pane appears double checking the letter is to be saved without the NHS number – click 'Yes' button.

A question pane appears double checking the letter to be saved is the final version and cannot be edited – click 'Yes' button.

MS Word closes and returns to SystmOne.

A question pane appears asking 'Print Wellbeing Welcome Letter' - click 'No' button (fig. D).

Click Save on top banner.

An 'Event Details' pane opens (Fig. G).

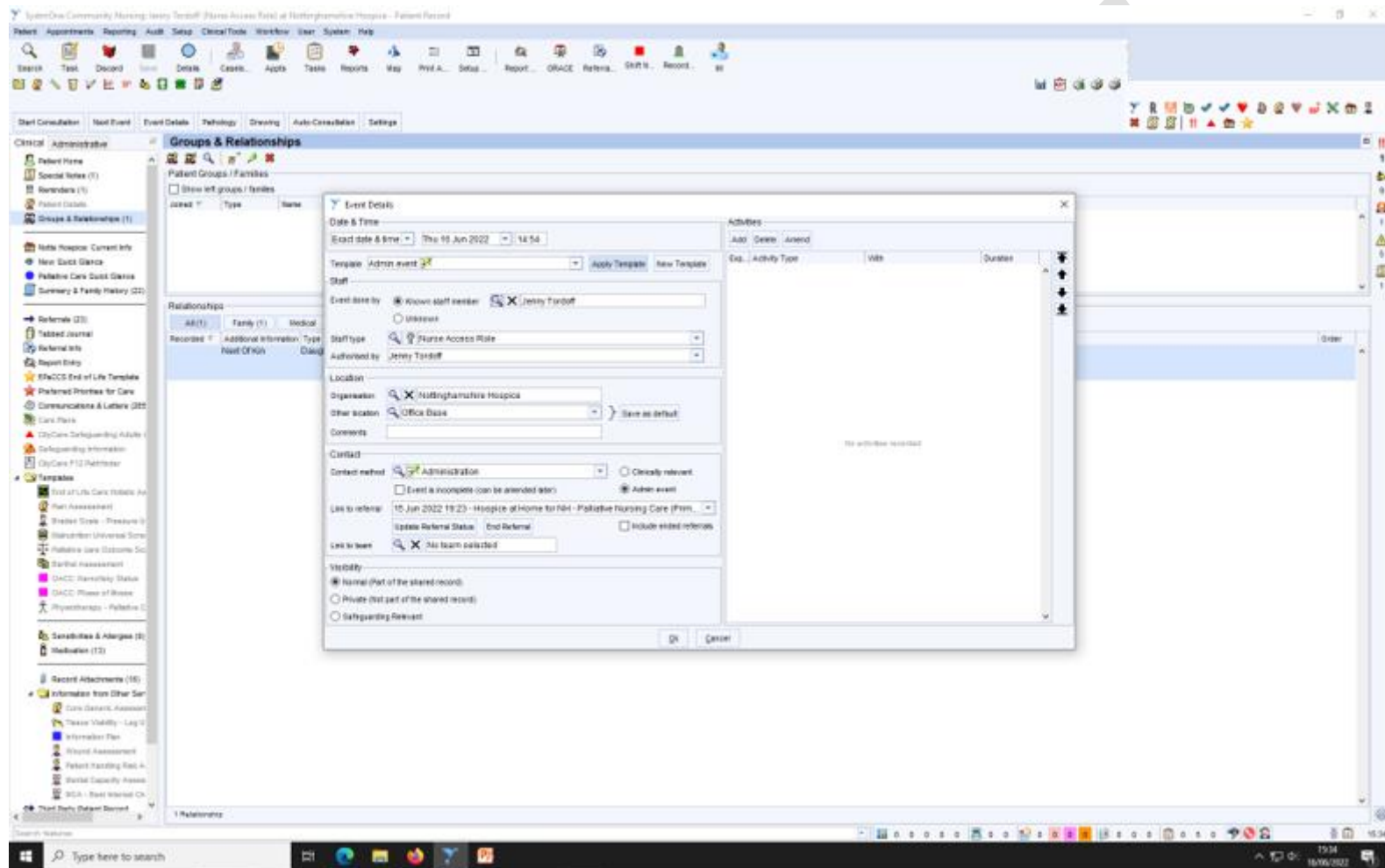


Fig. G 'Event details' pane

On 'Template' drop down menu, select 'Admin Event,' then click button 'Apply template'.

Click 'OK' button.

The patient's details then save, and the referral pane will close.

Fold letter, add welcome pack and post second class (see Appendix 1 for Welcome Pack details).

b. Web Enquiry forms

Requests for Hospice at Home, Hospice Night Support, Bereavement Services and Wellbeing can be made via a web enquiry form. All web enquiry forms are emailed to info@nottshospice.org, an account which is monitored by the Director of Finance and Resources. Web enquiry forms regarding care should also be automatically sent to the Director of Care and Lead Nurse for Hospice at Home; any care related web enquiry which is not sent automatically to the posts will be forwarded on to them by the Director of Finance and Resources.

i Processing web enquiry forms for Hospice at Home, Hospice Night Support and Wellbeing

To ensure high quality, individualised care, web enquiry forms for Hospice at Home, Hospice Night Support and Wellbeing need to be followed up with a telephone call. It is the coordinators' responsibility to undertake these follow up calls. During this follow up call, if appropriate, a telephone referral can be taken as described in section 1ai. 'Adding a referral to SystmOne'

ii Processing web enquiry forms for Bereavement Support Services

See Section 2.

c SystmOne Electronic referrals

Requests for Hospice at Home, Hospice Night Support and Wellbeing can be made via a SystmOne electronic referral. SystmOne notifies the Hospice Coordinators of an electronic referral by a pop-up pane (Fig. H)

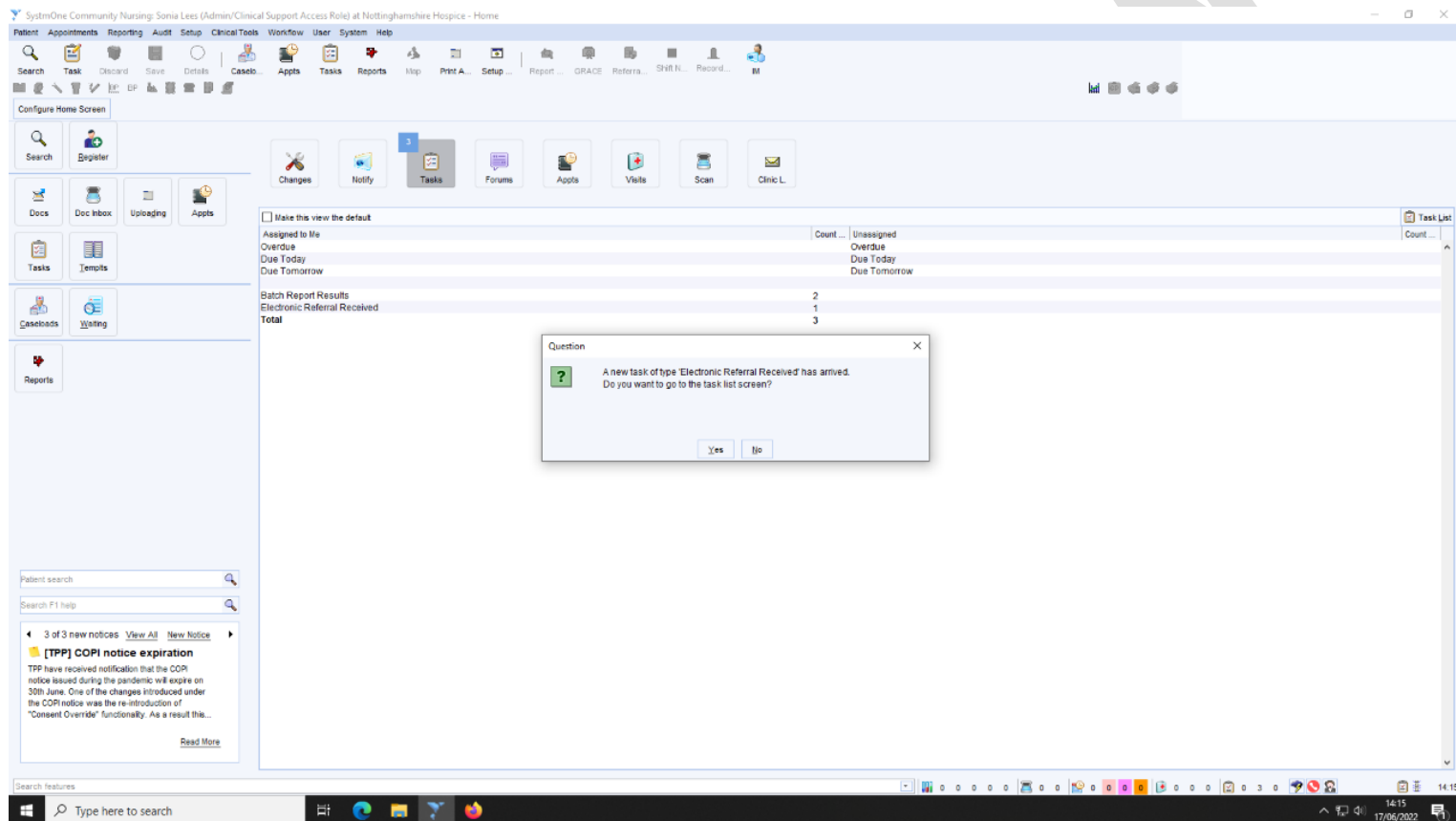


Fig.H Electronic referral received pop up

i Processing a SystmOne Electronic Referral

On the 'Electronic referral received' pane, click OK (FIG. H), click the 'Yes' button.

SystmOne will open the task menu, on which the patient's name will be displayed (Fig. I)

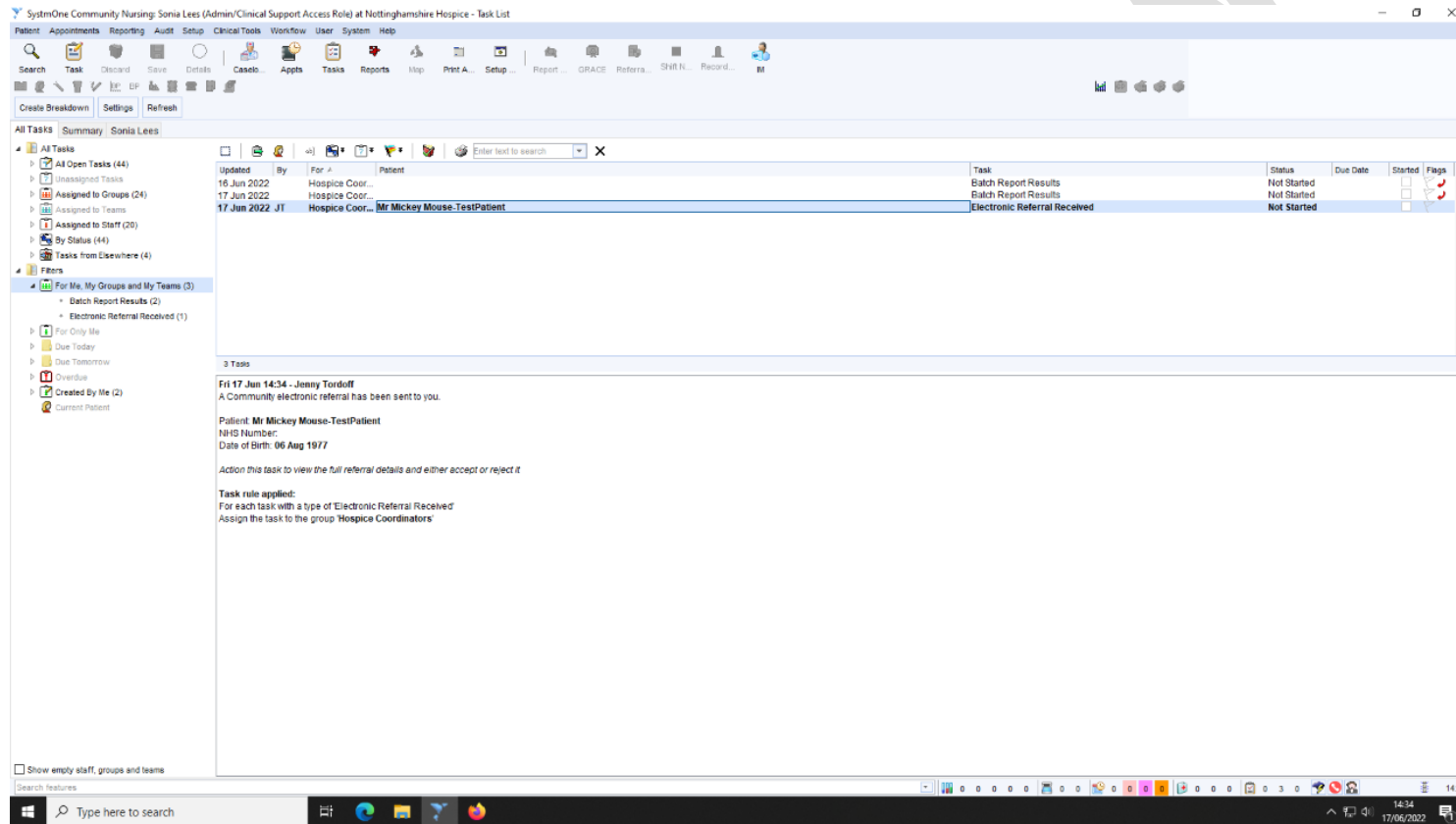


Fig. I Task menu view

Ascertain if the patient is already known to the Hospice:

Click 'Search' button on top banner. a 'Quick Patient Search' pane appears (Fig. J).

Type the first two letters of the first name and surname (e.g., for John Doe, 'Jo' and 'Do' would be typed in).

Click 'Search' button.

If the patient's name appears in the search pane in black font, the patient is already known to the Hospice. If no name appears, the patient is not known to the Hospice.

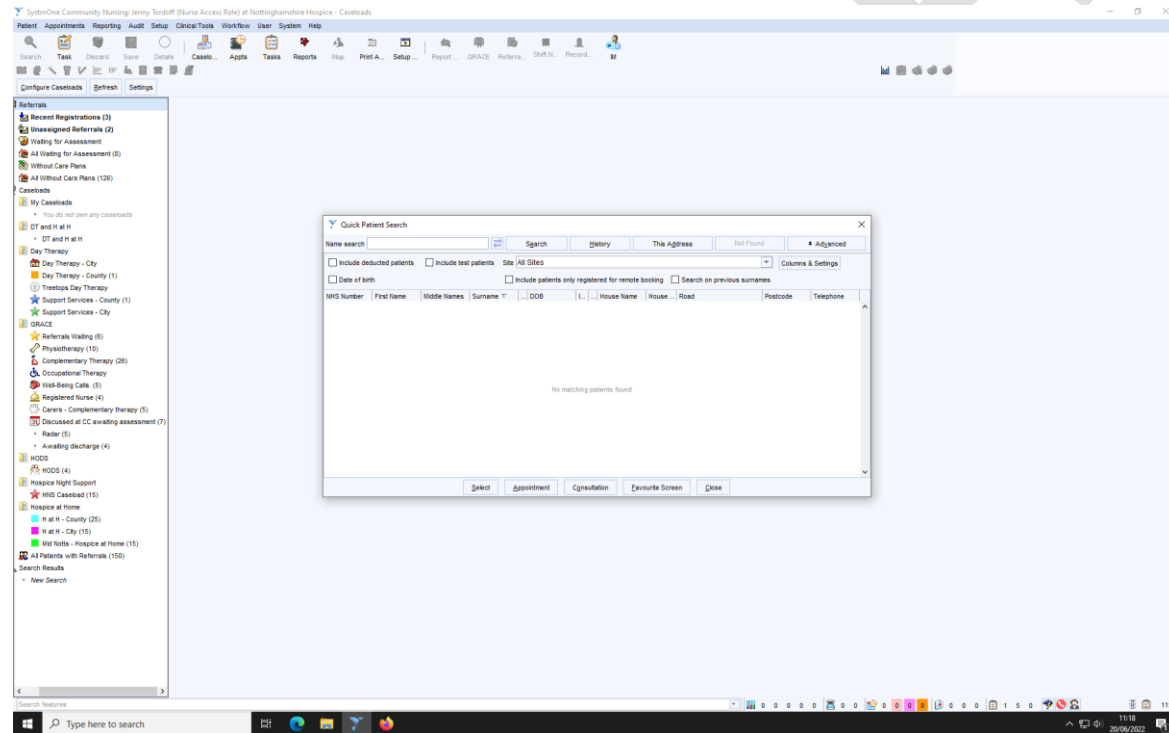


Fig. J Quick patient search view

If the patient is not known to the Hospice:

Return to the Task Menu (Fig. I).

Right click on electronic referral and select 'action'.

A new pane appears.

Highlight and 'copy' information on the 'View Electronic Referral' pane (Fig. K).

Click 'Accept Referral' button (Fig. K).

Once the referral has been accepted, the new referral screen appears as in Fig B and the referral process continues as detailed from page 7.

When completing the 'Referral Info' Pane (page 8), paste the information copied from the 'View Electronic Referral' pane.

Should electronic referral information be incomplete, the coordinator processing the referral can gain further information by:

- Using the blue star assessment information completed in the tabbed journal of the patient record or
- Call the referrer for more details or
- Call the family for more details.

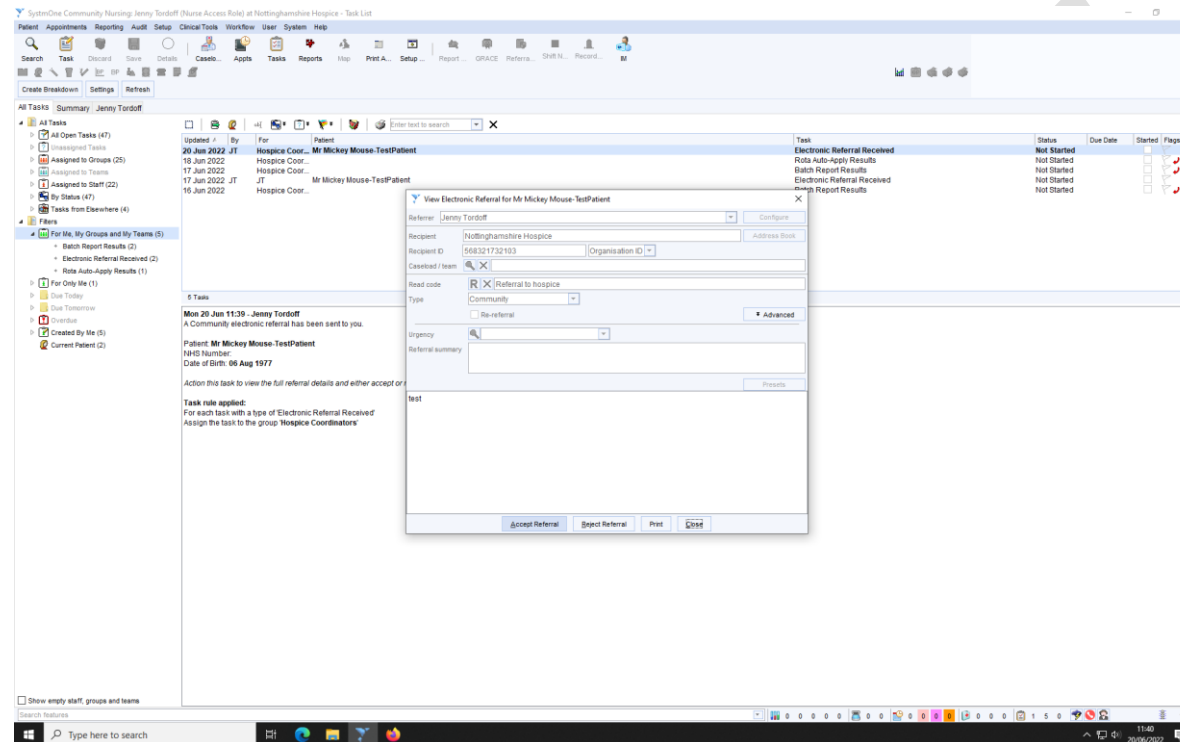


Fig. K 'Accept/reject electronic referral' pane

If the patient is known to the Hospice:

Return to the Task Menu (Fig. I).

Right click on electronic referral and select 'action'.

A new pane appears.

Click 'Reject Referral' button (Fig. K).

A 'Rejection reason' pane appears – free text that the patient is already known to the service, and any other pertinent information (Fig. L).

Click 'OK'.

A 'Question' pane appears. Click 'Yes'.

The task will be then shown in a bold highlight and will disappear when the screen is refreshed.

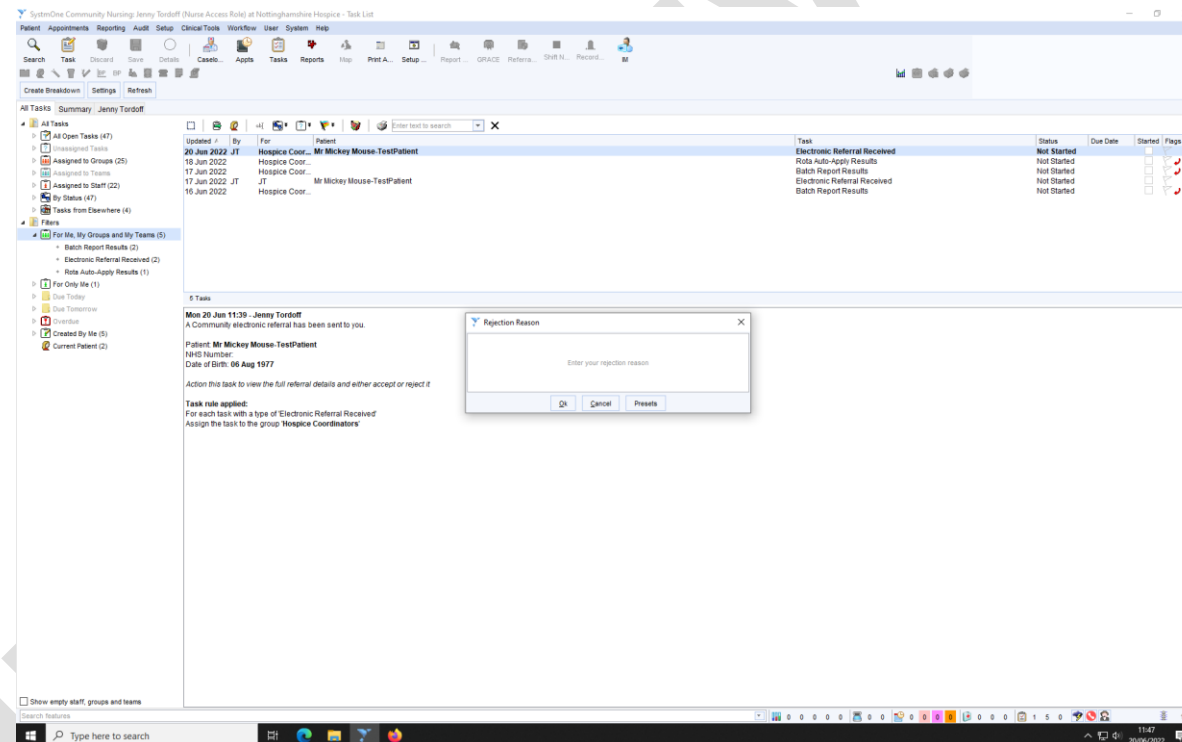


Fig. L 'Reject referral information' free text box

2. Bereavement Referrals

Bereavement referrals can be made via telephone or web enquiry form. It is the responsibility of the coordinators to take bereavement referrals. The Hospice takes both self-referrals and third-party referrals for Bereavement Services. Bereavement Referrals can be taken any time during the grief process; pre death, peri death and post death.

a. Telephone referrals

Complete the Bereavement Support referral form (N drive/clinical services/referral forms/bereavement referral form) with the referrer.

Explain to the referrer that the Bereavement team will contact them for an initial triage call within 3-5 working days unless timescales are otherwise directed by the Bereavement Team.

Email the referral form to the Bereavement Team.

b. Web enquiry form

Requests for Bereavement Services can be made via a web enquiry form. All web enquiry forms are emailed to info@nottshospice.org, an account which is monitored by the Director of Finance and Resources. Web enquiry forms regarding care should also be automatically sent to the Director of Care and Lead Nurse for Hospice at Home; any care related web enquiry which is not sent automatically to these posts will be forwarded on to them by the Director of Finance and Resources.

Web enquiry forms requesting emotional and/or bereavement support can then be emailed directly to the Bereavement Support Services team, which includes the Bereavement Support Services Manager, Bereavement Support Services Administrator and the Bereavement Support Services Counsellor.

Should the bereavement team not be available for number of days (for example, annual leave/sickness), a response date for follow up by the Bereavement Team needs to be discussed with the Director of Care. A courtesy call should then be made by the coordinator to the referrer to confirm that the referral has been received and the Bereavement Team will be making contact by the date agreed with the Director of Care.

3. Hospice Outreach and Discharge Referrals

Referrals for the Hospice Outreach and Discharge team can only be received from the Continuing Healthcare (CHC) Fast Track team. It is the responsibility of the Hospice Outreach and Discharge Lead Nurse to manage referrals into the service.








Occasionally, third parties, such as Community Nurses and Palliative Care Teams, will attempt to refer into the Hospice Outreach and Discharge team. While an expression of interest can be recorded on SystmOne by the coordinators, and the Hospice Outreach and Discharge Lead Nurse be notified of this interest, a third-party referral cannot be accepted from any source other than CHC.

Welcome Pack Contents

Welcome Pack includes:

1. Welcome Pack A4 sheet (N drive/hospice at home/forms/posters and leaflets/Welcome Pack A4 front sheet)
2. 'Welcome to Nottinghamshire Hospice' leaflet
3. 'Your experience matters to us' leaflet
4. 'Hospice in Your Home' leaflet
5. 'Our Care Carer Support' leaflet

Bereavement Form

PATIENT DETAILS		
Name of Patient:		
 Postal Address: ESSENTIAL		
Postcode: ESSENTIAL		
Date Of Birth:		
 Preferred contact number:		
 Email address:		
Brief Description of Reason for Referral:		
REFERRER DETAILS		
Name of caller:		
 Organization:		
 Telephone number:		
 Mobile number:		
 Email address:		
Other notes regarding caller:		

attach and send email to: Bereavement Support Services Manager, Bereavement Support Services Administrator, Bereavement Support Services Counsellor

Appendix 3

Nottinghamshire Hospice Referral Form

Has the EPaCCS template been completed for the patient? GSF status?	Yes / No Blue / Green / Amber / Red
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Service Offer

Service required	Tick as appropriate
Hospice Night Support Hospice at Home GRACE Unit (day therapy and wellbeing) Emotional Support services	
Name of Person taking Referral	
Signature	

Patient Details

Name	
NHS Number	
Date of Birth	
Address	
Telephone Number	

Carer & Next of Kin Details

First Contact

Second Contact

Name		
Relationship		
Contact Number		
Address		

Referrer Details

Name	
Designation	
Referrer contact number	
Referrer email	
DN Caseload & Telephone number	
Date referral received	
District Nurse referral	Yes / No

Diagnosis

Primary Diagnosis	
Secondary Diagnosis (if relevant)	
Prognosis	
Additional Relevant Past Medical History	
Is the patient, carer and family aware of the prognosis and diagnosis? If no, please specify what is known.	
Main Spoken Language	
Religion/Faith/Spirituality	
Sexual Orientation/Gender	
Ethnicity	
Acuteness Score	Stable / Deteriorating / Urgent

Nursing Assessment

Is the patient on Fast Track Continuing Care?	Yes / No
Does the patient have capacity?	Yes / No
If no is LPA in place? Evidence seen	Yes / No
Route of medication (if taking anything)	
Who administers the medication?	
Is anticipatory medication required?	Yes / No
If so, is it prescribed and with the patient? Location?	
Syringe Driver? Location?	
ReSPECT form in the home? Form must be with the patient.	
Is the patient for DNAR or resuscitation (ReSPECT form)?	
Where is the patients preferred place of care and death?	
Are there any known infections? E.g. MRSA, Covid	
Any relevant mental health history?	

Symptoms, Equipment and Mobility

Please list main symptoms	Pain / Nausea / Vomiting / Agitation Any other:
Level of consciousness	Alert / Drowsy / Unconscious
Breathing	Normal / Secretions audible / Breathlessness
Mobility	Nursed in bed / Sit to sit transfer / Independent
Is the patient at risk of falling?	Yes / No
Falls assessment completed?	Yes / No
Equipment in place. Circle as appropriate	Hospital bed / Mattress / Commode / Slide sheet / Hoist / Rotunda / Stand hoist / Zimmer frame
Does the patient have any problems with communication?	Hearing aid / Glasses
Are they tolerating food/fluids? Any special dietary requirements?	Fortisip / thickened fluids / referral to SALT
Mouthcare	Soft toothbrush / Mouthease

Environmental

Are there any pets in the home? If so please state	
Any smoking in the home?	
Alcohol misuse in the home?	
Physical or verbal aggression in the home?	
Does the patient live alone? What is their support network?	Lifeline?
If so, how will staff gain entry? Key safe number & location?	
Parking Information (availability)	
Any difficult family circumstances or ill health in the family? Carer, dementia?	

Nursing Care Required

Is there a package of care in place? No of visits per day? Provider details			
Is there any pressure damage?			
Wound care or dressings in place?			
Is the patient continent of bowels?		Yes – They are continent, have control. No – They are not continent, no control	
Is the patient continent of bladder?			
Catheterised?			
Does the patient require oxygen?			
Does the patient have a tracheostomy or laryngectomy?			
Any other information regarding nursing care?			