

STANDARDS OF PRACTICE FOR HOSPICE PROGRAMS

PROFESSIONAL DEVELOPMENT AND RESOURCE SERIES

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15 / Appendix III: Hospice Residential Care Facility (HRCF)

Introduction

The principles and standards in all chapters of the Standards of Practice for Hospice Programs apply to hospice care provided in a hospice residential care facility. The Hospice Residential Care Facility Appendix contains additional principles and standards that apply only to hospices that operate an owned or leased residential care facility intended to provide hospice patients with the routine or continuous levels of care. The facility offers discrete private living arrangements for hospice-appropriate patients for whom the hospice takes on primary caregiving responsibility. The standards contained in this Appendix are intended to apply to facilities operated as an owned or leased facility by a hospice.

Patients in such a facility will be encouraged to maintain and develop their fullest potential for independent living through participation in planned activities for as long as they are able or desire to do so. The activities made available may include: socialization achieved through activities such as discussion and conversation, recreation, arts and crafts; daily living skills/activities which foster and maintain independent functioning; leisure time activities cultivating personal interests and pursuits; physical activities and free time so residents may engage in activities of their own choosing.

Recognizing that regulations and licensure rules vary from state to state, hospices that operate an owned or leased hospice residential care facility will comply with applicable federal, state, and local health and safety laws, regulations and codes unless specific waivers have been granted by the appropriate regulatory authorities. The hospice residential care facility and its staff will be appropriately licensed and, as applicable, certified to provide hospice care.

HRCF PFC 1: PATIENT AND FAMILY/CAREGIVER-CENTERED CARE (HRCF PFC)

Standard:

HRCF PFC 1: Nursing services are available to meet the patient's nursing needs in accordance with the hospice plan of care.

HRCF PFC 1.1 A registered nurse experienced in providing direct care to hospice patients is available on site or on-call twenty-four (24) hours a day, seven (7) days a week.

HRCF PFC 1.2 A hospice aide is on site twenty-four (24) hours a day with increased levels of staffing consistent with the acuity of the patients and their plans of care.

HRCF PFC 1.3 Prior to admission and throughout the patient stay, patients are evaluated against written criteria to assess the program's capability of providing the appropriate level of care.

Practice Examples:

- Staff assigned to the hospice residential care facility has received training in hospice care including pain and symptom management.
- Staffing schedules demonstrate availability of a registered nurse twenty-four (24) hours a day, seven (7) days a week.
- Documentation provides evidence of registered nurse supervision of other nursing staff providing care (e.g., LPN/ LVN, hospice aide) no less often than every 14 days.
- Policies and procedures are in place for the assessment, documentation, and communication of the reasons for admission to the residence.
- There is clinical documentation that supports each patient accepted for admission has a life expectancy of six months or less (if the terminal condition follows its normal course) and the plan of care can safely be managed at the level of care provided at the residence.
- Assessment and transfer policies and procedures direct when a patient's needs and plan of care cannot be met at the level of care at the facility.
- A transfer summary is generated with detailed information when a patient transfers to or from the hospice residential care facility.
- Policies and procedures are in place to determine the amount of supervision necessary for patients who wander, patients who are confused or forgetful, for social activities, or for patients who choose to manage their own financial resources.
- A program is implemented to provide training and supervision for volunteer sitters who may be assigned, as needed, to provide reassurance and companionship to the patient or to maintain safety.
- A procedure is followed for transfer of patients to an inpatient setting when required.
- The hospice residential care facility has a plan for transfer of patients to an appropriate facility when discharged from hospice care but unable to live independently.
- The hospice IDT conducts case conferences at the hospice residential care facility with the patient and family/caregiver invited to explore care plan options as appropriate.
- The hospice physician assumes primary care for the hospice residential care facility patient, if chosen by the patient or patient representative.
- The hospice residential care facility hospice interdisciplinary team members (including hospice aides and volunteers) participate in hospice interdisciplinary team meetings and provide input for the care planning process on an ongoing basis.
- The environment is maintained in a manner that promotes safety, infection control, visitors, and rest and night time sleep for the residents.

Standard:

HRCF PFC 2: Psychosocial and spiritual care is available twenty-four (24) hours a day, seven (7) days a week to meet the needs of each patient and family/caregiver receiving hospice residential care.

HRCF PFC 2.1 Psychosocial and spiritual care is provided by qualified members of the hospice interdisciplinary team and/or counselors or social workers who are directly assigned to the hospice residential care facility.

HRCF PFC 2.2 Non-core services such as physical therapy, occupational therapy, and speech-language pathology are arranged for and provided by the hospice as indicated by patient needs.

Practice Examples:

- A specific social worker is assigned to provide services at the hospice residential care facility to address the psychosocial needs of the patient and family/caregiver.
- Chaplains/spiritual caregivers trained in hospice care attend to the spiritual needs of patients and families at the hospice residential care facility.
- Patients and families/caregivers are assessed for adjustment to the new environment within a few days following admission to the hospice residential care facility.
- A written schedule of after normal business hours availability demonstrates that social worker and chaplain/spiritual caregiver services are available twenty-four (24) hours a day, seven (7) days a week.
- Patient and family/caregiver requests for visits by clergy of all religions is accommodated and welcomed.
- The celebration of all religious holidays is respected and recognized as appropriate.
- Art, music, and pet therapies are available to the hospice residential care facility patient.
- A process exists to provide spiritual/psychosocial/bereavement support to the hospice residential care facility staff as needed in promoting self-care.
- Specific volunteers are assigned to the hospice residential care facility to address administrative and patient support needs (e.g., receptionist services, passing meal trays, coordinating activities).

Standard:

HRCF PFC 3: The hospice residential care 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 laws, regulations, and codes.

HRCF PFC 3.1 All medications for each patient receiving hospice residential care must be prescribed in accordance with all applicable laws, regulations and codes.

HRCF PFC 3.2 Verbal orders are received in accordance with all applicable laws, regulations, and codes and immediately recorded, signed, and dated by the prescribing individual in accordance with all applicable laws, regulations, and codes. A procedure for verbal order read-back is implemented to ensure accuracy of verbal orders.

HRCF PFC 3.3 Medications are administered in accordance with all applicable laws, regulations, and codes and in accordance with each patients' individual medication record developed as part of the hospice plan of care.

HRCF PFC 3.4 The hospice residential care facility arranges for a licensed pharmacist to monitor ordering, safe storage, dispensing, disposal, and record keeping related to pharmaceutical services and to provide review and consultation regarding each patient's medications. (Safe storage, e.g., proper temperature, attention to expiration dates, controlled ventilation, humidity) in accordance with manufacturers' recommendations.

Practice Examples:

- The hospice residential care facility arranges with the patients to self-administer their own medications when policy allows and it is safe for them to do so.
- The hospice residential care facility has a process for securing needed medications twenty-four (24) hours a day, seven (7) days a week.
- Physicians sign, date, and time all verbal orders within the time frame designated by state standards of practice (no stamped physician signatures are permitted).
- A medication administration record is maintained for each patient and each medication administered by a staff member is documented.
- The hospice residential care facility has emergency medications available to manage pain and other symptoms, and qualified staff has access to these medications twenty-four (24) hours a day.

Standard:

HRCF PFC 4: Death that occurs in the hospice residential facility is handled with respect and compassion toward the patient and family/caregiver.

HRCF PFC 4.1 Post mortem policies and procedures are in place and 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, and 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;

5. Provision for dignified removal of the body; and
6. Disposal of all medications in accordance with applicable state and federal laws.

Practice Examples:

- Specific training including information regarding respect for cultural and religious beliefs is provided to the hospice residential facility staff to provide care at the time of a patient death.
- Family members/caregivers are afforded privacy with the patient's body as desired.
- Private meditation space is available for family members/caregivers' use.
- Removal of bodies from the hospice residential facility is handled with privacy, dignity, and respect.
- Policies and procedures permit family members to remain for reasonable periods of time in the patient's room following death.
- The hospice allows time for facility staff and volunteers to participate in memorial observance of deaths that occurred in the residential facility.

HRCF EBR 1: ETHICAL BEHAVIOR AND CONSUMER RIGHTS (HRCF EBR)

Standard:

EBR 1: Upon admission to the residential care facility, the patient/representative is provided with patient rights as a resident and facility rules and behavior expectations (e.g., smoking policy, privacy for self and other residents, visitor rules, supervision of children visiting, process to leave the facility for short periods).

Practice Examples:

- The hospice has policies and procedures for approval of icons, shrines, etc. that patients and families may wish to use within the hospice residential care facility.
- The hospice residential care facility briefs new family members on confidentiality expectations for all patients and families residing within the facility.

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

Standard:

HRCF CES 1: The hospice residential care facility is designed to provide a homelike environment.

HRCF CES 1.1 The hospice residential care facility decor is homelike in design and function.

HRCF CES 1.2 The hospice residential care facility has physical space and policies and procedures that assure:

1. Patient and family/caregiver privacy;
2. Visitation privileges that include young children are supervised by persons other than staff;
3. Appropriate gathering space provided for privacy; and
4. Individual practices of faith are respected.

HRCF CES 1.3 The hospice residential care facility has physical space and equipment that addresses and supports:

1. The patient's plan of care and its coordination and continuity;
2. Appropriate proximity of the patient to toileting and bathing areas;
3. Closet space for security and privacy;
4. No more than two (2) beds in any single patient room;
5. At least 120 square feet for a single patient room and at least 100 square feet for each patient residing in a double room, or in compliance with state law;
6. Devices for summoning staff that can be adapted, as needed, for patient/family/caregiver use;
7. A comfortable room temperature for residents throughout the entire year;
8. An adequate supply of hot water with plumbing control valves that automatically regulate temperature to avoid the risk of scalds and burns;
9. Routine storage and prompt disposal of trash and medical waste; and
10. Emergency gas, electric, and water supply.

HRCF CES 1.4 The hospice residential care facility has physical space and a plan that permits appropriate patient access to the outdoors.

HRCF CES 1.5 Telephone access is made available to residents that permit private communication.

HRCF CES 1.6 The hospice residential care facility has a quality and quantity of 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.

HRCF CES 1.7 The hospice residential care facility has policies and procedures addressing the isolation of patients with infectious diseases and complies with applicable infection control standards, policies, and procedures.

HRCF CES 1.8 The hospice residential care facility has a plan that permits dignified private removal of bodies.

HRCF CES 1.9 The hospice residential care facility provides an area for patients and family to practice their own spiritual beliefs and practices.

Practice Examples:

- Patient accessible televisions, DVD or videotape players, computers/internet access, and radios/CD players are available.
- Private areas are available for the family/caregiver's use following the death of a patient.
- Spaces exist that are designed to accommodate visiting children and their needs.
- Patient isolation policies and procedures which encourage as much patient flexibility as possible and preserve patient dignity are in place.
- Housekeeping services maintain a safe clean environment on a daily and as needed basis and are compliant with health and safety rules and regulations.

Standard:

HRCF CES 2: The hospice residential care facility provides services designed to meet the unique nutritional needs of each patient.

HRCF CES 2.1 Meal planning and timing of meals is discussed with patients.

HRCF CES 2.2 Food served is palatable, attractive, and served at the proper temperature.

HRCF CES 2.3 Special dietary restrictions and patient wishes are noted in the patient's plan of care and food and nutritional supplements are provided accordingly.

HRCF CES 2.4 The facility assures that food is procured, stored, prepared, distributed, and served under sanitary conditions in accordance with applicable laws, rules, and regulations, and in a manner that is appealing to the patient's wishes.

HRCF CES 2.5 Any patient requiring assistance with meal planning and/or feeding receives such assistance by staff, volunteers, family members, or caregivers.

HRCF CES 2.6 A registered dietitian oversees meal planning in accordance with applicable federal, state and local health and safety laws and any medically prescribed special diets.

HRCF CES 2.7 Food brought in by family members or friends is stored and prepared for the patient in accordance with all applicable laws, rules, and regulations.

Practice Examples:

- Trained volunteers are available during meal times to assist patients with feedings as needed and directed.
- Special diets are noted on the patient's plan of care and food is ordered and provided accordingly.
- Food, including between meal snacks or nourishment, is available twenty-four (24) hours a day, seven (7) days a week to respond to the patient's reasonable requests and needs, unless limited by dietary restrictions prescribed by a physician.

- Meals are planned with consideration for cultural and religious background and food habits of patients.
- All equipment, fixed and mobile, and dishes are kept clean and maintained in good repair and free of breaks, open seams, cracks, or chips.
- Kitchen areas are available that allow for family/caregiver food preparation for the patient.

Standard:

HRCF CES 3: The hospice residential care facility makes reasonable accommodation for family members/caregivers and friends to remain with the patient twenty-four (24) hours, seven (7) days a week.

Practice Examples:

- A bathroom and shower is available for family members/caregivers and friends.
- Convertible patient furniture or portable “beds” are available for family members/caregivers and friends.
- A family kitchen area is available for family/caregivers to store and prepare food for a reasonable and safe number of visitors, or family may arrange with facility to pre-order and purchase meals from patient meal suppliers.

Standard:

HRCF CES 4: The hospice residential care facility staff is prepared for the demands of a emergency event that impacts or severely limits the facility’s operations.

HRCF CES 4.1 The hospice has a written emergency preparedness plan that is reviewed and updated at least annually and is regularly communicated to staff through orientation and ongoing education. The plan includes:

1. A definition of and emergency event and anticipated emergency situations for the facility’s location and circumstances;
2. A facility-based and community-based risk assessment is developed and conducted utilizing an all-hazards approach;
3. A plan and practice for “sheltering in place” when advisable instead of evacuation;
4. Arrangements for prompt identification and transfer of patients and records to another facility if necessary;
5. Arrangements for coordination of community resources;
6. Collaboration and coordination with the hospice for receiving other hospice patients during an emergency event, as well as with federal, state, tribal, regional, and local emergency management agencies; and
7. Compliance with all applicable codes, laws, and other regulations.

HRCF CES 4.2 The facility staff demonstrates and evaluates their proficiency in understanding the emergency preparedness plan by routine rehearsal on all shifts. Facility staff must:

1. Participate in a community-based mock emergency drill at least annually.
2. Conduct a paper-based tabletop exercise at least annually.

HRCF CES 4.3 The emergency preparedness plan is regularly evaluated for appropriateness and revised as necessary.

Practice Examples:

- The facility demonstrates annual review and collaboration with the hospice agency of a written emergency plan.
- Transfer arrangements with other facilities are written and reviewed.
- Evacuation diagrams are posted and visible to all staff, patients, and family members/caregivers.
- Supervision of patients during evacuation or relocation and contact after relocation to ensure that relocation has been completed as planned is provided in the emergency preparedness plan.
- Rehearsals and critiques are conducted semi-annually for the emergency preparedness plan on all shifts.
- The facility has a back-up generator for short-term electrical generation.
- During an imminent or actual emergency event there is a means of contacting the hospice agency administration and local safety agencies such as the fire department, law enforcement, civil defense, and other emergency management authorities. Telephone numbers or other contact methods are accessible to staff and tested at least annually to ensure they are valid and working.

Standard:

HRCF CES 5: The hospice residential care facility meets all federal, state, and local laws, regulations, and codes pertaining to health and safety, especially the applicable edition of the Life Safety Code of the National Fire Protection Association.

HRCF CES 5.1 The hospice residential care facility has been constructed and/or renovated to comply with applicable laws, regulations, and codes.

HRCF CES 5.2 The hospice residential care facility is sufficiently equipped, maintained, and sanitized to care for admitted patients and to comply with applicable state and federal laws, regulations, and codes.

HRCF CES 5.3 The hospice residential care facility has received any appropriate CMS and/or state written waivers related to the Life Safety Code or other safety codes, rules, and regulations.

Practice Examples:

- A mechanism exists for staff to report equipment maintenance needs.
- A preventive maintenance program exists for all building systems such as HVAC, sprinkler, and security systems.
- A Safety Committee routinely reviews safety checks, fire drill performance, and emergency preparedness drills, and debriefs after safety/emergency events to identify and plan areas of improvement.
- Announced and unannounced fire/emergency drills are regularly conducted at local and state minimum guidelines. Fire bell tests are scheduled on required regular basis.
- Fire extinguishing equipment and sprinkler systems are tested according to local and state guidelines.
- All outdoor and indoor passageways and stairways are kept free of obstruction, including wheelchairs and walkers.
- Nightlights are maintained in hallways and passages to non-private bathrooms.
- Emergency exits are clearly marked, well lit, and barrier free.

Standard:

HRCF CES 6: The hospice residential care facility is safe, clean, and secure for patients, families/caregivers, volunteers, and employees.

HRCF CES 6.1 The hospice residential care facility has written policies and procedures that are communicated to staff and appropriate for the facility's location that address:

1. Security measures;
2. Visitor entrance procedures;
3. Access to authority figures (e.g., hospice administration, security staff, police/sheriff, fire);
4. Inappropriate behavior which could harm others;
5. Monitoring of public areas;
6. Smoking in the facility and on the grounds of the facility;
7. Residents and visitors are informed of safety measures and expected behaviors; and
8. Infection surveillance and control.

HRCF CES 6.2 Patient care areas in the hospice residential care facility meet Life Safety Codes and local fire and safety standards and are located at or above grade level.

HRCF CES 6.3 The hospice residential care facility will maintain a sanitary environment and will have general preventative infection control practices in place, as well as the use of isolation when needed.

HRCF CES 6.4 The hospice residential care facility has written policies and procedures to address the cleanliness and safety of the facility.

HRCF CES 6.5 The hospice residential care facility has a process to report, document, and evaluate safety and security incidents for corrective action.

HRCF CES 6.6 The hospice must determine the appropriate licensure category for the hospice residential care facility and obtain a license from the appropriate local or state authority. The license shall be posted in a prominent location in the facility accessible to public view.

Practice Examples:

- Safety behavior expectations of residents and visitors are provided, in writing, upon admission to the facility and are appropriately posted (e.g., smoking, cooking, weapons, access when doors are locked, hand washing signs in restrooms).
- Electronic alarm and voice or video systems exist to monitor the grounds and entrances.
- Visitor identification requirements exist and are enforced.
- Electronic devices exist to summon authorities.
- Criminal background clearance checks are performed at minimum according to state guidelines prior to employees and volunteers having contact with patients. Incidents are regularly reported and reviewed and systems are regularly assessed for needed change.
- Staff awareness programs exist to enforce and highlight security and safety issues.
- Policies and procedures are available for dealing with patient, family/caregiver, or visitor behavior that is unacceptable and/or impaired.
- Grab bars are maintained for each toilet, bathtub, and shower used by patients.
- Non-skid mats or strips are used in all bathtubs and showers.
- Disinfectants, cleaning solutions, poisons, firearms, and other items that could pose a danger if readily available to residents are stored where inaccessible to patients.
- Material Safety Data Sheets (MSDS) online or hard copy reports are accessible to staff.
- All staff members receive and are compliant with wearing identification badges at all times while working at the facility.
- Infection control methods are used including personal protective equipment (PPE), disinfecting supplies and protocols, alerts for specific precautions for staff and visitors, and isolation techniques.

Standard:

HRCF CES 7: The hospice has policies and procedures regarding the use of physical and chemical restraints. All patients have the right to be free from seclusion or restraint, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Seclusion or restraint may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.

HRCF CES 7.1 All patients have the right to be free from seclusion or restraint, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff.

HRCF CES 7.2 Seclusion or restraint may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.

HRCF CES 7.3 All patient care staff working in the hospice residential care facility must have training and demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in seclusion or restraints.

HRCF CES 7.4 Hospices must report deaths associated with the use of seclusion or restraints in accordance with CMS, state, and federal regulations.

HRCF CES 7.5 Hospice residential facility staff members are trained in the use of first aid techniques and certification in the use of cardiopulmonary resuscitation, including required periodic recertification.

HRCF CES 7.6 If the residential facility is restraint and seclusion free, the facility must have a policy which includes alternative care provisions to maintain patient, staff, and other's safety.

Practice Examples:

- Hospice has an orientation and ongoing training program related to physical and chemical restraints including assessments, frequency of re-assessments, medical orders, and discontinuation. Hospice has a policy addressing alternative treatments or settings to manage patients that are violent or have self-destructive behavior.
- Hospice has a policy for utilizing sitters or companions when safe and appropriate as a first line alternative to restraints.

HRCF IA 1: INCLUSION AND ACCESS (HRCF IA)

Standard:

HRCF IA 1: Access to hospice residential care is made available to all hospice patients who are in need of residential care that cannot be provided in another setting and who meet the general admission criteria for admission to a hospice program.

HRCF IA 1.1 The hospice patient/representative has a right to participate in the decision making process regarding where care is to be delivered and to choose their attending physician.

HRCF IA 1.2 Access to residential care allows for options other than the hospice residential care facility.

Practice Examples:

- The hospice utilizes written criteria for admission to and continued stay in its hospice residential care facility that does not distinguish between patients based on criteria other than clinical or social necessity.
- The hospice demonstrates consideration of the patient's desire to remain in their choice of home in lieu of admission to the hospice residential facility.
- The hospice does not limit residential options for hospice care to its own hospice residential care facility and does not discharge from hospice services patients requesting the use of other residential facilities within the service area.
- The hospice allows patient choice in attending physician when admitted to the hospice residential care facility.
- The hospice admission criteria and plan of care for the patient consider the individual needs of the patient including socialization and recreational needs and the most appropriate setting for meeting those needs.
- The hospice residential care facility updates new family members/caregivers about confidentiality expectations and behaviors for all patients and families to assist in the best care for their loved ones.
- The hospice has written criteria for selection of patients for admission to the hospice residential care facility when it experiences a waiting list, and adheres to the defined process.
- The hospice has clear criteria and clearly explains those criteria to the patient and family/caregiver related to a patient's ability to pay any applicable self-pay portions of a hospice residential facility stay.
- The hospice is able to demonstrate an ability to provide financial assistance to patients unable to pay self-pay portions of a hospice residential care facility stay.
- A needs assessment is conducted as part of the initial licensure process to identify support for a hospice residential care facility and the appropriate numbers of beds to be allocated to a facility.

- The hospice offers written information and community education regarding admission policies and criteria for the hospice residential care facility.
- Patient information materials available for the hospice residential care facility specifically address payment expectations for self-pay portions of charges and the qualifications for financial assistance.

ORGANIZATIONAL EXCELLENCE (HRCF OE)

Standard:

No additional standards apply to organizational excellence in a hospice residential care facility.

WORKFORCE EXCELLENCE (HRCF WE)

Standard:

No additional standards apply to workforce excellence in a hospice residential care facility.

Practice Examples:

- Policies and procedures exist and are adhered to when hospice staff members elect to not participate in a patient's or family/caregiver's request for withdrawal or continuation of life sustaining procedures.
- Prospective staff members of the hospice residential care facility are offered an opportunity to speak with a staff member from their discipline to discuss job role, responsibilities, day-to-day activity, and expectations before hire.
- An orientation program for hospice residential care facility staff and volunteers includes safety procedures such as patient and visitor behaviors, building security, infection control, inclement weather reactions, and evacuation decisions.
- Staff members with responsibilities in multiple work site locations are specifically oriented to similarities and differences in care of patients residing in the hospice residential care facility.
- Hospice aides assigned to the hospice residential care facility receive specific primary caregiver education such as patient repositioning, transfers, feeding, and reporting patient needs and changes to the RN or medical provider.
- Hospice aides are fully oriented to all required skills and are observed providing specific tasks or skills with patients prior to independent practice in the hospice residential care facility.
- Hospice residential care facility volunteers are fully oriented to the hospice residential care facility in addition to standard volunteer training activities.

COMPLIANCE WITH LAWS AND REGULATIONS (HRCF CLR)

Standard:

No additional standards apply to compliance with laws and regulations in a hospice residential care facility.

Practice Example:

- A greeter for visitors (employee or volunteer) complies with HIPAA rules and is informed of appropriate and limited patient information.

STEWARDSHIP AND ACCOUNTABILITY (HRCF SA)

Standard:

No additional standards apply to stewardship and accountability in a hospice residential care facility.

Practice Examples:

- An organizational chart exists that clearly designates responsibility and accountability for care and maintenance of the hospice residential care facility and the facility's accountability relationship with the hospice agency as a whole.
- The governing body's minutes of the organization indicate regular routine reporting and evaluation of the operation of the hospice residential care facility.
- The hospice has appropriately reviewed and approved policies guiding admission, continued stay, transfers, discharges from service, and care provided in the hospice residential care facility.
- Minutes of appropriate planning groups consider the number of hospice residential care facility beds that may be appropriate for a particular community as part of the licensure process.

PERFORMANCE MEASUREMENT (HRCF PM)

Standard:

No additional standards apply to performance measurement in a hospice residential care facility.

Practice Examples:

- The hospice's annual performance improvement plan includes specific activities that address the improvement needs of the hospice residential care facility.
- The hospice residential care facility staff participates in the hospice's overall QAPI program.
- The hospice plans opportunities for residential care facility patients and families to give feedback for improving the facility's care.