

STANDARDS OF PRACTICE FOR HOSPICE PROGRAMS

PROFESSIONAL DEVELOPMENT AND RESOURCE SERIES

8 / Workforce Excellence (WE)

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PRINCIPLES

Fostering a collaborative, interdisciplinary environment that promotes inclusion, individual accountability, and workforce excellence through professional development, training, and support to all staff and volunteers.

Hospice organizational leaders ensure that the number and qualifications of staff and volunteers are appropriate to the scope of care and services provided by the hospice program.

Standard:

WE 1: The hospice identifies and maintains an appropriate number of qualified staff and volunteers to meet the unique needs of the patients, families/caregivers, and the organization and to ensure that core services are provided.

WE 1.1 The hospice's administrative leadership ensures that all individuals who provide patient and family/caregiver services are competent to provide such services.

WE 1.2 The hospice has written policies and procedures describing its method(s) for assessing competency of clinical staff and maintains a written description of staff development training.

WE 1.3 Hospice staff has current licensure, certifications, or other credentials appropriate to their practice and scope of responsibilities in accordance with applicable laws and regulations in the states where they practice.

WE 1.4 The hospice ensures that physician services are available through contract, direct employment with the hospice provider, or on a volunteer basis.

WE 1.5 The hospice establishes and utilizes appropriate staffing guidelines in planning for staff recruitment, retention, and assignments to ensure quality of patient care.

WE 1.6 The hospice ensures a patient's care or treatment is not negatively affected if the program grants a staff member's request not to participate in an aspect of a patient's care or treatment, such as for ethical, health, or personal reasons. The hospice does not penalize an employee for requesting not to participate in a modality of care or treatment for ethical or spiritual reasons.

WE 1.7 The hospice has identified a plan to respond to significant increases or decreases in census, based on strategic planning and staffing guidelines.

Practice Examples:

- Professional licenses are verified at least annually with the licensing body and documented in a personnel record.
- The hospice maintains accurate and current personnel records to support proof of current licensure, certification, or other required credentials.
- An employee whose license is expired or suspended is not allowed to work until the license is reinstated and verified.
- Documentation of hospice aide attendance at required monthly one-hour in-services is filed in each hospice aide employee record to reflect a total of twelve (12) in-service hours in a calendar year.
- Staffing coverage is secured when an employee is ill or requires a change in assignments.
- Education and organizational membership activities are documented in each staff member's personnel record.
- The hospice ensures that a social worker with a medical social work (MSW) degree supervises any social worker with a Bachelors in social work (BSW) degree hired after December 2, 2008 as well as staff with background in a related field who are functioning in a social work position.
- Additional staff is secured and/or contracted under non-routine circumstances, such as unanticipated periods of high patient census and case load, staffing shortages due to illness, or other short-term temporary situations that may interrupt patient care.

Standard:

WE 2: The hospice recruits staff and volunteers to reflect the diversity of the population in the community served.

WE 2.1 The hospice conducts an annual analysis to determine how the diversity of staff and volunteers correlates with the community served.

WE 2.2 The hospice recruitment plans and hiring activities demonstrate nondiscriminatory hiring and staffing practices.

Practice Examples:

- Recruitment efforts are aimed at hiring staff and volunteers that reflect the ethnicity and other characteristics of the population served.
- Community centers, places of worship, neighborhood associations, and local cable TV stations are utilized to recruit staff and volunteers from ethnic groups not well represented on the hospice's staff.

Standard:

WE 3: The hospice maintains a consistent nondiscriminatory process for recruiting and selecting staff with optimal qualifications which includes competence and license validation, a personal interview, criminal background checks, and other substantiation as required by state or federal law and regulation.

WE 3.1 The hospice's administrative leadership defines the qualifications and performance standards for all staff positions.

WE 3.2 The hospice has a written job description that includes education, training and experience requirements, responsibilities, duties, and reporting lines for each position.

WE 3.3 Job descriptions are reviewed and updated on a regular basis.

WE 3.4 Personnel records are updated at least annually and include but are not limited to the following:

1. Verification of licensure;
2. Completed employment application;
3. Verification of experience;
4. Employee health screening records maintained in a separate secure file;
5. Pre-employment appraisals;
6. Annual performance evaluations;
7. Confidentiality Agreement;
8. Reference checks;
9. Criminal background checks for staff and volunteers;
10. The Office of the Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE) (at hire and monthly);
11. Completed Form I-9 or Employment Eligibility Verification (excluding volunteers);
12. Conflict of interest form;
13. Child/adult abuse clearances per state requirement;
14. Competency assessments for clinical staff;
15. Verification of certifications; and
16. Other information as required by law, policy, or regulation.

WE 3.5 Each employee is provided copies of his/her job description upon hire and when revised.

Practice Examples:

- Potential employees receive a job description for the position for which they are applying.
- Supervisors evaluate the accuracy of a job description annually with input obtained from each employee in the position and make revisions as necessary.
- The hospice develops a personnel handbook and provides a copy to each employee on hire and when changes occur.

- Qualifications are defined in writing for all hospice team members and are included in position descriptions.
- Selection of hospice team members is made on the basis of the applicant's experience and education; communication and interpersonal skills; clinical or other specialty skills; experience related to loss, grief, and dealing with complex psychosocial issues; ability to work effectively within the demands of the hospice role/position and as a team member.
- The hospice utilizes a consistent process for recruiting and selecting staff with optimal qualifications including a competency validation and interviews with managers, peers, and others.
- Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) checks are completed on hire and monthly.
- The hospice maintains personnel records and credentialing information for the medical director and other physicians employed or contracted with the hospice, including Drug Enforcement Administration (DEA) registration.

Standard:

WE 4: The hospice has established personnel policies to direct employment practices that include:

1. Recruitment;
2. Hiring practices;
3. Benefits;
4. Grievance procedures;
5. Employee responsibilities;
6. Staff conflict of interest;
7. Performance expectations and evaluations;
8. Disciplinary actions;
9. Retention activities and efforts;
10. Termination;
11. Reporting of fraud, waste, and abuse; and
12. Emergency preparedness.

WE 4.1 Upon hire, every staff member is oriented to the hospice's personnel policies and procedures.

WE 4.2 Hospice personnel policies are regularly reviewed and updated.

WE 4.3 The hospice has a method for staff to express grievances related to their employment and a process for resolving such grievances and evaluating the grievance process.

WE 4.4 Hospice personnel policies and procedures meet all regulatory requirements and are in accordance with applicable laws.

WE 4.5 Educational programs are developed in accordance with the hospice's policies and individual competency development needs.

WE 4.6 Educational programs are evaluated by the participants, and the results are used to inform the development of future programs.

Practice Examples:

- The hospice has a written policy directing the regular review of all personnel policies and procedures.
- Expertise in the area of regulatory requirements related to human resources is utilized in the development of all hospice personnel policies and procedures.
- An evaluation form is utilized for participant evaluation of all educational offerings. Results are compiled and utilized in determining educational needs and staff development planning activities.
- Staff development and competency needs are evaluated annually and a plan for education and competency evaluation is developed based upon this assessment.

Standard:

WE 5: All staff receive orientation, training, continuing education, and opportunities for development appropriate to their responsibilities.

WE 5.1 All staff complete appropriate orientation, training, and competency evaluations before providing any care or assuming administrative responsibilities.

WE 5.2 The hospice provides orientation and continuing education programs in hospice care, pain and symptom management, infection control, compliance with regulations, and emergency preparedness to all direct care staff including facility-based and contracted staff.

WE 5.3 When changes in patient assignments occur, the hospice orients newly assigned staff members or volunteers to their responsibilities and to the individualized needs of the patient and family/caregiver.

WE 5.4 The hospice has established processes that support staff development and life-long learning.

WE 5.5 Hospice team members have access to emotional support to assist them in coping with work-related loss, grief, and change.

Practice Examples:

- A monthly calendar of available educational opportunities is published and distributed to staff.
- A structured orientation program is in place for all new employees which includes orientation to the hospice and hospice philosophy of care as well as education about death and dying.

- Hospice staff and volunteers are oriented to their job-specific duties.
- Staff members are surveyed annually to assess their learning needs.
- In-service educational offerings include competency evaluations as appropriate.
- The hospice maintains an agreement with a local employee assistance program to provide additional counseling services to staff.
- The hospice provides in-service educational offerings on topics of importance to patient care, including disease-specific information, post-traumatic stress disorder, and other issues faced by Veterans at the end of life.
- The hospice provides technology training for computer systems and electronic medical records.

Standard:

WE 6: The hospice's administrative leadership assures that continuous education is available for all staff in leadership positions.

WE 6.1 The hospice has a systematic process to identify the educational needs of staff in leadership positions on an ongoing basis.

WE 6.2 The hospice has an educational plan to continually enhance the skills and capabilities of staff in leadership positions.

WE 6.3 The hospice regularly provides instruction to staff in leadership positions related to regulatory compliance.

Practice Examples:

- For staff development, the hospice has designated staff members who have attended continuing education programs on topics specific to identified learning needs.
- The hospice provides educational sessions for members of the governing body.
- The hospice provides education related to human resource training [e.g., the Equal Employment Opportunity Commission (EEOC), hiring/firing practices, the Family and Medical Leave Act (FMLA), motivating employees, counseling low performers].
- The hospice facilitates participation in a hospice-specific education program designed to train new leaders in leadership competencies, such as change management, budgeting, conflict resolution, goal setting, and other managerial skills. The hospice facilitates participation in a hospice-specific compliance education program designed to train new leaders in rules and regulations, such as the Medicare hospice Conditions of Participation, Medicare regulations on eligibility, admission and discharge, other CMS regulations, False Claims Act, and billing requirements.

Standard:

WE 7: Hospice staff has access to current information relevant to hospice practice.

WE 7.1 Current books, websites, videos, and journals related to current relevant information and evidence-based literature are available for the staff's use.

WE 7.2 Staff members have access to up-to-date relevant information through attendance at internal and external education programs and seminars.

Practice Examples:

- The hospice makes current research and clinical information readily available by providing internet access for staff.
- A resource library is maintained and is accessible to all staff, volunteers, patients and family members.
- Current textbooks, journals, or online information related to hospice, palliative care, and bereavement care for all ages are available for the staff's use.

Standard:

WE 8: The hospice develops and implements a competency assessment program for all staff and volunteers responsible for providing direct patient care activities.

WE 8.1 The hospice has a competency assessment program and evaluates the data collected on the performance of staff and volunteers who provide hands-on patient care in order to identify their educational needs.

WE 8.2 The hospice assesses individual staff and volunteer ability to meet the performance expectations set in the job description.

WE 8.3 The hospice provides education and in-service programs, along with other activities, to maintain and improve staff and volunteers' knowledge, skills, and abilities.

WE 8.4 Appropriate actions are taken when adverse patient outcomes are directly related to an individual's performance.

Practice Examples:

- Supervisors regularly observe staff providing direct patient care and evaluate their competency.
- When staff performance results in an adverse outcome, the staff member is required to participate in a retraining program.

- Competency-based training is developed to address problematic performance areas.
- Documentation is maintained for all orientation, education, and competency testing carried out by the hospice.
- Clinical staff competencies are evaluated per accreditation standards, professional practice standards, and organizational policy.
- The hospice provides orientation and competency evaluation related to the Medicare Conditions of Participation (CoPs) for all staff.
- The hospice conducts a skills lab as part of competency evaluations and training.

Standard:

WE 9: The hospice utilizes and values specially trained caring volunteers capable of assisting the population served by the hospice.

WE 9.1 The hospice employs volunteer managers/coordinators to serve the entire hospice program through oversight of the volunteer program. Hospice volunteer manager/coordinator responsibilities include:

1. Recruiting, screening, and retaining volunteers to meet the needs of patients, families, and the hospice program (e.g., administration, fundraising);
2. Educating volunteers to meet hospice regulatory requirements and all applicable accreditation standards;
3. Identifying and responding to patient and family/caregiver volunteer needs by matching volunteers with skills needed;
4. Advocating for the utilization and integration of volunteers into the hospice interdisciplinary team and liaise among team members and volunteers as needed to ensure patient and family/caregiver needs are met;
5. Providing ongoing supervision and competency evaluation of volunteers in accordance with hospice regulatory requirements and all applicable accreditation standards;
6. Ensuring accurate documentation of volunteer visits and volunteer hours by following documentation standards and agency policies;
7. Promoting retention of volunteers through recognition, education, and support;
8. Developing strategies for evaluation of the volunteer program to ensure high quality volunteer services;
9. Supporting the hospice's community education efforts through the use of volunteers for presentations or other activities in the community;
10. Calculating and documenting the monetary value of volunteer hours and cost-savings based on information from the Independent Sector, United States Bureau of Labor Statistics, or a state resource;
11. Maintaining a sufficient number of volunteers to provide administrative or direct patient care in an amount that, at minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff;

12. Validating the augmentation of care and services achieved through the use of volunteers (e.g., addition of volunteer music therapist); and
13. Ensuring that volunteer personnel files are up to date.

WE 9.2 Hospice volunteer services are based on initial and ongoing assessments of patient and family/caregiver volunteer needs by members of the hospice interdisciplinary team. The scope and frequency of volunteer services are included in the interdisciplinary team (IDT) plan of care and are reviewed, revised, and documented regularly in accordance with regulatory requirements and patient and family/caregiver needs.

WE 9.3 Hospice volunteers receive appropriate orientation and training prior to providing services to the patient and family/caregiver. The orientation and training include but are not limited to the following:

1. The purpose and focus of hospice philosophy and hospice care;
2. Regulatory requirements for the use of volunteers in the provision of hospice care;
3. The value and contribution of the volunteer and the spectrum of volunteer duties and responsibilities;
4. The hospice interdisciplinary team's function and responsibility;
5. Role of various hospice team members;
6. Concepts of death and dying;
7. Communication skills;
8. Confidentiality and protection of patient and family/caregiver rights;
9. Care and comfort measures;
10. Diseases and conditions experienced by hospice patients;
11. Psychosocial and spiritual issues related to death and dying;
12. Concept of the patient and family/caregiver as the unit of care;
13. Stress management;
14. Infection control practices;
15. Professional boundaries and patient/family/caregiver boundaries;
16. Staff, patient, and family/caregiver safety issues;
17. Ethics and hospice care;
18. Family dynamics, coping mechanisms, and psychological issues surrounding terminal illness, death, and bereavement;
19. Reporting requirements related to changes in patient condition, pain, and other symptoms;
20. Other topics based on the hospice's unique mission, patient population served, and any specific state licensure requirements;
21. Specialized duties and responsibilities;
22. Specialized training for care and services in facility-based care settings or for patient populations with special needs or considerations; and
23. Information on whom to contact for assistance and instructions regarding the performance of duties and responsibilities including procedures to be followed in an emergency or the death of the patient.

WE 9.4 The hospice maintains personnel records for each volunteer that minimally include:

1. Job description or description of the type of activities carried out;
2. Orientation and training;
3. Competency assessments;
4. Annual performance evaluations;
5. Criminal background checks;
6. Conflict of Interest form;
7. Record of certifications and licensure, as appropriate;
8. Driver's license checks;
9. Mandated reporting of child/adult abuse responsibilities per state requirement;
10. Corporate compliance education;
11. Office of Inspector General (OIG) List of Excluded Individuals/Entities (LEIE) clearance checks if the volunteer is a participating Medicare provider or entity; and
12. Initial application and signed job description.

WE 9.5 Volunteers are evaluated at least annually using the performance criteria defined in the job description.

WE 9.6 Volunteers receive regular and ongoing supervision in accordance with policies and procedures established by the hospice.

WE 9.7 Volunteers are represented on the IDT either in person or through staff responsible for volunteer supervision.

Practice Examples:

- Recruiting activities are regularly scheduled and include various media such as print and electronic newspapers, newsletters, bulletins, and other broad-based community resources.
- The hospice has written criteria for recruiting, selecting, training, and assigning volunteers.
- Recruiting activities are planned and conducted with input obtained from staff and volunteers to meet volunteer recruitment goals.
- Volunteer retention activities include offering support groups, partnering with other volunteers, or making changes in assignments if necessary.
- Volunteer retention efforts include: support mechanisms; a mentoring or "buddying" program with experienced, competent peer volunteers; changing of assignments when the program's, patient's, or family/caregiver's needs are not met; providing ongoing feedback and informal and formal recognition; opportunities for communicating and camaraderie with other hospice team members (e.g., support groups, telephone calls, flyers, closure of care, meeting with volunteer coordinator).
- Volunteers demonstrate retention and understanding of information provided in orientation and training when, during the course of performing their regular activities, they have contact or communication with the hospice nurse, other team members, or the patient and family/caregiver.

- All patient care volunteers complete a comprehensive orientation prior to providing any patient, family, or caregiver care or services.
- All volunteers are invited to be active participants in support groups for volunteers.
- The hospice has a record keeping system for tracking ongoing supervision and evaluation of hospice volunteers as well as identification of their educational needs.
- Each volunteer's performance is assessed on hire and ongoing through observations made during orientation, evaluations made during care assignments, and the annual performance evaluation process.
- Performance evaluations incorporate the educational components of the hospice's orientation and ongoing educational initiatives. A review of these evaluations demonstrates a positive correlation between the educational material presented and the volunteer's demonstrated competence.
- There is a formalized process to elicit feedback from volunteers about the recruitment process, orientation and training, supervision, and their experiences with patients and families.
- Supplemental training is provided for hospice volunteers working in facility settings and/or with patients with special needs (e.g., nursing homes, facilities specializing in care for persons with AIDS, pediatric programs, Veterans, death vigils).
- Documentation of cost savings includes time spent and functions carried out by the volunteers and estimated dollar costs that would have been incurred if the functions had been performed by employees.

Standard:

WE 10: Adequate supervision and professional consultation by qualified personnel are available to staff and volunteers during all hours.

WE 10.1 The hospice provides twenty-four(24) hours per day, seven (7) days per week access to qualified consultation and supervision for team members, including volunteers.

WE 10.2 Supervisors and management staff have specialized training and experience, attend ongoing in-services and educational programs, and complete a competency evaluation.

Practice Examples:

- Consultation and guidance from knowledgeable senior staff or clinical professionals are available as needed to staff working after hours and on weekends.
- Supervision of baccalaureate-degreed (BSW, BA, BS) social workers by Master's prepared social workers includes documentation in the personnel files of regularly scheduled meetings and content of meetings, including reviews of documentation in the patient record.
- Pediatric consultation and specialty resources are available to staff and volunteers.
- When social workers or chaplains/spiritual counselors are supervised by a registered nurse, clinical consultations may be arranged with a qualified professional of the same discipline.

Standard:

WE 11: The hospice interdisciplinary team members provide quality, outcomes-oriented, coordinated care as defined by current regulatory, professional, competency, and credentialing standards that relate to the team member's practice specialty and principles of hospice interdisciplinary team practice.

WE 11.1 The care provided by the hospice interdisciplinary team reflects the scope of each specialty as defined by law and is provided in accordance with the code of ethics and practice standards for each discipline.

WE 11.2 Care is goal or outcome-directed, with the desired outcomes identified by the patient and family/caregiver on the initiation of hospice care and updated on an ongoing basis. Care is consistent with patient and family/caregiver input in the development of goals of care.

WE 11.3 The hospice demonstrates and documents congruency between team members' assessments and interventions and the patient's and family's plan of care.

WE 11.4 Hospice care is provided and documented in a timely manner and in ways that ensure accountability; reimbursement; support of patient rights; and patient, family, and caregiver confidentiality.

WE 11.5 The hospice interdisciplinary team members meet on a regular basis, and as needed, in compliance with the Medicare Conditions of Participation (CoPs) for collaboration and care coordination.

Practice Examples:

- Care coordination and effective communication among the hospice interdisciplinary team members are evidenced by documentation contained in the clinical record, which evaluates progress toward the achievement of goals or outcomes.
- The hospice interdisciplinary team interventions reflect cooperation and coordination among members.
- Frequent communication and collaboration among hospice interdisciplinary team members are documented throughout the patient's clinical record.
- Members of the patient's and family/caregiver's hospice interdisciplinary team communicate the anticipated bereavement needs and survivor risk assessment information to bereavement care staff using a consistent mechanism (e.g., survivor risk assessment tool, case summary for bereavement care).
- Hospice interdisciplinary team members maintain the confidentiality of the patient's and family/caregiver's care.
- A calendar is utilized in the patient's home, or a process of communication is established with the patient and family/caregiver, to inform them when hospice interdisciplinary team members anticipate making a home visit. The calendar or process of communication assists in care coordination.

Standard:

WE 12: The hospice medical director reviews, coordinates, and oversees the management of medical care for all patients in the hospice program.

WE 12.1 The hospice employs or contracts with a medical director who is a licensed doctor of medicine or osteopathy with experience and knowledge of hospice practice and palliative medicine.

WE 12.2 When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director.

WE 12.3 Responsibilities of the hospice medical director include but are not limited to:

1. Collaborating with the patient's attending physician regarding the palliation and management of the principal illness and related conditions;
2. Assuming attending physician responsibilities if the patient has not named an attending physician or if the attending physician is unavailable;
3. Reviewing clinical information for each hospice patient, providing written certification of the patient's eligibility for hospice services upon admission and at recertification, and completing and signing initial certification and recertification of terminal illness;
4. Completing a brief narrative, in the physician's own words, related to hospice eligibility and patient prognosis to accompany both the initial certification of terminal illness and each recertification;
5. Reviewing the patient's clinical record and documenting evaluation of the patient's ongoing eligibility for hospice services, as well as needed treatment and care, prior to the start of each Medicare benefit period;
6. Providing oversight of medications and therapies and ensuring that documentation in the patient record specifies which medications are related and not related to the patient's terminal prognosis;
7. Providing a face-to-face encounter, or assuring it is done, prior to recertification for patients who are Medicare beneficiaries and are approaching their third or later benefit period;
8. Performing home and inpatient visits for patient assessment and intervention as needed and appropriate;
9. Overseeing the medical component of the hospice's patient care program and supervising other physicians who may be employed or under contract to the hospice. Reporting relationships and supervision should be shown in the hospice's organizational chart;
10. Acting as a medical resource for the hospice interdisciplinary team;
11. Assuring physician representation at and participation in hospice interdisciplinary team meetings;
12. Collaborating with the hospice interdisciplinary team in reviewing and documenting care, services, and medications that are related and not related to the terminal prognosis;
13. Participating in the hospice's quality assessment/performance improvement activities;
14. Providing coverage and support after normal business hours;
15. Assisting in the development and review of clinical protocols;
16. Acting as a liaison to physicians in the community;

17. Developing and coordinating procedures for the provision of emergency care;
18. Participating in continuing education for all hospice staff providing direct care;
19. Establishing guidelines and parameters for acceptable medical research;
20. Acting as a role model to peers;
21. Providing educational and consultative assistance related to hospice care;
22. Reporting abuse and neglect in accordance with state laws and regulations as well as the hospice's policy and procedures; and
23. Reporting communicable disease in accordance with state laws and regulations.

Practice Examples:

- The hospice medical director leads "grand rounds" at the local teaching hospital on a quarterly basis.
- The hospice medical director develops a quarterly hospice newsletter or email communication directed to all attending physicians who refer to the hospice.
- The hospice medical director attends hospice interdisciplinary team meetings or arranges for other hospice physicians to attend and participate.
- A hospice physician designee is available by telephone or other mechanism during non-business hours.
- The hospice has access to pediatric physicians to collaborate, consult, and provide recommendations on appropriate pediatric treatments.

Standard:

WE 13: The patient's attending physician provides initial and ongoing medical services to the patient.

WE 13.1 The attending physician (if any) provides the following information to the hospice before the patient is admitted:

1. Principal diagnosis, other diagnoses, and prognosis;
2. Current medical findings, including specific clinical indicators, history of changes in indicators, and evidence to support the terminal prognosis;
3. Orders for medications, treatments, and symptom management; and
4. Designation of an alternative physician to contact in the event that the attending physician is not available during a patient emergency or non-business hours.

WE 13.2 Physician's orders are obtained, as needed, prior to the provision of care and received within the time frame required by law and regulation.

WE 13.3 The hospice verifies the licensure of physicians, nurse practitioners, physician assistants (effective January 1, 2019), and other authorized individuals who provide orders or prescriptions for a hospice patient.

WE 13.4 The hospice defines the responsibilities of the patient's attending physician and clearly communicates the responsibilities to the physician.

WE 13.5 The attending physician's responsibilities for the hospice patient include but are not limited to:

1. Signing the certification of terminal illness (excluding nurse practitioners and physician assistants (effective January 1, 2019)) in addition to the hospice medical director;
2. Managing the patient's medical care;
3. Participating in the initial and ongoing care planning process;
4. Providing signed orders in a timely manner;
5. Respecting the patient's confidentiality and choices;
6. Staying available for medical consult to the hospice staff, the patient, and family members;
7. Sharing information as needed to facilitate continuity of care; and
8. Providing consultation on specialty patient populations (e.g., pediatric patients).

WE 13.6 The hospice interdisciplinary team communicates with the attending physician on an ongoing basis. Communication includes providing clinical updates, responding to questions regarding the patient's care and family/caregiver services, and conveying observations and pertinent information.

Practice examples:

- Patient status reports and a copy of the plan of care are sent to all attending physicians.
- Contacts and communication with the attending physician are documented in the clinical record.
- The attending physician is made aware of any changes in patient status and resulting changes in the plan of care.

Standard:

WE 14: Hospice nursing services are based on the initial, comprehensive, and ongoing assessments of the patient's needs by a registered nurse and are provided in accordance with the hospice interdisciplinary team's plan of care.

Services include:

1. Completion of initial, comprehensive, and updated assessment of patient and family/caregiver needs and provision of direct or supervised nursing services based on the plan of care;
2. Coordination of the patient's plan of care;
3. Provision of dietary counseling;
4. Medication review and update; and
5. Supervision of hospice aides.

WE 14.1 Responsibilities of the hospice nurse include:

1. Assessing the patient's and family/caregiver's physical, psychosocial, bereavement, environmental, safety and developmental needs;
2. Developing an individualized plan of care, in conjunction with the hospice interdisciplinary team, based on assessment, identification of needs, and patient and family/caregiver goals and preferences;
3. Providing care to patients and families through utilization of interventions and evaluation of outcomes of care;
4. Performing ongoing assessment and revision of the plan of care, with interdisciplinary collaboration, in response to the changing needs of the patient and family/caregiver;
5. Performing comprehensive assessment of the patient's pain and developing an individualized pain management plan;
6. Anticipating, preventing, and treating undesirable symptoms;
7. Providing support, instruction, and education of the patient, family, and other caregivers who participate in the care of the patient;
8. Documenting nursing assessments, identified problems, measurable goals of care, limitations to provision of care, care interventions, and response to care;
9. Coordinating all patient and family/caregiver services with the hospice interdisciplinary team and other healthcare providers, if any;
10. Consulting and collaborating with the hospice interdisciplinary team and others involved in the patient's care;
11. Developing the hospice aide plan of care and providing direct and indirect supervision of the aide at least every 14 days;
12. Maintaining the dignity of the patient;
13. Recognizing and supporting the patient's and family/caregiver's spiritual and cultural beliefs;
14. Providing holistic, family-centered care across treatment settings to ensure continuity of care and facilitate attainment of goals of care;
15. Participating in the hospice program's quality assessment performance improvement program;
16. Assessing the ability of patient and family/caregiver to safely administer medications and perform treatments; and
17. Reporting abuse and neglect in accordance with state laws and regulations as well as the hospice's policy and procedures.

Practice Examples:

- An appropriate physical assessment is performed and documented for each patient upon admission.
- Each nursing visit includes a reassessment of the patient's clinical status.
- The hospice nurse shares clinical observations of the patient and changes in treatment with all hospice interdisciplinary team members.

- The hospice nurse documents assessments of the patient's pain, related interventions, and outcomes for each visit.
- The hospice nurse, at admission and on an ongoing basis, reviews all of the patient's prescriptions and over-the-counter drugs, herbal remedies, and other alternative treatments that could affect drug therapy.
- The hospice nurse contacts the attending physician, as needed, for orders, updates, and changes in the plan of care.
- The hospice nurse consults with the pharmacist regarding medications, interactions, and side effects.
- The hospice nurse educates families about payment responsibilities for medications that are unrelated to the terminal prognosis and/or deemed ineffective at end of life.
- The hospice nurse educates families about medication disposal.
- The hospice nurse is available to perform, assist with, and/or coordinate post-death care.

Standard:

WE 15: Hospice social work services are based on initial and ongoing assessments of patient and family/caregiver needs by a social worker from an accredited school of social work and are provided in accordance with the hospice interdisciplinary team's plan of care.

WE 15.1 Social work responsibilities include:

1. Identifying the psychosocial needs of the patient and family/caregiver;
2. Assessing and strengthening the coping skills of the patient and family/caregiver;
3. Assessing and enhancing the appropriateness and safety of the environment and connecting the patient and family/caregiver with community resources, as needed;
4. Providing interventions for management of emotional symptoms (e.g., fear, grief, depression, anger);
5. Identifying needs of family members/caregivers and enhancing the strengths of the family system;
6. Assessing and referring family for bereavement services;
7. Documenting problems, psychosocial assessment, goals, care and interventions provided, and patient and family/caregiver response to each intervention;
8. Maintaining the dignity of the dying patient;
9. Supporting the patient's and family/caregiver's spiritual and cultural beliefs;
10. Providing holistic family-centered care across treatment settings;
11. Consulting and collaborating with the hospice interdisciplinary team;
12. Reporting abuse and neglect in accordance with state laws and regulations as well as the hospice's policy and procedures;
13. Assisting with funeral arrangements based on patient and family/caregiver need and preferences; and
14. Coordinating the discharge planning process.

Practice Examples:

- Initial and ongoing psychosocial assessments are completed for each patient and family/caregiver member involved in the care of the patient and the findings are shared with the hospice interdisciplinary team.
- The social worker evaluates the patient's and family's adaptation status, related needs, and opportunities for growth.
- The social worker identifies patients who are Veterans and, using the Military History Checklist, the social worker evaluates the Veteran's individual needs related to military service.
- The social worker identifies a spouse or other family members/caregivers at high risk for complicated grief and refers them to appropriate services.
- The social worker identifies the need for and plans a family conference with the patient, family members/caregivers, and other hospice team members as well as other persons involved in the care of the patient.
- The social worker coordinates the discharge process when the patient no longer needs hospice services through family counseling, patient and family/caregiver education, and arranging other services as needed.

Standard:

WE 16: The hospice interdisciplinary team identifies and involves auxiliary professionals and paraprofessionals with the knowledge, training, and skills to meet the specific needs of patients and families/caregivers as identified in the plan of care.

WE 16.1 The hospice ensures that auxiliary professionals are qualified to provide services and that they or their services are:

1. Authorized by the hospice with a properly executed contract, as applicable;
2. Provided in a safe and effective manner;
3. Delivered in accordance with the patient's plan of care;
4. Supervised by the hospice team; and
5. Provided with education/orientation to hospice services to ensure maintenance of standards of care.

WE 16.2 Auxiliary professionals may include:

1. Physical, occupational, speech, respiratory, and other therapists;
2. Dietitians or nutritionists;
3. Paraprofessional staff (e.g., homemaker or attendant);
4. Licensed practical nurses (LPNs) or licensed vocational nurses (LVNs);
5. Hospice volunteers with professional training;
6. Providers of complementary therapies such as massage, music, or aromatherapy; or
7. Other individuals based on the patient's, and family/caregiver's unique needs, as requested by the patient and family/caregiver or as ordered by the physician.

WE 16.3 The hospice exercises management of the services provided by auxiliary professionals and paraprofessionals regardless of whether the services are provided directly by hospice employees, volunteers, or contracted providers.

WE 16.4 Specialized services may assist the patient, family, and caregiver with:

1. Grief, loss, fear, and anxiety;
2. Nutritional concerns;
3. Activities of daily living including function, safety, and mobility;
4. Emotional and spiritual healing;
5. Expressive needs requiring intensive treatment;
6. Social issues;
7. Resource issues;
8. The dying process;
9. Physical and occupational therapy needs;
10. Speech/language pathology needs; and
11. Wound care.

WE 16.5 The pharmacist is actively involved as a member of the hospice interdisciplinary team and provides the following services:

1. Reviews all patient prescriptions and over-the-counter drugs, herbal remedies, and other alternative treatments that could affect drug therapy; and
2. Identifies the following:
 - a. Effectiveness and outcomes of drug therapy;
 - b. Drug side effects or toxicity;
 - c. Actual or potential drug interactions;
 - d. Duplicate drug therapy; and
 - e. Drug therapy currently associated with laboratory monitoring.

Practice Examples:

- Nutritional assessment and counseling may be performed by a dietitian to meet patient needs as identified by the hospice interdisciplinary team if the patient's needs exceed the skills of the hospice nurse.
- The physical therapist providing treatment to a patient attends the hospice interdisciplinary team meetings and contributes to the plan of care.
- A massage therapist assigned to a patient utilizes massage to alleviate muscular pain and reduce anxiety.
- The hospice contracts with a sufficient number of therapists to meet the needs of the patient population served.
- The pharmacist reviews the medication profile for each patient to ensure that drugs and biologicals meet each patient's individual needs.
- The pharmacist serves as a clinical resource to physicians and nurses.

Standard:

WE 17: Hospice spiritual care and services are based on an initial and ongoing documented assessment of the patient's and family/caregiver's spiritual needs by qualified members of the hospice interdisciplinary team (clergy, spiritual counselor, or someone with equivalent education, training, and experience) and provided according to the hospice interdisciplinary team's plan of care.

WE 17.1 Spiritual care and services include:

1. Assessing the spiritual status of the patient, family, and caregiver;
2. Documenting the spiritual assessment, goals for spiritual care, services provided, and the patient's and family/caregiver's response to spiritual care;
3. Acknowledging and respecting the patient's and family/caregiver's beliefs, culture(s), and values related to life's meaning, including suffering and loss, and desire for services/support;
4. Meditation, counseling, prayer, sacred rituals or practices, active listening, and supportive presence;
5. Assisting with funerals and memorial services as requested by the family/caregiver;
6. Communicating with and supporting the involvement of local clergy and/or spiritual counselors as needed and as desired by the patient, family, and caregiver;
7. Consulting with and providing education to hospice interdisciplinary team members and patients and families/caregivers about spirituality and related care and services; and
8. Reporting abuse and neglect in accordance with state laws and regulations as well as the hospice's policy and procedures.

Practice Examples:

- The hospice chaplain/spiritual counselor prays with the patient who requests prayer.
- The hospice chaplain/spiritual counselor explains to the team the specific beliefs of a patient, and the team discusses the implications of those beliefs for that patient's care.
- The hospice chaplain/spiritual counselor counsels the patient who is a Veteran on spiritual issues related to military service.
- Other members of the hospice interdisciplinary team who have identified spiritual needs of the patient/family/caregiver consult with the hospice chaplain/spiritual counselor about how to best address those needs.
- The hospice chaplain/spiritual counselor provides education to community clergy on spiritual care at the end of life.
- The hospice chaplain/spiritual counselor coordinates the patient's and family/caregiver's spiritual care with community resources (local churches and affiliations) per patient/family/caregiver request.

Standard:

WE 18: Hospice volunteer services include the involvement of specially trained volunteers in the care of the patient, family, and caregiver and in other aspects of the hospice program.

WE 18.1 Hospice volunteer services include:

1. Providing emotional and practical support to patients and families/caregivers;
2. Providing respite for the patient's caregiver;
3. Assisting in bereavement education and support to survivors;
4. Assisting with program administration and development; and
5. Assisting with office duties.

WE 18.2 The total time spent in patient care by hospice employees and contract staff is matched by at least 5 percent in total volunteer direct patient service and/or administrative patient support service hours on an annual basis.

Practice Examples:

- The hospice recruits and trains an adequate number of volunteers to fill requests made by the hospice interdisciplinary team.
- The hospice realizes and documents the cost-savings of utilizing volunteers.
- The hospice volunteer provides individual attention to the siblings of a pediatric patient.

Standard:

WE 19: Hospice aide services are based on the registered nurse's initial and ongoing assessments of the patient's personal care needs, patient goals of care, ability to perform activities of daily living, and supervision of care.

WE 19.1 The hospice nurse communicates the findings from the assessment of the patient's personal care needs, plan of care, and any additional instructions related to the patient's care. This communication includes the:

1. Patient's cognitive status, current and changes in functional status related to feeding, personal hygiene, elimination, and mobility;
2. Family/caregiver's knowledge, ability, willingness, and confidence to provide care;
3. Duties to be performed by the hospice aide; and
4. Patient's preferences, wishes, and decisions regarding end-of-life care.

WE 19.2 The hospice nurse communicates in a timely manner to the hospice aide significant findings regarding the patient's status and changes in the personal care to be provided.

WE 19.3 The hospice aide's services and responsibilities include:

1. Assisting with personal hygiene, elimination, feeding, and mobility according to the patient's needs and the nursing instructions as identified in the plan of care;
2. Maintaining infection control and safety practices;
3. Providing support for and reinforcement of the team's instruction for the patient's caregivers;
4. Communicating with the hospice nurse regarding services provided and significant findings regarding the patient's functional status and change in care needs;
5. Documenting the care provided and the patient's response to care;
6. Participating with the hospice interdisciplinary team in the development and implementation of the patient's and family/caregiver's plan of care; and
7. Reporting abuse and neglect in accordance with aide scope of practice as well as the hospice's policy and procedures.

Practice Examples:

- The hospice nurse completes and regularly updates a form that outlines the patient's needs and duties to be performed by the hospice aide.
- The hospice aide attends the hospice interdisciplinary team meetings and provides input for the care planning process.

Standard:

WE 20: When the patient is receiving hospice aide services, the hospice nurse evaluates and supervises the aide services.

WE 20.1 The hospice nurse documents the supervision of the hospice aide's services in the patient's clinical record. The documentation includes an evaluation of the direct care provided, the patient's and family/caregiver's perception of the care provided, and the aide's adherence to the plan of care.

WE 20.2 The hospice RN visits the home at least every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services identified by the hospice interdisciplinary team meet the patient's needs. The hospice aide does not have to be present during this visit unless required by state law/regulation.

WE 20.3 When the hospice aide services are not satisfactory, the hospice nurse takes action to address and resolve the issues.

WE 20.4 Supervisory visits with the hospice aide are completed every 14 days related to specific patient care plan interventions and completed annually or more frequently for aide competency evaluation as warranted with state regulations or accreditation standards.

Practice Examples:

- The nursing visit note form includes a checklist to document an evaluation of the hospice aide's services during each nursing visit.
- The nurse investigates and addresses the stated concerns when the patient or family/caregiver expresses dissatisfaction with a hospice aide's services.