

### Merrimack Valley Hospice AFTER HOURS SERVICE

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### **Objectives**

- To list the responsibilities of the Triage Nurse
- To identify frequent phone calls received by the Triage Nurse and give appropriate responses
- To determine the phone calls that need visits



#### Triage

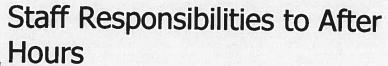
- Definition: Process for prioritizing patients service/treatment
- Triage Hours: 4:30p-8a, Sat, Sun & **MVH Holidays**

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### Triage Nurse Responsibilities

- To coordinate all hospice care after business hours
- To listen to After Hours/Triage Voicemail Box
- To respond promptly to any call from patient, family, or related caller (vendor, etc.)
- To document all calls (call log in HW)
- To provide appropriate responses to patients/families and document in HW
- To assist staff performing visits with problem solving as needed
- To communicate report to primary staff, managers, and the following Triage nurse as needed
- To notify Clinical Administrator On Call of any unusual/emergency situations as needed
- To make phone calls as needed to inpatients, etc
- To be prepared for work have After Hours schedule on hand to determine who is on-call administrator, physician, visit nurse





- Provide complete care to patients including med refills, etc.
- To teach families when and when not to call Triage Nurse
- To complete all visits Monday-Friday
- To not leave routine visits for staff on weekends
- To leave any unusual situations on After Hours Voicemail (4577) Do NOT call Triage Nurse at home

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### After Hours Visiting Staff

- To make visits for deaths, admissions, and emergencies as directed by Triage Nurse
- To treat Triage Nurse professionally (not challenging her clinical judgment)
- To complete documentation for visits
- To have a compassionate attitude toward patients and families
- To communicate report to After Hours Voicemail, primary staff via Team Lines
- Be prepared for work have After Hours schedule in hand



### After Hours Visiting Staff

- Visits:
- Patients admitted the previous day
  - Home Call first, see how pt. is doing If pt having symptoms, family anxious or requesting a visit, visit MUST be made prioritize among other visits
  - Nursing home Visit MUST be made, usually this can be short – prioritize among other visits

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### After Hours Visiting Staff

- GIP (hospital/nursing home) Visit must be made each weekend/holiday day
- Patient at Emergency Room/Hospital Visit MUST be made. Note: Visits required at contracted & non contracted hospitals that are in the MVH service area.
  - Provide information to ER staff re: medications, hospice care. Evaluate for GIP admission – pt. may be appropriate for the Hospice House. Leave message for team re: outcome – home or admission.



### After Hours Visiting Staff

- Any patient/facility/family requesting a visit MUST have a visit.
  Depending on the issue, these visits most likely are a priority.
- Any pt with unrelieved sx MUST have a visit. Triage MUST call back to check on sx relief following a call from pt/family/facility.
- Day staff requested visits prioritize after urgent visits. Report any visit that seems unnecessary to PI Coordinator.
- Never indicate that we are too busy to make a visit. We say we will be there ASAP. If there is a delay, call to advise and give estimated time of arrival.

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#### **ADMISSIONS**

- Use the "Admission Wizard" and "Admission Cheat Sheet" to help you do a complete admission
- If you cannot complete the full admission assessment – you <u>must</u> let the Admissions Manager know what was <u>not</u> done via voicemail or email
- Contact the Administrator On Call for any questions/concerns with After Hours admissions



# After Hours Visit Structure/Documentation

- The following tabs MUST be used:
- Source of information
  - Visit info from
  - Location of visit
- Vitals
- Meds (if visit is for med issue)
- Med review (if new med/changes)

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# After Hours Visit Structure/Documentation

- Systems problem-focused system(s) related to visit reason
- Lung/edema if related to visit reason
- Additions IV, wound, etc if related to visit reason
- Teach always
- Communication always info back to team



# After Hours Visit Structure/Documentation

- Assessment always this is where you use your nursing expertise to pull the visit together
- Plan always at the least, it should be f/u by primary nurse
- Other forms:
  - Pain assessment if pain is the reason for the visit, full pain assessment if required
  - Narrative if there is something to add that is not addressed elsewhere

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### Types of Phone Calls

- Symptom Management
  - Pain
  - Nausea & Vomiting
  - Urinary
  - Constipation/diarrhea
  - Anxiety/agitation
- Patient Falls
- Emotional Support & Reassurance
- Follow-Up Phone Calls



## Phone Calls Requiring Visits

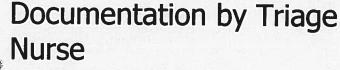
- Deaths
- Hospitalization
- 2<sup>nd</sup>/3<sup>rd</sup> phone calls
- Emotional support
- Patient falls
- Complex
- Foley Catheters
- Referrals (Emergency admits night/weekend
- When requested by patient/family

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### Communication

- Compassion, soothing
- Confident
- "Running emergency room over phone"
- Do not patronize
- Visits do not ask
- Follow up
- Ask if you don't know





- Call log
  - Create a call log for each call
  - Call logs to be labeled as "Triage Call Log"
  - Date & TIME are required
  - Format for call log entries:
    - Name of caller
    - Name of patient
    - Reason for call
    - Triage nurse instructions/action
    - Plan for f/u
    - Call logs are required for follow up calls made by Triage Nurse

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### Clinical Administrator On Call

#### MUST CALL:

- Significant drug error
- Safety situation (staff or patient)
- Liability situation
- Suicide
- Media
- Other



# **After Hours Resources**

- On-call schedule
- Frequently called numbers vendors, hospitals, nursing homes
- MVH staff phone number list