



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

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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

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Staff Responsibilities to After Hours

- 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

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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.

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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 must let the Admissions Manager know what was not done via voicemail or email
- Contact the Administrator On Call for any questions/concerns with After Hours admissions

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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

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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

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Phone Calls Requiring Visits

- Deaths
- Hospitalization
- 2nd/3rd 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

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Documentation by Triage Nurse

- 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

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After Hours Resources

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