Throughout the COVID-19 pandemic, Spectrum Health is committed to ensuring patient comfort and support to families when their loved ones are near end of life. The Renucci House has been partially repurposed to provide end of life care for our patients, including those diagnosed with COVID-19. It offers an appropriate number of family members the ability and time to be with their loved one while receiving the support they need. Compassionate teams including nursing experts, palliative care certified physicians and the hospice interdisciplinary team work together to provide the very best care possible at this challenging time.

What is this unit?
- It is an acute care unit, 37 beds repurposed for acute end of life care.
- It is for any patient very much at the end of life, too fragile or compromised to transfer to another setting, COVID-19 or non COVID-19 patients.
- It is ideally available for patients with less than a 24-hour life expectancy (consider vent removal or actively dying)

Why was this unit created?
- To ensure patient comfort at end of life.
- To accommodate appropriate access for families to share important final moments with their loved ones.
- To free up necessary acute care beds in the ICU.
- To provide immediate care for patients in the ED who are actively dying.

How will this help families?
- The leniency in visitor restrictions allows for more family members to be at the bedside with their loved one in their final hours.
- A specially trained member of the end of life response team serves as a liaison to the family, helping them understand their loved one’s condition, the next step in care, the purpose of the Renucci House location for care and the step by step plan for transfer.
- The hospice team will support the family through this process with the care provided by the interdisciplinary team.
- Specialized bereavement services will begin immediately and follow the family up to one year following the death.

What is the End of Life Response Team?
An interdisciplinary team of experts from our hospice and palliative care division who can help in the following ways:
- Provide you with support and expertise in symptom management and comfort care by their team of physicians and APPs.
- Serve as a liaison to the family to provide clinical updates, status of patient, options for care, information on Renucci and support throughout the patient’s care.
- Facilitate move of patient to the Renucci House.

Who staffs Renucci House and is caring for these patients?
- The attending service for this unit is the Hospice and Palliative Care Providers.
- Bedside Nursing and Nurse techs are staffed 24/7.
- Spectrum Health Hospice: All patients will be admitted to hospice and cared for by the hospice interdisciplinary team in collaboration with the bedside nursing team.
This unit is co-managed by Sandy Knight - Nurse Manager and Sharon Mumah - Hospice Hospital Team Supervisor.

All families will be followed and supported by the Spectrum Health Hospice Bereavement Team.

**How do I send a patient to this unit?**

- Notify SHMG Palliative Care via Perfect Serve indicating “EOL Response Team requested” and the best phone number to contact the requesting provider.
- Place official Palliative Care consult in EPIC.
- As the referring provider, we recommend you have the initial discussion with the patient/family defining the reality of their current medical condition and plan for comfort care, using the guide provided here: Communication Guide for COVID-19 The Palliative Care team is certainly available to assist you and participate in this conversation.
- A palliative care team member will promptly review the medical record, contact the referring provider and deploy the best resources to support end of life care, and our Hospice and Palliative Provider will initiate/manage comfort care orders.
- Patients will be officially signed on with SH Hospice, therefore, follow the GiP to Hospice Tip Sheet here GiP to Hospice.
- For patients transferred to Renucci, a discharge summary is not needed as these are transfers to an internal acute unit. The only change will be the attending service (changed to Hospice and Palliative Care) who will be completing the discharge summary for these patients at the time of discharge or death.
- As soon as the patient is in transit or arrives to the Renucci House, they will be considered under the care of the Hospice and Palliative attending service.

**What is the process for patients who need to be extubated or removed from BIPAP or High Flow Nasal Cannula?**

- Perfect Serve SHMG Palliative care early in the planning process for removal from vent/BiAP/High flow.
- Extubation/removal from BIPAP or High Flow Nasal Cannula will not occur at Renucci House, but rather in the inpatient setting or ED prior to transfer.
- Palliative provider will assist with symptom management and comfort care orders at bedside.
- The End of Life Response Team will coordinate transfer to Renucci House.

**How are we protecting team members and families from increased exposure to COVID-19?**

**Families:**

- All family members receive information regarding the patient population cared for on this unit and the rule for ensuring safety of family and staff.
- All family members are required to wear a community made mask (meeting SH guidelines) at all times at the Renucci House. A mask will be provided to family members who do not have one.
- Family members are allowed entrance one time per day into the facility (reducing the number of people coming in and out of the unit).
- Family members are restricted to their family member’s room and are not permitted anywhere else in the building.
- Number of family members permitted is decided by the End of Life Response Team in collaboration with the Renucci House Charge Nurse.
- Special requests such as multiple family members or children will be reviewed and approved by the unit manager.

**Team Members**

- Team members providing care in this unit will have the appropriate standard PPE on at all times.
- Extubation/removal from BIPAP or High Flow Nasal Cannula will not occur at the Renucci House, but rather in the ICU prior to transfer.