CLINICAL Policies and Procedures

ADMISSION GUIDELINES – HIGH TECH TREATMENTS

Policy #: CP203

NHPCO Standard(s): BOD Review/Approval 12/1/16

Regulatory Citation(s): COPs 418.20, 418.25, 10 NYCRR Part 793.2(b) and (c)

POLICY

High Peaks Hospice (HPH) will consider individuals who are referred while receiving high-tech procedures or treatments based on pre-established guidelines.

PROCEDURE

1. The Patient Care Coordinator (PCC) will review all referrals of individuals receiving high-tech procedures/treatments.

2. The HPH Medical Director will be consulted as needed and may elect to meet with the family and/or contact the attending physician.

3. The decision to admit an individual to HPH Services will be made on a case-by-case basis using the following criteria as guidelines. (Periodically, the Clinical Committee will review cases admitted under this policy to determine whether or not procedure and criteria have been followed.)

   A. Hyperalimentation
      1) An individual receiving hyperalimentation will be accepted, providing the physician, patient, and family agrees to wean the individual off it after admission.
      2) An individual whose plan of care includes indefinite or long-term hyperalimentation will not be admitted.

   B. Intravenous Therapy
      1) An individual receiving intravenous therapy will be considered for admission under the following guidelines:
         a) The family is capable of performing any technical care required or will hire privately to do so.
         b) The individual has reasonable quality of life, i.e., is alert, oriented, able to interact with family.
         c) Individual, family and physician voice a willingness to titrate and discontinue the therapy as condition deteriorates.
         d) The presence of unfinished business, i.e., individual and/or family voice the need for more time to deal with specific issues or tasks.
         e) Individual and family understand that IV therapy will not cure or change the outcome of the illness.
2) For intravenous therapy at home, the following additional criteria must be met:
   a) The individual has a central line.
   b) The therapy is being given on a short-term basis for relief of specific symptoms.

C. Chemotherapy
HPH does not provide or monitor the administration of chemotherapy. Individuals remaining on chemotherapy treatment will be considered for admission providing the treatment or procedure is arranged by the individual’s physician. The individual, family, and physician all agree that treatment is being given for palliation only and conventional palliation therapies were tried and were not effective.

D. Portable Infusion Pumps
The majority of patients under Hospice care receive pain control via oral, rectal, or transdermal methods. Use of continuous infusion (CADD Pumps) will be considered according to the following guidelines:
1) Pain is unable to be controlled by maximum medication doses,
2) Individual is unable to take medication by oral, rectal, or transdermal methods or cannot tolerate the side effects from the medications
3) And alternate opioids (such as methadone) have been tried and were unsuccessful in controlling pain.
4) The family is capable of performing needed care or will hire help privately to do so.
5) Individual, family and physician are willing to titrate and discontinue CADD pump when it is no longer needed (i.e., use no longer meets stated criteria).

E. Blood Transfusions
Individuals receiving regular blood work and blood transfusion will be considered for admission on a case-by-case basis in consultation with the Medical Director.

4. See the attached decision tree to help with decisions regarding admission of referred patients with High Tech procedures or treatments. The guide is for Internal Use Only.

LAST REVIEW DATE: IDT 08/03/16, Clinical Comm 8/3/16, 11/14/16

LAST UPDATED: Comp Coord 11/16/16, 09/01/18

BOARD APPROVAL: December 1, 2016
If family agrees with HPH Philosophy or is willing to work with our Philosophy although some ambivalence may still exist then conduct a Treatment Review:

**NO CLEAR ENDING TO TREATMENT**
- Prognosis clearly is less than 6 months with treatment
  - Treatment benefit >> burden
    - Admit
  - Prognosis clearly is more than 6 months with treatment
    - Treatment will end soon - defined short period
      - Wait until treatment is done if prognosis is unclear with treatment
      - Admit when treatment done and prognosis clearly is less than 6 months
- Delay admission
  - Revisit when new referral prognosis less than 6 months becomes more likely
- Not clear if prognosis affected by treatment
  - What is goal of treatment?
    - Prolong time no specific symptom relief
      - Benefit >> burden questionable
        - Discuss further with Medical Director
    - Relieve symptom, what symptom
      - Benefit >> burden
        - Possibly admit with treatment. Discuss further with Medical Director if any questions remain.