



Policy Name RESPITE ADMISSIONS AT AGAPE HOSPICE	Policy Number: 0121
	Effective Date: April 19, 2006
Approved By: Management Committee	Date Revised: November 15, 2011
Classification: Delivery of Care to Residents and Families	Page No: Page 1 of 5

POLICY

Respite admissions are booked through Alberta Health Services (AHS), Calgary Zone, Palliative Operations/Central Access and will be considered on an individual basis by Agape Hospice. Respite admissions will be booked in advance, except in an emergency situation. Clarification of Goals of Care Designation will be done prior to admission for respite care.

Alberta Health Services, Calgary Zone, Palliative Operations/Central Access has complete control of respite bed usage in the hospices.

PROCEDURE

1. Referrals are received from AHS, Calgary Zone, Manager of Palliative Operations and Central Access and reviewed by the Clinical Care Coordinator or designate.
2. A Goals of Care Designation order for M2 or C must be in place and a copy of Goals of Care Designation form must be on the resident's health record.
3. Clarification of Goals of Care Designation must have been discussed with the residents and/or family/health advocate and clear and specific instruction as to resident wishes or expectations must be documented.
4. Residents and/or family/health advocates must sign the Memorandum of Understanding (policy 0108a) prior to admission for respite care.
5. Ongoing dialogue about Goals of Care Designation and healthcare goals will be discussed with the resident and/or family/health advocate if deterioration of health occurs while in respite care.
6. The family physician will be encouraged to continue following care while the resident is in respite care, as they know the resident best. If the family physician is unable to assume responsibility, the hospice staff will assign a physician who provides respite care at the hospice.
7. A discharge meeting will be planned with the resident, their family and Palliative Home Care Coordinator prior to discharge to discuss any issues that may have arisen during the stay and to ensure that care needs will be met once resident returns home. The completed "Respite Discharge Summary" sheet will be faxed along with any medication changes to the Home Care Nurse.



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8. If resident's Goals of Care Designation indicates a wish to be transferred to an acute care facility in an emergency situation the chart must be visibly flagged, such as a neon sticker on the spine of the chart, to indicate this wish.
9. If an emergency occurs and a resident needs to be transferred to a hospital ...
 - a. During day time work hours:

Notify Director of Resident Care and/or Clinical Care Coordinator. Either the Chaplain or Social Worker (and volunteer, if a buddy relationship is established) will offer to provide support to the resident and their family members as they transition to the new site of care.
 - b. During all other times:

The On-Call Manager would be notified by the nursing staff. If at all possible, the On-Call Manager would go to the hospital to provide support or would arrange for alternate support such as Chaplain, Social Worker, Director of Resident Care, Clinical Care Coordinator, RN, Volunteer Resources Manager or Executive Director.

ATTACHMENTS

[Appendix A - Resident Discharge Summary](#)

CROSS REFERENCE

[Policy 0108a -- Admission to Hospice – Memorandum of Understanding Form](#)

REFERENCE

[Alberta Health Services – Goals of Care Designation Form](#)



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RESPITE DISCHARGE SUMMARY

GOALS OF CARE

DATE OF DISCHARGE MEETING: _____

ATTENDEES: _____

RESIDENT & FAMILY PERSPECTIVE OF RESPITE EXPERIENCE (include both pros and cons)

RESIDENT: _____

FAMILY: _____

INTERDISCIPLINARY TEAM (level of care provided & recommendations)

PHYSICIAN: _____



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NURSING: _____

SOCIAL WORK: _____

CHAPLAIN: _____

VOLUNTEER: _____



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OTHER: _____

FOLLOW-UP ITEMS OR RECOMMENDATIONS
(include who will be responsible for follow through)

DISCHARGE DATE & TIME: _____
DISCHARGE DETAILS: _____

