

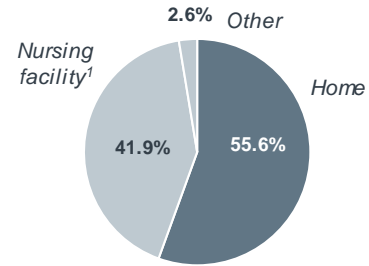
Thursday phone call system identifies high-need patients

Volunteers at Hospice of Northwest Ohio check on patients prior to the weekend

Over 97% of hospice care days are provided either in private residences or in nursing facilities—meaning that the majority of a patient’s time on hospice is spent outside the direct care of the hospice team. This creates another challenge for providers: ensuring that patients and families are safe and comfortable, even if they see the patient and his or her family only a few times a week. Given that many hospice organizations have limited staff available during the evenings or on weekends, it’s important to determine how to manage patient and family needs over this time.

Location of care

By percentage of days of care, 2016



CASE
EXAMPLE

Hospice of Northwest Ohio

Inpatient and community-based hospice provider • Perrysburg, OH

Hospice of Northwest Ohio addresses this challenge by enlisting a volunteer to reach out to high-need patients each Thursday morning. This helps patients and families feel more confident about the services they are receiving, and also reduces the need for after-hours visits.



A volunteer meets with team leaders each week to discuss which patients would benefit from a check-in before the weekend.

Team leads flag patients who:

- Won't receive a visit before the weekend
- Are new to hospice or have had recent symptoms
- Have complex needs, such as wounds or parenteral feedings



Volunteers call the main contact number for each of these patients and reads a standardized set of questions. If the volunteer identifies the need for a visit, a team member will adjust their schedule to see the patient that Thursday or Friday.

See the form each volunteer uses on the next page.



Call system proactively identifies after-hours needs

838 calls
made in CY 2018



25 Patients indicated discomfort and needed an additional visit

62 Patients had other needs that hospice could address

1) Includes nursing, skilled nursing, and assisted-living facilities.

Source: Hospice of Northwest Ohio, Perrysburg, OH; Facts and Figures: Hospice Care in America, 2017 report, National Hospice and Palliative Care Organization, https://www.nhpc.org/sites/default/files/public/Statistics_Research2017_Facts_Figures.pdf; Post-Acute Care Collaborative interviews and analysis.

Hospice of Northwest Ohio's check-in form

Hospice of Northwest Ohio Weekend Check-In Volunteer Program Call Script and Tracking Log

Patient Name _____ Patient's phone # _____

Spoke To _____ Date _____ Time _____

Relationship to Patient _____ No Answer _____ Left Msg _____

1. Hello, my name is _____. I'm a **volunteer** with Hospice of Northwest Ohio. I'm calling **on behalf of your nurse** to check on you (or patient's name). **The hospice team** wants to make sure you have everything you need before the upcoming weekend. May I ask to whom I am speaking? (Speak to either the patient or primary caregiver, if possible.)
2. We want to make sure you **feel confident** that you have all the medications and supplies that you will need to get you through the weekend? (Or, to take care of your loved one over the weekend?) Do you feel confident? **YES or NO**

(If no) Please tell me what you need and we'll let your team know so that it can be taken care of before Friday evening. (If patient needs meds or supplies ask: Has your nurse ordered those for you this week? If yes, when?)

Document response:

3. Are you (or the patient) resting comfortably? **YES or NO**
4. Is there anything else that Hospice of Northwest Ohio provides that you are in need of at this time? **YES or NO**

Document response:

5. Are you satisfied with the services hospice is providing including contracted services such as equipment, supplies and pharmacy? **YES or NO**
6. I'll get this information to your Hospice of Northwest Ohio team. If you find you need anything, please don't hesitate to call us at _____. We are always available for you.

Volunteer Name (PRINT) _____

Notified Team Leader/Team Member **YES or NO**

Team Leader/Member Name _____