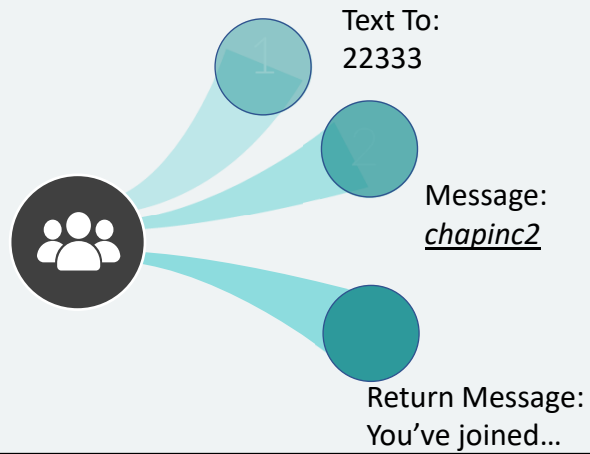


While You Wait...

1. Think of a fun fact about yourself (something you're willing to share).
2. Set up your phone (as below) to enable poll participation



CHAP

1

Hospice Accreditation Intensive


An Interactive Training

Bobbie Warner RN, BSN
Director of Education

CHAP Community Health Accreditation Partner

2

Name – State – Fun Fact



CHAP

The slide features a decorative left sidebar with a teal vertical bar, a yellow diagonal-hatched bar, and a light blue vertical bar. The main content area shows a photograph of two mountaineers in winter gear climbing a rocky mountain peak. The sun is high in the sky, creating a lens flare effect. The acronym 'CHAP' is displayed in a white box at the bottom left of the slide.

3

How many years has your organization been in existence?

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

The slide is a large, light blue rectangular area with a thin black border. It contains a bold question at the top and a footer with instructions and a URL. Small decorative squares are located in the corners of the slide.

4

How many years have you been a CHAP accredited organization? Enter a number.

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

5

Disclosures/Conflict of Interest

This nursing continuing professional development activity was approved by the Virginia Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

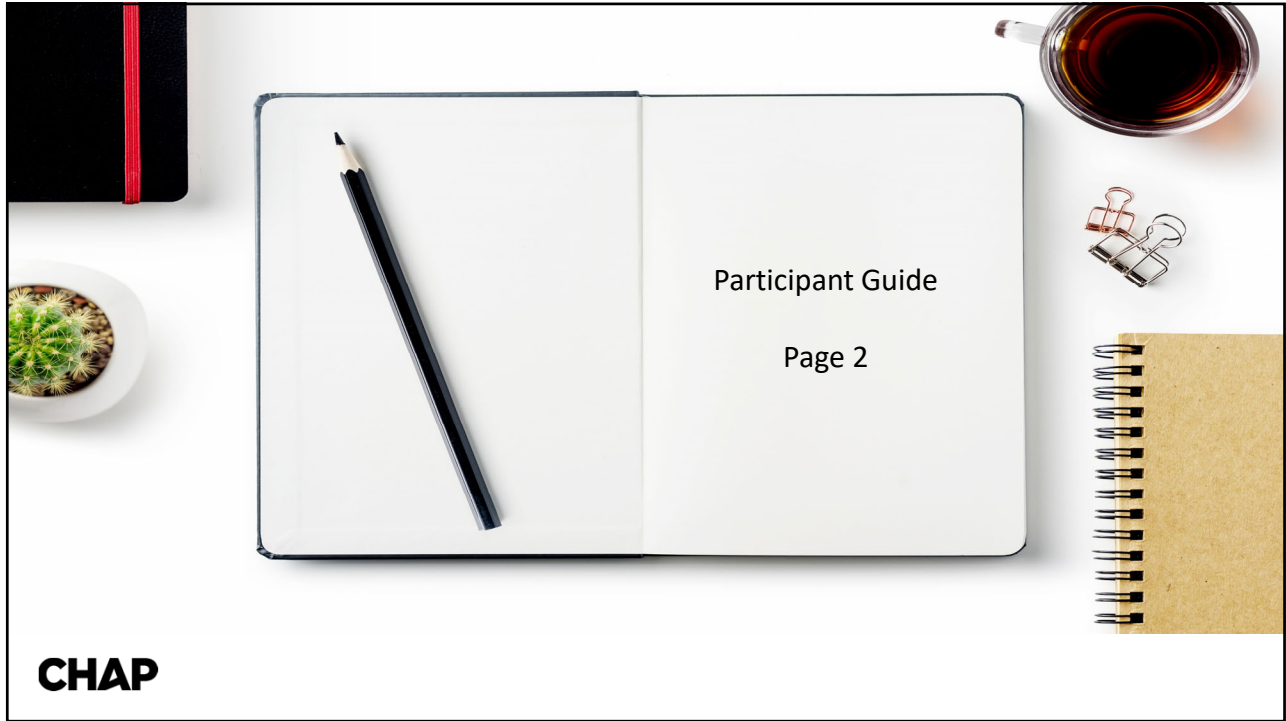
There are no conflicts of interest for any individual in a position to control content for this activity.

How to obtain CE contact hours:

Criteria for successful completion includes attendance at the entire event (both days), participation in engagement activities, and completion of an evaluation.

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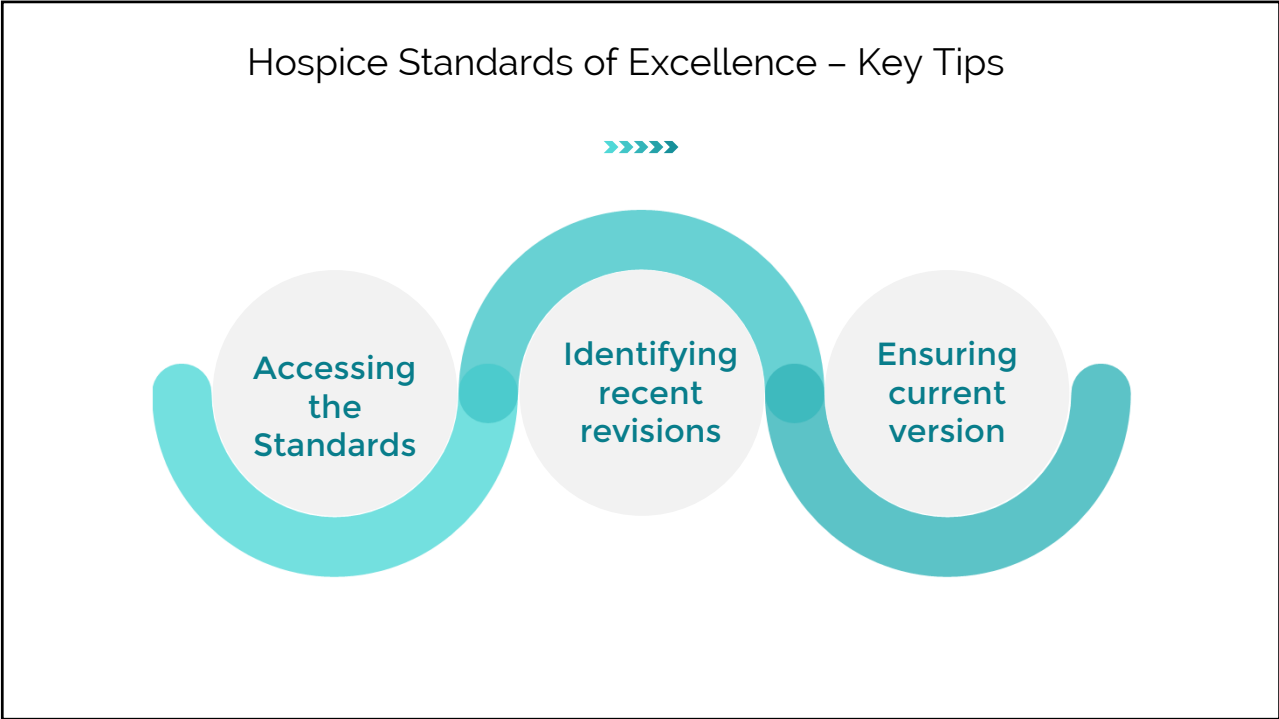
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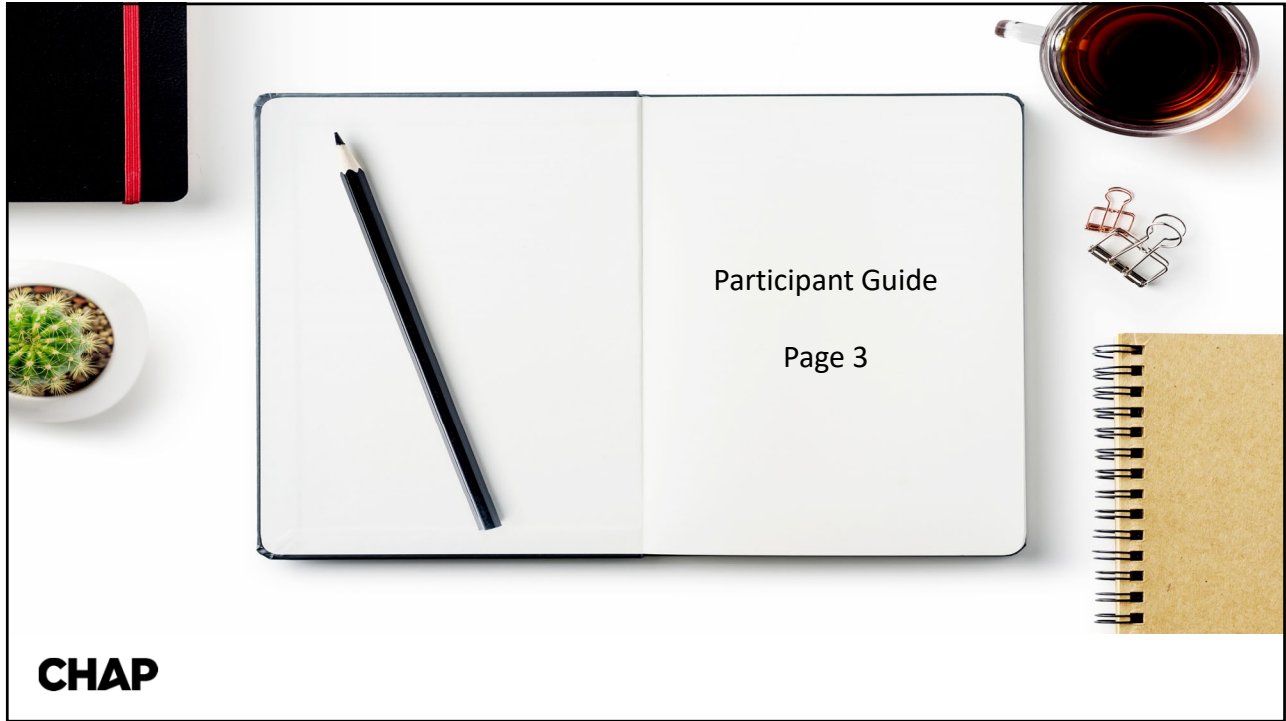
Additional Resources

The graphic consists of a vertical bar on the left with four colored sections: a top section with diagonal teal lines, a yellow section, a teal section, and a white section at the bottom with the text 'CHAP'. To the right of this bar, the title 'Additional Resources' is underlined in orange. Below the title, three teal rounded rectangular boxes are stacked vertically, each containing a resource name. Each box is connected to a thin blue line that extends to the right edge of the graphic.

- Appendix M
- Appendix Z
- MLN newsletters and CHAP eNews

CHAP

10



CHAP

11



CHAP

12

Resource Tool

Standard	Summary of Content
HPFC 1.D	The hospice has a Patient Bill of Rights and Responsibilities
HPFC 2.D	Required elements of the Patient Bill of Rights
HPFC 3.I	Provision of the Bill of Rights during the initial assessment and prior to care provision
HPFC 4.I	Patient right to exercise their rights without discrimination or reprisal
HPFC 5.I	Addressing patients not competent to exercise their rights
HPFC 6.D	Complaint management process including policies and procedures
HPFC 7.D	Addressing allegations of verbal, mental, sexual, physical abuse/mistreatment
HPFC 8.D	Hospice response to alleged violations of abuse/mistreatment per policy and procedure
HPFC 9.D	Patient is informed and provided written instruction regarding advanced directives
HPFC 10.I	Advance Directive information provided at initiation of care and documented in patient record

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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 Patient Rights

Complaint Process

- Policy and procedure
- Documentation format
- Education of staff
- Patient information regarding process
- Education of patient/caregiver
- Address all incoming complaints
- Monitor for trends and act accordingly
- Validate process is effective

CHAP

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2022 Top Findings in HPFC

Standard	Content	CMS Tag
HPFC 2.D	Elements to be present in the Patient Bill or Rights (26%)	L515, L503, L518
HPFC 9.D	Advance directive written information elements (19%)	L503
HPFC 1.D	Hospice has a patient bill of rights (16%)	L501
HPFC 10.I	Advance directive provided to patients (16%)	L503
HPFC 3.I	Bill of rights is provided verbally and in writing prior to provision of care. Signature is obtained. (16%)	L504

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Top Findings in HPFC

HPFC. D2; 418.52(c)4; Elements of the Bill of Rights

L 503: *The hospice must inform and distribute written information to the patient concerning its **policies** on advance directives, including a description of applicable State law.*

L 515: *Right to choose their attending physician; have this person involved in their medical care in all hospice settings and the attending provides the care for the patient*

L 518: *- Receive information about the services covered under the hospice benefit*

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Top Findings in HPFC

HPFC 1.D; 415.82: Bill of Rights

L 501 *- The patient has the right to be informed of his or her rights, and the hospice must protect and promote the exercise of these rights.*

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Tips for Success

>>>>>

Documentation of advance directive conversation

Teach staff to complete all information gained on admission

The infographic features four circular icons arranged in a circle, connected by curved lines. The top-left icon is a teal circle with a white alarm clock. The top-right icon is a grey circle with a white person silhouette and a speech bubble. The bottom-left icon is a teal circle with a white syringe. The bottom-right icon is a yellow circle with a white stack of coins and a dollar sign.

Review documents for completion

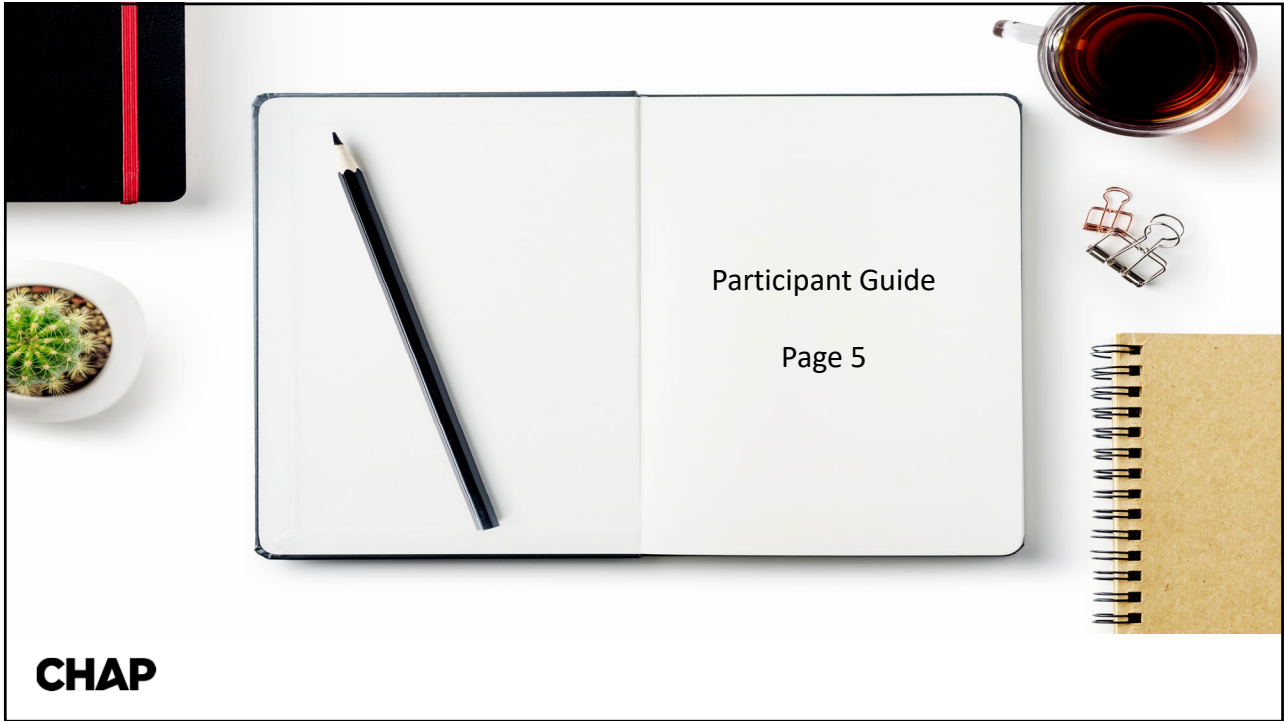
Checklist for admission elements

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19



20



21

Hospice Assessment, Care Planning and Coordination

HCPC

HCPC

22

BWO

Resource Tool

Interdisciplinary Group requirements

HCPC 1.1 – HCPC 3.1

Patient Admission requirements

HCPC 4.1 – HCPC 6.1

Assessment – initial, comprehensive , updates

HCPC 7.1 – HCPC 17.1

Plan of Care – elements, update education

HCPC 18.1 – HCPC 22.1

Coordination

HCPC 23.D

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HCPC 1.1-3.1

Interdisciplinary Group

Composition

- Medical Director
- Registered Nurse
- Social Work
- Pastoral and other counselors

Role

- To provide care and services offered by the organization
- Supervises the care and services provided to the patient and family

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Slide 23

BW0 Replace with more updated slides
Bobbie Warner, 2023-01-05T15:14:49.053

HCPC 4.I-6.I

Hospice Admission Requirements

Initial determination of anticipated life expectancy of six months or less

- Primary terminal condition and related diagnosis(es)
- Current subjective and objective medical findings
- Current medication and treatment orders
- Information about the medical management of any of the patient's conditions unrelated to the terminal illness

Recertification

- Determined by medical director or designated physician
- Timeframe no later than 2 calendar days after first day of each benefit period

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HCPC 7.I-17.I

Timeframes

- Notice of election to be filed within 5 calendar days of the effective date of the election statement
- Initial assessment to be completed within 48 hours of patient's election of hospice care
- Comprehensive assessment to be completed no later than five (5) calendar days after the election of hospice care
- The first day of the five days begins the day after the election

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Comprehensive Assessment Elements

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

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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 the plan
- Level of patient/representative involvement with the plan

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HCPC 23 - Coordination

IDG is responsible for directing, coordinating and supervising care

Care and services are provided in accordance with the plan of care

Care and services are based upon all assessments

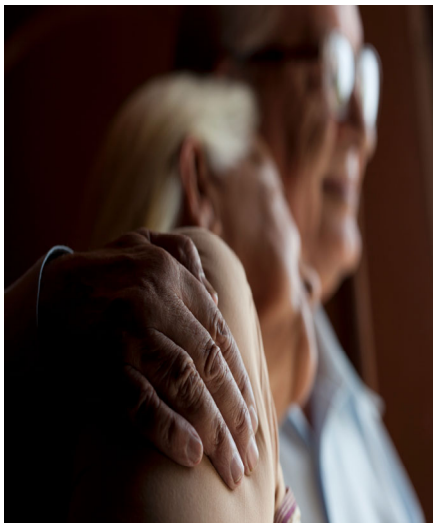
Sharing of information occurs between all disciplines, in all settings

- Including those under arrangement

Coordination occurs with other non-hospice healthcare providers providing services unrelated to the terminal illness and related conditions

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Scenario



Mrs. Iris Wood has been recently discharged from the hospital with the primary diagnosis of Stage IV pancreatic cancer with metastasis. She also has a medical history of Congestive Heart Failure and is on oxygen per nasal cannula and a nebulizer as needed. Her husband is her primary caregiver but has medical issues himself. He is struggling with COPD. They are both anxious about admittance to hospice but state “they have run out of options”. The RN arrives to conduct the admission visit an hour after Ms. Iris has returned home.

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Small Group Activity

- Participants will divide into small groups
 - Need a volunteer from each group to report out
 - Recommendation: Use the CHAP Hospice Standards of Excellence as guide
- Comprehensive Assessment – 15 minutes
 - Identify deficiencies in the provided assessment
 - Items partially addressed
 - Items not addressed at all
- Plan of Care – 15 minutes
 - Identify deficiencies in PoC
 - Incomplete components
 - Missing components



Pages 9-13

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Discussion



CHAP

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2022 Top Findings in HCPC

Standard	Content	CMS Tag
HCPC 21.1	Elements of the Plan of Care (25%)	L545, L548
HCPC 15.1	Medication Profile and Drug Review (18%)	L530
HCPC 9.1	Assessment within 5 days in accordance with elements of the hospice election statement (13%)	L523
HCPC 19.1	Designated RN coordinates care/individualized plan of care in collaboration with physician, patient, primary caregiver (13%)	L540, L543
HCPC 18.1	Interdisciplinary Group in consultation with the physician develop the written plan of care (7%)	L538

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Top Findings in HCPC

HCPC 21.1; 418.56(c): Content of the Plan of Care

L545 - *Goals and Interventions and services for palliation and management of terminal illness*

L548 - *418.56(c)(3) - Measurable outcomes anticipated from implementing and coordinating the plan of care.*

HCPC 15.1; 418.54(c)(6): Drug profile

L530 - *A review of all the patient's prescription and over the-counter drugs, herbal remedies and other alternative treatments*

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Top Findings in HCPC

HCPC 9.I; 418.54(b); Timeframe for completion of the comprehensive assessment

L523 - *The hospice interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care*

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Top Findings in HCPC

HCPC19.I; 418.56(a)(1): Responsible lead

L 540 - *The hospice must designate a registered nurse that is a member of the interdisciplinary group to provide coordination of care and to ensure continuous assessment of each patient's and family's needs and implementation of the interdisciplinary plan of care.*

HCPC 19.I; 418.56(b) Plan of care

L543 - *All hospice care and services furnished to patients and their families must follow an individualized written plan of care*

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Top Findings in HCPC

HCPC18.I; 418.56 - Plan of Care

L 538- *The plan of care must specify the hospice care and services necessary to meet the patient and family-specific needs identified in the comprehensive assessment as such needs relate to the terminal illness and related conditions.*

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Tips for Success

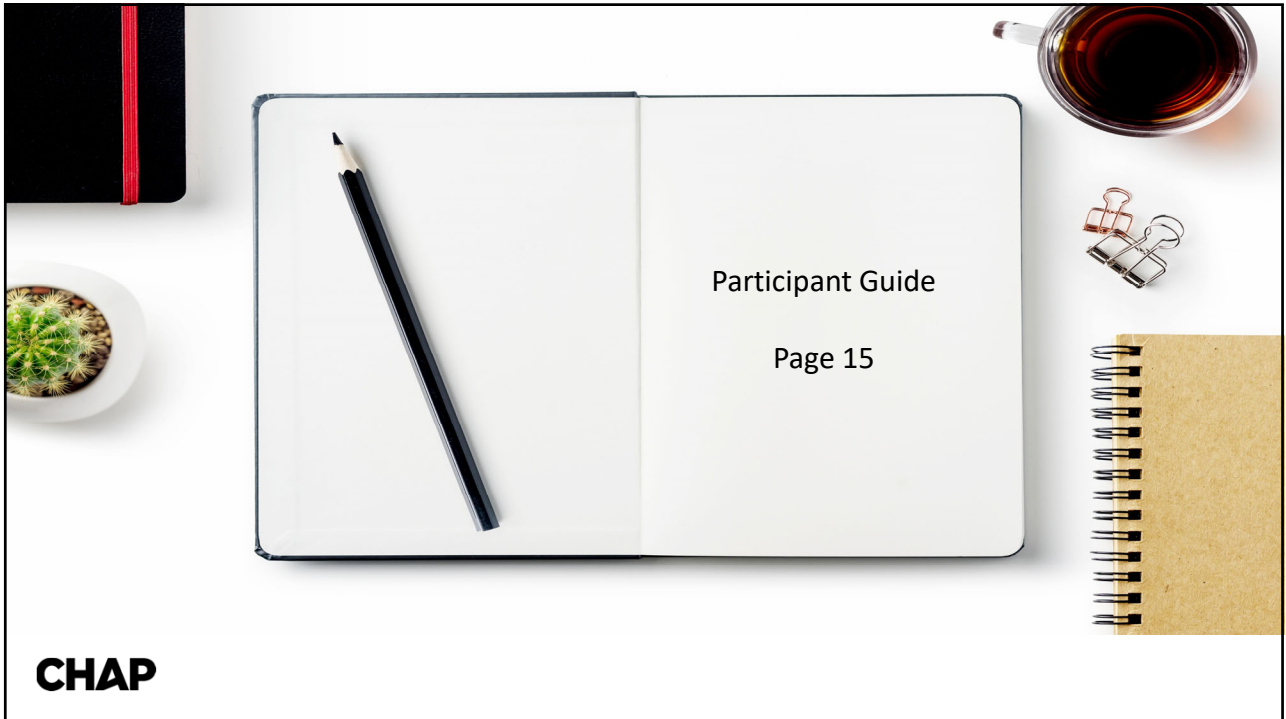
- ✓ Focused audits
- ✓ Use of Templates
- ✓ Standardized processes and documentation
- ✓ Educate staff on alternate assessment components
 - Psycho-social
 - Spiritual
 - Bereavement



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**Hospice Care Delivery
and Treatment**

HCDT

The slide features a central photograph of a smiling female healthcare professional in a white lab coat holding a clipboard and talking to an elderly woman. To the left, there are three smaller images: a person writing on a document, a teal square, and hands being held. To the right, there is a teal and yellow vertical bar with a heart icon in a hand.

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HCDT Standard Summary

HCDT 1.1-4.1	Provision/Availability of services
HCDT 5.1-14.1	Care in accordance with Plan of Care/standards of Practice
HCDT 15.1-21.1	Aide/Homemaker/Volunteer
HCDT 22.1-28.1	Provision of Services
HCDT 29.1-35.1	Drugs and biologicals
HCDT 36.d-40.1	Discharge/transfer of care
HCDT 41.1	Imminent Death

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Provision of all Services

HCDT.5-12.I

Core Services

- Physician
- Nursing
- Social Work
- Counseling
 - Spiritual
 - Dietary

Requirements

- meet the qualifications of their discipline
- Provide services per the plan of care and in compliance with standards of practice
- Under the direction of the physician
- Meet the needs of the patient and family

HCDT.13-21

Non-Core Services

- Physical therapy,
Occupational therapy,
Speech Language
Pathology
- Hospice aide and
homemaker services
- Volunteer services



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Discussion



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Interdisciplinary Team Meeting


Review the IDT note from the first meeting held after the visit observed with Ms. Iris (pages 17-18)

Identify areas of challenge for this clinician in her report to the team

Prepare for a robust discussion

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Patient: Iris Wood
 SOC: 9/1/2021
 Diagnosis – Pancreatic Cancer with metastasis
 Secondary – Congestive heart Failure
 Level of Care: Routine Hospice Care
 Age: 76
 Advance Directives – Yes
 Opioid usage - yes


Date of Meeting: 10/14/2021

Problem overview:

- diminished respiratory function
- increased weakness
- increased pain
- decreased mobility
- decrease in appetite

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Nursing: Patient pain is increasing and becoming difficult to manage at night. Pain medication changes 3 times this week to gain control to the self-identified level of acceptable pain at 4. Patient restlessness increasing and anxiety level escalating. Increasing loss of appetite, eating only small bites with meals. Increased nausea and lack of bowel movement for past three days. Continues oxygen at 2l/min. Caregiver becoming exhausted and unable to get restful sleep. Patient requiring maximum assistance with transfer. Using walker that husband had in storage from his hip surgery.

Recommendations: continued adjustment of pain medication for control of pain. Continued oxygen for comfort level. Continue aide services at 4 times per week, increase nursing visit to five times per week.

Signed: Nurse Julie RN

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Social Worker: Has not been able to fit patient into her schedule since patient admission.
Recommendations: Social Worker to schedule immediate visit to discuss anxiety and caregiver ability to meet patient needs.
 Signed: Socially Adept MSW

Spiritual Counselor: has not seen patient as patient declined services. Not present at this meeting
Recommendations: None

Volunteer Coordinator: has no ability to schedule volunteer
Recommendations: As soon as a volunteer is available, will let the team know to evaluate the need of the patient/family for volunteer services
 Signed: Helping Hand

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Physician: Has made multiple changes to medications and will plan on increasing medications as needed and add medication for anxiety.

Recommendations: Orders as follows:

- Social worker will increase visits to weekly with first visit to be within 24 hours
- RN increase visit to 4xw
- No change to aide visits
- Chaplain awaiting patient request
- Volunteer services to be initiated when available
- Adjustments to pain regimen, addition of anxiety med
- Orders for Ensure supplement

Signed: Marcus Welby MD

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Discussion



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2022 Top Findings in HCDT

Standard	Content	CMS Tag
HCDT 16.1	Hospice Aide fulfills responsibilities within the plan of care (27%)	L 626
HCDT 15.1	Written aide instructions are prepared by RN (15%)	L 625
HCDT 39.1	Revocation of hospice benefit/discharge requires D/C summary (10%)	L 683
HCDT 40.1	Required elements of discharge summary (7%)	L 684
HCDT 38.1	Summary needed for transferred patient (7%)	L 682

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Top Findings

HCDT.15.I; 418.76(g) : Hospice aide assignments and duties

L625 - Assigned to specific patient by a registered nurse: *Written Instruction*

- Prepared by an RN responsible for the supervision of the aide
- Need to be specific, not generic

HCDT.16

L 626 - A hospice aide provides services:

- Ordered by the Interdisciplinary Group;
- Included in the plan of care;
- Permitted to be performed under state law and regulation;
- Consistent with the hospice aide training.

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Top Findings

HCDT.39 I; 418.104(e)(2): Clinical Records

L 682- *If a patient revokes hospice care or is discharged from hospice per hospice regulation §418.26 (i.e., no longer terminally ill), the hospice forwards to the patient's attending physician:*

- *A copy of the hospice discharge summary;*
- *The patient's record, if requested.*

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Top Findings

HCDT.38.I; 418.104(e): Discharge or transfer of care

L682 If the care of a **hospice patient is transferred** to a Medicare/Medicaid facility, the hospice forwards to the receiving facility a copy of:

- the hospice discharge summary
- the patient's record, if requested.

Discharge summary includes:

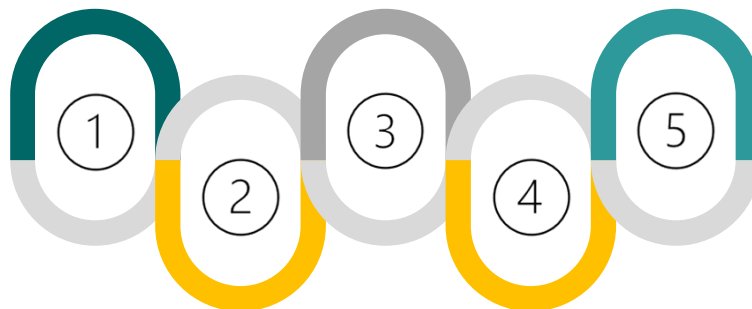
treatments, symptoms, and pain management;

- current plan of care and latest physician orders
- documentation to assist in post-discharge continuity of care

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Tips for Success



Focus audit on aide services

Templates for transfer/discharge

Aide documentation coordinates with the written aide plan of care

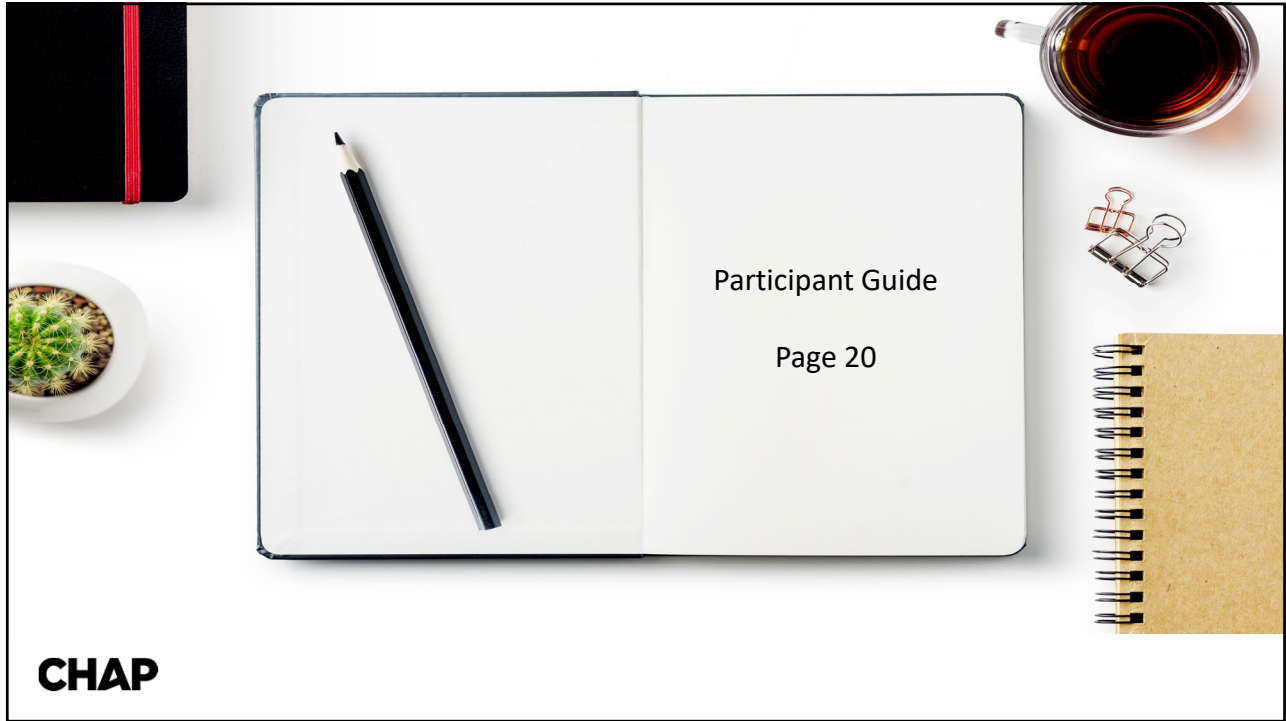
Supervisory visits include review of documentation and patient interview

Interdisciplinary team processes

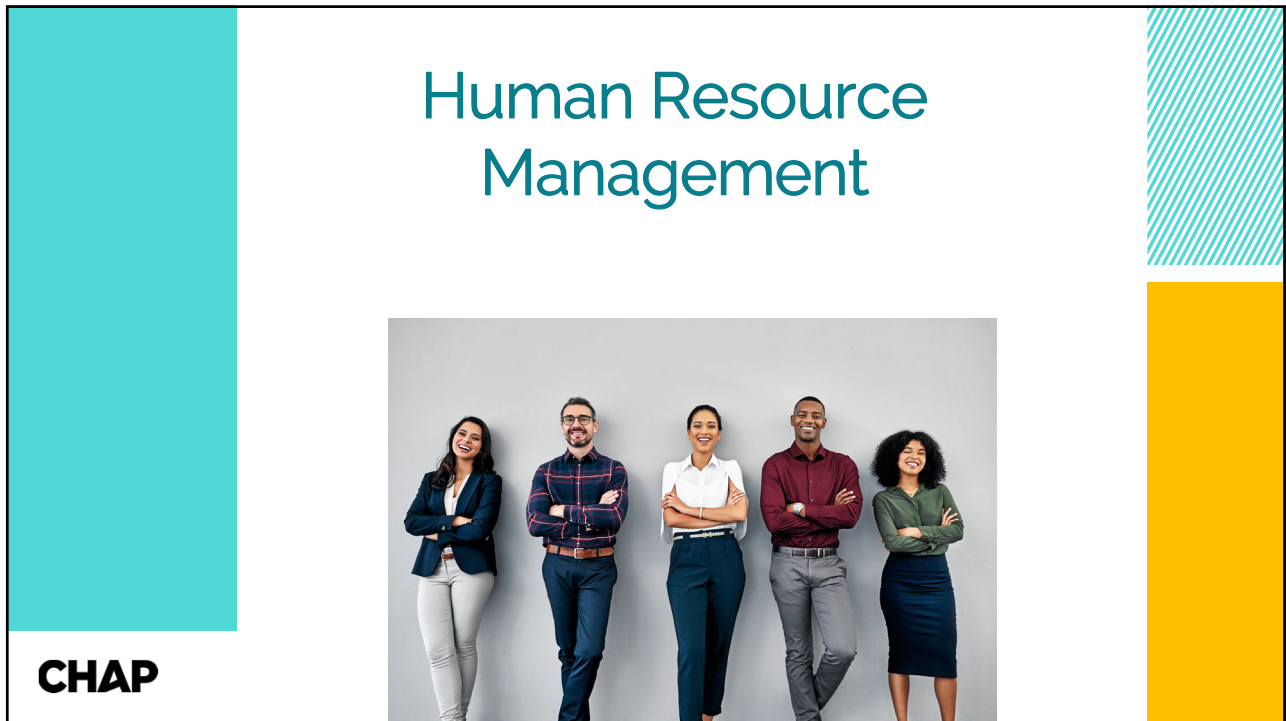
- Addressing absent members
- Ensuring appropriate discussion
- Agenda for meeting
- Documentation template

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What one word comes to mind when you think of "Hiring Criteria"

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

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Text **CHAPINC2** to **22333** once to join, then **A, B, C, or D**

What is the frequency of competency evaluation of professional staff?

Monthly **A**

Yearly **B**

As per organization policy **C**

Bi-annually **D**

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

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Standard Summary for HSRM

HSRM 1.D - 2.D General requirements for Human Resources policies

HSRM 3.I - 8.I Qualifications for professional disciplines

HSRM 6.D Education of staff

HSRM 9.I - 13.I Hospice aide/personal care/homemaker qualifications

HSRM 14.I- 19.I Competency/orientation/in-service of all staff

HSRM 20.I - 28.I Supervision of staff

HSRM 29.I Performance evaluation

HSRM 30.I - 31.I Volunteers

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NP scope of Practice

Full practice

- Evaluate
- Diagnose
- Manage treatment
- Prescribe medications

Reduced practice

- Reduces
- At least one element of NP practice
- Requires
- Collaborative agreement

Restricted practice

- Restricts
- At least one element of NP practice
- State requires supervision, delegation, or team-management



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NP Scope of practice variation

STATE	PRESCRIPTIVE AUTHORITY	BOARD OF NURSING	PRACTICE ACT	DETAILS AND RESOURCES
Arizona	Full authority with DEA registration	AZ Board of Nursing	AZ Nursing Statutes, AZ Nurse Practice Act	Must complete a Controlled Substance Prescription Monitoring Program (CSPMP) application
Florida	Requires supervision of a physician or surgeon	FL Board of Nursing	FL Nurse Practice Act	NPs must have proof of malpractice insurance or an exemption
South Carolina	Requires an approved written protocol with a collaborating physician	SC Board of Nursing	SC Nurse Practice Act	"In addition to those activities considered the practice of registered nursing, an APRN may perform delegated medical acts"

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2022 Top Findings in HSRM

Standard	Hospice Content	CMS Tag
HSRM 16.I	Requirement for criminal background checks (22%)	L 795
HSRM 2.D	Requirements for hire and organizational chart (19%)	NONE
HSRM 14.I	The skills of all individuals providing care are assessed (14%)	L663
HSRM 29.D	Personnel performance is evaluated (13%)	NONE
HSRM 15.I	An initial orientation program addressing the employees specific job duties is provided (9%)	L661/L662

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Top Findings HSRM

HRSM16.I; 418.114(d)(1); Background checks

L795- criminal background checks on all hospice employees who have direct patient contact or access to patient records

HRSM14.I- 418.100(g)(3):

L663- Assess the skills and competence of all individuals furnishing care, including volunteers and, as necessary, provide in-service training and education programs

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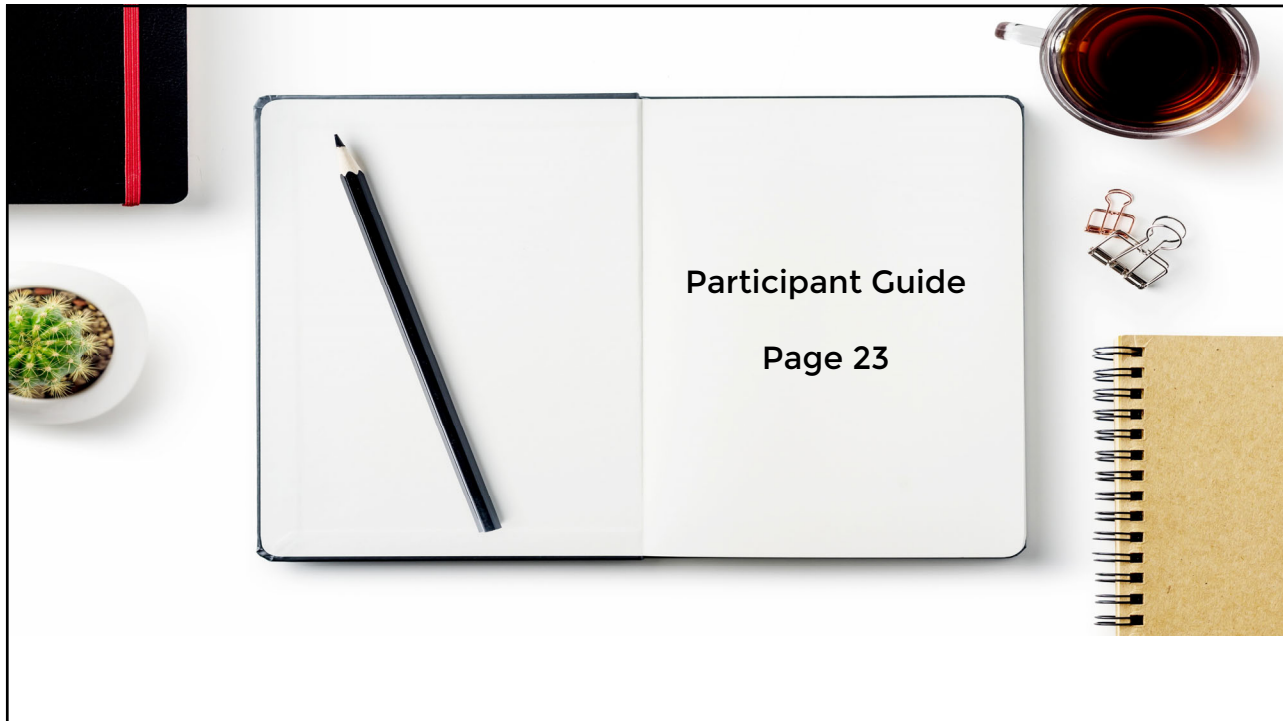
65

Tips for Success



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Hospice Quality Assurance and Performance Improvement(HQPI)

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The slide features a light blue background with a white speech bubble graphic in the center. Inside the speech bubble, a hand is pointing to a row of five colorful stars: yellow, dark blue, orange, pink, and teal. The slide is decorated with a teal vertical bar on the left, a yellow vertical bar on the right, and a teal diagonal striped bar in the top right corner. The text "CHAP" is located in the bottom left corner.

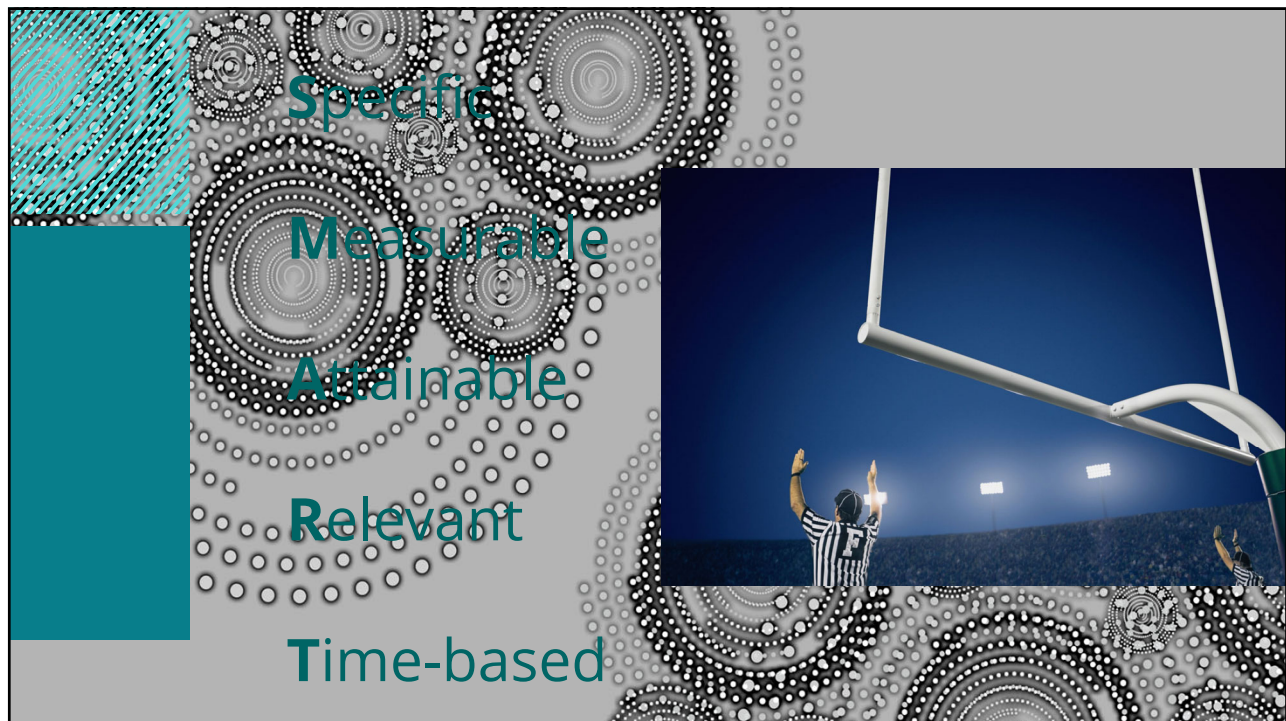
68

Standard Summary

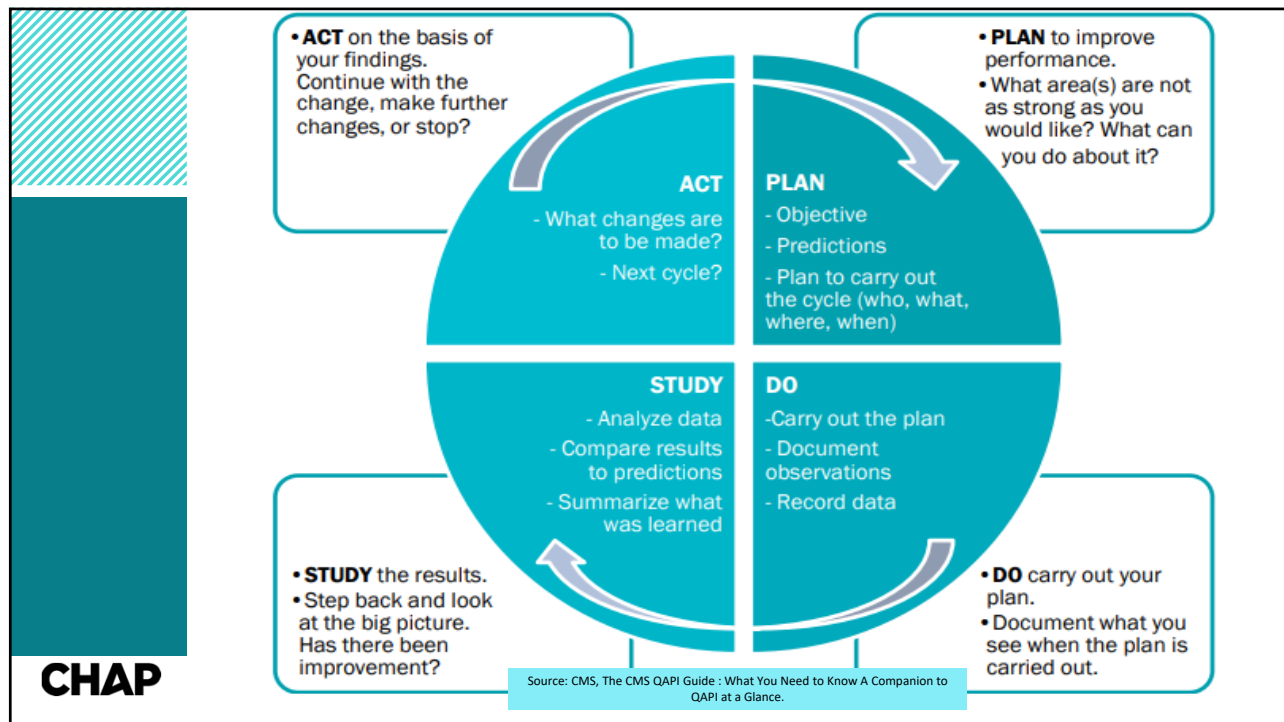
Hospice	Content
HQPI 1.D-2.I	Governing Body Involvement agency wide, data driven, reflects complexity of organization and services
HQPI 3.I – 6.1	Types of data collection
HQPI 7.I	Analysis of data
HQPI 8.I	Action taken
HQPI 9.I	Annual performance improvement project requirements

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Quality Activity

Each group is to:

Choose one individual to report out:

Identify a SMART goal – specific, measurable, attainable, relevant, time-based

Determine the PLAN for implementation to address the deficient practices

Define ACTIONS to be taken

Define How MONITORING will be done and when

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Quality Activity

Breakout Room – 1 (1 person to report out)

Scenario – Freestanding Organization recently had a first renewal site visit conducted. Active patient census is 75.

Agency Support

- Administrator – nonclinical
- Clinical Manager with the following oversight responsibilities
 - Quality Improvement
 - Education
 - Orientation
 - Supervision

Improvement Needed – In the renewal site visit, 11 of 11 records reviewed revealed deficiencies such as medication profiles not kept current or not present, medication reconciliation not conducted with changes in medication, and no over-the-counter medications identified.

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Quality Activity

Breakout Room - 2 (1 person to report out)

Scenario – Freestanding Organization recently had their initial survey. They currently have an active census of 15.

Agency Personnel

- Administrator who is an RN and fulfill the role of the clinical manager also
- 2 RN
- 1LPN
- 1Aide
- Social Worker
- Spiritual Counselor

Improvement Needed – During the initial visit, the following infection control deficiencies were identified: the social worker failed to conduct handwashing during the home visit, the aide failed to utilize appropriate bag technique, and the RN was noted to not follow appropriate protocol for wound care through lack of appropriate glove and hand hygiene techniques.

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Quality Activity

Breakout Room - 3 (1 person to report out)

Scenario – Corporate organization that had 6 locations receiving renewal site visits at the same time. Staffing at all six locations has been extremely difficult.

Corporate Personnel

- A quality improvement committee
- An education department
- Regional directors
- Agency director at each location who addresses administrative and clinical needs
- Location quality committee

Improvement Needed –Five of six locations surveyed received a condition level deficiency in the CMS Condition of Participation §418.58 Quality Assessment and Performance Improvement. The locations had failed to analyze agency data and had not implemented the plan provided by the corporate quality committee

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Quality Activity

Breakout Room – 4 (1 person to report out)

Scenario – Corporate organization that had 6 locations receiving renewal site visits at the same time. Staffing at all six locations has been extremely difficult. Each location has an average daily census of approximately 200.

Corporate Personnel

- An education department
- Regional directors
- Agency director at each location addressing administrative and clinical needs
- 1 MSW at each location
- 1 Chaplain at each location

Improvement Needed – Two locations were cited for lack of initial bereavement assessments. In each agency, it was identified that the Chaplain is responsible for the initial bereavement assessment and over the past year, has frequently been refused admittance into patient homes.

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Determining Priorities

- How extensive is the non-compliance?
- Does the non-compliance affect quality of patient care?
- Is one clinician involved or several?
- Tenured employees and New employees?
- Does the organization have the resources to address the issue?

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2022 Top Findings in HQPI

Standard	Hospice Content	CMS Tag
HQPI 7.1	PI activities include tracking & analysis of adverse events and implementing preventative actions (23%)	L569
HQPI 2.1	Appointed individual is responsible for QAPI program (15%)	L 576
HQPI 3.1	Program demonstrates measurable improvements (15%)	L561
HQPI 5.1	Use of quality indicator data (11%)	L564
HQPI 8.1	Action is taken, success measured, and positive results sustained (11%)	L 570

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Tips for SUCCESS

Must be include data elements in assessment that would allow for the measurement of outcomes



Place quality meetings on the calendar



Templates for monitoring a performance project



Focus audits are your friend



Plan for involvement from staff



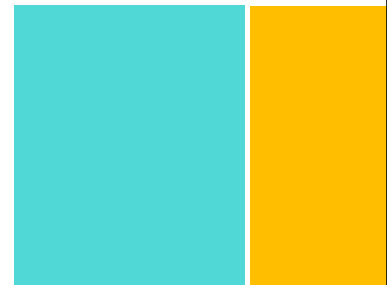
Ensure your plan is agency-wide



Document actions taken ongoing



Follow-up on analysis of data, not only data collection



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