INTRODUCTION

The principles and standards in all chapters of the Standards of Practice for Hospice Programs apply to hospice care provided in an inpatient facility. The Hospice Inpatient Facility Appendix contains additional principles and standards that apply only to hospices that operate an owned or leased inpatient facility intended to provide hospice patients with the general inpatient level of care. The standards contained in this appendix are not intended to apply to facilities:

1. Caring for patients in any other settings (e.g., routine, residential, respite).

2. Not operated as an owned or leased facility by a hospice (e.g., hospitals, freestanding skilled nursing facilities).

3. That provide dual levels of care in the same facility. This appendix applies to General Inpatient level of care. For patients on Routine level of care please refer to the Hospice Residential Care Facility (HRCF) appendix.

Hospices that operate an owned or leased inpatient facility will comply with applicable federal, state and local health and safety laws, regulations and codes unless specific waivers have been granted by the appropriate regulatory authorities. The inpatient facility and its staff will be appropriately licensed and, as applicable, certified to provide inpatient care.
PATIENT AND FAMILY-CENTERED CARE (HIF PFC)

Principles:

- Providing care and services that are responsive to the needs and exceed the expectations of those we serve.
- The hospice provides comprehensive interdisciplinary care that meets the medical, psychosocial and spiritual needs of patients requiring hospice general inpatient care.
PATIENT AND FAMILY-CENTERED CARE (HIF PFC)

Standard:

HIF PFC 1  Nursing services are available on-site twenty-four (24) hours a day, seven (7) days a week, to meet the patient’s nursing needs in accordance with the hospice general inpatient level of care and plan of care.

HIF PFC 1.1  A registered nurse knowledgeable and competent in providing direct care to hospice patients is available on-site at all times. Each patient must receive all nursing services as prescribed and must be kept comfortable, clean, well groomed and protected from injury.

HIF PFC 1.2  Other nursing staff including registered nurses (RN), advanced practice nurses, licensed practical nurses (LPN) or licensed vocational nurses (LVN) or hospice aides (titles as defined by applicable law) are available to ensure that each patient’s medical needs are met in a timely, compassionate and professional manner.

Practice Examples:

◆ Nurses assigned to the hospice inpatient facility have received training and are competent in hospice care including pain and symptom management.

◆ Nursing schedules demonstrate that a registered nurse is always present and supervises other nursing staff providing patient care (e.g., LPN, hospice aide).
PATIENT AND FAMILY-CENTERED CARE (HIF PFC)

Standard:

HIF PFC 2 The hospice must designate an interdisciplinary group composed of individuals who work together to meet the physician, medical, psychosocial, emotional and spiritual needs of the patients and families facing terminal illness and bereavement.

HIF PFC 2.1 Psychosocial and spiritual care are provided by members of the hospice interdisciplinary team and/or counselors or social workers directly assigned to the hospice inpatient facility.

Practice Examples:

- A specific social worker is assigned to the hospice inpatient facility to address the psychosocial needs of each patient and family.
- A specific social worker is assigned to the hospice inpatient facility to address the discharge planning and continuity of care needs of each patient family.
- Chaplains trained in hospice care make rounds at the hospice inpatient facility to attend to the spiritual needs of each patient and family.
- A written schedule for after hours and weekend availability demonstrates that social worker and chaplain services are available twenty-four (24) hours a day, seven days a week.
PATIENT AND FAMILY-CENTERED CARE (HIF PFC)

Standard:

**HIF PFC 3** The hospice inpatient facility provides services designed to meet the unique nutritional needs of each hospice patient.

- **HIF PFC 3.1** Dietary counseling means education and interventions provided to the patient and family regarding appropriate nutritional intake as the patient’s conditions progresses.
- **HIF PFC 3.2** Meal planning and the timing of meals are discussed with each patient and adjusted according to each patient’s preference, selection and needs.
- **HIF PFC 3.3** Special dietary restrictions are noted on the patient’s plan of care and food and nutritional supplements are provided accordingly.
- **HIF PFC 3.4** The hospice inpatient facility assures that food is procured, stored, prepared, distributed and served under sanitary conditions and in a manner that is appealing to each patient.
- **HIF PFC 3.5** Any patient requiring assistance with meal planning and/or feeding receives such assistance by staff, volunteers, family members or caregivers.
- **HIF PFC 3.6** Dietary counseling is provided by qualified individuals, which may include a registered nurse, dietician or nutritionist, when identified in the patient’s plan of care.

**Practice Examples:**

- Meals are individually scheduled allowing for frequent, small meals if so desired by the patient.
- Volunteers are available during meal times and assist patients with feeding as needed.
- Special diets are noted on the patient’s plan of care and food is ordered and provided accordingly.
- Food, including between meal snacks or nourishment is available twenty four (24) hours a day, seven (7) days a week, to respond to the patient’s reasonable requests and needs, unless limited by dietary restrictions prescribed by a physician.
PATIENT AND FAMILY-CENTERED CARE (HIF PFC)

Standard:

HIF PFC 4 The hospice inpatient facility assures that all medications and treatments are available as ordered to meet each patient's needs and are dispensed and administered in accordance with all applicable rules and regulations.

HIF PFC 4.1 A licensed physician (or legal designee) orders all medication for each patient receiving hospice general inpatient care, in accordance with plan of care and applicable state and federal laws.

HIF PFC 4.2 Verbal/telephone physician orders are received, immediately recorded, read back, signed and dated by the prescribing physician in accordance with applicable laws and regulations.

HIF PFC 4.3 Medications are administered in accordance with applicable law and regulation, and in accordance with each patient's individual medication record developed as part of the hospice plan of care.

HIF PFC 4.4 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. The provided pharmacist must include evaluation of a patient's response to medication therapy, identification of a potential adverse drug reaction, and recommend appropriate corrective actions.

HIF PFC 4.5 Patients receiving care in a hospice that provides inpatient care directly in its own facility may only be administered medications by the following individuals:

1. Licensed nurse, physician, or other health care professionals in accordance with their scope of practice and state laws;
2. An employee that has completed a state approved training program in medication administration; and
3. The patient, upon approval, by the interdisciplinary team.

Practice Examples:

- The hospice inpatient facility has a process to insure timely signing and receipt of verbal orders.
- Medications are administered in accordance with physician orders and at the scheduled frequency.
- The hospice inpatient facility has a process for securing needed medications in a timely manner twenty-four (24) hours a day, seven (7) days a week.
- A medication administration record is maintained for each patient and each medication given is documented.
- Infusion pumps have free flow protection and audible alarms.
- A medication reconciliation process is in place.
- The facility has a process for reporting medication events and implements corrective actions accordingly.
PATIENT AND FAMILY-CENTERED CARE (HIF PFC)

Standard:

**HIF PFC 5**  Death that occurs in the hospice inpatient facility is handled with respect and compassion toward the patient and family.

**HIF PFC 5.1**  Post mortem policies and procedures are in place and minimally include:

1. Compassionate care and preparation of the body in accordance with the desires of the patient and family;
2. Respect for any cultural or religious ritual or practice, spiritual traditions and beliefs relating to the death and subsequent handling of the body and mourning of the family;
3. Allowance for family presence with the body as desired and for a reasonable amount of time subsequent to the death;
4. Provision of spiritual, psychosocial or bereavement care or services as needed or desired by the family; and
5. Provision for dignified removal of the body.

Practice Examples:

- Specific training is provided to the hospice inpatient facility staff to handle a patient death including information regarding respect for cultural and religious beliefs.
- Family members are afforded privacy with the patient’s body as desired.
- Private meditation space is available for family members’ use.
- Private exits are available for removal of bodies from the hospice inpatient facility.
- Policies and procedures permit families to remain for reasonable periods of time in patients’ rooms following death.
- Private areas are available for the family’s use following the death of a patient.

ETHICAL BEHAVIOR AND CONSUMER RIGHTS (HIF EBR)

Standard:

**No additional standards apply to ethical behavior and consumer rights in an inpatient facility.**
CLINICAL EXCELLENCE AND SAFETY (HIF CES)

Principles:

- Ensuring clinical excellence and promoting safety through standards of practice.
- The hospice offers a safe, effective, homelike environment to provide patients and families with a hospice general inpatient level of care.
CLINICAL EXCELLENCE AND SAFETY (HIF CES)

Standard:

HIF CES 1 The hospice inpatient facility is designed to provide a homelike environment and ensure patient areas are designed to preserve the dignity, comfort and privacy of patients.

HIF CES 1.1 The hospice inpatient facility decor is homelike in design and function.

HIF CES 1.2 The hospice inpatient facility has physical space and policies and procedures that assure:
1. Patient and family privacy;
2. Accommodations for family members to remain with the patient as desired;
3. Unrestricted visitation privileges including children;
4. Appropriate accommodations that provide for privacy; and
5. Appropriate safety measures to decrease patient falls.

HIF CES 1.3 The hospice inpatient facility has physical space and equipment that addresses and supports:
1. The patient’s plan of care;
2. Close proximity of the patient to toileting and bathing areas;
3. Patient care space at or above grade level;
4. Closet space for security and privacy;
5. No more than two (2) beds in any single patient room;
6. Space adequate to provide medical treatments, personal care, facilitate patient mobility and comfortably accommodate visits, regardless of single or double occupancy of the room (Room accommodations must meet applicable state regulations for room size.);
7. An adequate supply of hot water with plumbing control valves that automatically regulate temperature;
8. Ability to support flexibility related to individual patient room temperatures; and
9. Be equipped with an accessible, easily activated, functioning device, that is used for calling assistance.

HIF CES 1.4 The hospice inpatient facility has linens available for appropriate care and comfort of patients. Linens are handled, stored, processed and transported in compliance with applicable infection control standards, policies and procedures.

HIF CES 1.5 The hospice inpatient facility has policies and procedures addressing the isolation of patients with infectious diseases and complies with applicable infection control standards, policies and procedures.
Practice Examples:

- The hospice inpatient facility provides for semi-private accommodations (*i.e.*, with *private bathroom and shower*) that includes curtain separations, partitions or screens to create privacy.
- Patient accessible electronic media players and telephones are available.
- Furnishings, lighting, wall coverings, window treatments and floor coverings are residential in appearance and design.
- Convertible patient furniture or portable "beds" are available for family members.
- A bathroom and shower is available for family members.
- Kitchen areas are available that allow for family food preparation.
- A sufficient number of private gathering spaces are available to create an intimate environment for various purposes and number of people.
- Spaces exist that are designed to accommodate visiting children and their needs.
- Patient isolation policies and procedures exist which encourage as much patient flexibility as possible and preserve patient dignity.
- The hospice inpatient facility has physical space and a plan which permits appropriate patient access to the outdoors.
HIF CES 2. The Hospice develops, implements and evaluates a plan for emergency preparedness. A written disaster preparedness plan exists and is regularly communicated to staff through orientation and ongoing measures which includes:

1. A definition of "disaster" for the hospice inpatient facility’s given location and circumstances;
2. Arrangements for prompt identification and transfer of patients and records to another facility if necessary;
3. Arrangements for coordination of community resources; and

HIF CES 2.1 The hospice inpatient facility staff demonstrates and evaluates their proficiency in understanding the disaster preparedness plan by routine rehearsal.

HIF CES 2.2 The disaster preparedness plan is regularly evaluated for appropriateness and revised as necessary.

Practice Examples:

◆ The facility's electronic medical record is backed up to an off site data storage facility for retrieval if onsite records are lost or corrupted.
◆ The facility demonstrates an annual review of written disaster plan.
◆ Transfer arrangements with other facilities are written and reviewed.
◆ Evacuation diagrams are posted and visible to all staff, patient and family members.
◆ Rehearsals and critiques are conducted semi-annually for the disaster preparedness plan.
◆ The facility has a back up generator for short-term electrical generation.
◆ There is enough food onsite to provide sufficient nutrition for patients and staff for prolonged periods as applicable to state, federal laws or accrediting bodies.
HIF CES 3 The hospice inpatient facility meets all federal, state and local laws, regulations and codes pertaining to health and safety, especially the applicable edition of the Life Safety Code of the National Fire Protection Association.

HIF CES 3.1 The hospice inpatient facility has been constructed and/or renovated to comply with applicable federal and state laws, regulations and codes.

HIF CES 3.2 The hospice inpatient facility is sufficiently equipped, maintained and sanitized to care for admitted patients and to comply with applicable federal and state laws, regulations and codes.

HIF CES 3.3 The hospice inpatient facility has received any appropriate CMS waivers related to the Life Safety Code.

Practice Examples:

◆ A mechanism exists for staff to report equipment maintenance needs.

◆ A preventive maintenance program exists for electrical, HVAC, sprinkler and security systems.

◆ A Safety Committee routinely considers their responsibilities and plans including safety checks and system reviews.

◆ Announced and unannounced fire drills are regularly carried out. Fire bell tests are scheduled on a regular basis.

◆ Fire extinguishing equipment and sprinkler systems are regularly tested.
Standard:

**HIF CES 4** The hospice inpatient facility provides for the appropriate storage of drugs and medications.

**HIF CES 4.1** The hospice inpatient facility has separately locked compartments for Schedule II drugs.

**HIF CES 4.2** The hospice inpatient facility has appropriate policies and practices for the review of discontinued, outdated or deteriorated drugs.

**Practice Examples:**

- Policies and procedures exist and are evaluated for the appropriate documentation of access to drugs.
- A pharmacist regularly inspects drug ordering, storage, administration, disposal and record keeping procedures.
- A Pharmacy and Therapeutics Committee functions for the facility.
CLINICAL EXCELLENCE AND SAFETY (HIF CES)

Standard:

HIF CES 5  The hospice inpatient facility environment is safe, clean and secure for patients, families, volunteers and staff.

HIF CES 5.1  The hospice inpatient facility has written policies and procedures that are communicated to staff and appropriate for the facility’s location that address:
1. Security measures;
2. Visitor entrance procedures;
3. Access of security personnel (e.g., police, security staff, sheriff);
4. Inappropriate behavior which could harm others; and
5. Monitoring of public areas.

HIF CES 5.2  The hospice inpatient facility has written policies and procedures to address the cleanliness and safety of the facility.

HIF CES 5.3  The hospice inpatient facility has a process to report, document and evaluate safety and security incidents for corrective actions.

Practice Examples:

◆ Security staff assure appropriate access to the facility and entry areas are staffed.
◆ Electronic alarm, voice or video systems exist to monitor the grounds and entrances.
◆ Visitor identification requirements exist and are enforced.
◆ Electronic devices exist to summon authorities.
◆ Incidents are regularly reported and reviewed, and systems are regularly assessed for needed change.
◆ Staff awareness programs exist to enforce and highlight security issues.
◆ Policies and procedures are available for dealing with family or visitor behavior that is unacceptable and/or impaired.
◆ Housekeeping staff are regularly available and a twenty-four (24)-hour per day plan exists for meeting patients’ housekeeping needs.
◆ Resource agreements are written and reviewed for ongoing and emergency service for major cleaning needs.
Standard:

HIF CES 6 All patients have the right to be free from physical, mental abuse and corporal punishment.

HIF CES 6.1 Seclusion and restraints may only be used if needed to improve the patient's well-being or protect him/her or others from harm, and only when less restrictive interventions have been determined ineffective.

HIF CES 6.2 All patient care staff working in the inpatient facility must have training and demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in seclusion or restraints per organizational policy and procedure.

HIF CES 6.3 Hospices must report deaths associated with the use of seclusion or restraints in accordance with CMS, state and federal regulations.

Practice Examples:

◆ Hospices have an orientation and ongoing training program related to physical and chemical restraints.

◆ Hospice has a policy addressing alternative treatments or settings to manage patients that are violent or have self destructive behavior.
INCLUSION AND ACCESS (HIF IA)

Principles:

Promoting inclusiveness in our community by ensuring that all people — regardless of race, ethnicity, color, religion, gender, disability, sexual orientation, age, disease or other characteristics — have access to our programs and services.

The hospice offers inpatient palliative care to their patients without regard to age, gender, nationality, race, religion, creed, sexual orientation, disability, diagnoses or ability to pay.
INCLUSION AND ACCESS (HIF IA)

Standard:

**HIF IA 1:** Access to hospice general inpatient care is made available to all hospice patients who are in need of inpatient pain control or symptom management which cannot be provided in other settings and who meet the general admission criteria to a hospice program.

**HIF IA 1.1** The hospice patient has a right to participate in the decision making process regarding where the inpatient level of care is to be delivered.

**HIF IA 1.2** The hospice has additional option(s) available for general inpatient care other than the hospice inpatient facility.

Practice Examples:

- The hospice utilizes written criteria for admission to and continued stay in the hospice inpatient facility.
- The hospice does not limit inpatient stays to its own hospice inpatient facility and does not discharge patients requesting the use of other inpatient facilities within the service area.
ORGANIZATIONAL EXCELLENCE (HIF OE)

Standard:
No additional standards apply to organizational excellence in an inpatient facility.

WORKFORCE EXCELLENCE (HIF WE)

Standard:

HIF WE 1: The 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. The pharmacist services include:

1. Evaluation of the patient’s response to medication therapy;
2. Identification of potential adverse drug reactions; and
3. Recommended appropriate corrective action.

COMPLIANCE WITH LAWS AND REGULATIONS (HIF CLR)

Standard:
No additional standards apply to compliance with laws and regulations in an inpatient facility.

STEWARDSHIP AND ACCOUNTABILITY (HIF SA)

Standard:
No additional standards apply to stewardship and accountability in an inpatient facility.

PERFORMANCE MEASUREMENT (HIF PM)

Standard:
No additional standards apply to performance measurement in an inpatient facility.