POLICY

High Peaks Hospice (HPH) provides hospice Routine Home Care to eligible terminally ill residents in a Skilled Nursing Facility (Facility) that has a written agreement with HPH to provide hospice services. A Case Manager Registered Nurse (RN) will be designated for each patient in a Facility to provide overall coordination of HPH services.

PROCEDURE

A. RESIDENTS OF A FACILITY NOT ON HPH SERVICES:
   1. Admission to hospice services for residents already living in a Facility will be in accordance with the current HPH Admission Policies and Procedures, the Facility, and applicable Federal and State laws and regulations.
   2. The HPH Patient Care Coordinator (PCC) or designee and the Facility’s designee will arrange a Routine Home Care admission for an eligible resident.

B. HPH PATIENTS NOT ALREADY A RESIDENT IN A FACILITY
   1. The HPH PCC or designee and the Facility’s designee will arrange a Skilled Nursing Facility admission for an eligible HPH patient desiring admission to a Facility.
   2. The patient maintains their Routine Home Care level of hospice care if HPH has a written agreement with the Facility; otherwise the hospice services are transferred to another Hospice Provider or terminated. (Also see Clinical Policy “Contracts with Skilled Nursing Facilities CP213”)

C. OTHER LEVELS OF HOSPICE CARE: HPH’s PCC or designee and the Facility’s designee will collaborate on other levels of hospice care, such as short-term inpatient care for symptom management and pain control or respite care.

D. CARE OF HOSPICE RESIDENTS IN A FACILITY:
   1. The PCC will designate an RN to provide the coordination of all services.
   2. Each HPH patient will be choose their own attending physician, which may be the Facility’s physician.
   3. All services will be specified as to type and frequency in the HPH Patient/Family Plan of Care (POC).
   4. An initial assessment will be conducted within 48 hours of admission.
5. A comprehensive assessment will be conducted within 5 calendar days of admission.
6. A POC will be established and individualized for each patient by the HPH Interdisciplinary Team (IDT) and in collaboration with the Facility staff and attending physician.
7. The POC will be reviewed as needed, but not less frequently than every 15 days, by the IDT and in collaboration with the Facility staff and attending physician.
8. A record of the POC will be provided to the Facility each time it is updated.
9. HPH staff will maintain responsibility for the professional management of the patient hospice services provided, in accordance with the POC.

E. IN-SERVICES:
1. Education will be provided to Facility staff by a HPH staff member at least annually on Hospice concepts and philosophy, policies and procedures related to Hospice services for Facility residents and issues of death and dying.
2. HPH staff will familiarize Facility staff with forms, documents, and record keeping requirements in use by HPH, as well as methods of comfort, pain control, and symptom management used in hospice.
3. PCC or designee will provide in-service training to HPH Staff on Facility policies and procedures as required in the written agreement.

F. AVAILABILITY OF HOSPICE SERVICES AFTER HOURS:
HPH nursing services and pharmacy services shall be available on a 24-hour basis through the use of the HPH On-Call system. The Facility shall access this system immediately under the following circumstances:
1. Serious significant change in patient’s physical, mental, social or emotional condition
2. Prior to any transfers from the Facility to an acute care facility
3. Patient request to speak to a HPH representative
4. Consultation or question concerning the existing HPH patient POC by Facility staff
5. Need for HPH support by patient, patient’s family, patient’s significant other, or Facility staff
6. Death of the patient

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