



# Nurses & Company Facility Protocol

Date: 7/13/15

Facility: Garden View Care Ctr O'Fallon Administrator: Charlotte Little

Director of Nursing: Cathy Sherty Social Worker: Leandra Anquiano

## Communication:

1. Nurses & Company will be visiting a patient in your facility, would you like us to notify you?  
 YES  NO

Whom to notify and how: \_\_\_\_\_

2. Would you like Nurses & Company staff to "check-in" when visiting a patient?  
 YES  NO

If YES, with whom? nurse responsible for patient

If YES would you prefer we notify before or after our visit (Circle one)

3. Nurses & Company staff will update the facility staff on changes in patient condition, medications, care plan, and services. Are there specific staff members you would like us to notify of change?  
 YES  NO

If YES, with whom? Charge Nurse for patient

4. Do you prefer written or verbal communication?  Written  Verbal  
Method: \_\_\_\_\_ (options: binder, phone call, text, etc)

5. Do you have a preference for a nurse to attend at the time of a Hospice patient's death?  
 YES  NO

Why? if needed for family support, if resident having a "difficult" death

6. Where would you like binders to be kept? (ie Patient's Bedside, Nurses Station)

Nurse Station

## Orders:

1. Please explain protocol for Nurses & Company staff to follow when they receive an order:  
Recommendations for changes are to be communicated to facility staff (nurse). Facility nurse will call physician and obtain orders.

2. How would you like Nurses & Company staff to notify you of an order change?  
Explain: See above

3. Do you have specific documentation requirements for your orders?

Explain: see above

4. Who would you like to handle medication changes and needs?

Nurses & Company Staff  Facility Staff  Other \_\_\_\_\_

**Documentation:**

Nurses & Company staff will document in the patient binder provided by N&C. In addition to the binder, please specify where you would like additional information documented:

binder is sufficient

Would you like Nurses & Company to document (please check all that apply):

- All conversations with Facility and Hospice Medical Director
  - A) In nursing home chart
  - B) In hospice chart
  - C) Both
- All conversations with attending physician
  - A) In nursing home chart
  - B) In hospice chart
  - C) Both
- Conversations with nursing home staff
  - A) In nursing home chart
  - B) In hospice chart
  - C) Both
- Conversations with patient and/or patient family/representative
  - A) In nursing home chart
  - B) In hospice chart
  - C) Both

In what area would you prefer that N&C staff chart their documentation in your facility:

**Medication:** We use Uranta Pharmacy for our patients. Please contact them to obtain contract with Hospice Pharmacia. them 314-373-1111

Please explain your Comfort Pack Policy :

- Can Hospice Nurses administer medication?  YES  NO
- Do you have STAT doses of Ativan or Haldol?  YES  NO
- Do you require a hard copy script for specific prescriptions?  YES  NO

Explain:

Do you have any equipment limitations and/or preferences?

YES  NO If yes, explain: no beds brought to facility.

Who performs wound care?

- A) Facility
- B) Nurses & Company
- C) Both

**Billing:**

Facility NPI#: \_\_\_\_\_ Primary Contact for billing issues: Tonia Blunt

Are there any other procedures or protocols you would like N&C staff to be aware of?