Stewardship and Accountability (SA)

Principles:

- Developing a qualified and diverse governance structure and senior leadership who share the responsibilities of fiscal and managerial oversight.

- Hospice has an organizational leadership structure that permits and facilitates action and decision-making by those individuals closest to any issue or process.
STEWARDSHIP AND ACCOUNTABILITY (SA)

Standard:

**SA 1** The hospice has an organized governing body that has complete and ultimate responsibility for the organization.

**SA 1.1** The governing body meets regularly and is informed of ongoing and current issues affecting hospice and receives reports of care, treatment and services as required by the Medicare Conditions of Participation (CoPs).

**SA 1.2** Bylaws and/or policies and procedures specify the roles and responsibilities of the governing body members, staff and/or employees and, when appropriate, define the hospice's relationship to any superior governing body.

**SA 1.3** The governing body develops and implements a written conflict of interest policy that includes guidelines for the resolution of any existing or apparent conflict of interest.

**SA 1.4** The governing body members participate in an initial orientation program.

**Practice Examples:**

- Governing body meetings are documented and reflect the group's ultimate responsibility for the organization.

- Signed conflicts of interest statements are obtained on an annual basis and on file in the hospice.

- An organizational chart exists that clearly designates the relationships between the governing body, management and staff.
**STEWARDSHIP AND ACCOUNTABILITY (SA)**

**Standard:**

**SA 2** The organizational leaders have processes to review and approve the hospice’s mission, purpose, vision and policies that include active participation and input by all stakeholders.

- **SA 2.1** The hospice develops and regularly reviews its mission and vision statements.
- **SA 2.2** The hospice has written administrative and clinical policies and procedures which direct daily hospice operations and are regularly reviewed.

**Practice Examples:**

- The management and staff can verbalize the mission and vision statements of the hospice.
- The hospice has a process for the regular review and revision of policies and procedures.

**Standard:**

**SA 3** The governing body oversees the process of selection and evaluation of the hospice administrator and provides ongoing support.

- **SA 3.1** The governing body has a mechanism for evaluating the performance of the hospice administrator at least annually.
- **SA 3.2** The performance evaluation of the hospice administrator is documented and reviewed with that individual.

**Practice Examples:**

- A performance appraisal tool is developed and utilized in evaluating the hospice administrator.
- The hospice administrator performs a self-evaluation as part of his/her annual performance evaluation.
- The performance appraisal process allows for a comprehensive review with input obtained from peers, subordinates and leaders.
**STEWARDSHIP AND ACCOUNTABILITY (SA)**

**Standard:**

**SA 4** The organizational leaders ensure effective strategic planning and resource management.

**SA 4.1** The organizational leaders establish a process for the ongoing monitoring of the adequacy and availability of program resources in all hospice settings including the home, nursing home, residential and inpatient facilities.

**SA 4.2** The organizational leaders establish a process for determining and responding to the needs of internal and external customers, and community at large.

**SA 4.3** The hospice planning process addresses the:
1. Basic philosophy of hospice care; and
2. Physical, psychosocial, spiritual, social and bereavement needs of patients and families.

**SA 4.4** The hospice planning process includes the:
1. Establishment and periodic review of a mission, vision and short-term and long-range goals;
2. Monitoring to ensure that the mission is realized in practice and sustained over time; and
3. Input from employees, contracted staff, volunteers and other sites where hospice care is provided.

**SA 4.5** The organizational leaders communicate the strategic plan throughout the hospice and contracted providers.

**Practice Examples:**

- A committee structure exists that permits internal and external customers to participate in the hospice evaluation and planning.
- The hospice’s written communication tools include the statements of the mission, vision and strategic plans.
- Management and staff can verbalize the mission and vision statement of the hospice.
- Management communicates strategic plans and updates on a regular basis.
Stewardship and Accountability (SA)

Standard:

**SA 5** The organizational leaders demonstrate fiscal and fiduciary responsibility for the hospice.

**SA 5.1** The organizational leaders and representatives from all professional disciplines collaboratively develop, implement and monitor an annual operating budget and long term capital expenditure plan in compliance with laws and regulations.

**SA 5.2** There is a budget approved by the governing body that reflects the goals and operations of the hospice program.

**SA 5.3** The hospice contracts with an outside accounting agency to conduct at least an annual financial audit.

**SA 5.4** The governing body regularly monitors and reviews the financial statements and budget.

**SA 5.5** The hospice administration implements the financial policies and practices that ensure the accuracy and reliability of the financial data.

**SA 5.6** Mechanisms are in place to manage accounts payable, accounts receivable, handling of cash and assures that arrangements for credit and assistance are made if needed.

**SA 5.7** Policies and procedures that guide ethical and accurate billing and payment practices are implemented and evaluated on an ongoing basis.

**SA 5.8** The hospice prepares a volunteer cost savings report that demonstrates 5% of total patient care hours of all paid and contract direct care staff are provided by volunteers.

**Practice Examples:**

- The managers of the hospice can demonstrate their knowledge of financial principles and can discuss their input and monitoring of the budget.
- Financial policies and procedures exist and include the requirement that investments are reviewed and approved by the governing body.
- An annual financial audit occurs including a management report.
- A written compliance plan for hospice exists.
- A written policy exists delineating “means testing” for financial assistance.
- The volunteer manager uses the dollar value defined by the Bureau of Labor and Statistics to calculate the value of the volunteer services in the cost savings report.
STEWARDSHIP AND ACCOUNTABILITY (SA)

Standard:

SA 6 The organizational leaders continually evaluate and assess their performance.

SA 6.1 All governing body members evaluate their initial orientation and continuing education programs intended to enable them to fulfill their hospice responsibilities.

SA 6.2 Hospice recruits governing body members that reflect the variety and diversity of the population and the community served.

SA 6.3 The governing body periodically evaluates and assesses their performance.

Practice Examples:

◆ The governing body assesses its educational needs and plans for regular, planned educational opportunities.

◆ A formal governing body orientation is developed and implemented.

◆ A written overall evaluation of the hospice is disseminated to organizational leaders.
SA 7: The hospice administrator has full responsibility for the day-to-day operations of the hospice program.

SA 7.1 The hospice administrator implements the financial policies and practices that ensure the accuracy and reliability of the financial data.

SA 7.2 The hospice administrator is qualified by education and experience to operate the hospice in accordance with federal, state and local laws and regulations and hospice standards of practice.

SA 7.3 The hospice administrator is responsible to the governing body for:
1. Implementing, monitoring and reporting on the hospice’s services;
2. Assuring the quality of patient care;
3. Resolving problems;
4. Assuring that performance improvement, and safety activities are planned and implemented; and
5. Providing up to date information and keeping lines of communication open.

SA 7.4 In the absence of the hospice administrator a qualified individual is appointed to carry out day-to-day responsibilities.

Practice Examples:
- The hospice administrator’s position description is written and includes qualifications and responsibilities.
- A written performance evaluation of the hospice administrator is conducted on an annual basis.
Standard:

SA 8  There are administrative policies that define the roles and responsibilities of the governing body, administration and the interdisciplinary team.

SA 8.1  The hospice has written administrative and clinical policies and procedures which direct daily hospice operations.

SA 8.2  There are administrative policies and procedures that require a consistent and periodic evaluation of the hospice program and a periodic review of all policies and procedures.

Practice Examples:

◆ There are written policies and procedures in the operations manual of the hospice which state the roles of the various components: governing body, administrative staff and interdisciplinary team members.

◆ There is a written description of responsibilities for members of the governing body.

◆ A written policy details an annual program review procedure.

◆ Written policies define the composition and organization of the interdisciplinary team.
STEWARDSHIP AND ACCOUNTABILITY (SA)

Standard:

SA 9 Information is protected against loss, theft and destruction.

SA 9.1 At a minimum, clinical records and financial records are stored in a manner that prevents unauthorized access and damage from fire and water.

SA 9.2 The hospice has a plan for protecting its computerized information that includes:
1. Safeguards to prevent unauthorized access to computerized records;
2. Strategies for routine back-up and storage of computerized records; and
3. Methods to replace information, if necessary.

SA 9.3 The hospice has a written policy regarding time periods for the retention of records.

Practice Examples:

◆ Hospice clinical records are retained according to state law.
◆ Retention of pediatric patient records complies with applicable state laws and regulations.
◆ Computerized data are backed up daily and backup discs and tapes are stored in a fireproof container off site.
STEWARDSHIP AND ACCOUNTABILITY (SA)

Standard:
SA 10 Confidentiality of information is maintained.

SA 10.1 Protected Health Information (PHI) may only be released for the provision of patient care, billing or operations or as directed by federal and state laws and regulations.

SA 10.2 The hospice policy states that patient information may only be released with the written consent of the patient or authorized patient representative unless authorized by appropriate legislative or judicial authority.

SA 10.3 The hospice has policies and procedures that address the transfer and transmission of confidential information via the use of facsimile machines, cellular telephones, and other technological mechanisms and routes.

SA 10.4 Communications in person, by telephone, fax and computer maintain the confidentiality of patient, family and caregiver information.

SA 10.5 All employees, contractors and volunteers of the hospice are trained on the privacy and security of Protected Health Information and are in compliance with HIPAA regulations.

Practice Examples:
◆ All staff sign a confidentiality agreement on hire prior to any exposure to patient or family information.
◆ Patients or legal representatives sign a release form prior to the release of information or sharing of any information.
◆ The hospice policies and procedures address staff’s access to the computer (e.g., password, logging off and authentication process).
◆ The physical layout of the hospice office and other hospice facilities is conducive to maintaining patient privacy and is regularly assessed to assure patient privacy is being maintained.