

VISITING NURSE ASSOCIATION OF FRANKLIN

Policy and Procedure Manual

#1004

Acceptance to Service

Policy:

This policy is to be applied consistently to each prospective patient referred for home health care. The purpose of this policy is for transparency with referring agencies and prospective patients about the referral and acceptance process, and to ensure that Franklin VNA & Hospice only accept patients they can reasonably expect to meet the needs of.

A patient will be accepted for care without discrimination because of race, color, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease, or place or national origin.

In the event Franklin VNA & Hospice is unable to meet a patient's needs due to staffing, staff skill set, inability to provide one or more services required and/or financial constraints, the patient referral will be declined so to be placed elsewhere. Intake will make referring agencies aware if there is an expected delay in any service which could affect patient outcomes.

Procedure:

- I. The following conditions are required for acceptance of clients to service by Franklin VNA & Hospice
 - A. Prospective patients are referred for skilled services on the reasonable expectation that the patient's medical, nursing, rehabilitative and social needs can be adequately met in the patient's place of residence.
 - B. The patient resides in the towns serviced by the agency. Consideration based on staffing availability will be given to out-of-areas clients requesting the services of Franklin VNA & Hospice.
 - C. A patient will be accepted if the agency is able to admit in 24-48 hours from the date of referral, unless the Physician writes a specific start of care date outside the 24-48-hour window.
 - D. The patient is under the care and active patient of a licensed Physician, ARPN, or PA, who is willing to sign all applicable Home Care orders.
 - E. Competency and suitability of agency personnel and resources to provide the services required by the client.
 - F. An initial written referral has been received from the physician specifying the skilled need, disciplines ordered, updated medication list, and demographic sheet.

- G. High Risk referrals will be reviewed by the Clinical Director or designee and High Risk Telephone Calls will be in place for the first 7 days that the patient is on service.
 - H. The patient's medical, nursing, and social needs can be adequately and safely provided in the home. An Emergency Preparedness Plan will be implemented on the initial visit in preparation for an emergency.
 - I. The patient and/or his/her families acknowledge and are agreeable to Home Care Services.
 - J. The patient's home situation is adequate for safe and effective care and the necessary equipment and facilities are provided.
 - K. Availability of a family member or a substitute person in the home who is willing to assume the responsibility for the patient and his/her care when the patient is unable to care for him/herself.
 - L. There is a comparative benefit to the patient's health care at home as distinguished from care in a hospital, extended care facility, or other institution.
- II. Expanded hours coverage
- A. Services by appropriate staff shall be provided to patients who are accepted for care outside of regular working hours and for terminally ill patients who may require a visit or support services on a twenty-four hour on-call basis.
 - B. Expanded Care Patients:
 - 1. Acute, short-term clients in early convalescence requiring nursing / home health aide services beyond regular hours (i.e. evenings, weekends, greater than once a day).
 - 2. Chronic long-term patients in declining state of terminal illness may or may not require visits outside of regular hours but are known to have increasing needs because of prognosis.
 - 3. Multi-problem patients with sporadic need for increased services during crisis situations.

III. Discharge against medical advice

When a patient leaves the hospital against medical advice, and a referral is made by the hospital but no further responsibility is to be assumed by the hospital, the visit requested may be made to carry out the orders given by the hospital. Agency staff should notify the patient of the agency policy governing medical care. Further care should NOT be given until orders have been obtained from the physician who is to assume medical supervision of the patient.

IV. Medical Supervision

All patients who are carried for therapeutic or rehabilitative service by the agency, must be seen by their physician on a regular* basis to assure adequacy of medical direction.

* Frequency determined by reimbursing organization and/or Federal and state regulations.

V. No Medical Supervision

If at the time of referral, the Agency finds that an attending doctor has not been identified, care cannot be rendered until a physician agrees to follow the patient and sign ongoing orders.

VI. Physicians

Orders may be accepted from out-of-state physicians complying with NH State Medical Practice Act 329:21, III, IV: "...regular or family physicians of persons not residents of this state, when called to attend them during a temporary stay in this state, provided such family physicians are legally registered in some state."

VII. Osteopaths

The agency will accept nursing orders from osteopaths registered in New Hampshire.

VIII. Dentists

The agency will accept orders for antibiotic injections from dentists, subject to the same policies as for physicians.

IX. Chiropodists/ Podiatrists

The agency will accept nursing orders from Chiropodists or Podiatrists for care of the feet only.