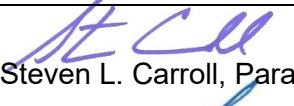


COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES
Policy Title: Hospice Patient Care		Policy Number: 629
APPROVED: Administration:	 Steven L. Carroll, Paramedic	Date: July 1, 2025
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2025
Origination Date:	October 10, 2019	
Date Revised:	November 14, 2024	
Date Last Reviewed:	November 14, 2024	Effective Date: July 1, 2025
Next Review Date:	November 30, 2026	

- I. PURPOSE: To define the management of patients enrolled in hospice.
- II. AUTHORITY: California Health and Safety Code, §1798, §1798.2; §1798.160 and §1798.170; California Code of Regulations, Title 22, §100091.01 and §100091.02
- III. POLICY:
 - A. EMS personnel shall evaluate and treat patients enrolled in hospice programs with the goal of enabling them to remain at their place of residence and continue their desired treatment plan according to the following procedures.
- IV. PROCEDURE:
 - A. Patient Management:
 - 1. The responding EMS personnel will evaluate the presenting complaint, confirm that the patient is on hospice and identify the current hospice provider.
 - 2. A phone call shall be established between EMS and the on-call hospice provider to communicate on scene findings.
 - a. Repeat phone call in 10 minutes to the on-call hospice provider if there has been no response. Wait up to another 10 minutes, and if still no response, you may then transport the patient or seek recommendations from base hospital

3. EMS and Hospice communication will be centered around the following goals:
 - a. Identifying a need for the hospice provider to respond to the scene
 - b. Identifying EMS interventions or actions which may facilitate patient comfort and prevent transport, such as assisting with family education.
 - c. Identifying hospice resources or interventions which may facilitate patient comfort and prevent transport.
 - d. Identifying the unique cases where transport is necessary for hospital treatment or diagnostics which are required to best continue in home treatment.
- B. Resources / response:
1. Most often transport can be avoided and comfort optimized utilizing only the initial paramedic response along with follow up from the hospice agency.
 2. EMS providers should consult with or request a response from one of the following:
 - a. Online medical direction from base hospital physician
 - b. EMS supervisor response