

STANDARDS OF PRACTICE FOR HOSPICE PROGRAMS

PROFESSIONAL DEVELOPMENT AND RESOURCE SERIES

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13 / Appendix I: Hospice Inpatient Facility (HIF)

Introduction

The principles and standards in all chapters of the Standards of Practice for Hospice Programs apply to hospice care in all care environments. 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 (GIP) level of care.

This appendix applies to General Inpatient (GIP) 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 must 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 must be appropriately licensed and, as applicable, certified to provide inpatient care.

PATIENT AND FAMILY/CAREGIVER-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 the patient's individualized plan of care.

HIF PFC 1.1 A registered nurse, knowledgeable and competent in providing direct care to hospice patients, is available on-site twenty-four (24) hours a day, seven (7) days a week. Each patient must receive all nursing services as prescribed in the plan of care 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 (APRN/NP), 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.

HIF PFC 1.3 The hospice has established policies regarding physician services to meet the patient's medical needs in accordance with the hospice general inpatient level of care and the patient's individualized plan of care.

Practice Example:

- The hospice ensures that staffing schedules demonstrate that a registered nurse is always present to provide direct patient care and supervise other nursing staff providing patient care).

Standard:

HIF PFC 2: The hospice must designate a hospice interdisciplinary team composed of individuals who work together to meet the physical, psychosocial, emotional, and spiritual needs of the patients and families/caregivers 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/caregiver.
- A specific social worker is assigned to the hospice inpatient facility to address the discharge planning and continuity of care needs of each patient and family/caregiver.
- Chaplains/spiritual caregivers trained in hospice care make rounds at the hospice inpatient facility to attend to the spiritual needs of each patient and family/caregiver.
- A written schedule for after hours and weekend availability demonstrates that social worker and chaplain/spiritual caregiver services are available to address patient and family/caregiver needs.
- A bereavement counselor is available to provide services to family members/caregivers in need of additional support to cope with anticipatory grief and to prepare for the patient's death.

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, when identified as a necessity in the plan of care, includes education and interventions provided to the patient and family/caregiver regarding appropriate nutritional intake as the patient's condition changes.

HIF PFC 3.2 Meal planning and the timing of meals are discussed with each patient and adjusted, as reasonable and appropriate, according to each patient's preference, selection, and nutritional needs.

HIF PFC 3.3 Food and nutritional supplements are provided in accordance with the special dietary restrictions noted on the patient's plan of care.

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, when identified as a necessity in the patient's plan of care, is provided by qualified individuals, which may include a registered nurse, dietician, or nutritionist.

Practice Examples:

- Meals are individually scheduled allowing for frequent small meals if desired by the patient.
- Trained volunteers or staff members are available during meal times to assist patients with feeding as needed.
- Special dietary requirements 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 address the patient's reasonable requests and needs, unless limited by dietary restrictions prescribed by a physician.
- If the dietary counseling needs of the patient exceed the expertise of the nurse, then the hospice must have available an appropriately trained and qualified individual such as a registered dietitian or nutritionist to meet the patient's dietary needs. The dietitian or nutritionist must be a hospice employee.

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 federal and state laws and regulations.

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

HIF PFC 4.2 Verbal/telephone physician orders are received, immediately recorded, and read back by the licensed individual. The prescribing physician signs and dates the order in accordance with applicable laws and regulations.

HIF PFC 4.3 Medications are administered in accordance with applicable laws and regulations 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 pharmacist's services must include evaluation of a patient's response to medication

therapy, identification of a potential adverse drug reaction, duplicative or ineffective therapy, and recommendation of appropriate corrective actions.

HIF PCF 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 who may self-administer medications upon approval by the hospice interdisciplinary team.

Practice Examples:

- The hospice inpatient facility has a process to ensure 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 obtaining required 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, such as errors or missing medications, and implements corrective actions accordingly.
- The facility has a process for safe disposal of discontinued/unused medications and controlled substances in compliance with the hospice policy and in accordance with local, state and federal requirements. The hospice maintains current and accurate records of the receipt and disposition of all controlled substances.

Standard:

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

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/caregiver;
2. Respect for any cultural or religious ritual or practice, spiritual traditions, beliefs relating to the death, and subsequent handling of the body and mourning of the family/caregiver;
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 on how 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/caregivers' 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/caregiver's use following the death of a patient.
- Policies and procedures exist to ensure return of personal possessions to the appropriate individual, notify attending physician and family members/caregivers of the patient's death, and verify death in accordance with state and local requirements.

ETHICAL BEHAVIOR AND CONSUMER RIGHTS (HIF EBR)

Standard:

HIF EBR 1: Patients and families/caregivers are informed of eligibility requirements for the level of care being provided and the decisions, actions, and responsibilities to occur if a change in level of care is indicated.

HIF EBR 1.1 When a change in the patient's level of care is indicated, the patient and family/caregiver are informed of their choices and obligations, including financial responsibilities if the patient remains in the hospice inpatient facility (HIF) and/or needs to move to another setting.

Practice Examples:

- Patients and responsible parties are informed of the purpose and short-term nature of General Inpatient (GIP) or Respite level of care upon admission to that level of care.
- An Advance Beneficiary Notice (ABN), with explanations, is provided to the patient and family/caregiver when the patient no longer meets GIP criteria but wishes to remain at the HIF.
- Discussion with patient/responsible party of the change in levels of care and any relocation of the patient or charges incurred, such as room and board, is documented.
- Patients and responsible parties are informed of rights to appeal during the admission to services process.

HIF CES 1: CLINICAL EXCELLENCE AND SAFETY (HIF CES)

Standard:

HIF CES 1: The hospice inpatient facility is designed to provide a homelike environment and offer patient areas 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/caregiver privacy;
2. Accommodations for family members/caregivers to remain with the patient as desired;
3. Unrestricted visitation privileges including children;
4. Appropriate accommodations that provide for privacy;
5. Appropriate safety measures to minimize patient falls; and
6. If smoking is permitted it is limited only to designated areas away from patient care.

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 and personal care, facilitate patient mobility, and comfortably accommodate visitors 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. An accessible, easily activated, consistently functioning device that is used for calling for 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 that include curtain separations, partitions, or screens to create privacy and contain a private bathroom and shower.

- 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/caregivers.
- A bathroom and shower are available for family members/caregivers.
- Kitchen area is available that allows for family food preparation.
- A sufficient number of private gathering spaces are available to create an intimate environment for various purposes and numbers of people.
- Spaces exist that are designed to accommodate visiting children and their needs.
- Patient isolation policies and procedures exist which encourage as much normal patient functionality as possible and preserve patient dignity.
- The hospice inpatient facility has physical space and a plan which permits appropriate patient access to the outdoors.

Standard:

HIF CES 2: The hospice develops, implements, and evaluates a plan for emergency preparedness. A written emergency preparedness plan exists and is regularly communicated to staff through orientation and ongoing measures and includes:

1. A definition of an emergency event 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
4. Compliance with applicable Life Safety Code of the National Fire Protection Association (NFPA) and other regulations.

HIF CES 2.1 The hospice inpatient facility staff is oriented to life safety code features and equipment.

HIF CES 2.2 The hospice inpatient facility staff demonstrates and evaluates their proficiency in understanding the emergency preparedness plan by routine rehearsal.

HIF CES 2.3 The emergency preparedness plan is regularly evaluated for appropriateness and revised as necessary.

Practice Examples:

- The facility’s electronic clinical record system or database is backed up to an off-site data storage facility for retrieval if onsite records are lost or corrupted.
- The facility conducts and documents an annual review of written fire safety and emergency preparedness plans.
- Transfer arrangements with other facilities are written and reviewed.
- Evacuation diagrams are posted and visible to all staff, patients, and family members/caregivers.

- Rehearsals and critiques are conducted semi-annually for the emergency preparedness plan.
- Reasons to shelter in place versus evacuate are defined and the procedures for both are practiced.
- 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 and federal laws or accrediting bodies.

Standard:

HIF CES 3: The hospice inpatient facility meets all federal, state, and local laws, and 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, state, and local 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, state, and local laws, regulations, and codes.

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

HIF CES 3.4 The hospice inpatient facility has a contract and appropriate policies and procedures related to disposal of biohazardous waste.

Practice Examples:

- A mechanism exists for staff to report equipment maintenance needs.
- A preventive maintenance program exists for electrical, Heating, ventilation, and air conditioning (HVAC), sprinkler, and security systems.
- Announced and unannounced fire drills are regularly carried out. Fire alarm tests are scheduled on a regular basis.
- Fire extinguishing equipment, sprinkler systems, grease traps, and elevator testing and maintenance is regularly documented.
- A capital equipment replacement schedule is in place and included in budgeting process.

Standard:

HIF CES 4: The hospice inpatient facility provides for the appropriate storage and disposal 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, expired, or deteriorated drugs.

Practice Examples:

- Policies and procedures exist and are evaluated for the appropriate access to medication storage areas.
- A process is outlined for staff members and they are educated on the proper counting and tracking of all drugs, especially controlled substances.
- A pharmacist regularly inspects drug ordering, storage, administration, disposal, and record keeping procedures.
- There is a Pharmacy and Therapeutics Committee with responsibility for facility medication management functions.
- Discrepancies in drug supply are reported and addressed promptly and in a consistent manner.
- A policy and procedure is in place for the disposal of all drugs including compliance with disposal requirements for controlled substances, in compliance with federal law.

Standard:

HIF CES 5: The hospice inpatient facility environment is safe, clean, and secure for patients, families/caregivers, 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. Housekeeping procedures;
2. Security measures;
3. Visitor entrance procedures;
4. Access to security and emergency personnel (e.g., police, security staff, sheriff, fire department, EMT, emergency psychiatric team);
5. Inappropriate behavior which could harm others; and
6. 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 ensures appropriate access to the facility and that 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/caregiver or visitor behavior that is unacceptable and/or impedes patient care.
- Housekeeping of patient areas follows a defined process to ensure adequate infection control measures throughout the facility.
- 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.
- Records are kept to demonstrate that any draperies have been treated to be flame retardant.

Standard:

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

HIF CES 6.1 Seclusion and restraints may only be used when ordered by a physician and needed to ensure the immediate physical safety of the patient, a staff member, or others, and must be discontinued at the earliest possible time. Seclusion and restraints may only be used in accordance with state law and only when less restrictive interventions have been deemed 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 care provision for a patient in seclusion or restraints per physician order specifications, organizational policy, and procedure; staff must also be certified in Cardiopulmonary resuscitation (CPR).

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

HIF CES 6.4 An inpatient facility may be restraint and seclusion free. If the inpatient facility is restraint and seclusion free, the facility must have an applicable policy which includes care provisions for a patient requiring restraint or seclusion.

Practice Examples:

- The hospice provides staff orientation and ongoing training related to physical and chemical restraints and patient seclusion.
- The hospice has a policy addressing alternative treatments or settings to manage patients that are violent or have self-destructive behavior.

HIF IA 1: 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 acute 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 available locations for the delivery of inpatient level of care and to choose their attending physician.

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 that meet regulatory guidance for admission to and continued stay in the hospice inpatient facility.
- The hospice offers options for GIP stays for each patient, which includes, but is not limited to, an inpatient stay in the hospice's owned inpatient facility or at a contracted hospital or skilled nursing facility.

ORGANIZATIONAL EXCELLENCE (HIF OE)**Standard:**

HIF OE 1: The HIF is included in agency-wide strategic planning and participates in activities to meet these goals.

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, duplicative, or ineffective therapy; and
3. Recommended appropriate corrective action.

COMPLIANCE WITH LAWS AND REGULATIONS (HIF CLR)

Standard:

HIF CLR 1: The hospice identifies and ensures compliance with all federal, state, and local regulations that apply to the operation of an inpatient facility and/or the licensure of the facility itself.

STEWARDSHIP AND ACCOUNTABILITY (HIF SA)

Standard:

HIF SA 1: Funds donated specifically for use at the inpatient facility are acknowledged and procedures are in place to ensure use meets donor wishes.

PERFORMANCE MEASUREMENT (HIF PM)

Standard:

HIF PM 1: The HIF is included in the agency-wide QAPI program.

HIF PM 2: The HIF identifies performance improvement opportunities and demonstrates participation in performance improvement projects (PIPs).