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| Hospice Services | **Last Revision:** | August 2016 |
| **Last Reviewed:** | July 2018 |
| **Applies to the following THA Group of Companies:** | Island Hospice |
| **Included in the following THA Manuals:** | Administrative Policies & Procedures  Provision of Care, Treatment, & Service |

**POLICY:**

Hospice services are offered to each patient and their family. Hospice care is provided in accordance with the standards of practice for palliative care, including pain and symptom management, psychosocial care, spiritual support, and bereavement services. The Medicare Conditions of Participation for hospice programs apply to all patients of the hospice organization, both Medicare and non-Medicare. The Medicare Conditions of Participation Continuation of Care Requirement (418.100(d)) and the 80-20 Inpatient Care Limitation (418.108 (d)) apply only to Medicare beneficiaries, not to non-Medicare patients.

**PROCEDURE:**

Services are offered according to Individual Plans of Care.

1. **PHYSICIAN SERVICES**

The medical direction of patient/family care and treatment is provided by the attending physician as a member of the hospice team. The hospice Medical Director is responsible for the medical component of the patient care program, serves as a consultant to the hospice team, assists in the coordination of care, and provides medical direction if needed in the absence of the primary physician. The hospice Medical Director or designee is available on call to hospice staff twenty-four (24) hours a day.

1. **NURSING CARE SERVICES**

Registered nurses and licensed practical nurses provide nursing care in coordination with the hospice team on an intermittent basis in the home setting and on a twenty-four (24) hour on-call basis. A RN designated as the RN Care Coordinator directs patient care by all service disciplines in all care settings through the implementation of the Plan of Care for each assigned patient. All nursing services are provided in accordance with the state Nurse Practice Act. Nursing services sufficient to assure nursing needs are met and according to recognized standards of practice include, but are not limited to:

* 1. Assessment and management of patient symptoms.
  2. Teaching and training activities.
  3. Administration of medication/monitoring.
  4. Supervision of nursing assistants.
  5. Evaluation of disease progression.
  6. Nutritional counseling.
  7. Working with volunteers.

1. **MEDICAL SOCIAL SERVICES**

Social workers under the direction of a physician and supervised by the AVP of Hospice or designee provides services in coordination with the hospice team to patients and families on an intermittent basis. Such services include, but are not limited to:

* 1. Assessment of the social and emotional factors related to the patient’s illness, his/her need for care, his/her response to treatment, and his/her adjustment to care.

B. Assessment of the home environment in relationship to the patient’s medical and nursing needs, his/her financial needs and community resources available.

C. Appropriate action to obtain financial assistance and community services resolving problems in these areas.

1. Counseling on the effects of social and emotional factors on patient’s/family’s physical well being.
2. Bereavement risk assessments, starting at time of patient admission.

F. Assessment of caregivers and significant other(s) in terms of coping skills, anticipatory grief process, needs for additional emotional support and provision of interventions to address identified areas of need.

1. **NURSING ASSISTANT SERVICE**

Certified nursing assistants provide personal care services to patients and families under the supervision of a registered nurse on an intermittent basis. Some of the duties performed by the nursing assistant are:

* 1. Assistance in the activities of daily living such as mouth care, bathing, transferring in and out of bed.
  2. Light housekeeping chores, such as changing bed linen, laundering duties, and meal preparation.
  3. Companionship.

1. **VOLUNTEER SERVICES**

Volunteers are offered to all patients to provide non-medical services to patients and families to assist in activities such as:

* 1. Companionship
  2. Light housekeeping
  3. Errands
  4. Visiting

G. Simple personal care tasks. Professional volunteers may provide counseling, nursing, and spiritual services for patients and families. Other professional volunteers may provide assistance to patients and families in their area of expertise on an as needed basis. Volunteers are also used to support operations.

1. **SPIRITUAL SUPPORT SERVICES**

The hospice Spiritual Care Coordinator is available to provide spiritual support, either in conjunction with, or in the absence of, the patient/family’s clergy of choice. The hospice team assesses the spiritual needs and responds to spiritual concerns. The Spiritual Care Coordinator provides services such as, but not limited to:

* 1. Assessment of spiritual and emotional needs of the patient and family
  2. Counseling related to spiritual, existential, cultural, or religious concerns expressed by the patient
  3. Informing other staff members of religious or cultural beliefs and practices that may impact patient care
  4. Providing or arranging for the provision of rituals such as prayer, sacraments, and rights of passage as appropriate to the patient’s religious and cultural background
  5. Bereavement Risk Assessments, starting at time of admission
  6. Leadership of or participation in funeral and memorial services for deceased patients
  7. Bereavement services

1. **BEREAVEMENT SERVICES**
   1. Family members are followed by Island Hospice for up to thirteen (13) months after the death of their loved one or longer if needed. Some of the services provided based on assessed needs are access to literature concerning grief and the grieving process.
   2. Opportunities for families to discuss their feelings/reactions to their recent loss.
   3. Assistance to families in utilizing existing personal support systems.
   4. Referrals to community support systems when needed.
2. **MEDICAL SUPPLIES, DURABLE MEDICAL EQUIPMENT AND MEDICATIONS**

Medical supplies, durable medical equipment, drugs and biologicals may be associated with terminal condition, and are provided as needed for the palliation and management of the terminal illness and related conditions. Island Hospice has a written agreement with a pharmacy to provide medications for the management of pain and other symptoms. A pharmacist is available to staff for consultation twenty-four (24) hours a day.

1. **PHYSICAL THERAPY SERVICES**

A physical therapist provides services in coordination with the team on an intermittent basis. Such services, provided in a manner consistent with accepted standards of practice, include but are not limited to:

* 1. Assessment.
  2. Teaching and training activities.
  3. Administration of range of motion exercises, sensory exercises and functional activities.
  4. Evaluation.

1. **SPEECH-LANGUAGE PATHOLOGY SERVICES**

A speech therapist provides services in coordination with the hospice team on an intermittent basis. Such services, provided in a manner consistent with accepted standards of practice, include but are not limited to:

* 1. Assessment.
  2. Teaching and training activities focusing on speech, hearing or language disorders.
  3. Evaluation.

1. **OCCUPATIONAL THERAPY**

An occupational therapist provides services in coordination with the hospice team on an intermittent basis. Such services, provided in a manner consistent with accepted standards of practice, include but are not limited to:

* 1. Assessment.
  2. Teaching and training activities concerning fine motor coordination, visual perception, communication skills and activities of daily living.
  3. Evaluation.

1. **DIETARY SERVICES**

A licensed dietitian is available for consults and to order food and nutrition therapies as appropriate for patients and provide nutritional counseling for patients/families and/or the hospice team as needed.

1. **CONTINUOUS CARE SERVICES IN THE HOME**

Registered nurses and/or other hospice team members provide nursing and personal care services from eight (8) to twenty-four (24) hours per day in the home during a period when the patient is experiencing a medical crisis. At least fifty-one (51) percent of this care must be skilled nursing care.

1. **SHORT TERM RESPITE CARE IN THE INPATIENT SETTING**

Respite care is provided for a hospice patient in a contracted facility to provide the caregiver a rest. The inpatient stay for respite care may not exceed five (5) consecutive days.

1. **SHORT TERM HOSPITALIZATION**

Short term hospitalization is provided for a hospice patient as a general inpatient level of care in a contracted hospital or nursing facility for control of symptoms which cannot be managed at home.