

Subject: Supporting Individuals Receiving Hospice Services

Purpose: To ensure the Health, Safety and Welfare of the Individuals by Woodhaven when providing end of life services

Woodhaven's mission is to provide lifelong services to all individuals supported, including end of life services for those with terminal conditions when it is within our ability to safely support the person. When this circumstance arises in the life of an individual supported by Woodhaven and a referral for end of life services has been made by the Individual's Primary Care Physician the issue of whether Woodhaven is able to support the delivery of services will be presented to the Medically Fragile Panel (see procedure #2-6-24) by the Individual Planning Team. The panel will make a recommendation to CEO regarding the appropriateness of Woodhaven providing end of life support for the individuals. The panel will evaluate if the agency can safely support the individual and provide the needed end of life care and support that the individual requires without impacting Woodhaven's ability to meet the needs of the other supported individuals.

Once the agency has agreed to support an individual who requires end of life care, and the legal representative of the individual is in agreement that hospice services are appropriate, Woodhaven will work with the Primary Care Physician to obtain an order for Hospice services. Hospice services recognize that death is the natural conclusion of life and their overall goal is to control pain, give the patient a better quality of life in the final stages of illness and allow patients to die with dignity. They provide support to the agency and the direct support staff during this process. Their processes can sometimes cause conflicts with Woodhaven meeting their contract guidelines with the Department of Mental Health. All staff working with an individual receiving Hospice services will receive training by their Home Coordinator/Program Manager on the attached Staff Training Hospice Checklist.

The non-hospital DNR paperwork will be completed (as outlined in procedure #5-10-12). Once the non-hospital DNR has been approved, the Community RN will train all staff working in the home of the parameters of the non-hospital DNR for that specific individual. They will document this training and staff will sign off on the training. A copy will be maintained in the individual record in the home.

The Community RN and the Program Manager who is assigned to the individual will meet with the Hospice Provider and assist in completing the intake paperwork and providing all necessary documents to the Hospice Nurse. The Community RN/PM will share the attached Hospice planning Checklist. Hospice providers will be requested to sign acknowledgement of our Contract requirements. A copy will be given to Hospice and the original maintained in the Hospice record in the home.

The LPN from the Health Services Department at Woodhaven will review all medication and treatments ordered through Hospice within 24 hours to verify that all medications have been transcribed correctly, the medications are in the home, all medications and treatments are being completed as ordered. The Community RN will make a minimum of bi-weekly visits to the home when a person is receiving Hospice services. The Program Manager will work with the team to secure additional nursing units.

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All medications will be administered according to the standards of the currently accepted Medication Administration Class approved by the Department of Mental Health. Copies of all medication orders will be obtained and placed in the medical chart of the individual supported. PRN medications will not have specific times assigned to them and all medications will be documented at the time of administration.

The Director of Programs or designee will determine if additional supervisory oversight is required at the home and develop a schedule of increased supervision visits when warranted. The Director of Programs will work with the planning team to evaluate if additional direct support staffing will need to enable the agency to safely support the individual. The Director of Programs will work with the funding source to ensure increased hours are approved.

The Department of Mental Health (DMH) Regulations provide that agencies cannot withhold or withdraw food, hydration, antibiotics, anti-seizure medication or psychotropic drugs while a person is receiving services in a DMH setting. Woodhaven Registered Nurses will explain this to the Hospice, as prescribing antibiotics is typically not part of Hospice care. The agency nurse will advocate for antibiotics when the need is present. This information is included within the attached Hospice Planning Checklist.

If any medical delegations are required, a Registered Nurse from Woodhaven will complete the training prior to any treatment being performed by a non-licensed staff. If a Hospice nurse has trained a staff person on a procedure, A Woodhaven Registered Nurse will be present and ensure that staff demonstrates competency prior to implementation. A copy of the delegation will be maintained in the home as well as the main medical record.

The agency R.N/LPN will be notified by DSP or HC anytime the Hospice nurse changes an order. Staff will request documentation of verbal orders from Hospice. A signed physician order must be given to the Home Coordinator within 7 days or staff will be unable to implement the order. Home Coordinator will upload orders to Therap and notify LPN/RN via s-comm that change orders are present. Any program staff (Direct Support Professional, Team Support Lead, Home Coordinator, Program Manager etc.) has the authority to inform a Hospice nurse they cannot pass a medication without documentation of a verbal order from the Hospice Nurse. Direct Support staff should direct Hospice nurse to contact their supervisor if necessary.

If a controlled substance or any other medication needs to be drawn up into a syringe for administration (example: Morphine Liquid being administered sublingually), the COO and Director of Programs will determine if we want these syringes pre-filled by a RN. Pre-filling the syringes will help verify that the patient is receiving the correct dose of the medication along with keeping a more accurate count of the controlled substance. Other medications may be set up in a pill planner if the COO and Program Director feels it is necessary. The syringe or pill planner will be pre-filled by a Registered nurse according to PAM division guideline #35. Any other Woodhaven policies and procedures applicable to the administration of controlled substances also apply in context of these Hospice procedures.

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A Registered Nurse from Woodhaven will see the patient as necessary, but at a minimum of bi-weekly initially. As the individual's condition declines these visits will increase in order to monitor the individual's health, verify that staff are providing treatments and medications as ordered, and perform any necessary delegations. Controlled substances and the MAR will be reviewed with each RN visit for additional oversight. If syringes need to be pre-filled a nurse (either RN or LPN) will need to be present each time there is a staffing change. The frequency of visits will be based on the individual's needs. Additionally, budgets for the person supported will be submitted to the Regional Office in order to cover the cost of the increased nursing hours.

Signed: _____
Chief Executive Officer

Date: _____

CC: Woodhaven Hospice Planning Checklist
Woodhaven Staff Training Hospice Checklist