INTRODUCTION

The principles and standards in all chapters of the Standards of Practice for Hospice Programs apply to hospice care provided in a nursing facility. The Nursing Facility Hospice Care Appendix outlines additional principles and standards that apply only to hospices providing care to individuals residing in a nursing facility that provides primary caregiver services predominantly hired by the facility. The Nursing Facility Hospice Care Appendix does not apply to individuals receiving skilled nursing care in a facility. The term “nursing facility” includes skilled nursing facilities (SNF), nursing facilities (NF) and intermediate care facilities for the mentally retarded (ICF/MR).

The hospice will comply with all applicable federal, state and local health and safety laws, regulations and codes, unless the appropriate regulatory authorities have granted specific waivers. The nursing facility and its staff will be appropriately licensed and, as applicable, certified to provide this level of service.
PATIENT AND FAMILY-CENTERED CARE (NF PFC)

Principles:

- Providing care and services that are responsive to the needs and exceed the expectations of those we serve.

- The hospice assures coordination of care and services to hospice patients in a nursing facility from admission through discharge and the subsequent bereavement care period.
NF PFC 1 The hospice assumes professional management responsibility of hospice services provided to residents of nursing facilities in accordance with the hospice plan of care.

NF PFC 1.1 The hospice ensures that all care and services routinely offered to home patients are also offered and available to patients choosing to live in a nursing facility.

NF PFC 2 The hospice develops a hospice plan of care in consultation with the nursing facility staff, patient and family.

NF PFC 2.1 The plan of care includes the plan for partnering with the nursing facility to provide all services to patients. The plan of care specifies hospice and nursing home responsibilities for the provision of patient care.

NF PFC 2.2 The hospice works with the nursing facility staff, patient and family to ensure that all changes to the plan of care are discussed and approved by the hospice prior to implementation.

NF PFC 2.3 The hospice and nursing facility collaboratively develop a coordinated plan of care to ensure appropriate delegation and provision of hospice care.

NF PFC 2.4 The hospice designates a member of the interdisciplinary team to provide overall coordination of the hospice care of each nursing facility patient and to communicate with nursing facility staff and other health care providers involved in the patient's care.

NF PFC 2.5 The hospice communicates with all physicians participating in the care of the patient to ensure coordination of the patient's hospice care with all aspects of the patient's medical care.
NURSING FACILITY HOSPICE CARE (NF PFC)

Standard:

NF PFC 3 The hospice provides the nursing facility at a minimum with the following:
- Most recent hospice plan of care;
- Hospice election form;
- Advance directive, as appropriate;
- Physician certification and recertification of the terminal illness, including the brief physician narrative;
- Name and contact information for hospice personnel involved in hospice care for each patient;
- Instructions for accessing the hospice’s 24 hour on-call system;
- Hospice medication information specific to each patient; and
- Hospice physician and attending physician orders.

NURSING FACILITY HOSPICE CARE (NF PFC)

Standard:

NF PFC 4 Caregivers in a nursing facility will have access to hospice staff 24 hours a day, seven days a week and hospice staff will have access to the nursing facility’s staff 24 hours a day, seven days a week.

NF PFC 4.1 Hospice staff requests notification if there is a significant change in the patient’s status, if there is a change requiring an alteration to the care plan or the patient dies.

NURSING FACILITY HOSPICE CARE (NF PFC)

Standard:

NF PFC 5 The hospice has a plan for providing bereavement care to identified nursing facility staff and residents as appropriate.
NURSING FACILITY HOSPICE CARE (NF PFC)

Standard:

NF PFC 6 The interdisciplinary team assures the nursing facility patient receives the appropriate level of care and services.

NF PFC 6.1 A well coordinated transition to another setting is facilitated by the interdisciplinary team when the patient’s needed level of care and services are incongruent with those offered by the nursing facility.

Practice Examples:

◆ Specific training is provided to the nursing 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.

◆ Hospice staff establish communication mechanisms permitting regular discussion with family members and facility staff.

◆ The nursing facility and hospice staff have joint care planning sessions to develop the patient’s coordinated plan of care.

◆ The hospice establishes a policy for provision of complementary services such as massage therapy and acupuncture to patients in collaboration with the nursing home staff.

◆ The hospice social worker partners with the nursing facility social worker to educate the patient and family regarding advance directive information and choices.

◆ The interdisciplinary team assesses family members’ emotions regarding a patient’s transition to a location for care other than his/her personal residence and facilitates discussion of those responses.

◆ The interdisciplinary team assists the patient and family in identifying facility placement options and financial planning for payment of facility care.

◆ Nursing facility staff are invited to attend and participate in interdisciplinary team meetings when a patient residing in the nursing facility will be discussed.
Practice Examples, cont.:

- The hospice medical director discusses coordination of hospice care services with the nursing facility medical director as needed.

- Coordination of clinical services for a patient residing in a nursing facility are regularly discussed with nursing facility staff.

- The hospice volunteer program includes a component for volunteer assignments for patients residing in a nursing facility with no family members nearby.

- Volunteer orientation and training includes appropriate components for assignment to patients residing in nursing facilities.

- Hospice staff attend the nursing home's care planning meetings for hospice patients.

- The record of each patient in a nursing facility has the hospice's name and telephone number prominently displayed. A message related to on call availability is contained in the record in an easily accessible place.

- Nursing facility staff receive training regarding the availability of on-call services for hospice patients.

- Hospice information on each patient residing in a nursing facility clearly specifies the telephone number and person to be contacted regarding that patient's care.

- Evidence exists that communication procedures and the availability of on-call service are discussed during the admission process.

- The hospice's bereavement care plan provides services to nursing facility residents and staff, as well as family members of patients residing in nursing facilities.

- The hospice offers to facilitate annual memorial services for nursing facility patients who have died in the past year.

- Hospice bereavement services are offered to nursing facility staff on an ongoing basis.

- The hospice plan of care includes assessment of a nursing facility's capabilities.

- The interdisciplinary team meeting includes nursing facility staff for open conversation of the patient's needs and the abilities of the hospice and the nursing facility.

- Nursing facility staff are routinely invited to participate in interdisciplinary team meetings planning for the care of a patient residing in the nursing facility.

- Hospice staff routinely attend and participate in the patient care conferences of patients residing in nursing facilities.
ETHICAL BEHAVIOR AND CONSUMER RIGHTS (NF EBR)

Standard:
No additional standards apply to ethical behavior and consumer rights in a nursing facility.

CLINICAL EXCELLENCE AND SAFETY (NF CES)

Standard:
NF CES 1 The hospice and nursing facility collaborate to ensure the safety of hospice patients residing in the facility.

NF CES 1.1 The hospice and nursing facility collaborate on identifying safety risks and develop a plan to address identified risks.

Practice Examples:

◆ The hospice staff maintains an awareness of and participates as appropriate in the nursing facility safety program as it relates to:
  ■ hazardous material and waste;
  ■ fire and evacuation plans;
  ■ emergency/disaster preparedness plan; and
  ■ communications contingency plan.

◆ Incidents and accidents are reported and monitored by both the hospice and the facility, and joint plans of correction are developed, when indicated.

◆ The process for hospice provision of equipment in the facility is clearly communicated and coordinated with the facility.

◆ The hospice equipment provider instructs the facility and hospice staff in the proper use of any delivered equipment.

◆ The hospice and nursing facility utilize risk assessment tools to determine patient’s level of risk for falls and wounds.

◆ The hospice staff are educated on infection control measures in the facility; (e.g., hand washing, infection reporting, isolation room procedures).

◆ Infections are included in both hospice and facility infection control monitoring.

◆ The hospice participates in the facility infection control and safety review evaluation and includes the information in the hospice quality program.
INCLUSION AND ACCESS (NF IA)

Standard:
No additional standards apply to inclusion and access in a nursing facility.

ORGANIZATIONAL EXCELLENCE (NF OE)

Standard:
NF OE 1 The hospice demonstrates professional management of resident’s hospice care services in accordance with the hospice/nursing facility coordinated plan of care.

Practice Examples:
- The RN Case Manager manages the plan of care with input from the patient, family and facility and coordinates the implementation of the plan with the facility staff.
- Hospice identifies a specific member of the hospice core team to communicate with the facility staff on a regular basis to evaluate:
  1. the needs of the hospice patient and the facility staff; and
  2. implementation/updating of the plan of care.
- The RN Case Manager reviews the nursing home and hospice care plan documents and documents ongoing agreement, communication, coordination and collaboration of the hospice and nursing home care plan documents.
WORKFORCE EXCELLENCE (NF WE)

Standard:

NF WE 1  The hospice provides orientation and training to nursing facility staff.

NF WE 1.1  The hospice demonstrates that nursing facility staff are offered education in the hospice philosophy, hospice policies and procedures, symptom management, death and dying, patient rights and record keeping requirements.

NF WE 1.2  The hospice staff are trained in the principles of long term care including the assessment and management of frail elders, collaborative care planning and nursing home systems, rules and regulations.

Practice Examples:

◆ The hospice attempts to hire staff with nursing facility care skills.

◆ Hospice staff orientation includes education for particular nursing facility characteristics and desires.

◆ The hospice provides educational opportunities to staff to better understand and integrate with nursing facility standards and plans of care.

◆ The hospice provides in-service training to nursing facility staff on the topic of work-related grief and loss.

◆ Orientation to hospice care is included in the nursing facility’s orientation program.
COMPLIANCE WITH LAWS AND REGULATIONS (NF CLR)

Standard:

NF CLR 1  The hospice and nursing facility have a written agreement specifying each party’s responsibilities for hospice patients residing in the nursing facility.

NF CLR 1.1  The written agreement includes:

1. A delineation of the hospice's responsibilities;
2. Method of communication between hospice and nursing facility staff to ensure that the needs of the patients are met 24 hours/day;
3. A provision that the nursing facility immediately notifies the hospice if:
   a. there is a significant change in the patient's status,
   b. the plan of care needs to be altered,
   c. the patient needs to be transferred to an alternate care setting or needs a level of care change or
   d. the patient dies;
4. The hospice assumes responsibility for determining the appropriate course of hospice care; including determining the level of care and changes to the level of care;
5. A provision that the nursing facility continues to provide the same level of care to the patient as before hospice was provided;
6. A provision that the hospice will provide the same level of services as if the patient was in his own home;
7. A provision that the hospice must report all alleged mistreatment, neglect or abuse by anyone unrelated to hospice to the NF administrator within 24 hours of becoming aware of the alleged violation; and
8. A delineation of the hospice's responsibility to provide bereavement services to the nursing facility staff.
STEWARDSHIP AND ACCOUNTABILITY (NF SA)

Standard:

No additional standards apply to stewardship and accountability in a nursing facility.

PERFORMANCE MEASUREMENT (NF PM)

Standard:

NF PM 1 Hospice quality assessment and performance improvement efforts are inclusive and reflective of services provided in all settings.

Practice Examples:

- The nursing facility and hospice share information on their QAPI programs and current performance improvement initiatives as appropriate.
- The nursing facility and hospice collaborate on performance improvement projects for hospice patients residing in the facility.