

GUIDELINETitle: HOSPICE PALLIATIVE CARE UNIT ADMISSION GUIDELINESDate Approved: November 07, 2011Approved By: Edmonton Zone Palliative Care Program**A. PURPOSE**

To outline the clinical criteria, process and information needed to refer persons for Hospice Palliative Care Unit admission. For the remainder of this document, the term “Hospice” may be used to describe a Hospice Palliative Care Unit.

B. HOSPICE ADMISSION CLINICAL CRITERIA

- Over the age of 18 years
- No Code Status (accepts DNR status)
- Is experiencing a progressive life limiting or life threatening disease where the focus/goals of care are on comfort and improved quality of life, not cure
- Does not require acute/tertiary care
- End of Life Care can not be provided in the home setting; expected length of stay is approximately three to four months or less, exceptions are expected.
- Goal of care is to be cared for in a hospice setting
- Agrees to transfer to an appropriate/alternative site of care if condition stabilizes and trajectory appears outside of the expected length of stay

C. HOSPICE SITES in the EDMONTON ZONE

There is a hospice unit in each of the 4 following Continuing Care Settings within the Edmonton Zone:

1. St. Joseph's Auxiliary Hospital
10707 29 avenue Edmonton, Alberta T6J 6W1
2. Edmonton General Continuing Care Centre – Mel Miller Hospice 9Y
11111 Jasper Avenue Edmonton, Alberta T5K 0L4
3. CapitalCare Norwood
10410 111 avenue Edmonton, Alberta T5G 3A2
4. Youville Home (1 bed)
9 St. Vital Avenue St. Albert, Alberta T8N 1K1

As the hospices are located within Continuing Care Settings, the Continuing Care Health Services Standards and the Nursing Homes Act guide the following:

- **Accommodation fee**

Nursing Homes Act Section 3 (7) if a patient is admitted to a nursing home for the purpose of receiving palliative care states that the operator shall not charge that resident an accommodation charge

- **Drugs and Medicine**

Nursing Homes Act Section 20 (4) if a drug or medicine is ordered or prescribed for a resident the drug shall be made available states that for the resident by the operator at no cost to the resident

D. SPECIAL CONSIDERATION FOR SUPPLIES, SPECIAL NEEDS, AND CARE LEVELS

1. Special Supplies

Special supplies must be documented on the Hospice and Tertiary Palliative Care Unit (TPCU) Admission Information forms

48 hours *may* be required to secure the following items prior to the planned admission:

- Ostomy supplies
- Supplies for latex allergies
- Specific wound care supplies
- Tracheotomy supplies (this includes the supply # for reorder)
- Tube feeding formulas and pumps
- Special drug requests (Relistor, TPA)
- Special O2 supplies
- PleurX and Pig tail catheter supplies
- Tenckhoff catheter drainage supplies
- Any other unusual or uncommon supplies in hospice

2. Special Needs

Persons with special needs must be documented on Page 3 of the Hospice and TPCU Admission Information Form and discussed with the Hospice Coordinator prior to admission. Special needs include:

- Patient's awaiting initial assessment at the Cross Cancer Institute. If initial staging of a Cancer Diagnosis is not complete prior to referral for Hospice Care, the Hospice Coordinator and Palliative Care Consultant will need to discuss further.
- A tracheotomy/tracheostomy.
- High flow oxygen (of greater than 10 L). Not able to manage greater than 15L
- High cost drugs (Relistor, TPA)
- Isolation precautions/Antibiotic resistant organisms, such as Methicillin Resistant Staph Aureus (MRSA), Vancomycin Resistant Enterococci (VRE), Hepatitis A, B, and C, previous Tuberculosis (TB), Extended Spectrum Beta-Lactamase (ESBL) Organisms, Human Immunodeficiency Virus (HIV), Clostridium difficile (C-diff)
- Any procedure that requires ambulance transportation to an acute care facility, such as paracentesis (ultra sound guided) and thoracentesis, Radiation Therapy at the Cross Cancer Institute, etc.
- Percutaneous Endoscopic Gastrostomy (PEG) or tube feedings, Nasogastric (N/G) tubes (**no** Kaofeed tubes)
- Specialty beds or surfaces. The criteria for a patient to receive a specialty surface are set by Seniors Health, Integrated Facility Living. Criteria is updated on a continual basis; therefore, not described in detail in this document. In general, the combination of these factors is considered: Braden score, wounds or ulcers greater than Stage 3, weight, functional status, oxygen needs, and aspiration risk.
- PleurX, Tenckhoff and Pig tail catheters

- Peripherally Inserted Central Catheter (PICC) lines and Central Venous Catheter (CVC) lines. Lines will **not** be accessed or maintained in hospice, only dressings completed on a weekly basis.
- Patients/families with psycho/social/spiritual/financial needs that will require interventions by interdisciplinary staff
- Continuous Positive Airway Pressures (CPAP) (at Norwood only)
- Out of province/country patients. (Out of province patients will have initials for the province attached to their health care # i.e. NB for New Brunswick)
- Packed Cell Infusions. Transfusions can be ordered on a need basis as opposed to regularly scheduled if the intervention *may improve symptoms* (fatigue and dyspnea) and will support quality of life
- Implanted Cardiac Defibrillators (ICD). Discussion and the option of deactivating ICD should be thoroughly discussed with patients and their family prior to admission to hospice. A care plan needs to be established to provide direction as to when the device should be turned off, preferably prior to hospice admission.

3. Care Levels: Hospices are not able to accept persons who require the following:

- Kaofeeds
- Dialysis (both peritoneal and hemodialysis)
- Platelet administration
- Continuous bladder irrigations (CBI)
- CVC Lines and PICC lines for fluid administration and blood draws
- Intravenous Lines (unless plan is for discontinuation)
- Bi-Level Positive Airway Pressure (BiPAP) or Ventilators
- Intravenous antibiotic therapy
- All active antineoplastic therapies
- Total Parental Nutrition (TPN), Peripheral Parental Nutrition (PPN) and Kaofeed tube feedings
- Some tracheostomies

E. INITIATING A REFERRAL TO HOSPICE

A medical referral for hospice placement is required. A Palliative Care Consultant will assess the patient to determine if admission criteria for hospice are met. For further information about how to refer a patient, please visit www.palliative.org under Clinical Information, Palliative Care Tips to view the document "**How to Access Palliative Care Services in the Edmonton Zone**".

F. DOCUMENTATION REQUIRED FOR HOSPICE ADMISSION

The following documents are required for Hospice admission:

- Demographic sheet
- Completed Hospice and TPCU Admission Information Form
- Copy of the palliative care medical consult
- Medication history, if not already included in the above consult letter
- Most recent chest x-ray (within the past year) or CT chest to rule out unusual findings including active Tuberculosis.
- Other relevant consultation notes including referrals to TB clinic
- Diagnostic reports, including blood lab work
- Discharge summary and progress notes if available

- Copies of personal directives, power of attorney or guardianship/trusteeship documentation

G. HOSPICE WAITLIST AND BED AVAILABILITY

When the patient is considered to have met admission criteria for hospice by the Palliative Care Consultant and approved by the Hospice Bed Coordinator, the patient is placed on the hospice bed waitlist. The Hospice Bed Coordinator monitors and coordinates the waitlist, triages and prioritizes access to hospice beds, and coordinates admissions.

Priority Considerations for admission include:

- Safety of the person in the present setting, including acuity of patient symptoms and ability of current site to provide care.
- Patient may/would require an admission to emergency department in the next 24-48 hours if not admitted to hospice.
- Over-Capacity or Full Capacity in acute care sites. Over crowding and lack of inpatient beds in Emergency rooms and on inpatient units impacts the ability to provide safe and timely care requirements. All efforts are then made to transfer palliative patients to one of the Hospice Palliative Care Units.

H. HOSPICE PREFERENCES

Patients referred for Hospice will be asked to select two sites. When a bed becomes available in either of these two hospice sites, the patient will automatically be transferred to the first vacancy.

Over Capacity Protocol:

Best efforts will be made to transfer the patient to one of the preferences listed. However, if an acute care site is listed as being in OCP and a bed becomes available that is NOT on this patient's preference list, patients will be requested to move to the hospice with the vacancy.

To manage expectations and reduce confusion, discussion and rationale should be provided to the patient/family emphasizing the importance of acceptance of the first available bed in relation to OCP.

If a patient is admitted to a bed at a site which was not one of the sites of preference, taxi vouchers may be requested under certain circumstances. The Palliative Care Consultant may discuss any hardships regarding transportation with the Hospice Bed Coordinator. Patients and families may request transfer to their preferred hospice site once a bed becomes available and as triaged by the Hospice Bed Coordinator.

Access is based on the following key principles:

The Edmonton Zone has a duty to balance demand for access to palliative and hospice care services with limited resources. Alberta Health Services will ensure that access to palliative and hospice care services is appropriate (based on health care needs), equitable and supports resource utilization.

When a bed becomes available, the hospice coordinator will notify the hospital unit or Palliative Care Community Consultant who will in turn contact the family and begin making arrangements for transfer.

I. HOSPICE TOURS

Patients and families can take a virtual tour of hospice sites by visiting www.palliative.org

If internet access is not available, patients and families will be provided a brochure with information and pictures of hospice.

J. ATTENDING/FAMILY PHYSICIANS IN HOSPICE

The patient's family physician is encouraged to remain as the primary physician when the patient is transferred to hospice. For physicians who do not have privileges for hospice but would like to, they can contact Medical Affairs for assistance. Physicians must visit their hospice patients every other day or 2-3 times per week, and provide 24-hour on-call coverage.

If the patient's family physician is unable to follow the patient to hospice, a new attending physician will be arranged. At any time during a patient's stay in hospice, the attending physician may request a palliative consultation.

K. TRIAL DISCHARGE/PASSES

In some cases, patients may be able to return home for their care.

1. Patients may go on trial discharges or planned passes for up to 3 or 4 days. A family conference should be arranged for discharge planning. If a trial discharge is successful and a patient and family wish to return home they are considered discharged from hospice and referral to homecare can be arranged.
2. Patients transferred to an acute care site for admission are considered an **automatic** discharge from hospice and will require a new assessment by a palliative consultant.