

STANDARDS OF PRACTICE FOR HOSPICE PROGRAMS

PROFESSIONAL DEVELOPMENT AND RESOURCE SERIES

14 / Appendix II: Nursing Facility Hospice Care (NF)

NF PFC 1: Patient and Family/caregiver-Centered Care (NF PFC)

NF EBR 1: Ethical Behavior and Consumer Rights (NF EBR)

NF CES 1: Clinical Excellence and Safety (NF CES)

NF IA 1: Inclusion and Access (NF IA)

NF OE 1: Organizational Excellence (NF OE)

NF WE 1: Workforce Excellence (NF WE)

NF CLR 1: Compliance with Laws and Regulations (NF CLR)

NF SA 1: Stewardship and Accountability (NF SA)

NF PM 1: Performance Measurement (NF PM)

14 / Appendix II: Nursing Facility Hospice Care (NF)

Introduction

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

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

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

Standard:

NF PFC 1: The hospice assumes professional management responsibility of hospice services provided to residents of nursing facilities in accordance with the hospice plan of care.

NF PFC 1.1 The hospice ensures that all care and services routinely offered to home patients are also offered and available to patients whose residence is a nursing facility.

NF PFC 1.2 The hospice demonstrates collaboration with the facility partner to ensure a coordinated plan of care.

Standard:

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

NF PFC 2.1 The hospice and the facility collaboratively develop and document a coordinated plan of care for each patient that guides both providers and is in accordance with any federal, state, or local laws and regulations for the facility and the hospice.

NF PFC 2.2 When the hospice and facility have their individual care plans, both plans should contain the same problems and goals when laid side by side. Interventions are complementary and reflect palliative rather than curative care.

NF PFC 2.3 The plan of care should reflect patient and family/caregiver goals and include interventions based on the problems identified in the initial comprehensive and updated assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions.

NF PFC 2.4 The plan of care should specify appropriate delegation of responsibilities for provision of hospice care and non-hospice services by delineating which provider and discipline is responsible for performing each function related to the patient's care. The hospice staff routinely reviews the nursing facility's plan of care and communicates and coordinates with the nursing professional who completes the minimum data set (MDS), and other nursing facility nursing leadership as designated.

NF PFC 2.5 The hospice works with the nursing facility staff and the patient and family/caregiver to ensure that all changes to the plan of care are discussed and mutually agreed upon prior to implementation.

NF PFC 2.6 The hospice nurse case manager is responsible for the coordination of the hospice services for each hospice patient residing in a nursing facility. The plan of care shall be communicated by the nurse case manager or other hospice staff to the facility staff and other health care providers.

NF PFC 2.7 The hospice communicates with the patient's attending physician, the nursing home medical director, and other physicians actively participating in the care of the patient to ensure coordination of the patient's hospice care with all other aspects of the patient's medical care.

NF PFC 2.8 Representatives from the hospice interdisciplinary team will participate in nursing facility/hospice care plan meetings whenever possible.

Standard:

NF PFC 3: The hospice provides the nursing facility at a minimum with copies of the following:

1. Most recent hospice plan of care;
2. Hospice election form;
3. Advance directive, as appropriate, including the Health Care Power of Attorney and/or medical surrogacy information;
4. Physician certification and recertification of the terminal illness which includes the brief physician narrative;
5. Name and contact information for hospice personnel involved in hospice care for each patient;
6. Instructions for accessing the hospice's 24-hour on-call system;
7. Hospice medication information specific to each patient; and
8. Hospice physician and attending physician orders.

PFC 3.1 Information already on file regarding advance directives, medical surrogacy, and/or funeral arrangements shall be provided to the hospice by the nursing facility.

Standard:

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

NF PFC 4.1 Hospice demonstrates evidence there is communication and collaboration with the nursing facility staff, as appropriate, and documents communication.

NF PFC 4.2 Spiritual/psychosocial issues after hours and on weekends may be addressed by after hours and weekend staff and relayed to the hospice interdisciplinary team for further follow-up.

NF PFC 4.3 Hospice provides the nursing home with information regarding the date and time to expect visits from members of the hospice interdisciplinary team.

Standard:

NF PFC 5: The hospice has a plan for providing bereavement care to identified nursing facility staff and residents as appropriate.

Standard:

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

NF PFC 6.1 A well-coordinated transition to another level of care or setting is facilitated by the hospice interdisciplinary team when a change in the patient's condition requires an adjustment in hospice level of care and services.

NF PFC 6.2 The hospice interdisciplinary team is responsible for coordination of appropriate end-of-life care in cooperation with the nursing facility and in accordance with state regulations.

Practice Examples:

- Specific training is provided to the nursing facility staff to manage 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.
- Policies and procedures permit families to remain for reasonable periods of time in patients' rooms following death.
- An area that affords privacy is available for the family's use following the death of a patient.
- The nursing facility and hospice collaborate to develop and update the patient's coordinated plan of care.

- The hospice and nursing facility have a process by which information from updated hospice assessments and nursing facility patient/family/caregiver information is exchanged.
- The hospice establishes a policy for provision of complementary services (as available) to patients in collaboration with the nursing home staff.
- The hospice social worker partners with the nursing facility social worker to educate the patient and family/caregiver regarding advance directive information, treatment decisions, and funeral arrangements.
- The hospice social worker partners with the nursing facility social worker in completing applications for Medicaid eligibility as needed.
- The hospice interdisciplinary team assesses family members/caregivers' reactions/concerns regarding a patient's transition to a location of care other than his/her personal residence and facilitates discussion of those concerns.
- The hospice interdisciplinary team assists the patient and family/caregiver in identifying nursing facility placement options and financial planning for payment of nursing facility care.
- Nursing facility staff is invited to attend and participate in hospice interdisciplinary team meetings when the needs of a patient residing in the nursing facility will be discussed.
- The hospice medical director discusses coordination of hospice care services with the nursing facility medical director as needed.
- Hospice staff members communicate with nursing facility staff and pharmacy about Medicare Part D payment for medications that are not related to the terminal prognosis and ensures that the hospice will be billed for any medications related to the terminal prognosis.
- The hospice volunteer program includes a component for volunteer assignments for patients residing in a nursing facility, especially for those with no family members nearby.
- Volunteer orientation and training includes appropriate components for assignment to patients residing in nursing facilities.
- Hospice staff members attend the nursing facility's care planning meetings for hospice patients.
- The record of each hospice patient in a nursing facility has the hospice's name and telephone number prominently displayed. Instructions related to on-call availability and when to contact the hospice is contained in the record in an easily accessible place.
- Nursing facility staff members on all shifts receive training regarding the availability of after-hours and/or on-call services for hospice patients.
- The hospice offers to facilitate annual memorial services for nursing facility patients who have died as the need is identified.
- Hospice bereavement services are offered to nursing facility staff and residents on an ongoing basis.
- All communication with the nursing facility is documented in the patient's facility medical records and the hospice clinical record.
- After-hours/weekend call logs document communication to and from nursing facilities.
- The hospice and nursing facility have a process by which information from the hospice interdisciplinary team plan of care is reviewed and updated and can be found in both the hospice and nursing facility clinical records.

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

Standard:

NF EBR 1: The hospice fully complies with the federal anti-kickback statute that prohibits personnel and representatives from knowingly and willfully offering, paying, requesting, or receiving money or other benefits directly or indirectly from third parties in connection with items or services billed to federal programs.

NF EBR 1.1 The hospice does not submit or cause to be submitted to federal healthcare programs claims for patients who were referred pursuant to contracts or financial arrangements that were designed to induce such referrals in violation of the anti-kickback statute or similar federal or state statutes or regulations.

NF EBR 1.2 The hospice does not engage in activity in violation of the state or federal regulations in which gifts or services are provided in return for referrals or future consideration.

NF EBR 1.3 The hospice will develop internal policies and procedures in accordance with applicable laws and regulations as evidenced by the compliance program.

Practice Examples:

- Hospice staff members ensure items provided to nursing facility staff are within established dollar limits (e.g., provides pens or other items to the nursing facility staff for promotional reasons).
- Hospice staff members present in-service education on hospice related topics for nursing facilities without additional incentives (e.g., extravagant meals, staff gifts, facility gifts).
- Continuing education credit is provided only for a reasonable cost (i.e., not provided for free).
- Education is provided by the hospice for nursing facility staff only as it relates to the care of hospice patients.
- Services purchased through a nursing facility are at fair market value.
- Hospice aide services in nursing facilities are offered at the same frequency and duration as such services are provided in patients' homes. The hospice aide supplements the services of the facility certified nursing assistant.

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

Standard:

NF CES 1: The hospice and nursing facility collaborate to ensure safety and clinical excellence of care for hospice patients residing in the facility.

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

NF CES 1.2 Hospice and nursing facility staff collaborate to improve operational processes and deliver coordinated clinical care.

Practice Examples:

- The hospice staff members maintain an awareness of and participate as appropriate in the nursing facility safety program as it relates to:
 - fall prevention;
 - infection control;
 - hazardous material and waste;
 - fire and evacuation plans;
 - emergency/disaster preparedness plans; and
 - communication contingency plans.
- Incidents and accidents are reported and monitored by both the hospice and the nursing facility, and joint plans of correction are developed, when indicated.
- Hospice staff members report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone unrelated to the hospice to the SNF/NF or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) administrator within 24 hours of the hospice becoming aware of the alleged violation, or as defined by state regulations which may require more stringent reporting timelines according to the type of violation.
- The process for hospice provision of durable medical equipment in the nursing facility is clearly communicated and coordinated with the facility.
- The hospice durable medical equipment provider instructs the nursing facility and hospice staff in the proper use of any delivered equipment.
- The hospice and nursing facility utilize risk assessment tools to determine the patient's level of risk for falls and wounds.
- The hospice staff members are educated on infection control measures in the nursing facility, (e.g., hand washing, infection reporting, and isolation procedures).
- The hospice participates in the nursing facility infection control and safety review evaluation and includes the information in the hospice quality program.
- Hospice staff reports potential patient safety hazards and collaborates with the nursing facility to improve patient safety, including strategies for falls reduction.

NF IA 1: INCLUSION AND ACCESS (NF IA)

Standard:

NF IA 1: The hospice patient or the patient's representative has a right to participate in the decision making process regarding care and treatment.

Practice Examples:

- A routine procedure for communication with the patient's representative is implemented when the patient does not have decision making capacity.
- The patient or patient's representative is contacted before there is a change in the plan of care unless delay in implementing the change would have a negative impact on the patient's condition.

NF OE 1: ORGANIZATIONAL EXCELLENCE (NF OE)

Standard:

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

Practice Examples:

- The hospice nurse case manager manages the plan of care with input from the patient, family/ caregiver and nursing facility and coordinates the implementation of the plan with the nursing facility staff.
- Hospice identifies a specific member of the hospice core team to communicate with the nursing facility staff on a regular basis to evaluate:
 - the needs of the hospice patient and the nursing facility staff; and
 - the implementation/updating of the plan of care.
- The hospice nurse case manager reviews the nursing home and hospice care plans and documents communication, coordination, and collaboration of the hospice and nursing home care plans on a regular ongoing basis.

NF WE 1: WORKFORCE EXCELLENCE (NF WE)

Standard:

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

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

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

Practice Examples:

- The hospice attempts to hire staff with nursing facility experience.
- Hospice staff orientation includes education related to nursing facility requirements and environment.
- The hospice provides in-service training to nursing facility staff about the reasons to contact the hospice immediately.
- The hospice provides in-service training to nursing facility staff on the topics of work-related grief and loss and end-of-life care.
- The hospice responds to questions concerning hospice patients during the nursing home survey process and provides nursing home surveyors with documentation from the hospice patient records as well as answering questions regarding hospice services.
- Orientation to hospice care is included in the nursing facility's orientation program.
- The hospice collaborates and coordinates educational offerings related to hospice and end-of-life care with the nursing facility's education coordinator.

NF CLR 1: COMPLIANCE WITH LAWS AND REGULATIONS (NF CLR)

Standard:

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

NF CLR 1.1 The written agreement includes:

1. A delineation of the hospice's responsibilities and nursing facility responsibilities;
2. Method of communication between hospice and nursing facility staff to ensure that the needs of the patients are met 24 hours/day;
3. A provision that the nursing facility immediately notifies the hospice if:

- a. there is a significant change in the patient's status;
 - b. the plan of care needs to be altered;
 - c. the patient needs to be transferred to an alternate care setting or needs a level of care change, or
 - d. the patient dies.
4. Hospice responsibility for determining the appropriate course of hospice care including determining the level of care and changes to the level of care;
 5. A provision that the nursing facility continues to provide the same level of care to the patient as before hospice was provided;
 6. A provision that the hospice will provide the same level of services as if the patient was in his own home;
 7. A provision that the hospice must report to the nursing facility administrator all alleged mistreatment, neglect, or abuse by anyone unrelated to the hospice within 24 hours of becoming aware of the alleged violation, or as defined by state regulations which may require more stringent reporting timelines according to the type of injury; and
 8. A delineation of the hospice's responsibility to provide bereavement services to the nursing facility staff.

NF SA 1: STEWARDSHIP AND ACCOUNTABILITY (NF SA)

Standard:

NF SA 1: The hospice staff members follow an established code of conduct, act in a professional manner, and observe the regulations governing both the hospice and the nursing facility.

Practice Example:

- The hospice has an effective compliance program that includes a code of conduct acknowledged by all hospice staff.

NF PM 1: PERFORMANCE MEASUREMENT (NF PM)

Standard:

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

Practice Examples:

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