IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG -- Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@dhw.idaho.gov

INFORMATIONAL LETTER #2007-3

DATE: April 2, 2007

TO: ALL RESIDENTIAL CARE OR ASSISTED LIVING FACILITIES IN IDAHO
ALL HOSPICE PROVIDERS IN IDAHO

FROM: DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

SUBJECT: Delivery of Hospice Services in Residential Care or Assisted Living Facilities

The purpose of this informational letter is to clarify roles, responsibilities, and expectations for the provision of hospice services in a Residential Care or Assisted Living Facility. Nothing herein shall negate the responsibility of the facility to notify the facility nurse upon a change of condition.

Respective Roles:

A **Residential Care or Assisted Living Facility** (RALF) is designed to provide a humane, safe living arrangement for adults who need some assistance with activities of daily living and personal care, but do not require the ongoing skilled nursing care normally provided in a nursing home.

A **Hospice Agency** is designed to provide care to terminally ill patients who have a life expectancy of six months or less if their illness runs its normal course. Hospice care is an approach to caring for terminally ill individuals that stresses palliative care (relief of pain and uncomfortable symptoms), as opposed to curative care.

Emergency Medical Services is a community-based health management function that is integrated with the overall health care system. EMS provides out-of-hospital care and ambulance transport when necessary. EMS also serves as an extension of emergency medicine, an arm of public health, and provides a safety net for the underserved.

Respective Responsibilities:

RALF providers ensure residents receive an objective, individualized assessment that translates into a negotiated plan of care designed to meet specific resident care needs. RALF providers ensure that the required care is delivered. RALFs also promote opportunities for resident integration into community activities. While all RALFs are required to have skilled nursing consultation available, RALFs do not typically have skilled medical professionals on duty in the facility around the clock.

Hospice Providers ensure that resident medical needs related to their terminal illness are met. They also address the physical, psychosocial, and spiritual needs of the patients throughout the terminal illness process, as well as the psychosocial needs of the patient's family. Hospice Agencies must provide targeted training to care givers to help them understand and assist with hospice patient needs. A Hospice Agency is expected to have nursing services, physician services, medications, durable medical equipment, and supplies routinely available on a 24-hour/7 day a week basis.

EMS Providers tailor their actions to the environment they respond to. In a RALF environment, EMS may not be able to alter their normal treatment and transport practices (treat and release or stabilize and transport based on patient's wishes and condition). In a hospice patient environment, EMS may also rely on the standing written orders, on-line medical control, and communication with the patient, family, and hospice providers, to the extent possible and appropriate, to help guide EMS through the treatment/transport decision.

Expectations:

RALFs are still expected to comply with statutory and rule requirements that they "shall not admit or retain any resident requiring a level of services or type of service for which the facility is not licensed or which the facility does not provide or arrange for..." (Idaho Statute § 39-3307). IDAPA 16.03.22.152.05 "Policies of Acceptable Admissions" outlines conditions which are deemed unacceptable in a RALF setting. Based on resident and facility agreement, the RALF may arrange hospice services from an outside Hospice Agency and retain the resident in the facility with a Department-approved variance.

RALFs are <u>not</u> required to accept or retain hospice patients. There needs to be a conscious management commitment to participate in/support the coordinated and often complex level of care that may be needed for hospice patients. If the RALF is unable or unwilling to provide/arrange for the care required for a hospice patient, they should discharge the resident into another appropriate setting. The Department would expect the discharge/transition be coordinated with the resident, family, and Hospice Agency.

- Provision of hospice services in a RALF setting can be entirely appropriate. A resident living in a RALF can elect to receive hospice services. A resident who elects to receive hospice services can transfer into a RALF from another RALF or from another setting.

RALFs and Hospice Agencies need to consult, collaborate, and partner in providing quality care to residents. Since both entities are sharing responsibility for delivering services to a single patient, there needs to be a coordinated care plan and a coordinated care team approach.

- RALFs are required to have an individualized negotiated service agreement that outlines the care plan for how the facility will provide or arrange for the necessary services to meet resident needs.

- Hospice Agencies are likewise required to develop an individualized care plan on how they will provide the reasonable and necessary care needed to manage the terminal illness, symptoms, and related conditions.

- The hospice care plan should be integrated into the individualized negotiated service agreement. There should be a clear explanation of:

  - what services are to be provided;

  - which entity (RALF or Hospice Agency) is responsible for delivery of those services;

  - the frequency/timing of those services; and,

  - how both entities will provide updates, feedback, and communicate plan changes with their partner(s).

The integrated RALF negotiated service agreement and hospice care plan must be living documents as the resident proceeds down the end-of-life path. Both must be updated as frequently as appropriate to meet the individual resident's needs.

- The terminal illness progression path is generally well known to the Hospice Agency. They can often identify the expected symptoms, the physical and mental changes, and the projected progression of the terminal illness. How quickly the resident travels down that terminal illness path can be dependent on multiple factors.

- Under normal circumstances, the RALF facility team will have the most frequent ongoing contact with the resident. They can, in effect, provide a set of eyes and ears for the coordinated care team.

- The Hospice Agency must identify those symptoms and changes and provide guidance to RALF facility personnel on what to look for and how to share that information with the Hospice Agency staff.

The interface with EMS should be a special emphasis item in the care planning process.

- In the integrated care plan, the RALF and the Hospice Agency should identify and agree upon those situations (in writing) which would not warrant an immediate call to 9-1-1. These situations would be tied to specific symptoms or conditions related to the terminal illness. For these specific identified situations, the Hospice Agency and the RALF must agree on the appropriate response.
    - If the identified situation occurs, the RALF should contact the Hospice Agency for response/direction. If there is no return phone call from the Hospice Agency within 15 minutes, 9-1-1 should be called.
    - If there are any questions whether the patient's signs and symptoms are related to the patient's terminal condition, 9-1-1 should be called by the RALF and emergency response initiated. The Hospice Agency should be contacted immediately after the 9-1-1 call.
- For all other emergency situations, 9-1-1 should be called first, and then the Hospice Agency should be contacted as soon as possible thereafter.
- When 9-1-1 is activated for a hospice patient, EMS typically relies on their standing written orders, on-line medical control, and working with the patient, family, and hospice providers (to the extent reasonable and appropriate) to help guide EMS through the treatment and/or transport decision.

Residents with a terminal illness are entitled to quality care, freedom from pain and discomfort, and to experience a death with dignity. Integrated planning, careful coordination of services, and frequent communication among caregivers is essential to ensuring residents' quality of life.

The Department will post "best practices" across the industry that meet the intent of statute and rule. With agency/facility permission, the Department will make these practices available on the Bureau of Facility Standards website at www.facilitystandards.idaho.gov.

DEBBY RANSOM, R.N., R.H.I.T., Chief
Bureau of Facility Standards

DR/RM/nm
c: Idaho Assisted Living Association
Idaho Health Care Association