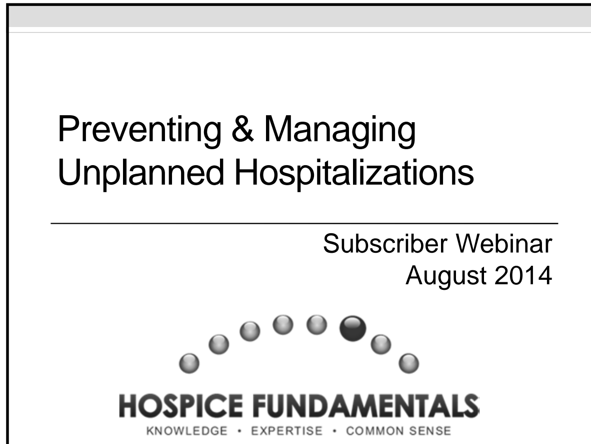

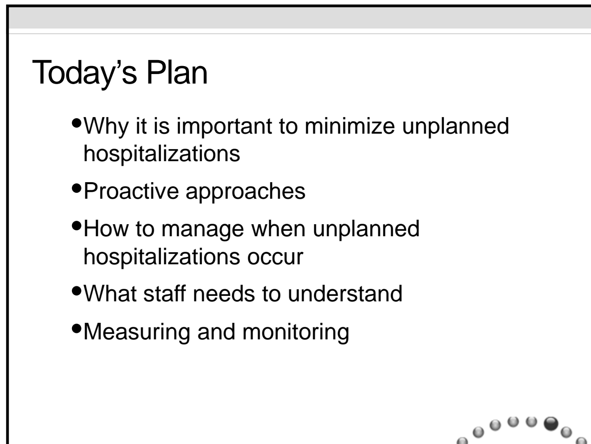

Regulatory Connections

418.52(c) Standard: Rights of the patient

The patient has a right to the following:

(1) Receive effective pain management and symptom control from the hospice for conditions related to the terminal illness

(7) Receive information about the services covered under the hospice benefit

(8) Receive information about the scope of services that the hospice will provide and specific limitations on those services

418.56(c) Standard: Content of the plan of care

…Plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions…

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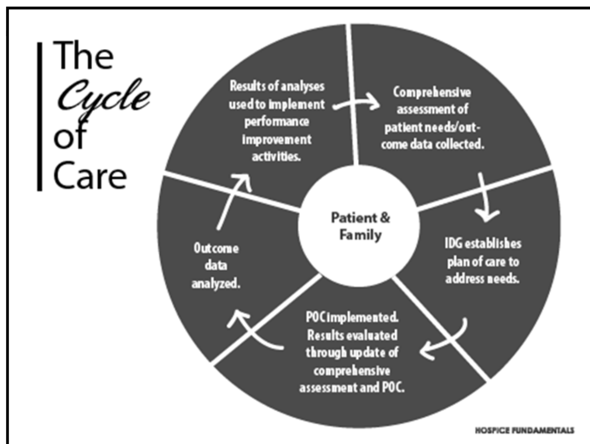
20.2.1 - Hospice Discharge

"Once a hospice chooses to admit a Medicare beneficiary, it may not automatically or routinely discharge the beneficiary at its discretion, even if the care promises to be costly or inconvenient, or the State allows for discharge under State requirements."

Medicare Benefit Policy Manual
Chapter 9 Hospice Services

IDG:
Assessments & Care Planning



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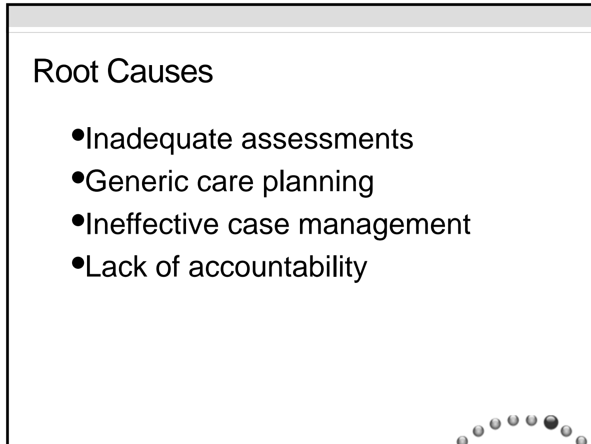

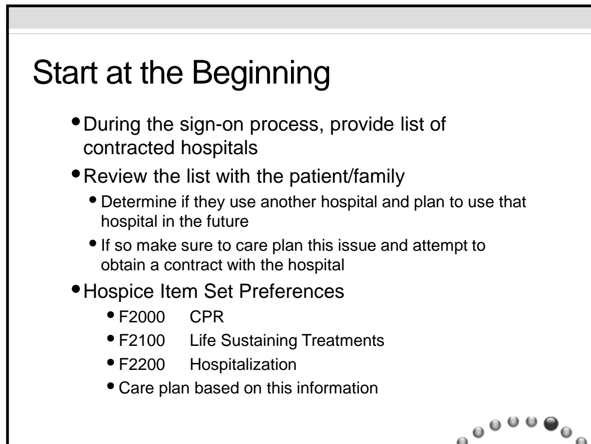

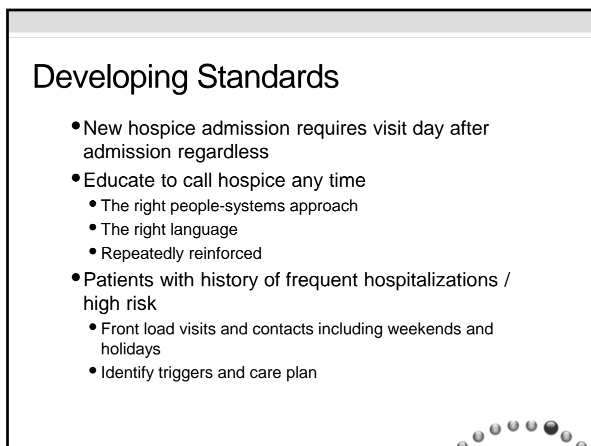

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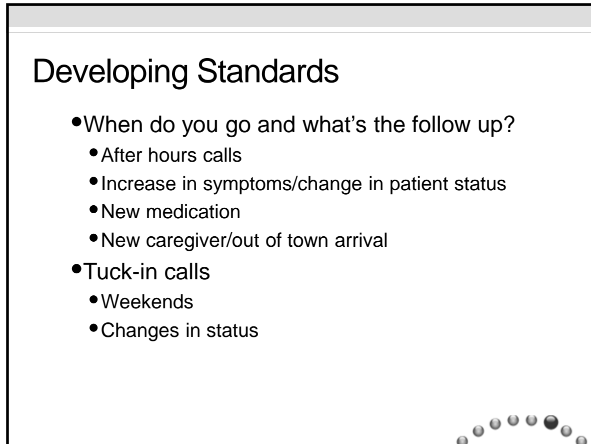

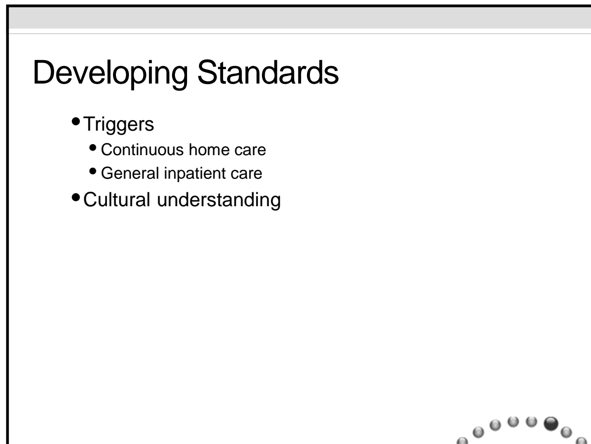

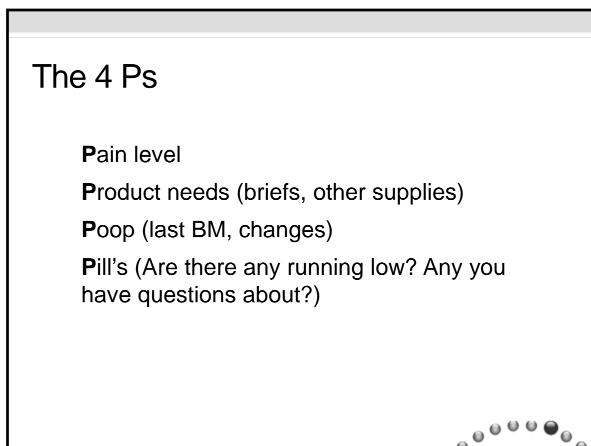

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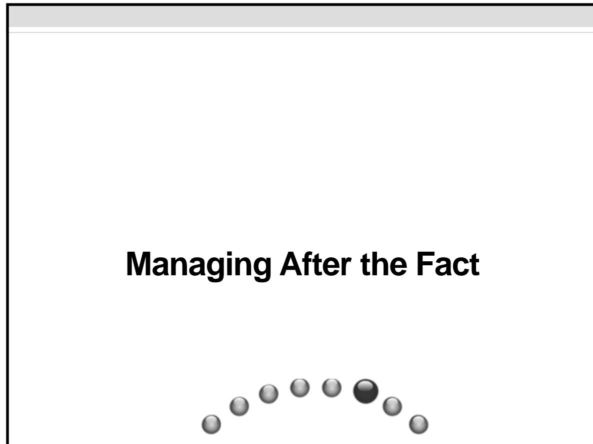

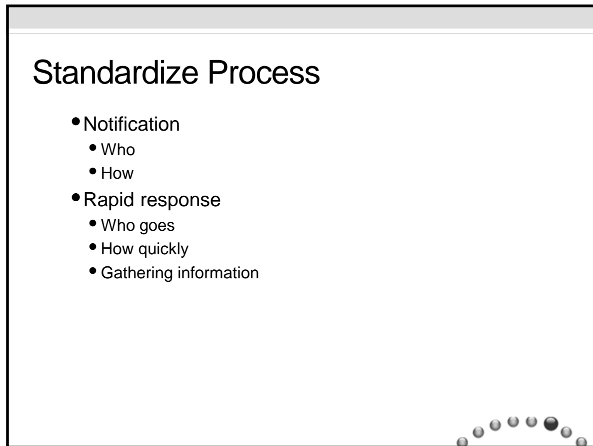

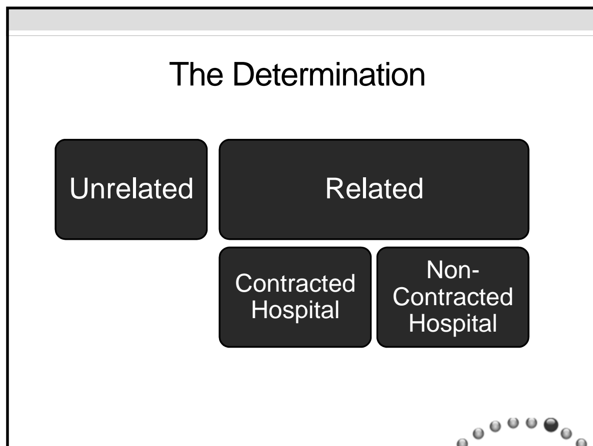

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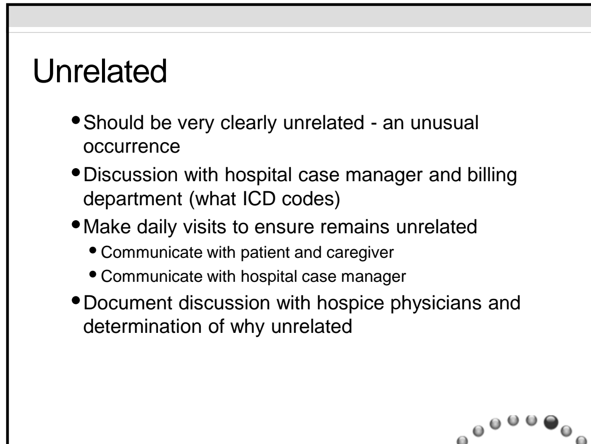

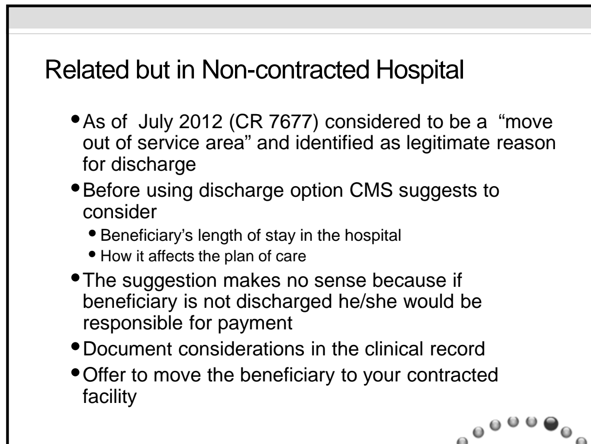

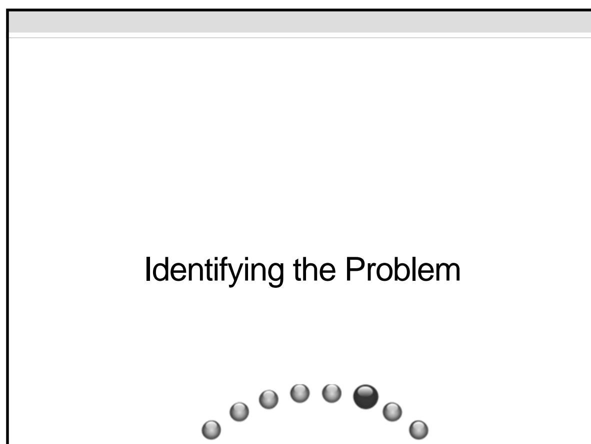

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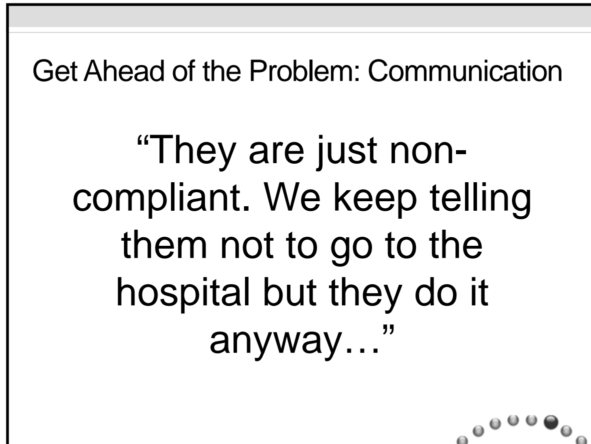

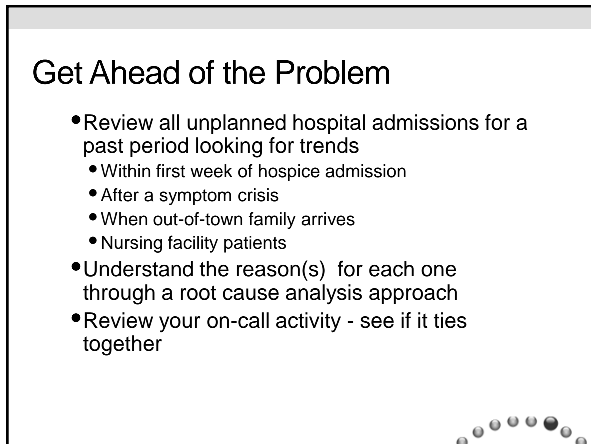

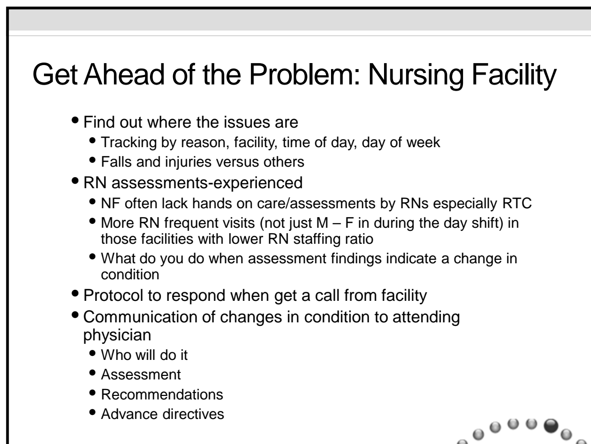

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Get Ahead of the Problem: Nursing Facility

- Fall and injury prevention-know the NF program and be a part of it
- Determine what the policy is of NF and alignment with NF new requirements
- Advance care planning
  - DNR, DNH, POLST, MOLST
  - Conversations with patients and families on futile care
  - Frequent reinforcement of decisions
  - Make sure advance care planning is clearly communicated to facility

Get Ahead of the Problem

Work with your hospital(s) to see what can be done during the hospital admission process to identify hospice patients

Monitoring

- Live discharge report
  - All types
  - Length of stay
  - Trend quarterly
  - Ensure data differentiates unplanned hospitalizations
- On-Call
  - Categories for types of calls
  - Standards for visits-are they followed?

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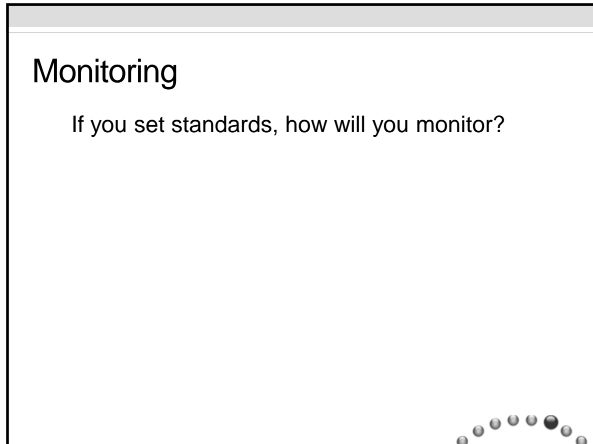

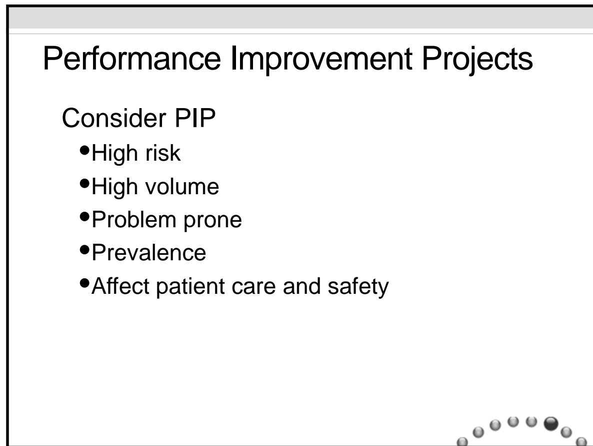

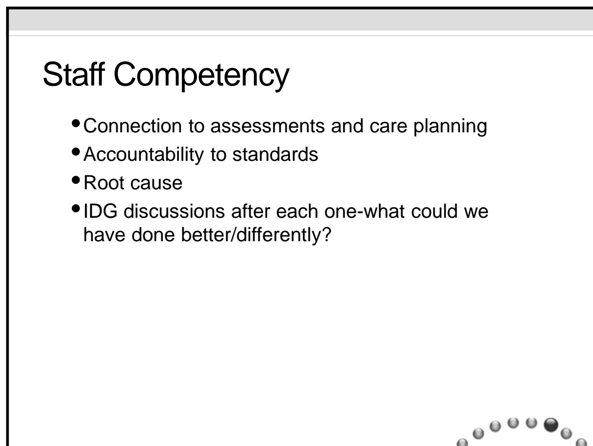

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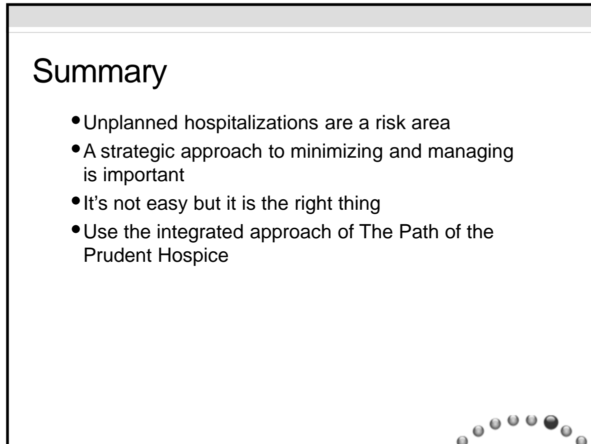

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Unplanned GIP Admission: Current Hospice Patient Admitted to Contract Bed in Hospital

1) Obtain an order for GIP
2) Update the POC
3) Daily visit by RN
   a) **Payment Responsibilities:** Daily confirm current reason for hospitalization (ICD 9) with hospital and determine in collaboration with hospice physician if this is related or unrelated. It should be an unusual occurrence when it is not related.
      i) If it is related, make it clear to hospital billing department your hospice is the payor source.
      ii) If it is unrelated then review reason and coding with billing department daily in case there has been a change or addition.
   b) **Care Management Responsibilities**: Daily communication/coordination plan of care with hospitalist, floor nurse, hospital case manager, patient and family.
      i) Communicate code status
      ii) Share hospice plan of care
      iii) What are plans? Are plans in alignment with hospice plan of care? With patient and family goals of care, advance directives? What does the patient want?
      iv) Ask NHPCO Questions:
         (1) What symptom are we treating?
         (2) Will this increase patient's quality of life?
         (3) Will this control pain?
         (4) Ask patient/family about quality of life, for example
            (a) Has this changed your life?
            (b) Are you experiencing negative side effects?
      v) If plans are not in alignment, then what are next steps?
      vi) Discharge planning is the responsibility of the hospice and must be coordinated with the hospital case manager/discharge planner. The hospital should not discharge a patient without the hospice agreement and involvement.
   c) Supporting Payment
      i) State clearly reason(s) for GIP and if it has changed, then indicate why.
      ii) Review the chart, talk with staff to ensure complete information.
      iii) Document summary of past 24 hours of care to include.
         (1) Interventions, orders, medications, procedures, diagnostics;
         (2) Outcomes/results;
         (3) Current status;
         (4) Why this care cannot be provided in another setting;
         (5) Plans.
4) Other Team Members: SW and Chaplain visits individualized to needs of the patient / family.
5) After discharge from hospital to another setting
   a) Make tuck-in visit day of discharge.
   b) Nursing visit day after discharge and then as frequently as necessary depending on patient and family needs: increase to more than 1 to 2 times week for first week.
   c) Update the POC.
   d) Obtain copy of hospital discharge summary or record.