

Cathy Cooper  
Authorized Signature

**Number:** SPD-AR-08-040  
**Issue Date:** 6/19/2008

**Topic:** Developmental Disabilities

**Due Date:** 6/19/2008

**CORRECTED**

**Subject:** Accessing 9-1-1 and Hospice Services

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees                     | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging                | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families         | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input checked="" type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): Residential Providers, Foster Providers, Brokerages, ODDS Central Office Staff. |

**Action Required:** Using the attached policy advisory, review your policies and procedures to ensure that Hospice services and calling 9-1-1 is addressed.

AR #[SPD-AR-07-052](#) outlined the expectation that policies and procedures could not require staff to first call a manager; supervisor or a doctor if they believe an emergency exists and that the staff must understand they have the authority to call 9-1-1 immediately without prior approval if they believe the individual is faced with a serious injury or sudden illness, including severe pain, or they believe the individual has a life threatening condition. Additionally, direction was given that staff must be trained on these policies and procedures.

The attached policy advisory updates AR#SPD-AR-07-052 to address program expectations and medical emergencies for individuals receiving Hospice Services.

2. Staff must be trained on policies and procedures and address:
  - Calling 9-1-1 anytime **they** believe that an individual's health will be harmed without immediate attention unless the individual is receiving Hospice services;
  - How to communicate and determine Hospice's expectations if an individual has a medical emergency; and
  - Communication and documentation expectations when an individual is being served by Hospice.
3. Review your policies and procedures to ensure that they also include guidance for

staff regarding:

- When to notify manager or supervisor of changing conditions in a timely manner (before an emergency exists) for all individuals;
- How to communicate with Hospice and any changes in documentation expectations for individuals receiving Hospice services;
- What to do when an individual is receiving Hospice services and they have a medical emergency;
- What to do if a manager or supervisor does not respond in a timely manner or does not take the condition seriously for all individuals.

4. The information provided in this transmittal regarding Hospice and emergency services policies and procedures must be shared with all persons who provide care and support for children and adults with developmental disabilities. Additionally, information contained in this document must be included in agency and provider policies and procedures.

Each agency or provider must implement their procedures and policies to reflect the type of setting and type of service(s) provided.

**Reason for Action:** SPD's Licensing and Quality Care received calls asking to clarify what to do when an individual is receiving Hospice services: individual has a medical emergency; documentation expectations; and how to address PRN medications.

**Field/Stakeholder review:**       Yes       No

**If yes, reviewed by:**

*If you have any questions about this action request, contact:*

<b>Contact(s):</b>	Laurie Lindberg or Deborah Cateora		
<b>Phone:</b>	503.945.9807 or 503.947.5165	<b>Fax:</b>	
<b>E-mail:</b>	<a href="mailto:Laurie.lindberg@state.or.us">Laurie.lindberg@state.or.us</a> or <a href="mailto:Deborah.cateora@state.or.us">Deborah.cateora@state.or.us</a>		

## Calling 9-1-1 and Emergency Services

Timely access to medical care is crucial and staff understanding of when and how to access emergency services is essential.

The purpose of this advisory is to inform community programs about the expectations of obtaining emergency services. Agencies must have the following information in their policies and procedures and assure the information is available to staff.

Staff should feel supported to call 9-1-1 or go to the emergency room if **they** believe it is an emergency. Err on the side of over usage and then if there is a concern regarding over usage of 9-1-1 address it after the fact through additional support and training.

### WHAT IS AN EMERGENCY?

**An emergency is a serious injury, sudden illness, including severe pain that *you believe* might result in death or serious injury if not treated.**

### In the event of an Emergency:

- Staff must call 9-1-1; or
- Take the individual to the nearest emergency room without being required to obtain other approval.

Health care protocols should address when to call 9-1-1 on known health care conditions. Staff should have appropriate training in supporting individual's health care needs, following protocols and timely reporting of changing conditions that could prevent the need for emergency services.

### Hospice and 9-1-1:

You may have a client on Hospice that has a medical emergency and Hospice may instruct the staff not to call 9-1-1. Talk with Hospice when an individual ***begins*** Hospice Services and follow their instructions on what to do in an emergency. Additionally, some health care protocols may no longer be used when an individual is on Hospice.

If you do not have written Policies for individuals receiving Hospice services consider developing clear instructions on working with Hospice and Agency expectations.

***Remember the most important role with an individual on Hospice is to help them be comfortable.***

Be sure to review your Agency's policies and procedures with staff upon hiring and regularly thereafter.

If you need assistance in reviewing your policies and procedures or staff training materials contact the Health Support Unit at 503.947.4229.

## **Individuals Nearing the End-of-Life**

This is a time to help the individual live as fully as possible and concentrate on the things he/she consider important. Hospice is end-of-life care that provides support and comfort for the individual through pain relief, emotional support and being in charge of their life as much as possible.

When the individual is nearing their end-of-life, it can be a difficult time for him/her, the individual's family and for the people who support and care about the individual. Hospice care is a holistic approach working with the individual's team focusing on the individual's needs including physical, psychological, social and spiritual.

The purpose of this advisory is to inform community programs about the expectations when an individual is receiving Hospice services.

### **General Information:**

The Hospice provider will provide information about their services when an individual begins to receive Hospice services. It is crucial for the community program and nursing staff to talk with Hospice to determine roles and outline clear expectations on who is responsible for what support/services. Hospice is the lead on health care services but does not provide all health care supports.

- In order to receive Hospice services, the individual and their family must agree to:
  - Palliative care (relief of symptoms without attempts to curing the illness); and
  - Follow the hospice plan of care
- Hospice nurse will have their own nursing care plan, even when the individual is receiving nursing services.
- RNs working for or having contracts with Community Programs must coordinate their services with Hospice.
- Direct care staff may be instructed to contact the Hospice RN instead of the Community Program RN.
- Hospice has their own documentation formats for nursing assessment and Nursing Care Plan. All other documentation needs for the

community program needs to be discussed with Hospice. They will not know what you need without input.

### **Hospice and PRN Medication:**

The role of Hospice services is to provide comfort measures for the individual. PRN for medications to treat anxiety or pain does not require a balancing test or variance. Clear instructions on when to administer PRN medications must be in place.

### **Hospice and Protocols:**

Some mandated health care protocols such as aspiration, constipation, dehydration and seizures for the individual may no longer be used when receiving Hospice services. Discuss all protocols with Hospice.

### **Hospice and 9-1-1:**

An individual receiving Hospice services may have a medical emergency. Hospice may instruct the staff not to call 9-1-1. Talk with Hospice when a client begins Hospice services and follow their instructions on what to do in an emergency.

Remember the most important role with an individual on Hospice is to help them be comfortable.

If you do not have written Policies for individuals receiving Hospice services consider developing clear instructions on working with Hospice and Agency expectations.

Agency's policies and procedures must be shared with staff upon hiring and regularly thereafter.

If you need assistance in reviewing your policies and procedures or staff training materials contact the Health Support Unit at 503.947.4229.