



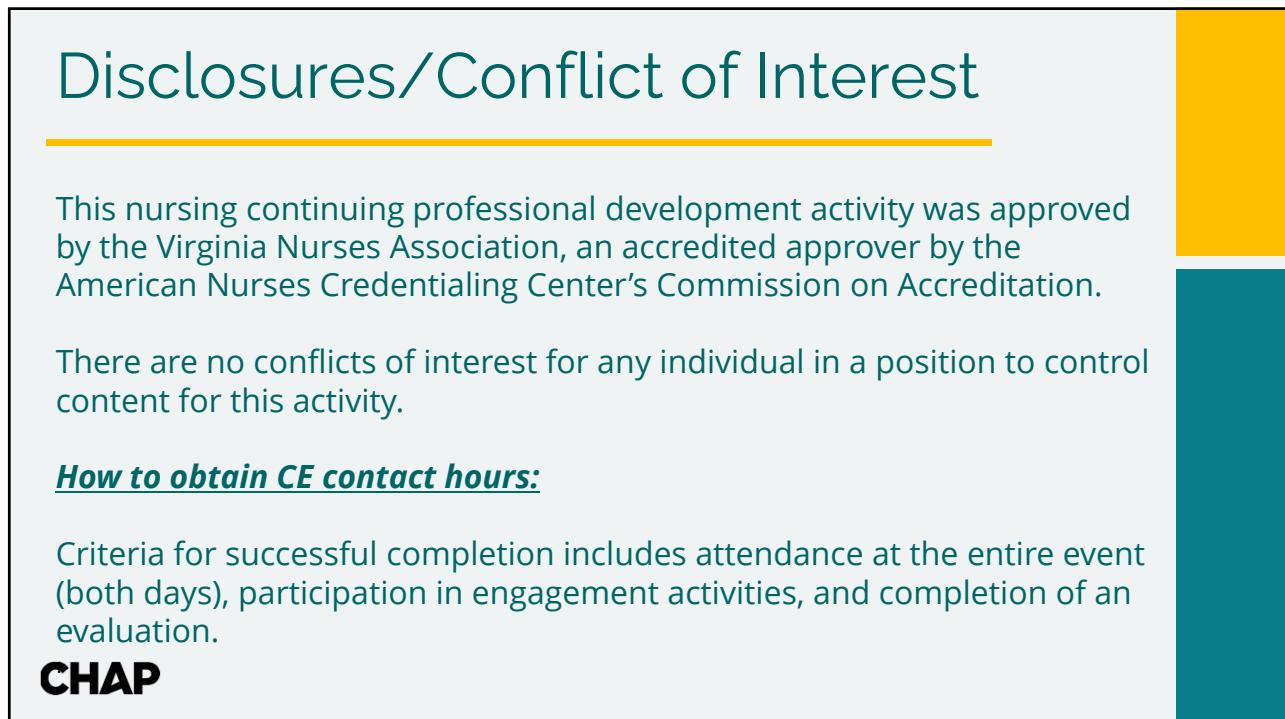
Hospice Accreditation Intensive

An Interactive Training

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CHAP Community Health Accreditation Partner

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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.

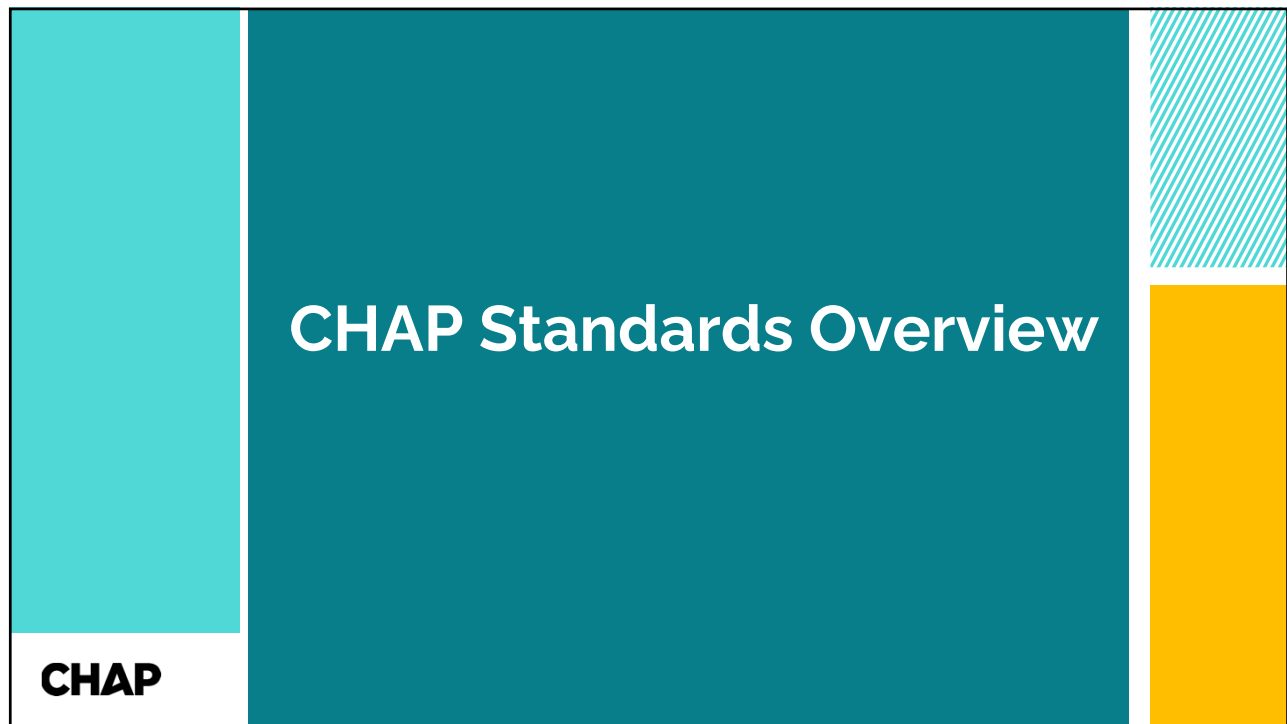
There are no conflicts of interest for any individual in a position to control content for this activity.

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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Hospice Patient/Family Centered Care (HPFC)

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Resource Tool

- Potential education resource
- Key Performance Area
- Acronym
- Summary – Example



HPFC 2.D – Required elements of the Patient Bill of Rights

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Elements of the Patient Bill of Rights

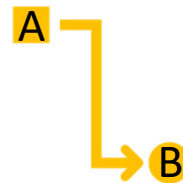
- **Involvement** in development of the Plan of care
- **Informed of**
 - Scope of services
 - Limitations of those services
 - Hospice's advance directive policy
 - Services covered under the hospice benefit
- **Refuse** care or treatment
- **Choose** their own attending
- **Free from mistreatment**, 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 Standards

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



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Top Findings in HPFC

Standard	Content	CMS Tag	% Cited
HPFC 2.D	Elements to be present in the Patient Bill or Rights	L515, L503, L518	64%
HPFC 10.I	Advance directive provided to patients	L503	12%
HPFC 9.D	Advance directive written information elements	L503	10%

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Tips for Success



Documentation of
advance directive
conversation

Teach staff to complete
all information gained
on admission

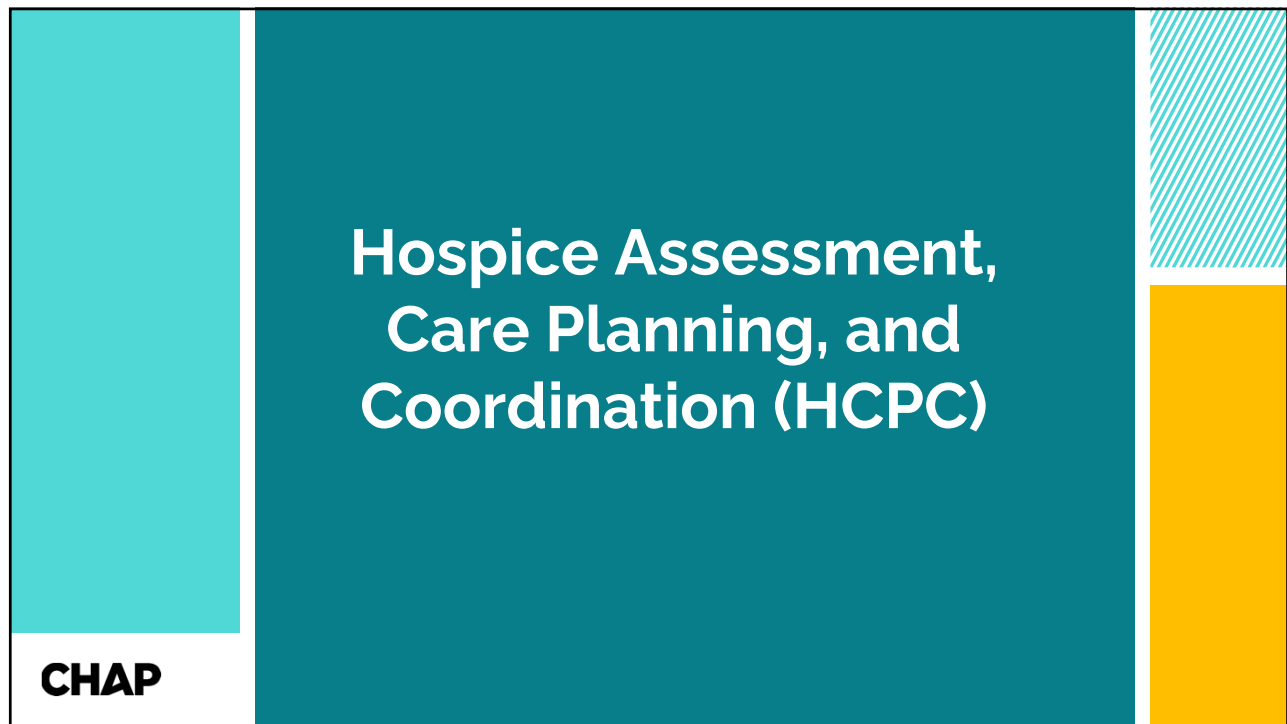


Review documents for
completion

Checklist for
admission elements

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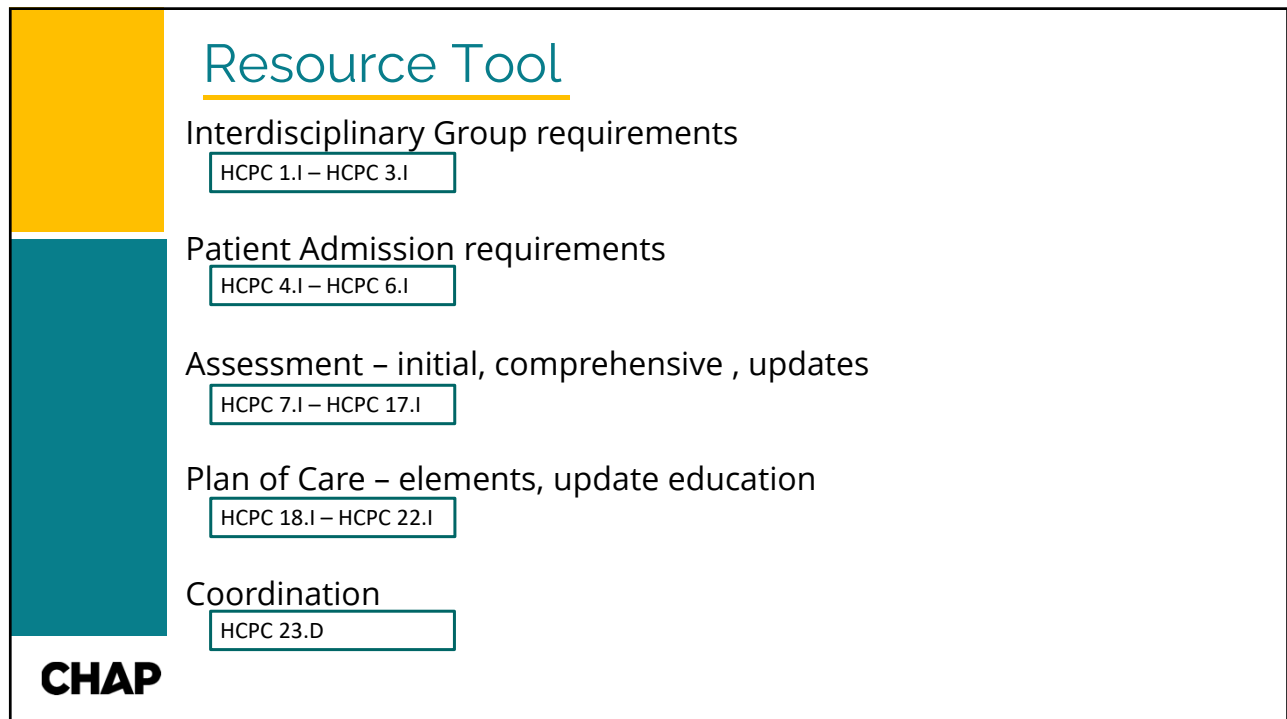
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**Hospice Assessment,
Care Planning, and
Coordination (HCPC)**

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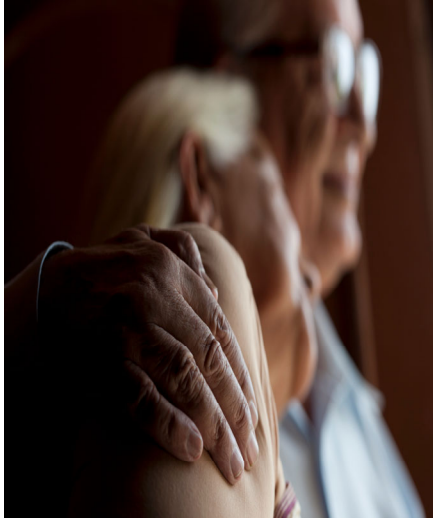
Resource Tool

- 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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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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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 21.I

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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



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HCPC 21.I

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Top Findings in HCPC

Standard	Content	CMS Tag	% Cited
HCPC 21.I	Elements of the Plan of Care	L545, L548	23%
HCPC19.i	Designated RN coordinates patient care	L543	14%
HCPC 15.I	Medication Profile and Drug Review	L530	12%
HCPC 9.I	Assessment within 5 days in accordance with elements of the hospice election statement	L523	11%
HCPC 13.I	Initial Bereavement Assessment	L531	10%

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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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 A presentation slide with a white background. The title "Resource Tool – Key Components" is at the top in teal, underlined. On the left, there is a vertical teal bar and a yellow bar below it with the text "CHAP". On the right, there is a vertical yellow bar and a teal bar below it with diagonal white lines. The main content is a list of components:

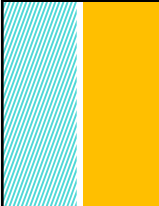
- Provision of and availability of services
HCDT 1.i – 4.i
- Professional disciplines provide care in accordance with the plan of care and utilizes acceptable standards of practice
HCDT 5.i – 14.i
- Aide/homemaker/volunteer
HCDT 15.i – 21.i
- Provision of services - Complementary and alternative treatments, remote monitoring, pharmaceutical, durable medical equipment
HCDT 26.i – 35.i
- Discharge/transfer
HCDT 36.d – 40.i
- Imminent Death
HCDT 41.i

 In the bottom right corner, there is a yellow icon of a person running.


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Discussion



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Top Findings in HCDT

Standard	Content	CMS Tag	% Cited
HCDT 16.I	Hospice Aide fulfills responsibilities within the plan of care	L 626	23%
HCDT 15.I	Written aide instructions are prepared by RN	L 625	14%
HCDT 39.I	Revocation of hospice benefit/discharge requires D/C summary	L 683	10%
HCDT 40.I	Required elements of discharge summary	L 684	10%
HCDT 38.I	Summary needed for transferred patient	L 682	9%

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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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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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Top Findings in HSRM

Standard	Hospice Content	CMS Tag	% Cited
HSRM 16.I	Requirement for criminal background checks	L 795	18%
HSRM 14.I	Competency of staff assessed	L663	17%
HSRM 2.D	Requirements for hire and organizational chart	NONE	13%
HSRM 29.D	Personnel performance is evaluated	NONE	12%

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Tips for Success



- 1 Know state specific requirements
- 2 Focus audit on specific HR timeframes
 - Orientation
 - Annual requirements
 - Performance evaluations
 - Hiring criteria
- 3 Plan staff quality participation

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Hospice Quality Assurance and Performance Improvement (HQPI)



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Resource Tool

HQPI 1.D – 2.I Governing Body Involvement

HQPI 3.I – 5.1 types of data collection

HQPI 6.I Requirements of performance improvement activities

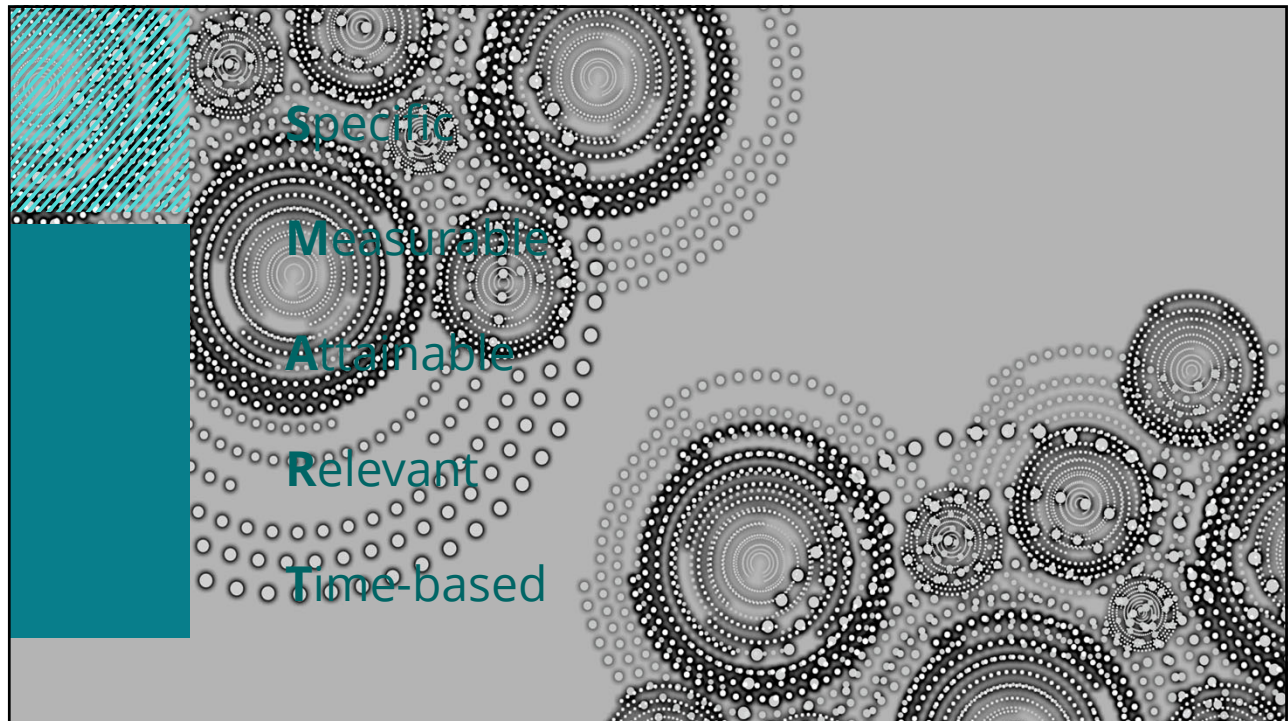
HQPI 7.I Analysis of data

HQPI 8.I Action taken

HQPI 9.I Annual performance improvement project requirements

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PDCA or PDSA

Quality Improvement Methods

PLAN:



DO:



CHECK:



ACT:



PLAN:



DO:



STUDY:



ACT:



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Charlie Sits



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Determine Goal

Charlie will learn to sit immediately by hand command within one month from the first lesson

Plan

- Buy treats
- Practice twice per day 5 days per week
- Reward success

Do

Conduct training as outlined
Reward Charlie as planned

Check

Success or re-consider

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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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Top Findings in HQPI

Standard	Content	CMS Tag	% Cited
HQPI 2.I	Appointed individual is responsible for QAPI program	L 576	28%
HQPI 1.D	Agency-wide quality program is in place to improve care and safety	L 575	16%

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Tips for **SUCCESS**

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

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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



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

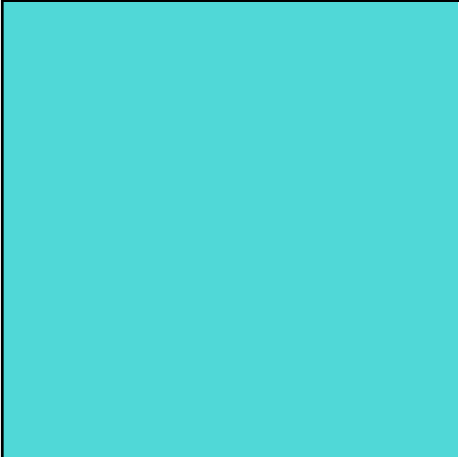



Document actions taken ongoing



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