**Hospice Integration**

**Competency**

Suggested Implementation Checklist

**Suggested Implementation Checklist: Hospice**

| **Regulation** | **Recommended Action** |
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| **F849 Hospice Services**  “§483.70(o) Hospice services.   1. A long-term care (LTC) facility may do either of the following:   (i) Arrange for the provision of hospice services through an agreement with one or more Medicare-certified hospices.  (ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer.  (2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements:  (i) Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services.  (ii) Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following:  (A) The services the hospice will provide.  (B) The hospice’s responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter.  (C) The services the LTC facility will continue to provide based on each resident’s plan of care. (  D) A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day.  (E) A provision that the LTC facility immediately notifies the hospice about the following:  (1) A significant change in the resident’s physical, mental, social, or emotional status. (  2) Clinical complications that suggest a need to alter the plan of care.  (3) A need to transfer the resident from the facility for any condition. (  4) The resident’s death.  (F) A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided.  (G) An agreement that it is the LTC facility’s responsibility to furnish 24-hour room and board care, meet the resident’s personal care and nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident’s needs.  (H) A delineation of the hospice’s responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident’s terminal illness and related conditions.  (I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.  (J) A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation. (  K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.  §483.70(o) (3) Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility’s interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident. The designated interdisciplinary team member is responsible for the following:  (i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.  (ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family.  (iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient’s attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians.  (iv) Obtaining the following information from the hospice:  (A) The most recent hospice plan of care specific to each patient.  (B) Hospice election form.  (C) Physician certification and recertification of the terminal illness specific to each patient.  (D) Names and contact information for hospice personnel involved in hospice care of each patient.  (E) Instructions on how to access the hospice’s 24-hour on-call system.  (F) Hospice medication information specific to each patient.  (G) Hospice physician and attending physician (if any) orders specific to each patient.  (v) Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.  (4) Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at §483.24.”[[1]](#footnote-1) | * Review, revise and institute Hospice Services Policy and Procedure with elements for compliance with F849 * Educate all staff and the interdisciplinary team about the Hospice Service Policies and Procedures * Update staff education materials for orientation, annual education, and agency staff orientation, as needed * Review the provision of hospice services through an agreement with one or more Medicare-certified hospices. * Educate residents and resident representatives about hospice services * Conduct updated training for Hospice representative, nursing leaders about supervising and monitoring for compliance with Hospice Serv ices Policy and Procedures. * Review the Hospice Agreement with Policy and Procedure with the Medical Director and Pharmacy Consultant in conjunction with the Quarterly Quality Assurance Committee meeting * Ensure qualified Hospice representative and staff * Quality Assurance Performance Improvement |
| **F552 Right to be informed and make treatment decision**  **“§**483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:  §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.  §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.  §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers”[[2]](#footnote-2) | Provide resident with information on hospice care  Include resident/resident representative in the care planning process |
| **F578 Advance Directives**  “The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.”[[3]](#footnote-3) | If resident does not have an Advance Directive, provide education and offer assistance in formulation of an Advance Directive   * Establish, review and maintain policies and procedures in the facility regarding these rights. * Inform and educate residents about your policies/procedures and about how they can exercise their rights. * Help/assist the resident in exercising their rights.   Ensure that the resident choices are incorporated in their treatment, plan, care and services |
| **F580 Notification of change**  “(i) A facility must immediately inform the resident; consult with the resident’s physician; and notify, consistent with his or her authority, the resident representative(s) when there I” s-  “(B) A significant change in the resident’s physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);  (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)”[[4]](#footnote-4) | Policies and procedures for notification of change of condition   * Facility to Hospice Notification |
| **F659 Be provided by qualified persons**  “The services provided or arranged by the facility, as outlined by the comprehensive care plan, must— (ii) Be provided by qualified persons in accordance with each resident's written plan of care.”[[5]](#footnote-5)  **F 725 Sufficient and Competent Staffing**  “The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident,as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment”[[6]](#footnote-6) | Licensed Nurse training on:   * Hospice * Provide Staffing consistent with resident need as identified with census, acuity and facility assessment * Develop in collaboration with hospice a person-centered plan of care |
| **F637 Significant Change in Condition Assessment**  “A Significant Change in Status MDS is required when:  • A resident enrolls in a hospice program; or  • A resident changes hospice providers and remains in the facility; or  • A resident receiving hospice services discontinues those services; or  • A resident experiences a consistent pattern of changes, with either two or more areas of decline or two or more areas of improvement, from baseline (as indicated by comparison of the resident’s current status to the most recent CMS-required MDS).”[[7]](#footnote-7) | Licensed Nurse training on communication with MDS nurse when Hospice is started or discontinued in order for a Significant Change in Condition Assessment to be performed |
| **F686 Pressure ulcer**  “Based on the comprehensive assessment of a resident, the facility must ensure that— (i) A resident receives care, consistent with professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual’s clinical condition demonstrates that they were unavoidable”[[8]](#footnote-8) | Licensed Nurse and CNA training on facility policy and procedure for monitoring of skin integrity |
| **F692 Nutrition and Hydration**  “The intent of this requirement is that the resident maintains, to the extent possible, acceptable parameters of nutritional and hydration status and that the facility: • Provides nutritional and hydration care and services to each resident, consistent with the resident’s comprehensive assessment;  • Recognizes, evaluates, and addresses the needs of every resident, including but not limited to, the resident at risk or already experiencing impaired nutrition and hydration; and  • Provides a therapeutic diet that takes into account the resident’s clinical condition, and preferences, when there is a nutritional indication.”[[9]](#footnote-9) | Collaborate with resident, IDT, Hospice and physician |
| **F757 Unnecessary Medications**  “Each resident’s drug regimen must be free from unnecessary drugs”[[10]](#footnote-10) | Policies and Procedures with education on unnecessary medications |
| **F841 Medical Director**  “§483.70(h)(1) The facility must designate a physician to serve as medical director.”[[11]](#footnote-11) | Medical Director to collaborate, review and approve all policies, procedures and protocols for hospice care |

**References and Resources**

* 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)
2. [↑](#footnote-ref-2)
3. 2,3,4,5 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-3)
4. [↑](#footnote-ref-4)
5. [↑](#footnote-ref-5)
6. 6,7,8,9 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-6)
7. [↑](#footnote-ref-7)
8. [↑](#footnote-ref-8)
9. [↑](#footnote-ref-9)
10. [↑](#footnote-ref-10)
11. 10,11 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-11)