Off to a Good Start: Quality of Care and Regulatory Considerations at Time of Admission

Part 2

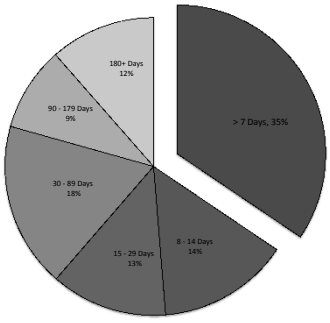
Subscriber Webinar
February 2015

HOSPICE FUNDAMENTALS
KNOWLEDGE • EXPERTISE • COMMON SENSE

Why Is This Topic Important?

- Compliance with Regulations
- Resource Consumption
- Patient / Family Experience

Proportion of Patients by Length of Service (2013)



NHPCO Facts & Figures 2014 Edition

42 CFR 418 Subparts

A. General Provision and Definitions
B. Eligibility, Election and Duration of Benefits
C. Conditions of Participation – Patient Care
D. Conditions of Participation - Organizational Environment
E. Conditions of Participation – Removed and Reserved
F. Covered Services
G. Payment for Hospice Care
H. Coinsurance

Subpart F – Covered Services §418.200

To be covered, hospice services must meet the following requirements.

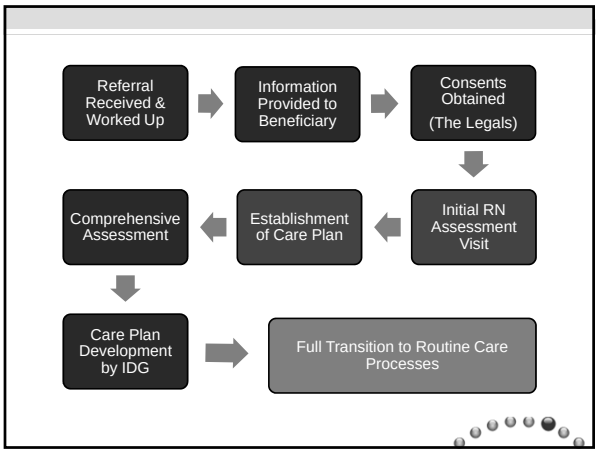
1. They must be reasonable and necessary for the palliation or management of the terminal illness as well as related conditions.
2. The individual must elect hospice care in accordance with Sec. 418.24. [Subpart B]
3. A plan of care must be established and periodically reviewed by the attending physician, the medical director, and the interdisciplinary group of the hospice program as set forth in Sec. 418.56. [Subpart C]
4. The plan of care must be established before hospice care is provided.
5. The services provided must be consistent with the plan of care.
6. A certification that the individual is terminally ill must be completed as set forth in Sec. 418.22. [Subpart B]

Today: Key Patient Care Admission Steps

1. The Admission Visit
2. The Initial RN Assessment (IA)
3. Establishment of the Plan of Care
4. The Comprehensive Assessment (CA)

For Each:

Purpose
Paper
Person
Timeframe
Comments



See handout table

Comments Starting the Care Plan

Subpart F – Covered Services §418.200:

The plan of care must be established before hospice care is provided

The individualized plan of care is a continually evolving document. As such, Medicare expects the plan of care to be initiated based upon the information gathered in the patient's initial assessment, and the plan of care will be expanded upon, as appropriate, based on the information that is gathered during the comprehensive assessment.

Internet Only Medicare Policy Manual, Chapter 9

Comments Care Plan Components

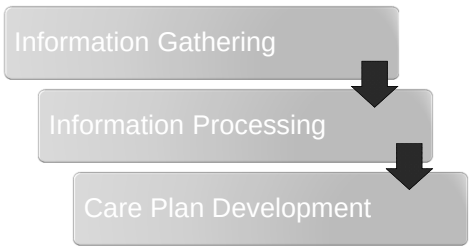
The care plan has multiple components – what is in yours? Is it defined in policy?

Example:

The plan of care may contains the following documents/components, but not be limited to:

- IDG plan of care
- Physician orders
- Medication profile
- Hospice aide assignment (as appropriate)
- Volunteer assignment (as appropriate)
- The patient's health care directive

The Comprehensive Assessment Process



Comments Information Gathering - What

The assessment would include, but not be limited to, screening for the following:

Pain	Sleep disorders
Dyspnea	Skin integrity
Nausea	Confusion
Vomiting	Emotional distress
Constipation	Spiritual needs
Restlessness	Support systems
Anxiety	Family need for counseling and education
.	

The hospice would then gather additional information, as necessary, to be able to meet the patient/family needs.

IG §418.54(c)

Also the time to obtain HIS items

Factors to be Considered in the CA

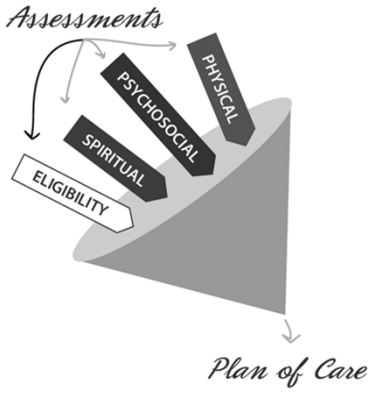
1. Nature and condition causing admission
2. Complications and risk factors that affect care planning
3. Functional status
4. Imminence of death
5. Severity of symptoms
6. Drug profile
7. Bereavement needs
8. Need for referrals and further evaluation

§418.54(c)

Comments Information Gathering – Who & When

- All members of the IDG must be involved with completing the comprehensive assessment in order to identify the patient/family's physical, psychosocial, emotional and spiritual needs and contribute to the development of the plan of care to address those needs.
- The individuals/disciplines that complete the assessment should be consistent with the hospice's own policies and procedures and the discipline's scope of practice.
- The RN, in consultation with the other members of the IDG, considers the information gathered from the initial assessment as they develop the plan of care and the group determines who should visit the patient/family during the first 5 days of hospice care in accordance with patient/family needs and desires and the hospice's own policies and procedures.

Interpretive Guidelines §418.54(b)



A Very Sad Statement

"I always tell the families that it will feel like an invasion when hospice care starts"

Hospice RN Case Manager

Some Areas to Ponder

The Length of the Admission Visit

- How long is it? How long should it be?
- How does it feel to the patient and family?
- Are you taking advantage of the opportunity to do an IA visit or are you combining the IA and CA visits into one?

- Going Forward
  - How good is the hand off to the RN case manager?
  - When the case manager makes the first visit is he/she repeating a full assessment?
  - How many new faces appear in the first five days?
- Whose Needs Does the Process Meet?

Some Areas to Ponder

Written and Verbal Information

- How clear is it?
- Do you provide information in Q&A form?
- Are written materials well laid out and of adequate font size?
- Does it include copies of copies?
- How many signatures are required?
- Is the ability to explain hospice services and the hospice Medicare benefit treated as a competency and tested periodically?

Some Areas to Ponder

Building Confidence

- One of the most important goals time of admission is to build confidence in hospice care. What actions are you taking to promote that? What actions are you taking that inadvertently hinder that?
- We talk often of the team approach. Do your actions demonstrate the existence of a well-functioning team?
- Is every team member asking the same questions? How does that make patients feel?

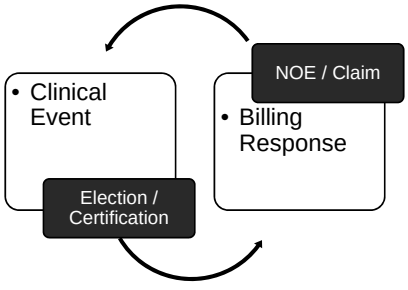
Short Stay Patients

How do your processes change for the set of patients that you know, on admission, will most likely die in less than 7 days? What about 7 hours?

What limits changes to your process?

- Desire for consistency for all admissions
- EMR
- Staffing
- What else?

The Clinical / Billing Connection



A Weak Connection = A Strong Pain

In Closing

- Admission process must meet payment and care requirements found in Subparts B, C, D and F (and anything else required by state licensure rules)
- There are no extra points for over-compliance
- The Prudent Hospice is looking for a solid process completed by competent staff
- Define standards from a patient/family perspective
- Consider reviewing your admission process as a PIP

To Contact Us

Susan Balfour
919-491-0699
Susan@HospiceFundamentals.com

Roseanne Berry
480-650-5604
Roseanne@HospiceFundamentals.com

Charlene Ross
602-740-0783
Charlene@HospiceFundamentals.com

The information enclosed was current at the time it was presented. This presentation is intended to serve as a tool to assist providers and is not intended to grant rights or impose obligations.

Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.

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	Admission Visit	The Initial RN Assessment	Establishment of the Plan of Care	The Comprehensive Assessment
Purpose	To provide information and to obtain consents for care	To gather the critical information necessary to treat the patient/family's immediate care needs and to gather information to begin the plan of care (IG §418.54(a))	To create a plan that links the needs identified in the IA and CA with the care and services that the hospice will be providing	To identify the physical, psychosocial, emotional and spiritual needs related to the terminal illness that must be addressed in order to promote the patient's well-being, comfort, and dignity throughout the dying process (IG §418.54(c))

Paper	• Information Provided: Information packet or booklet with information required in CoPs
	• Information Obtained & entered into info system
	• Signatures Obtained Consents / Elections
	  ○ Medical Record Release
	  ○ Acknowledgment of Patient Rights
	  ○ HIPAA Notice of Privacy
		No mandated forms but must capture the assessment of the patient's "immediate physical, psychosocial, emotional and spiritual status related to the terminal illness and related conditions (IG §418.54(a))	No mandated forms but POC must include interventions to address pain & symptoms
			• Detailed statement of scope and frequency of services
			• Measureable outcomes
			• Drugs & Treatments
			• Medical supplies and appliances
			• Documentation of patient and family's understanding, involvement and agreement with the plan
				No mandated forms but must capture specific information discussed on following slides

Person	Any of Following • Admissions Specialist (non-clinical) • Admission Team • IDG Member • Admission RN	Hospice RN	The hospice IDG team and the attending physician (if there is one)	All IDG members must participate
Timeframe	Either before or as part of initial RN assessment visit	Within 48 hours after the election of hospice care in accordance with §418.24 is complete (unless the physician, patient, or representative requests that the initial assessment be completed in less than 48 hours.) Must occur in the location in which hospice services are being delivered. §418.54(a) Standard: Initial assessment	Before care starts	To be completed no later than 5 calendar days after start of care