



Referral Partner Welcome Packet



MEMORIAL HEALTH SYSTEM
Home Health & Hospice of Dickinson County

ABILENE  Salina Regional Health Center



QUICK REFERRAL GUIDE



MEMORIAL HEALTH SYSTEM
Home Health & Hospice of Dickinson County
ABILENE  Salina Regional Health Center

**FOLLOW THIS GUIDE FOR A FAST AND EASY
REFERRAL PROCESS!**

ENSURE YOUR PATIENT GETS QUALITY CARE AS SOON AS POSSIBLE

FAX TO US:
Home Health Care

TO START REFERRAL:

- **PATIENT FACE SHEET WITH CURRENT DEMOGRAPHICS**
- **MOST RECENT HISTORY AND PHYSICAL WITH CURRENT MEDICATION LIST**
- **SIGNED PHYSICIAN ORDER**

TO COMPLETE REFERRAL:

(SEND WHEN DOCUMENTS ARE READY IF APPLICABLE)

- **DISCHARGE INSTRUCTIONS**
- **FACE TO FACE COMPLETED AND SIGNED BY A PECOS ENROLLED PROVIDER**
- **SURGICAL NOTES**
- **THERAPY NOTES**

ABILENE

1111 N Brady
Abilene, KS 67410
PH: 785-263-6630
FX: 785-263-6636

Caring for you.

Herington

11 N Broadway
Herington, KS 67449
PH: 785-258-3611
FX: 785-258-2666

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FAX TO US:
HOSPICE

TO START REFERRAL:

- **PATIENT FACE SHEET WITH CURRENT DEMOGRAPHICS**
- **MOST RECENT HISTORY AND PHYSICAL WITH CURRENT MEDICATION LIST**
- **SIGNED PHYSICIAN ORDER WITH A TERMINAL DIAGNOSIS**

TO COMPLETE REFERRAL:

(SEND WHEN DOCUMENTS ARE READY IF APPLICABLE)

- **DISCHARGE INSTRUCTIONS**
- **FACE TO FACE COMPLETED AND SIGNED BY A PECOS ENROLLED PROVIDER**
- **SURGICAL NOTES**
- **THERAPY NOTES**
- **DNR AND ADVANCED DIRECTIVE**

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HOSPICE QUICK REFERENCE GUIDE

Ask yourself: "Would I be surprised if this patient died within the next 6 months?" If the answer is "No", then your patient is most likely appropriate for hospice.

Core End-Stage Indicators

- Physical decline
- Weight loss
- Serum albumin <2.5gm/dl
- Multiple comorbidities
- Dependence for most activities of daily living (ADLs)

End Stage HIV

- CD4 less than 25 or HIV RNA over 100,000

AND

- Life-threatening complications (e.g., CNS lymphoma, PML, refractory visceral Kaposi's sarcoma, refractory MAC, resistant toxoplasmosis, ESRD and no planned dialysis, resistant systemic lymphoma)

ALS

SOB at rest and refuses mechanical ventilation

- Rapid progression in last year (e.g., from ambulatory to wheelchair-bound, from normal to barely intelligible speech, from normal to pureed diet.) AND either:
- Significant nutritional impairment (progressive weight loss; dehydration; and refuses artificial feeding) OR potentially life-threatening complications (e.g., recurrent aspiration pneumonia, sepsis, pyelonephritis)

Alzheimer's Disease

- FAST 7 AND
- Significant comorbidity potentially limiting lifespan

Coma

- Comatose patient with any 3 of the following on day 3 of coma:
 - No verbal response
 - No withdrawal to pain
 - Abnormal brainstem response
 - Creatinine over 1.5

Cancer

- Disease with metastases at presentation, OR
- Progression to metastatic disease with either:
 - Continued decline in spite of therapy; OR
 - Patient declines further therapy
- Certain cancers may be hospice eligible without the above (e.g., pancreatic, brain, small cell lung cancers)
- PPS <70%

Heart Disease

- Angina pectoris at rest despite maximum medical therapy OR
- Poor response to optimal treatment with diuretics, vasodilators, and/or ACE inhibitors AND
- NYHA Class IV CHF
- Ejection Fraction <20%

Huntington's Disease

- FAST 7 AND
- At least one of the following in the past 12 months, aspiration pneumonia, pyelonephritis, septicemia, multiple stage 3-4 decubitus ulcers, resistant toxoplasmosis, recurrent fever after antibiotics, or inability to maintain sufficient fluid/caloric intake with 10% weight loss in last 6 months, or serum albumin <2.5 gm/dl in last 12 mos, or sig dysphagia

Kidney Disease

$$\text{CrCl} = \frac{(140 - \text{age in years}) \times (\text{weight in kg})}{72 (\text{creatinine in mg/dl})}$$

Multiply total by 0.85 for women

- CrCl under 10cc/min (15cc/min in diabetics) AND
- Creatinine over 8.0 (6.0 in diabetics) AND
- Not seeking dialysis or transplant

Liver Disease

- PTT more than 5 seconds over control (INR over 1.5) and albumin less than 2.5 plus 1 of the following:
 - Spontaneous bacterial peritonitis
 - Hepatorenal syndrome
 - Refractory hepatic encephalopathy
 - Refractory ascites
 - Recurrent variceal bleeding

Lung Disease

- Disabling SOB at rest AND
- Evidence of progressive disease (e.g., increasing ER visits/hospitalizations)
- Hypoxemia at rest on room air (pO₂<55 mmHg by ABG) or O₂ SAT<88%

Stoke

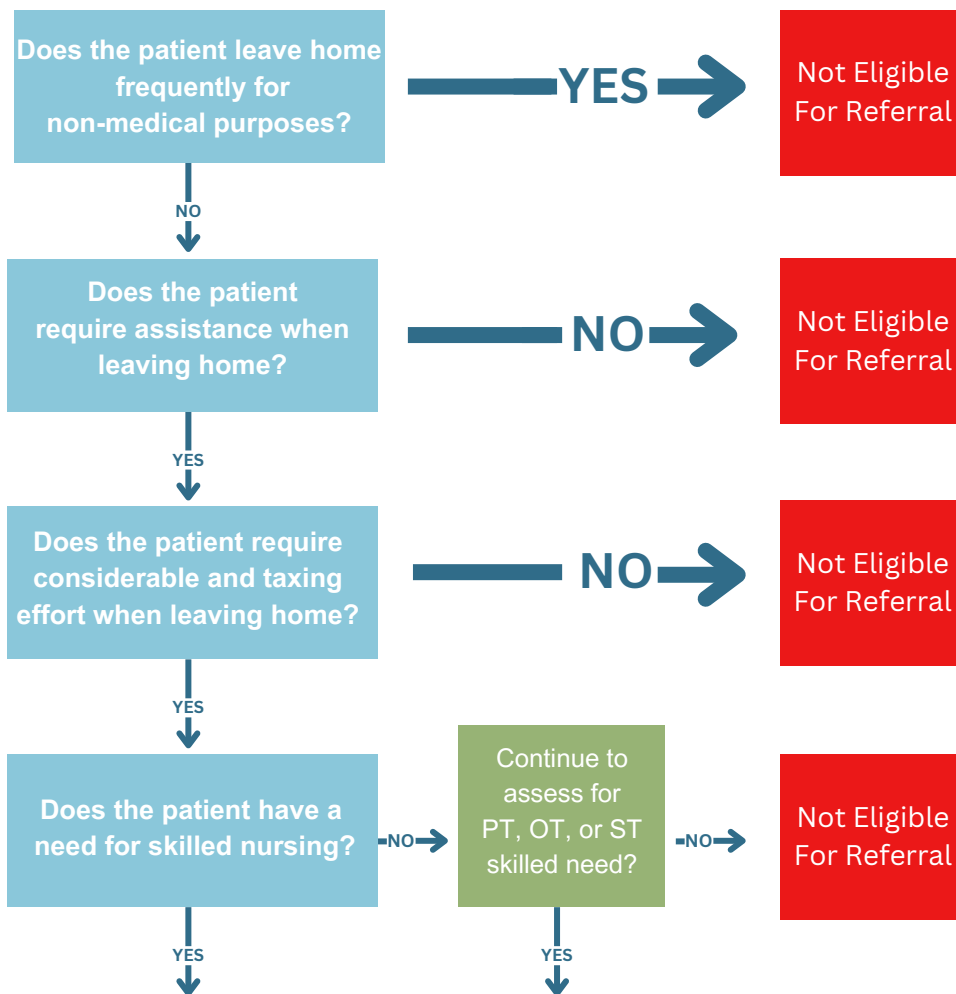
- PPS 40% or less AND
- Inadequate PO intake with 1 of the following:
 - 10% weight loss in last 6 months (or 7.5% in 3 months)
 - Albumin 2.5 or less
 - Recurrent aspiration
 - 24-hr calorie count documenting inadequate intake
 - If does not meet both #1 and #2, then should have significant comorbidity and/or rapid decline
 - Age >70

**FOR QUESTIONS DO NOT
HESITATE TO CALL US!**

PH: 785-263-6630

FX: 785-263-6636

Does your Patient Meet Medicare Homebound Criteria?



A need for Skilled Nursing Services may Occur due to one or more of the following:

- Hospitalization
- Recent new or exacerbated DX
- Change in medication in the last 60 days
- New medication in the last 30 days
- Change in primary caregiver providing care with a knowledge deficiency
- Skilled nursing care related to a treatment of an illness or injury that must be performed by a nurse
 - Medication administration (other than oral)
 - Wound Care
 - Urinary catheter care
 - IV therapy
 - Perenteral/Enteral nutrition support
 - Diabetic Care

Does the patient require PT, OT or ST considering the following?

- Recent marker decline in functional status (ex. speech, ambulation, strength, endurance)
- Recent falls, fracture, stroke
- Need for Home Maintenance Program to maintain current level of function

Make a referral for therapy services

Make a referral for skilled nursing services



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Herrington Office
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MEMORIAL HEALTH SYSTEM

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ABILENE  Salina Regional Health Center

Why you should choose us?

- **Non-Profit Hospice**
- **Affiliated with Memorial Health System & Salina Regional Health Center**
- **We are local—quick response times when needed**
- **We are here throughout the entire disease process**
- **24/7 Access to our local on-call staff**
- **Experts at End Of Life Symptom Management**
- **We provide your patient's own dedicated team of healthcare professionals with years of experience**

Hospice of Dickinson County

Proudly Serving Dickinson County since 1982

Office Locations:

Abilene: 785-263-630

Herington: 785-258-3611

Other Hospice Components:

- **Provide necessary home and medical supplies and equipment**
- **Provide medications related to life-limiting diagnosis**
- **Assistance with activities of daily living**
- **Emotional support and companionship**
- **Spiritual support**
- **Education on management of symptoms**
- **Bereavement support to caregivers and loved ones after this journey**
- **24/7 Access and instruction for emergencies**
- **Volunteer support**
- **We can provide hospice wherever your patient calls home**



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Why you should choose us?

- **Affiliated with Memorial Health System & Salina Regional Health Center**
- **We are local—quick response times when needed**
- **We can help decrease hospitalizations and ER Visits**
- **We can complete a one-time health and wellness visit at no charge**
- **We can help with medication education and compliance**
- **We can help heal wounds faster**
- **We can set your patient up for success in their home**

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Common Diagnosis

- **Post-Surgical (*knees, hips, etc*)**
- **Stroke**
- **Parkinson's Disease**
- **Multiple Sclerosis**
- **ALS**
- **Aftercare following heart attack**
- **Aftercare following trauma**
- **Wound care**
- **UTI**
- **Acute Injuries**

Skilled Nursing Is:

- **Considered reasonable and necessary**
- **intermittent basis**
- **Care coordination**
- **Pain education and management**
- **Diet Education**
- **IV Infusion care**
- **Long-term urinary catheters**
- **Wound monitoring and education**
- **Patient specific needs**
- **Home safety education**



REFERRAL ORDER FOR HOME HEALTH

PATIENT NAME: _____ DOB: _____

ORDERING PROVIDER: _____ PH: _____ FX: _____

DIAGNOSIS: _____
(Diagnosis of symptoms will require the primary diagnosis causing the symptoms)

SKILLED NURSING: _____

- DISEASE PROCESS EDUCATION AND MANAGEMENT
- MEDICATION MANAGEMENT AND TEACHING
- HOME SAFETY EVALUATION
- MULTI SYSTEM ASSESSMENT

- OSTOMY CARE AND TEACHING
- FOLEY CATHETER CARE
- IV INFUSION
- LABS

WOUND CARE:

Location of Wound? _____ Frequency if known: _____

Wound VAC Ordered (If Applicable): _____

PHYSICAL THERAPY: _____

OCCUPATION THERAPY: _____

HHA: _____

ORDERING PROVIDER SIGNATURE: _____ DATE: _____

FOR A COMPLETE REFERRAL PLEASE FAX THIS ORDER WITH THE PATIENT'S MOST RECENT HISTORY AND PHYSICAL AND FACE SHEET TO 785-263-6636. PATIENT MUST HAVE A FACE TO FACE ASSESMENT THAT COINSIDES WITH THE NEED FOR HOME HEALTH SERVICES 90 DAYS PRIOR TO BEGINNING SERVICES OR 30 DAYS AFTER SERVICES.