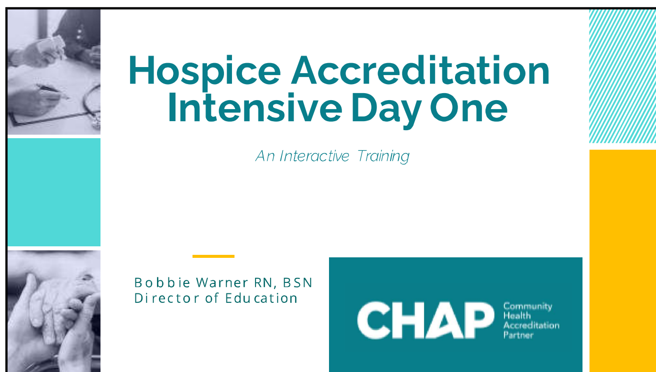
Hospice Accreditation Intensive Day One
An Interactive Training
Bobbie Warner RN, BSN
Director of Education
CHAP
Community Health Accreditation Partner

CHAP Standards Overview
CHAP

Activities
• Access of Standards
• Revision Table
• New version
• Seek and Find Activity
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Hospice Inpatient Care
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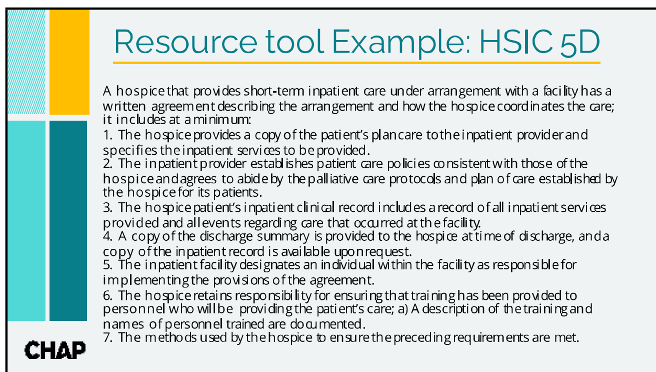
Resource tool Example: HSIC 5D
A hospice that provides short-term inpatient care under arrangement with a facility has a written agreement describing the arrangement and how the hospice coordinates the care; it includes at a minimum:
1. The hospice provides a copy of the patient's plan care to the inpatient provider and specifies the inpatient services to be provided.
2. The inpatient provider establishes patient care policies consistent with those of the hospice and agrees to abide by the palliative care protocols and plan of care established by the hospice for its patients.
3. The hospice patient's inpatient clinical record includes a record of all inpatient services provided and all events regarding care that occurred at the facility.
4. A copy of the discharge summary is provided to the hospice at time of discharge, and a copy of the inpatient record is available upon request.
5. The inpatient facility designates an individual within the facility as responsible for implementing the provisions of the agreement.
6. The hospice retains responsibility for ensuring that training has been provided to personnel who will be providing the patient's care; a) A description of the training and names of personnel trained are documented.
7. The methods used by the hospice to ensure the preceding requirements are met.
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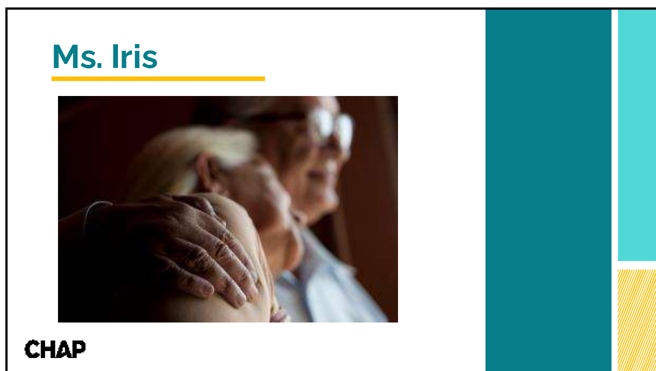
Ms. Iris
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Standard Review (1)

HSIC1.I – HSIC 4.I General inpatient standards

- Eligibility
- Pain and symptom management control
- Medicare certified facility

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Standard Review (2)

HSIC 5. Required elements of the written agreement for provision of inpatient care by arrangement

- Hospice responsibilities
- Facility responsibilities

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Agreement Requirements

Hospice:

- Plan of Care
- Inpatient clinical record
- Discharge summary
- Training
- Documented
- Compliance

Inpatient Provider:

- Policies
- Clinical Record
- Inpatient record available
- Designated individual

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Standard Review (3)

HSIC 6.I – HSIC 34.I Related to directly owned hospice inpatient facility

- Staffing
- Emergency preparedness
- Life Safety Code
- Facility specifics
- Infection control program
- Medication administration

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Standard Review (4)

HSIC 35.I HSIC 46.I – Restraint and seclusion in a hospice owned inpatient facility

- Use of
- Plan of Care
- Policies and procedures
- Responsible staff
- Training

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Direct or Under Arrangement

Under Arrangement

- Written Agreement
- Ensuring facility complies with Life Safety Code
- Infection control as per hospice policy
- Complies with restraint/seclusion requirements

Direct

- Appropriate staffing/24 Hour Nursing
- Responsible for Emergency Preparedness compliance: policies/testing/communication
- Life Safety Code Compliance
- Facility specific infection control
- Policies related to restraint/seclusion

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Top Findings in HSIC

Standard	Content	CMS Tag
HSIC 15.I	Documented and dated Life Safety Code fire drills	L726
HSIC 28.I	Requirements addressing the provision of meals	L736
HSIC 24.I	Life Safety Code requirements related to water and plumbing	L732

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All agreement elements are present

Review Plan of Care elements

Directly owned

- Plan fire drills for the year
- Mock survey of life safety code components
- Life Safety Code addressed through quality program

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Hospice Care to Residents in a Facility

CHAP

Written Agreement - General

Agreement signed prior to provision of hospice services

- Communication
- Documentation
- Notification of hospice
  - Significant change
  - Clinical complications
  - Need for potential transfer
  - Patient's death
- Hospice determines need to change level of care

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Written Agreement - Facility

- 24-hour room and board
- Meeting usual personal care and nursing needs care, meeting the personal care and nursing needs that would have been provided by the primary caregiver at home, at the same level of care provided before hospice care was elected by the patient/resident.

CHAP

Written Agreement - Hospice

- Assessment
- Coordination
  - Interdisciplinary team
  - RN
- Provision of care
- Consultation with facility staff
- Aide Services
- Provision of supplies/DME/medications related to the terminal illness
  - Including financial management
- Determining appropriate level of care
- Arranging for necessary transfers in consultation with facility staff.

CHAP

Written Agreement - Hospice

The hospice's responsibilities include, but are not limited to:

- Medical direction and management of the patient;
- Nursing/Counseling/Social work
- Provision of medical supplies, durable medical equipment, and drugs
- All other hospice services related to terminal illness
- Reporting of mistreatment or abuse
- Provision of bereavement services

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Written Agreement - Hospice

The hospice may use the SNF/NF or ICF/IDF nursing staff, where permitted by state law and as specified by the SNF/NF or ICF/IDF, to assist in the administration of prescribed therapies included in the plan of care only to the extent that the hospice would routinely use the services of a hospice patient's family.

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Whose Responsibility

Iris has been admitted to a skilled facility for care following her inpatient stay until her daughter is able to arrive and provide care for her mother. The hospice will continue to provide care to Ms. Iris in the facility. The RN is explaining to the facility staff the differences in their roles and has decided to provide examples to reinforce their different responsibilities.

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Activity

Whose responsibility?

- Provision of meals
- Calling the physician upon worsening of symptoms
- Providing a chair bath 3 times per week
- Assisting the patient with incontinence in the middle of the night
- Determining the bowel regimen for a patient on opioids
- Who implements the bowel regimen?
- Determines a need for changing the level of care
- Financial responsibility for incontinence supplies
- Financial responsibility for medications addressing the terminal illness

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Yes, or No?

Hospice:
- Calling the physician upon worsening symptoms
- Determining the bowel regimen for a patient on opioids
- Determines a need for changing the level of care
- Financial responsibility for medications addressing the terminal illness

Facility:
- Provision of meals
- Providing a chair bath 3 times per week
- Assisting the patient with incontinence
- Implementing the bowel regimen
- Financial responsibility for long term incontinence supplies

CHAP

Top Findings in HSRF

Standard	Content	CMS Tag
HSRF 6.I	Hospice plan of care is in place/coordination occurs with facility	L 774
HSRF 9.I	The designated team member provides information to SNF	L781

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Each intervention is assigned

Documentation reflects coordination and agreement

Audit record for required hospice elements:

- Plan of care and any addition orders
- CTI
- Advance directives
- Contact information for hospice staff
- 24-hour call direction
- Hospice medication
- Hospice physician and attending physician

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Hospice Assessment, Care Planning, and Coordination (HCPC)

CHAP

Resource Tool

Interdisciplinary Group requirements

HCPC 1.I – HCPC 3.I

Patient Admission requirements

HCPC 4.I – HCPC 6.I

Assessment – initial, comprehensive , updates

HCPC 7.I – HCPC 17.I

Plan of Care – elements, update education

HCPC 18.I – HCPC 22.I

Coordination

HCPC 23.D

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Comprehensive Assessment

Nature and condition causing admission	Co-morbid psychiatric history
Presence or lack of objective data and subjective complaints	Complications and risk factors that may affect care planning
Risk for drug diversion	Functional and cognitive status
Ability to participate in own care	Imminence of death
Symptoms and severity of symptoms	Bowel regimen if opioids are prescribed
Patient and family support systems	Patient/family need for counseling and education
Comprehensive pain assessment	Initial bereavement assessment
Patient/family needs for referrals	Comprehensive drug profile and review
Data elements for outcome measurement	

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HCPC 11.I – HCPC 16.I

Plan of Care Elements

Plan reflects patient and family goals	Planned interventions based on assessments
All services needed for palliation of terminal illness	Pain and symptom management
Scope and frequency of services	Measurable outcomes anticipated
Drugs and treatments	Medical supplies and appliances
Level of patient/representative agreement with theplan	Level of patient/representative involvement with the plan

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HCPC 21.I

Top Findings in HCPC

Standard	Content	CMS Tag
HCPC 21.I	Elements of the Plan of Care	L545, L548
HCPC19.i	Designated RN coordinates patient care	L543
HCPC 15.I	Medication Profile and Drug Review	L530
HCPC 13.I	Initial Bereavement Assessment	L531
HCPC 9.I	Assessment within 5 days in accordance with elements of the hospice election statement	L594

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Focused audits

Use of templates

Standardized processes and documentation

Educate staff on alternate assessment components

- Psycho-social
- Spiritual
- Bereavement

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Hospice Care Delivery and Treatment (HCDT)

CHAP

Resource Tool – Key Components

Core vs non-core services

Accepted standards of practice

Care is in accordance with plan of care

Professional/aide/homemaker/volunteer

Provision of services
- Pharmaceutical
- Durable medical equipment

Discharge/transfer

CHAP

Top Findings in HCDT

Standard	Content	CMS Tag
HCDT 16.I	Hospice Aide fulfills responsibilities within the plan of care	L 626
HCDT 15.I	Written aide instructions are prepared by RN	L 625
HCDT 39.I	Revocation of hospice benefit/discharge requires D/C summary	L 683
HCDT 40.I	Required elements of discharge summary	L 684
HCDT 38.I	Summary needed for transferred patient	L 682

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Remote Monitoring

Policies and Procedures:
- Type of Equipment
- Patient Eligibility
- Patient/caregiver education
- Process for delivery and set up
- Troubleshooting
- Data collection
- Storage and cleaning

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Hospice Leadership and Governance (HSLG)

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Key Points

- Organization Operations
- Governance
- Leadership
- Provision of Services through agreements

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Organization Operations

- Organization Operations
  - Management of resources
  - Annual operating budget
  - Monitoring levels of care

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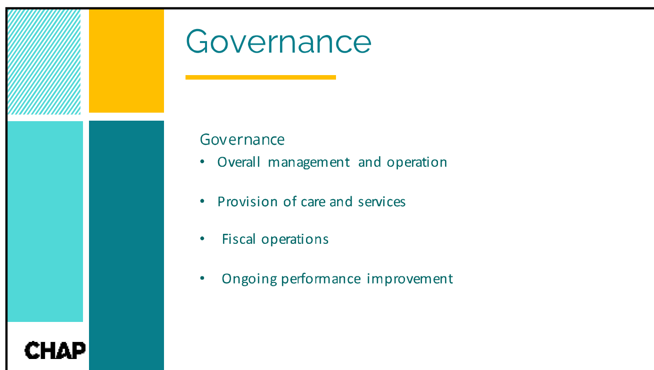
Governance
Governance
• Overall management and operation
• Provision of care and services
• Fiscal operations
• Ongoing performance improvement
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Agreements
• Scope of services
• IDG oversight and coordination
• Communication
• Care authorized by hospice
• Qualified personnel
• Safe and effective care
• In accordance with Plan of Care
• Hospice may contract with medical director services
• Self employed physician
• Physician employed by professional entity or physician group
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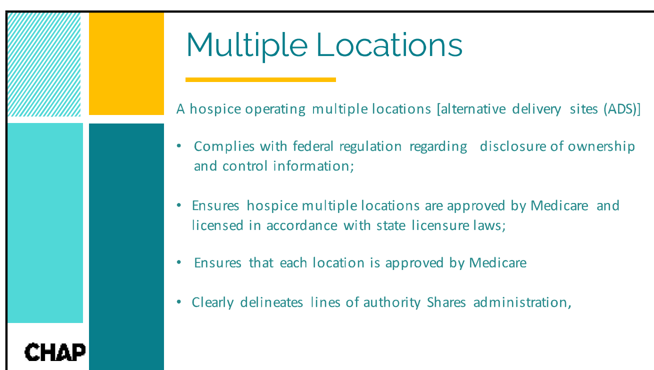
Multiple Locations
A hospice operating multiple locations [alternative delivery sites (ADS)]
• Complies with federal regulation regarding disclosure of ownership and control information;
• Ensures hospice multiple locations are approved by Medicare and licensed in accordance with state licensure laws;
• Ensures that each location is approved by Medicare
• Clearly delineates lines of authority Shares administration,
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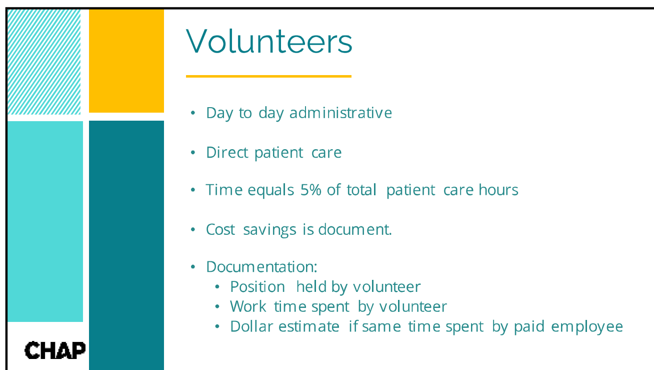
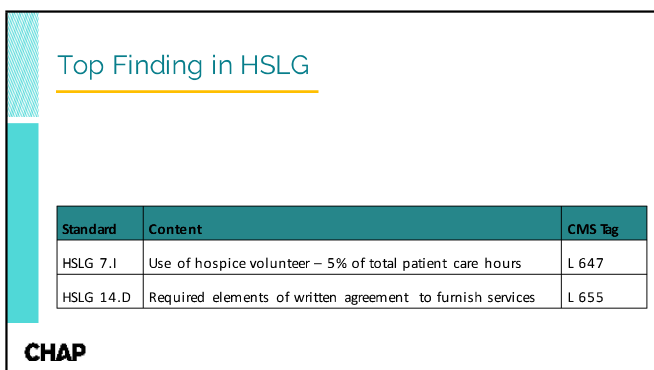
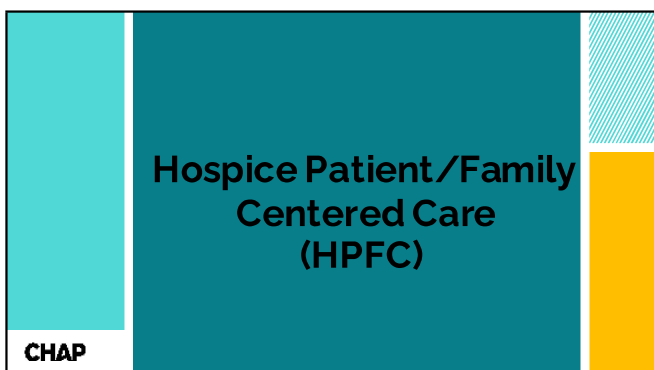




Standard	Content	CMS Tag
HSLG 7.I	Use of hospice volunteer – 5% of total patient care hours	L 647
HSLG 14.D	Required elements of written agreement to furnish services	L 655



Elements of the Patient Bill of Rights

- Involvement in development of the Plan of care
- Informed of
  - Scope of services
  - Limitations of those services
  - Hospice's advance directive policy
  - Services covered under the hospice benefit
- Refuse care or treatment
- Choose their own attending
- Free from mistreatment, neglect, verbal, mental, sexual or physical abuse, misappropriate of property and treated with respect
- Able to voice grievances regarding treatment provided or failed to provide
- Confidential record per law and regulation
- Received effective pain management and symptom control

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Implementation of Standards

- ✓ Complaint Process
- ✓ Plan of Care Involvement
- ✓ Visit schedule
- ✓ Financial Liability Information

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Top Findings in HPFC

Standard	Content	CMS Tag
HPFC 2.D	Elements to be present in the Patient Bill or Rights	L515, L503, L518
HPFC 10.I	Advance directive provided to patients	L503
HPFC 9.D	Advance directive written information elements	L503

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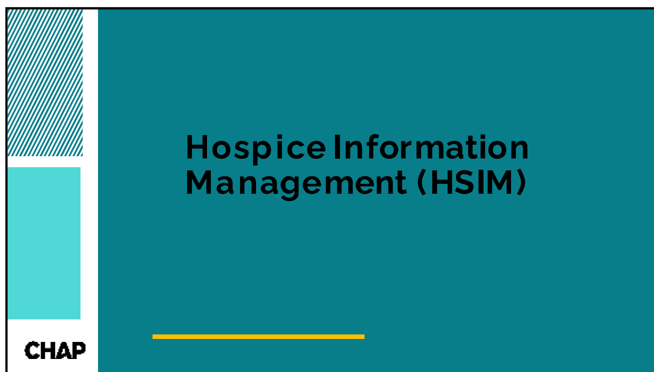
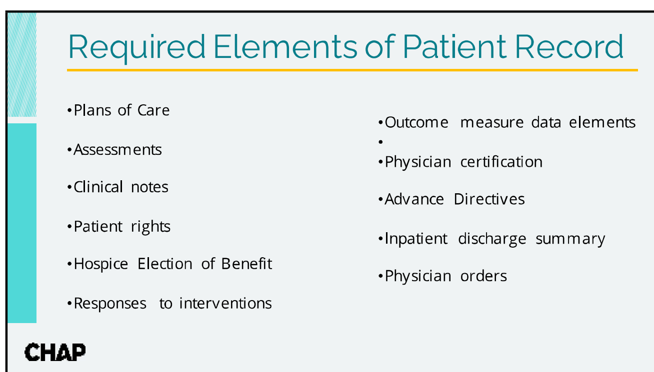
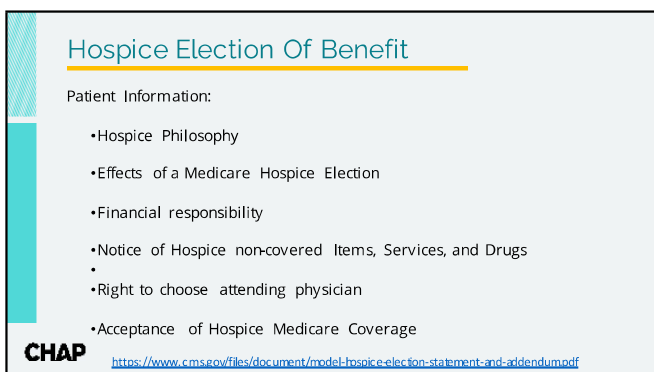

Hospice Information Management (HSIM)
CHAP


Required Elements of Patient Record
•Plans of Care
•Assessments
•Clinical notes
•Patient rights
•Hospice Election of Benefit
•Responses to interventions
•Outcome measure data elements
•Physician certification
•Advance Directives
•Inpatient discharge summary
•Physician orders
CHAP


Hospice Election Of Benefit
Patient Information:
•Hospice Philosophy
•Effects of a Medicare Hospice Election
•Financial responsibility
•Notice of Hospice non-covered Items, Services, and Drugs
•Right to choose attending physician
•Acceptance of Hospice Medicare Coverage
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https://www.cms.gov/files/document/model-hospice-election-statement-and-addendum.pdf

Patient Notification of Non-Covered Items, Services, and Drug Examples

- Diagnosis related to terminal illness and related conditions
- Diagnosis unrelated to terminal illness and related conditions
- Non-Covered items, services and drugs determined by hospice as not related to terminal illness and related conditions

https://www.cms.gov/files/document/model-hospice-election-statement-and-addendum.pdf

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Certification of Terminal Illness

Timeframe
- Verbal or written no later than 2 calendar days after the start of each benefit period.
- Written must be signed and dated prior to billing Medicare
- Initial certification and recertifications may be completed up to 15 days prior to the start of the next benefit period

Completed only by certifying physician

Contents
- Medical prognosis
- Narrative
- The benefit period dates that the certification or recertification covers.

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Common Errors

Physician Signatures:
- Pre-dating
- None present
- Illegible
- Not dated
- Missing either Medical Director or Attending (if applicable)

Narrative:
- Missing totally
- No attestation statement
- Missing that the attestation was composed by the physician

Certification:
- Lack of verbal certification by both Medical Director and Attending (if applicable)
- Dates of certification period not clearly stated

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Narrative

- Written by the certifying physician,
- Clinical findings that support six months or less life expectancy
- If part of the form, above the physician's signature.
- If an addendum, signature follows the narrative.
- The physician attests by signing, the narrative was composed based on review of the patient's medical record or his/her examination of the patient.

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Face to Face Encounter

Third benefit period and subsequent:

- Why clinical findings of face-to-face encounter support six months or less.
- Documentation
  - date of the encounter,
  - an attestation by the physician or nurse practitioner that he/she had an encounter with the beneficiary.
    - If the encounter was done by a nurse practitioner, he/she must attest that clinical findings were provided to the certifying physician

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Top Finding in HSIM

Standard	Content	CMS Tag
HSIM 3.I	Elements of the clinical record	L 678 L 673
HSIM 4.I	Record entries are legible, authenticated, and dated	L 679

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