Items Needed for Virtual Training

- You should have received an email with a link to the following information:
  - ACHC Standards
  - ACHC Accreditation Process
  - The presentation for today
  - The *ACHC Accreditation Guide to Success*
- If you have not received the email or are unable to download the information, contact customerservice@ACHCU.com for assistance

ACHC U®
EDUCATIONAL RESOURCES

HOSPICE

WELCOME

Achieving ACHC Accreditation

Presenter:
Lisa Meadows
Manager, Clinical Compliance Education

Also Joining Our Training Today

- Greg Stowell - Associate Director, Education & Training
- Lindsey Holder – Senior Manager, Education & Training
- Suzie Steger – Senior Education & Training Coordinator
- Steve Clark – Education Services Specialist

Optimize Your Workshop Experience

- During our presentation
  - Use the Questions feature in the GoToWebinar navigation pane to ask your questions throughout the presentation
- During the live Q&A
  - Type in the Questions box you would like to ask a question (or use the raise your hand feature)
  - Our team will recognize you and unmute your mic
  - Help us to make the information personal to your business!
- Since this is a live event, connection issues can happen
  - If on your end, just use the same GoToMeeting link and reconnect
  - If on our end, look for instructions in your email on how we can reconnect

Nursing Contact Hours

- Nursing contact hours for this workshop are provided by the Virginia Nurses Association (VNA).
- The number of hours earned will depend on registration and attendance (7 hours per day and 1 hour for the recorded session).
- You must attend the full day to be eligible and attest that you have watched the pre-recorded session.
- Only registered attendees are eligible for contact hours.
- If you are not registered and would like to receive contact hours, please contact us.
- Contact hour assistance or questions:
  - Suzie Steger - ssteger@achcu.com
  - Steve Clark - sclark@achcu.com

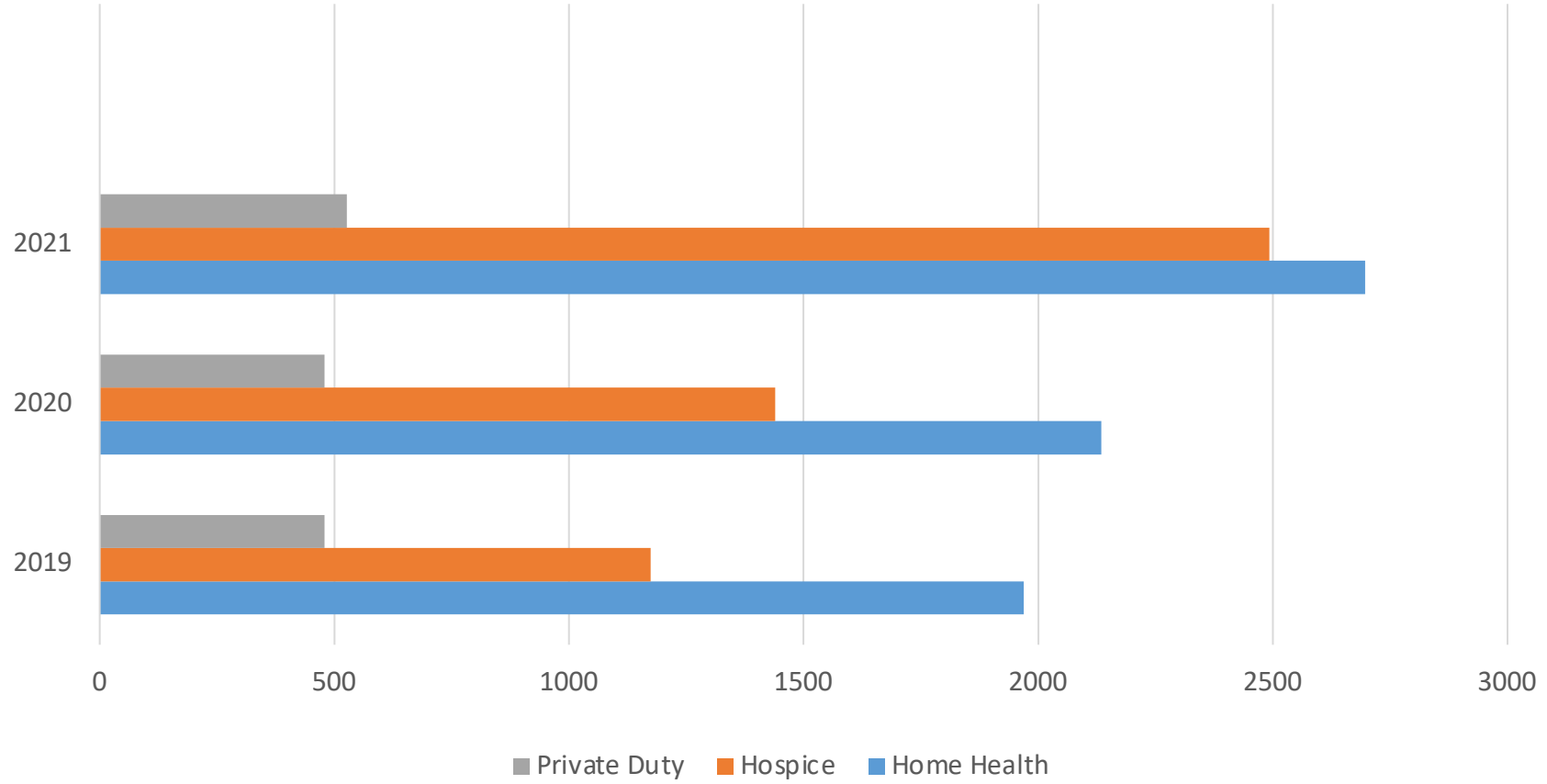
Objectives

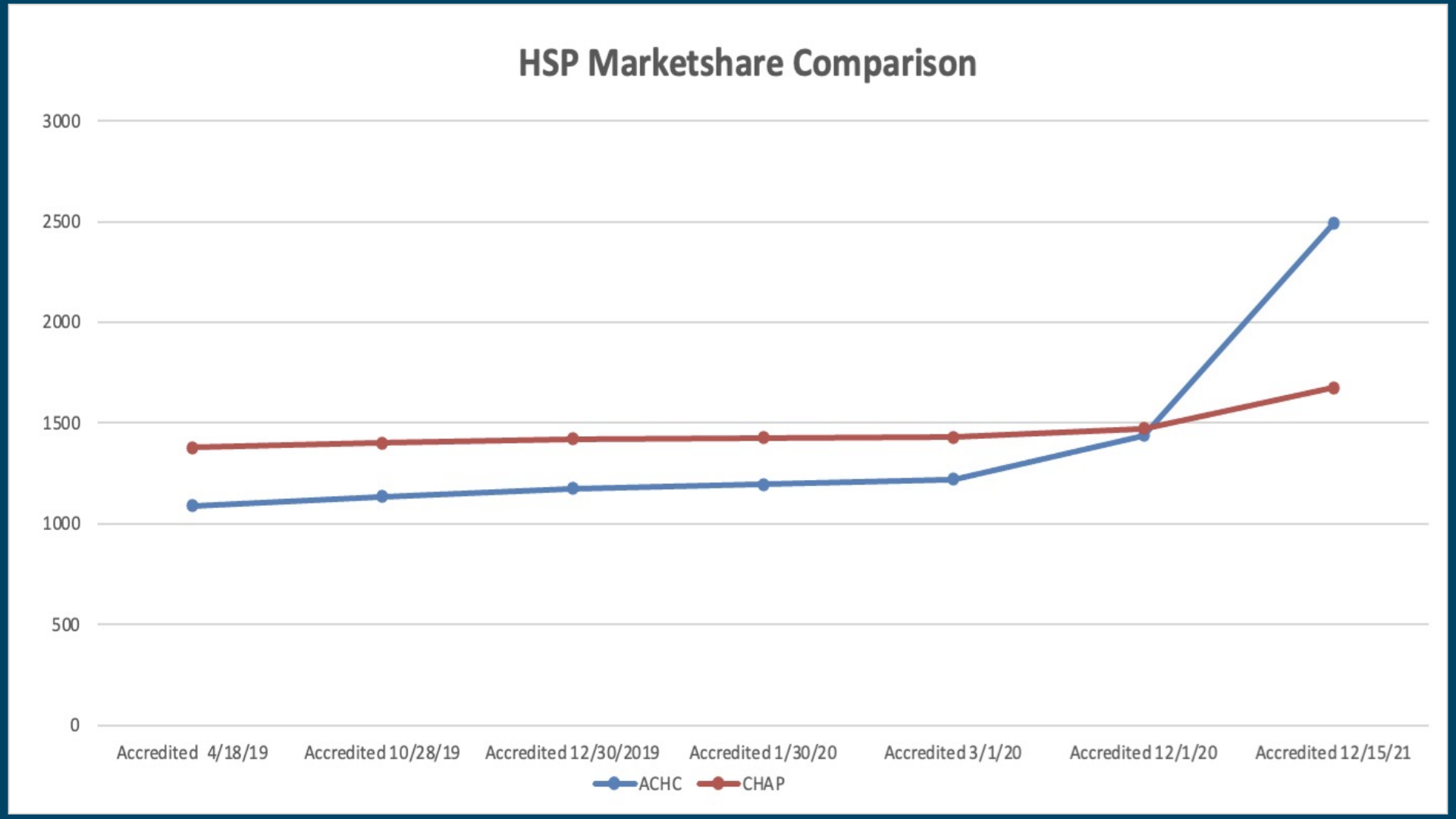
- Review the ACHC Accreditation process.
- Learn how to prepare an organization for the ACHC Accreditation survey.
- Establish expectations for the on-site survey and strategies for survey success.
- Learn how to utilize the *ACHC Accreditation Guide to Success* to ensure ongoing compliance.
- Identify how to avoid condition-level deficiencies.
- Review the ACHC Accreditation Standards to understand expectations for compliance.

Hospice Accreditation

- Earned CMS Deeming Authority in 2009
- Accredits more than 2,400 locations nationally
- Program-specific standards include Medicare Conditions of Participation (CoPs)
- Life Safety Code regulations
- Accreditation for both in-home and facility-based services, including:
  - Hospice Care
  - Hospice Inpatient Care
  - Palliative Care

ACHC Accredited Agencies




HSP Marketshare Comparison
3000
2500
2000
1500
1000
500
0
Accredited 4/18/19
Accredited 10/28/19
Accredited 12/30/2019
Accredited 1/30/20
Accredited 3/1/20
Accredited 12/1/20
Accredited 12/15/21
ACHC
CHAP

Distinction in Palliative Care

- Distinction in Palliative Care
  - Hospice
- Additional one day on survey
  - Must have provided care to three patients, with two active at time of survey
  - <150 palliative care patients: three total record reviews with one home visit
  - 150 or more palliative care patients: four total record reviews with two home visits
- ACHC standards were based on the National Consensus Project for Quality Palliative Care guidelines

Distinction in Telehealth

- Distinction in Telehealth
  - Telehealth may include remote client/patient monitoring (RPM), biometrics, video, talk, or education.
- Additional one day on survey
  - Three additional records will be reviewed.
  - One virtual patient contacted.
  - Personnel charts reviewed for competencies and to ensure a telehealth manager and alternate are assigned.
- ACHC Telehealth standards are based on the American Telemedicine Association's Home Telehealth Clinical Guidelines.

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Hospice Survey Reform

Final Rule

- Hospice Survey Reform
  - Public reporting of survey results on CMS's website
  - Required use of the CMS-2567 to report survey deficiencies
  - Comprehensive training and testing of all Surveyors
  - Conflict of interest requirements
  - The use of a multidisciplinary team, only use members of the IDT as Surveyors
  - Requires each SA establish a toll-free hotline
  - Enforcement remedies

Enforcement Remedies

- Hospice Survey Reform
- § 488.1200 Statutory basis
  - Section 1822 of the Act authorizes the Secretary to take actions to remove and correct deficiencies in a hospice program through an enforcement remedy or termination or both.
  - The purpose of remedies is to ensure prompt compliance with program requirements in order to protect the health and safety of individuals under the care of a hospice program.

Enforcement Remedies

- Available remedies:
  - Civil monetary penalties
  - Suspension of payment for all new patient admissions
  - Temporary management of the hospice program
  - Directed plan of correction
  - Directed in-service training

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HOSPICE

Hospice Requirements

Poll Question

Initial Certification Requirements

- Required number of patients prior to survey:
  - Served five patients for hospice care and three active at time of survey.
  - Unless in a medically underserved area: 2-1 (as determined by the Regional Office).
- Hospice providers must have the ability to provide all core and non-core services as well as all levels of care:
  - Core services
  - Non-core services
  - Medications, supplies, biologicals, and Home/Durable Medical Equipment (DME)
  - All four levels of care

Hospice Core Services

- With the exception of physician services, substantially all core services must be provided directly by hospice employees on a routine basis.
- Core services:
  - Physician services
  - Nursing services
  - Medical Social Services
  - Counseling (including, but not limited to: bereavement, dietary, and spiritual counseling)

Hospice Non-Core Services

- The following services must be provided by the hospice, either directly or under arrangements, to meet the needs of the patient and family:
  - Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST)
  - Hospice Aide services
  - Homemaker services
  - Volunteers
  - Medical supplies

Hospice Required Services

- The hospice is required to make nursing services, physician services, drugs, and biologicals routinely available on a 24-hour basis, 7 days a week.
- The hospice also has to make all other covered services available on a 24-hour basis, 7 days a week, when reasonable and necessary to meet the needs of the patient and family.

Hospice Required Levels Of Care

- Routine care
- Inpatient care:
  - Short-term inpatient care (including respite care and interventions necessary for pain control) in a Medicare/Medicaid-participating facility.
- Continuous home care provided during a period of crisis:
  - Nursing care may be covered on a continuous basis for up to 24 hours a day during periods of crisis and as necessary to maintain the patient at home.
  - The care provided must require at least 8 hours of care in a 24-hour period, and the care must be provided predominantly by a licensed nurse (RN, LVN, LPN).
  - Homemaker or hospice aide services or both may also be covered, if needed.

Hospice Required Levels Of Care

- When the hospice provides inpatient care directly, it may do so either in space that it owns or leases or in space shared with a Medicare-certified hospital, SNF, or Medicaid-certified nursing facility (NF).
  - If the hospice provides care in its own inpatient facility, the care may be provided in space that the hospice either owns or leases from another facility or building. The inpatient unit may consist of several beds, a group of beds, or a wing, and must meet all applicable Federal and State requirements and be surveyed for compliance with 42 CFR 418.110 prior to providing inpatient care to patients. This survey includes a Life Safety Code survey (which has currently adopted the 2000 edition of the Life Safety Code of the National Fire Protection Association) that must be done both at the time of initial certification of the inpatient facility and at the time of recertification surveys.

Hospice Required Levels Of Care

- If the hospice provides care directly with hospice staff in space shared with a Medicare-certified Hospital, SNF, or a Medicaid certified NF (for respite care only), the SA reviews the agreement and patient files for compliance with 42 CFR 418.110(b) and 42 CFR 418.110(e) since the location already meets the remaining requirements of 42 CFR 418.110 as a Medicare/Medicaid participating facility.
- If in reviewing contracts and other documentation (e.g., clinical records, plans of care), questions arise concerning the contract arrangements, the SA conducts an on-site visit to the institution providing the inpatient services to review the care provided under arrangements, not to inspect the facility.

Poll Question

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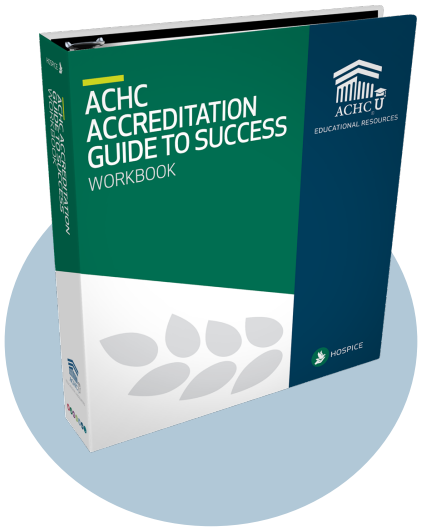
Achieving A Successful Survey Outcome

Pre-Survey Process

ACHC Accreditation Guide To Success

- Essential Components
  - Each ACHC standard contains “Essential Components” that indicate what should be readily identifiable in policies and procedures, personnel records, medical records, etc.
  - Each section also contains audit tools, sample policies and procedures, templates, and helpful hints.
- Other Tools
  - Each section contains a compliance checklist and a self-assessment tool to further guide the preparation process.
- Section Index
  - Quickly locate important information for successfully completing the ACHC accreditation process.



Standard HH1-2A:

The HHA is directed by a governing body (if no governing body is present, owner suffices) who assumes full legal authority and responsibility for the operation of the HHA. The governing body/owner duties and accountabilities are clearly defined.

P&P Essential Components

- Policies must define the activities of the governing body to include, at a minimum:
  - Decision-making.
  - Appointing a qualified Administrator.
  - Adopting and periodically reviewing written bylaws or equivalent.
  - Establishing or approving written policies and procedures governing overall operations.
  - Human resource management.
  - Quality Assessment and Performance Improvement (QAPI) Program.
  - Community needs planning, if applicable.
  - Oversight of the management, operation plans, and fiscal affairs of the HHA.
  - Annual review of the P&P.

HINT

If interviewed the Administrator and governing body should be able to discuss how the governing body exercises its responsibilities for the overall operations of the organization.

The Surveyor will expect to see evidence of oversight of the HHA by the governing body.

CoP/G tag Reference: 484.105(a) (G942)

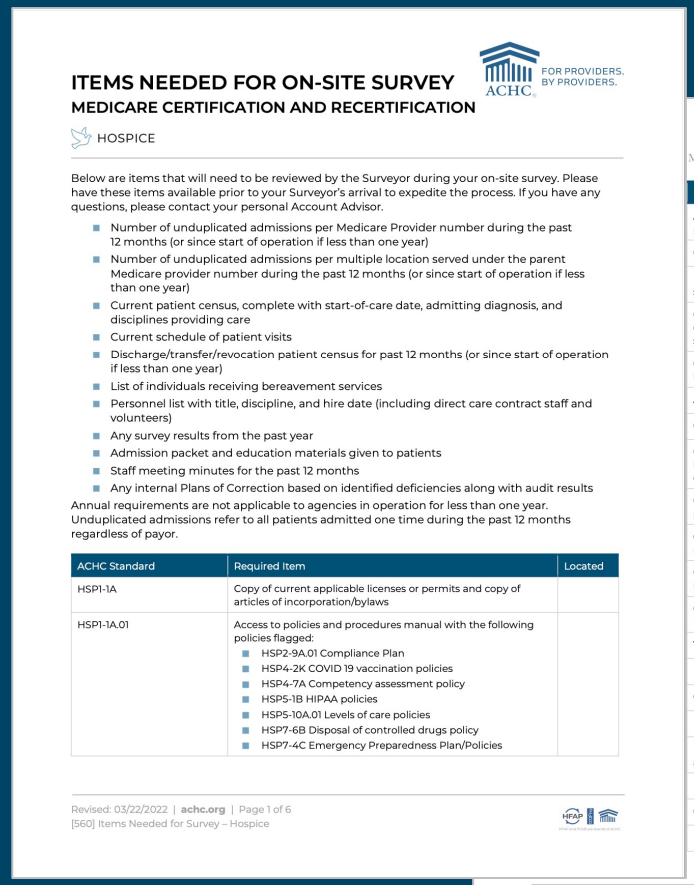
Preparation

- Educate key staff:
  - Clinical staff (employees, contract, and volunteers)
  - Administrative
  - Governing body
  - Patients
- Prepare the agency:
  - Human Resources
  - IT/EMR
  - Office space
    - Walk around your agency

Preparation

- Helpful tools in the *ACHC Accreditation Guide to Success*
- Mock Surveys
  - Interview Questions—Survey Process
  - Home visits—Section 4
  - Medical chart audits—Section 5
  - Personnel file audits—Section 4
  - Observation of the environment—Survey Process
  - Items Needed for the On-Site Visit—Survey Process
  - Medicare CoP Checklist—Customer Central>Resources>Accreditation Resources

Items Needed For On-Site Survey



ITEMS NEEDED FOR ON-SITE SURVEY

FOR PROVIDERS. BY PROVIDERS.

MEDICARE CERTIFICATION AND RECERTIFICATION

HOSPICE

Below are items that will need to be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your personal Account Advisor.

- Number of unduplicated admissions per Medicare Provider number during the past 12 months (or since start of operation if less than one year)
- Number of unduplicated admissions per multiple location served under the parent Medicare provider number during the past 12 months (or since start of operation if less than one year)
- Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care
- Current schedule of patient visits
- Discharge/transfer/revocation patient census for past 12 months (or since start of operation if less than one year)
- List of individuals receiving bereavement services
- Personnel list with title, discipline, and hire date (including direct care contract staff and volunteers)
- Any survey results from the past year
- Admission packet and education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plans of Correction based on identified deficiencies along with audit results

Annual requirements are not applicable to agencies in operation for less than one year. Unduplicated admissions refer to all patients admitted one time during the past 12 months regardless of payor.

ACHC Standard	Required Item	Located
HSP1-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
HSP1-1A.01	Access to policies and procedures manual with the following policies flagged: ■ HSP2-9A.01 Compliance Plan ■ HSP4-2K COVID 19 vaccination policies ■ HSP4-7A Competency assessment policy ■ HSP5-1B HIPAA policies ■ HSP5-10A.01 Levels of care policies ■ HSP7-6B Disposal of controlled drugs policy ■ HSP7-4C Emergency Preparedness Plan/Policies	

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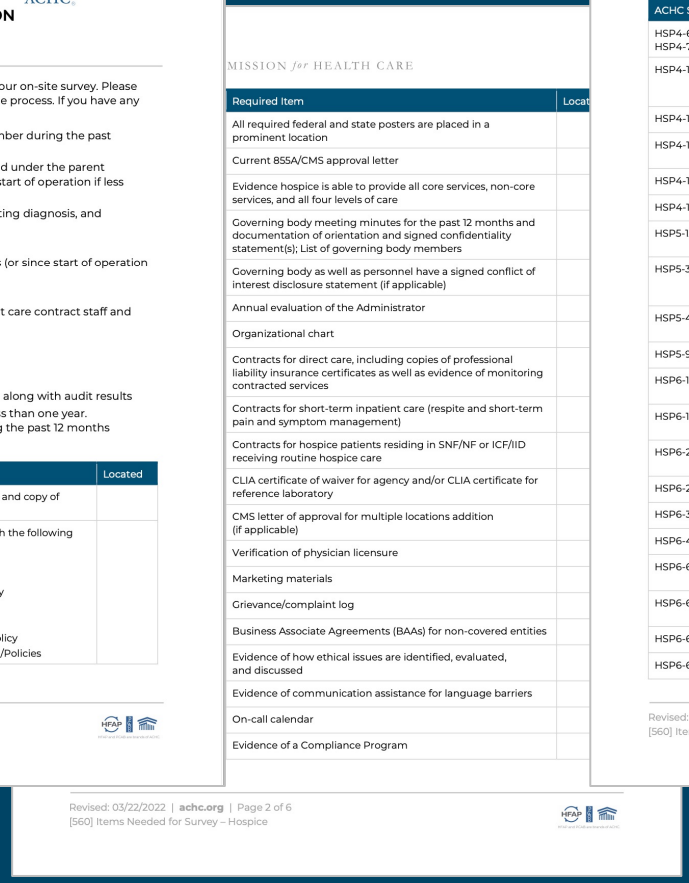
[560] Items Needed for Survey – Hospice



MISSION *for* HEALTH CARE

Required Item	Locat
All required federal and state posters are placed in a prominent location	
Current 855A/CMS approval letter	
Evidence hospice is able to provide all core services, non-core services, and all four levels of care	
Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s); List of governing body members	
Governing body as well as personnel have a signed conflict of interest disclosure statement (if applicable)	
Annual evaluation of the Administrator	
Organizational chart	
Contracts for direct care, including copies of professional liability insurance certificates as well as evidence of monitoring contracted services	
Contracts for short-term inpatient care (respite and short-term pain and symptom management)	
Contracts for hospice patients residing in SNF/NF or ICF/IID receiving routine hospice care	
CLIA certificate of waiver for agency and/or CLIA certificate for reference laboratory	
CMS letter of approval for multiple locations addition (if applicable)	
Verification of physician licensure	
Marketing materials	
Grievance/complaint log	
Business Associate Agreements (BAAs) for non-covered entities	
Evidence of how ethical issues are identified, evaluated, and discussed	
Evidence of communication assistance for language barriers	
On-call calendar	
Evidence of a Compliance Program	

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[560] Items Needed for Survey – Hospice

ACCREDITATION COMMISSION *for* HEALTH CARE

ACHC Standard	Required Item	Located
HSP4-6B/HSP4-7B/ HSP4-7C/HSP4-8A	Hospice aide competency evaluation and/or training materials	
HSP4-11A	Evidence of a designated Medical Director and Alternate Medical Director (if under arrangement, must have a signed contract for both)	
HSP4-12A & HSP4-4A	Evidence of volunteer orientation	
HSP4-12B	Evidence of the ability to provide direct care and administrative volunteers	
HSP4-12C	Current volunteer cost savings report	
HSP4-12D	Current volunteer activity report	
HSP5-1A & HSP5-1A.01	Patient records contain all required items as identified in the standards	
HSP5-3C.01	Evidence of the submission of Hospice Information Set (HIS) admission and discharge data (N/A for initial Medicare certification surveys)	
HSP5-4A	Plans of care contain all required items as identified in the standard	
HSP5-9A.01	Referral log and community referral resources	
HSP6-1A	Quality Assessment and Performance Improvement (QAPI) program	
HSP6-1B	Job description for the individual responsible for the QAPI program	
HSP6-2A	Governing body meeting minutes demonstrate involvement of governing body and organizational leaders in QAPI	
HSP6-2B	Evidence of personnel involvement in QAPI	
HSP6-3A/HSP6-4A	QAPI annual report	
HSP6-4A	Completed QAPI projects for past 12 months	
HSP6-6A	Evidence of monitoring of an aspect related to patient care (high risk, high volume, problem prone)	
HSP6-6B	Evidence of data elements collected from the comprehensive assessment are monitored and utilized in QAPI	
HSP6-6B.01	Evidence of chart audit results utilized in QAPI	
HSP6-6B.02	Satisfaction surveys utilized in QAPI	

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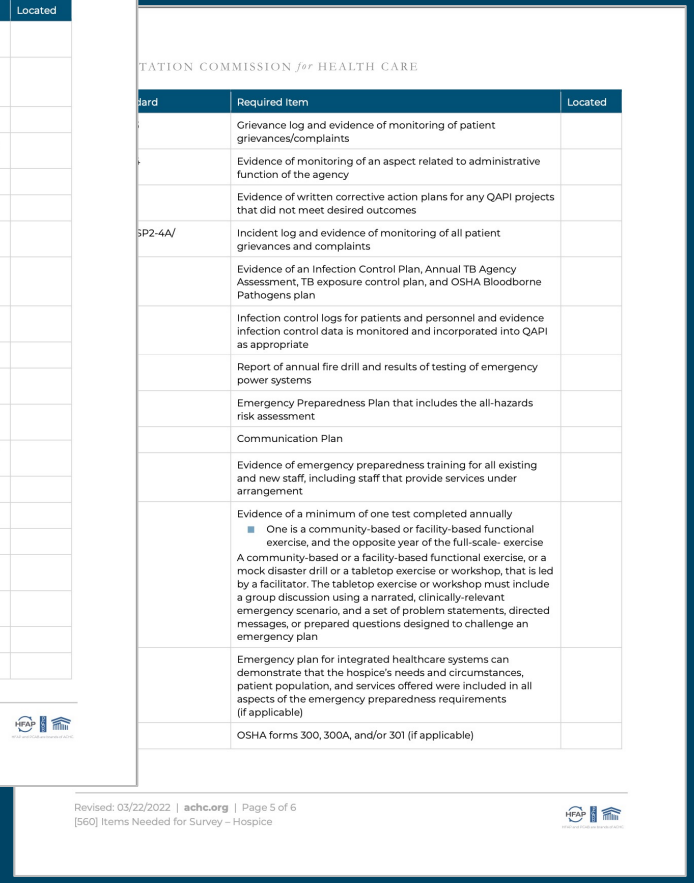
[560] Items Needed for Survey – Hospice



TATION COMMISSION *for* HEALTH CARE

dard	Required Item	Located
	Grievance log and evidence of monitoring of patient grievances/complaints	
	Evidence of monitoring of an aspect related to administrative function of the agency	
	Evidence of written corrective action plans for any QAPI projects that did not meet desired outcomes	
SP2-4A/	Incident log and evidence of monitoring of all patient grievances and complaints	
	Evidence of an Infection Control Plan, Annual TB Agency Assessment, TB exposure control plan, and OSHA Bloodborne Pathogens plan	
	Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into QAPI as appropriate	
	Report of annual fire drill and results of testing of emergency power systems	
	Emergency Preparedness Plan that includes the all-hazards risk assessment	
	Communication Plan	
	Evidence of emergency preparedness training for all existing and new staff, including staff that provide services under arrangement	
	Evidence of a minimum of one test completed annually ■ One is a community-based or facility-based functional exercise, and the opposite year of the full-scale- exercise A community-based or a facility-based functional exercise, or a mock disaster drill or a tabletop exercise or workshop, that is led by a facilitator. The tabletop exercise or workshop must include a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan	
	Emergency plan for integrated healthcare systems can demonstrate that the hospice's needs and circumstances, patient population, and services offered were included in all aspects of the emergency preparedness requirements (if applicable)	
	OSHA forms 300, 300A, and/or 301 (if applicable)	

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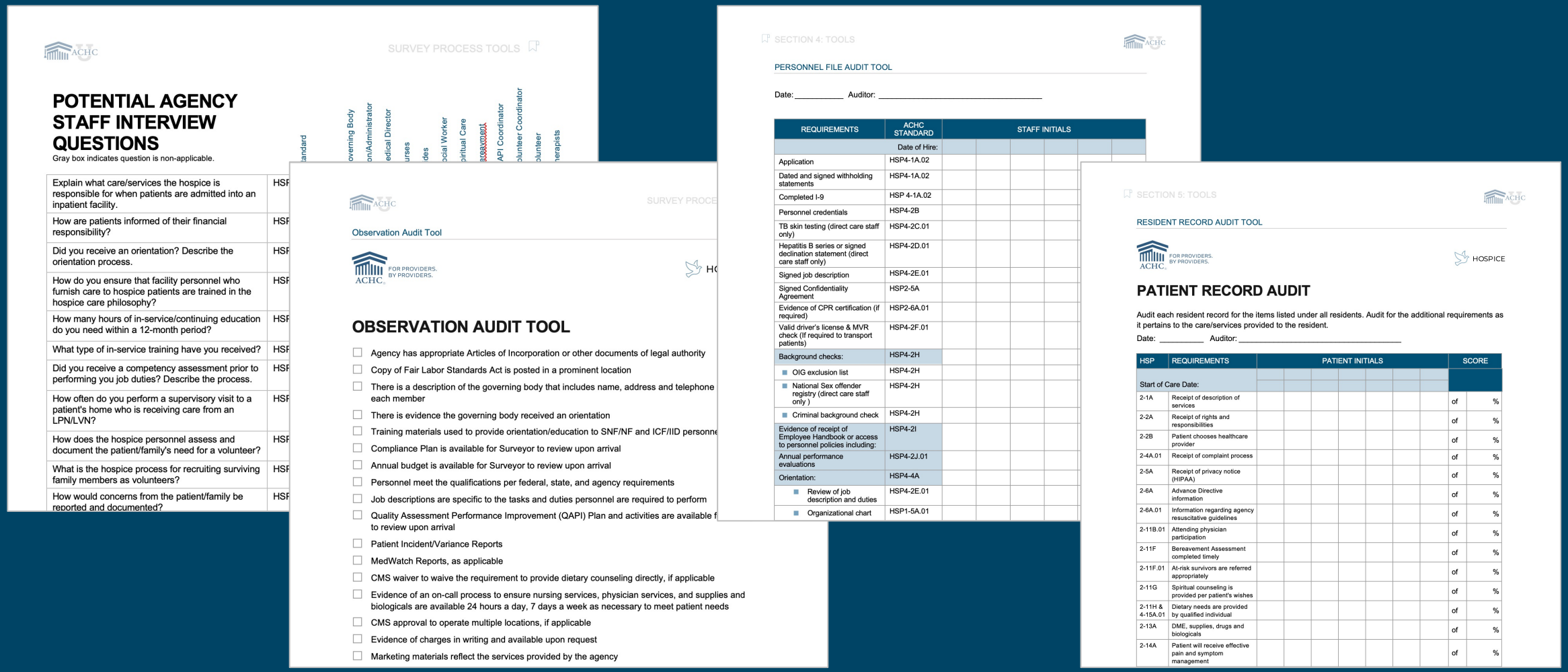
[560] Items Needed for Survey – Hospice

Survey Preparation Tools



SURVEY PROCESS TOOLS

POTENTIAL AGENCY STAFF INTERVIEW QUESTIONS

Gray box indicates question is non-applicable.

Explain what care/services the hospice is responsible for when patients are admitted into an inpatient facility.	HSF
How are patients informed of their financial responsibility?	HSF
Did you receive an orientation? Describe the orientation process.	HSF
How do you ensure that facility personnel who furnish care to hospice patients are trained in the hospice care philosophy?	HSF
How many hours of in-service/continuing education do you need within a 12-month period?	HSF
What type of in-service training have you received?	HSF
Did you receive a competency assessment prior to performing you job duties? Describe the process.	HSF
How often do you perform a supervisory visit to a patient's home who is receiving care from an LPN/LVN?	HSF
How does the hospice personnel assess and document the patient/family's need for a volunteer?	HSF
What is the hospice process for recruiting surviving family members as volunteers?	HSF
How would concerns from the patient/family be reported and documented?	HSF

Observation Audit Tool

FOR PROVIDERS. BY PROVIDERS.

OBSERVATION AUDIT TOOL

- ☐ Agency has appropriate Articles of Incorporation or other documents of legal authority
- ☐ Copy of Fair Labor Standards Act is posted in a prominent location
- ☐ There is a description of the governing body that includes name, address and telephone each member
- ☐ There is evidence the governing body received an orientation
- ☐ Training materials used to provide orientation/education to SNF/NF and ICF/IID personne
- ☐ Compliance Plan is available for Surveyor to review upon arrival
- ☐ Annual budget is available for Surveyor to review upon arrival
- ☐ Personnel meet the qualifications per federal, state, and agency requirements
- ☐ Job descriptions are specific to the tasks and duties personnel are required to perform
- ☐ Quality Assessment Performance Improvement (QAPI) Plan and activities are available f to review upon arrival
- ☐ Patient Incident/Variance Reports
- ☐ MedWatch Reports, as applicable
- ☐ CMS waiver to waive the requirement to provide dietary counseling directly, if applicable
- ☐ Evidence of an on-call process to ensure nursing services, physician services, and supplies and biologicals are available 24 hours a day, 7 days a week as necessary to meet patient needs
- ☐ CMS approval to operate multiple locations, if applicable
- ☐ Evidence of charges in writing and available upon request
- ☐ Marketing materials reflect the services provided by the agency

SECTION 4: TOOLS

PERSONNEL FILE AUDIT TOOL

Date:_____ Auditor: _____

REQUIREMENTS	ACHC STANDARD	STAFF INITIALS
	Date of Hire:	
Application	HSP4-1A.02	
Dated and signed withholding statements	HSP4-1A.02	
Completed I-9	HSP 4-1A.02	
Personnel credentials	HSP4-2B	
TB skin testing (direct care staff only)	HSP4-2C.01	
Hepatitis B series or signed declination statement (direct care staff only)	HSP4-2D.01	
Signed job description	HSP4-2E.01	
Signed Confidentiality Agreement	HSP2-5A	
Evidence of CPR certification (if required)	HSP2-6A.01	
Valid driver's license & MVR check (If required to transport patients)	HSP4-2F.01	
Background checks:	HSP4-2H	
■ OIG exclusion list	HSP4-2H	
■ National Sex offender registry (direct care staff only)	HSP4-2H	
■ Criminal background check	HSP4-2H	
Evidence of receipt of Employee Handbook or access to personnel policies including:	HSP4-2I	
Annual performance evaluations	HSP4-2J.01	
Orientation:	HSP4-4A	
■ Review of job description and duties	HSP4-2E.01	
■ Organizational chart	HSP1-5A.01	

SECTION 5: TOOLS

RESIDENT RECORD AUDIT TOOL

FOR PROVIDERS. BY PROVIDERS.

HOSPICE

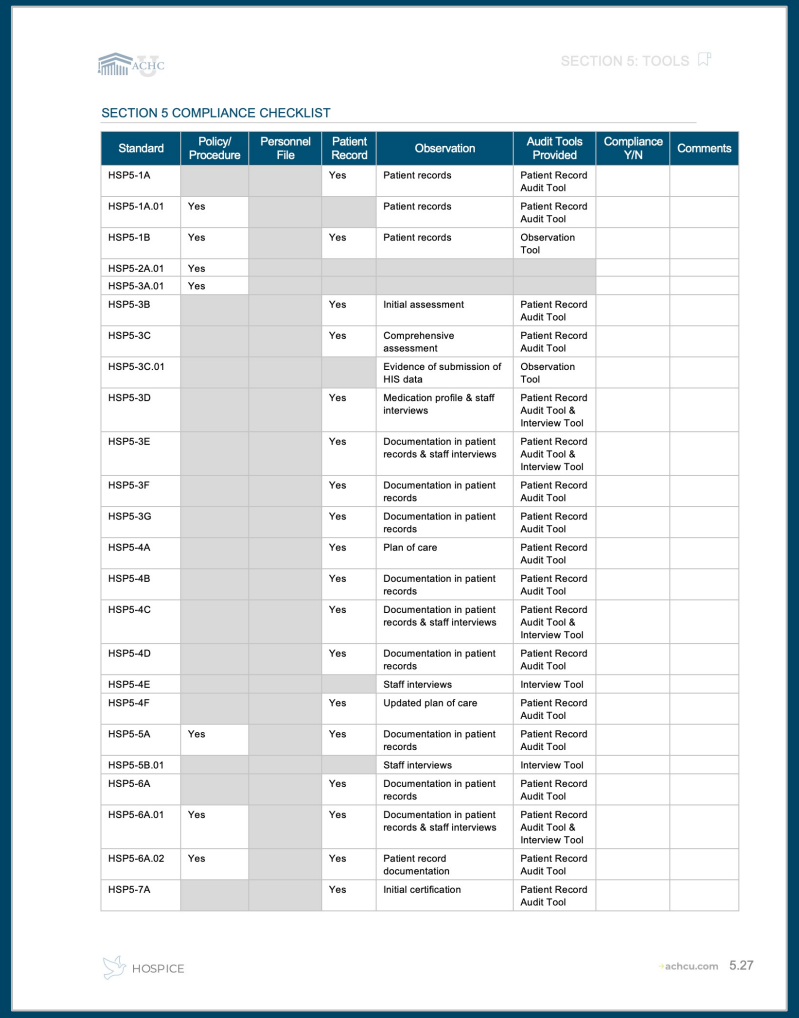
PATIENT RECORD AUDIT

Audit each resident record for the items listed under all residents. Audit for the additional requirements as it pertains to the care/services provided to the resident.

Date: _____ Auditor: _____

HSP	REQUIREMENTS	PATIENT INITIALS							SCORE	
Start of Care Date:										
2-1A	Receipt of description of services								of	%
2-2A	Receipt of rights and responsibilities								of	%
2-2B	Patient chooses healthcare provider								of	%
2-4A.01	Receipt of complaint process								of	%
2-5A	Receipt of privacy notice (HIPAA)								of	%
2-6A	Advance Directive information								of	%
2-6A.01	Information regarding agency resuscitative guidelines								of	%
2-11B.01	Attending physician participation								of	%
2-11F	Bereavement Assessment completed timely								of	%
2-11F.01	At-risk survivors are referred appropriately								of	%
2-11G	Spiritual counseling is provided per patient's wishes								of	%
2-11H & 4-15A.01	Dietary needs are provided by qualified individual								of	%
2-13A	DME, supplies, drugs and biologicals								of	%
2-14A	Patient will receive effective pain and symptom management								of	%

Compliance Checklist

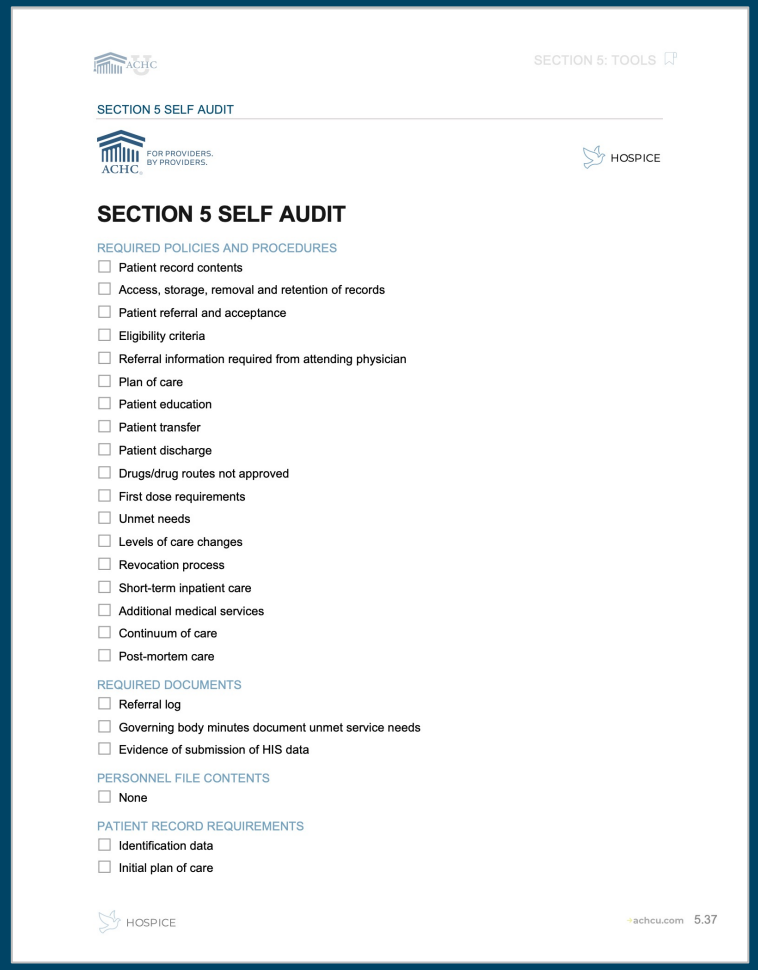


SECTION 5 COMPLIANCE CHECKLIST

Standard	Policy/ Procedure	Personnel File	Patient Record	Observation	Audit Tools Provided	Compliance Y/N	Comments
HSP5-1A			Yes	Patient records	Patient Record Audit Tool		
HSP5-1A.01	Yes			Patient records	Patient Record Audit Tool		
HSP5-1B	Yes		Yes	Patient records	Observation Tool		
HSP5-2A.01	Yes						
HSP5-3A.01	Yes						
HSP5-3B			Yes	Initial assessment	Patient Record Audit Tool		
HSP5-3C			Yes	Comprehensive assessment	Patient Record Audit Tool		
HSP5-3C.01				Evidence of submission of HIS data	Observation Tool		
HSP5-3D			Yes	Medication profile & staff interviews	Patient Record Audit Tool & Interview Tool		
HSP5-3E			Yes	Documentation in patient records & staff interviews	Patient Record Audit Tool & Interview Tool		
HSP5-3F			Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-3G			Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-4A			Yes	Plan of care	Patient Record Audit Tool		
HSP5-4B			Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-4C			Yes	Documentation in patient records & staff interviews	Patient Record Audit Tool & Interview Tool		
HSP5-4D			Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-4E				Staff interviews	Interview Tool		
HSP5-4F			Yes	Updated plan of care	Patient Record Audit Tool		
HSP5-5A	Yes		Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-5B.01				Staff interviews	Interview Tool		
HSP5-6A			Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-6A.01	Yes		Yes	Documentation in patient records & staff interviews	Patient Record Audit Tool & Interview Tool		
HSP5-6A.02	Yes		Yes	Patient record documentation	Patient Record Audit Tool		
HSP5-7A			Yes	Initial certification	Patient Record Audit Tool		

HSP5-7B			Yes	Re-certification	Patient Record Audit Tool		
HSP5-7B.01			Yes	Face-to-face documentation	Patient Record Audit Tool		
HSP5-8A	Yes		Yes	Transfer summary/form	Patient Record Audit Tool		
HSP5-8B	Yes		Yes	Discharge summary/form	Patient Record Audit Tool		
HSP5-9A.01	Yes			Referral log, staff interviews & governing body meeting minutes	Interview Tool & Items Needed for Survey		
HSP5-10A.01	Yes		Yes	Documentation in patient records	Patient Record Audit Tool		
HSP5-11A	Yes		Yes	Revocation documentation	Patient Record Audit Tool		
HSP5-12A	Yes		Yes	Documentation in patient records & staff interviews	Patient Record Audit Tool & Interview Tool		
HSP5-13A.01	Yes		Yes	Patient record documentation	Patient Record Audit Tool		
HSP5-14A.01	Yes		Yes	Patient record documentation & staff interviews	Patient Record Audit Tool & Interview Tool		
HSP5-14A.02	Yes		Yes	Patient record documentation & staff interviews	Patient Record Audit Tool & Interview Tool		

Self-Audit



SECTION 5 SELF AUDIT

FOR PROVIDERS. BY PROVIDERS.

HOSPICE

SECTION 5 SELF AUDIT

REQUIRED POLICIES AND PROCEDURES

- ☐ Patient record contents
- ☐ Access, storage, removal and retention of records
- ☐ Patient referral and acceptance
- ☐ Eligibility criteria
- ☐ Referral information required from attending physician
- ☐ Plan of care
- ☐ Patient education
- ☐ Patient transfer
- ☐ Patient discharge
- ☐ Drugs/drug routes not approved
- ☐ First dose requirements
- ☐ Unmet needs
- ☐ Levels of care changes
- ☐ Revocation process
- ☐ Short-term inpatient care
- ☐ Additional medical services
- ☐ Continuum of care
- ☐ Post-mortem care

REQUIRED DOCUMENTS

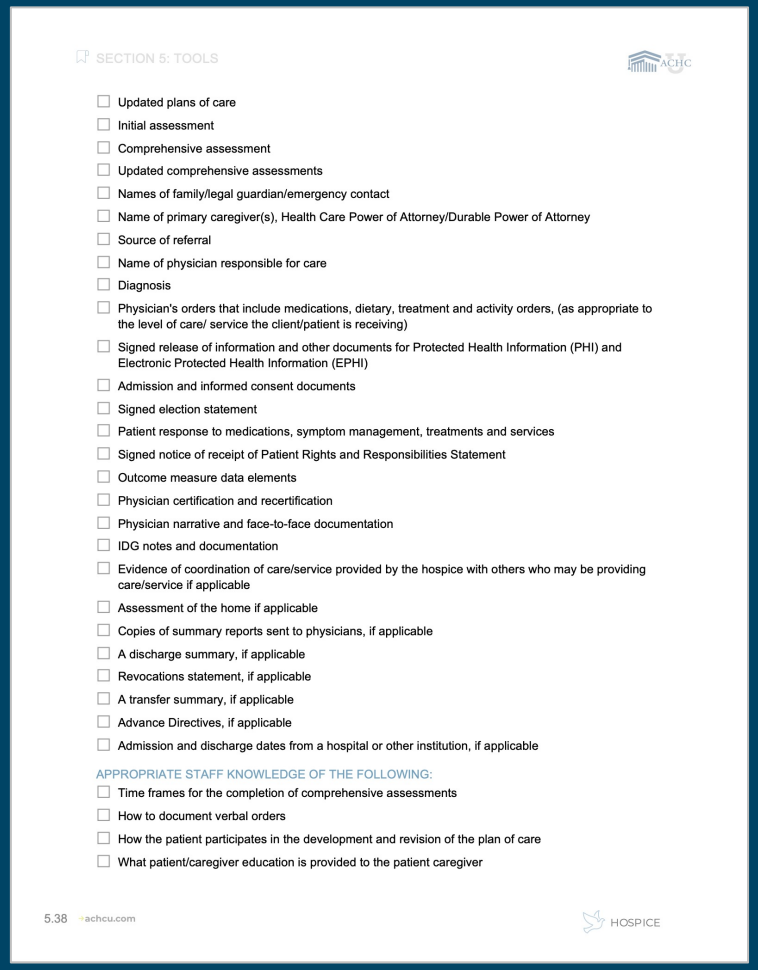
- ☐ Referral log
- ☐ Governing body minutes document unmet service needs
- ☐ Evidence of submission of HIS data

PERSONNEL FILE CONTENTS

- ☐ None

PATIENT RECORD REQUIREMENTS

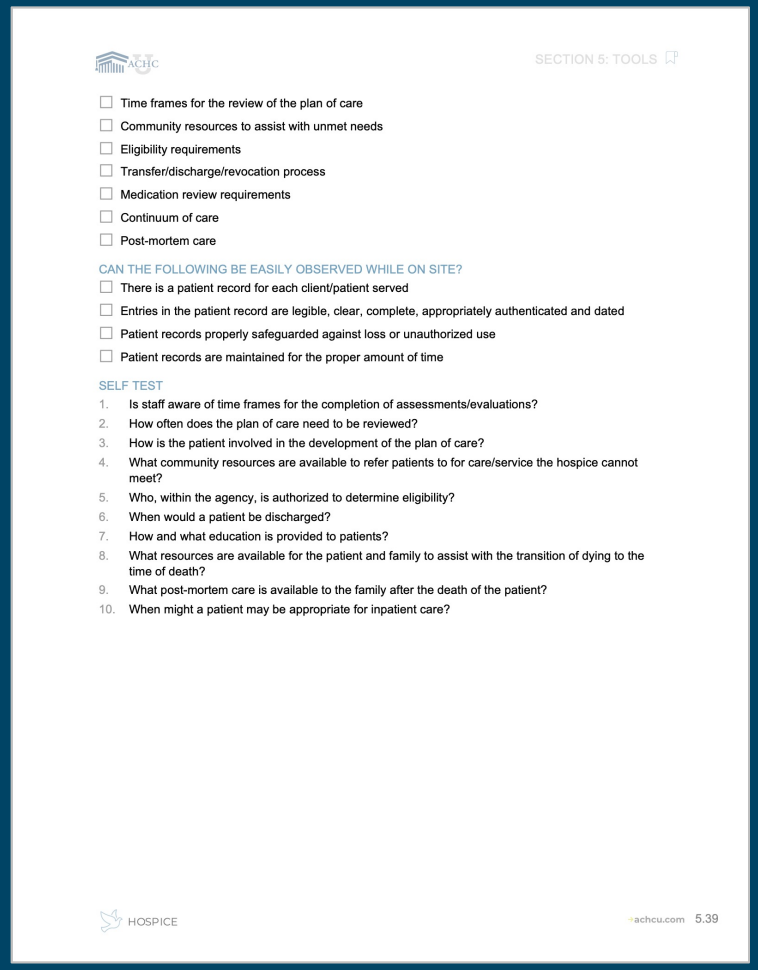
- ☐ Identification data
- ☐ Initial plan of care



- ☐ Updated plans of care
- ☐ Initial assessment
- ☐ Comprehensive assessment
- ☐ Updated comprehensive assessments
- ☐ Names of family/legal guardian/emergency contact
- ☐ Name of primary caregiver(s), Health Care Power of Attorney/Durable Power of Attorney
- ☐ Source of referral
- ☐ Name of physician responsible for care
- ☐ Diagnosis
- ☐ Physician's orders that include medications, dietary, treatment and activity orders, (as appropriate to the level of care/ service the client/patient is receiving)
- ☐ Signed release of information and other documents for Protected Health Information (PHI) and Electronic Protected Health Information (EPHI)
- ☐ Admission and informed consent documents
- ☐ Signed election statement
- ☐ Patient response to medications, symptom management, treatments and services
- ☐ Signed notice of receipt of Patient Rights and Responsibilities Statement
- ☐ Outcome measure data elements
- ☐ Physician certification and recertification
- ☐ Physician narrative and face-to-face documentation
- ☐ IDG notes and documentation
- ☐ Evidence of coordination of care/service provided by the hospice with others who may be providing care/service if applicable
- ☐ Assessment of the home if applicable
- ☐ Copies of summary reports sent to physicians, if applicable
- ☐ A discharge summary, if applicable
- ☐ Revocations statement, if applicable
- ☐ A transfer summary, if applicable
- ☐ Advance Directives, if applicable
- ☐ Admission and discharge dates from a hospital or other institution, if applicable

APPROPRIATE STAFF KNOWLEDGE OF THE FOLLOWING:

- ☐ Time frames for the completion of comprehensive assessments
- ☐ How to document verbal orders
- ☐ How the patient participates in the development and revision of the plan of care
- ☐ What patient/caregiver education is provided to the patient caregiver



- ☐ Time frames for the review of the plan of care
- ☐ Community resources to assist with unmet needs
- ☐ Eligibility requirements
- ☐ Transfer/discharge/revocation process
- ☐ Medication review requirements
- ☐ Continuum of care
- ☐ Post-mortem care

CAN THE FOLLOWING BE EASILY OBSERVED WHILE ON SITE?

- ☐ There is a patient record for each client/patient served
- ☐ Entries in the patient record are legible, clear, complete, appropriately authenticated and dated
- ☐ Patient records properly safeguarded against loss or unauthorized use
- ☐ Patient records are maintained for the proper amount of time

SELF TEST

1. Is staff aware of time frames for the completion of assessments/evaluations?
2. How often does the plan of care need to be reviewed?
3. How is the patient involved in the development of the plan of care?
4. What community resources are available to refer patients to for care/service the hospice cannot meet?
5. Who, within the agency, is authorized to determine eligibility?
6. When would a patient be discharged?
7. How and what education is provided to patients?
8. What resources are available for the patient and family to assist with the transition of dying to the time of death?
9. What post-mortem care is available to the family after the death of the patient?
10. When might a patient may be appropriate for inpatient care?

Medicare CoP Checklist

MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS

FOR PROVIDERS. BY PROVIDERS.

HOSPICE

ACHC Accreditation Standards are developed in conjunction with the Medicare Conditions of Participation (CoPs). This checklist will assist you in auditing and preparing your hospice agency for accreditation.

Non-compliance with a minimum of one condition-level CoP will require another on-site survey at your organization's expense. Following this checklist does not guarantee approval of accreditation by the Accreditation Commission for Health Care (ACHC). You should refer to the State Operations Manual, Appendix M-Guidance to Surveyors: Hospice Agencies, for further information regarding Medicare CoPs. This document only reviews the Medicare CoPs. Please refer to ACHC Accreditation Standards for additional ACHC requirements.

How to use this pre-evaluation checklist:

Review each Medicare CoP and the associated L Tags in the State Operations Manual. If in compliance, score the L Tag as a "Yes." If not in compliance, score the L Tag as a "No." Multiple "No" answers under an individual CoP could put the agency at risk for a condition-level deficiency, and therefore should be a priority in correcting.

YES	NO	L Tag	
Are you in compliance with the Medicare Condition of Participation pertaining to Patient's Rights (reference CFR 418.52)?			
☐	☐	L501	Is there evidence the patient was informed and the hospice promoted and protected patient rights?
☐	☐	L502	Is there evidence the agency provided the patient with verbal and written notice of rights in advance of care?
☐	☐	L503	Is there evidence the agency informed and distributed advance directive information?
☐	☐	L504	Is there evidence the agency obtained a signature confirming receipt of rights and responsibilities?
☐	☐	L505	Is there evidence the agency allows the patient to exercise his or her rights, agency demonstrates respect for property/person and allows the patient to voice grievances?
☐	☐	L506	If the patient is incompetent, is there evidence the rights are exercised by person appointed to act on patient's behalf?
☐	☐	L507	If a patient is not incompetent, is there evidence of legal representative designated by patient if the patient desires a representative?
☐	☐	L508	Is there evidence all alleged violations are reported immediately?
☐	☐	L509	Is there evidence all alleged violations are immediately investigated to prevent further violations?
☐	☐	L510	Is there evidence of appropriate corrective action for verified violations was initiated?
☐	☐	L511	Is there evidence of verified violations were reported within five working days?

MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS

FOR PROVIDERS. BY PROVIDERS.

HOSPICE

YES	NO	L Tag	
☐	☐	L532	Does the comprehensive assessment consider the need for referrals to other health professionals?
☐	☐	L533	Is there evidence the comprehensive assessment is updated at least every 15 days?
☐	☐	L534	Does the comprehensive assessment include data elements for measurement of outcomes?
☐	☐	L535	Is there evidence the data elements are an integral part of the comprehensive assessment?
Are you in compliance with the Medicare Condition of Participation pertaining to Initial and Comprehensive Assessment of the Interdisciplinary Group, Care Planning, and Coordination of Services (reference CFR 418.56)?			
☐	☐	L537	Is there evidence the IDG/attending physician prepared a written plan of care?
☐	☐	L538	Does the plan of care specify the care/services needs of patient and family as identified in comprehensive assessment?
☐	☐	L539	Is there evidence of a designated IDG to meet the needs of the patient and family?
☐	☐	L540	Is there evidence of an RN assigned to coordinate care?
☐	☐	L541	Does the IDG include a MD/OD, RN, SW and a pastoral or other counselor?
☐	☐	L542	Is there evidence an IDG has been identified to establish the day-to-day polices governing the provision of hospice services?
☐	☐	L543	Is there evidence that care follows an individualized plan of care?
☐	☐	L544	Is there evidence of education and training provided to the patient/caregiver?
☐	☐	L545	Has an individualized plan of care been developed for each patient?
☐	☐	L546	Does the plan of care include interventions to manage pain and symptoms?
☐	☐	L547	Does the plan of care include a detailed statement of scope and frequency of services for all disciplines including volunteers?
☐	☐	L548	Does the plan of care include the measurable outcomes anticipated?
☐	☐	L549	Does the plan of care include the necessary drugs and treatments to meet the patient's needs?
☐	☐	L550	Does the plan of care include the medical supplies/appliances to meet the needs of the patient?
☐	☐	L551	Is there evidence of the patient's/representative's involvement with the plan of care?

MEDICARE CONDITIONS OF PARTICIPATION SURVEY REQUIREMENTS

FOR PROVIDERS. BY PROVIDERS.

HOSPICE

YES	NO	L Tag	
☐	☐	L570	Does the hospice measure its success and track performance to ensure improvements are maintained?
☐	☐	L571	Is the hospice implementing performance improvement projects?
☐	☐	L572	Does the scope of the performance improvement projects reflect the complexity of the hospice agency?
☐	☐	L573	Is there documented evidence of the performance improvement projects?
☐	☐	L574	Is there evidence the governing body ensures an ongoing program is defined, implemented, maintained and evaluated annually?
☐	☐	L575	Is there evidence that the program addresses priorities and improvement activities and is evaluated for effectiveness?
☐	☐	L576	Is there evidence of a designated individual(s) responsible for the QAPI program?
Are you in compliance with the Medicare Condition of Participation pertaining to Infection Control (reference CFR 418.60)?			
☐	☐	L578	Is there evidence of a documented infection control program?
☐	☐	L579	Are accepted standards of practice established and followed to prevent the transmission of infections?
☐	☐	L580	Is there evidence the hospice maintains an agency-wide program for surveillance, identification, prevention, control and investigation of infections and it is part of QAPI?
☐	☐	L581	Does the infection control plan include methods to identify problems and implement actions for prevention?
☐	☐	L582	Is there evidence that education is provided to staff, contract providers, caregivers and patients?
Are you in compliance with the Medicare Condition of Participation pertaining to Licensed Professional Services (reference CFR 418.62)?			
☐	☐	L584	Is there evidence that staff (employees and under arrangement) are qualified and services are delivered and supervised appropriately?
☐	☐	L585	Is there evidence staff actively participate in the coordination of all aspects of care?
☐	☐	L586	Is there evidence staff participate in the QAPI program and in-service training?

Standard- and Condition-Level Deficiencies

- Standard-level deficiencies are ACHC-only deficiencies and individual L tags:
  - Not as “severe”
  - Individual, random issue vs. a systemic issue
- Condition-level deficiencies result when either an entire condition is out of compliance, multiple L tags under a single condition are out of compliance, or the deficiency is severe.

Focus Areas

- Utilize the audit tools, Compliance Checklists, and Self-Assessment to prioritize education.
- Implement an internal Plan of Correction (POC).
- Share improvements with your Surveyor during survey.

Survey Success

Key to survey success is compliance with the Medicare Conditions of Participation (CoPs)!

Poll Question

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EDUCATIONAL RESOURCES

HOSPICE

Achieving A Successful Survey Outcome

On-Site Survey Process

On-Site Survey

- Notification call
- Opening conference
- Tour of facility
- Personnel file review
- Patient home visits/ patient chart review
- Interview with staff, management, governing body, and volunteers
- Review of agency's implementation of policies
- Quality Assessment Performance Improvement (QAPI)
- Emergency Preparedness Plan
- Exit conference

Opening Conference

- Begins shortly after arrival of Surveyor
- Completion of CMS paperwork
  - CMS 417 and CMS 643
- KEY REPORTS
    - Unduplicated admissions for previous 12 months (number) for the parent and any additional locations associated with the Medicare provider number
    - Current census and current schedule of visits:
      - Name, diagnosis, start of care date, disciplines involved
    - Discharge, transfers, revocation, and death
    - Individuals receiving bereavement services

Opening Conference

- Any previous survey results from past 12 months
- Patient admission packet and education materials
- Any internal Plans of Correction developed to correct identified deficiencies
- Designate a space for the Surveyor(s)
- Laptop or computer to access medical records
  - Read-only access
- Agency policies and procedures
- Appoint a liaison

Tour

- Brief tour of facility:
  - Medical record storage
  - Maintaining confidentiality of Protected Health Information (PHI)
  - Supply closet
  - Biohazard waste
  - Required posters
  - Fire extinguishers/smoke detectors/non-smoking signage
  - Restrooms

Personnel Record Review

- Review personnel records for key staff, contract staff, and volunteers:
  - Application, tax forms, and I-9
  - Job descriptions and evaluations
  - Verification of qualifications
  - Orientation records, competencies, and ongoing education
  - Medical information
  - Background checks

For a complete listing of items required in the personnel record, review Section 4 of the ACHC Accreditation Standards.

Personnel Record Review

SURVEY CHECKLIST – PERSONNEL FILES

FOR PROVIDERS. BY PROVIDERS.

HOSPICE

Please gather or flag the identified items for the following personnel/contract individuals.

COMPLIANCE DATE:

Standard	Item Required	Administrator Name	Alternate Admin Name	Director of Clinical Services Name	Alt. Director of Clinical Services Name	RN/LPN Name	MD Name	Aide Name	PT/PTA Name	OT/COTA Name	SLP Name	BSW/MSW Name	SCP Name	BC Name	VC Name	Volunteer Name	Other Name		
HSP4-1A.02	Position application (N/A for contract staff)																		
HSP4-1A.02	Dated and signed withholding statements (N/A for contract staff)																		
HSP4-1A.02	I-9 Form (N/A for contract staff)																		
HSP4-2B	Evidence that licensed staff credentials have been verified and are current Verifications of qualifications for non-licensed personnel																		
HSP4-2C.01	Evidence of initial and annual TB screening																		
HSP4-2D.01	Evidence of Hepatitis B vaccination received or signed declination statement																		
HSP4-2E.01	Signed Job Description or contract																		
HSP4-2F.01	Current driver's license and MVR check, if applicable																		
HSP4-2H	Criminal background check																		

HFAP and PCAB are brands of ACHC.

Medical Chart Reviews

- CMS requirement based on unduplicated admissions for the last 12 months
- Representative of the care provided:
  - Interdisciplinary
  - Pediatric-geriatric
  - Environment served
  - Medically complex
  - All payors
- Electronic Medical Record:
  - Do not print the medical record
  - Need access to the entire record
  - Need to have a laptop/desktop supplied by the agency
  - Navigator/outline

Home Visits

- CMS requirement based on unduplicated admissions for the last 12 months
- Visits will be with patients already scheduled for visits if census is large enough to accommodate
- Agency responsibility to obtain consent from patient/family
- Prepare patients and families for potential home visits
- Surveyor transportation

Record Review/Home Visits

Unduplicated Admissions for a Recent 12 months	Minimum # of Record Reviews Without Home Visit	Minimum # of Record Reviews With Home Visit	Total Record Reviews
<150	8	3	11
150-750	10	3	13
751-1,250	12	4	16
1,251 or more	15	5	20

Exit Conference

- Mini-exit:
  - At the end of each day to identify the deficiencies
- Final exit conference:
  - Surveyor cannot provide a score
  - Present all corrections prior to the exit conference
  - Invite those you want to attend
  - Preliminary Summary of Findings (SOF) as identified by Surveyor and the ACHC standard
  - Seek clarification from Surveyor while still on site

Corrected On Site

- ACHC-only requirements can be corrected on site and a Plan of Correction (POC) will not be required.
- L tags that are corrected on site will still be scored as a “No” and a POC will be required:
  - Always want to demonstrate regulatory compliance
  - Validation surveys

Poll Question

Questions?

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EDUCATIONAL RESOURCES

HOSPICE

Achieving A Successful Survey Outcome

Post-Survey Process

Post-Survey Process

- ACHC Accreditation Review Committee examines all the data.
- Accreditation decision is determined based primarily on CoP/L tag deficiencies.
- Summary of Findings is sent within 10 business days from the last day of survey.

Summary Of Findings Sample

Deficiency Category - COP: Standard Level			Defi-cient
Standard / CFR		**Comments**	
HSP2-15D 418.112(e)(3) L781	There is a member of the IDG responsible for patients who are a resident of the SNF/NF or ICF/IID. (418.112 (e)(1)) (L777) (418.112(e)(1)(i)) (L778) (418.112(e)(1)(ii)) (L779) (418.112(e)(2)) (L780) (418.112(e)(3)(i-vii)) (L781)	Upon medical record review, 1 of 2 applicable records (Patient #3) did not contain evidence that all required documents were a part of the SNF record. Patient #3: There was not evidence of the most recent recertification's of terminal illness (5/30/19-7/28/19 and 7/29/19 to 9/26/19). The last noted recertification of terminal illness was for the certification period of 3/31/19-5/29/19. Corrected on site. Corrective Action: The agency will need to ensure that there is evidence in the SNF/NF or ICF/IDD's clinical records that the hospice provided the following information: • The most recent hospice plan of care specific to each patient • Hospice election form and any Advance Directives specific to each patient • Physician certification and recertification of the terminal illness specific to each patient • Names and contact information for hospice personnel involved in hospice care of each patient • Instructions on how to access the hospice's 24-hour on-call system • Hospice medication information specific to each patient • Hospice physician and attending physician (if any) orders specific to each patient Educate staff and audit records for compliance.	X

Summary Of Findings Sample

Deficiency Category - COP: Condition Level			Defi-cient
Standard / CFR		**Comments**	
418.52	**Condition of Participation: Patient's Rights.**		
HSP2-1A 418.52(c)(8) L519	**Written policies and procedures are established and implemented in regard to the hospice's description of care/services and its distribution to personnel, patients, and the community. (418.52(c)(7)) (L518) (418.52(c)(8)) (L519)**	Upon medical record review, 1 of 5 records (Patient #1) did not contain evidence that the patient/patient representative received information about the scope of services that the hospice will provide and specific limitations on those services. The acknowledgement of receipt document was signed by the patient (which included scope of practice). The record indicated that the patient's diagnosis was Wernicke syndrome with a secondary diagnosis of dementia. Also, the patient's FAST score was 6. The patient signed the acknowledgement of receipt document on 9/16/19 and was admitted on 9/23/19. Upon observed home	X

Standard- and Condition-Level Deficiencies

- Standard-level deficiencies are ACHC-only deficiencies and individual L tags:
  - Not as “severe”
  - Individual, random issue vs. a systemic issue
  - Only require a Plan of Correction
- Condition-level deficiencies result when either an entire condition is out of compliance, multiple L tags under a single condition are out of compliance, or the deficiency is severe:
  - Requires another on-site survey

ACHC Accreditation Decisions

ACCREDITED

Provider meets all requirements for full accreditation status. Accreditation is granted but Plan of Correction (POC) may still be required.*

ACCREDITATION PENDING

Provider meets basic accreditation requirements but accredited status is granted upon submission of an approved POC.

DEPENDENT

Provider has significant deficiencies to achieve accreditation. An additional on-site visit will be necessary to be eligible for accreditation.

DENIED

Accreditation is denied. Provider must start process from the beginning once deficiencies are addressed.

Plan of Correction Requirements

- Due in 10 calendar days to ACHC
- Deficiencies are autofilled
- Plan of Correction:
  - Specific action step to correct the deficiency
- Date of compliance of the action step:
  - 10 calendar days if condition-level
  - 30 calendar days if standard-level
- Title of individual responsible
- Process to prevent recurrence (two-step process):
  - Percentage and frequency
  - Target threshold
  - Maintaining compliance

Plan of Correction

PLAN OF CORRECTION (POC)

FOR PROVIDERS. BY PROVIDERS.

Organization: <<Organization Name>>

Company ID: <<CompanyID>> Application ID: <<ApplicationID>>

Address: <<Address>> Date Generated: <<Date>>

Services Reviewed: <<Services Reviewed>> Date of Survey <<Survey Date>> Surveyor: <<Surveyor>>

INSTRUCTIONS:

- The standards to be addressed are already listed in the first column; the rest should be filled out accordingly. Please see the sample below.
- For Home Health and Hospice, date of compliance for Condition of Participation (CoP) standard-level and ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF) and date of compliance for condition-level deficiencies must be within 10 calendar days from receipt of the SOF.
- For Ambulatory Care, Assisted Living, Behavioral Health, Palliative Care, and Private Duty, date of compliance for ACHC deficiencies must be within 30 calendar days from receipt of Summary of Findings (SOF).
- For corrective action measures that require chart audits, please be sure to include the percentage of charts to be audited, frequency of the audit, and target threshold. Ten records or 10% of daily census (whichever is greater) on **at least a monthly basis** is required until threshold is met. Include actions for continued compliance once threshold is met.
- Do not send any Protected Health Information (PHI) or other confidential information with the POC or when submitting evidence to your Account Advisor.
- If you need any assistance, contact your Account Advisor.

SAMPLE: Below is a sample on how to correctly fill out your POC.

ONCE COMPLETED, PLEASE EMAIL THIS FORM TO THE ATTENTION OF YOUR ACCOUNT ADVISOR

Standard	Plan of Correction (Specific action taken to bring standard into compliance)	Date of Compliance (Date correction to be completed)	Title (Individual responsible for correction)	Process to Prevent Recurrence (Describe monitoring of corrective actions to ensure they effectively prevent recurrence)	POC Compliant (ACHC internal use only)	Evidence Required (ACHC internal use only)	Evidence Approved (ACHC internal use only)	Comments (ACHC internal use only)
HH5-3A, §484.60	Staff will be in-serviced on how to document a complete and individualized plan of care that specifies the care and services necessary to meet the patient's needs.	mo/dd/yr	Clinical Manager	Audit 10% of all active patients to ensure the plan of care is individualized, complete and addresses the care and services necessary to meet the needs of the patient for at least 5 weeks. Target threshold is 95%. Once threshold is met, will continue to audit 10% of all patient records quarterly.	ACHC INTERNAL USE ONLY (LEAVE THIS AREA BLANK)			
HH4-2C.01	Appropriate staff will be in-serviced on requirements of the initial TB screening and annual verification.	mo/dd/yr	Administrator	100% of newly hired, direct care personnel records will be audited within 30 days of hire for evidence that an initial baseline TB screen using TST or BAMT was completed. Threshold is 100% compliance. Once threshold is met, 50% of direct care personnel records will be audited annually.				

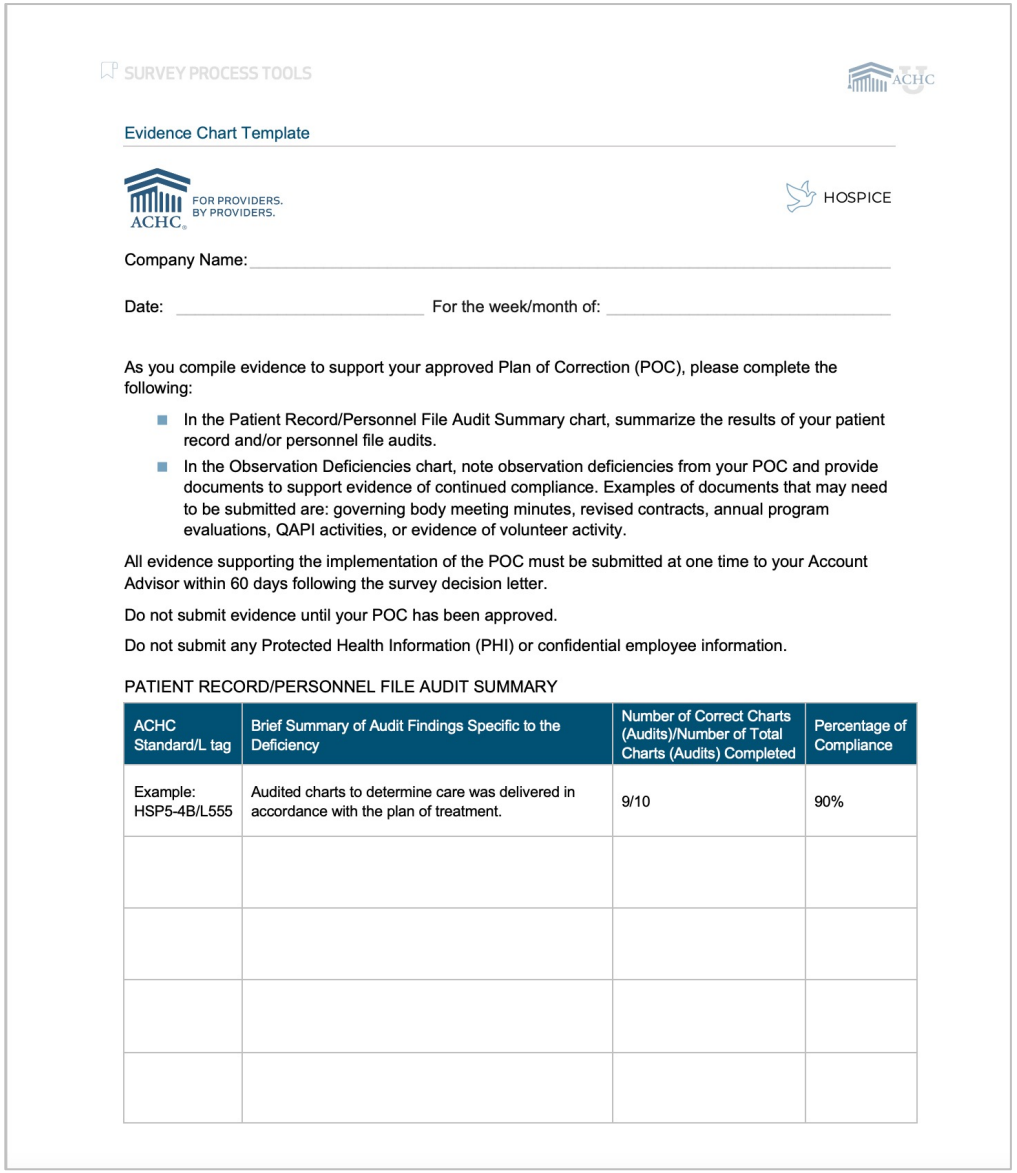
Page 1 [483] POC Template Revised: 08/18/2021

Evidence

- Evidence that is required to support compliance is identified on the POC
- Summation of evidence
- All evidence to the Account Advisor within 60 days
- No PHI or other confidential information of patients or employees
- Accreditation can be terminated if evidence is not submitted

Additional evidence may be required based on the decision of the ACHC Review Committee.

Sample Audit Summary



SURVEY PROCESS TOOLS

ACHCU

Evidence Chart Template

ACHC FOR PROVIDERS. BY PROVIDERS.

HOSPICE

Company Name: _____

Date: _____ For the week/month of: _____

As you compile evidence to support your approved Plan of Correction (POC), please complete the following:

- In the Patient Record/Personnel File Audit Summary chart, summarize the results of your patient record and/or personnel file audits.
- In the Observation Deficiencies chart, note observation deficiencies from your POC and provide documents to support evidence of continued compliance. Examples of documents that may need to be submitted are: governing body meeting minutes, revised contracts, annual program evaluations, QAPI activities, or evidence of volunteer activity.

All evidence supporting the implementation of the POC must be submitted at one time to your Account Advisor within 60 days following the survey decision letter.

Do not submit evidence until your POC has been approved.

Do not submit any Protected Health Information (PHI) or confidential employee information.

PATIENT RECORD/PERSONNEL FILE AUDIT SUMMARY

ACHC Standard/L tag	Brief Summary of Audit Findings Specific to the Deficiency	Number of Correct Charts (Audits)/Number of Total Charts (Audits) Completed	Percentage of Compliance
Example: HSP5-4B/L555	Audited charts to determine care was delivered in accordance with the plan of treatment.	9/10	90%

Poll Question

Questions?

Break time

ACHC U®
EDUCATIONAL RESOURCES

HOSPICE

Achieving A Successful Survey Outcome

Understanding The ACHC Hospice Standards

Review The Standards

- Identifier
  - HSP – Hospice
- Standard
  - Provides a broad statement of the expectation in order to be in compliance with ACHC standards
  - Gives you more detailed information and specific direction on how to meet ACHC standards
- Evidence
  - Items that will be reviewed to determine if the standard is met
- Services applicable:
  - HSP-Hospice services
  - HIC- Agency owns or leases their own in-patient space

Standard Example

Standard HSP1-4B: An individual is appointed to assume the role of the Administrator during temporary absences and/or vacancies. (418.100(b)) (L651).

A qualified person is authorized in writing to act in the absence of the Administrator. The duties that the individual assumes during the absence of the Administrator are written into the job description and policies and procedures and are included in the orientation of this individual.

Evidence: Written Policies and Procedures, Alternate Administrator Résumé, Orientation Records

Standard Example

Standard HSP1-8A.02: Service contracts/agreements are reviewed and renewed as required in the contract.

The hospice has an established process to review and renew contract/agreements as required in the contract. A mechanism to indicate that the review/renewal has been accomplished may be evidenced by either a notation of the review dates on the initial contract/agreement or development of an updated contract/agreement.

Evidence: Written Contracts/Agreements

Most Stringent Regulation

- Must be in compliance with the most stringent regulation in order to be determined compliant with ACHC Accreditation Standards:
  - CoPs
  - State requirements
  - Agency policy
  - Scope of practice
  - ACHC Standards

Section 1

ORGANIZATION AND ADMINISTRATION

- The standards in this section apply to the leadership and organizational structure of the company. All items referring to business licensure including federal, state and local licenses which affect the day-to-day operations of the business should be addressed. This section includes the leadership structure including board of directors, advisory committees, management and employees. Also included are the leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

Organization and Administration

Standard HSP1-1A: The Hospice Agency is in compliance with federal, state and local laws. (418.116) (L797) (L798)

If state or local law provides for licensing of hospice agencies, the hospice must be licensed.

All required license(s) and or permit(s) are current and posted in a prominent location accessible to public view in all locations/branches and/or in accordance with appropriate regulations or law.

The hospice has a copy of the appropriate documentation or authorization(s) to conduct business.

Organization and Administration

Standard HSP1-1A.01: The HSP is in compliance with all applicable federal, state, and local laws and regulations.

This standard requires compliance with all laws and regulations.

Copies of all required federal and state posters are placed in a prominent location for easy viewing by personnel.

Organization and Administration

Standard HSP1-1B: Written policies and procedures are established and implemented by the hospice in regard to the disclosure of ownership and management information as required in 420.206 of 42 CFR Part 420, Subpart C and action required for a request of information. (418.116(a)) (L799)

The hospice must disclose to the state survey agency at the time of the agency's initial request for certification, for each survey, and at the time of any change in ownership or management.

A disclosing entity must furnish updated information to CMS, state agencies, and ACHC at intervals between recertification, re-enrollment, or contract renewals, within 30 days of a written request or change in authority, ownership, or management.

Organization and Administration

Standard HSP1-2A: The hospice's primary goal is the servicing of the hospice patient and family. Care/services must be provided in a manner consistent with accepted standards of practice. (418.62(b)) (L585) (418.64) (L588) (418.70) (L601) (L602) (418.72) (L604) (418.100(a)) (418.100(a)(1-2)) (L650) (418.100(c)(1)(i-viii)) (L652)

The hospice must be primarily engaged in providing the following care and services:

- Nursing services
- Medical social services
- Physician services
- Counseling services, including spiritual counseling, dietary counseling and bereavement counseling
- Hospice aide, volunteer, homemaker services
- Physical therapy, occupational therapy, speech-language pathology services
- Short-term inpatient care
- Medical supplies (including drugs and biologicals) and medical appliance

Organization and Administration

Standard HSP1-2B:The hospice is directed by a governing body which assumes full legal authority and responsibility for the operation of the hospice. The hospice must organize, manage, and administer its resources to provide the hospice care and services to patients, caregivers and families necessary for the palliation and management of the terminal illness and related conditions. The governing body duties and accountabilities are clearly defined. (418.100) (L648) (L649) (418.100(b)) (L651)

Additional duties of the governing body include:

- Decision making
- Appointing a qualified administrator
- Arranging for professional advice

Organization and Administration

- Adopting and periodically reviewing written bylaws or equivalent
- Establishing or approving written policies and procedures governing operations
- Human resource management
- Quality Assessment/ Performance Improvement
- Community needs planning, if applicable
- Oversight of the management and fiscal affairs of the hospice
- Annual review of the policies and procedures

Organization and Administration

Standard HSP1-2B.03: Governing body members receive an orientation to their responsibilities and accountabilities.

There is evidence that the governing body members received an orientation to their responsibilities and accountabilities as defined by the hospice. Governing body members are provided the opportunity to evaluate the orientation process.

The hospice has a list of governing body members that includes name, address and telephone number.

Organization and Administration

Standard HSP1-3A.01: Written policies and procedures are established and implemented by the hospice in regard to conflicts of interest and the procedure for disclosure.

The policies and procedures include the required conduct of any affiliate or representative of the following:

- Governing body/owner
- Personnel having an outside interest in an entity providing services to the hospice
- Personnel having an outside interest in an entity providing services to patient

In the event of proceedings that require input, voting, or decisions, the individual(s) with a conflict of interest are excluded from the activity.

Governing board members and personnel demonstrate understanding of conflict of interest policies and procedures.

Organization and Administration

Standard HSP1-4A: There is an individual who is designated as responsible for the overall operation and services of the hospice. A qualified administrator is appointed by and reports to the governing body. The administrator must be a hospice employee and possess education and experience required by the hospice's governing body. The administrator organizes and directs the hospice's ongoing day to day operations; maintains ongoing liaison among the governing body/owner and personnel; employs qualified personnel and ensures adequate personnel education and evaluations; ensures the accuracy of public information materials and activities; and implements an effective budgeting and accounting system. (418.100(b)) (L651)

The Administrator is responsible for all programs and services and is appointed and accountable to the governing body/ owner.

There is a job description that specifies the responsibilities and authority of this individual.

Organization and Administration

Standard HSP1-4B:An individual is appointed to assume the role of the Administrator during temporary absences and/or vacancies. (418.100(b)) (L651).

A qualified person is authorized in writing to act in the absence of the Administrator. The duties that the individual assumes during the absence of the Administrator are written into the job description and included in the orientation of this individual.

Organization and Administration

Standard HSP1-4B.01: The governing body, or its designee, writes and conducts annual evaluations of the Administrator.

The governing body/owner may delegate the evaluation function to a specific person or entity such as an advisory or personnel committee.

The evaluation is reviewed with the Administrator and documented.

This criterion does not apply to sole proprietorships or to limited liability corporations (LLC), where the president and Administrator is also the owner and governing body.

This criterion is not applicable if the hospice has been in operation less than one year at the time of accreditation survey.

Organization and Administration

Standard HSP1-5A.01: Responsibility and accountability for programs are defined. The organizational chart shows the relationship of all positions within the hospice with identifiable lines of authority.

The services furnished by the hospice, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are clearly defined in writing.

The governing body/owner and all positions are identified on the organizational chart.

Organization and Administration

Standard HSP1-6A: Written policies and procedures are established and implemented that specify the responsibilities and authority of the individual designated as the person responsible for direction, coordination, and overall supervision of each type of service provided by the hospice either directly or by contract. This person, or a similarly qualified alternate, is available at all times during operating hours and participates in all activities relevant to the professional services furnished. (418.62) (L583) (418.62(a)) (L584)

The Registered Nurse in charge of the hospice nursing services has a minimum of two years of hospice/home care experience and at least one year of supervisory experience. State regulations may dictate additional nursing requirements.

There is administrative and clinical supervision of personnel in all care/service areas provided 24 hours per day, 7 days a week.

Organization and Administration

Standard HSP1-7A.01: The hospice informs the accrediting body and other state/federal regulatory agencies, as appropriate, of negative outcomes from sanctions, regulatory inspection and/or audits.

Negative outcomes affecting accreditation, licensure, or Medicare/Medicaid certification are reported to ACHC within 30 days.

The report includes all action taken and plans of correction.

Organization and Administration

Standard HSP1-8A: A hospice that uses outside personnel to provide care/services on behalf of the hospice has a written contract/agreement for care/services furnished. The contract/agreement contains all requirements and is kept on file within the hospice. A hospice that has a written agreement with another agency, individual, or hospice to furnish any services under arrangement must retain administrative and financial management, and oversight of staff and services for all arranged services, to ensure the provision of quality care. (418.100(e)) (418.100(e)(1-3)) (L655)

The hospice has an established process to review and renew contracts/agreements as required in the contract. A mechanism to indicate that the review/renewal has been accomplished may be evidenced by either a notation of the review dates on the initial contract/ agreement or development of an updated contract/agreement.

Organization and Administration

Standard HSP1-8A.01: The hospice monitors all care/service provided under contracts/agreements to ensure that care/service are delivered in accordance with the terms of the contract/agreement.

The hospice has implemented a process for monitoring all care/service provided under a contract/agreement. The process includes, but is not limited to:

- Satisfaction surveys
- Record reviews
- On-site observations and visits
- Patient comments and other Performance Improvement activities
- Hospice CAHPS survey

Organization and Administration

Standard HSP1-8B: Hospice inpatient care provided under agreement is provided in accordance with a written contract/ agreement and in accordance with federal regulations. (418.108(c)) (418.108(c)(1)) (L711) (418.108(c)(2)) (L712) (418.108(c)(3)) (L713) (418.108(c)(4)) (L714) (418.108(c)(5)) (L715) (418.108(c)(6)) (L716)

When/if the hospice has an arrangement with a facility to provide short-term inpatient care, the arrangement is described in a written agreement.

- Short-term pain and symptom management
- Respite

Organization and Administration

Standard HSP1-8C: Hospices that provide hospice care to residents of an SNF (Skilled Nursing Facility)/NF (Nursing Facility) or ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities) have a written contract/agreement that specifies the provision of hospice services. (418.112(c)) (L763) (418.112(c)(1)) (L764) (418.112(c)(2)) (L765) (418.112(c)(3)) (L766) (418.112(c) (4)) (L767) (418.112(c)(5)) (L768) (418.112(c)(6)) (L769) (418.112(c)(7)) (L770) (418.112(c)(8)) (L771) (418.112(c)(9)) (L772)

The hospice and SNF/NF or ICF/IID must have a contract that specifies the provision of hospice services in the facility. The contract is signed by authorized representatives of the hospice and the SNF/NF or ICF/IID before the provision of hospice services.

- The contract between the hospice and the facility outlines the facility personnel's responsibilities for management of crisis situations (e.g., natural disasters, facility evacuation, fire) and temporary emergencies (e.g., power disruption).

Organization and Administration

Standard HSP1-9A: If the hospice engages in laboratory testing other than assisting a patient in self-administering a test with an appliance that has been cleared for that purpose by the FDA, such testing must be in compliance with all applicable requirements of 42 CFR 493 (Laboratory Requirements). (418.116(b)) (418.116(b)(1)) (L800) (418.116(b)(2)) (L801)

The hospice obtains and maintains a current certificate of waiver from the Department of Health and Human Services.

If the hospice refers specimens for laboratory testing, the referral laboratory must be certified in the appropriate specialties and subspecialties of services.

Organization and Administration

Standard HSP1-10A: The hospice must obtain drugs and biologicals from community or institutional pharmacists or stock drugs and biologicals itself. The dispensing and administration of drugs and biologicals are provided in accordance with applicable law and regulations. Only persons who are appropriately licensed or trained may administer medications. (418.106 (d)) (418.106(d)(1)) (L692)

The interdisciplinary group, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in his or her home.

If the patient and/or family are not capable of safely administering drugs and biologicals in the home, the hospice must address this issue in the patient's plan of care.

Organization and Administration

Standard HSP1-10B: The hospice that provides inpatient care directly in its own facility must obtain drugs and biologicals from community or institutional pharmacists or stock drugs and biologicals itself. The dispensing and administration of drugs and biologicals are provided in accordance with applicable law and regulations. Only persons who are appropriately licensed or trained may administer medications. (418.106(c)) (418.106(c)(1)) (418.106(c)(2)) 418.106(c)(2)(i-ii) (L691) (418.106(d)(2)) (418.106 (d)(2)(i-iii)) (L692) (Inpatient only)

Medications are only administered by the following individuals:

- Licensed nurse, physician, or other professional in accordance with state law
- Personnel who have complete a state-approved medication administration course
- The patient upon approval of the interdisciplinary group

Organization and Administration

Standard HSP1-11A: All hospice multiple locations must be approved by Medicare and licensed in accordance with state licensure laws, if applicable, before providing Medicare reimbursed services. (418.116(a)) (L799) (418.100(f)) (418.100(f)(1)) (418.100(f)(1)(i) (L656) (418.100(f)(1)(ii)) (L657) 418.100(f)(1) (iii)) (L658) 418.100(f)(1)(iv)) (L659) (418.100(f)(2)) (L660)

When an existing provider intends to add an additional location, it notifies CMS, the State Survey Agency (SA) and ACHC in writing of the proposed location if it expects this location to participate in Medicare or Medicaid. The provider must also submit a CMS Form-855A change of information request (including all supporting documentation) to its Medicare Administrative Contractor (MAC) before CMS approval can be granted.

Organization and Administration

Standard HSP1-12A: Written policies and procedures are established and implemented in regard to the verification of licensure of the prescribing physician or others approved by law to prescribe medical services, treatments, and/or pharmaceuticals are conducted prior to providing care/service. (418.114(b)(1)(L785)

Ongoing periodic assessments of current physician licensure are obtained from the state licensing Board of Medicine.

The hospice has a mechanism to ensure that orders are only accepted from currently licensed physicians.

Tips for Compliance

- Ensure license is current and posted
- Change in ownership/management properly reported
- Governing body
  - Orientation
  - List of members
  - Understand duties
- Conflict of Disclosure statement
- Administrator, Alternate Administrator, Clinical Director, Alternate Clinical Director
- Administrator annual evaluation

Tips for Compliance

- Organization chart is current
- Any negative outcomes have been properly reported
- Review contracts
- Evidence of how contracted care is monitored
- Evidence of how drugs and biologicals are obtained
- Copy of current certificate of waiver (CLIA)
- Evidence of attending and hospice physician licensure verification

Poll Question

Questions?

Section 2

PROGRAM/SERVICE OPERATIONS

- The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, protected health information, cultural diversity, and compliance with fraud and abuse prevention laws.

Programs and Services

Standard HSP2-1A: Written policies and procedures are established and implemented in regard to the hospice's descriptions of care/services and its distribution to personnel, patients, and the community. (418.52(c)(7)) (L518) (418.52(c)(8)) (L519)

Written descriptions of care/services with detailed information are available. Marketing and instructional materials use lay language and provide a more general description of care/services offered.

Patients will receive information about the services covered under the hospice Medicare benefit and the scope of services that the hospice will provide and specific limitations on those services.

The patient and/or family will receive this information prior to receiving care/service with evidence documented in the patient record.

Programs and Services

Standard HSP2-2A: Written policies and procedures are established and implemented by the hospice in regard to the creation and distribution of the Patient Rights and Responsibilities statement. (418.52) (L500) (L501) (418.52(a)) (418.52(a)(1)) (L502) (418.52(a)(3)) (L504) (418.52(b)) (418.52(b)(2)) (L506) (418.52(b)(3)) (L507)

Patient Rights and Responsibilities statement contains the required components.

The hospice obtains the patient’s or legal representative’s signature confirming that he or she has received a copy of the notice of rights and responsibilities.

Personnel are provided training during orientation and at least annually thereafter concerning the hospice's policies and procedures on the Patient Rights and Responsibilities.

Programs and Services

Standard HSP2-2B: The hospice protects and promotes the exercise of the Patient's Rights. (418.52) (L501) (418.52(b)(1)(i-iv)) (L505) (418.52(c)(1)) (L512) (418.52(c)(4)) (L515)

Personnel honor the patient right to:

- To exercise his or her rights as a patient of the hospice
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality
- Be able to identify visiting personnel members through agency generated photo identification
- To not be subjected to discrimination or reprisal for exercising his or her rights
- Recommend changes in policies and procedures, personnel or care/service
- Choose a healthcare provider, including an attending physician
- Receive appropriate care without discrimination in accordance with physician orders
- Be informed of any financial benefits when referred to a hospice
- Be informed of anticipated outcomes of care and of any barriers in outcome achievement
- Be fully informed of one's responsibilities

Programs and Services

Standard HSP2-3A: Written policies and procedures are established and implemented by the hospice in regard to reporting and investigating all alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of patient property by anyone furnishing services on behalf of the hospice. (418.52(b)(4)) (418.52(b)(4)(i) (L508) (418.52(b)(4)(ii)) (L509) (418.52(b)(4)(iii)) (L510) (418.52(b)(4)(iv)) (L511) (418.52(c)(6)) (L517)

The hospice immediately investigates all alleged violations involving anyone furnishing services and immediately takes action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations are conducted in accordance with established policies and procedures.

The hospice ensures that verified violations are reported to ACHC, state and local bodies having jurisdiction within five working days of becoming aware of the verified violation.

Programs and Services

Standard HSP2-4A: Written policies and procedures are established and implemented by the hospice requiring that the patient be informed at the initiation of care/service how to report grievances/complaints. (418.52(b)(1)(iii)) (L505)

The hospice must investigate complaints made by a patient, the patient's representative, and the patient's caregivers and family.

The hospice must document both the existence of the complaint and the resolution of the complaint.

The hospice maintains records of grievances/complaints and their outcomes, submitting a summary report quarterly to the governing body/owner.

This information is included in the Quality Assessment and Performance Improvement annual report.

Programs and Services

Standard HSP2-4A.01: The hospice provides the patient with written information concerning how to contact the hospice, appropriate state agencies, and ACHC concerning grievances/complaints at time of admission.

The hospice provides all patients with written information listing a telephone number, contact person, and the hospice's process for receiving, investigating, and resolving grievances/complaints about its care/service.

The agency advises patients in writing of the state’s regulatory body’s hotline telephone number(s), the hours of operation and that the purpose of the hotline is to receive complaints and questions about local hospices.

If the agency is Medicare certified, the patients must also be made aware that they can use the hotline to lodge complaints concerning the implementation of Advance Directives requirements.

Programs and Services

Standard HSP2-5A: Written policies and procedures are established and implemented by the hospice in regard to the securing and releasing of confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI). (418.52 (c)(5)) (L516) (418.104(c)) (L680)

The hospice has clearly established written policies and procedures that address the areas listed above which are clearly communicated to all personnel.

There is a signed confidentiality statement for all personnel and governing body/owner. Personnel and the governing body/owner abide by the confidentiality statement and the hospice's policies and procedures.

The hospice designates an individual responsible for seeing that the confidentiality and privacy policies and procedures are adopted and followed.

Programs and Services

Standard HSP2-5A.01: The hospice has Business Associate Agreements for all Business Associates that may have access to Protected Health Information as required by HIPAA and other applicable laws and regulations.

A copy of all Business Associate Agreements will be on file at the hospice for all non-covered entities as defined by the Health Insurance Portability and Accountability Act (HIPAA).

A Business Associate Agreement is not required with persons or organizations (e.g., janitorial service or electrician) whose functions or services do not involve the use or disclosure of protected health information.

Programs and Services

Standard HSP2-6A: Written policies and procedures are established by the hospice in regard to the patient's right to make decisions about medical care, accept or refuse medical care, patient resuscitation, and surgical treatment and the right to formulate an Advance Directive. (418.52(a)(2)) (L503) (418.52(c)(3)) (L514)

The hospice's policies and procedures describe the patient's rights under law to make decisions regarding medical care, including the right to accept or refuse care/service and the right to formulate an Advance Directive.

Advance Directive information is provided to the patient/family prior to the initiation of care/services.

The patient's decision regarding an Advance Directive is documented in the patient record.

Programs and Services

Standard HSP2-6A.01: Written policies and procedures are established and implemented by the hospice in regard to resuscitative guidelines and the responsibilities of personnel.

The policies and procedures identify which personnel perform resuscitative measures, respond to medical emergencies and utilization of 911 services (EMS) for emergencies.

Successful completion of appropriate training, such as a CPR certification course is defined in the policies and procedures.

Online CPR certification is accepted with in-person competency.

Patients are provided information about the hospice's policies and procedures for resuscitation, medical emergencies and accessing 911 services.

Programs and Services

Standard HSP2-7A.01: Written policies and procedures are established and implemented by the hospice in regard to the identification, evaluation, and discussion of ethical issues.

Written policies and procedures address the mechanisms utilized to identify, address, and evaluate ethical issues in the hospice.

The hospice monitors and reports all ethical issues and actions to the governing body/organizational leaders as outlined in policies and procedures.

Orientation and annual training of personnel includes examples of potential ethical issues and the process to follow when an ethical issue is identified.

Programs and Services

Standard HSP2-8A.01: Written policies and procedures are established and implemented by the hospice in regard to the provision of care/service to patients and families with communication or language barriers.

Personnel can communicate with the patient and/or family in the appropriate language or form understandable to the patient.

Mechanisms are in place to assist with language and communication barriers.

All personnel are knowledgeable regarding the written policies and procedures for the provision of care/service to patients and families with communication barriers.

Programs and Services

Standard HSP2-8A.02: Written policies and procedures are established and implemented for the provision of care/service to patients and families from various cultural backgrounds, beliefs and religions.

Written policies and procedures describe the mechanism the hospice utilizes to provide care for patients and families of different cultural backgrounds, beliefs and religions.

All personnel are provided with orientation and annual education and resources to increase their cultural awareness of the patients/families they serve.

Programs and Services

Standard HSP2-9A.01: Written policies and procedures are established and implemented by the hospice in regard to a Compliance Program aimed at preventing fraud and abuse.

The hospice has an established Compliance Program that provides guidance for the prevention of fraud and abuse.

The Compliance Program identifies numerous compliance risk areas particularly susceptible to fraud and abuse.

The Compliance Program details actions the hospice takes to prevent violations of fraud and abuse.

There is a designated Compliance Officer and Compliance Committee.

Programs and Services

Standard HSP2-10A: Nursing services, physician services, and drugs and biologicals (as specified in 42 CFR 418.106) must be made routinely available on a 24-hour basis, 7 days a week. Other covered services must be available on a 24-hour basis when reasonable and necessary to meet the needs of the patient and family. (418.100(c)(2)) (L653)

The hospice provides nursing, physician and drugs/biologicals services 24 hours a day, 7 days a week, as necessary, to meet patient needs.

Other hospice services are available on a 24-hour basis as necessary to meet the needs of patients for the palliation and management of end of life care needs in a timely manner.

Hospice provides instructions to patients/families on how to access hospice services, medications, and supplies 24 hours a day, 7 days a week.

Programs and Services

Standard HSP2-11A: A hospice must routinely provide substantially all core services directly by hospice personnel. These services include physician services, nursing services, medical social services and counseling. (L587) (L588) (L589)

A hospice may use contracted personnel, if necessary, to supplement hospice personnel in order to meet the needs of patients under extraordinary or other non-routine circumstances.

Circumstances under which a hospice may enter into a written arrangement for the provision of core services include: unanticipated periods of high patient loads, staffing shortages due to illness or other short-term temporary situations that interrupt patient care; and temporary travel of a patient outside of the hospice's service area.

Programs and Services

Standard HSP2-11B: A hospice provides physician services as a core service. (418.64(a)) (418.64(a)(1-3)) (L590)

The hospice medical director, physician employees, and contracted physician(s) of the hospice, in conjunction with the patient's attending physician, are responsible for the palliation and management of the terminal illness and conditions related to the terminal illness.

Programs and Services

Standard HSP2-11B.01: Written policies and procedures are established and implemented by the hospice in regard to ongoing responsibilities of the attending physician.

Written policies and procedures are established and implemented by the hospice regarding the duties of the patient's attending physician relevant to care provided to the patient while receiving hospice services.

Programs and Services

Standard HSP2-11B.02: The hospice communicates to the attending physician their responsibilities relevant to the care provided to the patient receiving hospice services.

The hospice has an established system to provide attending physicians with a written explanation of their responsibilities.

This can be done either:

- Annually
- With each patient admission
- Done one time with the first referral to hospice by the physician

Programs and Services

Standard HSP2-11C: A hospice provides nursing services as a core service. (418.64(b)) (418.64(b)(1)) (L591) (418.64(b)(2)) (L592) (418.64(b)(3)) (L593)

The hospice must provide nursing care and services by or under the supervision of a Registered Nurse.

Highly specialized nursing services that are provided so infrequently that the provision of such services by direct hospice personnel would be impracticable and prohibitively expensive, may be provided under contract.

Programs and Services

Standard HSP2-11D: The hospice may request a waiver to exempt itself from the requirement of providing nursing services directly by the hospice. (418.66) (L599) (418.66(a)) (418.66(a)(1)) (418.66(a)(2)(i-iii)) (418.66(a)(3)(i-iv)) (418.66(b)) (418.66(c)) (418.66(d)) (L600)

CMS may waive the requirement in 42 CFR 418.64(b) that a hospice provide nursing services directly, if the hospice is located in a non-urbanized area.

Any waiver request is deemed to be granted unless it is denied within 60 days after it is received. Waivers will remain effective for one year at a time from the date of the request.

Programs and Services

Standard HSP2-11E: A hospice provides medical social services as a core service. (418.64(c)) (L594)

Medical social services must be provided by a qualified Social Worker, under the direction of a physician.

Social work services must be based on the patient's psychosocial assessment and the patient's and family's needs and acceptance of these services.

Programs and Services

Standard HSP2-11F: A hospice provides Bereavement counseling services as a core service. Written policies and procedures are established and implemented by the hospice in regard to Bereavement services. (418.64(d)) (L595) (418.64(d)(1)(i-iv)) (L596)

Make bereavement services available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient. Bereavement counseling also extends to residents of an SNF/NF or ICF/IID when appropriate and are identified in the bereavement plan of care.

The bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery.

Programs and Services

Standard HSP2-11F.01: Written policies and procedures are established and implemented by the hospice in regard to the process for addressing bereavement needs that cannot be met by the hospice.

When the hospice is unable to meet the bereavement needs of a survivor or identifies a survivor who is "at risk" for complicated bereavement, the hospice has a process for referring that person to other counseling services or community agencies as needed.

Programs and Services

Standard HSP2-11G: A hospice provides Spiritual counseling services as a core service. Written policies and procedures are established and implemented by the hospice in regard to Spiritual services. (418.64(d)) (L595) (418.64(d)(3)(i-iv)) (L598)

Spiritual counseling services must be available to the patient and family to assist in minimizing the stress and problems that arise from the terminal illness, related conditions, and the dying process.

Programs and Services

Standard HSP2-11H: A hospice provides Dietary counseling services as a core service. Written policies and procedures are established and implemented by the hospice in regard to Dietary services. (418.64(d)) (L595) (418.64(d)(2)) (L597)

Dietary counseling, when identified in the plan of care, must be performed by a qualified individual, such as a dietitian, nurse, or other individuals who is able to address and ensure that the dietary needs of the patient are met.

Programs and Services

Standard HSP2-12A: The hospice ensures that non-core services are provided to hospice patients and their families according to applicable law and regulations. Non-core services include Physical Therapy, Occupational Therapy and Speech-Language Pathology. (418.72) (L603) (L604)

Must have the ability to provide all three therapies and need to validate therapists are in compliance with requirements in Section 4.

Programs and Services

Standard HSP2-12B: The hospice may request a waiver from the requirement that all physical therapy, occupational therapy, speech-language pathology and dietary counseling be provided directly by the hospice. (418.74) (L605) (418.74(a)) (418.74(a)(1)) (418.74(a)(2)(i-iv)) 418.74(b-d)) (L606)

Any waiver request is deemed to be granted unless it is denied within 60 days after it is received.

An initial waiver will remain effective for one year at a time from the date of the request.

If a hospice wishes to receive a one-year extension, it must submit a request to CMS before the expiration of the waiver period and certify that conditions under which it originally requested the waiver have not changed since the initial waiver was granted.

Programs and Services

Standard HSP2-13A: The hospice provides medical supplies and appliances, as described in 42 CFR 410.36; durable medical equipment, as described in 42 CFR 410.38; and drugs and biologicals related to the palliation and management of the terminal illness and related conditions, as identified in the hospice plan of care while the patient is under hospice care. (418.106) (L686) (L687)

Medical supplies, appliances, durable medical equipment, self-help, and personal comfort items used in the management of the patient's end-of-life care needs are provided based on a needs assessment and are included in the plan of care.

Criteria may be developed for use in determining the appropriate services and treatment for the palliation of symptoms related to the terminal diagnosis.

This includes both prescription and over-the-counter drugs palliation of symptoms and end-of-life care.

Programs and Services

Standard HSP2-13B: If the hospice provides durable medical equipment under contract, then the DMEPOS provider is accredited by a CMS-approved accreditation organization. (418.106(f)(3)) (L703)

Hospices may only contract for durable medical equipment services with a durable medical equipment supplier that meets the Medicare DMEPOS Supplier Quality and Accreditation Standards.

Programs and Services

Standard HSP2-14A: Written policies and procedures are established and implemented by the hospice in regard to pain and symptom management. (418.52(c)(1)) (L512)

Pain and symptom management includes the use of pharmacological and non-pharmacological interventions.

Programs and Services

Standard HSP2-15A: The hospice must designate an interdisciplinary group (IDG) or groups composed of individuals who work together to meet the physical, medical, psychosocial, emotional, and spiritual needs of the hospice patients and families facing terminal illness and bereavement. Interdisciplinary group members must provide the care and services offered by the hospice, and the group, in its entirety, must supervise the care and services. (418.56(a)) (L539) (418.56(a)(1)(i-iv)) (L541)

The interdisciplinary group includes:

- A doctor of medicine or osteopathy
- RN
- Social worker
- Pastoral or other counselor

Programs and Services

Standard HSP2-15B: If the hospice has more than one interdisciplinary group (IDG), it identifies a specifically designated interdisciplinary group to establish policies and procedures governing the day-to-day provision of hospice care and services. The IDG provides for and ensures the ongoing sharing of information between all disciplines providing care and services in all settings, whether the care and services are provided directly or under arrangement. (418.56(a)(2)) (L542)

If the hospice has more than one IDG, it may select members from different IDGs to serve on the lead IDG that establishes the hospice's policies and procedures, as long as all required disciplines are represented (e.g., physician, RN, social worker, counselor).

Programs and Services

Standard HSP2-15C: 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. (418.56(a)) (L540)

A Registered Nurse is designated to ensure continuous assessment of the patient's and family's needs and to coordinate activities with other members of the interdisciplinary group.

Programs and Services

Standard HSP2-15D: There is a member of the IDG responsible for patients who are a resident of the SNF/NF or ICF/IID. (418.112(e)(1)) (L777) (418.112(e)(1)(i)) (L778) (418.112(e)(1)(ii)) (L779) (418.112(e)(2)) (L780) (418.112(e)(3)(i-vii)) (L781)

The hospice also provides the SNF/NF or ICF/IID with the following information:

- The most recent hospice plan of care specific to each patient
- Hospice election form and any Advance Directives specific to each patient
- Physician certification and recertification of the terminal illness specific to each patient
- Names and contact information for hospice personnel involved in hospice care of each patient
- Instructions on how to access the hospice's 24-hour on-call system
- Hospice medication information specific to each patient
- Hospice physician and attending physician (if any) orders specific to each patient

Programs and Services

- Standard HSP2-15E: Licensed professionals actively participate in the coordination of all aspects of the patient's hospice care, in accordance with current professional standards and practice, including participating in ongoing interdisciplinary comprehensive assessments, developing and evaluating the plan of care, and contributing to patient and family counseling and education. (418.62(b)) (L585)

Additional group members are added as needed.

Programs and Services

Standard HSP2-15F: Hospice care/services are coordinated when other community agencies or individuals are involved in providing services to a patient. The hospice provides for and ensures the ongoing sharing of information between all disciplines providing care/services in all settings, whether the care/services are provided directly or under arrangement. The IDG maintains responsibility for directing, coordinating and supervising the care and services provided. (418.56(e)) (418.56(e)(1) (L554) (418.56(e)(2)) (L555) (418.56(e)(3)) (L556) (418.56(e)(4)) (L557) (418.56(e)(5)) (L558)

Coordination and communication activities are intended to avoid duplication of services and promote cooperative and complimentary services for the patient with other organizations or individuals.

Programs and Services

Standard HSP2-16A.01: Written policies and procedures are established and implemented by the hospice in regard to hospice inpatient care.

Written policies and procedures include, but are not limited to:

- Admission criteria for inpatient care
- How patients, families and physicians are involved in the decisions related to inpatient care
- Nursing availability
- Interdisciplinary care
- Coordination of care/services from admission to the time of discharge or death
- Development of the plan of care
- Education and training of facility personnel

Programs and Services

Standard HSP2-16A.02: Written policies and procedures are established and implemented in regard to the hospice inpatient facility considering the dietary and nutritional needs of the hospice patient in the planning and provision of meals.

Meals and dietary supplements are provided in accordance with the hospice plan of care.

The plan of care includes the patient's dietary and nutritional needs and restrictions.

Patients are given the opportunity to make choices related to preferences and needs.

Programs and Services

- Standard HSP2-16B: The hospice inpatient facility must provide 24-hour nursing services that meet the nursing needs of all patients and are furnished in accordance with each patient's plan of care. Each patient must receive all nursing services as prescribed and must be kept comfortable, clean, well-groomed, and protected from accident, injury, and infection. If at least one patient in the hospice facility is receiving general inpatient care, each shift must include an RN who provides direct patient care. (418.110(b)) (418.110(b)(1)) (L722) (418.110(b)(2)) (L723)

The general inpatient care provided in a facility for pain control, acute or chronic symptom management which cannot be managed in other settings; is a different level of care than respite care.

Programs and Services

Standard HSP2-16C: The facility providing respite care must provide 24-hour nursing services that meet the nursing needs of all patients and are furnished in accordance with each patient's plan of care. Each patient must receive all nursing services as prescribed and must be kept comfortable, clean, well-groomed, and protected from accident, injury, and infection. (418.108(b)(2)) (L710)

The hospice must assure that the inpatient facility has enough nursing personnel present on all shifts to guarantee that adequate safety measures are in place for the patients and that the routine, special, and emergency needs of all patients are met at all times.

Programs and Services

Standard HSP2-16D.01: Written policies and procedures are established and implemented by the hospice in regard to the provision of a safe and homelike environment for patients, visitors and personnel in a hospice inpatient facility.

Written policies and procedures address:

- Patient privacy
- Visitor access
- Patient space requirements
- Environmental controls
- Fire safety
- Disposal of trash and medical waste
- Emergency gas and water supply

Programs and Services

- Standard HSP2-16E: Hospices that provide hospice care to residents of an SNF/NF or ICF/IID must assume responsibility for professional management of the resident's hospice services provided, in accordance with the hospice plan of care and the hospice Medicare Conditions of Participation. The hospice is also responsible for making the necessary arrangements for hospice-related inpatient care in a participating Medicare/Medicaid facility according to 42 CFR 418.100 and 42 CFR 418.108. (418.112) (L759) (760) (418.112(a)) (L761) (418.112(b)) (L762)

The professional services provided by the hospice to the patients in their home continue to be provided by the hospice in a facility or other place of residence.

Hospice core services are routinely provided by the hospice and cannot be delegated to the facility.

Programs and Services

Standard HSP2-17A: Written policies and procedures are established and implemented by the hospice inpatient facility in regard to the process for when and how restraint or seclusion of patients is allowed. All patients have the right to be free from physical or mental abuse and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by personnel. (418.110(n)) (L737)

The hospice is responsible for creating a culture that supports a patient's right to be free from restraints or seclusion (the involuntary confinement of a patient alone in a room or an area from which the patient is physically prevented from leaving).

Programs and Services

- Standard HSP2-17B: In a hospice inpatient facility restraints and seclusion are used only when less restrictive interventions are ineffective and in accordance with a written modification to the patient's plan of care. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, personnel, or others and must be discontinued at the earliest possible time. (418.110(n) (1)) (L738) 418.110(n)(2)) (L739) (418.110(n)(3)) (L740) (418.110(n)(4)) (L741) (418.110(n)(5)) (L742) (418.110(n)(6)) (L743) 418.110(n)(10)) (L747)

The type or technique of restraint or seclusion used is the least restrictive intervention that will be effective to protect the patient, a personnel member, or others from harm.

Programs and Services

Standard HSP2-17C: In a hospice inpatient facility the observation and reassessment of restraints and seclusion are done in accordance with hospice policies and procedures and state law. State law may be more restrictive. (418.110(n)(7)(i-ii)) (L744) (418.110(n)(8)) (L745) (418.110(n)(9)) (L746) (418.110(n)(11)(i-ii)) (L748) (418.110(n) (12)) (L749) (418.110(n)(13)) (L750) (418.110(n) (14)) (L751) (418.110(n)(15)) (L752)

The condition of the patient who is restrained or secluded is monitored by a physician or personnel (that has completed the required training) at an interval determined by hospice policies and procedures.

Tips for Compliance

- Marketing materials
- Patient admission packet
- Complaint log
- Signed confidentiality statements
- Business Associate Agreements
- Education to attending physician regarding responsibilities
- Bereavement program materials

Tips for Compliance

- Evidence staff know how to handle:
  - Complaints
  - Ethical issues
  - Communication barriers
  - Cultural diversity
- Compliance Plan
- Evidence can provide all core and non-core services
  - PT/OT/ST
    - Call contracted agency prior to services
- DME company accreditation certificate

Poll Question

Questions?

Lunch Break

Teaching Tool: Kahoot!

- Cellphone or laptop
- Go to Kahoot.it
- Enter Game PIN
- Enter your nickname
  See “You’re in”
- You’re ready!

Section 3

FISCAL MANAGEMENT

- The standards in this section apply to the financial operations of the company. These standards will address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

Fiscal Management

Standard HSP3-1A.01: The overall plan and budget is prepared under the direction of the governing body of the hospice by a committee consisting of representatives of the governing body, the administrative staff, and the Medical Director of the Hospice.

The hospice's leaders and the individuals in charge of the day-to-day program operations are involved in developing the budget and in planning and review of periodic comparisons of actual and projected expenses and revenues for the care/service.

The budget is reviewed and updated at least annually by the governing body and leadership personnel of the organization.

Fiscal Management

Standard HSP3-2A.01: The hospice implements financial management practices that ensure accurate accounting and billing.

The hospice ensures sound financial management practices.

Fiscal Management

Standard HSP3-3A.01: Written policies and procedures are established and implemented by the hospice in regard to the time frames financial records are kept.

Written policies and procedures reflect applicable statutes and IRS regulations in regard to the time frame requirements for the retention of financial records.

Medicare/Medicaid-certified programs are required to maintain financial records for at least five years after the last audited cost report.

Fiscal Management

Standard HSP3-3B.02: The hospice will have a qualified individual conduct a financial review annually which includes identification of recommendations and a written report.

Review of the Medicare Cost Report

Fiscal Management

Standard HSP3-4A: Written policies and procedures are established and implemented by the hospice that develop care/service rates and the description of method(s) for conveying charges to the patient, the public and referral sources. (418.100(d)) (L654)

The patient/family is advised orally and in writing of the charges for care at or prior to the receipt of services.

The patient also has the right to be informed of changes in payment information no later than 30 days after the agency becomes aware of the change.

Patient records contain written documentation that the patient was informed of the charges, the expected reimbursement for third-party payors, and the financial responsibility of the patient.

Fiscal Management

Standard HSP3-5A.01: There is verification that the care/service(s) billed for reconciles with the care/service(s) provided by the hospice.

The hospice verifies that patients and/or third-party payors are properly billed for care/service provided.

Fiscal Management

Standard HSP3-6A: The hospice does not exceed the percentage allowed for total inpatient days. (418.108(d)) (L717) (418.108(e)) (L718)

The total number of inpatient days used by Medicare beneficiaries who elected hospice coverage in a 12-month period in a particular hospice may not exceed 20 percent of the total number of hospice days consumed in total by this group of beneficiaries.

Tips for Compliance

- Budget
- Governing body meeting minutes to demonstrate review of budget
- Medicare Cost Report
- Evidence patients are informed of financial liability
- Inpatient CAP report
- List of care/service rates

Poll Question

Questions?

Section 4

HUMAN RESOURCE MANAGEMENT

- The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contract personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records including skill assessments and competencies.

Human Resource Management

Standard HSP4-1A.01: Written policies and procedures are established and implemented that describe the procedures to be used in the management of personnel files and confidential personnel records.

The hospice has a personnel record for all employees of the hospice that is available for inspection by federal, state regulatory agencies and accreditation organizations.

Personnel files are kept in a confidential manner.

Human Resource Management

Standard HSP4-1A.02: Prior to or at the time of hire all personnel complete appropriate documentation.

Personnel files contain:

- Position application
- Dated and signed withholding statements
- Form I-9 (employee eligibility verification which confirms citizenship or legal authorization to work in the United States

Human Resource Management

Standard HSP4-1B.01: All personnel files at a minimum contain evidence of the following items. (Informational Standard Only)

Personnel includes, but is not limited to: support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory personnel, contract personnel, and volunteers.

For contract staff the Hospice must have access to all of the above items, except position application, withholding statements, I-9, and personnel handbook, The remainder of items must be available for review during survey but do not need to be kept on site.

Direct patient care - care of a patient provided personally by a staff member or contracted individual/organization in a patient's residence or healthcare facility. Direct patient care may involve any aspects of the health care of a patient, including treatments, counseling, self-care, patient education, and administration of medication.

Human Resource Management

Standard HSP4-2B: Personnel are qualified for the positions they hold by meeting the education, training, and experience requirements defined by the hospice. Personnel credentialing activities are conducted at the time of hire and prior to expiration of the credentials to verify qualifications of all personnel. (418.114) (L783) (418.114(a)) (L784) (418.114(b)(1)) (L785) (418.114(b) (2)) (L786) (418.114(b)(3)(i)(A-B)) (418.114(b)(3)(ii-iii)) (L787) (418.114(b)(4)) (418.114(b)(4)(i-ii)) (L788) (418.114(b)(5) (i-v)) (L789) (418.114(b)(6)(i-v)) (L790) (418.114(b)(7)(i-vii)) (L791) (418.114(b)(8)(i-ii)) (L792) (418.114(c)) (418.114(c)(1) (L793) (418.114(c)(2))(L794)

Credentialing information includes a review of professional occupational licensure, certification, registration or other training as required by state boards and/or professional associations for continued credentialing.

Primary source verification.

Human Resource Management

Standard HSP4-2C.01: Written policies and procedures are established and implemented in regard to all direct care personnel having a baseline Tuberculosis (TB) test at any point in the past or in accordance with state requirements. Prior to patient contact, an individual TB risk assessment and a symptom evaluation are completed.

Upon hire personnel provide evidence of a baseline TB skin or blood test.

Prior to patient contact, an individual TB risk assessment and symptom evaluation are completed to determine if high-risk exposures have occurred since administration of the baseline TB test.

If there is no evidence of a baseline TB skin or blood test, TB testing is conducted by the organization.

An organization conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.

Annual TB testing of health care professionals is not recommended unless there is a known exposure or ongoing transmission.

Human Resource Management

Standard HSP4-2D.01: Written policies and procedures are established and implemented for all direct care personnel to have access to the Hepatitis B vaccine as each job classification indicates and as described in federal CDC and OSHA standards.

Personnel sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.

Human Resource Management

Standard HSP4-2E.01: There is a job description for each position within the hospice which is consistent with the organizational chart with respect to function and reporting responsibilities.

The job description lists:

- Job duties
- Reporting responsibilities
- Minimum job qualifications, experience requirements, education, and training
- Requirements for the job
- Physical and environmental requirements with or without reasonable accommodation

Reviewed at hire and whenever the job description changes.

Human Resource Management

Standard HSP4-2F.01: All personnel who transport patients in the course of their duties, have a valid state driver's license appropriate to the type of vehicle being operated and are in compliance with state laws.

The hospice conducts a Motor Vehicle Records (MVR) check on all personnel who are required to transport patients as part of their job duties, at time of hire and annually.

Human Resource Management

Standard HSP4-2H: Written policies and procedures are established and implemented in regard to background checks being completed on personnel that have direct patient care and/or access to patient records. Background checks include: Office of Inspector General exclusion list, criminal background record and national sex offender registry. (418.114(d)) (418.114(d)(1))(L795) (418.114(d)(2)) (L796)

The hospice obtains a criminal background check, Office of Inspector General (OIG) exclusion list check and national sex offender registry check on all employees who have direct patient contact.

The hospice contracts require that all contracted entities obtain criminal background check, Office of Inspector General exclusion list check and national sex offender registry check on contracted employees who have direct patient contact.

Human Resource Management

The hospice obtains a criminal background check and OIG exclusion list check on all hospice employees who have access to patient records.

The hospice contracts require that all contracted entities obtain criminal background checks and OIG exclusion list check on contracted employees who have access to patient records.

Criminal background checks are obtained in accordance with state requirements. In the absence of state requirements, criminal background checks are obtained within three months of the date of employment for all states in which the individual has lived or worked during past three years.

Human Resource Management

Standard HSP4-2I.01: Written personnel policies and procedures and/or an Employee Handbook are established and implemented describing the activities related to personnel management.

Personnel policies and procedures and/or an Employee Handbook include, but are not limited to:

- Wages
- Benefits
- Grievances and complaints
- Recruitment, hiring and retention of personnel
- Disciplinary action/termination of employment
- Professional boundaries and conflict of interest
- Performance expectations and evaluations

Human Resource Management

Standard HSP4-2J.01: Written policies and procedures are established and implemented in regard to written annual performance evaluations being completed for all personnel based on specific job descriptions. The results of annual performance evaluations are shared with personnel.

Policies and procedures describe how performance evaluations are conducted, who conducts them, and when they are to be conducted.

Personnel evaluations are completed, shared, reviewed and signed by the supervisor and employee on an annual basis.

Human Resource Management

Standard HSP4-2K: Written policies and procedures are developed and implemented in regard to the requirement of all personnel to receive the COVID-19 vaccine. 418.60(d)(1-3)

The hospice must develop and implement policies and procedures to ensure that all personnel are fully vaccinated for COVID19.

- Review policies and procedures
- Review personnel files
- Review tracking method

Human Resource Management

Standard HSP4-4A: Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation. (418.100(g)(1)) (L661) (418.100(g)(2)) (L662)

The hospice creates and completes checklist or other method to verify that the topics have been reviewed with all personnel.

Human Resource Management

Standard HSP4-4A.01: The hospice designates an individual who is responsible for conducting orientation activities.

The hospice designates an individual to coordinate the orientation activities ensuring that instruction is provided by qualified personnel.

Human Resource Management

Standard HSP4-4B: The hospice, in coordination with the Skilled Nursing Facility/Nursing Facility or Intermediate Care Facility for Individuals with Intellectual Disabilities, ensures orientation to personnel of an SNF/NF or ICF/IID regarding the policies and procedures of the provision of hospice care/service. (418.112(f)) (L782)

Hospice personnel assures orientation of SNF/NF or ICF/IID personnel furnishing care to hospice patients in the hospice philosophy, including hospice policies and procedures regarding methods of comfort, pain control, symptom management, as well as principles about death and dying, individual responses to death, patient rights, appropriate forms, and record-keeping requirements.

Human Resource Management

Standard HSP4-5B.01: Written policies and procedures are established and implemented relating to special education, experience or certification requirements for nursing personnel to administer pharmaceuticals and/or perform special treatments.

Personnel files contain documentation of completion of all special education, experience, or licensure/certification requirements.

Qualifications may vary based upon state's Board of Nursing requirements for Licensed Practical Nurses and Registered Nurses.

Human Resource Management

Standard HSP4-5B.02: Written policies and procedures are established and implemented that define utilization purposes and personnel training requirements for using waived tests.

The hospice identifies which personnel may perform waived tests, and conducts and documents appropriate training for these individuals.

Human Resource Management

Standard HSP4-6A: Written policies and procedures are established and implemented defining the number of hours of in-service or continuing education for each Hospice Aide and supervision requirements of the education. (418.76(d)) (L620) (418.76(d)(1)) (L621) (418.76(d)(2)) (L622) (418.76(e)) (L623)

A Hospice Aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient.

In-service training for Hospice Aides may be offered by any organization, and must be supervised by a Registered Nurse.

The hospice must maintain documentation that demonstrates the requirements of this standard have been met.

The hospice must maintain a written description of the in-service training provided during the previous 12 months.

Human Resource Management

Standard HSP4-6A.01: A written education plan is developed and implemented which defines the content, frequency of evaluations and amount of in-service training for each classification of personnel.

Non-direct care personnel have a minimum of eight hours of ongoing education per year. Direct care personnel must have a minimum of 12 hours of ongoing education during each 12-month period.

Human Resource Management

The hospice has an ongoing education plan that annually addresses, but is not limited to:

- How to handle grievances/complaints
- Infection control training
- Cultural diversity
- Communication barriers
- Ethics training
- Workplace (OSHA), patient safety and components
- Patient Rights and Responsibilities
- Compliance Program
- Pain and symptom management

Human Resource Management

Standard HSP4-6B: Hospices that conduct Hospice Aide training program, must meet all of the requirements of the Medicare Conditions of Participation. (418.76(b)(1)) (L611) (418.76(b)(2)) (L612) (418.76(b)(3)(i-xiii)) (L613) (418.76(b)(4)) (L614)

A hospice aide training program contains the required hours and required subject areas as defined by the CoPs.

Human Resource Management

Standard HSP4-7A: Written policies and procedures are established and implemented which describe the method for assessing the skills and competency of all individuals furnishing care, including volunteers furnishing services and, as necessary, provide in-service training and education programs where required. All personnel receive training and/or education and competently perform the required patient care/service activities prior to being assigned to work independently. The hospice maintains a written description of the in-service training provided during the previous 12 months. (418.100(g)(3)) (L663)

Policies and procedures for determining that personnel are competent to provide quality care/service are in place and may be accomplished through clinical observation, skills lab review, supervisory visits, knowledge-based tests, situational analysis/case studies, and self-assessment.

A self-assessment tool alone is not acceptable.

Human Resource Management

Standard HSP4-7B: Hospice aides are trained and/or demonstrate competence to perform any new tasks/procedures prior to performing those tasks independently. Hospice aides are not allowed to perform any task for which they were evaluated as unsatisfactory. (418.76(c)(4))(L618) (418.76(c)(5))(L619)

A hospice aide must not perform that task without direct supervision by a Registered Nurse until after he or she has received training in the task for which he or she was evaluated as “unsatisfactory”, and successfully completes a subsequent evaluation.

A qualified Registered Nurse determines if a hospice aide is competent in all required skills.

Human Resource Management

Standard HSP4-7C: For hospices that conduct an Aide Hospice competency evaluation program, the hospice meets all of the requirements of the Medicare Conditions of Participation. (418.76(c)) (418.76(c)(1)) (L615) 418.76(c)(3)) (L617)

Required competency skills are identified in the standard.

Human Resource Management

Standard HSP4-8A: A hospice Aide competency evaluation program may be offered by any organization except by a home health agency that, within the previous two years, has been found out of compliance with the Medicare Conditions of Participation. (418.76(c)(2)) (L616) (418.76(f)) (418.76(f)(1-7)) (L624)

A hospice Aide competency program cannot be offered by a home health agency that within the past two years has been subject to an extended or partial extended survey due to a Condition level deficiency.

Other conditions are described in the standard.

Human Resource Management

Standard HSP4-9A: The Hospice inpatient facility personnel are properly trained and able to demonstrate competency in providing care for a patient in restraints or seclusion. (418.110(o)) (L753) (418.110(o)(1)(i-iii)) (L754) (418.110(o)(2)(i-vii)) (L755) (418.110(o)(3) (L756) (418.110(o)(4)) (L757).

Specific to inpatient restraint utilization.

Human Resource Management

Standard HSP4-10A.03: Written policies and procedures are established and implemented in regard to the observation and evaluation of direct care personnel performing their job duties by qualified personnel prior to providing care independently and at least annually and/or in accordance with state or federal regulations.

Written policies and procedures define the evaluation criteria.

This activity may be performed as part of a supervisory visit and is included as part of the personnel record.

Human Resource Management

Standard HSP4-11A: The hospice designates a physician to serve as Medical Director. Written policies and procedures, job descriptions and/or contracts are established and implemented that define the Medical Director's role, services and responsibilities. The Medical Director is a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which they perform that function or action and who is an employee, or is under contract with the hospice. When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the Medical Director. (418.102) (L664) (L665) (418.102(a)) (418.102(a)(1)(i-ii)) (L666) (418.102(d)) (L669)

One designated Medical Director and one designated Alternate Medical Director.

When contracting for medical director services, the contract specifies the physician who assumes the Medical Director responsibilities and obligations.

Human Resource Management

Standard HSP4-11B: Nursing Services are provided by a qualified RN, or LPN/LVN in accordance with the state's Nurse Practice Act and the hospice's policies and procedures and/or job descriptions. (418.114(c)) (L793) (418.114(c)(2)) (L794)

Nursing Services are provided by a qualified RN, or LPN/LVN and function in accordance with the state's Nurse Practice Act, the hospice's policies and procedures and/or job descriptions and the ACHC Glossary of Personnel Qualifications as defined by the Medicare Conditions of Participation.

Human Resource Management

Standard HSP4-11C.01: Licensed Practical/Vocational Nurses (LPN/LVN) are supervised by a Registered Nurse in accordance with organizational policies and procedures and the state Board of Nursing.

The hospice follows their state Board of Nursing regulations, LPN/LVN Scope of Practice and policies and procedures that demonstrate supervision of care provided by LPNs/LVNs.

Supervisory activities include, but are not limited to:

- A visit to the patient's home by the RN, with or without the LPN/LVN present at least every 60 days
- Patient record reviews, conferences, ongoing communication
- Collaborative care planning
- Specific assignments made by the Registered Nurse for the Licensed Practical Nurse

Human Resource Management

Standard HSP4-11D: All Medical Social Services are provided by a qualified Medical Social Worker in accordance with the state's Social Work Practice Act, the hospice's policies and procedures and/or job descriptions. (418.114(b)(3)) (L787)

Has a Master of Social Work **or**

Baccalaureate degree in Social Work or psychology, sociology or related field and is supervised by a MSW **and**

One year of social work experience in a healthcare setting **or**

Has a baccalaureate degree from a school of social work accredited by the Council on Social Work Education, is employed by the hospice before December 2, 2008.

Human Resource Management

Standard HSP4-11D.01: Bachelor prepared Social Workers (BSW) must be supervised by a Masters prepared Medical Social Worker (MSW).

Supervision must occur on a regular basis, based on the needs of the patient and skills of the BSW.

Human Resource Management

Standard HSP4-11E: All Physical Therapy Services are provided by a qualified licensed Physical Therapist (PT) or Physical Therapist Assistant (PTA) in accordance with the state's Physical Therapy Practice Act and the hospice's policies and procedures and/or job descriptions. (418.114(b)(7)) (418.114(b)(7)(i-vii)) (L791) (418.114(b)(8)(i-ii)) (L792)

Physical Therapy Services are provided by a qualified licensed Physical Therapist (PT) or Physical Therapist Assistant (PTA) in accordance with the appropriate state's Physical Therapy Practice Act, the hospice's policies and procedures and/or job descriptions and the ACHC Glossary of Personnel Qualifications as defined by the Medicare Conditions of Participation.

Human Resource Management

Standard HSP4-11F.01: Written policies and procedures are established and implemented in regard to the supervision of Physical Therapy Assistants (PTA) by a licensed Physical Therapist (PT).

Supervision includes:

- A visit to the patient's home by the PT, with or without the PTA present, at least every 60 days, unless state laws requires more frequently
- Regularly scheduled patient record review
- Conferences

Human Resource Management

Standard HSP4-11G: All Occupational Therapy Services are provided by a qualified licensed Occupational Therapist (OT) or Certified Occupational Therapy Assistant (COTA) in accordance with the state's Occupational Therapy Practice Act, the hospice's policies and procedures and/or job descriptions. (418.114(b)(5)) (418.114(b)(5)(i)(A-C)) (418.114(b)(5)(ii)(A)) (418.114(b)(5)(ii)(B)(1-2)) (418.114(b)(5)(iii)(A-B)) (418.114(b)(5)(iv)(A-B)) (418.114(b)(5)(v)(A)(1)) (418.114(b)(5)(v)(A)(1)(i-v)) (418.114(b)(5)(v)(A) (2) (L789) (418.114(b)(6)(i-v)) (L790)

Occupational Therapy Services are provided by a qualified licensed OT or COTA in accordance with the appropriate state's Occupational Therapy Practice Act, the hospice's policies and procedures and/or job descriptions and the ACHC Glossary of Personnel Qualifications as defined by the Medicare Conditions of Participation.

Human Resource Management

Standard HSP4-11G.01: Written policies and procedures are established and implemented in regard to the supervision of Certified Occupational Therapy Assistants (COTA) by a licensed Occupational Therapist (OT).

Supervision includes:

- A visit to the patient's home by the OT, with or without the COTA present, at least every 60 days, unless state laws requires more frequently
- Regularly scheduled patient record reviews
- Conferences

Human Resource Management

Standard HSP4-11H: All Speech Therapy Services are provided by a qualified licensed Speech-Language Pathologist (SLP) or Audiologist in accordance with the state's Speech-Language Pathology Practice Act, the hospice's policies and procedures and/or job descriptions. (418.114(b)(4)(i-ii)) (L788)

Speech Therapy Services are provided by a qualified licensed Speech-Language Pathologist (SLP) or Audiologist in accordance with the appropriate state's Speech-Language Pathology Practice Act, the hospice's policies and procedures and/or job descriptions and the ACHC Glossary of Personnel Qualifications as defined by the Medicare Conditions of Participation.

Human Resource Management

Standard HSP4-11I: The Hospice bereavement services are provided by qualified personnel in accordance with applicable laws, regulations and recognized professional practice standards. (418.64(d)(1)(i)) (L596)

Hospice bereavement personnel such as: chaplains, social workers, counselors, other mental health professionals, and bereavement volunteers are trained specifically in grief and loss issues. Volunteers who provide bereavement services are supervised by a professional/licensed staff member.

Human Resource Management

Standard HSP4-11J.01: A qualified individual provides all spiritual care services.

Spiritual care is provided by qualified individuals in accordance with professional standards and according to the hospice's job description. Individuals providing spiritual care understand and are knowledgeable of the hospice philosophy of care, spiritual needs related to end-of-life care, loss, and bereavement. Spiritual care may be provided by chaplains, local clergy, volunteers, and other specifically trained personnel.

Human Resource Management

Standard HSP4-11K: Nutritional counseling services are provided by qualified personnel in accordance with applicable laws, regulations and recognized professional practice standards. (418.64(d)(2)) (L597)

If the needs of the patient exceed the expertise of the nurse, the hospice must have available an appropriately trained and qualified individual such as a Register Dietitian or Nutritionist to meet the patient dietary needs.

Human Resource Management

Standard HSP4-11L: Written policies and procedures are established and implemented that define the minimum personnel qualifications, experience and educational requirements for each level of aide services, as well as the tasks that can be performed at each level. Hospice Aide Services are provided by qualified personnel in accordance with the state's occupational certification regulations, where applicable, federal regulations and the hospice's policies and procedures and/or job descriptions. (418.76) (L607) (L608) (418.76(a)(1)(i-iv)) (L609) (418.76(a)(2)) (610)

A qualified hospice aide is a person who has successfully completed one of the following:

- A training program and competency evaluation as specified in 42 CFR 418.76(b) and 418.76(c)
- A competency evaluation program that meets the requirements of 42 CFR 418.76(c)
- A nurse aide training and competency evaluation program approved by the state as meeting the requirements of 42 CFR 483.151 through 42 CFR 483.154 and is currently listed in good standing on the state nurse aide registry
- A state licensure program

Human Resource Management

A hospice aide is not considered to have completed a program, as specified in 42 CFR 418.76 (a)(1), if, since the individual's most recent completion of the program(s), there has been a continuous period of 24 consecutive months during which none of the services furnished by the individual as described in 42 CFR 409.40 were for compensation.

Human Resource Management

Standard HSP4-11M: Individuals furnishing Medicaid personal care aide-only services under a Medicaid personal care benefit are qualified in accordance with the federal/state regulations, where applicable, the hospice's policies and procedures and/or job descriptions. An individual may furnish personal care services, as defined in 42 CFR 440.167 of 42 CFR 418.76, on behalf of a hospice agency. (418.76(i)) (418.76(i)(1)) (L634) (418.76(i)(2)) (L635) (418.76(i)(3)) (L636)

Before the individual may furnish personal care services, the individual must be found competent by the state (if regulated by the state) to furnish those services. The individual only needs to demonstrate competency in the services the individual is required to furnish.

Human Resource Management

Standard HSP4-11N: Hospice Homemaker Services are provided by qualified personnel in accordance with the state's occupational certification regulations, where applicable, federal regulations and the hospice's policies and procedures and/or job descriptions. (418.76) (L607) (L608) (418.76(j)(1-2)) (L637)

Hospice Homemaker Services are provided by a qualified individual in accordance with the appropriate federal/state regulations and the hospice's policies and procedures and/or job descriptions.

Human Resource Management

Standard HSP4-110: Hospice Volunteer Services are supervised by a qualified designated Hospice employee. (418.78) (L641) (L642)

The hospice designates a volunteer coordinator who is responsible for recruiting, training, selecting, supervising, and retaining volunteers.

The supervisor of volunteer services is provided by a qualified individual in accordance with the hospice's policies and procedures and/or job description.

Human Resource Management

Standard HSP4-12A: Written policies and procedures are established and implemented in regard to the orientation and training of volunteers. The hospice maintains, documents and provides volunteer orientation and training that is consistent with hospice industry standards. (418.78(a)) (L643)

Volunteers are provided orientation and training that is specific to the areas they are assigned, such as patient and family support, bereavement care, support to survivors, administrative and clerical tasks and office duties.

All orientation and annual training is documented in the personnel files or training logs.

Human Resource Management

Standard HSP4-12B: Written policies and procedures are established and implemented that address recruiting, use of and retaining volunteers. (418.78(b)) (L644) (418.78(c)) (L645)

Recruiting activities are scheduled and conducted regularly. Recruiting activities include various media such as church bulletins, newspapers, community and volunteer fairs, etc.

Volunteers are used in day to day administrative and/or direct patient care roles.

The Hospice considers volunteers as part of the hospice's personnel. All personnel requirements also apply to volunteers.

Human Resource Management

Standard HSP4-12B.01: Written policies and procedures are established and implemented which address the involvement of surviving family members as volunteers.

Written policies and procedures address vulnerable position of surviving family members following the death of a patient.

Written information is provided to family members regarding involvement of family members as volunteers, in public relations, or in other non-therapeutic activities with the hospice when requested.

Human Resource Management

Standard HSP4-12C: The hospice must document the cost savings achieved through the use of volunteers. (418.78(d)) (418.78 (d)(1-3)) (L646)

The hospice must document the cost savings achieved through the use of volunteers.

The Board of Directors receives a report that demonstrates the cost savings of volunteer activities.

Human Resource Management

Standard HSP4-12D: The hospice must use volunteers. The Hospice ensures that volunteers provide a minimum of 5% of the total number of patient service hours. Written policies and procedures are established and implemented outlining the process for tracking volunteer hours. The hospice maintains records on the use of volunteers for patient care and administrative services, including the type of care/services and time worked. (418.78(e)) (L647)

Each position that is occupied by a volunteer is identified. In order for volunteer hours to count toward the 5% requirement, the activities must be activities that would be routinely performed by the hospice personnel.

It is recommended that the hospice review volunteer hours, at a minimum, quarterly. An annual report of hours contributed by volunteers is included in the annual report to the hospice's governing body.

Human Resource Management

Standard HSP4-13A: Hospice aides are assigned to a specific patient by a Registered Nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a Registered Nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of 42 CFR 418.76. (418.76(g)(1)) (L625) (418.76(g)(2(i-iv))) (L626) (418.76(g)(3)(i-iv)) (L627) (418.76(g)(4)) (L628)

Hospice aide services are provided under the direction of a Registered Nurse with sufficient education and experience in the scope of care/services offered.

The Registered Nurse and IDG develop the plan of care: indicate what tasks are to be done by the Aide and the frequency of these tasks. The use of "PRN" or "per patient choice", for any task, whether personal care or non-personal care tasks, are not acceptable.

Human Resource Management

Standard HSP4-13B: Hospice Aides are supervised by a Registered Nurse to ensure the quality of care the patient is receiving. (418.76(h)(1)) (418.76(h)(1)(i)) (L629) (418.76(h)(1)(ii)) (L630) (418.76(h)(1)(iii)) (L631) (418.76(h)(2)) (L632) (418.76(h)(3)) (L633)

A Registered Nurse must make an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit.

A Registered Nurse must make an annual on-site visit to the location where a patient is receiving care in order to observe and assess each aide while he or she is performing care.

Human Resource Management

Standard HSP4-13C: Aides providing homemaker services are supervised in those tasks in the patient's home at least once every 14 days by a member of the interdisciplinary group. (418.76(k)(1)) (L638) (418.76(k)(2)) (L639) (418.76(k)(3)) (L640)

Homemaker services must be coordinated and supervised by a member of the interdisciplinary group. Supervisory visits are conducted by the member of the interdisciplinary group who is coordinating the homemaker services. The homemaker does not need to be present.

Human Resource Management

Standard HSP4-14B: A hospice that provides inpatient care directly in its own facility must provide pharmacy services under the direction of a qualified licensed pharmacist who is an employee of or under contract with the hospice. (418.106(a)(2)) (L689)

The Hospice inpatient facility pharmacy services include, but are not limited to:

- Evaluation of a patient's response to medication therapy
- Identification of potential adverse drug reactions
- Recommended appropriate corrective action

Human Resource Management

Standard HSP4-15A.01: In a hospice inpatient facility a Registered Dietician or other appropriately trained person oversees meal planning and provision of nutritional care in accordance with physician orders and medically prescribed diets.

An appropriately trained person plans and develops menus, supervises meal planning and verifies that nutritional care is in accordance with physician orders and prescribed diets.

Tips for Compliance

- Utilize the Personnel File tools to audit:
  - Personnel files
  - Volunteer files
  - Contracted individual files
- Evidence of orientation to personnel of an SNF/NF or ICF/IID
- Evidence of a designated Medical Director and alternate Medical Director
- Evidence of proper supervision of professional assistants
- Volunteer cost savings report
- Volunteer activity report
- Volunteer training, recruitment and retaining activities

Poll Question

Questions?

Break time

Section 5

PROVISION OF CARE AND RECORD MANAGEMENT

- The standards in this section apply to documentation and requirements for the service recipient/client/patient record. These standards also address the specifics surrounding the operational aspects of care/service provided.

Provision of Care and Record Management

Standard HSP5-1A: There is a patient record for each individual who receives care/service that contains all required documentation. All entries are legible, clear, complete, and appropriately authenticated and dated in accordance with policies/procedures and currently accepted standards of practice. (418.104) (L670) (L671) (418.104(a)(1) (L672) (418.104(a)(2) (L673)(418.104(a)(3) (L674) (418.104(a)(4) (L675) (418.104(a)(5) (L676) (418.104(a)(6) (L677) (418.104(a)(7) (L678) (418.104(b) (L679)

Signatures are legible, legal and include the proper designation of any credentials.

Entries are legible, clear, and complete.

Election statement is completed correctly.

Election addendum is provided if requested and documented in the medical record it was provided.

Initial and re-certification of terminal illness are completed correctly.

Provision of Care and Record Management

Standard HSP5-1A.01: Written policies and procedures state the required content of the patient record.

Additional ACHC medical record content requirements.

Provision of Care and Record Management

Standard HSP5-1B: Written policies and procedures are established and implemented in regard to the access, storage, removal, and retention of patient records and information. (418.104(d)) (L681) (418.104(f)) (L685)

Access, storage, removal and retention of medical records and patient information.

All patient records are retained for a minimum of six years after the discharge of the patient, unless state law stipulates a longer period of time.

Provision of Care and Record Management

Standard HSP5-2A.01:Written policies and procedures are established and implemented in regard to the patient referral and acceptance process.

Written policies and procedures describe the referral process including the required information and the positions designated in the hospice that may receive referrals.

Referrals containing verbal orders are given to the designated professional for verification and documentation of verbal orders.

Provision of Care and Record Management

Standard HSP5-3A.01: Written policies and procedures describe the process for assessment and the development of the plan of care.

Policy-only requirement.

Provision of Care and Record Management

Standard HSP5-3B: The hospice Registered Nurse must complete an initial assessment within 48 hours after the election of hospice care in accordance with §418.24 (unless the physician, patient, or representative requests that the initial assessment be completed in less than 48 hours). (418.54(a)) (L522)

A Registered Nurse must conduct an initial assessment visit to assess the patient's immediate physical, psychosocial, emotional and spiritual status related to the terminal illness and related conditions.

The initial assessment visit must be held either within 48 hours of the election of hospice care unless requested to done sooner.

Provision of Care and Record Management

Standard HSP5-3C: 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. (418.54) (L520) (L521) (418.54(b)) (L523) (418.54(c)) (L524) (418.54(c)(1)) (L525) (418.54(c)(2)) (L526) (418.54(c)(3)) (L527) (418.54(c)(4)) (L528) (418.54(c) (5)) (L529) (418.54(c)(7)) (L531)

Completed within five days from the signing of the election statement.

Identifies the physical, emotional, psychosocial, and spiritual needs of the patient and family.

Assess for the imminence of death.

Includes the nature and condition causing admission.

Bereavement risk assessment is completed.

Provision of Care and Record Management

Standard HSP5-3C.01: Hospice providers must submit Hospice Item Set (HIS)-Admission data and HIS-Discharge data for all patients admitted to a Medicare-certified Hospice. (N/A for hospice providers that do not have a Medicare provider number.)

HIS-Admission data must be completed 14 days after admission and submitted 30 days after admission.

HIS-Discharge data must be completed seven days after discharge and submitted 30 days after discharge.

Provision of Care and Record Management

Standard HSP5-3D: A medication profile is part of the patient-specific comprehensive assessment. A Registered Nurse creates and maintains a current medication profile and reviews all patient medications, both prescription and non-prescription, on an ongoing basis in collaboration with other interdisciplinary group (IDG) members. (418.54(c)(6)(i-v)) (L530)

Medication profile remains current.

When O2 is used, it should be listed on the medication profile.

Medications that are PRN should have parameters/indicators when to be administered.

Provision of Care and Record Management

Standard HSP5-3E: A psychosocial assessment is part of the patient-specific comprehensive assessment. Medical Social Services are provided by a qualified social worker, under the direction of a physician. Social work services are based on the patient's psychosocial assessment and the patient's/family's needs and acceptance of these services. (418.64(c)) (L594)

ACHC additional content is identified in the standard.

Provision of Care and Record Management

Standard HSP5-3F: As part of the patient-specific comprehensive assessment the hospice may determine the need for a referral and/or further evaluation by other appropriate health professionals. Additional counseling services may be provided to meet patient/family needs. (418.54(c)(8)) (L532)

Additional counseling or other services are provided by:

- Ostomy nurse
- Pain specialist
- Wound care specialist
- Ethicist
- Massage therapist
- Other appropriate alternative counselors

Provision of Care and Record Management

Standard HSP5-3G: The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days. (418.54(d) (L533)

The comprehensive assessment must be updated at least every 15 days.

It includes information on the patient's progress towards desired outcomes, as well as a reassessment of the patient's response to care.

The hospice must also document if there were no changes in the patient condition or needs.

Provision of Care and Record Management

Standard HSP5-4A: The hospice develops an individualized written plan of care for each patient in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire. The plan of care must reflect patient/family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions. (418.56) (L536) (L537) (L538) (418.56(b)) (L543) (418.56(c)) (L545) (418.56(c)(1)) (L546) (418.56(c)(2)) (L547) (418.56(c)(3)) (L548) (418.56(c)(4)) (L549) (418.56(c)(5)) (L550)

Interventions to manage pain and symptoms.

A detailed statement of the scope and frequency of services.

Drugs and treatment necessary to meet the needs of the patient.

Collaboration with the attending physician, if any.

Medical supplies and appliances necessary to meet the needs of the patient.

Provision of Care and Record Management

Standard HSP5-4B: Hospice services are delivered in accordance with the written plan of care. (418.56(e)(2)) (L555)

The patient record reflects hospice care provided by the interdisciplinary group in accordance with identified needs, and the plan of care.

Provision of Care and Record Management

Standard HSP5-4C: There is evidence of patient/family participation in the plan of care. (418.52(c)(2)) (L513) (418.56(c)(6)) (L551)

The hospice documents the level of understanding, involvement, and agreement with the plan of care in the patient record.

Provision of Care and Record Management

Standard HSP5-4D: The hospice that is providing care to residents of an SNF/NF or ICF/IID develops and maintains the plan of care in conjunction with the facility personnel. (418.112(d)) (L773) (418.112(d)(1)) (L774) (418.112(d)(2)) (L775) (418.112(d)(3)) (L776)

The hospice plan of care identifies the care/services that are needed and specifically identifies which provider is responsible for performing the respective functions that have been agreed upon and included in the hospice plan of care.

The hospice plan of care reflects the participation of the hospice, the SNF/NF or ICF/IID, and the patient/family to the extent possible.

Provision of Care and Record Management

Standard HSP5-4E: Hospice inpatient facilities provide care and services in accordance with the hospice plan of care and include adequate personnel and availability of all members of the hospice interdisciplinary group. The hospice is responsible for ensuring that staffing for all services reflects its volume of patients, their acuity, the level of intensity of services needed to ensure that plan of care outcomes are achieved and negative outcomes are avoided. (418.110) (L719) (L720) (418.110(a)) (L721)

The hospice assures coordination of care and services from admission to the time of discharge or death.

Hospice personnel and facility personnel (if services are not provided directly) collaborate in the development of the plan of care.

Provision of Care and Record Management

Standard HSP5-4F: There is evidence that the plan of care is reviewed and changes are made to the plan of care based on reassessment data. (418.56(d)) (L552) (L553)

The hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) reviews, revises and documents the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days.

The revised plan of care must note the patient's progress toward outcomes and goals specified in the plan of care.

Provision of Care and Record Management

Standard HSP5-5A: Written policies and procedures are established and implemented in regard to the process for patient and family education. (418.56(b)) (L544)

The patient records will include documentation of all teaching, patient/family response to teaching, their level of understanding and the patient's level of progress towards meeting goals. Written instructions will be provided to the patient/family.

If medical supplies are provided, written instructions are provided to patient/family regarding their safe and appropriate use.

Provision of Care and Record Management

Standard HSP5-5B.01: Hospice offers education, services and expertise to others in the community regarding loss and grief.

When requested, hospice bereavement and counseling personnel provide education and act as a resource to others in the community for loss and grief issues.

Provision of Care and Record Management

Standard HSP5-6A: Drugs and biologicals related to the palliation and management of the terminal illness and related conditions, as identified in the hospice plan of care, are provided by the hospice while the patient is under hospice care. Drugs and biologicals are ordered by a physician or Nurse Practitioner in accordance with the plan of care and state law. (418.106(b)) (418.106(b)(1)) (418.106(b)(2)(i-ii)) (L690)

Only a licensed physician, Nurse Practitioner, or Physician Assistant can order medications.

If the order is from the Physician Assistant, they must be the patient's attending physician and not employed or under contract with the hospice.

If the drug order is verbal or given via an electronic transmission, it is given to a Registered Nurse, Nurse Practitioner, pharmacist, physician or other licensed individuals as designated by state regulations.

Provision of Care and Record Management

Standard HSP5-6A.01: Written policies and procedures are established and implemented that identify the drugs or drug classifications and routes that are not approved for administration by hospice personnel.

Written policies and procedures identify the drugs or drug classifications and/or routes not approved by the governing board for administration by nursing personnel.

The policies and procedures also address any blood or blood products that may or may not be administered.

Provision of Care and Record Management

Standard HSP5-6A.02: Written policies and procedures are established and implemented in regard to the requirements for agency staff administering the first dose of a medication in the home setting.

The hospice defines when first dose policies and procedures are appropriate based on the medication route and potential reaction.

The hospice may elect not to administer the first dose of a medication in the home.

Provision of Care and Record Management

Standard HSP5-7A: The medical director or physician designee provides written certification that it is anticipated that the patient's life expectancy is six months or less if the illness runs its normal course. (418.102(b)) (418.102(b)(1-5)) (L667)

The hospice must obtain, no later than two calendar days after hospice care is initiated, oral or written certification of the terminal illness by the hospice medical director and the individuals attending physician if the individual has an attending physician.

Initial certification may be completed up to 15 days before hospice care is elected.

The physician provides a brief narrative explanation of the clinical findings that supports a life expectancy of six months or less.

Provision of Care and Record Management

Standard HSP5-7B: Before recertification, the medical director or physician designee provides written documentation that it is anticipated that the patient is terminally ill (which is a life expectancy of six months or less). (418.102(c)) (L668)

Re-certification may be completed up to 15 days before.

For subsequent periods, the hospice must obtain, no later than two calendar days after the first day of each period, a written certification statement from the medical director of the hospice or the physician member of the hospice's IDG. If the hospice cannot obtain written certification within two calendar days, it must be obtain oral certification within two calendar days.

The physician provides a brief narrative explanation of the clinical findings that supports a life expectancy of six months or less.

Provision of Care and Record Management

Standard HSP5-7B.01: The Medical Director or physician designee or Nurse Practitioner must have a face-to-face encounter with each hospice patient prior to the beginning of the patient's third benefit period, and prior to each subsequent benefit period. (This standard applies to payor sources that require a face-to-face encounter.)

The Medical Director or physician designee or hospice Nurse Practitioner must have a face-to-face encounter that supports a life expectancy of six months or less.

Provision of Care and Record Management

Standard HSP5-8A: Written policies and procedures are established and implemented in regard to the process for transferring a patient receiving hospice services. (418.104(e)) (418.104(e)(1)) (418.104(e)(1)(i-ii) (L682) (418.104(e)(2)) (418.104(e)(2)(i-ii) (L683)

This also applies when transfers occur between branch offices or when transferring a patient into an inpatient facility.

ACHC required content is identified in the standard.

Provision of Care and Record Management

Standard HSP5-8B: Written policies and procedures are established and implemented in regard to the process for discharging a patient receiving hospice services. (418.104(e)) (418.104(e)(1)) (418.104(e)(1)(i-ii) (L682) (418.104(e)(2)) (418.104(e)(2)(i-ii) (L683) (418.104(e)(3)) (418.104(e)(3)(i-iv) (L684)

Discharge is defined as:

- Moves out of service area
- The patient is no longer terminally ill
- Discharge for cause

ACHC required content is identified in the standard.

Provision of Care and Record Management

Standard HSP5-9A.01: Written policies and procedures are established and implemented for addressing patient needs which cannot be met by the hospice at time of referral. The hospice coordinates planning and care/service delivery efforts with other community agencies. Patients are referred to other agencies when appropriate.

The hospice maintains a referral log or other tool to record all referrals. Referral sources are notified when patient needs cannot be met and are not being admitted to the hospice.

Personnel are knowledgeable about other care/services available in the community.

Provision of Care and Record Management

Standard HSP5-10A.01: Written policies and procedures are established and implemented in regard to the ability to provide all levels of care, routine, short-term inpatient, respite and continuous care. These policies and procedures also address changing the level of hospice care a patient receives.

Written policies and procedures describe criteria for changes in the level of care and documentation requirements, including date and reason for change, summation of the patient's status and appropriate information for continuity of care.

An order is obtained from the physician prior to a change in the level of care and documented in the patient record.

Provision of Care and Record Management

Standard HSP5-11A: Written policies and procedures are established and implemented that describe the process for revocation of hospice services. (418.104(e)(2)) (418.104(e)(2)(i-ii)) (L683)

To revoke the election of hospice care, the individual must file a document with the hospice that includes:

- A signed statement that the individual revokes the election for Medicare coverage of hospice care for the reminder of that election period (a verbal revocation of benefits ins not acceptable) and the effective date of that revocation.
- The hospice must forward to the patient's attending physician:
  - A copy of the hospice discharge summary
  - The patient's clinical record, if requested

Provision of Care and Record Management

Standard HSP5-12A: Written policies and procedures are established and implemented in regard to short-term inpatient care. (418.108) (L704) (L705) (418.108(a)) (418.108(a)(1)) (L706) (418.108(a)(2)) (L707) (418.108(b)) (418.108(b)(1)(i)) (L708) (418.108(b)(1) (ii)) (L709)

Inpatient care for pain control, symptom management and respite care is provided in one of the following:

- A Medicare-certified hospice
- Medicare-certified hospital or a skilled nursing facility that also meets the requirement of providing 24-hour nursing services
- A Medicare or Medicaid-certified nursing facility that provides 24-hour nursing services

Provision of Care and Record Management

Standard HSP5-13A.01: Written policies and procedures are established and implemented in regard to patient access to other medical services such as laboratory, ambulance, and radiology services when related to and necessary to meet the patient's end of life care needs.

Criteria may be developed for use in determining the appropriate care/services and treatment for the palliation of symptoms and end-of-life care.

Provision of Care and Record Management

Standard HSP5-14A.01: Written policies and procedures are established and implemented in regard to the hospice coordinating and providing a continuum of care for the patient and family through the transition of dying to the time of death and follow-up bereavement care.

The interdisciplinary group provides support to the patient and family throughout the continuum of care.

Provision of Care and Record Management

Standard HSP5-14A.02: Written policies and procedures are established and implemented in regard to the provision of postmortem care.

Family privacy and sufficient time with the patient after death

Preparation and disposition of the body in accordance with applicable laws and regulations, taking into account patient's wishes

Documentation and communication of patient's death to appropriate personnel, attending physician and legal entities, as appropriate

Pronouncement of death according to state/federal law

Disposition of body

Spiritual, psychosocial and bereavement care

Tips for Compliance

- Utilize audit tools to audit medical records
  - Can you clearly identify the issues of the patient and family?
  - Do you see evidence that issues identified in the assessments that interventions and goals are developed for those issues?
  - Do you see evidence that newly identified problems have interventions and goals developed?
  - Do you see evidence of progress towards goals?
  - Are resolved problems closed?
- Fix any identified issues in the correct manner per state regulations and agency policy

Poll Question

Questions?

Break time

Section 6

QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

- The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) Program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

Quality Outcomes/Performance Improvement

Standard HSP6-1A: The hospice develops, implements, and maintains an effective, ongoing, hospice wide Quality Assessment and Performance Improvement (QAPI) program. The hospice measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, services, and operations. Organizational-wide Quality Assessment and Performance Improvement efforts address priorities for improved quality of care and patient safety and all actions are evaluated for effectiveness. (418.58) (L559) (L560) (418.58(a)(1)) (L561) (418.58)(a)(2)) (L562) (418.58(b)(1)) (L563) (418.58(b)(2)(i-ii)) (L564) (418.58(b)(3)) (L565)

Quality Outcomes/Performance Improvement

Agency-wide, data-driven quality assessment and performance improvement (QAPI) program:

- Reflects the complexity of the program
  - High-risk, high-volume, problem-prone areas
- Involves all hospice services
  - Care provided directly or under contract
- Focus on indicators related to improved palliative outcomes
- Takes action to improve performance
- Governing body approval of the QAPI program
- Designated individual responsible for the QAPI program
- Personnel are involved in QAPI

Quality Outcomes/Performance Improvement

Standard HSP6-1B:The hospice ensures the implementation of a hospice wide Quality Assessment/Performance Improvement (QAPI) program by the designation of a person responsible for coordinating QAPI activities. (418.58(e)(3))(L576)

Duties and responsibilities relative to QAPI coordination include:

- Assisting with the overall development and implementation of the QAPI program
- Assisting in the identification of goals and related patient outcomes
- Coordinating, participating and reporting of activities and outcomes

Quality Outcomes/Performance Improvement

Standard HSP6-2A: There is evidence of involvement of the governing body and organizational leaders in the Quality Assessment/Performance Improvement (QAPI) program. (418.58) (L560) (418.58(b)(3)) (L565) (418.58(e)(1)) (L574) (418.58(e)(2)) (L575)

The hospice's governing body must ensure that the program:

- Reflects the complexity of its hospice and services
- Involves all hospice services (including those services furnished under contract or arrangement)
- Focuses on indicators related to improved palliative outcomes
- Takes actions to demonstrate improvement in hospice performance
- That an ongoing program for quality improvement and patient safety is defined, implemented, maintained and evaluated annually

Quality Outcomes/Performance Improvement

Standard HSP6-2B: There is evidence of personnel involvement in the Quality Assessment and Performance Improvement (QAPI) process. (418.62(c)) (L586)

Personnel receive training related to QAPI activities and their involvement.

Training includes, but is not limited to:

- The purpose of QAPI activities
- Person(s) responsible for coordinating QAPI activities
- Individual's role in QAPI
- QAPI outcomes resulting from previous activities

Quality Outcomes/Performance Improvement

Standard HSP6-3A: There is an annual Quality Assessment and Performance Improvement (QAPI) report written. (418.58(e)(1)) (L574)

The QAPI annual report includes, but is not limited to:

- The effectiveness of the QAPI program
- Summary of all QAPI activities, findings and corrective actions

Quality Outcomes/Performance Improvement

Standard HSP6-4A: The hospice develops, implements and evaluates Quality Assessment and Performance Improvement projects on an annual basis. (418.58(d) (L571)(418.58(d)(1)) (L572) (418.58(d)(2))(L573)

The hospice must document which QAPI projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.

Quality Outcomes/Performance Improvement

Standard HSP6-5A.01: Quality Assessment and Performance Improvement projects or studies contain the required items.

Each performance improvement activity/study includes the following items:

- A description of indicator(s) to be monitored/activities to be conducted
- Frequency of activities
- Designation of who is responsible for conducting the activities
- Methods of data collection
- Acceptable limits for findings/thresholds
- Plans to re-evaluate if findings fail to meet acceptable limits
- Any other activities required under state or federal laws or regulations

Quality Outcomes/Performance Improvement

Standard HSP6-6A: Quality Assessment and Performance Improvement (QAPI) activities focus on high risk, high volume or problem-prone areas. Consider incidence, prevalence, and severity of problems in those areas and how they affect palliative outcomes, patient safety and quality of care. (418.58(c)(1)(i)) (L566) (418.58(c)(1)(ii))(L567) (418.58(c)(1)(iii))(L568)

A review of all variances, which includes but is not limited to infections, communicable diseases, incidents, accidents, complaints/ grievances, and worker compensation claims, is conducted at least quarterly to detect trends and create an action plan to decrease occurrences.

Quality Outcomes/Performance Improvement

Standard HSP6-6B: Data elements are used in the comprehensive assessment that allows for the measurement of outcomes. The outcomes are used as part of the hospice's Quality Assessment and Performance Improvement program (QAPI). (418.54(e) (1)) (L534) (418.54(e)(2)) (L535)

- Pain
- Dyspnea
- Nausea
- Vomiting
- Constipation
- Emotional distress
- Spiritual needs

Quality Outcomes/Performance Improvement

Standard HSP6-6B.01: The Quality Assessment and Performance Improvement activities include a review of the patient record.

Patient chart audits are completed representing the scope of the program, reviewing a sample of both active and closed patient records to determine if regulatory requirements are met and patient outcomes are achieved.

Quality Outcomes/Performance Improvement

Standard HSP6-6B.02: Quality Assessment and Performance Improvement activities include satisfaction surveys.

The QAPI plan identifies the process for conducting satisfaction surveys.

Quality Outcomes/Performance Improvement

Standard HSP6-6B.03: Quality Assessment and Performance Improvement activities include the ongoing monitoring of patient grievances/complaints.

QAPI activities include ongoing monitoring of patient complaints/grievances and the actions needed to resolve complaints/ grievances and improve patient care/service.

Quality Outcomes/Performance Improvement

Standard HSP6-6B.04: Quality Assessment and Performance Improvement activities include ongoing monitoring of at least one important administrative function of the hospice.

The hospice conducts monitoring of at least one important administrative/operational function of the hospice.

Quality Outcomes/Performance Improvement

Standard HSP6-6C: There is a written plan of correction developed in response to any Quality Assessment and Performance Improvement (QAPI) finding that does not meet an acceptable threshold. (418.58(c)(3)) (L570)

A written plan of correction is developed in response to any QAPI activity that does not meet an acceptable threshold.

The plan of correction identifies changes in policies and procedures that will improve performance.

Quality Outcomes/Performance Improvement

Standard HSP6-7A: Written policies and procedures are established and implemented by the hospice to identify, monitor, report, investigate and document all adverse events, incidents, accidents, variances, or unusual occurrences that involve patient care. (418.58(c)(2) (L569) (418.110(p)(1)(i-iii)) (418.110(p)(2-3)) (L758)

The hospice investigates all adverse events, incidents, accidents, variances or unusual occurrences that involve patient care and develops a plan of correction to prevent the same or similar event from occurring again.

There is a standardized form developed by the hospice used to report incidents.

Tips for Compliance

- Review of QAPI materials
  - Job description
  - What is being monitored
  - What are established thresholds
  - Performance Improvement Projects
  - Evidence of governing body involvement
  - Evidence of personnel involvement
  - Complaint logs
  - Incident logs
  - Satisfaction surveys
  - Evidence of chart audits
  - Annual QAPI report

Poll Question

Questions?

Section 7

RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

- The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues such as fire safety, hazardous materials, and disaster and crisis preparation.

Risk Management: Infection and Safety Control

Standard HSP7-1A: Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards. (418.60) (L577) (L578)(418.60(a)) (L579) (418.110(j)) (L733)

The hospice must maintain and document an infection control program which has as its goal the prevention and control of infections and communicable diseases.

Written policies and procedures detail OSHA Blood Borne Pathogen and TB Exposure Control Plan.

The TB Exposure Control plan includes a current agency assessment indicating the prevalence rate of TB in the communities serviced by the agency as well as the rate of TB of the patients serviced by the agency.

Risk Management: Infection and Safety Control

Standard HSP7-1B: All personnel, patients, families and other caregivers are knowledgeable of the policies and procedures for infection control. (418.60(c)) (L582)

The hospice provides infection control education to employees, contracted providers, patients, family members, and other caregivers regarding basic and high-risk infection control procedures as appropriate to the care/services provided.

Training is consistent with OSHA and CDC recommendations.

Risk Management: Infection and Safety Control

Standard HSP7-1C: The hospice reviews and evaluates the effectiveness of the infection control program. (418.60(b)) (418.60(b) (1)) (L580) (418.60(b)(2) (i-ii)) (L581)

The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the hospice's quality assessment and performance improvement (QAPI) program.

The hospice monitors infection statistics of both patients and personnel and implements other activities (such as infection tracking records or logs) to ensure that personnel follow infection control procedures and report infections.

Data is utilized to assess the effectiveness of the infection control program.

Risk Management: Infection and Safety Control

Standard HSP7-1D.01: In a hospice inpatient facility there is a provision for isolating patients with infectious disease to the degree needed to isolate the infecting organism.

Infection control practices and isolation procedures comply with applicable law and regulations and are consistent with accepted infection control standards. Personnel are trained in isolation procedures during orientation.

Risk Management: Infection and Safety Control

Standard HSP7-2A.01: Written policies and procedures are established and implemented that address the education of personnel concerning safety.

Written policies and procedures include types of safety training as well as the frequency of training. Safety training is conducted during orientation and at least annually for all personnel.

Risk Management: Infection and Safety Control

Standard HSP7-2A.02: Written policies and procedures are established and implemented that address patient/family safety in the home.

Written policies and procedures address patient safety in the home.

Risk Management: Infection and Safety Control

Standard HSP7-3A.01: Written policies and procedures are established and implemented that address the hospice's fire safety and emergency power systems.

- Alarm systems
- Illumination of exit routes
- Emergency communication systems
- Testing of emergency power systems annually
- No-smoking policy
- Smoke detectors
- Fire alarms, fire extinguishers, and annual fire drills are conducted

Risk Management: Infection and Safety Control

Standard HSP7-3B.01: Written policies and procedures are established and implemented relating to backup equipment for use during power failures in the patient home.

Patient home medical equipment backup systems comply with the hospice's policies, procedures, and state law, as applicable.

Risk Management: Infection and Safety Control

Standard HSP7-3C: For a hospice inpatient facility, written policies and procedures are established and implemented that address the hospice's emergency power systems. (418.110(c)(2)) (L727)

Testing of emergency power systems per NFPA 99.

Risk Management: Infection and Safety Control

Standard HSP7-3D: The hospice inpatient facility complies with state and federal laws and regulations, including Life Safety Codes (LSC) for health and fire safety. (418.110(d)(1-6)) (L728)

Life safety code inspection.

Risk Management: Infection and Safety Control

Standard HSP7-3E: For hospice inpatient facilities, the hospice monitors the physical plant and equipment and conducts regular inspections for potential risks or failures. (418.110(c)(2)(i-iv)) (L727)

Utilities management plan of hospice inpatient facilities.

Risk Management: Infection and Safety Control

Standard HSP7-4B: An Emergency Preparedness Plan outlines the process for meeting patient and personnel needs in a disaster or crisis situation. Part of this process includes conducting a community-based risk assessment and the development of strategies and collaboration with other health organization in the same geographic area. (418.113) E-0001, (418.113(a)(1-4))E-0004, E-0006, E-0007, E-0009, (418.110(c)(1)) L725

Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.

Include strategies for addressing emergency events identified by the risk assessment.

Address patient population, including, but not limited to:

- The ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans

Risk Management: Infection and Safety Control

Include a process for cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the hospice's efforts to contact such officials and, when applicable, of its participation in collaborative and cooperative planning efforts.

Risk Management: Infection and Safety Control

Standard HSP7-4C: Written policies and procedures and an Emergency Preparedness Plan outline the process for meeting patient and personnel needs in a disaster or crisis situation. Part of this process is the development of specific policies and procedures and the review of them every two years. (418.113(b)(1-6)) E-0013, E-0016, E-0019, E-0023, E-0024, E-0025, (418.113(b)(1-6)(i-v)), E-0015, E-0016, E-0018, E-0020, E0022, E-0026

Procedures to follow up with on duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The hospice must inform state and local officials of any on-duty staff and patients that they are unable to contact.

The procedures to inform state and local emergency preparedness officials about hospice patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.

Risk Management: Infection and Safety Control

A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.

The use of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of state and federally designed healthcare professionals to address surge needs during an emergency.

The development of arrangements with other hospices and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospice patients.

Inpatient facilities have to have the means to shelter in place.

Risk Management: Infection and Safety Control

Standard HSP7-4D: An Emergency Preparedness Plan includes the development of a communication plan that includes personnel, patients and other emergency and healthcare organization in same geographic area. (418.113(c)(1-7)), E-0029, E-0030, E-0031, E-0032, E-0033, E-0034

The communication plan must include all of the following:

Names and contact information for the following:

- Hospice employees
- Entities providing services under arrangement
- Patients' physicians
- Other hospices

Risk Management: Infection and Safety Control

Contact information for the following:

- Federal, state, tribal, regional, or local emergency preparedness staff
- Other sources of assistance
- Primary and alternate means for communicating with the hospice's staff, federal, state, tribal, regional, and local emergency management agencies.
- A method for sharing information and medical documentation for patients under the hospice's care, as necessary, with other healthcare providers to maintain the continuity of care.
- A means of providing information about the general condition and location of patients under the facility's care.
- A means of providing information about the hospice 's needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

Risk Management: Infection and Safety Control

Standard HSP7-4E: An Emergency Preparedness Plan includes the process of training and testing the emergency preparedness plan. (418.113(d)(1-2)) E-0036, E-0037, E-0039

Training program. The hospice must do all of the following:

- Initial training in emergency preparedness policies and procedures to all new and existing staff, individuals providing services under arrangement, and volunteers, consistent with their expected roles
- Provide emergency preparedness training at least every two years
- Maintain documentation of the training
- Demonstrate staff knowledge of emergency procedures

Risk Management: Infection and Safety Control

Testing. The hospice must conduct exercises to test the emergency plan at least annually.
The hospice must do the following:

- First year:
  - Participate in a full-scale exercise that is community-based every two years or when a community-based exercise is not accessible, an individual, facility-based or
  - If the hospice experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community-based exercise or individual facility-based functional exercise following the onset of the emergency event.

Risk Management: Infection and Safety Control

Testing. The hospice must conduct exercises to test the emergency plan at least annually.
The hospice must do the following:

- Every other year:
- Conduct an additional exercise every two years, opposite the year the full-scale or functional exercise under 42 CFR 418.113(d)(2)(i) is conducted, that may include, but is not limited to the following:
  - A second full-scale exercise that is community-based or facility-based functional exercise; or
  - A mock disaster drill; or
  - A tabletop exercise or workshop that is led by a facilitator, and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan

Risk Management: Infection and Safety Control

Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The inpatient hospice must do the following:

- Participate in an annual full-scale exercise that is community-based; or
  - When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or
  - If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community-based or facility-based functional exercise following the onset of the emergency event.

Risk Management: Infection and Safety Control

Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The inpatient hospice must do the following:

- Conduct an additional exercise that may include, but is not limited to the following:
  - A second full-scale exercise that is community-based or facility-based functional exercise; or
  - A mock disaster drill; or
  - A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.

Risk Management: Infection and Safety Control

Standard HSP7-4F: The Emergency Preparedness Plan identifies each separately certified facility and how each facility participated in the development of the unified and integrated program. ((418.113(e)(1-5)) E-0042

Integrated healthcare systems. If a hospice is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the hospice may choose to participate in the healthcare system's coordinated emergency preparedness program.

If elected, the unified and integrated emergency preparedness program must do all of the following:

- Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program

Risk Management: Infection and Safety Control

Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.

Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program.

Include a unified and integrated emergency plan that meets the requirements of standards HSP7-4C, HSP 7-4D and HSP7-4E. The unified and integrated emergency plan must also be based on and include all of the following:

- A documented community-based risk assessment, utilizing an all-hazards approach
- A documented individual facility-based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach

Risk Management: Infection and Safety Control

Standard HSP7-5A.01: Written policies and procedures are established and implemented for identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel.

Process for reporting, monitoring, investigating and documenting a variance.

There is a standardized form developed by the hospice used to report incidents.

The hospice documents all incidents, accidents, variances, and unusual occurrences.

The reports are distributed to management and the governing body and are reported as required by applicable law and regulation.

This data is included in the Performance Improvement program. The hospice assesses and utilizes the data for reducing further safety risks.

Risk Management: Infection and Safety Control

Standard HSP7-6A: Written policies and procedures are established and implemented that address the hospice's system to ensure that they do not provide to their patients (either directly or under arrangement) outdated, mislabeled, or otherwise unusable drugs and biologicals. (418.106(e)(1)) (L693)

Drugs and biologicals must be labeled in accordance with currently accepted professional practice and must include appropriate usage and cautionary instructions, as well as an expiration date (if applicable).

Risk Management: Infection and Safety Control

Standard HSP7-6B: Written policies and procedures are established and implemented for the disposal of controlled drugs that are maintained in the patient's home. (418.106(e)(2)(i)) (L694) (418.106(e)(2)(i)(A)) (L695) (418.106(e)(2)(i)(B)) (L696) (418.106(e)(2) (i)(C)) (L697)

The hospice must have written policies and procedures for the management and disposal of controlled drugs in the patient's home.

- Provide written instructions consistent with agency policy
- Discuss the management and disposal of controlled drugs
- Document the information was provided

Risk Management: Infection and Safety Control

Standard HSP7-6C: The hospice that provides inpatient care directly in its own facility must dispose of controlled drugs in compliance with the hospice policies and procedures and in accordance with state and federal requirements. The hospice must maintain current and accurate records of the receipt and disposition of all controlled drugs. (418.106(e)(2)(ii)) (L698)

The hospice disposes of controlled drugs in compliance with its own policies and in accordance with state and federal requirements.

Risk Management: Infection and Safety Control

Standard HSP7-6D: Hospice inpatient facilities store all drugs and biologicals in a secure area. (418.106(e)(3)(i)) (L699) (418.106 (e)(3)(ii)) (L700)

The hospice that provides inpatient care directly in its own facility must comply with the additional requirements pertaining to the storage, the administration, and the disposal of controlled drugs.

Risk Management: Infection and Safety Control

Standard HSP7-7A.01: Written policies and procedures are established and implemented for the use of equipment/supplies in the provision of care to the patient.

The cleaning and maintenance of equipment used in the provision of care is documented.

Supplies used in the provision of care are also documented.

Risk Management: Infection and Safety Control

Standard HSP7-7A.02: Written policies and procedures are established and implemented for the use of equipment in the performance of conducting waived tests.

Policies and procedures for the use of equipment in the performance of conducting waived tests include:

- Instructions for using the equipment
- The frequency of conducting equipment calibration, cleaning, testing and maintenance
- Quality control procedures

Risk Management: Infection and Safety Control

Standard HSP7-8A: The hospice ensures that durable medical equipment used for patient care is properly maintained and safe for use. (418.106(f)(1)) (L701)

The hospice may use persons under contract to ensure the maintenance and repair of durable medical equipment.

Risk Management: Infection and Safety Control

Standard HSP7-8B: The hospice provides patient/family education in the safe and proper use of durable medical equipment. (418.106(f)(2)) (L702)

The instruction given to the patient/family on the use of the DME and supplies must be documented in the patient's record, as well as the patient/family's understanding of the safe use of the DME and supplies.

Risk Management: Infection and Safety Control

Standard HSP7-9A.01: Written policies and procedures are established and implemented for the acceptance, transportation, pick-up, and/or disposal of hazardous chemicals and/or contaminated materials used in the provision of patient care/service.

Written policies and procedures and their implementation include the safe method of handling, labeling, storage, transportation, disposal and pickup of hazardous wastes, hazardous chemicals and/or contaminated materials used in the home/hospice.

Risk Management: Infection and Safety Control

Standard HSP7-9A.02: Written policies and procedures are established and implemented in regard to OSHA's Hazard Communication Standards that describe appropriate labeling of hazardous chemicals and/or materials, instructions for use, and storage and disposal requirements.

OSHA's Hazard Communication Standard detailing:

- The labeling of containers of hazardous chemicals and/or materials with the identity of the material and the appropriate hazard warnings
- Current Safety Data Sheet (SDS) must be accessible to personnel
- The proper use, storage, and disposal of hazardous chemicals and/or materials
- The use of appropriate personal protective equipment (PPE)

Risk Management: Infection and Safety Control

- Standard HSP7-10A: Hospice inpatient facilities provide a home-like atmosphere and ensure that patient areas are designed to preserve the dignity, comfort, and privacy of patients. (418.110(f)(1-2)) (L729) (418.110(g)(1-4)) (L730) (418.110(h)) (L731) (418.110 (i)(1-2)) (L732)

Physical space requirements.

Risk Management: Infection and Safety Control

Standard HSP7-10B: For Hospice inpatient facilities, written policies and procedures are established and implemented in regard to maintaining a safe physical environment free of hazards for patients, staff and visitors. (418.110(c)) (L724)

The facility follows its policies and procedures for the promotion of a safe environment.

Risk Management: Infection and Safety Control

Standard HSP7-10C: For hospice inpatient facilities, written policies and procedures are established and implemented for maintaining the sanitation and cleanliness of the environment. (418.110(k)) (L734)

The hospice provides a sanitary environment by following current standards of practice, including nationally recognized infection control precautions and avoids sources and transmission of infections and communicable diseases.

Risk Management: Infection and Safety Control

Standard HSP7-10D: The hospice inpatient facility provides suitable linens for the care of the patient. (418.110(L)) (L735)

The hospice must have available at all times a quantity of clean linen in sufficient amounts for all patient uses. Linens must be handled, stored, processed, and transported in such a manner as to prevent the spread of contaminants.

Risk Management: Infection and Safety Control

Standard HSP7-10E: The hospice inpatient facility furnishes meals to each patient. (418.110(m)(1-3)) (L736)

The facility has mechanisms for providing safe and sanitary food storage, preparation, and distribution in accordance with state and federal laws and regulations.

Tips for Compliance

- Infection control plan
  - Staff in-service records
  - Patient education materials
- Evidence of office safety
  - Fire drill results
  - Testing of emergency power systems
- Standardized form for reporting of employee incidents
- Safety and maintenance logs for any agency issued equipment
- Check for expired supplies in the supply closet

Tips for Compliance

- Emergency Preparedness
  - All-hazards risk assessment
  - Communication plan is specific to the contact information for your area
  - Policies address the specific strategies based on the all-hazards risk assessment
  - Evidence of training of all staff, including contract staff
  - Contracts with other hospice providers
  - One test/drill is conducted annually (In-patient remains 2 drills annually)
    - Community-based drill or facility-based drill if unable to participate in a community-based drill (need documentation to show attempts to participate in a community-based drill) and
    - Community-based drill, facility-based drill, workshop or a tabletop drill that meets the requirements
  - All components of the plan are to be reviewed and updated at least every two years

Poll Question

Questions?

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