

Standard Resource Tool Packet

Hospice



CHAP Hospice Standards of Excellence
Summary of Hospice Patient/Family Centered Care

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



CHAP Hospice Standards of Excellence
Summary of Hospice Assessment, Care Planning and Coordination

Standard	Summary of Content
HCPC 1.I	Purpose of the Interdisciplinary Group
HCPC 2.D	Required members of the Interdisciplinary Group
HCPC 3.I	Addressing when more than one IDG is present
HCPC 4.I	Physician considerations when determining patient prognosis six month of less
HCPC 5.I	Referral source is notified if patient cannot be admitted
HCPC 6.I	Timeframes for written and signed Recertification of Terminal Illness
HCPC 7.I	Patient-specific comprehensive assessment is required
HCPC 8.I	Requirements of initial assessment
HCPC 9.I	Timeframe of 5-days for completion of initial comprehensive assessment
HCPC 10.I	Comprehensive assessment to promote well-being/comfort/dignity through dying process
HCPC 11.I	Required elements of the comprehensive assessment
HCPC 12.I	Pain assessment elements
HCPC 13.I	Initial bereavement assessment
HCPC 14.I	Referrals and evaluation by other professionals as needed
HCPC 15.I	Drug Profile /medication review elements and timeframes
HCPC 16.I	Assessment includes data elements for measuring outcomes
HCPC 17.I	Update of the comprehensive assessment timeframes and elements
HCPC 18.I	Interdisciplinary group designated who prepares Plan of Care
HCPC 19.I	RN coordination of IDG and care provided as per the Plan of Care
HCPC 20.I	Education and training to patient and caregiver per Plan of Care
HCPC 21.I	Required elements of the Plan of Care
HCPC 22.I	Update and revision of the Plan of Care
HCPC 23.D	Policies and procedures addressing coordination/communication and integration of services



CHAP Hospice Standards of Excellence Summary of Hospice Care Delivery and Treatment

Standard	Summary of Content
HCDT 1.I	Services provided are consistent with accepted standards of practice
HCDT 2.I	Disciplines which are core services and need for active coordination of all patient services
HCDT 3.I	Use of contract staff in extraordinary circumstances
HCDT 4.I	All covered services are available 24-hour basis, 7 days per week
HCDT 5.I	Role of Medical Director and other physicians
HCDT 6.I	Nursing services provided under supervision of RN and in accordance with Plan of Care
HCDT 7.D	Highly specialized nursing may be provided under contract in particular circumstances
HCDT 8.D	Incidences in which CMS may waive requirement of nursing services be provided directly
HCDT 9.I	Medical Social Services per Plan of Care and elements of Psycho-social assessment
HCDT 10.I	Counseling services provided to assist in minimizing stress and problems from terminal illness
HCDT 11.I	Spiritual counseling
HCDT 12.I	Dietary counseling
HCDT 13.I	Provision of non-core services
HCDT 14.I	Provision of therapy services
HCDT 15.I	Hospice Aide assigned to patient and received written care instructions by RN
HCDT 16.I	Aide services per IDG, included in the plan of care, as permitted by regulation and per training
HCDT 17.I	Duties of the Aide
HCDT 18.I	Aide required to report changes in patient condition and keep documentation
HCDT 19.I	Homemakers provide environmental support and report patient concerns
HCDT 20.I	Addressing patients who are dually eligible
HCDT 21.I	Use of Volunteers who provide services as per Plan of Care and complete documentation
HCDT 22.I	Bereavement Services requirements
HCDT 23.D	Complementary and alternative medicines per policy
HCDT 24.I	Complementary and alternative medicines services included in the Plan of Care
HCDT 25.D	Policy and Procedure requirements for remote monitoring or telemonitoring

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HCDT 26.I	Medical Supplies and Appliance related to palliation and management of terminal illness
HCDT 27.I	Durable Medical Equipment related to palliation and management of terminal illness
HCDT 28.I	Patient/family/ caregiver instruction in use of durable medical equipment and/or supplies
HCDT 29.I	Drugs and biological related to terminal illness on plan of care
HCDT 30.I	Drugs and biologicals available 24 hour per day, 7 day per week
HCDT 31.I	Appropriate labeling and storage of drugs and biologicals
HCDT 32.I	Appropriate practice of drug orders
HCDT 33.I	Practices regarding safe self-administration of drugs
HCDT 34.D	Policies required for management and disposal of controlled drugs
HCDT 35.I	Provision of written policies for management and disposal of controlled drugs to patient/family
HCDT 36.D	Policies and procedures addressing transfer or “live” discharge of patient
HCDT 37.I	Hospice may not discontinue or reduce Medicare/Medicaid care due to inability to pay
HCDT 38.I	The provision of a discharge summary for patient transferred to a facility
HCDT 39.I	Discharge summary sent to attending physician if hospice benefit is revoked
HCDT 40.I	Elements of a hospice discharge summary
HCDT 41.I	Requirements for when signs and symptoms indicate death is imminent



CHAP Hospice Standards of Excellence
Summary of Hospice Care to Residents of a Facility

Standard	Summary of Content
HSRF 1.1	Requirement to apply same standards of Hospice Care
HSRF 2.1	Patient eligibility/election and duration of benefits is as for any hospice patient
HSRF 3.1	Professional Management of hospice services is responsibility of the hospice
HSRF 4.1	Elements of care that are the responsibility of the Hospice
HSRF 5.1	Written agreement is in place with facility and includes required elements
HSRF 6.1	Hospice plan of care is in place and coordination occurs between hospice and facility
HSRF 7.1	A designated member of the IDG is responsible for the patient in the facility
HSRF 8.1	The IDG and all involved physicians collaborate for coordination of care
HSRF 9.1	Required components of the clinical record to be provided to the facility by the hospice.
HSRF 10.1	The hospice staff and facility staff ensure orientation/training to staff caring for hospice patients



CHAP Hospice Standards of Excellence Summary of Hospice Inpatient Care

Standard	Summary of Content
HSIC 1.I	Availability of short-term inpatient care
HSIC 2.I	Facility that can provide short-term inpatient care
HSIC 3.I	Provision of Inpatient care for respite purposes
HSIC 4.I	24-hour nursing in facility providing respite care
HSIC 5.D	Written agreement for the provision of short-term inpatient care under arrangement
HSIC 6.I	Direct provision of inpatient care must ensure appropriate staffing
HSIC 7.I	Direct provision of inpatient care requires 24-hour nursing services
HSIC 8.I	Facility addresses real or potential threats to health and safety of patients
HSIC 9.D	Emergency Preparedness requirements for direct owned hospice inpatient unit
HSIC 10.D	Emergency Preparedness policies and procedures
HSIC 11.I	Emergency Preparedness testing twice per year
HSIC 12.I	Ability to provide information about inpatient occupancy, needs, and ability to assist
HSIC 13.D	Procedures for controlling trash disposal, lighting, temperature, emergency gas and water
HSIC 14.I	Hospice operated inpatient until complies with health and safety codes
HSIC 15.I	Documented and dated Life Safety Code reports
HSIC 16.I	Use of alcohol-based hand rub dispensers
HSIC 17.I	Functional smoke detectors in each patient room
HSIC 18.I	Program for inspection/testing/maintenance of fire extinguishers, sprinkler, smoke detector
HSIC 19.I	Shut down of inpatient facility sprinkler system
HSIC 20.I & 21.I	Doors to rooms containing flammable materials & Presence of outside window or door
HSIC 22.I & 23.I	Home-like atmosphere/patient room requirements
HSIC 24.I	Adequate hot water and plumbing in each patient room
HSIC 25.I	Sanitary conditions through following recognized infection control precautions
HSIC 26.I	Appropriate linen
HSIC 27.I	Infection control program with required policies and procedures

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HSIC 28.I	Meals are provided, palatable, meets nutritional needs, stored and prepared appropriately
HSIC 29.I	Pharmacy services under the direction of qualified pharmacist
HSIC 30.D	Directly owned hospice has policies in place for dispensing of medication
HSIC 31.I	Who may administer medications in an inpatient facility
HSIC 32.I	Disposal of controlled medications
HSIC 33.I	Appropriate storage of medications and biologicals
HSIC 34.I	Patient right to be free from abuse. Seclusion or restraint only to ensure immediate safety
HSIC 35.D	When restraint or seclusion is permitted
HSIC 36.I	Requirements related to the use of restraint or seclusion
HSIC 37.I	Physician consultation in the use of restraint or seclusion
HSIC 38.I	Appropriate orders and use of restraint/seclusion and discontinuation as soon as possible
HSIC 39.D	Requirements to be addressed in facility policy and training of staff
HSIC 40.I	Use of restraint/seclusion for management of violent or self-destructive behavior
HSIC 41.I	Use of simultaneous restraint and seclusion
HSIC 42.I	Required documentation when restraint/seclusion is used
HSIC 43.I	Only individuals who are trained and demonstrate competency conducts restraint/seclusion
HSIC 44.D & 45I	Training/education/documentation requirements for those who manage restraint/seclusion
HSIC 46.I	CMS reporting of unexpected death while in restraints or seclusion



CHAP Hospice Standards of Excellence Summary of Hospice Human Resource Management

Standard	Summary of Content
HSRM 1.D	Human Resource policies and procedures support operations
HSRM 2.D	Hospice documents job duties , roles, qualifications, required documentation
HSRM 3.I	All Hospice professionals must be qualified
HSRM 4.I	Qualifications of Hospice physician
HSRM 5.I	Qualifications for RN and LPN
HSRM 6.I	Qualifications for Advanced practice RN
HSRM 7.D	Qualifications for Social Worker
HSRM 8.I	Qualifications for therapy professionals
HSRM 9.I	Appropriate options for aide training program
HSRM 10.I	Addressing lapse in hospice aide work for consecutive 24 month period
HSRM 11.I	Hospice Aide competency evaluation program requirements
HSRM 12.I	Qualifications for those providing personal care only
HSRM 13.I	Qualifications for homemakers
HSRM 14.I	Hospice assesses skills and competencies of all who provide care
HSRM 15.I	Initial orientation is provided that addresses the employee's job duties
HSRM 16.I	Criminal background checks are attained for all hospice employees with direct patient contact or access to patient records
HSRM 17.I	Licensed professionals participate in hospice sponsored in-services
HSRM 18.I	Hospice aide receives 12 hours of in-service training in a 12 month period
HSRM 19.I	RN who conducts aide training has minimum of 2 years nursing experience
HSRM 20.I	Licensed professional services are supervised by appropriate professionals
HSRM 21.I	Physicians are under supervision of Medical Director
HSRM22.I	Nursing care is provided under supervision of RN
HSRM 23.I	A Social Worker with BSW is supervised by MSW
HSRM 24.I	Bereavement services supervised by professional with experience in grief/loss counseling

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HSRM 25.I	Hospice aide supervision occurs every no less frequently than every 14 days
HSRM 26.I	Area of concern regarding aide services is investigated on site with the aide
HSRM 27.D	RN conducts annual onsite visit with the aide as they are performing care
HSRM 28.I	Supervising RN validates aide competencies
HSRM 29.D	Personnel performance is evaluated per hospice policy and state law/regulation
HSRM 30.I	Efforts to recruit and retain volunteers are documented
HSRM 31.I	Orientation, training and supervision of volunteers



CHAP Hospice Standards of Excellence
Summary of Hospice Infection Prevention and Control

Standard	Summary of Content
HIPC 1.D	Requirements of an infection control program
HIPC 2.I	Accepted standards of practice and use of standard precautions
HIPC 3.I	Availability of hand hygiene products and PPE
HIPC 4.I	Use of bags to carry equipment and supplies into or out of the care environment
HIPC 5.I	Agency wide program for surveillance, identification, prevention, control and investigation
HIPC 6.I	Appropriate storage and disposal of medical waste
HIPC 7.I	Infection control education to patients, family members and other caregivers
HIPC 8.D	Maintenance of work surfaces in the patient's environment
HIPC 9.I	Addressing risk for occupational exposure to TB
HIPC 10.D	Policies/procedures for management of work-related exposure and post exposure follow-up
HIPC 11	Policy establishing employees eligible to be fully vaccinated for COVID-19
HIPC 12	Policy regarding fully vaccinated for COVID -19
HIPC 13	Policy to request delay/exemption/exception
HIPC 14	Temporary delay policy
HIPC 15	Job responsibility exceptions
HIPC 16	Policy regarding medical or spiritual exemption
HIPC 17	Vaccination status of each eligible individual to be fully vaccinated
HIPC 18	Process defined to ensure nationally recognized prevention and control guidelines followed



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Summary of Hospice Information Management

Standard	Summary of Content
HSIM 1.D	Information management policies and procedures are in place and include record retention
HSIM 2.I	Standardized formats used for maintaining information in compliance with policy
HSIM 3.I	Required elements of the clinical record
HSIM 4.I	Clinical record entries are legible, authenticated and dated
HSIM 5.I	Protection of the clinical record against loss or unauthorized use
HSIM 6.I	Availability of the clinical record
HSIM 7.I	Requirements related to the discontinuation of hospice operations



CHAP Hospice Standards of Excellence
Summary of Hospice Emergency Preparedness

Standard	Summary of Content
HSEP 1.I	Hospice comprehensive emergency plan is maintained in writing
HSEP 2.D	Emergency plan requirements to address all-hazards based on risk assessment
HSEP 3.D	Required policies/procedures based on emergency plan, risk assessment, communication plan
HSEP 4.D	Requirements for the communication plan of an emergency preparedness program
HSEP 5.D	Requirements in relation to training staff in relation to the emergency program
HSEP 6.I	Required testing elements for testing the emergency plan
HSEP 7.I	Emergency preparedness for hospices within an integrated healthcare system



CHAP Hospice Standards of Excellence
Summary of Hospice Quality Assessment and Performance
Improvement

Standard	Summary of Content
HQPI 1.D	Governing Body responsibilities for oversight of the quality program
HQPI 2.I	Individual appointed by governing body to operate QAPI program
HQPI 3.I	Program demonstrates measurable improvement related to palliative outcomes
HQPI 4.I	Hospice measures/tracks/analyzes performance indicators
HQPI 5.I	Quality indicator data is collected to monitor effectiveness of services
HQPI 6.I	Requirements of Performance Improvement Activities
HQPI 7.I	Track and analyze adverse events and implement actions to address
HQPI 8.I	Action is taken, success is measured and ongoing results for sustainment are monitored
HQPI 9.I	Annual Performance Improvement project requirements



CHAP Hospice Standards of Excellence Summary of Hospice Leadership and Governance

Standard	Summary of Content
HSLG 1.I	Care and services provided in accordance with state/federal law and regulation
HSLG 2.I	Hospice governance assumes full legal authority and responsibility
HSLG 3.I	Qualified administrator is appointed and reports to the governing body
HSLG 4.I	Care optimizes dignity and consistent with patient and family needs
HSLG 5.I	Management of hospice resources
HSLG 6.I	Annual operating budget addresses scope and complexity of care and services
HSLG 7.I	Use of hospice volunteer's minimum of 5% of total patient care hours. Documentation
HSLG 8.I	Time frame for patient use of inpatient days
HSLG 9.I	Durable Medical Equipment is safe and in working order
HSLG 10.I	Contracting for Durable Medical Equipment
HSLG 11.I	Laboratory testing conducted within an appropriate facility in accordance with applicable CLIA
HSLG 12.I	Drugs and biologicals are obtained from community or institutional pharmacists
HSLG 13.I	Discrepancies related to controlled medications are investigated immediately
HSLG 14.D	Requirements of written agreements to furnish hospice care or services
HSLG 15.D	Contracting for Medical Director services
HSLG 16.D	Contracting for highly specialized nursing
HSLG 17.I	Requirements of hospices with multiple locations
HSLG 18.I	Hospices with multiple locations monitor and manages all services provided