Admitting Patients from ED to GIP Hospice

Trigger: Identification of patient warranting inpatient hospice care and/or made CMO in ED

TWO requirements:

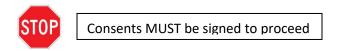Hospice RN must evaluate patient in ED (within 2 hours)
AND
Family must be present or come to ED to sign consent

First step: **Consult ED Case Manager (or Social Worker after-hours)** who will then place referral call to hospice. ED provider also orders "Hospice Consult" in Lifechart.
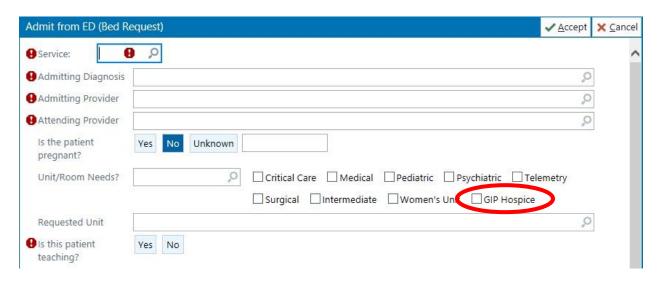
Scenarios:

Scenario #1: Hospice RN unavailable to arrive to ED within 2 hours OR family not available
→ Admit per usual workflow

Scenario #2. Hospice RN signs consent with family present; but bed not available at Hulitar Hospice Center OR patient too unstable for transfer

> **STOP** | Consents MUST be signed to proceed

→ ED unit secretary calls admitting to create Hospice Guarantor Account
→ Inform admitting physician of GIP Hospice admission, and Admit to accepting service under "GIP Hospice" in the ED Bed Request order

Scenario #3. Hospice RN signs consent with family present; and bed available at Hulitar Hospice Center
→ Transfer to Hulitar for inpatient hospice care