



Admission Policy

Esker Lodge has an open admission policy and provides a broad spectrum of nursing care including General, Post discharge and Palliative care.

Admission of residents will be by prior agreement with Esker Lodge Nursing Home and will normally occur after a pre-admission assessment except in emergency cases. Criteria for admission of residents are based on the holistic needs of the individual i.e. their physical care needs, mental health needs, emotional and spiritual needs.

Referrals for long term admission of residents should include a medical report form from the resident's General Practitioner or the referring health service provider. It should also include a completed Esker Lodge Nursing Home Pre-admission Assessment Form.

Each case is independently assessed prior to admission to the nursing home and as a result of this initial assessment a care plan is designed around specific needs.

As part of the admission process each resident is reviewed and reassessed after a short period of time in the nursing home to ensure that the nursing care available in Esker Lodge is in line with the residents' individual needs. During this period we also complete the person centered care plan which addresses the resident's specific likes, dislikes, personal preferences, hobbies and questions around consent.

We have a dedicated dementia unit which assesses potential residents suffering from Alzheimer's disease and other forms of dementia on a case by case basis to determine whether the facilities will be suitable to meet their individual needs.

Below is an outline of the admission procedure in Esker Lodge Nursing Home

Admission Procedure

- *Pre-admission assessment completed by Senior Nursing Staff*
- *Admission date and time arranged*
- *Dietary needs assessed and information passed to kitchen*
- *Room prepared for arrival of resident*
- *Nursing admission completed including full needs assessment, risk assessment and care plan*
- *Care staff discuss likes and dislikes of the resident and incorporate this into the daily care plan*



- Resident settled into home, personal possessions stored as appropriate
- Contract of care signed and questions addressed
- Residents register and daily sheet updated
- Valuables recorded and stored appropriately with resident's input and agreement
- MRSA screen completed if necessary and barrier nursing commenced until clear results received
- Orientation and detailed review by Nursing staff
- Information of consent discussed with resident and/or next of kin and signed

Out of hour's admission policy

It is the policy of Esker Lodge to accept out of hour's admission following the criteria and procedure outlined below.

This arrangement must be co-ordinated between Cavan General Hospital Bed or the relevant discharging institution. Management out of Hours Service and the Nurse Manager of Esker Lodge.

Private admissions are coordinated directly with the Nurse Manager.

Admissions will only be accepted following completion of the relevant paperwork.

In the event of a resident being transferred with incomplete or inaccurate details the Staff Nurse on duty in Esker Lodge will contact Bed Management in an attempt to obtain the relevant information.

Should a resolution not be sought Esker Lodge reserve the right to transfer the patient back to the discharging hospital.

Procedure for Out of hour's admission

- *Bed management ring Nurse Manager or on call person in absence of Nurse Manager to confirm availability of bed.*
- *Nurse Manager arranges Pre-admission assessment.*
- *Nurse Manager contacts Staff Nurse on duty with arrangements.*
- *Hospital staff rings Esker Lodge Staff Nurse with all details.*
- *Resident arrives for admission with accompanying paperwork.*



The paperwork required includes the following and is not exhaustive.

- *Prescription for all medical supplies including wound dressings.*
- *3 days supply and in the case of a Public Holiday weekend – 5 days supply of all medical items including wound dressings*
- *Transfer letter / Winter bed initiative form – This may accompany the resident on admission and must include accurate medical details to include the following:*

Does the resident require Physiotherapy during their stay? Does the resident have specific behavioural needs i.e. wandering. Does the resident require barrier nursing and if so for what reason?

- *Discharge Summary.*