



Hospice Guidelines

April 3rd, 2023

New Guidelines

With the 2023 annual update of the After-Hours Adult Telehealth Triage Guidelines, there are now 20 adult hospice guidelines. The adult STCC editorial team added 7 **new** adult hospice guidelines. We also made some edits to the existing adult hospice guidelines.

New hospice guidelines include:

1. Hospice - Caregiver Need for Support or Respite
2. Hospice - Medication Question or Refill Call
3. Hospice - Oral Intake Decreased
4. Hospice - Seizure
5. Hospice - Skin Breakdown and Pressure Sores
6. Hospice - Swallowing Difficulty
7. Hospice - Urinary Symptoms

Our Hospice Work Group provided valuable input in the development of these guidelines. The Hospice Work Group consists of hospice and palliative care experts (physicians and hospice nurses) from across the United States.

Our hospice content experts provided us with data and guidance for selecting the most common symptoms and concerns hospice programs encounter with after-hours calls. We believe this set of hospice guidelines will cover 90% or more of the types of hospice-specific concerns encountered after-hours.

Triagers will also have access to the full set of 417 adult telehealth triage guidelines.

We will consider adding additional hospice guidelines in the future based on input from our customers. Please let us know if you have suggestions on how we can improve these guidelines. We welcome your feedback!

Why have we expanded the hospice clinical content?

Many hospice programs are centralizing the management of their after-hours calls. These after-hours calls are typically handled by triage nurses who have varying degrees of hospice experience. Several call centers have reached out to us and identified the need for more standardized, evidence-based telehealth triage guidelines for hospice patients.

We recognized these hospice triage guidelines would need to be uniquely different than the other Schmitt-Thompson Clinical Content (STCC) adult telehealth triage guidelines. New guidelines were needed to account for the unique differences in goals of care and resources available to hospice patients.

Hospice programs have a long history of providing high quality, patient-centered care. The addition of hospice telehealth triage guidelines further enhances the quality of hospice care by promoting a consistent, evidence-based approach to triage of patient and caregiver calls. The hospice triage guidelines provide the nurse with easy-to-access decision-making tools and information they can use to support the patient, family, and caregivers after-hours.

What are potential uses of these hospice telehealth triage guidelines?

We envision the main users will be nurses in triage call centers who support hospice programs after-hours. In smaller hospice programs, the on-call hospice program nurse may field the calls that come in after-hours. The hospice nurse could use the telehealth triage guidelines to help document and manage these calls after-hours.

It is recommended that the triage nurse who takes hospice calls have training on basic hospice care principles. Important training topics are hospice program eligibility, hospice care goals, use of medicines and standing orders for managing symptoms, hospice resources, caregiver support, and avoiding emergency department visits.

Finally, occasionally a hospice patient may reach a general triage service (e.g., by calling their primary care provider office). In these situations, the triage nurse could use the hospice triage guidelines as a reference/resource and direct the patient to call their hospice program 24-hour support number.

As with all adult triage guidelines, the Medical Director(s) should review and approve these guidelines prior to use.

How were these hospice guidelines developed?

The adult STCC editorial team follows an 11-step clinical governance process for researching and writing every new telehealth triage guideline. For hospice guidelines, that process started with a review of palliative and hospice care research literature and national guidelines.

We also reviewed the related adult triage content that has been researched and tested in call centers for over 25 years.

Each new hospice guideline draft was reviewed by our Hospice Work Group. The STCC editorial team was also involved in every step of the review process.

Hospice Workgroup Members 2021-2023:

- Janet Bull, MD, Chief Medical Officer Emeritus, Chief Innovations Officer, Four Seasons The Care You Trust Hospice, Flat Rock - Hendersonville, NC; Past President, American Academy of Hospice & Palliative Medicine
- Joan Harold, BSN RN CHPN, Director of Home Care Clinical Services, Angela Hospice Home Care, Livonia, MI
- Michelle Johnson, BSN RN, Corporate Triage Manager for Kindred at Home / Curo Hospice, Mooresville, NC
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- Sandy Trieu, MD, Clinical Assistant Professor of Palliative Medicine, Stanford Healthcare, Stanford, CA
- Martha Twaddle, MD, The Waud Family Medical Directorship, Palliative Medicine & Supportive Care, Clinical Professor of Medicine, Northwestern Medicine; Northwestern Memorial Hospital, Chicago, IL; Past President, American Academy of Hospice & Palliative Medicine

The STCC authors and editorial team are extremely grateful for this subject matter expertise and critical review.

How do the adult hospice telehealth triage guidelines differ from other adult triage guidelines?

The hospice guidelines are different than the existing adult triage guidelines in several important ways:

- The **Triage Dispositions** are different. Hospice guidelines rarely utilize **911** or **Emergency Department (ED) Now** dispositions. A 911 disposition may be used in rare situations, such as when a hospice patient is experiencing a prolonged seizure. Almost all hospice care required can be provided to the patient in their home or other residence (e.g., nursing home). Hospice patients typically have a designated care team that provides 24-hour support 7 days a week. Hospice team members can go to the home and assess the patient and provide care. For example, instead of sending the patient to the ED for severe or worsening symptoms, the disposition may be for an on-call hospice nurse to make a home visit (or video visit) now. See table of dispositions and related care advice below.
- The **Triage Assessment Questions** in the hospice telehealth triage guidelines are written using decision logic that incorporates the goals of hospice care and focus on symptom management.
- The **Care Advice** for symptom management is often uniquely different for patients who have a terminal illness. The goals of patient-focused care are comfort rather than cure. For example, many hospice patients have limited oral intake, including fluids. This impacts how we address management of the symptom of constipation. Triage nurses must also follow the plan of care and the hospice patient's medication orders. Finally, we added care advice unique to end-of-life care such as repositioning, turning, and mouth care.
- The **Background Information** section includes information unique to the hospice patient population. For example, the most common causes of anxiety are different for hospice patients compared to the general adult population. The Background Information section of each hospice guideline also outlines the principles of hospice care. This section can be used for training and as a resource for triage nurses who are less familiar with hospice care.

How is a DNR (Do Not Resuscitate) or DNAR (Do Not Attempt Resuscitation) Order relevant to hospice telehealth triage?

Generally, most hospice patients have a DNR (or DNAR) order written by their attending physician or the hospice medical director.

- However, a DNR (or DNAR) order is not a legal requirement for participation in hospice. In some cases, the physician may have been reluctant to discuss it. In other cases, the patient or family may not be emotionally ready. A patient (or family members) may also be reluctant to establish a DNR order due to cultural or religious reasons.
- Regardless of the presence or absence of a DNR (or DNAR) order, hospice patients (and their families) should clearly know that hospice care means moving the focus of care from cure to symptom reduction.
- It is important that the triage nurse is aware of the patient's DNR (or DNAR) status when triaging symptoms.
- In the definition of each hospice guideline, the assumption is made that the patient has a DNR order (see screenshot below). The call center should have written policies on how to address calls from hospice patients who do not have a written DNR (or DNAR) order. For example, for these patients, the calls may be routed immediately to an on-call hospice provider or nurse.

Hospice - Anxiety and Panic Attack

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DEFINITION

- Patient has new or worsening anxiety or panic attacks.
- Patient reports feeling anxious, nervous, fearful, very stressed, overwhelmed, or worrying too much.
- *Hospice patient; patient has Do NOT Resuscitate (DNR) order from attending physician (or NP/PA) or hospice medical director*

What are the new and unique hospice guideline dispositions and related care advice?

There are six hospice-specific disposition levels and related care advice. The hospice dispositions provide an urgency level (recommended timeframe) for the hospice team to respond to the patient or family's concerns. However as mentioned above, the dispositions and related care advice allow flexibility for how the hospice nurse on-call (or hospice provider) might respond (e.g., home visit, telehealth visit, or initiation of standing orders).

	Hospice Disposition	Care Advice for this Disposition
	Hospice Nurse Visit (or Hospice Nurse Follow-Up) Now	Hospice Nurse Visit (or Hospice Nurse Follow-Up) Now: <ul style="list-style-type: none"> • Based on what you told me, I am going to contact the hospice nurse immediately. • They should call you back shortly. • They will talk with you further or arrange a visit. • If you have not heard from the on-call hospice nurse within 20 minutes, please call back.
	Call Hospice Doctor Now	Call Hospice Doctor Now: <ul style="list-style-type: none"> • I am going to contact the on-call hospice doctor (or NP/PA) immediately. • They should call you back shortly. • If you have not heard from the on-call hospice doctor within 20 minutes, please call back.
	Hospice Nurse Visit (or Hospice Nurse Follow-Up) Within 4 Hours	Hospice Nurse Visit (or Hospice Nurse Follow-Up) Within 4 Hours: <ul style="list-style-type: none"> • Based on what you have told me, I think that a visit by a hospice nurse may be needed within the next 4 hours. • I am going to contact the on-call hospice nurse now and tell them what we discussed. • The hospice nurse will call you back within the next hour and determine the best course of action to take next. • Please call us back if you have not heard from the hospice nurse within the next 30 to 60 minutes.
	Hospice Nurse Visit (or Hospice Nurse Follow-Up) Within 24 Hours	Hospice Nurse Visit (or Hospice Nurse Follow-Up) Within 24 Hours: <ul style="list-style-type: none"> • Based on what you have told me, I think that a visit by a hospice nurse may be needed sometime in the next 24 hours. • I have written down what you have told me and will give this information to the hospice nurse. • The hospice nurse will call you back within the next 24 hours. They will talk to you and determine the best course of action to take next. • Please call us back if you have not heard from the hospice nurse within the next 24 hours.
	Hospice Nurse Visit (or Hospice Nurse Follow-Up) Within 3 Days	Hospice Nurse Visit (or Hospice Nurse Follow-Up) Within 3 Days: <ul style="list-style-type: none"> • I think that a visit by a hospice nurse may be needed sometime in the next few days. • I have written down what you have told me and will give it to your hospice nurse and hospice team. • They will call you back and determine the best course of action.
	Home Care With Routine Hospice Nurse Follow-Up	Home Care with Routine Hospice Nurse Follow-Up: <ul style="list-style-type: none"> • I am going to let the hospice nurse and team know that we talked today. • They will follow up with you during your usual visits or when office is open again. • In the meantime, here is some care advice and information that should help.

As always, the triager can upgrade the disposition level based on clinical judgment, hospice program policies, and available resources.