Title: **HOSPICE PALLIATIVE CARE UNIT ADMISSION CRITERIA GUIDING PRINCIPLES**

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A. PURPOSE

To outline the criteria, process and information needed to refer a patient for hospice care unit admission. For the remainder of this document, the term "hospice" may be used to describe a hospice 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 in place and is C1 or C2; M2 may be considered
- 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
- 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 (NP) 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 "Health Care Professionals" and then tab down to "Patient Referrals". Referrals for patients living outside of the Edmonton Zone can be made by a physician and NP 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 of completeness of information 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 Mel Miller Hospice – 26 Beds
   11111 Jasper Avenue, Edmonton, Alberta, T5K0L4

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

3. Covenant Health St. Josephs Auxiliary Hospital; St. Josephs Hospice 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 Care Foyer Lacombe – 10 Beds
   1 St. Vital Avenue, St. Albert, Alberta, T8N1K1

All sites are tobacco and smoke free environments. Smoking cessation options will be offered in hospice.

As the hospices are located within continuing care settings all medications and supplies are provided. There is no accommodation fee charged for hospice patients.

Patients and families can see pictures of hospice sites by visiting www.palliative.org under the heading “Patients and Caregivers”. From the drop down box pick “Palliative Care Services” and select “Palliative Hospice Care” from the list on the right hand side. Hospice tours can be arranged upon request.

Brochures with information on hospice programs are also available.

F. RESPITE

- Respite admission to hospice may be considered for symptom management or caregiver respite on an individual basis. Admission duration should be defined prior to admission.
- Family/caregiver expectations should be defined prior to admission (i.e., not giving up current living arrangements; transporting patient back to previous residence).

G. 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.

H. 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 privileges at the Long-term Care facility where the hospice is located, they can be arranged urgently with the cooperation of the Facility Medical Director and AHS Medical Affairs.

If the patient’s family physician is unable to continue care of the patient in hospice, arrangements will 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. The palliative care physician providing consult coverage in hospice may provide an initial transition visit as part of the patient's hospice admission process.

I. 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 as being automatically discharged 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 by an EZPCP consultant prior to re-admission back to hospice.