



Continuous Care Program



Seasons Hospice & Palliative Care provides Continuous Care to patients at home, in a nursing home, or in an assisted living facility. Continuous Care can be provided when the patient experiences an acute episode of uncontrolled medical symptoms, such as pain, nausea and vomiting or respiratory distress. Our goal is to help the patient remain at home or assist as they transition from the hospital back to their home. This focused attention to the crisis at hand, with frequent assessment and care plan modification, promotes palliation or the management of the acute condition, achieving a timely goal for comfort and quality of life.

What is Continuous Care?

- There are four levels of hospice care:
 - Routine Home Care: hospice care in the patient's home, nursing home, or assisted living facility
 - Respite Care: inpatient hospice care provided when the home caregiver needs a time of respite; provided in inpatient hospice units or nursing homes
 - General Inpatient Care: inpatient hospice care provided for pain or symptom management; provided in inpatient hospice units, skilled nursing facilities, and hospitals
 - **Continuous Care**: augments home hospice care by providing nursing and certified nursing assistant care in the home to manage a pain or symptom need for a minimum of an 8-hour period; provided in the patient's home, nursing home, or assisted living facility

Who is eligible for Continuous Care?

- Patients who experience an acute episode of medical symptoms requiring intervention by a nurse and nurses' aide
- Symptoms may include:
 - intractable pain
 - uncontrolled nausea and vomiting
 - uncontrolled seizures
 - severe change in mental status
 - agitation and restlessness
 - initiation of a complex medication regime
- Open Access interventions
 - respiratory distress
 - signs of sepsis
 - caregivers unable to provide the level of care needed

Goals of Continuous Care:

- To manage and promptly achieve palliation of acute medical symptoms requiring the skills of a registered nurse or licensed practical nurse
- To prevent hospitalization and maintain patient's comfort level at home

Benefits of Continuous Care:

- Allows patients to stay home, according to their wishes, during periods of an acute medical crisis
- Prevents hospitalization
- Supports caregivers during the acute episode
- Provides education for safe, skilled care at home
- Ensures comfort and quality of life through focused symptom management and timely intervention

When to consider Continuous Care:

- When acute medical intervention is needed for symptom management
- When the skills of a nurse are required to monitor uncontrolled symptoms, modify the care plan and assess responses to frequent changes in the plan of care

How long is Continuous Care provided?

Continuous Care:

- Is provided minimally for an 8-hour period or as long as the clinical need exists
- Is not custodial care
- May last for hours or days, until the symptom is managed
- Requires a physician's order and oversight and discontinues when the physician determines the clinical needs have been managed

Financial Coverage for Continuous Care:

The hospice Medicare and Medicaid benefits are inclusive, and there are no additional charges billed to patients and families. Coverage under a managed care contract is negotiated on a case-by-case basis.



Our Mission:

Honoring Life ~ Offering Hope

Our Vision is to:

- ♥ *recognize that individuals and families are the true experts in their own care,*
- ♥ *support each other so we can put our patients and families first,*
- ♥ *find creative solutions which add quality to life,*
- ♥ *strive for excellence beyond accepted standards, and*
- ♥ *increase the community's awareness of hospice as part of the continuum of care.*

Case Study:

Below is a Medicare Manual illustration, reproduced in its entirety for your convenience (“CHC” refers to continuous home care):

The patient experiences new onset seizures. He continues to have episodes of vomiting. The nurse remains with the patient for 4 hours (10:00 a.m. – 2:00 p.m.) until the seizures cease. During that time she provides skilled care and family teaching. The patient’s wife states she is unable to provide any more care for her husband. A home health aide is assigned to the patient for monitoring for 24 hours, beginning at 2:00 p.m., with a total of 8 hours of direct care in the first day. The nurse returns intermittently for a total of an additional 4 hours to administer medications, assess the patient and to relieve the aide for breaks. The social worker provides 3 hours of services to work with the patient’s wife in identifying alternative methods of care for the patient.

Determination: This qualifies as a continuous home care day. This constitutes a medical crisis, including collapse of the family structure. The caregiver has been providing skilled care and the change in the patient’s condition requires the nurse’s interventions. Since there is no overlap in nursing care, 16 hours of care would be computed as CHC. The social worker hours would not be incorporated. If the caregiver had been providing custodial care and his medical crisis resolved within a short time frame, this situation would not have qualified as CHC.

800-570-8809

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