# Title: Training Document for Standardized Palliative Care Home Visit Form
**Date Created: 10/21/2016**
**Date Modified:**
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**Clinical Guideline # CGC-CG-34**

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**Purpose:** A training guideline for agencies to utilize to train employees on the check list and use for a standardized home visit utilizing CGC-CG-33 form.

**Clinical Guideline:** Use for initial training of Palliative Care Agencies in aiding representatives in understanding the use and how to complete the Standardized Palliative Care Home Visit check list from CGC-CG-33. This document will also specify what a representative will then do with the check list once completed and then how to ensure any navigation needs identified are highlighted to the Palliative Care Agency for follow up either with the agency under the 2.c.i Community Navigation project or through a participating partner in the 2.c.i project. These training guidelines are subject to change once in use and clarification may become needed. Only substantive changes will be brought back to the clinical governance committee and Board of Directors following Policy Administration AD1.

**Definitions:**
**eMOLST –** electronic medical orders for life sustaining treatment
**IPOS –** integrated palliative outcome scale

**Procedure:**

1. **Palliative Care Representative is to complete the header listing at a minimum:**
   a. **Palliative Care Agency and Representatives name**
   b. **Patients Name**
   c. **Assessment Date which is the date of the visit**
   d. **The setting in which the visit took place**
   e. **What assessment is taking place**
      i. **Initial Palliative care apt with this agency**
      ii. **Status Change**
         1. **A patient has a change in situation, symptoms, illness/diagnosis, living status, extended hospitalizations etc.**
   f. **Primary and Secondary Insurance Type**
   g. **Patient ID#**
      i. **If a NY State Medicaid Member, this is the CIN #**
      ii. **If not a NY State Medicaid Member, this is the agency file number if applicable**

2. **The Palliative Care Agency Representative will check for the following and complete if applicable as denoted below**
    a. **eMOLST on file in the registry – if no they may complete on spot to await physicians signature**
    b. **IPOS**
        i. **if recently completed with no change in circumstances no action is necessary aside from review**
        ii. **If no completed within 6 month complete**
        iii. **If completed within 6month but a major change has occurred complete**
    c. **Power of Attorney**
        i. **If one is on file request a copy or at a minimum the Contact information**
        ii. **If no Power of Attorney is on file supply the member with an FAQ on Power of Attorney and mark off under the social determinates/documents section that the member needs assistance with a power of attorney if they would like follow up**
    d. **Health care Proxy**
        i. **If a Health care proxy form has been completed ask for the Health Care Proxy name**
        ii. **If no health care proxy has been assigned assist member with completion f form**
    e. **Personal Care Representative**
        i. **This is either a care giver in the home setting or someone that helps the member with any needs. This can often be the same as the health care proxy or may be someone different**
            1. **Example: The health Care proxy is the member's son who lives out of state. The Care representative is the next-door neighbor who helps bring the member to and from appointments.**
        ii. **If no Care Representative is assigned discuss with the member who they would like to assign as their Personal Care Representative**
    f. **Major Change in Circumstances – these would signify the need for an IPOS to be completed**
        i. **Hospitalization**
            1. **Extended stay**
            2. **Major surgery with a hospitalization**
            3. **Other situations that required a hospitalization that can now affect the symptom management**
        ii. **ER Visit**
            1. **Multiple ER visits would show a need to reassess the member with an IPOS**
            2. **1 ER visit not requiring hospitalization would need to be tracked**

3. **The Palliative Care Representative should note any ER visits since last assessment to aid the physician but should use their judgement on administering the IPOS based on individual circumstances.**

iii. **New Diagnosis**

1. **Initial assessment diagnosis may be the reason for visit**
2. **The member can have a new diagnosis that may need to be monitored and managed**

iv. **Change in Living situation**

1. **From Extended Hospitalization to Independent or Assisted Living**
2. **Independent Living to Assisted Living**
3. **Assisted Living to Independent Living**

v. **Other**

1. **A major change as described**

g. **Major change in circumstance that can signal the need to alter care that the Primary Care Physician and Care team needs to monitor**

i. **Changes in Weight**

ii. **Increase in symptoms**

1. **Utilize the most recent IPOS**
    a. **If member is answering showing an increase in physical symptoms, please note them**

iii. **Changes in Cognitive Abilities**

iv. **Change in mental status**

1. **This may signal the need for a screening tool such as, but not limited to, a PHQ9 and the member should be referred to an agency providing the screening, the PCP or the Palliative Care Agency if they are providing these screenings**

h. **Social Determinates of Health**

i. **This section has some basic social determinates that can be identified**

ii. **There is an area for write in if other social determinates were found**

iii. **The palliative Care Representative will use this area to then report back to their agency**

iv. **The agency will then either Navigate the member under their 2.c.i contract or hand the member off to a Navigator on the 2.c.i project**

i. **Additional Notes: The check list will be a living document. There is an opportunity for all representatives to note other items that will need to be communicated to the primary care physician and care team, navigators, their agency or even notes to follow up with Care Compass Network on feedback with the project implementation plan**

*When PPS clinical protocols and pathways are developed through the Clinical Governance Committee(s) of the PPS and approved by the CCN Board of Directors and are applicable to Partner Organization's delivery of health care services and project participation, such protocols and pathways shall not (1) override the professional judgment of Partner Organization and its licensed health care professionals in treating patients in individual cases or (2) interfere with the governing body/established operator of any licensed health care facility or its medical staff in overseeing the provision of clinical services to patients and the quality of care*

**Clinical Guideline Board Approval History:**

**Clinical Guideline Revisions:**

| Date | Revision Log | Updated By |
|---|---|---|
| 10/21/2016 | Creation | S.Woolever |

**This Clinical Guideline shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network's senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.**