A. PURPOSE

To outline the criteria, process and information needed to refer a patient for hospice palliative care unit admission. For the remainder of this document, the term “hospice” may be used to describe a hospice palliative care unit.

B. HOSPICE ADMISSION CRITERIA

The Patient:

- is 18 years and older
- is experiencing a progressive life limiting or life threatening disease and wishes to focus on comfort and quality of life
- has indicated that they no longer require or are benefitting from life sustaining medical treatment. Goals of Care Designation (GCD) is C1 or C2; M2 may be considered
- has a Do Not Resuscitate (DNR) order if no GCD is completed
- is not awaiting consultation for initial assessment, staging or treatment of disease at the Cross Cancer Institute or other cancer center. Patients waiting for palliative radiation are eligible for admission
- has an expected length of stay of approximately three to four months or less; exceptions may be considered
- wishes and agrees to transfer to hospice to receive end of life care when remaining at home is no longer possible or acute care is no longer required
- agrees to reassessment for alternative level of care if condition stabilizes and disease trajectory appears to exceed expected length of stay
- has been assessed by a palliative care consultant and has met all the above criteria for hospice

This list is not meant to be inclusive of all criteria and is best used as a general reference summary. See Appendix 1.

C. INITIATING REFERRAL TO HOSPICE

To determine patient eligibility for hospice, a referral from a physician or nurse practitioner to the Edmonton Zone Palliative Care Program (EZPCP) is required. For further information about how to refer a patient, please visit the EZPCP website www.palliative.org under the heading “For Professionals”, and then tab down to “How to refer a Patient”.

www.palliative.org
Referrals for patients living outside of the Edmonton Zone can be made by contacting Community Care Access (CCA) at (780) 496-1300. See Appendix 2.

D. ACCESS AND WAIT LISTING

A hospice assessment consult is completed by a palliative care consultant. The assessment and supporting documentation is forwarded to the bed hub coordinator (BHC) for review and wait listing.

The BHC monitors the waitlist, triages, prioritizes, and coordinates admissions to hospice beds.

The Edmonton Zone (EZ) has a duty to balance demand for access to hospice care services with resources. The EZPCP will ensure that access to hospice care services are appropriate (based on health care needs), equitable and supports resource utilization.

Priority considerations for admission include:

- Acuity of patient’s symptoms and the ability of the caregivers to meet the patient’s needs
- The likelihood the patient may/would require an admission to an Emergency Department in the next 24-48 hours if not admitted to hospice
- Triggered Over-Capacity Acute Care protocols (OCP)

E. EDMONTON ZONE HOSPICES

Hospice care is provided in the following Continuing Care facilities:

1. Covenant Health Edmonton General Continuing Care Centre – 26 Beds
   11111 Jasper Avenue, Edmonton, Alberta, T5K0L4

2. CapitalCare Norwood – 23 Beds
   10410 111 Avenue, Edmonton, Alberta, T5G3A2

3. Covenant Health St. Josephs Edmonton – 14 Beds
   10707 29 Avenue, Edmonton, Alberta, T6J6W1

4. Westview Health Centre Continuing Care – 6 Beds
   4405 South Park Drive, Stony Plain, Alberta, T7Z2M7

5. Covenant Health Youville Home – 1 Bed
   9A St. Vital Avenue, St. Albert, Alberta, T8N1K1
All sites are tobacco and smoke free environments. Smoking cessation options should be discussed prior to admission.

As the hospices are located within continuing care settings, there is no accommodation fee charged and all medications and supplies are provided.

Patients and families can see pictures of hospice sites by visiting [www.palliative.org](http://www.palliative.org) under the heading “Patients and Families” and then under the drop down box “Hospice Units in the Edmonton Zone.” Hospice tours can be arranged upon request.

Brochures with information on hospice programs are also available.

**F. HOSPICE PREFERENCE**

Patients assessed for hospice admission will be asked to select two preferred locations. When a bed becomes available in either of these two hospice sites, the patient will automatically be offered the first vacancy.

Efforts will be made to match the patient to one of the two stated preferences; however, sometimes acute care system pressures will necessitate locating a patient in a non-preferred site. When this occurs, transfer between hospice sites can be requested. Discussion with the patient and family to determine if transfer is in the best interest of the patient will occur prior to relocation.

**G. PHYSICIAN COVERAGE IN HOSPICE**

The patient’s family physician is invited and encouraged to continue as the primary care provider when the patient is transferred to hospice.

If the family physician does not have hospice privileges, the BHC can provide contact information to Medical Affairs.

If the patient’s family physician is unable to continue care of the patient in hospice, arrangements can be made for an alternate attending physician.

Physicians are expected to visit hospice patients at least 2-3 times per week, and provide 24-hour on-call coverage. For absences, physicians are strongly advised to ask a physician with existing privileges and who is already familiar with providing care in a hospice setting for coverage. The hospice manager at each site can assist with this.

The attending physician may request a palliative consultation at any time during a patient’s stay in hospice. This may also include an initial transition visit as part of the patient’s hospice admission process.
H. DISCHARGES

- If a patient wishes to return home, a family conference for discharge planning will be arranged. A trial discharge or planned passes are offered for up to 3 days. After completion of the trial discharge, and if successful, the patient is considered discharged from hospice. A referral to Home Care will be initiated for support in the community.

- When a patient or family request further acute medical management (GCD no longer C1 or C2) and the patient is transferred to an acute care site for admission and treatments, they are considered an automatic discharge from hospice.

- If it is determined by the attending physician and the patient and family are in agreement that further acute medical management is required the attending physician will make arrangements for admission to an acute care site for medical/surgical management. Patient care needs would need to be reassessed prior to re-admission back to hospice.
Hospice Criteria Summary of Supplies and Care Needs
Appendix 1

Please discuss with the hospice bed coordinator if one or more of these apply. Patient may or may not meet admission criteria for hospice. Patients must have Goals of Care Designation (RMC) of C1 or C2. **M2, discussion with bed hub coordinator.**

### SUPPLIES
Supplies (sufficient for 2-3 days) may be requested by the admitting hospice to prevent delays in patient care *Type, size and supply number must be documented in Pathways or on Hospice Out of Zone admission form.*

- Ostomy supplies
- Latex-free supplies for patients with latex allergies
- Specific wound care supplies
- Tube feeding formulas and pumps
- Special drug requests (Relistor, Hormone Therapies from CCI)
- PleurX and pigtail catheter supplies
- Tenckhoff catheter drainage supplies
- Any other unusual or uncommon supplies
- Chest/Abdominal tubes other than Pleurx or Percutaneous Gastrostomy (PEG) tubes

### SPECIAL NEEDS
*These situations **must be documented and discussed** with bed hub coordinator

- Unnecessary medications should be streamlined/discontinued
- Remove Intravenous sites and metal butterfly needles
- High cost drugs
- Isolation/special precautions/antibiotic resistant organisms such as: Methicillin Resistant Staph Aureus (MRSA), Vacomycin Resistant Enterococci (VRE), Hepatitis A, B and C, previous Tuberculosis (TB) patients with active TB requiring isolation cannot be managed in a hospice setting, Extended Spectrum Beta-Lactamase Organisms (ESBL), Human Immunodeficiency Virus (HIV), Clostridium Difficile (C-Diff). This information is required for safe transition and care of patients
- Any procedure that requires ambulance transportation to an acute care facility such as paracentesis and thoracentesis, radiation therapy or follow up at the Cross Cancer Institute
- Bariatric specialty beds or surfaces that are not part of the equipment provided in each hospice need to be arranged. All sites have pressure relief mattresses. Continuing Care and Facility Living set the criteria for specialty surfaces. In general, approval for a specialty surface is determined by Braden score, wounds or ulcers greater than Stage 3, weight, functional status, oxygen needs and aspiration risk.
- Peripherally Inserted Central Catheter (PICC) lines and Central Venous Catheter (CVC) lines that cannot be removed will not be accessed or maintained in hospice. Dressing will be changed according to protocol
Patients/Families with extensive psycho/social/spiritual/financial needs that will require interventions by interdisciplinary staff

Continuous Positive Airway Pressures (CPAP) can only be managed at Edmonton General, St. Josephs or CapitalCare Norwood

Out of province/country patients. Out of province patients will have initials for the province attached to their health care number (i.e. NB for New Brunswick). These patients can only be transferred to sites that have auxiliary hospital designation. CapitalCare Norwood and Youville do not have this designation

Blood transfusions. Transfusions may be offered for symptom management only

*Hospice admission is not yet indicated for patient’s still transfusion dependant.

Implanted Cardiac Defibrillators (ICD). The ICD must be deactivated prior to hospice admission

*Wandering patients that are low functioning (medicated or PPS 40% or less)

Please note: These are clinical points for consideration. This list is not meant to be inclusive of all clinical criteria and would be best used as a general reference summary. Please call the Hospice Bed Hub (780) 735-8353 with any clinical questions or concerns.

---

### Care Needs that Do Not Meet Hospice Admission Criteria

*Hospices are not able to accept patients who require the following

- Feeding via a Kaofeed tube
- High flow oxygen (more than 15L/min) including Optiflow and Vapotherm
- Dialysis
- Continuous Bladder Irrigation (CBI)
- Platelet transfusion
- Central Venous Catheters (CVC) lines and Peripherally Inserted Central Catheter (PICC) lines still used for fluid administration and blood sampling
- Intravenous Lines used for any Intravenous antibiotic therapy or medications or fluid
- Bi-level Positive Airway Pressure (BiPAP) or ventilators
- All active Antineoplastic therapies including hormonal/oral agents. Consider discontinuation prior to admission if not considered to be benefitting symptom management
- Total Parenteral Nutrition (TPN), Peripheral Parenteral Nutrition (PPN)
- Negative Pressure Wound Therapy (NPWT) WoundVac
- Physical aggression of any kind
- Routine anticipated/expected laboratory testing done for symptom management only
- Wandering patients who are relatively high functioning (PPS 50% or higher)
- Laryngectomy tubes
- Tracheostomies cannot be managed in Hospice at this time
HOSPICE ADMISSION CRITERIA

The Patient:

- is 18 years and older
- is experiencing a progressive life limiting or life threatening disease and wishes to focus on comfort and quality of life
- has indicated that they no longer require or are benefitting from life sustaining medical treatment (Goals of Care Designation (GCD) is C1 or C2. M2 may be accepted with consideration
- has a Do Not Resuscitate (DNR) order if no GCD is completed
- is not awaiting consultation for initial assessment, staging or treatment of disease at the Cross Cancer Institute or other Cancer Center. Patients waiting for palliative radiation are eligible for admission
- has an expected length of stay of approximately three to four months or less; exceptions may be considered
- wishes and agrees to transfer to hospice to receive end of life care when remaining at home is no longer possible or acute care is no longer required
- agrees to reassessment for alternative level of care if condition stabilizes and disease trajectory appears to exceed expected length of stay
- has been assessed by a Palliative Care Consultant and has met all the above criteria for hospice

This list is not meant to be inclusive of all clinical criteria and is best used as a general reference summary. Please refer to the complete “Hospice Palliative Care Unit Admission Criteria and Guiding Principles”, located on www.palliative.org or see the attached “Hospice Criteria Summary of Supplies, Needs and Care Levels” included in this package.

Points for Discussion

- diagnostic tests and other assessments are not routinely ordered but may be suggested in order to support symptom management
- the admitting family physician and hospice team will address and discuss decisions and potential interventions to support symptom management
- Palliative Performance Scale (PPS) scoring of 50% or less
- hospices cannot manage patients that are at risk for elopement or have wandering, aggressive or behavioral issues that require one on one staffing
- patient/family are encouraged to indicate two hospice site preferences
The Out of Zone Hospice Admission Package is a standardized format for the provision of information for the assessor and patient and family as well as the collection of assessment information and includes:

- Hospice Admission Demographic Information
- Edmonton Symptom Assessment Form (ESAS-r)
- Mini Mental Assessment (MMSE)
- Hospice Information Sheet for Patients and Families
- Hospice Criteria Summary of Supplies, Needs and Care Levels
- Physical care needs checklist

Supplementary documentation required to support admission to hospice:

- Recent Diagnostics/Lab reports
- Current Medication Administration Record
- Recent progress notes and relevant consultations
- Cancer Care Progress Notes

To register a patient for hospice placement:

1. Contact Community Care Access (CCA) at 780-496-1300 to register the patient
2. CCA will contact the Bed Hub Coordinator (BHC) to inform of the out of zone hospice bed request.
3. The BHC will contact the referral source to discuss and forward the admission package.
4. The referral source completes and returns the hospice admission package to the BHC for review.
5. The BHC contacts the referral source to confirm receipt of the package, request additional information and/or advise that the patient has been waitlisted.
6. When a bed becomes available, the BHC will contact the sending unit or the referral source to make arrangements for transfer of the patient.
7. It is the responsibility of the sending unit/referral source to keep the patient and family updated and informed of transfer.

Please note that if the patient does not have Alberta Health Care they will be required to choose a hospice site that has the ability to reciprocally bill their home province. These options include: WestView Health Centre Continuing Care, St Joseph’s Auxiliary Hospital and the Edmonton General Continuing Care Centre.

If you have any questions, please contact the Bed Hub Coordinator at:

Office: (780) 735-8353
Fax: (780) 735-3307
Email: Hospice_Bed_Hub@albertahealthservices.ca