**Hospice Integration**

**Competency**

Leader’s Guide

**Hospice**

**Leader’s Guide**

The intent of the regulation is to ensure the resident receiving hospice receives care and services consistent with professional standards of practice. Resources for comprehensive education and a system to ensure competency of the nursing staff for caring for a resident receiving hospice at the nursing home will be crucial for quality and compliance.

1. Hospice Care will be furnished in the facility through an agreement with the hospice. (If the facility does not provide hospice care, residents must be informed at admission and periodically throughout their stay. If resident requests hospice services, the facility will assist the resident in transfer to a facility that provides hospice services.)
2. The facility will ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility as well as the timeliness of the services.
3. The facility will have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the facility before hospice care is furnished to any resident
4. The facility designates (IDT member, i.e. ADON, Nurse Manager, etc.) as the responsible for working with the hospice representatives in order to coordinate care to the resident provided by the facility staff and the hospice
5. The facility will ensure that for all residents receiving hospice care under a written agreement will have both the most recent hospice plan of care and a description of the services furnished in the facility to attain or maintain the resident’s highest practicable physical, mental, and psychosocial well-being. The care plan will be coordinated between both entities and the resident/resident representative and communicated to the interdisciplinary team.

Note: “The facility must offer the same services to its residents who have elected the hospice benefit as it furnishes to their residents who have not elected the hospice benefit.”[[1]](#footnote-1)

Center for Medicare and Medicaid Services (CMS) continues to monitor providers’ compliance with comprehensive assessment, planning of care, implementing interventions and re-evaluation. This includes identification of resources and services necessary to care for all residents as identified in the facility assessment.

Organizational Leaders will need to ensure competency of all staff members involved with hospice services. Adequate resources for hospice services will need to be evaluated including:

* Staff
  + Facility representative (usually ADON or Nurse Manager)
  + Licensed Nurses
  + CNA’s
  + Interdisciplinary Staff
* Documentation Considerations
  + Paper vs. Electronic Health Record
  + Assessment/documentation Forms
  + Care Planning
  + Hospital/dialysis center agreement
* Education
  + Licensed Nurses
  + CNA’s
  + Interdisciplinary Staff
* Evaluation and Monitoring
  + Identification of Responsibility
  + System to Evaluate
  + QAPI Considerations
* Supplies and Equipment

**Reference**

Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf>

1. Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf> [↑](#footnote-ref-1)