



Long-Term Care / Hospice Coordination of Care Form



Resident Name:	Code Status	Room #:	Hospice Diagnosis:
		Bed #:	

Hospice Company:	Hospice phone:
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Hospice RN Case Manager:	Hospice nurse (primary):	Hospice Aide (primary):
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Hospice Nurse visits on these days :

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
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Long-Term Care Aide to provide Bath/Shower on these days	Hospice Aide to provide Bath/Shower on these days
SUN M T W TH F SAT	SUN M T W TH F SAT

Long-Term Care Nurse Wound Care Schedule: (LTC Nurse to provide wound care on these days)	Hospice Nurse Wound Care Schedule: (Hospice Nurse to provide wound care on these days)
SUN M T W TH F SAT	SUN M T W TH F SAT

Other: Treatments (example catheters, ostomy care, labs, etc.)	Other Tx: LTC Responsible days	Other Tx: Hospice Responsible days
	SUN M T W TH F SAT	SUN M T W TH F SAT
	SUN M T W TH F SAT	SUN M T W TH F SAT
	SUN M T W TH F SAT	SUN M T W TH F SAT
	SUN M T W TH F SAT	SUN M T W TH F SAT
	SUN M T W TH F SAT	SUN M T W TH F SAT

Medical Equipment Required by the Patient:		
<input type="checkbox"/> <input type="checkbox"/> Oxygen	<input type="checkbox"/> <input type="checkbox"/> Commode	Other
<input type="checkbox"/> <input type="checkbox"/> Specialty Bed:	<input type="checkbox"/> <input type="checkbox"/> Nebulizer	Other
<input type="checkbox"/> <input type="checkbox"/> Walker	<input type="checkbox"/> <input type="checkbox"/> Wheelchair	Other

Date /signatures:	Date /signatures:
Date /signatures:	Date /signatures:
Date /signatures:	Date /signatures:

Long-Term Care / Hospice Coordination of Care Form – INSTRUCTIONS



COORDINATION IS KEY



with LONG TERM CARE (LTC) AND HOSPICE

Intention:

Hospices and LTC Providers must coordinate services. The Hospice and LTC Provider are mandated to collaborate and document which services will be provided by whom, the frequency of these services and updates when changes occur.

This collaboration, coordination and documentation will ensure that Hospice patients who are residents of LTC Communities receive the safest, most caring and comprehensive care possible.

Policy

1. The Long-Term Care / Hospice Coordination of Care Form is not a required document per regulations. This form is a tool to achieve better patient outcomes.
2. The Hospice agency will coordinate services with each LTC provider. The Hospice and LTC Provider will jointly ensure collaborative efforts between the LTC provider and the Hospice, by documenting which services will be provided, by whom, the frequency of services, updates when changes occur, and dated signatures of both LTC provider and Hospice staff.
3. The Long-Term Care/Hospice Coordination of Care Form will be initiated by the Hospice provider upon start of care in the LTC and will be continuously updated with any changes as needed.
4. At a minimum, the Long-Term Care/Hospice Coordination of Care Form will be reviewed with recertification of the hospice resident.

Procedure

1. Complete the Hospice resident name, code status, corresponding room number, and Hospice diagnosis at the top of the Long-Term Care / Hospice Coordination of Care Form.
2. Complete the name of the Hospice agency, phone numbers and hospice nursing staff assigned.
3. Circle the days of the week the hospice nurse plans to visit. Update any on-going schedule changes on the next line.
4. Circle the days of the week the hospice aide will provide care (shower or bath).
5. Circle the days of the week the long-term care CNA will provide care (shower or bath).
6. Circle the days of the week the hospice nurse will provide wound care and treatments.
7. Circle the days of the week the long-term care nurse will provide wound care and treatments.
8. List frequency of Foley catheter care, ostomy care, labs, etc. under each party responsible.
9. Indicate at the bottom of the page, signatures of LTC representatives informed of the changes.

The hospice agency and the Long-Term Care facility will establish a consistent and convenient location, (e.g., the inside of the patient's closet door or in an accessible binder at the facility nurses station) to place the document so it can be quickly referenced by all who are providing care for that patient.

After multiple changes and updates, it may be necessary to initiate a new Coordination of Care Form.

