INTERDISCIPLINARY CLINICAL
Policy & Procedure

Title:	Hospice Assessment Requests	Number:	CL-HOS-002
Sponsor:	Director, Palliative Care Integration	Page:	1 of 5
Approved by:	VP, Integrated Health Services	Approval Date: Effective Date:	Aug. 19, 2019 Sept. 24, 2019
Applies To:	All NSHA Staff		

POLICY STATEMENT

1. A request for Hospice assessment is made when the patient's Most Responsible Health Care Professional believes that the patient is appropriate for Hospice based on the eligibility criteria, as outlined in CL-HOS-001 Hospice Eligibility.
   1.1. Requests must come from the patient's Most Responsible Health Care Professional.
   1.2. If the person making the request is not the patient's Primary Care provider, the person or team making the request must inform them that it has been made.
   1.3. Requests are not accepted directly from patients or family members.
2. Any special care needs or circumstances (such as those listed in CL-HOS-001 Hospice Eligibility) must be discussed with a member of the Hospice Health Care Team at the time of request for assessment.
3. A file is retained by the Hospice Health Care Team for three months following a patient assessment for those patients who:
   - Are predicted to meet the eligibility criteria in the near future (within 3 months).
   - Currently meet the criteria but are not ready for admission.
4. For the patient to be considered again for Hospice, the Requesting Party must:
   4.1. Contact a member of the Hospice Health Care Team, during the three month period the patient remains on the list.
   4.2. Send any new pertinent information to Hospice.
   4.3. Send a new request if 3 months from the initial assessment has passed.

GUIDELINES

1. Admission priorities are determined by individual Hospice Medical Directors and/or Nurse Managers through a collaborative triage process with Care Partners.
   1.1. Eligible patients' care needs and acuity are the primary factors in considering priority for admission.
2. Admission decisions are guided by patients' place of care. This includes people:
   2.1. Living at home or those precariously housed, whose care needs exceed what they can manage safely or comfortably with the resources available to them (first admission priority).
   2.2. Accessing care in a hospital or other care institution (second admission priority).

Note: Admission to Hospice is not considered emergent, and patients are not generally accepted in direct transfer from emergency departments or other facilities without an in-person assessment.

ROLES AND RESPONSIBILITIES

1. Hospice Assessor or Surrogate is responsible to:
   1.1. Review and prioritize requests for Hospice according to the identified care needs and acuity of the patients.
   1.2. Complete an in-person standardized assessment of the patient, if appropriate, based on the information provided in the request for assessment.
   1.3. If applicable, communicate the reason(s) for not admitting the patient to the Requesting Party.
   1.4. Document this decision.

Note: It is the responsibility of the **Requesting Party** to inform the patient/family if it is decided that the patient is not accepted for admission.

1.5 Complete as part of the in-person assessment, as appropriate, the following:
   1.5.1 A standardized assessment, and/or a review of the content of the request for assessment, and any supporting information as required.
   1.5.2 Explain and discuss with the patient or Delegate/SDM the Hospice philosophy of care and the Hospice admission agreement (if applicable).
   1.5.3 Once the patient or Delegate/SDM has a chance to review the Hospice admission agreement, ask them to sign it.
   1.5.4 Provide a description of the Hospice facility and its amenities.

1.6 Confirm that the patient has a signed Do-Not-Resuscitate/Allow a Natural Death document.

1.7 After the patient has been deemed appropriate for Hospice, place the patient on the list for admission to Hospice.

Note: The Hospice Assessor or Surrogate, at their discretion, may waive the in-person assessment when it is clear from the consultation with the Requesting Party that the patient meets the eligibility criteria.

REFERENCES

Nova Scotia Department of Health and Wellness. (2017). "Policy framework for the establishment of Hospice as a setting of care in Nova Scotia.".

Government of Nova Scotia. (2010) "Personal Directives Act – Information for Health Care Providers."

Personal Directives Act, Statutes of Nova Scotia (2008, c. 8). Retrieved from the NS Legislature website https://nslegislature.ca/sites/default/files/legc/statutes/persdir.htm

RELATED DOCUMENTS

Policies

NSHA CL-HOS-001 Hospice Eligibility

Appendices

Appendix A – Definitions

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Appendix A: Definitions

Care Partners	This term is between the person with a chronic condition and their loved one to be partners in care as best as they can.
Delegate/Statutory Decision-Maker (SDM)	The person named in a Personal Directive or authorized under the *Personal Directives Act* to make decisions on behalf of the patient when that person lacks capacity to do so.
Hospice	A term that encompasses both a *setting* of care and a *type* of care for those near the end of life, focused on comfort rather than acute care. Hospice as a *setting* can include stand-alone facilities or designated Hospice beds in other locations. In this policy, "Hospice" will refer to a community-based hospice facility. Hospice is a focused, team approach to providing healthcare and other needed services to patients nearing the end of life.
Hospice Assessor or Surrogate	A health care professional with training in Hospice palliative care who is authorized by Hospice leadership to assess patients for admission.
Hospice Health Care Team	The Hospice's mission is to provide comfort care to patients and their families in a home-like setting. The Health Care Team may be comprised of physicians, nurses, social workers, therapists, pastoral representatives, home health aides, volunteers, and family caregivers.
Most Responsible Health Care Professional	The health care professional who has the overall responsibility for directing and coordinating the care and management of a patient at a specific point in time**.**
Primary Care	The ongoing health care usually provided by a Family Physician or a Nurse Practitioner. Typically, Primary Care providers act as the first contact and principal point of care for patients within a healthcare system, and they facilitate access to other specialist care that a patient may need.
Requesting Party	The health care professional, person or team asking for an assessment for Hospice to be completed.

Version History

Major Revisions (e.g. Standard 4 year review)	Minor Revisions (e.g. spelling correction, wording changes, etc.)
New 2019	