POLICY

High Peaks Hospice & Palliative Care, Inc. provides Nursing Home Care to terminally ill residents in Nursing Facilities and terminally ill persons in the community who do not have adequate caregiver systems to allow them to remain at home. This Nursing Home Care includes Routine Home Care, Continuous Care and Respite Care.

PROCEDURE

Admission to the Nursing Facility for hospice patients, and to hospice for residents already living at the Facility, will be in accordance with the current Admission Policies and Procedures of High Peaks Hospice and Palliative Care, Inc (HPH&PC), the Facility, applicable Federal and State laws and regulations, and with the advance approval of the Facility and of HPH&PC.

The HPH&PC Admissions Nurse or Patient Care Coordinator (PCC) and the Facility’s Director of Social Services will arrange Routine Home Care admissions for persons currently living at the Facility.

The HPH&PC Admissions Nurse or PCC and the Facility’s Director of Social Services will arrange Routine Home Care admissions for persons not currently living at the Facility.

Criteria for Routine Home Care admissions in or to the Facility will be the following:

A. The patient’s illness is in the final stages, with a life expectancy of 6 months or less, as documented by a physician’s written certification and the concurrence of the HPH&PC Medical Director.
B. Only palliative care is deemed appropriate; neither definitive curative treatment nor measures to prolong life beyond its natural end are indicated or sought after by the patient and his or her physician.
C. The patient’s attending physician consents to the Routine Home Care in the Facility and authorizes HPH&PC care for the patient.
D. The patient is fully informed and gives his or her consent to participation in the HPH&PC program while being a resident at the Facility.
E. The patient, the patient’s attending physician, and the Facility all agree to utilize a HPH&PC-affiliated Hospital should General Inpatient Care become necessary for the patient during his or her stay on HPH&PC.
F. The agreement to provide Routine Home Care between HPH&PC and the Facility is active and in force.

Respite Care admissions shall be arranged by the HPH&PC PCC and the Facility’s Social Services Department.

Criteria for Respite Care Admissions shall be the following:

A. The patient is already a HPH&PC patient in a household residence.
B. The patient and/or caregiver are in need of a temporary relief from the existing caregiving responsibilities of caring for the patient on a day-to-day basis.
C. The need for respite care is documented and included in the HPH&PC Plan of Care.
D. There is a plan for taking the patient back to the household residence following the temporary period of respite.
E. The Facility agrees in advance to accept the patient for Respite Care.
F. The agreement to provide Respite Care between HPH&PC and the Facility is active and in force.

The Routine Care and Respite Care services of HPH&PC will include the following services, provided on an as-needed basis according to a Plan of Care established by the HPH&PC Team:

A. Pharmacy (unless Facility has pharmacy services 24 hours per day, having available the types and quantities of pharmacy items typically used in hospice care), oxygen, medical supplies, laboratory services and medical equipment related to the care of the terminal illness of the patient. These will be included as needed in the HPH&PC Plan of Care and purchased or rented from the Facility through the daily rate;
B. Home visits by HPH&PC staff nurses;
C. Home visits by HPH&PC Social Workers;
D. Home visits by HPH&PC counselors, including pastoral counselors and dietary counselors;
E. Home visits by HPH&PC home health aides;
F. Home visits by HPH&PC volunteers;
G. Home visits by HPH&PC therapists, including physical therapists, speech therapists, and occupational therapists;
H. Home visits by the HPH&PC physician or Medical Director;
I. Other physician or psychological consultation services;
J. Bereavement services.

Each HPH&PC patient in the Facility will have an attending physician, acceptable to the patient, to HPH&PC and to the Facility, prior to their admission to HPH&PC. This physician must meet all applicable regulations regarding physicians’ services for a resident in a Nursing Facility.

All services shall be specified as to type and frequency in the HPH&PC Plan of Care. This plan shall be established by the HPH&PC Interdisciplinary Team and authorized by the patient’s attending physician and/or HPH&PC physician or Medical Director. The Facility shall participate in the HPH&PC Team by a Facility professional identified in the HPH&PC Plan of Care established upon admission to the Facility.

The initial HPH&PC Plan of Care in effect during the period of Routine Home Care or Respite Care or Continuous Care will be established within 24 hours of admission to the Facility (if entering Facility as an existing HPH&PC patient) or within 24 hours of admission to HPH&PC (if entering HPH&PC as an existing Facility resident). If a weekend or holiday is involved, this is to be interpreted as the end of the next working day. This establishment shall involve a home visit to the Facility by the HPH&PC PCC or designee.

A comprehensive Plan of Care shall be established within 48 hours (excluding weekends and holidays) of the admission to the Facility (if already a HPHP&PC patient) or to HPH&PC (if already a Facility resident).

HPH&PC will maintain case management responsibilities for HPH&PC Plan of Care.

The HPH&PC Plan of Care shall be reviewed as needed, but not less frequently than every other week by the HPH&PC Team, which includes the designated Facility representative.
HPH&PC will provide adequate inservice education to Facility staff at least annually and as often as needed. The purpose of this education is to provide Facility staff with an understanding of the hospice concept and philosophy of care, policies and procedures related to HPH&PC services to Facility residents, and issues of death and dying. HPH&PC will familiarize staff with the forms, documents, and record-keeping requirements in use by HPH&PC, methods of comfort, pain control, and symptom management used in hospice, HPH&PC Inpatient Protocols and Patient/Family Rights.

HPH&PC physician services, nursing services, and pharmacy services shall be available on a 24-hour basis through the use of the HPH&PC On-Call system. The Facility shall access this system under the following circumstances:

A. Serious change in patient’s condition
B. Change in physician’s orders needed
C. Patient request to speak to a HPH&PC representative
D. Consultation or question concerning the existing HPH&PC Plan of Care by Facility staff
E. Perceived need for HPH&PC support by patient, patient’s family, patient’s significant other, or Facility staff
F. Death of the patient

The rooms utilized for HPH&PC Routine Home Care and for HPH&PC Respite Care in the Facility shall be already certified beds and shall be included in the Facility’s Fire and Accident Prevention, Emergency, and Disaster Plans.

A family area will be made available with bed and/or sleeping arrangements in the patient room on each unit.