



Aberdeenshire Community Hospital Criteria For Transfer

Admission Criteria

Patients transferred to a community hospital dependant on their needs

- 1. Community hospitals to work with GPs to support community acute and palliative patients to prevent admission into ARI.
- 2. Patients who require further rehabilitation and discharge planning
- 3. Frailty pathway patients who may require complex discharge planning
- 4. In the event that there are no patients on the waiting list for individual hospitals, out of area patients will be considered but this is dependent on GP acceptance.

Patients being referred to a community hospital for complex* discharge planning must have a care manager referral completed and assessment commenced before the referral to community hospital is made.

Patients should not be referred for a community hospital bed if they:

- Have a life threatening or acute newly diagnosed illnesses that require specialised medical care and investigation that is only available in the acute hospitals
- Patient is younger than 18
- The patient has an acute mental health need and cannot be cared for safely in the Community Hospital environment and may require specialised input.
- Require an increase in their care package or require assessment for longterm care, a referral for Care Management should be done in this instance.

Discharge co-ordinators will review each referral when completing the screening tool to ensure the patient is appropriate for community hospital transfer. If the referral does not follow the community hospital criteria for transfer, the ward will be advised where/who to refer to.

Prior to transfer, the acute ward must give a detailed handover to receiving community hospital.

Patients MUST be transferred with the following;

Negative PCR test no more than 24 hours prior to transfer Medical and Nursing notes including DNACPR (if appropriate) 7 day supply of medications At least enough space for 7 days on kardex 7 days of build up drinks/feed (if appropriate)