# Guidelines for Care of Contracted Hospice Patients Admitted to Lutheran Hospice at the Collier Center

Prior to considering bringing a patient to Collier Center-IPU

<b>Contracted Hospice Responsibilities</b>	Collier IPU Staff Responsibilities
Do any of the following situations apply?	
<b>Full COR-</b> Does this make sense for the inpatient hospice setting? What conversations can proactively happen prior to coming to Lutheran Collier Hospice IPU.	FULL COR on the IPU- What does this look like? We will accept a Full Cor patient, however, if that patient is showing s/s imminent death, or if aggressively treating severe symptoms would cause resp suppression/ decline, IPU will attempt to speak with the family for the next direction: DNR or ED. If not a DNR, IPU will send directly to ED- 911, then call contracted hospice.
Any High Risk or Safety Concerns- Any recent suicidal ideations/attempts, agitation, <u>ambulatory patients that need frequent redirection will need a sitter</u> . Please communicate this in the report.	<b>Sitter Needs:</b> Contracted Hospice may need to provide a sitter if Collier Hospice is unable to do so.
Procedures Requiring Interventional Radiology or X-ray- Contracted hospice responsibility	Lutheran Collier Hospice is not responsible for the coordination, arrangements, transportation, or cost.

bringing the patient in.

## Upon receiving notice of a Contracted Hospice patient coming to Collier

<b>Contracted Hospice Responsibilities</b>	Collier IPU Staff Responsibilities
1. 8a-5p Sun-Sat Call DAC (Daily	1. DAC notifies IPU nurse of
Admission Coordinator) 303-403-7259 to	planned admit.
confirm Bed Availability.	DAC enters patient in Suncoast
If After 5 pm, call the IPU directly at	Type- transfer from another
303-403-7200.	Hospice
2. Fax Records to Collier:	Source- Contracted Hospice
*Sun-Sat 8a-5p DAC Fax 303-403-6679	2. IPU staff takes med record info,
*Afterhours IPU Unit Fax 303-403-7297	faxed from Hospice, to the DAC.
• Face sheet	1 /
Advanced Directives	3. If after hours:
• Copy of MDPOA	Leave a message on DAC line to
Copy of Hospice POC	Arrange for a referral nurse to

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- H & P
- SW assessment
- Current MAR with the time of last dosing
- Recent clinical note (within 48hours)
- Nurse SBAR report (Situation/ Background/Assessment/ Request or Recommendation).
- 3. Nurse will call report: 303-403-7200 to RN and the IPU Provider.
  -Collier Hospice Provider will need to give the OK for the patient to be admitted.
- 4. Communicate with Charge RN prior to setting up transportation time.
- 5. Please do not bring in any controlled substances from home.
- 6. Nurse or other team members will accompany the patient over or arrive soon after.
- 7. Nurse will participate in developing IPU Plan of Care.

- Enter patient into Suncoast and Epic the following morning.
- "Pre-in" the patient as Collier Commercial by calling the hospital registration department
- Referral nurse will admit the patient as a new admission to Lutheran Hospice.
   This includes appropriate EPIC and Suncoast data entry.
- 5. Collier Hospice Providers will place orders in EPIC.
- 6. Staff will provide care as they do for all patients.
- 7. Place a large Contracted Hospice sticker listing the team members on the front of the chart.
  - -Place small sticker with the 24/7 phone number to call at time of death on body disposition form.
- 8. Work with the Contracted Hospice nurse to develop POC.

#### **Once Admitted**

#### **Contracted Hospice Responsibilities Collier IPU Staff Responsibilities** 1. Nurse will visit patient daily / 1. Day-to-day orders and care. contribute to POC. 2. Arrange time in team meeting for 2. Nurse to attend daily rounding at 1000. Contracted Hospice nurse to 3. Nurse/SW will document on paper. participate regarding his/her 4. Other staff members may choose patient. to make visits. 3. Collier Staff will determine LOC and 5. Collier Hospice providers will not sign will communicate any change of LOC to the Contracted Hospice POC (including contracted hospice after daily rounds. frequency orders for disciplines) or 4. File Contracted Hospice documentation discharge medication lists. \*Please do not in the front of the patient's chart. fax these forms to Collier. 5. Charge RN will write contracted hospice's medical director name and number on the post-mortem checklist upon admission for report out at time of death.

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# If Discharged from Collier

<b>Contracted Hospice</b>	Collier IPU Staff
1. Discharge planning.	1. Provide input for discharge
2. Arrange transportation per	planning.
Contracted Hospice contract.	2. Assist with making/faxing copies
_	as needed.

### **Upon Death**

<b>Contracted Hospice</b>	Collier IPU Staff
1. May choose to come in if desired.	1. Will make all the standard calls
2. Will notify patient's Primary Care	including family notification,
Physician and other physicians	coroner, and mortuary- Complete the
caring for the patient prior to Collier	body disposition form.
admission.	2. At the time of death call the 24/7
3. Death Certs will be signed by the	number on the Contracted Hospice
Contracted Hospice physician.	sticker to inform Hospice of the
If the physician needs the death summary	patient's death.
from Lutheran Collier Hospice, please	3. Charge RN will write the Contracted
contact medical records at 303-425-8000	Hospices' Medical Director's name and
option #3.	number on the post-mortem checklist upon
	admission for report out at time of death.

#### **Bereavement**

<b>Contracted Hospice</b>	Collier IPU Staff
1. Long-term bereavement follow-up.	1. Immediate grief support at time of
	passing and through mortuary pick up.

#### **Phone Numbers:**

Clinical Nurse Liaison: Sabryna 720-827-3424

Collier Inpatient Clinical Manager: Jennifer Carroll 720-940-8415

Billing Contact: Kelly 303-403-7300

Medical Records: 303-425-8000 (option #3) or 303-403-7315

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### **CHC ADMISSION REPORT**

# Situation: (patient sticker) Admit Date: Core Status: \_\_\_\_Dx: \_\_\_\_ Location prior to CHC:\_\_\_\_\_ Room #\_\_\_\_ P/U Time:\_\_\_\_ GIP Reason (What was unsuccessful?): RN giving Report:\_\_\_\_\_Phone number#\_\_\_ Background: Medical history: Allergies: Psych/Social history: Religious/Cultural considerations: Recent Procedures: MDPOA: Phone Number: Assessment: Vital signs: \_\_\_\_\_Abnormal Labs/Tests: \_\_\_\_\_ Neuro/Mental Status: Pain: Respiratory/ O2:\_\_\_\_\_Isolation/ Infection:\_\_\_\_ Diet:\_\_\_\_\_ Last BM:\_\_\_\_\_ Medications:\_\_\_\_ Foley: Y/N Activity/Equipment: Pacemaker AICD on/off: Lines/Drains/Shunts: \_\_\_\_\_ Skin/Wound: Recommendations: Discharge Plan (what was started prior to arriving)

RN taking Report:

<sup>\*\*\*</sup>Remind Hospital RN to keep all lines/drains and personal items with patients.