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| Hospice Continuous Care | **Last Revision:** | August 2020 |
| **Last Reviewed:** | August2020 |
| **Applies to the following THA Group of Companies:** | Island Hospice |
| **Included in the following THA Manuals:** | Administrative Policies & Procedures  Provision of Care, Treatment, & Service |

**PURPOSE**

To establish the criteria and procedures for providing continuous care services to patients.

#### POLICY

Continuous Care will be available to patients on the Medicare or Medicaid hospice benefits, or as other payers allow. Continuous care level of care must be provided for an individual patient, family/caregiver requiring continuous nursing care to achieve palliation or to manage acute medical symptoms to maintain the patient in his/her residence. Most of the care (at least 50% of hours provided) needs to be provided by a licensed nurse. Other disciplines may be used to complete the time required. Volunteers may also be utilized, but their hours are non-billable.

Continuous Care is a short-termed intervention for medical crisis. The need for continuous care and the skill level of hospice personnel needed in the home will be evaluated daily by the hospice RN Care Coordinator and/or designee and clearly documented in the patient’s medical record care notes and plan of care.

1. This program is designed to provide Continuous Care services to Island Hospice patients. The Continuous Care program consists of:
   1. An identification of a need for Continuous Care which addresses management of a symptom(s) arising from an unmet need resulting in a short-term medical crisis. Crisis situations that may require continuous care include, but are not limited to: Uncontrolled, severe symptoms. E.g. pain, dyspnea, nausea and vomiting, which require continuous skilled assessment, intervention and evaluation.
   2. When a function necessary for safe medical management must be performed and monitored continuously and/or closely. e.g. IV-related functions
   3. If the patient meets the criteria for an acute inpatient admission but cannot or will not agree to be transferred from the home setting.
   4. Seizure
   5. Hemorrhaging
   6. Highly unstable vital signs, e.g. diabetic management
   7. Severe anxiety, agitation, or confusion that poses as a safety threat
2. The Interdisciplinary Team (IDT) including the Medical Director, agree to discuss the need for Continuous Care, co-ordinate assignment of staff to manage the crisis at home, develop, implement and oversee the plan of care addressing Continuous Care by the Hospice RN Care Coordinator, and develop a plan to evaluate and determine ongoing need for Continuous Care or resolution of the problem.
3. The Administrative Director of Hospice and Palliation as well as the Clinical Supervisor have oversight for the Continuous Care program.
4. A formalized orientation is conducted for all caregivers providing Continuous Care.
5. The Administrative Director of Hospice and Palliation oversees Continuous Care in coordination with Directors should non-hospice staff be involved.
6. The IDT develops a modified plan of care to address post-Continuous Care needs.

**PROCEDURES:**

Identification of Need for Continuous Care

1. Continuous Care need is identified by clinician and/or member of the support team. The need is based on a medical crisis that needs more intense intervention than daily visits from staff.
2. The Administrative Director of Hospice and Palliation is notified of need for Continuous Care by the clinician or member of the support team identifying need for change in level of care.
3. Hospice RN Care Coordinator makes visit to patient’s home to assess medical crisis and need for Continuous Care.
4. Hospice RN Care Coordinator communicates need with patient and/or family as well as other members of IDT, Attending MD, and Administrative Director of Hospice and Palliation.
5. IDT determines specific Continuous Care need in conjunction with patient and family including plan of care changes, medication changes and monitoring, and number of hours needed per day.
6. Physician order is obtained to change patient’s level of care.

Changes to Plan of Care:

1. Hospice RN Care Coordinator is responsible for ensuring the patient’s plan of care is updated to reflect need for Continuous Care, interventions needed to meet needs of symptom management, determination of number of hours to be provided per 24-hour period, changes in medications, collaboration with IDT and Attending MD as well as the patient and family.
2. Hospice RN Care Coordinator is responsible for ensuring Continuous Care is implemented in coordination with the Administrative Director of Hospice and Palliation and the Clinical Supervisor.
3. Hospice RN Care Coordinator communicates with Continuous Care caregivers to ensure they understand the plan of care, documentation needs, etc.
4. Hospice RN Care Coordinator communicates daily with other IDT members re: patient’s progress toward goals, changes needed to the plan of care, need to continue Continuous Care, etc.
5. Hospice RN Care Coordinator visits patient daily while on Continuous Care to monitor patient’s progress toward goals, response to treatment, etc.
6. Hospice RN Care Coordinator communicates with patient and family, IDT members, Attending MD, and Administrative Director of Hospice and Palliation when Continuous Care goals have been met and obtains collaborative agreement that level of care should be changed back to Routine Home Care.
7. Physician order is obtained to change patient level of care from Continuous Care to Routine Home Care.

Continuous Care Staffing

1. Hospice RN Care Coordinator collaborates with the Clinical Supervisor and Administrative Director of Hospice and Palliation to discuss the need for Continuous Care staffing.
2. The Clinical Supervisor in collaboration with the Administrative Director of Hospice and Palliation are responsible for staffing skilled nursing for Continuous Care and ensuring 51% of care is provided by a skilled nurse.
3. The Administrative Director of Hospice and Palliation collaborates with ILAH managers for supplemental staffing to provide the other 49% of Continuous Care staffing with Hospice oriented caregivers.
4. Hospice RN Care Coordinator is responsible for communicating the Plan of Care changes, including interventions and documentation needs to all caregivers providing Continuous Care.
5. Hospice RN Care Coordinator is responsible for ensuring implementation of Continuous Care and daily oversight of Continuous Care provided in conjunction with the Clinical Supervisor

Continuous Care Documentation

1. Documentation for Continuous Care needs to reflect the purpose for Continuous Care, interventions being provided and patient’s response to interventions.
2. Documentation occurs hourly either in the electronic medical record (EMR) or by flow sheet for Certified Nursing Assistants or qualified ILAH caregivers.
3. Hospice RN Care Coordinator/Clinical Supervisor are responsible for ensuring that Continuous Care documentation is timely and appropriate and in accordance with agency policies and procedures.

Billing for Continuous Care

1. Billing for Continuous Care is done for 24-hour cycles beginning at 12 midnight and ending at 12 midnight.
2. Continuous Care must be provided for a minimum of eight (8) hours per day and can be provided 24 hours a day as determined in the patient’s Plan of Care by the IDT.
3. For Continuous Care to be billed, at least 51% of the Continuous Care hours must be provided by a skilled nurse (RN).
4. Hours do not have to be concurrent. For instance, if a patient is receiving ten (10) hours of Continuous Care, they can receive ten consecutive hours of care or they might receive five (5) hours in the morning and five (5) hours at night.
5. It is the Hospice RN Care Coordinator’s responsibility to notify the financial department via email to Hospice Notifications group email to ensure the patient’s level of care is changed in the electronic medical record at the time they are placed on Continuous Care and when they return to Routine Home Care.
6. Continuous Care billing is submitted in compliance with federal, state and other regulatory institutions.

Change in Level of Care

The level of care, routine home care, or continuous care must be documented timely for billing/recordkeeping purposes.