

# **STANDARDS OF PRACTICE FOR HOSPICE PROGRAMS**

PROFESSIONAL DEVELOPMENT AND RESOURCE SERIES

## **10 / Stewardship and Accountability (SA)**

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## PRINCIPLES

Developing a qualified and diverse governance structure and senior leadership that share the responsibilities of fiscal and managerial oversight. Hospice has an organizational leadership structure that permits and facilitates action and decision making by those individuals closest to any issue or process.

### Standard:

***SA 1: The hospice has an organized governing body that has complete and ultimate responsibility for the organization.***

**SA 1.1** The governing body meets regularly and is informed of ongoing and current issues affecting the hospice. The governing body receives reports of care, treatment, services, and quality improvement program activities and projects as required by the Medicare Conditions of Participation (CoPs), state licensure regulations, and/or accreditation standards.

**SA 1.2** The governing body participates in an annual review of the hospice's policies and procedures and approves final modifications.

**SA 1.3** Bylaws and/or policies and procedures specify the roles and responsibilities of the governing body members, staff, and, when appropriate, define the hospice's relationship to any parent organization governing body.

**SA 1.4** The governing body develops and implements a written conflict of interest policy that includes guidelines for the resolution of any existing or apparent conflict of interest.

**SA 1.5** The governing body members participate in an initial orientation and ongoing educational programs designed to enable them to fulfill their hospice responsibilities.

**SA 1.6** All governing body members evaluate their initial orientation and continuing education programs.

**SA 1.7** The hospice recruits governing body members who reflect a variety of expertise and the cultural diversity of the population and the communities served.

### Practice Examples:

- Governing body meetings are documented and reflect the group's ultimate responsibility for the organization.
- Signed conflict of interest and confidentiality statements are obtained at the beginning of each term of service of governing body members and are kept on file in the hospice.

- Content of the governing body orientation and educational sessions are kept on file with dates of presentations and participants.
- The hospice maintains an organizational chart that clearly depicts the relationships between the governing body, management, and staff.
- Governing body members' names are included in minutes and rosters of staff, leadership, and committee meetings they attend.

## Standard:

***SA 2: The organizational leaders have processes to review and approve the hospice's mission, purpose, vision, and policies which include active participation and input by all stakeholders.***

**SA 2.1** The hospice develops and regularly reviews its mission and vision statements. This review is completed every three years at a minimum, or more often as necessary and appropriate.

**SA 2.2** The hospice has written administrative and clinical policies and procedures which direct daily hospice operations.

**SA 2.3** Policies and procedures are reviewed annually and revised as necessary. Revisions may be made prior to annual reviews in response to changes in regulations or practice.

## Practice Examples:

- The management and staff can verbalize the mission and vision statements of the hospice.
- The hospice has a process for annual review and revision of policies and procedures, with documentation of the presentation to, and approval by, the governing body. Additional review and revision may be done as needed.
- The hospice involves members of the hospice interdisciplinary team in policy and procedure development, review, and editing.

## Standard:

***SA 3: The hospice administrator has full responsibility for the day-to-day operations of the hospice program.***

**SA 3.1** The governing body oversees the process of selection and evaluation of the hospice administrator and provides ongoing support.

**SA 3.2** The governing body has a mechanism for evaluating the performance of the hospice administrator at least annually.

**SA 3.3** The performance evaluation of the hospice administrator is documented and reviewed with that individual.

**SA 3.4** The hospice administrator implements financial policies and practices that ensure the accuracy and reliability of the financial data.

**SA 3.5** The hospice administrator is qualified by education and experience to operate the hospice in accordance with federal, state, and local laws and regulations, and hospice standards of practice.

**SA 3.6** The hospice administrator is responsible to the governing body for:

1. Implementing, monitoring, and reporting on the hospice's services;
2. Ensuring quality in patient care;
3. Ensuring that the organization operates in a legal and ethical manner and in compliance with all local, state, and federal regulations;
4. Ensuring that performance improvement and safety activities are planned and implemented; and
5. Providing the governing body with up to date information on a regular ongoing basis.

**SA 3.7** In the absence of the hospice administrator, a qualified individual is appointed to carry out day-to-day operational responsibilities.

**SA 3.8** The hospice administrator promotes and directs a culture of quality and compliance in all aspects of operational conduct.

### **Practice Examples:**

- The hospice administrator's position description is documented in writing and includes qualifications and role responsibilities.
- The hospice administrator develops and communicates specific organizational goals aligned with the hospice's mission, strategic plan, as well as professional development goals.
- The hospice administrator, administrative leaders, and staff sign confidentiality and conflict of interest statements upon employment.
- Leaders and staff know how to contact the hospice administrator or his/her designee at all times.
- The governing body conducts an annual written performance evaluation of the hospice administrator including a review of goal achievement.
- The hospice's board of directors utilizes a performance appraisal tool in evaluating the performance of the hospice administrator.
- The hospice administrator performs a self-evaluation as part of his/her annual performance evaluation.
- The hospice administrator's performance appraisal process allows for a comprehensive review with input obtained from peers, subordinates, and leaders.

## Standard:

### ***SA 4: Administrative leadership ensures effective strategic planning and resource management.***

**SA 4.1** Administrative leadership establishes a process for the ongoing monitoring of the organization's risks, threats, and opportunities.

**SA 4.2** Administrative leadership monitors the adequacy and availability of its economic and human resources to ensure the organization's ongoing viability.

**SA 4.3** Administrative leadership establishes a process for determining and responding to the needs of internal and external customers and the community at large.

**SA 4.4** The hospice planning process addresses the:

1. Basic philosophy of hospice care;
2. Mission and vision of the hospice; and
3. Physical, psychosocial, spiritual, emotional, and bereavement needs of patients and families/caregivers.

**SA 4.5** The hospice planning process includes:

1. Establishment and periodic review of the mission, vision, and short-term and long-range goals;
2. Monitoring of goal achievement to ensure that the mission is realized in practice and sustained over time;
3. Input from employees, contracted staff, and volunteers; and
4. Feedback from patients and families/caregivers served, contract facilities, vendors, and the community at large.

**SA 4.6** Administrative leadership communicates the strategic plan to the hospice's staff and governing body, and periodically evaluates the status and results of the plan's execution based on the goals of the stated plan.

### **Practice Examples:**

- A committee structure exists that permits internal and external customers to participate in the hospice's evaluation and planning.
- The hospice reviews and analyzes results of patient and family/caregiver satisfaction surveys, concern and service failure reports, employee engagement surveys, and community focus group input to assess the level of goal and mission achievement.
- Statements of the hospice's mission, vision, and strategic plans are clearly evident on its website.
- The hospice's administrative leadership and staff can verbalize the mission and vision statement of the hospice.
- Administrative leadership communicates strategic plans, goals, and outcomes to staff on a regular basis.

- Staff and/or team goals are aligned with the mission and strategic plan as well as individual professional development goals. Staff progress toward goals is reviewed periodically and is included in staff annual performance evaluation.

## Standard:

### ***SA 5: Administrative leadership practices fiscal and fiduciary responsibility in management of the hospice's finances.***

**SA 5.1** Administrative leadership and representatives from all professional disciplines collaboratively develop, implement, and monitor an annual operating budget and long term capital expenditure plan in compliance with laws and regulations.

**SA 5.2** The budget is approved by the governing body and reflects the goals and operations of the hospice program.

**SA 5.3** The hospice contracts with an independent certified public accounting firm to conduct a financial audit at least annually.

**SA 5.4** Administrative leadership and the governing body regularly monitor and review financial statements, budget documents, and tax documents, as applicable.

**SA 5.5** Administrative leadership implements the financial policies and practices that ensure the accuracy and reliability of the financial data.

**SA 5.6** Mechanisms are in place to manage accounts payable, accounts receivable, handling of cash, and arrange credit and assistance if needed.

**SA 5.7** Policies and procedures that guide ethical, timely, and accurate billing and payment practices are implemented and evaluated on an ongoing basis.

**SA 5.8** The hospice prepares a volunteer cost savings report that demonstrates at least 5% of total patient care hours of all paid and contract direct care staff are provided by volunteers.

## Practice Examples:

- Administrative leadership receives regular financial reports, can demonstrate knowledge of financial principles and tax reporting requirements, and can explain management and monitoring of the budget.
- Financial policies and procedures exist and include the requirement that investments are reviewed and approved by the governing body.
- An annual financial audit occurs and includes a management report.
- A written compliance plan for the hospice is developed and addresses the hospice risk areas identified by the Office of the Inspector General (OIG) and other areas of concern identified by CMS.

- A written policy exists that describes the process to determine whether patients meet criteria for financial assistance established by the hospice.
- The Director of Volunteer Services uses the dollar value defined by [The Independent Sector](#) or the Bureau of Labor Statistics each year to calculate the value of the volunteer services in the cost savings report.

## Standard:

### ***SA 6: Administrative leadership continually evaluates and assesses its performance.***

**SA 6.1** Administrative leadership periodically evaluates and assesses their job performance related to fulfillment of the hospice's mission and all other aspects of the organization's operations.

**SA 6.2** Administrative leadership assesses their educational needs and regularly identifies and participates in educational opportunities based on the assessed needs.

## Practice Examples:

- Administrative leadership establishes annual goals related to the accomplishment of the mission and the strategic plan.
- Administrative leadership conducts quarterly and annual reviews of goal achievement and educational activities, and implements improvement and/or corrective actions to address any failure to achieve goals.
- The hospice develops and implements a leadership training program.
- Administrative leadership facilitates, with staff involvement, a comprehensive evaluation of the hospice, including progress toward fulfillment of the strategic plan annually or more often. A summary of the evaluation is provided to the governing body and staff. Administrative leadership uses the results to inform the process of goal development, quality improvement, and action plans.

## Standard:

### ***SA 7: Administrative policies define the roles and responsibilities of the governing body, administration, and the hospice interdisciplinary team.***

**SA 7.1** The hospice has written administrative and clinical policies and procedures that direct daily hospice operations.

**SA 7.2** The hospice maintains written policies and procedures that state the roles and responsibilities of the governing body, administrative staff, hospice interdisciplinary team members, and volunteers.

**SA 7.3** Administrative policy and procedures include annual, and more often as needed, evaluation of the hospice program and review of all policies and procedures.

### Practice Examples:

- The hospice's policies and procedures address areas including but not limited to: the compliance program; development, marketing, and fundraising; financial management of human resources (hiring, termination, benefits, safety, etc.); the QAPI program; health information management; patient care and safety; and volunteer services.
- The hospice has a written description of responsibilities for members of the governing body.
- The hospice has a written policy that details the annual program review procedure including review of the participation by the hospice interdisciplinary team in policy and procedure development, as well as the review of the policies and procedures.
- The hospice maintains written policies that define the composition, organization, and performance standards of the hospice interdisciplinary team.

### Standard:

#### ***SA 8: Information is protected against loss, theft, destruction, and unauthorized disclosure.***

**SA 8.1** At a minimum, sensitive and confidential data including financial and patient records are stored in a manner that prevents both unauthorized physical and remote access and damage from fire, water, and electrical malfunction.

**SA 8.2** The hospice has a plan for protecting its computerized information that includes:

1. Safeguards to prevent unauthorized access to computerized records;
2. Safeguards to prevent unauthorized access to computer equipment, servers, storage area networks, mobile devices, network-attached storage devices and backup systems;
3. Strategies for performing and testing routine back-up and storage of computerized records, including secure offsite storage;
4. Methods to replace information and the systems required to operate, if necessary;
5. A comprehensive annual review of the Health Insurance Portability and Accountability Act (HIPAA) risk assessment;
6. A comprehensive information security policy; and
7. A system for authentication of electronic device users and handwritten signatures.

**SA 8.3** The hospice has a written policy for the retention of records.

### Practice Examples:

- Hospice retains clinical records according to state law and for the federally-required period of six years.
- The hospice backs up computerized data daily. Backup discs and tapes are stored in a fireproof container off-site or in secure electronic off-site storage (e.g., data warehouse, cloud).

## Standard:

### *SA 9: Confidentiality of information is maintained.*

**SA 9.1** Protected Health Information (PHI) may only be released for the provision of patient care, billing or operations, or as directed by federal and state laws and regulations.

**SA 9.2** Hospice policy stipulates that patient information may only be released with the written consent of the patient or authorized patient representative unless authorized by appropriate legislative or judicial authority.

**SA 9.3** The hospice has policies and procedures that address the secure transfer and transmission of confidential patient and family/caregiver information via the use of fax machines, computers, telephones, mobile devices, and other technological mechanisms and routes.

**SA 9.4** All employees, contractors, and volunteers of the hospice are trained on the privacy and security of PHI and are in compliance with HIPAA Privacy and Security, HITECH, and Omnibus regulations.

**SA 9.5** The hospice has a plan for reporting a breach of unsecured PHI according to state and federal regulations.

### Practice Examples:

- All staff members sign a confidentiality agreement on hire prior to any exposure to patient or family information.
- Corrective action including appropriate coaching, training, and discipline, is in place and documented when confidentiality is compromised or placed at risk of compromise.
- Patients or legal representatives sign a HIPAA Notice of Privacy at admission and additional releases as needed prior to the release of information or sharing of any information.
- The hospice policies and procedures address staff access and use of the hospice's computers (e.g., password, logging off, and authentication process).
- The physical layout of the hospice office and other hospice facilities is conducive to maintaining patient privacy and is regularly assessed to assure patient privacy is being maintained.
- The hospice educates staff regarding correct handling of protected information on computers, the internet, cell phones and other mobile devices, and printed materials that contain patient information.