



Established in 2007

Aurora House Foundation

2646 West 18th Street Weslaco, Texas 78596

Phone: 956-973-9690 Fax: 956-973-9705

aurorahousefoundation@yahoo.com

Referral Process

1. All individuals referred to Aurora House (AH), must be referred through a hospice agency. Each individual must have a terminal illness with a prognosis of three months or less. Individual must be Non-Ambulatory. **Patient must be an appropriate "fit" for Aurora House – please understand that we are NOT set up for ambulatory patients.**

2. Each individual referred, must have the following:

- Certificate of Terminal Illness (CTI) with KPS and PPS (signed by hospice Medical Director)
- Covid Test
- Funeral Arrangements
- Do Not Resuscitate (DNR) Form in place
- History & Physical
- Second Option Agreement
- Signed Aurora House Policy and Procedure Agreement

No individual will be placed on a waiting list without all the necessary documentation in place.

3. AH does not do same day or weekend admissions. -Admissions are to take place M-F, 8AM – 2PM. We understand that on occasion, exceptions are needed. We will try to accommodate special situations, but can not guarantee that we will have available staffing, so please schedule admissions M-F, from 8AM – 2PM. **Patient MUST have already signed hospice documents, been assessed, and have been admitted to hospice PRIOR to coming to Aurora House.**

4. Once AH notifies the hospice agency that the referred individual has been "tentatively" accepted, AH will reach out to the first contact to set up a date and time to proceed with Family Orientation Process.

5. **Equipment and Supplies.** Once the family member has signed all the paperwork for AH and spoken with our staff, we will then notify the hospice agency so that they may order equipment and schedule a transfer for the patient. **All patients must have negative Covid test results within 24 to 72 hours prior to entering AH.** AH does encourage the PCR test versus the rapid test results. We will allow no patient in if the test results are not within this time range.

a. Equipment must be in place prior to the patient's arrival. We will not accept any late equipment arrivals. If equipment is not in place prior to the patient's arrival, we will notify the hospice agency that the equipment has not been received and the admission will be put on hold. This runs the chance of the patient being placed back on the waiting list as we may move to the next referral.

b. All equipment must be picked up no later than forty eight hours after the patient expires or transfers out.

c. Equipment required – **Will be discussed with Hospice before admitting**

d. If the referred individual is contact precaution, AH requires additional gloves and gowns. At times, depending on what we have in stock, we may require additional face masks and shields.

- Please keep in mind that the AH staff goes in a minimum of once an hour to check on each patient. Each time our staff goes in, there are two individuals that go in which amount to four hands every hour. At times, the staff goes in more than once an hour depending on the need of each individual.



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e. **Supplies** – It is the hospice's responsibility to ensure that we are covered with supplies. This includes ensuring we are equipped for the weekends as well. Please make sure supplies are delivered either prior to admission or at time of admission. Supplies include gloves, briefs, barrier pads, wipes, hand sanitizer, and any wound care supplies if needed. Make sure that all patients' supplies are replenished as needed. (Some patients may need more supplies than others) We DO NOT have a back-stock of supplies.

6. **Medication** -We must have comfort medications (at a minimum, for pain and agitation) on board for all patients. Medication must be here by the time the patient arrives. We will not allow medication to get here after the patient is here. Ideally medication should be ordered the same time as the DME so that the meds arrive BEFORE the patient arrives. This is important. If the patient is in pain (or is agitated) due to transportation, comfort meds can be administered right away. This can not be done if the medication and the nurse are not here when the patient arrives. **We will NOT ADMIT any patient without comfort medications.**

a. AH prefers bubble pack medication if available. Liquid Controlled Medication (Lorazepam, Morphine, etc) must be provided in pre-filled oral syringes with caps. (10-15 at a time), based on patient need. We will not re-use oral syringes. Syringe must be filled with actual dosage, as ordered. We want to provide a home-like experience but this is not a home, and used oral syringes must be disposed after each use.

b. Medication must be here by the time the patient arrives. We will not allow medication to get here after the patient is here. If this is the case, a hospice CNA or Nurse will be required to stay with the patient until the medication arrives.

c. Aurora House must have Physician signed orders for all medications. We require signed orders with ALL medication changes, before the changes can be administered by staff. If you are unable to provide signed orders at the time of the new or changed order, please fax or email Physician signed orders ASAP.

d. Hospice nurse must do a med check every visit. Please make sure we have enough medication at the end of the week to last throughout the weekend and into Monday, when refills are easier (than on the weekend).

7. Hospice staff visits

a. Hospice Liaison - M-F 8am-5pm

1. Hospice Referral paperwork can be emailed, faxed, or dropped off at AH between the hours of 8am-5pm Monday- Friday. (Only Complete Referral will be reviewed.)
2. Admission Staff may be reached by cellphone only Monday- Friday 8am-5pm.
3. Hospice agencies will be contacted after completed paperwork is reviewed for further instructions. We will respond within twenty-four hours of receiving a complete referral.
4. After Family Orientation has been completed and upon approval, Hospice agencies will be contacted about equipment delivery and when to set up transportation.
5. Please be courteous to staff. Any rude or disruptive behavior will result in loss of AH privileges.

b. CNA daily visits - 8 am to 11 am

1. These daily visits are throughout the year including all holidays.
2. We do ask that if a CNA cannot be here during the above mentioned time frame that a courtesy call is placed to AH from the hospice agency so we can all be on the same page.
3. CNAs must bring their own PPE aside from what has been allocated to AH for the care of the hospice patient.
4. CNA duties and responsibilities are to be done by the CNAs. If additional assistance is needed, we ask that a second CNA comes to assist.



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c. Nurse/ Social Worker visits

1. All Nurse/Social Worker visits must be documented on the patient's binder that is kept at AH. A minimum of two Weekly Nursing visits are required.
2. All documentation must be thorough. Documentation such as, "Patient is fine," will not be permitted.
3. The Hospice Nurse Case Manager is required to attend a once-monthly staffing/Interdisciplinary Care Assessment meeting. This meeting is held on the first Wednesday of the month, at 8:30am.

d. All paperwork between the patient/patient's family and the hospice agency must be taken care of prior to the patient arriving at AH.

e. It is the hospice's responsibility to adhere to our calls when our staff needs assistance regardless of the day or time. Many times when we place calls that we need assistance for whatever reason, we do not hear back until hours later or the day after if the call was made at night. The patient is always the responsibility of the referring hospice agency at all times as well. "Tomorrow morning" responses are no longer going to be accepted when we place a call. Of course, there are few exceptions to this response and will be reviewed on a case by case basis.

f. When a change in the patient's condition is identified, the hospice nurse will provide a report to Aurora House caregiver on duty and patient's documented point of contact prior to completion of hospice visit. If hospice nurse is unable to notify a patient's point of contact at time of visit, AH will be notified. Hospice will continue to make efforts to contact documented point of contact until they are notified.

8. Patient Arrival

- a. Nurse must be on hand ready for admission, transfer, or discharge
- b. A funeral home must be in place by the time a patient arrives to AH. We will no longer accept a patient that does not have a funeral home allocated.
- c. AH will now require the hospice facility to provide us with a second placement option for the patient in case the patient is not declining.
- d. If a patient tests positive with Covid while in our facility, our policy is that the hospice must remove the patient from our facility within four hours.

9. Visitors

- a. Please see Agreement Addendum for family, form can be signed at in-person orientation.
- b. We do ask hospice agencies to assist us in letting families know of our updated rules regarding visitation.

10. Patient housed at Aurora House is always the responsibility of the Hospice Agency. Any hospice agency that does not adhere to the above will result in a disciplinary write up and possible suspension from referring to Aurora House.

Aurora House

Policy And Procedure Acknowledgment Agreement

I, _____ (Hospice Administrator), have been informed of Aurora House Policies and Procedures. I was given the opportunity to ask questions. By signing below, we agree to adhere to the Aurora House updated rules. We do understand that it is our responsibility to educate our staff regarding all expectations listed above. We also understand that each referred patient is our full responsibility and Aurora House is providing an extended service to house our patients and provide twenty-four-hour palliative care. I agree to comply with the policies and procedures in an effort to protect AH and all involved. I also understand that policies and procedures may be updated as needed.

Required Documents Check List Needed for Each Admission:

- Signed Policy and Procedure Acknowledgment Agreement
- Completed Certificate of Terminal Illness (CTI) – Must be signed by Hospice Medical Director
- Out of Hospital DNR
- Covid Test (24-72 Hours prior to Admission)
- Second Option Agreement
- History and Physical forms (H & P)
- Funeral Arrangements

Signature Hospice Administrator

Date

Print Name of Hospice Administrator: _____

Hospice Administrator Email and Phone Number: _____

Aurora House Representative Signature

Date

Patient's Name: _____

Designated Family Member: _____ Telephone: _____

Hospice: _____ Telephone: _____



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SECOND OPTION - HOSPICE AGENCY AGREEMENT

(print hospice name above)

understands that Aurora House houses the terminally ill with a prognosis of three months or less to live. We do understand that if our patient is not declining or no longer meets Aurora House criteria, we do have a second placement option already in place.

Aurora House may not house individuals who are ambulatory.

Name of referred patient: _____

Date referred: _____

We do have a second placement option in place: YES NO

(Circle One): Own Home Relative/Friend's Home Other

Designated Family Member: _____

Designated Family Member Signature: _____ Date: _____

Name of 2nd Placement Option: _____

Address: _____

Contact/Title: _____

Contact Telephone: _____

Printed name of hospice representative filling out this form: _____

Signature and date: _____

The Hospice representative signing this form understands that in the event the patient is discharged from Aurora House and the 2nd placement option is no longer viable the hospice has a responsibility to find a placement for patient within 24 hours.



Family Admission Information – Please share with Family

Guest Name: _____

The mission of Aurora House is to extend merciful love to those in need through compassionate end-of-life care, when dying at home is not an option. Out of respect for the unique needs of our guests, Aurora House policy has been to allow people to visit guests as freely as possible at the guest's/family's discretion and to allow visitors access to all communal areas of the house.

As we balance our mission to provide exceptional care of our guests with the burdens of the pandemic, and in consideration of the health and safety of our guests, their visitors and our staff, additional precautions are still in effect.

This information will also be shared during family orientation and will need to be signed by individual that has Power of Attorney or resident representative. By signing, you are agreeing that the guest and all visitors will abide by these, as well as any new precautions should they become necessary, at Aurora House during the guest's stay:

- Visitors must wear a mask and wash their hands upon entering and before exiting Aurora House.
- Visitors with signs or symptoms of transmissible infection will not be allowed to enter. If a visitor appears sick or unwell during their visit, they will be asked to leave.
- Each visitor will wash their hands thoroughly prior to and upon leaving the guest's room, bathroom, or adjoining room.
- Visiting House are between the hours of 11am-8pm. Only two visitors at a time can be inside.
- If family member is wanting to stay overnight, arrangement can be made with Caregiver Supervisor.
- Only essential personal effects/items should be brought into the house.
- The doors to Aurora House will be locked during non-visiting hours.
- Only the back doors may be used for entry/exit.
- We cannot commit to providing meals for visitors at this time although meals/drinks/snacks will be provided to the guest, upon their request, at any time. If/when meals for visitors are available, they will be notified by staff. Visitors must remain in allowed areas to eat.
- An alternate placement plan must be decided upon by the hospice agency and guest/family, in the case that Aurora House is unable to remain open.
- Funeral Arrangements must be in place prior to Admission.

In addition, we strongly recommend visitors limit their contact with others when not at Aurora House as much as possible. Thank you for your cooperation.



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CERTIFICATE OF TERMINAL ILLNESS

Name _____

Address _____

Diagnosis:

Prognosis (**3 months or less**):

Previous Treatment Current Treatment or Therapy:

KPS _____ PPS _____ FAST Score (if applicable) _____

I understand that I am considered the physician of record for the above named patient and give my consent for the above named patient to be cared for by the staff/volunteers of Aurora House. **To the best of my medical knowledge, this patient has a life expectancy of less than three months.**

Printed Physician Name

Phone Number

Physician Signature

Date

Name of Hospice

() _____
Phone Number

This form must be completed, received and approved by Aurora House prior to admission.

Aurora House Approval: _____ Date: _____