Fostering a collaborative, interdisciplinary environment that promotes inclusion, individual accountability and workforce excellence, through professional development, training and support to all staff and volunteers.

Hospice organizational leaders ensure that the number and qualifications of staff and volunteers are appropriate to the scope of care and services provided by the hospice program.
Workforce Excellence (WE)

Standard:

WE 1 The hospice identifies and maintains an appropriate number of qualified staff and volunteers to meet the unique needs of the patients, families and the organization.

WE 1.1 The governing body assures that all individuals who provide patient and family services are competent to provide such services.

WE 1.2 Hospice staff has current licenses, certifications or other credentials appropriate to their practice and scope of responsibilities and in accordance with applicable laws and regulations.

WE 1.3 The hospice ensures that physician services are available through contract, direct employment with the hospice provider or volunteer.

WE 1.4 Appropriate staffing guidelines are established and utilized in planning for staff recruitment, retention, assignments and quality of patient care.

WE 1.5 A patient’s care or treatment is not negatively affected if the hospice program grants a staff member’s request not to participate in an aspect of a patient’s care or treatment (e.g., for ethical, health or personal reasons).

WE 1.6 Hospice has identified a plan to deal with significant increases in census.

WE 1.7 The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12 months.

Practice Examples:

- Licenses are verified with the primary source and documented in a personnel record.
- The hospice maintains accurate, up-to-date personnel records to support proof of current licensure, certification or other required credentials.
- An employee whose license is expired or suspended is not allowed to work until the license is reinstated and verified.
- Staffing coverage is secured when an employee is ill or requires a change in assignments.
- Education, professional licensure or certification and organizational membership activities are documented in each staff member’s personnel record.
- When a social worker with a Master’s degree in social work cannot be secured, the hospice must document efforts to recruit a social worker with appropriate training and experience.
- Additional staff is secured/contracted under extraordinary or other non-routine circumstances which can include: unanticipated periods of high patient census and case load, staffing shortages due to illness or other short-term temporary situations that interrupt patient care and temporary travel of a patient outside of the hospice’s service area.
WE 2: Workforce Excellence (WE)

Standard:

WE 2  The hospice recruits staff and volunteers to reflect the variety and diversity of the communities served.

WE 2.1 An annual analysis is performed to determine how the diversity of staff and volunteers correlates with that of the community served.

WE 2.2 Recruitment plans and/or hiring activities demonstrate nondiscriminatory hiring and staffing practices.

Practice Examples:

- Recruitment efforts are made to hire staff and volunteers when the diversity of staff does not correlate with the diverse population served.

- Community centers, churches/synagogues and neighborhood associations are utilized to recruit ethnic groups not well represented on the hospice’s staff.
Standard:

**WE 3** The hospice maintains a consistent, nondiscriminatory process for recruiting and selecting staff with optimal qualifications which includes competence and license validation, a personal interview, criminal background checks and other checks as required by law and regulation.

**WE 3.1** The hospice leaders define the qualifications and performance standards for all staff positions.

**WE 3.2** There is a written job description for each position that includes the education, training and experience required.

**WE 3.3** Written job descriptions are reviewed and updated on a regular basis.

**WE 3.4** Up-to-date personnel records include:
1. Verification of licensure;
2. Completed application;
3. Verification of experience;
4. Employee health screening records to be maintained in a separate locked file;
5. Pre-employment appraisals;
6. Performance evaluations;
7. Other information as required by law, policy or regulation;
8. Reference checks;
9. Criminal background checks (*including volunteers*);
10. Completed Form I-9 or Employment Eligibility Verification (*excluding volunteers*); and
11. Conflict of Interest Form.

**WE 3.5** Each employee is provided copies of his/her job description on hire and when revised.

**Practice Examples:**

- Potential employees receive a job description for the position to which they are applying.
- Supervisors evaluate the accuracy of a job description annually with input obtained from each employee and make revisions as necessary.
- A personnel handbook is developed and provided to each employee on hire and when changes occur.
- Qualifications are defined in writing for all hospice team members and included in position descriptions.
- Selection of hospice team members is made on the basis of the applicant’s experience and education, communication and interpersonal skills, clinical or other specialty skills, experience related to loss, grief, identification of ethical issues and ability to deal effectively with the demands of the hospice role/position.
- The hospice maintains a consistent process for recruiting and selecting staff with optimal qualifications that includes competency validation and interviews with managers and others.
Standard:

**WE 4** The hospice has established personnel policies to direct employment practices that include:

1. Recruitment;
2. Hiring practices;
3. Benefits;
4. Grievance procedures;
5. Employee responsibilities;
6. Staff conflict of interest;
7. Performance expectations and evaluations;
8. Disciplinary actions;
9. Retention activities and efforts; and
10. Termination.

**WE 4.1** Upon hire, all staff are oriented to the hospice program’s personnel policies and procedures.

**WE 4.2** Hospice personnel policies are regularly reviewed and updated.

**WE 4.3** The hospice has a method for staff to express grievances related to their employment and a process for resolving such grievances and evaluating the grievance process.

**WE 4.4** Hospice personnel policies and procedures meet all regulatory requirements and are in accordance with applicable laws.

**WE 4.5** Educational programs are developed in accordance with the hospice program’s policies and individual competency development needs.

**WE 4.6** Educational programs are evaluated by the participants and the results are used to develop future programs.

**Practice Examples:**

- A written policy exists directing the regular review of all personnel policies and procedures.
- Expertise in the area of regulatory requirements related to human resources is utilized in the development of all hospice personnel policies and procedures.
- An evaluation form is utilized for participant evaluation of all educational offerings. Results are compiled and utilized in evaluation and planning activities.
- Employee education and competency needs are annually evaluated and a plan for education and competency evaluation is developed based upon this assessment.
WORKFORCE EXCELLENCE (WE)

Standard:

**WE 5** All staff receives orientation, training, development opportunities and continuing education appropriate to their responsibilities.

**WE 5.1** All staff complete appropriate orientation, training and a competency evaluation before providing any care or assuming administrative responsibilities.

**WE 5.2** The hospice provides orientation and continuing education programs in hospice care and pain and symptom management to all direct care staff including facility-based and contracted staff.

**WE 5.3** When changes in patient assignments occur, the hospice orients newly assigned staff members or volunteers to their responsibilities and to the individualized needs of the patient, family and caregiver.

**WE 5.4** The hospice has established processes that support staff development and life-long learning.

**WE 5.5** Hospice team members have access to emotional support to assist them in coping with work-related loss, grief and change.

**Practice Examples:**

◆ A monthly calendar of educational opportunities available is published and distributed to staff.
◆ A structured orientation program is in place for all new employees and includes orientation to the hospice and hospice philosophy of care.
◆ The orientation program includes education about death and dying.
◆ Staff are surveyed annually to assess their learning needs.
◆ In-service educational offerings include competency evaluations as appropriate.
◆ Each participant completes an evaluation at the end of each inservice and the results are analyzed by those responsible for staff development.
◆ Emotional support is offered to hospice team members as a responsibility of the bereavement counselor.
◆ The hospice maintains an agreement with a local employee assistance program to provide additional counseling services to staff.
◆ The hospice provides in-service educational offerings on topics of importance to patient care, including post traumatic stress disorder and other issues faced by veterans at the end of life.
**Workforce Excellence (WE)**

**Standard:**

**WE 6** The organizational leaders assure that continuous education is made available for all leaders.

- **WE 6.1** A process to identify the leaders’ educational needs is conducted on a regular basis.
- **WE 6.2** An educational plan exists to continually develop the abilities of the hospice leaders.

**Practice Examples:**

- The hospice administrator has attended continuing education programs on topics where learning needs were identified.
- The hospice has made educational sessions available to the governing body members.

**Standard:**

**WE 7** Hospice staff have access to current relevant information.

- **WE 7.1** Current books, videos and journals related to current relevant information are available for the staff’s use.
- **WE 7.2** Staff have access to up-to-date relevant information through attendance at internal and external in-services and seminars.

**Practice Examples:**

- Hospice staff have access to the Internet which makes research and current information readily available.
- A resource library is maintained and is accessible to all staff, volunteers, patients and family members.
- Current textbooks related to hospice, palliative care and bereavement care for all ages are available for the staff’s use.
WORKFORCE EXCELLENCE (WE)

Standard:

WE 8 The hospice develops and implements a competency assessment program for all staff and volunteers responsible for providing direct patient care activities.

WE 8.1 The hospice implements the competency assessment program and aggregates the data collected on staff and volunteer performance to identify their educational needs.

WE 8.2 The hospice assesses each staff member’s and volunteer’s ability to meet the performance expectations set in the job description.

WE 8.3 The hospice provides continuing education and inservices, along with other activities, to maintain and improve the staff member’s and volunteer’s knowledge and skills.

WE 8.4 Appropriate measures are taken when adverse patient outcomes are directly related to an individual’s performance.

Practice Examples:

- Supervisors regularly observe staff providing direct care and evaluate their competency.
- When staff’s performance results in an adverse outcome, the staff member is involved in a retraining program.
- Competency-based training is developed related to problematic performance areas.
- Documentation is maintained for all orientation, education and competency testing performed by the hospice.
- Clinical staff competencies are evaluated annually.
- The hospice provides orientation and competency evaluation related to the Medicare Conditions of Participation (CoPs) for all staff.
Standard:

**WE 9** Hospice utilizes and values specially trained, caring volunteers that are capable of assisting the population served by the hospice.

**WE 9.1** The hospice hires volunteer directors/managers to serve the entire hospice program through the recruitment and placement of volunteers. Hospice volunteer director/manager services include:

1. Recruiting, screening and retaining volunteers to meet the needs of patients/families and the hospice program (e.g., administration, fundraising, etc.);
2. Educating volunteers to meet hospice regulatory requirements and all applicable accreditation standards;
3. Identifying and responding to patient/family volunteer needs by matching volunteers with skills needed;
4. Effective advocacy for the utilization and integration of volunteers into the interdisciplinary team and liaise between team members and volunteers as needed to affect optimal volunteer services for patients and families;
5. Ongoing supervision and competency evaluation of volunteers to meet hospice regulatory requirements and all applicable accreditation standards;
6. Ensuring accurate documentation of volunteer visits and volunteer hours;
7. Ongoing retention of volunteers through recognition, education and support;
8. Developing volunteer program evaluation strategies to insure quality services; and
9. Supporting community education through volunteer presentations or other activities in the community;
10. Documenting cost savings achieved through the use of volunteers;
11. Maintains a volunteer staff sufficient to provide administrative or direct patient care in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff; and
12. Recording the expansion of care and services achieved through the use of volunteers.

**WE 9.2** Hospice volunteer services are based on initial and ongoing assessments of patient and family volunteer needs by members of the interdisciplinary team and provided according to the interdisciplinary team’s plan of care.
**WE 9.3** Hospice volunteers receive appropriate orientation and training prior to providing patient, family and caregiver care that minimally includes:

1. The purpose and focus of hospice care;
2. The important role of the volunteer in hospice care;
3. The interdisciplinary team’s function and responsibility;
4. Role of various hospice team members;
5. Concepts of death and dying;
6. Communication skills;
7. Patient and family rights and responsibilities;
8. Care and comfort measures;
9. Diseases and conditions experienced by hospice patients;
10. Psychosocial and spiritual issues related to death and dying;
11. Concept of the unit of care (e.g., the hospice patient, family and caregiver);
12. Stress management;
13. Infection control practices;
14. Professional boundaries and patient/family boundaries;
15. Staff, patient and family safety issues;
16. Ethics and hospice care;
17. Family dynamics, coping mechanisms and psychological issues surrounding terminal illness, death and bereavement;
18. Confidentiality;
19. Reporting requirements related to patient changes, pain and other symptoms;
20. Other topics based on the hospice’s unique mission and defined patient population;
21. Specialized duties and responsibilities;
22. Specialized training is performed when volunteers provide care or services in facility-based care settings or with other specialty patient populations; and
23. The person(s) to whom they report and the person(s) to contact if they need assistance and instructions regarding the performance of their duties and responsibilities.

**WE 9.4** The hospice maintains personnel records for each volunteer that minimally include:

1. Activities performed by the volunteer;
2. Orientation and training;
3. Competency assessments;
4. Annual performance evaluations;
5. Criminal background checks; and
6. Conflict of Interest form.

**WE 9.5** Volunteers are evaluated at least annually using the performance criteria defined in the job description.

**WE 9.6** Hospice volunteers are supervised in a timely manner by designated hospice staff.

**WE 9.7** Volunteers are represented on the IDT either in person or through staff assigned to supervise volunteer department.
Practice Examples:

- Recruiting activities are regularly scheduled and include various media such as print and electronic newspapers, newsletters, bulletins and other broad-based community resources.
- Hospice has written criteria for recruiting, selecting, training and assigning volunteers.
- Recruiting activities are planned and conducted with input obtained from staff and volunteers to meet volunteer recruitment goals.
- Volunteers are utilized in administrative or direct patient care roles.
- Volunteer retention activities include offering support groups, partnering with other volunteers or if necessary, making changes in assignments.
- All patient care volunteers complete a comprehensive orientation prior to providing any patient, family or caregiver care or services.
- All volunteers are invited to be active participants in volunteer support groups.
- There is evidence of ongoing volunteer supervision and identifying the educational needs of hospice volunteers.
- The volunteer's performance is assessed on hire and ongoing through observations made during orientation, evaluations made during care assignments and the annual performance evaluation process.
- Volunteer retention efforts include: support mechanisms; mentoring or “buddying” with experienced, competent peer volunteers; changing of assignments when the program’s, patient’s or family’s needs are not met; providing ongoing feedback and recognition events; and communicating and having camaraderie with other hospice team members (e.g., support groups, telephone calls, flyers, closure of care, meeting with volunteer coordinator, etc.).
- Volunteers articulate information provided in the orientation and training as evidenced by interviews or evaluations with the hospice nurse, other team members or the hospice patient or family.
- Performance evaluations incorporate the valued educational components listed in the hospice’s orientation and ongoing educational initiatives. A review of these evaluations demonstrates a positive correlation between the education material presented and the volunteer’s demonstrated competence.
- There is a formalized process to elicit feedback from volunteers about the recruitment process, orientation and training, supervision and their practice with patients and families.
- Additional supplemental training is provided for hospice volunteers working in specialized programs (e.g., nursing homes, facilities specializing in care to persons with AIDS, pediatric programs, veterans, etc.).
WORKFORCE EXCELLENCE (WE)

Standard:

WE 10  Adequate supervision and professional consultation by qualified personnel are available to staff and volunteers during all hours.

WE 10.1  The hospice provides access to qualified consultation when a clinical supervisor does not have the clinical training, education or experience to make sound patient and family care or policy decisions.

WE 10.2  Supervisors and management staff have specialized training and experience, attend ongoing inservices and educational programs and complete a competency evaluation.

Practice Examples:

◆ An on-call system ensures the availability of expert advice to on-call staff.

◆ Social workers with a baccalaureate degree in social work from an institution accredited by the Council on Social Work Education; or a baccalaureate degree in psychology, sociology or other field related to social work are supervised by an MSW. *(If the BSW professional was employed by the hospice before December 2, 2008, that employee is not required to be supervised by an MSW.)* (CoPs section 418.114 (3B), Personnel Qualifications)

◆ Pediatric consultation and specialty resources are available to support staff and volunteers.
Standard:

WE 11 The interdisciplinary team members provide quality, outcomes oriented, coordinated care as defined by current regulatory, professional, competency and credentialing standards that relate to the team member’s practice specialty and principles of interdisciplinary team practice.

WE 11.1 The interdisciplinary team’s care represents the scope of each specialty as defined by law and is provided in accordance with the code of ethics and practice standards for each discipline.

WE 11.2 Care is goal or outcome directed, with the desired outcomes identified on the initiation of hospice care and updated on an ongoing basis.

WE 11.3 The hospice demonstrates and documents congruency between team members assessments and interventions and the patient’s and family’s plan of care.

WE 11.4 Hospice care is provided and legibly documented in ways that ensure accountability, reimbursement, support of patient rights and patient, family and caregiver confidentiality.

WE 11.5 The interdisciplinary team members meet on a regular basis and as needed in compliance with the Medicare Conditions of Participation, for collaboration and care coordination.

Practice Examples:

- Care coordination and effective communication among the interdisciplinary team members are evidenced by documentation contained in the clinical record that records the achievement of goals or outcomes.

- The interdisciplinary team interventions reflect cooperation and coordination among members.

- Frequent communication and collaboration among interdisciplinary team members is documented throughout the patient’s clinical record.

- Members of the patient’s interdisciplinary team communicate the anticipated bereavement needs and survivor risk assessment information to bereavement care staff using a consistent mechanism (e.g., survivor risk assessment tool, case summary for bereavement care).

- Interdisciplinary team members maintain the confidentiality of the patient’s and family’s care.

- A calendar is left in the patient’s home to inform the patient, family and caregiver when interdisciplinary team members project making a home visit and also assists in care coordination.
**Standard:**

**WE 12** The hospice medical director or designee reviews, coordinates and oversees the management of medical care for all patients in the hospice program.

**WE 12.1** The hospice employs or contracts with a medical director who is a licensed doctor of medicine or osteopathy with experience and knowledge regarding palliative care.

**WE 12.2** Services and responsibilities of the hospice medical director or designee are:

1. Collaborating with the attending physicians regarding the palliation and management of the terminal illness;
2. Reviewing clinical information for each hospice patient and providing written certification of the patient's eligibility for hospice services upon admission and at recertification;
3. Overseeing the medical component of the hospice's patient care program;
4. Acting as a medical resource for the interdisciplinary team;
5. Assuring physician representation at and participation in interdisciplinary team meetings;
6. Participate in the hospice's quality assessment/performance improvement activities;
7. Provide coverage and support after normal business hours;
8. Assist in the development and review of clinical protocols;
9. Act as a liaison to physicians in the community;
10. Develop and coordinating procedures for the provision of emergency care;
11. Participate in continuing education for all hospice staff providing direct care;
12. Establish guidelines and parameters for acceptable medical research;
13. Perform home visits for patient assessment and intervention as needed and appropriate;
14. Act as a role model to peers;
15. Provide educational and consultative assistance related to hospice care;
16. Completes and signs initial and recertification of terminal illness; and
17. Completes a brief narrative, in the physician's own words, on why the patient is being admitted to hospice services, to accompany both the initial certification of terminal illness and each recertification. *(Either the hospice medical director or the patient’s attending physician writes the narrative statement.)*

**Practice Examples:**

- The hospice medical director leads “grand rounds” at the local teaching hospital on a quarterly basis.
- The hospice medical director develops a quarterly hospice newsletter directed to all attending physicians.
- The hospice medical director attends team meetings or arranges for other physicians to attend and provide appropriate support.
- The hospice medical director or designee is available by pager or other mechanism during non-business hours.
- The hospice has access to pediatric physicians to collaborate and consult on appropriate pediatric treatment and provide recommendations.
- The hospice maintains personnel records for medical director and other physicians employed or contracted with the hospice including DEA registration.
**Standard:**

**WE 13** The patient's attending physician provides initial and ongoing medical services to the patient.

**WE 13.1** The attending physician provides the following information to the hospice before the patient is admitted:

1. Admitting diagnosis and prognosis;
2. Current medical findings, including specific clinical indicators, history of changes in indicators and data to support the terminal diagnosis;
3. Orders for medications, treatments and symptom management; and
4. Designation of an alternative physician to contact in the event that the attending physician is not available during patient emergency or non-business hours.

**WE 13.2** Physician's orders are obtained as needed prior to the provision of care and received within the time frame required by law and regulation.

**WE 13.3** The hospice verifies the licensure of physicians, nurse practitioners and other authorized individuals who provide orders or prescriptions for a hospice patient.

**WE 13.4** The hospice defines the responsibilities of the patient's attending physician and clearly communicates them to the physician.

**WE 13.5** The attending physician's responsibilities for the hospice patient include, but are not limited to:

1. Signing the certification of terminal illness for a patient being referred, along with the hospice medical director;
2. Completes a brief narrative as requested, in the physician's own words, on why the patient is being admitted to hospice services, to accompany both the initial certification of terminal illness and each recertification (Either the hospice medical director or the patient's attending physician writes the narrative statement.);
3. Management of the patient's medical care;
4. Participation in the initial and ongoing care planning process;
5. Provision of signed orders in a timely manner;
6. Respect for the patient's confidentiality and choices;
7. Availability to the hospice staff and the patient, family and caregiver members;
8. Sharing information as needed to facilitate continuity of care; and
9. Provision of consultation on specialty patient populations (e.g., pediatric patients).

**WE 13.6** The hospice interdisciplinary team communicates with the attending physician on a regular basis. Communication includes providing clinical updates, responding to questions regarding the patient's care and family services and conveying observations and pertinent information.

### Practice examples:

- Progress reports regarding hospice patients are sent to all attending physicians.
- All attending physicians receive an explanation of their responsibilities annually.
- Contacts and communication with the attending physician are documented in the clinical record.
- Nurse Practitioners serve as the patient's attending physician, if allowed by state law, and may be designated as backup for attending physicians. *(Note: Nurse Practitioners may not certify the patient as terminally ill.)*
Hospice nursing services are based on initial and ongoing assessments of the patient’s needs by a registered nurse and are provided in accordance with the interdisciplinary team’s plan of care. Services include:

1. Completion of the initial and comprehensive assessment of patient/family needs;
2. Coordination of the patient’s plan of care;
3. Provision of dietary counseling;
4. Medication profile review and update; and
5. Supervision of Hospice Aides.

Hospice nursing services include:

1. Assessing the patient’s and family’s physical, psychosocial, environmental, safety and developmental needs;
2. Development of an individualized plan of care based on the assessment;
3. Assessing all aspects of the patient’s pain and developing an individualized pain management plan;
4. Anticipating, preventing and treating undesirable symptoms or secondary symptoms;
5. Support, instructions and education of the patient, family and caregiver;
6. Documenting problems, nursing assessments, appropriate goals, care provided, care interventions and patient and family outcomes;
7. Coordinating all patient and family services with the team;
8. Maintaining the dignity of the dying patient;
9. Supporting the patient’s and family’s unique spiritual and cultural beliefs;
10. Providing holistic, family-centered care across treatment settings to improve the quality of life;
11. Consulting and collaborating with the interdisciplinary team and others involved in the patient’s care; and
12. Participating in the hospice program’s quality assessment performance improvement program.

Practice Examples:

- A complete physical assessment is performed and documented for each patient upon admission.
- Each nursing visit includes a reassessment of the patient’s physical status.
- The pediatric patient’s pain assessment and pain management plan of care is based on the patient’s developmental age.
- The hospice nurse shares physical observations of the patient and changes in treatment with all team members.
- The hospice nurse documents the patient’s pain assessment and related interventions on each visit note.
- The adolescent patient is included in the decision-making for treatment choices.
Interdisciplinary Team: Social Work

Standard:

**WE 15** Hospice social work services are based on initial and ongoing assessments of patient and family needs by a social worker from an accredited school of social work, and are provided in accordance with the interdisciplinary team’s plan of care.

**WE 15.1** Social work services include:

1. Identifying the patient’s and families psychosocial needs;
2. Assessing and strengthening the patient and family’s coping skills;
3. Assessing and enhancing the responsiveness of the environment and connecting the patient, family and caregiver with community resources as needed;
4. Providing interventions for specific symptom relief (e.g., fear, grief, depression, anger, etc.);
5. Enhancing the strengths of the family’s system;
6. Assessing and referring for ongoing bereavement services;
7. Documenting problems, psychosocial assessment, appropriate goals, care provided, interventions and patient, family and caregiver response to each intervention;
8. Maintaining the dignity of the dying patient;
9. Supporting the patient’s unique spiritual and cultural beliefs;
10. Assessing the support systems available and needed for pediatric patients and siblings and for children of adult patients;
11. Providing holistic family-centered care across treatment settings;
12. Consulting and collaborating with the interdisciplinary team;
13. Reporting abuse and neglect;
14. Coordinating the discharge planning process; and
15. Participating in the hospice program’s quality assessment performance improvement program.

**Practice Examples:**

- A psychosocial assessment is completed on each patient, family and caregiver and the findings are shared with the interdisciplinary team.
- The social worker evaluates the patient’s and family’s adaptation state, related needs and opportunities for growth.
- The social worker identifies patients who are veterans, using the Military History Checklist, and evaluates their individual needs related to military service.
- The social worker identifies a spouse at high risk for complicated grief and refers him/her to appropriate services.
- The social worker plans a family conference with the patient, family and other appropriate hospice team members and other appropriate persons.
- The social worker coordinates the discharge process when the patient no longer needs hospice services through family counseling, patient and family education and arranging other services as needed.
The interdisciplinary team identifies and incorporates specialized professionals and paraprofessionals to meet the specific needs of patients and families as identified in the plan of care.

**WE 16.1** The hospice ensures that specialized professionals are qualified to provide services and that their services are:
1. Authorized by the hospice;
2. Provided in a safe and effective manner;
3. Delivered in accordance with the patient’s plan of care; and
4. Supervised by the hospice team.

**WE 16.2** Professionals with specialized knowledge, training and experience may include:
1. Physical, occupational, speech, respiratory, massage and other therapists;
2. Pharmacists;
3. Dietitians or nutritionists;
4. Paraprofessional staff (e.g., hospice aide, nursing assistant, home health aide or certified nursing assistant, homemaker or attendant);
5. Licensed practical nurses (LPNs) or licensed vocational nurses (LVNs);
6. Hospice volunteers with professional training;
7. Providers of complementary therapies; or
8. Other individuals, based on the hospice’s, patients and families unique needs or as requested by the patient and family or as ordered by the physician.

**WE 16.3** The hospice exercises professional management for the specialized services provided regardless of whether the services are provided directly by hospice employees, volunteers or contracted providers.

**WE 16.4** Specialized services may assist the patient, family and caregiver with:
1. Grief, loss, fear and anxiety;
2. Nutritional concerns;
3. Activities of daily living including function, safety and mobility;
4. Emotional and spiritual healing;
5. Expressive needs requiring intensive treatment;
6. Social issues;
7. Resource issues;
8. Psychopathology; or
9. The dying process.

**WE 16.5** The pharmacist is actively involved as a member of the interdisciplinary team and provides the following services:
1. Reviews all patient prescriptions and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy; and
2. Identifies the following:
   ❖ Effectiveness of drug therapy
   ❖ Drug side effects
   ❖ Actual or potential drug interactions
   ❖ Duplicate drug therapy
   ❖ Drug therapy currently associated with laboratory monitoring

### Practice Examples:

- The nursing assessment includes a complete nutritional assessment/screening.
- The physical therapist providing treatment to a patient attends the interdisciplinary team meetings and contributes to the plan of care.
- A massage therapist assigned to a patient utilizes massage to alleviate muscular pain and reduce anxiety.
- The hospice contracts with a sufficient number of therapists to meet the needs of patient population served.
- The dietitian provides nutritional counseling services to patients when identified by the team.
**WE 17.1** Spiritual care and services include:

1. Assessing the spiritual status of the patient, family and caregiver;
2. Documenting the spiritual assessment, goals for spiritual care, services provided and the patient’s and family’s response to spiritual care;
3. Acknowledging and respecting the patient’s and family’s beliefs, culture and values related to life’s meaning including suffering and loss and desire for services/support;
4. Meditation, counseling, prayer, sacred rituals or practices, active listening and supportive presence;
5. Assisting with funerals and memorial services as requested by the family;
6. Communicating with and supporting the involvement of local clergy and/or spiritual counselors as possible and as desired by the patient, family and caregiver; and
7. Consulting and providing education to the interdisciplinary team members and patients and families about spirituality and related care and services.

**Practice Examples:**

- The hospice chaplain/spiritual counselor coordinates spiritual services thereby assuring that the patient’s and family’s needs are met by their own clergy or the hospice chaplain.

- The hospice chaplain/spiritual counselor prays with the patient who requests prayer.

- The hospice chaplain/spiritual counselor explains to the team the specific beliefs of a patient and the team discusses the effect of such beliefs on that patient’s care.

- The hospice chaplain/spiritual counselor counsels the patient who is a veteran on spiritual and forgiveness issues related to military service.

- Other members of the interdisciplinary team identifying spiritual needs of the patient/family consult with the hospice chaplain/spiritual counselor about how to best address such needs.

- Hospice chaplain/spiritual counselor provides education program to community clergy on spiritual care at the end of life.
Standard:

WE 18 The hospice volunteer services include the involvement of specially trained volunteers in the care of the patient, family and caregiver and in other aspects of the hospice program’s operation or mission.

WE 18.1 The hospice volunteer services include:
1. Providing emotional and practical support to patients and families;
2. Providing respite for the patient’s caregiver;
3. Assisting in bereavement education and support to survivors;
4. Assisting with program administration and development; and
5. Assisting with office duties.

WE 18.2 The total time spent in patient care by hospice employees and contract staff is matched by at least 5 percent in total volunteer direct patient service or administrative support service hours on an annual basis.

Practice Examples:

◆ The hospice recruits and trains an adequate number of volunteers to fill requests made by the interdisciplinary team.

◆ The hospice realizes and documents cost savings through the use of volunteers.

◆ The hospice volunteer provides individual attention to and plays with the siblings in the family of a pediatric patient.
Standard:

**WE 19** Hospice aide services are based on the registered nurse’s initial and ongoing assessments of the patient’s personal care needs, ability to perform activities of daily living and supervision of care.

**WE 19.1** The hospice nurse communicates verbally and in writing the findings from the assessment of the patient’s personal care needs and instructions related to the patient’s care. This communication includes the:
1. Patient’s sensorium and functional and developmental levels in feeding, personal hygiene, elimination and mobility;
2. Family’s and caregiver’s knowledge, ability, willingness and self confidence to provide care;
3. Duties to be performed by the hospice aide; and
4. Patient’s wishes and decisions regarding end-of-life care.

**WE 19.2** The hospice nurse communicates in a timely manner to the hospice aide significant findings regarding the patient’s status and changes in the personal care to be provided.

**WE 19.3** The hospice aide’s services include:
1. Assisting with personal hygiene, elimination, feeding and mobility according to the patient’s needs and the nursing orders;
2. Providing support for and re-enforcing the team’s teaching of patient’s caregivers;
3. Communicating with the hospice nurse regarding services provided and significant findings regarding the patient’s functional status and change in care needs;
4. Documenting the care provided and the patient’s response to care; and
5. Participating with the interdisciplinary team in the development and implementation of the patient’s and family’s plan of care.

**Practice Examples:**

- The hospice nurse completes a form that communicates the patient’s needs and duties to be performed by the hospice aide.

- The hospice aide attends the interdisciplinary team meetings and provides input for the care planning process.

- The hospice nurse orients the hospice aide to the pediatric patient’s plan of care and the desires of the parent and child.
Standard:

**WE 20** When the patient is receiving hospice aide services, the hospice nurse evaluates and supervises the aide services.

**WE 20.1** The hospice nurse documents the supervision of the hospice aide’s services in the patient’s clinical record. The documentation includes an evaluation of the direct care provided, the patient and family’s perception of the care provided and the aide’s adherence to the plan of care.

**WE 20.2** The hospice nurse visits the home at least every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient’s needs. The hospice aide does not have to be present during this visit unless required by state law.

**WE 20.3** When the hospice aide services are not satisfactory, the hospice nurse takes action to address and resolve the issues.

**Practice Examples:**

- The nursing visit note form includes a checklist to document an evaluation of the hospice aide’s services during each nursing visit.

- The nurse investigates and addresses the stated concerns when the patient or family expresses dissatisfaction with hospice aide’s services.