Transfer to Inpatient Hospice Protocol

Would you be surprised if the patient died in the next two weeks?

- Yes, family agreeable to pure palliative approach
  - Medical team discuss prognosis with patient and/or family
  - Consult with SW to discuss option of Hospice with patient/family
  - MD, SW or RN will choose patient to Hospice Agency (VNS or Lifetime Care)
  - Hospice agency contacted by SW or RN (VNS 545-9736 or Lifetime 465-8915) to coordinate Inpatient Hospice Agency evaluation

- No, medical team consults with Palliative Care
  - Patient and/or family agree to pure palliative approach
  - Yes
  - Medical team maintains attending role
  - No

Are symptoms managed and goals of care clarified with patient and family?

- Yes, family agreeable to pure palliative approach
- No, medical team consults with Palliative Care

When patients are transitioned to inpatient hospice, one physician needs to be designated as the primary hospice attending. The current attending can serve that role, or can request that the palliative care team take on that role (especially if the palliative care team has already been centrally involved). Patients need to be technically discharged from the hospital and re-admitted to inpatient hospice as part of this process.