

Hospice Criteria Summary of Supplies and Care Needs

Appendix 1

Please note: The following 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 Bed Hub Coordinator (BHC) (780) 735-8353 with any clinical questions or concerns to ensure that the patient's needs can be met in hospice.

Patients must have Goals of Care Designation (RMC) of C1 or C2. A GCD of **M2 must be discussed with the BHC.**

Intravenous sites and metal butterfly needles must be removed prior to admission.

SUPPLIES

Supplies (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 (artificial nutrition will not be started in hospice)
- Special drug requests (Relistor, Hormone Therapies from CCI)
- PleurX and pigtail catheter supplies
- Tenckhoff catheter drainage supplies
- Chest/Abdominal tubes other than PleurX or Percutaneous Gastrostomy (PEG) tubes
- Other

SPECIAL NEEDS

*These situations **must be documented and discussed** with BHC.

For patients with complex medical needs that are not listed in the guidelines, discussion with the BHC is encouraged to determine if the individual's care needs can be met in a hospice site.

- A review of the medications should occur**
- Mature Tracheostomies will be accepted at EGH with discussion and advance planning
- High cost drugs
- Isolation/special precautions/antibiotic resistant organisms such as:
 - Methicillin Resistant Staph Aureus (MRSA)
 - Vancomycin Resistant Enterococci (VRE)
 - Hepatitis A, B and C
 - Extended Spectrum Beta-Lactamase Organisms (ESBL)
 - Human Immunodeficiency Virus (HIV)
 - Clostridium Difficile (C-Diff)

- Any procedure that requires 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 different than the current mattresses 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 the: Braden score; wounds greater than Stage 3; weight (found in transport section of Pathways); functional status; oxygen needs and aspiration risk (may be difficult to position depending on the surface used).
- Peripherally Inserted Central Catheter (PICC) lines and Central Venous Catheter (CVC) lines that cannot be removed will not be accessed or maintained in hospice. Dressings will be changed according to site 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 (EGH, St. Joes, Westview, Youville).
- Blood transfusions. Transfusions may be offered for symptom management only
**Hospice admission is not indicated for patients who are still transfusion dependant.*
- Implanted Cardiac Defibrillators (ICD) **must be deactivated** prior to hospice admission
- *Patients with longstanding cognitive impairment causing wandering behaviours who have limited functioning

Care Needs that Do Not Meet Hospice Admission Criteria

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

- Initiation of artificial nutrition; maintenance of Total Parenteral Nutrition (TPN) or Peripheral Parenteral Nutrition (PPN)
- High flow oxygen (more than 15L/min) including Optiflow and Vapotherm
- Dialysis
- Continuous Bladder Irrigation (CBI)
- Platelet transfusion
- Intravenous lines, CVC or PICC used for any medications including antibiotics or fluid
- Bi-level Positive Airway Pressure (BPAP) or ventilator supports
- All active Antineoplastic therapies including hormonal/oral agents. Discontinuation prior to admission is required
- Negative Pressure Wound Therapy (NPWT) WoundVac
- Physical aggression of any kind

- Wandering patients who are relatively high functioning
- Laryngectomy tubes

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