VNAA Blueprint for Excellence
PATHWAY TO BEST PRACTICES

Care Initiation:
Critical Interventions

VNAA Best Practice for Hospice and Palliative Care
The first few days following a patient’s admission to hospice are the most critical. It is an emotionally and physically stressful time for patients and caregivers who often feel overwhelmed and anxious. This time frame can also have a tremendous impact on outcomes both for the patient and caregivers. Patients must be accurately evaluated to ensure safe, timely, efficient, and effective care.
Why Critical Interventions

• Hospice admission is often a difficult and stressful time for patients/caregivers.
• Staff requires a specialized skill set to meet the needs of newly admitted patients/caregivers.
• The Hospice IDT is required to provide accurate clinical assessments and interventions as well as adhere to stringent regulatory requirements.
• The patient/caregiver experience of care is often positively or negatively impacted by the initial visit.
Definition of Best Practices

1. The hospice program has a mechanism in place during the intake process to identify possible issues and concerns that need immediate intervention.
2. The initial visit is made within 24 hours of institutional discharge or referral.
3. Consider the use of some form of telehealth monitoring in hard to staff regions or rural areas.
Critical Interventions/Actions - RN

- See VNAA Module on Crisis Management for additional Crisis Admission Interventions.
- Provide a discussion of hospice covered services, including levels of care, disciplines available, physician services, pharmacy and DME coverage as per the patient’s insurance benefit.
- Consent forms including Consent for Treatment, the Notice of Election, a statement of Rights and Responsibilities should be signed.
Critical Interventions/Actions – RN (2)

• In many cases the RN and MSW should make a joint visit.
• Train staff on how to assess the patient’s perception of their health condition (disease process, treatment plan, prognosis).
• Staff should also be trained to investigate the importance of cultural belief/values/practices of the patient’s culture of origin.
• See VNAA modules Treatment Preferences and Beliefs for a discussion of DNR, hospitalization and other treatment preferences interventions.
Critical Interventions/Actions – RN (3)

• Utilize a re-hospitalization risk assessment.
• Leave an Emergency Plan in the home that explains how to contact hospice.
• A nursing assessment with an emphasis on symptoms should be a part of the documentation system.
• There should be specific documentation/assessment guidelines developed for non-cancer diagnoses.
Critical Interventions/Actions – RN (4)

• A nutritional assessment should be utilized.
• A functional assessment, including both ADL’s and IADL’s, should be completed.
• Determine what DME the patient is using or needs.
• Determine need for referrals to other disciplines.
• Determine imminence of death. If needed, discuss status of funeral plans.
Critical Interventions/Actions – RN (5)

- If patient unable to tolerate a long initial visit plan for revisit the next day utilizing the same clinicians.
- Make sure patient is safe before leaving the home.
- Initiation of care is not complete until all members of the IDT have done an assessment and developed interventions.
- There should be a mechanism in place for easy communication among members of the IDT.
If initiation of care is for General Inpatient Care documentation should include:

- Reason for GIP stay
- Is patient experiencing rapid deterioration?
- Goals of GIP stay
- Reason why care cannot be managed at home
- Is the patient expected to return to routine home hospice care?
Critical Interventions/Actions – Chaplain

Spiritual care assessment should include the following domains:

- Religious affiliation if any
- Place of worship and name and contact information of any clergy the patient/caregiver wishes hospice to contact
- Spiritual beliefs/strengths and resources for comfort.
Critical Interventions/Actions – Chaplain (2)

- Spiritual distress – areas of discomfort or struggle.
- Any cultural issues/concerns impacting spiritual plan of care.
- Provide interventions based on identified needs
- Invite community clergy to IDT
Critical Interventions/Actions – Psychosocial Assessment

A complete psychosocial assessment should include the following domains:

- Primary language and any interpreter services needed as well as patient’s ability to express thoughts, feelings and needs
- Other individuals/caregivers participating in interview
- Type of living arrangements and supportive care availability.
- Caregiver and/or friends available to help.
- Community resources available/needed/accepted
Critical Interventions/Actions – Psychosocial Assessment (2)

• Psychosocial history of illness and response to illness.
• Preferred environment of death for patient.
• Preferred environment of death for caregiver.
• Help with funeral arrangements other financial needs.
• Survivor risk assessment with referral to Bereavement for concerns.
Tools

- **MAHC 10 Falls Risk Assessment** standardized questionnaire that scores the patient in 10 areas to come up with a risk level
- **PPS** – Palliative Performance Score (Copyright 2001 Victoria Hospice Society)
- **FAST** (©Barry Reisberg, MD 1984) - Functional Assessment Staging for dementia
- **BRADEN** - Risk assessment for pressure ulcers
- **CAM** – Confusion Assessment Method (for ICU)
- **GCS** – Glasgow Coma Scale aims to give a reliable, objective way of recording the conscious state of a person. Used in monitoring chronic patients in intensive care.
Tools - 2

• **MNA®** – Mini Nutritional Assessment – reflects the patient’s nutritional condition among other domains and is predictive of patient’s outcome (death or survival)

• **NYHA** – New York Heart Association Functional Classification provides a simple way of classifying the extent of heart failure.
Training Programs

• Meeting Patient Health Literacy Needs.pdf (PowerPoint)
• Maximizing Patient Engagement Through Communication.pdf
• Motivational Interviewing in Home Care.pdf