### Purpose

To establish standards and a process by which patients are discharged from the hospice program, no longer want hospice services and may not meet clinical criteria for hospice.

### Policy

Ohio Living Hospice will provide service to a patient and family/caregiver if the patient remains terminally ill and lives in the designated service area. Ohio Living will not discontinue or reduce care provided to a Medicare or Medicaid beneficiary because of the inability to pay.

#### Discharge or Transfer Criteria

1. The Medical Director, nurse practitioner, and/or attending physician have determined the patient is no longer hospice-appropriate according to standard clinical criteria for a terminal disease prognosis of six (6) months or less.
2. The patient’s needs cannot be met by Ohio Living Hospice.
3. Patient leaves service area of Ohio Living hospice or transfers to another hospice.
4. Environment is determined to be unsafe for the patient and/or staff (Discharge for Cause)
5. The patient and family/caregiver request discharge (revocation/revokes).

### PRocEDURE

1. If the Medical Director and/or attending physician determines the patient is not hospice-appropriate according to standard clinical criteria for determining disease prognosis of six (6) months or less:
	1. The hospice interdisciplinary group will develop a discharge plan.
	2. the patient may be referred to other agencies (such as a home health or private duty agency) and/or services (such as Meals on Wheels, adult day care, etc.).
		1. Patients always have the right to choose their own providers for services.
	3. The Notice of Medicare Noncoverage form should be provided to the patient and/or caregiver and time will be allowed for appeal prior to discharge at a minimum of 48 hours.
2. The Case Manager will ensure that necessary paperwork is completed at the time of discharge or transfer. This may include a signed revocation form, or a request to transfer form, if necessary, and a written physician order to discharge, if appropriate.
3. When a patient is transferred or referred to another organization, relevant information will include:
	1. Reason for transfer or discharge
	2. Hospice discharge summary, which includes a summary of the patient's stay including treatments, symptoms, and pain management
	3. The current plan of care
	4. Current medications
	5. Current physician orders
	6. Continuing symptom management needs, e.g., pain, nausea, dyspnea
	7. All pertinent laboratory data
	8. Any other documentation that will assist in post discharge continuity of care or that is requested by the attending physician or receiving agency/facility
	9. Existence of any Advance Directives, if applicable
4. If a patient revokes the election of hospice care or is discharged from hospice, a copy of the hospice discharge summary and any other requested information is sent to the attending physician.
5. If the environment is determined unsafe for the patient and/or staff, the following steps should be taken prior to discharge for cause:
	1. Provide written recommendations to patient and family/caregiver and physician to resolve unsafe situation.
	2. Refer to social worker for assistance with placement planning.
	3. Consider referrals to other agencies.
	4. A formal letter may be provided to the patient and/or his/her representative that includes the organization’s concern, recommendations, consequences if concerns are not resolved, and the potential for discharge from Hospice.
	5. If attempts to resolve the patient’s environment are unsuccessful, the Hospice Medical Director, and attending physician, if any, will be consulted. An order for discharge will be obtained if necessary.
	6. The Notice of Medicare Noncoverage form should be provided to the patient and/or caregiver and time will be allowed for appeal prior to discharge at a minimum of 48 hours.
6. A copy of the discharge summary will be sent to the attending physician.
7. The Notice of Termination/Revocation (NOTR) will be submitted to the MAC within 5 days of the discharge.