

# **STANDARDS OF PRACTICE FOR HOSPICE PROGRAMS**

PROFESSIONAL DEVELOPMENT AND RESOURCE SERIES

## **7 / Organizational Excellence (OE)**

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### PRINCIPLE

Building a culture of quality, accountability, and service excellence within an organization that values collaboration and communication and ensures ethical business practices.

### Standard:

***OE 1: Operations of the hospice are in compliance with all applicable regulations and laws at the federal, state, and local levels.***

### Practice Examples:

- Durable Medical Equipment (DME) contracts are obtained with providers that meet the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) supplier quality and accreditation standards.
- Medications are reviewed regularly for relatedness to the terminal prognosis and are billed to the appropriate payer.

### Standard:

***OE 2: The hospice accurately represents its services to the public.***

**OE 2.1** Marketing materials and individuals representing the hospice accurately describe the benefits, scope, capabilities, and cost of services.

### Practice Examples:

- Speaker's bureau members are trained in the core services provided and the provisions of the Medicare and Medicaid hospice benefits or other insurance coverage.
- All marketing materials are reviewed annually to ensure that information is up to date and services are clearly defined and explained.
- The hospice provides orientation and training to partnering providers such as hospitals, nursing facilities, or assisted living facilities regarding hospice services.
- Patient information materials clearly explain the scope of the hospice's services, the palliative rather than curative goal of hospice care, waiver of Medicare/Medicaid benefits, and costs.

## Standard:

### *OE 3: Processes are designed to collect and manage information to support the hospice's delivery of care and other operations.*

**OE 3.1** Data are routinely collected related to the allocation and utilization of services in all care settings, including but not limited to:

1. Average and median length of service;
2. Days of service by level of care (routine home care, continuous home care, respite care, inpatient care);
3. Length of time from referral to admission;
4. Services provided and visits made by all disciplines, including hospice aide visits, bereavement contacts, volunteer contacts, and number of volunteer hours;
5. Data required for the cost report submitted annually to the hospice's Medicare Administrative Contractor (MAC);
6. Data related to compliance with applicable laws and regulations; and
7. Data required for reports for aggregate and inpatient CAP liability.

**OE 3.2** The hospice has a plan for systematically monitoring and evaluating the allocation and utilization of services provided to patients and families in all care settings, which includes but is not limited to:

1. Ensuring that all patients meet medical eligibility requirements for hospice care;
2. Evaluating timeliness of admissions;
3. Examining length of service (LOS) data for potential problems (e.g., short LOS, long LOS, patterns of live discharge) across all settings;
4. Evaluating the availability and appropriate utilization of all levels of care (routine home care, general inpatient care, respite care, and continuous home care);
5. Ensuring the provision of bereavement services to family members and facility staff;
6. Analyzing and evaluating patient and family/caregiver care outcome data;
7. Evaluating appropriateness of and reasons for live discharges;
8. Examining the rate and reasons for hospitalizations;
9. Examining staff productivity; and
10. Utilizing comparative statistical information in the evaluation process.

**OE 3.3** Financial information is routinely reviewed, including but not limited to:

1. The annual operating budget in order to identify variances with planned expenses and income;
2. Accounts receivable and accounts payable to ensure that accounts are handled in a timely manner;
3. Accounting processes to ensure compliance with general accounting procedures;
4. Billing procedures to ensure compliance with regulations; and
5. Audits of patient clinical records to ensure compliance with regulatory requirements regarding:

- a. Dates of election of the Medicare and Medicaid hospice benefits;
- b. Completion of the face-to-face encounter requirement for compliance with the required timeframes;
- c. Physician narrative summary for certification of terminal status; and
- d. Level of care documentation requirements.

### Practice Examples:

- Reports with statistical information on service utilization and hospice operations are generated and analyzed on a monthly or, at a minimum, quarterly schedule.
- The hospice conducts performance improvement projects to improve billing processes and ensures that each project includes an aim statement.
- Managers are accountable for adhering to the budget for their departments and reviewing all related invoices and payments.
- Inaccurate billing is identified, corrected, and resubmitted for payment.
- A system is in place to file the Notice of Election (NOE) and Notice of Termination/Revocation (NOTR) in the Fiscal Intermediary Standard System (FISS) within the required time frames, with a focus on timeliness and accuracy.
- A system is in place to determine the benefit period of a patient prior to admission using the Common Working File (CWF), as well as a process for scheduling face-to-face encounters to comply with the required timeframe for recertification.
- Utilization of services data are collected and compared to state, regional and national level results from the Program for Evaluating Payment Patterns Electronic Report (PEPPER).
- A system is in place that ensures that the physician narrative statement documenting the patient's eligibility and prognosis for hospice services is completed, signed and dated for each certification of terminal illness.
- A system is in place to ensure the accuracy of documentation of medications and refills listed on the bill.
- A system is in place to ensure accuracy of postmortem visit billing.

### Standard:

#### ***OE 4: Operational information is collected and disseminated to appropriate individuals in a timely manner.***

**OE 4.1** Operational information is communicated to all hospice staff, the governing body, and volunteers on a regular basis.

**OE 4.2** The hospice utilizes external industry data for comparison and participates, whenever possible, in external data collection initiatives.

**OE 4.3** There is evidence that collected and reviewed data and information are the basis for decision making related to hospice operations.

**Practice Examples:**

- Clinical managers regularly review patient care costs and other financial data and share relevant information with staff on a regular basis.
- Medications are reviewed to ensure that hospice is paying for medications related to the principle diagnosis and other diagnoses and conditions contributing to the terminal prognosis.
- The Quality Assessment and Performance Improvement (QAPI) Program includes both clinical and operational performance improvement projects and utilizes reports and graphs with comparative data for benchmarking.
- The hospice participates in state and national comparative operational data collection and reporting initiatives.
- The governing body reviews financial data at each meeting and takes follow-up action as necessary.
- The governing body reviews QAPI program data at regular intervals and takes follow-up action as necessary.