

Hospice Patient Care Workflow

Admitting a patient through patient discharge



Family contacts primary care doctor

The family of the loved one contacts the primary care doctor about loved one's decreasing health and impending death.

Primary care physician suggests hospice

Primary care doctor suggests hospice. Hospice focuses on comfort care. It focuses on symptom management rather than aggressive treatments that puts the loved one in pain.

The main qualification to be a hospice patient is that they may have 6 months or less to live.

*Family must have recommendation from primary care physician

Primary care doctor asks hospice for patient evaluation

Primary care doctor writes subscription and faxes/emails it ("please evaluate this patient for hospice") to hospice agency in the surrounding area.

The family gets to choose the hospice agency for their loved one. Decision between nonprofit vs for-profit hospice agency.

Hospice secretary receives fax/email

Hospice secretary receives fax and puts potential patients basic information into the hospice software.

Basic information includes: home address, phone number, next of kin, insurance, primary care physician who faxed it over, etc.

This is done before the hospice patient is admitted or assessed by a hospice nurse to ensure they meet hospice criteria.

Hospice nurse manager assigns nurse to assess potential patient

Hospice nurse manager selects a hospice admissions nurse to physically go out and assess the potential patient at their home to see if they qualify for hospice. The nurse arranges a visit with the family and patient at the patient's residence.

Nurse assessment at potential patient's home

Assessment is a physical check of the patients vitals and health. Hospice is a medicare benefit so the assessing nurse must follow specific hospice medicare criteria and regulations. If the patient qualifies then the patient gets admitted to hospice.

Hospice medical director makes final decision

The hospice medical director (doctor) makes the final decision based off the admissions nurses assessment of the patient's symptoms and qualifications for hospice.

Patient admitted to hospice

If patient passes assessment check from the nurse and meets the criteria then they are admitted to hospice after hospice medical director reviews the nurses assessment. Admissions nurse charts this all within the hospice software.

Admissions nurse and doctor decide the needs of the patient

Admissions nurse talks with the doctor and they decide the best way to care for the patient that has been admitted. They talk about medications, physical equipment that will be needed in and around the home. They discuss the patient's vitals and previous medical conditions that could influence the course of action they take moving forward.

Hospice service decisions are made by patient and family

Admissions nurse puts orders in the software for what the patient and patient's family want regarding hospice services.

Decisions like:

- Frequency of nurse visits? Do they want a chaplain to visit? Social worker to visit? Home health aid services? Volunteer visits? Homemaker visits?

Admissions nurse assigns hospice services for patient

The admissions nurse assigns specific tasks to different hospice professionals in the agency depending on what services the family has requested from hospice. All this is done in the software.

For example:

- Volunteers can keep patients company during the week if requested.
- Nurses are assigned specific number of days and hours they need to visit the patient and do check ups

Patient's medicare or private insurance gets billed for hospice care

The hospice patient's medicare starts getting billed via a per day charge for hospice (\$140 a day flat rate). The hospice nurse never sees the billing. That is done through billing and accounting in the hospice agency or larger hospital that owns the hospice.

Hospice accountant do all the billing for hospice. Many hospice patients on medicare pay nothing! Nothing for medicine and equipment. This relates to their primary diagnosis given by the primary doctor.

**Hospice patient's family have the choice of ending hospice at anytime.*

Primary care nurse is assigned

Through the software or a meeting a hospice primary care nurse is assigned to care for the patient during the length of their stay in hospice. They organize dates and times each week where they will be visiting the patient.

They are able to connect through hospital software and EMRs to see more details about patients past history and vitals before visiting them and beginning a relationship.

*most nurses are assigned by geographical area and specific nursing homes

Primary care nurse starts making visits

Primary care nurse starts to see the patient at their home. This nurse is the eyes and ears for the hospice physician. They are one of the most important parts of the hospice agency. They make late night runs, interact with family, make decisions on the fly, and drive around for miles a day to see all their patients.

Patients are notified before the primary care nurse makes a visit. Patient has power to say no to a visit. The visit frequency per week is set by the admissions nurse and physician when the patient is admitted.

Primary care nurse is in constant contact with patient's family

The primary care nurse is in constant contact with patients family and main care giver. Contact through calls and in person visits.

- Family can call 24/7 the hospital switchboard and then ask to be transferred to the hospice nurse on call
- The main care giver is the one (husband or wife or designated child) who communicates with the nurse and rest of the family

*there is problem with who to contact, no personal cell phone is given out because primary care nurse isn't on call 24/7. Must be one central number to call 24/7

Primary care nurse charts each visit

Every visit the nurse makes is charted in the software. The nurse charts the patient's vitals and updates the information about how the patient is feeling (physically, emotionally, and spiritually). The primary care nurse is concentrating on documenting episodes of pain, problems with medications, or any symptom that is out of control.

Based off of the primary care nurses charts, hospice physicians make changes to patient's medications as well as courses of action moving forward.

Process continues until patient is discharged

The primary care nurse continues to see the hospice patient and communicate with the family until the patient is discharged. Most times discharged means the patient passes away. However, sometimes the patient's condition increases and they are discharged from hospice.

Every three months hospice patients are reevaluated to see if they still qualify for hospice (based off medicare regulations).

*after two evaluations after three month periods the evaluation period shortens to two months for the rest of the stay in hospice

Patient discharged

Once the patient passes away or is taken off hospice the primary care nurse fills out final information about the patient.

Information includes:

- Did the patient pass away? Did they get better? Did they just want to leave hospice for other reasons? No longer meets hospice criteria? Transfer to another hospice?

Patient removed from hospice

Finally, the hospice patient is removed from the hospice software and the primary care nurse and team assigned to that patient are assigned to new patients. This process continues on every day at hospices around the world.