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| Discharge (Hospice) | **Last Revision**: | November 2016 |
| **Last Reviewed:** | December 2017 |
| **Applies to the following THA Group of Companies:** | Island Hospice |
| **Included in the following THA Group Manual:** | Administrative Policies & Procedures  Provision of Care, Treatment, & Service |

#### POLICY

Discharge planning is initiated during Interdisciplinary Team meeting (IDT) and involves the patient and/or caregiver at the next scheduled visit. Services are discontinued at the request of the patient/CG or when the patient no longer meets the criteria for services.

The physician, patient and/or caregiver are notified prior to discontinuation of services. If additional or ongoing care is indicated, efforts are made to assist with patient transfer to the appropriate agency or facility, and/or to their Primary Care Physician

**PURPOSE**

1. To outline the criteria for discharge from hospice services.
2. To define appropriate action when the patient no longer meets Medicare requirements as indicated by: face to face encounter, SN assessment, Certification of terminal illness by physician, or chooses to discontinue (revoke) services.
3. To describe appropriate action when the patient refuses to seek alternative care or services at discharge.
4. To list the required documentation to be included in the discharge summary.

# PROCEDURE

**DISCHARGE CRITERIA**

* The beneficiary moves out of the area or transfers to another hospice.
* The hospice determines that the beneficiary is no longer terminally ill.
* The hospice determines that the beneficiary meets the criteria regarding discharge “for cause”.

Discharge for Cause:

1. Discharge for cause of a hospice patient is based on documented safety issues. There must be documentation in the patient’s record that every attempt has been made to resolve those issues without discharge.
2. The patient is advised that discharge for cause is being considered. The Senior Management Team approves all hospice discharges for cause prior to the patient/caregiver notice.

General Discharge:

1. Prior to discharging a patient, a written physician’s discharge order is obtained. Except in extreme circumstances, hospice patients are given at least 14 days notice of discharge.
2. Hospice patients are not discharged from hospice services during a period of hospital admission. If the patient enters a non-contractual facility, every attempt is made to establish a contract to continue to provide services to the hospice patient. If a contract cannot be realized, the patient/family is informed of their options on continuation of care.
3. Hospice demonstrates through documentation that there is continued coordination of care through a discharge or transfer of a hospice patient to include specifically POC and Medication reconciliation.
4. A discharge summary is completed on Island Hospice patients and a copy is available for the physician. The summary includes the following:
5. Date of discharge
6. Physician’s notification of discharge
7. Reason for discharge
8. Summary of services provided to the patient

**HOSPICE REVOCATION**

1. An individual or representative may revoke the election of hospice benefits at any time.
2. To revoke the election of hospice care, the individual or representative must file a statement with the hospice that includes the following (see [Medicare Hospice Benefit Revocation form](file:///\\Tha-fs1\2006\Approved%20Forms\Patient%20Notifications\Medicare%20Hospice%20Benefit%20Revocation.pdf)):
   * 1. A signed statement that the individual or representative revokes the election for Medicare coverage of hospice care for the remainder of the election period
     2. The date the revocation is to be effective. This may not be earlier than the date of revocation notice.
3. On revoking the election of Medicare hospice benefits for a particular election period:
   * 1. The individual is no longer covered under Medicare for hospice care;
     2. She/he resumes pre-hospice election Medicare coverage of benefits;
     3. May at any future time elect to receive hospice coverage for any other hospice election periods that he/she is eligible to receive.
4. On revocation of the election of Medicare hospice benefits, THA Group clinical staff will:
   * 1. Notify the patient’s attending physician of the revocation decision and the effective date;
     2. Complete a discharge in the electronic health record, including a discharge summary noting the reason for revocation and needed follow up care or services. The discharge summary will be made available to the physician upon request.

**FORMS**

Notice of Medicare Non-Coverage, and Medicare Hospice Benefit Revocation forms referenced in this policy are found in the [\\THA-FS1\IslandHealth\2006\Approved Forms\Patient Notifications](file:///\\THA-FS1\IslandHealth\2006\Approved%20Forms\Patient%20Notifications) folder.

Refer to the **Patient Notifications (NOMNC) Policy** for more information on the Notice of Medicare Non-Coverage.