

## Support that Helps Your Residents on Hospice Stay in Place during a Short-term Health Crisis

**Continuous Care is a Medicare-defined level of hospice care.** It can be an option when your residents who are Agrace HospiceCare patients need **short-term, acute care**, and will benefit from staying in familiar surroundings, with your familiar caregivers and staff.

An Agrace nurse must assess the resident's condition to confirm the need for this level of care. When Continuous Care is approved, Agrace provides a period of increased nursing and personal care that supplements—but *does not replace*—the care and support you provide the resident. Continuous Care is intended to help the resident **stay at your facility through a health crisis**, rather than being moved to a hospital or to the Agrace Inpatient Unit for care.

### How does it work?

- An Agrace caregiver stays with the resident for **at least 8 hours during a 24-hour day** (measured from midnight to midnight). The 8+ hours may be broken up into in smaller blocks of time, such as 4 hours in the morning and 4 hours in the evening.
- This level of care is available *only* when intensive, skilled nursing care is needed to control symptoms such as severe pain or breathing difficulties, or other urgent or complex health problems.
- Continuous Care is not an ongoing 24-hour-a-day care service; it usually lasts only **two to three days**.

### Who from Agrace provides the care?

- The resident's **primary Agrace RN** makes an initial assessment, coordinates development of a plan of care, and reassesses the resident every morning (usually for two or three days).
- **LPNs** provide bedside care, in collaboration with the RN.
- A **CNA** is available for assisting with ADLs and comfort measures.

Some of these staff may be new to you, and to the resident and family.



### What is the role of your staff during Continuous Care?

- You will participate in developing and carrying out the plan of care. Continuous Care from Agrace does not take the place of your facility staff as primary caregiver.
- Actively ask questions.
- Report any changes in the resident's condition to Agrace staff if we have stepped out (during Continuous Care, we may need to leave briefly for a death call, but we will return).

Continued —→

# Continuous Care, *continued*

## What is the role of Agrace staff during Continuous Care?

- We coordinate the care the resident needs on a daily basis.
- The Agrace RN visits daily to evaluate the resident's plan of care.
- We teach your staff about medicines or treatments the resident's doctor orders.
- We educate your staff about prescription medicines—how to give them, side effects to watch for and how to monitor effectiveness.
- Our CNAs can provide extra comfort measures, such as repositioning the resident in bed to prevent skin breakdown, or helping with bathing and incontinence care. *(Agrace CNAs cannot give medications).*



## If interventions you have tried have not been effective for 24 hours, please call us at (800) 553-4289.

Ask for our Triage Team, who will connect you to the resident's Agrace team to discuss the issue. The Agrace RN may be able to suggest new interventions or medication adjustments, and assess the appropriateness of Continuous Care.

## When is Continuous Care appropriate?

We ask you to tell us when an Agrace patient is showing signs of distress, including troubling behaviors related to dementia (which often have a medical reason). You see residents more regularly than our staff does, so you are more likely to notice changes in condition or behavior over time that may be worrisome.

### If you notice these signals, please call the resident's Agrace RN:

- Increased agitation
- Increased restlessness
- Respiratory issues that are not well controlled
- Pain requiring more PRN medications
- Troubling/escalating dementia-related behaviors, such as:
  - ⇒ Refusing daily cares
  - ⇒ Not sleeping
  - ⇒ Days and nights reversed

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