

ON-CALL/WEEKEND SERVICES

PURPOSE

To establish the process by which patients have access to hospice services 24 hours per day.

POLICY

Patient care needs are the highest priority; therefore, weekend and evening staffing will be scheduled accordingly. Clinical personnel are expected to perform visits on an as-needed basis, including weekends.

There will be on-call staff available after office hours, Monday through Friday, and 24 hours a day on weekends. Staff on-call will be:

1. Administrative call by a senior management staff member
2. Clinical call by a registered nurse
3. Other interdisciplinary team members, as needed (e.g., social worker, Hospice Chaplain)

PROCEDURE

1. On admission, the patient will be made aware of the organization's 24-hour availability.
2. The on-call schedule will be developed on a monthly basis by the Clinical Director or designee. The schedule will be forwarded to the answering service and on-call staff. Supplies and records will be available to the on-call staff, through direct access to the office.
3. The on-call nurse will be issued a pager and/or a cellular phone to allow for mobility.
4. The on-call staff can be reached by calling the hospice number. After hours this number will be forwarded to the answering service. The answering service will pass every patient related call to the on-call nurse.
5. The on-call nurse will provide follow-up appropriate to the call:
 - A. Call the patient/family/caregiver
 - B. Visit the patient, if necessary
 - C. Obtain physician (or other authorized independent practitioner) orders, as needed
 - D. Arrange for other hospice services, as needed
6. The on-call nurse will document each patient/family interaction in a clinical note.
7. The on-call nurse will maintain an on-call log of all patient contacts during on-call hours.
8. On-call staff will respond to a page within 15 minutes and must be able to reach a patient within one (1) hour. (There may be rare exceptions, depending on how far away the patient lives and if the staff member is with another patient at the time of the page.)
9. Reports will be given to the on-call nurse daily Monday through Friday.
10. The on-call nurse will report his/her evening and/or weekend patient care activities to the Clinical Director.

GUIDELINES

The following list is meant to guide the on-call nurse. It is not an exhaustive list, but includes many problems that may require a visit from the hospice nurse.

- Death, suspected death*
- Unusual, severe or uncontrolled pain
- Nausea/vomiting not resolved with present medications
- New onset seizures or suspected seizures
- IV problems

- Occluded intravenous lines
- Suspected bleeding
- Respiratory difficulty
- Report of patient falling
- No BM for four (4) days or more (if taking nourishment)
- No urine for 8 to 12 hours (if taking fluids and having discomfort)
- Increased anxiety and/or confusion*
- Duplicate calls regarding the same problem
- Patient/family/caregiver perceives a problem and requests a visit

* May be appropriate for a social worker/chaplain depending on state and community requirements.