

Welcome to the Spring Edition of NHPCO's NewsLine

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NewsLine

The quarterly membership publication of the National Hospice and Palliative Care Organization **Spring 2015**

THE SURVEYS ARE COMING!

Will *Your* Hospice Be Ready When the Surveyor Knocks?

INSIDE

What to Expect
in 2015

Making it Real

Are the Nurses
on Your Team
Certified?

NHPCO 2015 Board
of Directors

Member News
and More...

National Hospice and Palliative Care
Organization



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The Surveys Are Coming!

Will *Your* Hospice Be Ready When the Surveyor Knocks?

For well over a decade, the hospice community has championed more timely surveys. With the passage of the IMPACT Act in 2014, hospices will be surveyed as often as every three years over the next decade. As part of NHPCO's Survey Readiness Initiative, Judi Lund Person and Jennifer Kennedy share some valuable tips about survey preparedness that will help your organization be ready when the surveyor knocks on your door.

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What to Expect in 2015

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Are the Nurses on Your Team Certified?

There are more than 19,000 nurses certified by the Hospice and Palliative Credentialing Center. Susan Koff, of Hospice of Palm Beach County, helps explain the value of specialty nursing certification for individual professionals and organizations and offers some suggestions for those preparing for a specialty exam.

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LUCKILY
YOU'LL STILL
HAVE A REASON
TO PULL OUT
YOUR BEST
COCKTAIL
ATTIRE.

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National Hospice
Foundation

National Hospice
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Friday, May 1, 2015



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Friday, October 16, 2015

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These events attract hospice and palliative care providers from across the nation and around the world, and leaders from different healthcare industries such as consulting, pharmaceutical, and financial.

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Message **From Don**

An Exciting Year Has Begun

We're three months into the year that many of us will remember for record-breaking temperatures and snowfall. For those who have had to endure so much, I can only share the thought that spring won't be too far away for many of us.

Here at NHPCO, the year has begun with much energy. Most notably, please join me in welcoming Linda Rock as our new board chair. She is well known for her years of leadership at Prairie Haven Hospice in Scottsbluff, Nebraska. Now, she is putting her vast experience and expertise to work at Woodland Hospice and Morey Bereavement Center, which was formerly Hospice of Central Michigan, a program she helped to found in the early 1980's.

Linda offers a message to you, the membership, on page 31 of this issue of *NewsLine*.

Among her many skills, Linda is a strong advocate for rural hospice and has been actively involved in the NHPCO Rural Task Force since its inception. In fact, we look forward to sharing some of the findings from this important project on rural care provision at the upcoming [Management and Leadership Conference](#) as well as in the summer edition of *NewsLine*.

While I know the commitment to attend the MLC involves not only time but financial resources, I hope that many of you will be able to join us at MLC 2015 at the end of April, where our theme is "The Future of End-of-Life Care." There are some outstanding plenary speakers, unparalleled faculty, a robust offering of pre-conference seminars, and the opportunity to spend time with colleagues from across the country. The perspective gained from such an experience can be valuable indeed.

Please know that I understand how complicated things often seem to be for those of us in this field, but rest assured that all of us at NHPCO and our affiliate organizations are advocating on your behalf and striving to make resources and information available to help you in the valuable work you do every day in your communities.



J. Donald Schumacher, PsyD
President/CEO

THE SURVEYS ARE COMING!

Will *Your* Hospice Be Ready When the Surveyor Knocks?

*By Judi Lund Person, MPH,
and Jennifer L. Kennedy, MA, BSN, CHC, LNC*

NHPCO has launched a Survey Readiness Initiative to help providers prepare for the more frequent surveys mandated by federal legislation. This initiative is part of NHPCO's "Year of Compliance."

National Hospice and Palliative Care Organization has long supported legislation to increase the frequency of surveys for hospice providers and on October 6, 2014, the *Improving Medicare Post-Acute Care Transformation Act of 2014* (IMPACT Act) made it a reality.

Among its provisions, the IMPACT Act (H.R. 4994) mandates that all Medicare certified hospices be surveyed every 36 months (three years) for at least the next ten years. A 2007 HHS Office of the Inspector General report found that current survey measures for Medicare-certified hospices were not providing sufficient oversight.

"Currently, hospices can go eight years or more without ever being surveyed, which is far too long," said J. Donald Schumacher, NHPCO president and CEO. "More consistent surveys, and the process providers go through to prepare for them, will help hospices and ultimately benefit the patients and families in their care."

Top Ten Medicare Hospice Survey Deficiencies

Each year, the Centers for Medicare and Medicaid Services' Survey and Certification division compiles the top ten hospice survey deficiencies from Condition of Participation recertification surveys completed in the U.S. for the previous calendar year. The CoPs include Subpart C: Patient Care and Subpart D: Organizational Environment. NHPCO annually reports these deficiencies to the membership and develops a compliance guide, audit tool, and a three year deficiency compare tool in sync with that year's top ten deficiencies.

NHPCO's audit tool for providers enables a program to measure their compliance related to the top ten deficiencies for that given year. This is valuable information that CMS provides to the hospice community on an annual basis and should be used as part of a hospice provider's survey readiness plan.

Find these tools in the [Regulatory](#) section of NHPCO's website (scroll down towards the bottom half of the page to find the survey deficiency tools).

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**The IMPACT Act
mandates that all
Medicare certified
hospices be surveyed
every 36 months...**

Becoming Survey Ready

Creating a culture of compliance: An important foundation for becoming survey ready is adopting a “culture of compliance” within a hospice organization.

It starts with the hospice’s leadership, messages and communications to staff, and is incorporated in a program’s philosophy, policies, procedures, and expectations of staff. Not only will this assist in Medicare survey readiness, but it will support readiness for other types of scrutiny from state, federal, or other sources who may audit hospice operations and compliance.

Becoming survey ready and staying survey ready should be part of the hospice’s core compliance activity and will yield a positive outcome during a survey, whenever it occurs. It should also be part of every hospice staff member’s responsibilities and job duties.

How does a hospice become survey ready? Readiness starts with a thorough understanding of the Medicare hospice CoPs and the State Operations Manual, Appendix M – also known as the Interpretive Guidelines. The Interpretive Guidelines are designed to give more detailed information on what a surveyor should be looking for during a survey, and what questions should be asked of staff during the assessment of CoP compliance.

No matter whether the survey is conducted by the state survey agency or an accrediting body with deemed status, these guidelines should be used by providers just as a surveyor would use them to determine compliance with each CoP and its standards. Providers should ask themselves the probe questions in each CoP and answer them honestly and objectively to identify areas for improvement.

Mock surveys: Using the Interpretive Guidelines as a roadmap for assessing compliance is the basis for conducting a mock survey. A mock survey simulates the site visit process and prepares the staff with questions, policy review, and chart review, just as a Medicare surveyor would during a recertification survey. The benefits of a mock survey are educating the staff, reducing anxiety, and identifying unmet compliance issues.

NHPCO recently developed a [CoP Audit Tool](#) (download our Excel document) that can be used to conduct a mock survey.

Review of materials, contacts, and handouts: Materials that a surveyor will ask for during a survey, such as policy book, contacts, or patient handouts, should be reviewed and updated on a regular basis and whenever changes are made. The materials should also be in good order and kept in an area of the office that is accessible to all leadership staff.

Providers should also consider developing a survey readiness staff team that is dedicated to survey preparation, management when the surveyor is in your office, and post survey action.

When the Surveyor is in the Office

Your survey readiness team should be ready for action when the surveyor arrives in your office. Here is a suggested “Survey Prep Checklist” for your hospice to follow:

- 1** Keep a survey readiness book in the office and online. Make sure all staff members know where the book and the required contents can be found.
- 2** Create instructions in the book on accessing all necessary survey reports in a timely manner.
- 3** When surveyors arrive, staff should contact the administrator and hospice director immediately.
- 4** Attend entrance and tell the surveyors who will be the lead for your agency. The surveyors should identify who their lead will be; ask how many home visits and records will be reviewed based on unduplicated census.
- 5** Recommended Documents to Have Within One Hour of Surveyor Arrival:
 - a. Organizational chart.
 - b. Active employee list by discipline (FTE status, if applicable).
 - c. List of all sites, branches and services provided, if applicable.
 - d. All state licenses, accreditation certificates, etc. as applicable.

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**A mock survey simulates
the site visit process and
prepares the staff...**

- e. CLIA waiver and waived tests being performed, if applicable.
- f. List of contracted facilities, agencies, pharmacies, DME, ambulance, and contracted staff (have current contracts available).
- g. Active census report by discipline, by diagnosis, level of care, and start of care date.
- h. Unduplicated census report for period in survey.

6 Recommended Documents Available for Survey:

- a. Clinical records with all components and instructions (re: how to access the information if Electronic Medical Record).
- b. Admission packet and sample clinical record (if not EMR).
- c. Marketing material.
- d. Policies and procedures.
- e. After hours on-call log.
- f. IDG minutes.
- g. Personnel files (including, but not limited to licenses, PEs for new hires, PPDs, in-service hours, and performance evaluations).
- h. QAPI program components.
- i. Incident reports.
- j. Complaint log and follow up.
- k. Infection control summary reports.
- l. Board and PAC meeting minutes.

7 Basic Practices to Follow:

- a. Be cordial and professional throughout the survey, making the surveyors feel welcome.
- b. Never have the surveyors interview staff alone.
- c. Assign someone to assist with EMR questions and obtaining additional documentation as needed.
- d. Assign someone to take notes (re: all survey activity).
- e. Ensure your office is neat and all Protected Health Information stored properly.
- f. Monitor the surveyors by checking with them periodically to see if they need anything; keep notes on all survey activity and surveyor questions/comments.

- g. On home/facility visits, supervisors can go with the staff to observe only; if that's not possible, get a quick report of the home visit immediately after the visit and give appropriate staff a heads up on issues mentioned.
- h. Email your team at the end of the day regarding how the day went and the focus of surveyors.
- i. Surveyors will let you know an estimated exit date and time; let everyone know this tentative date and time.
- j. Initiate any necessary improvements immediately after survey; prepare plan of correction, if necessary.

8 Example Review Questions for Clinicians:

- a. Who is your supervisor and how is he/she contacted regardless of your schedule?
- b. What is the agency policy for completing initial and comprehensive assessments and the IDG Plan of Care?
- c. How do you review the most current orders for treatments and medications?
- d. How do you document and report a change in the patient's condition?
- e. How do you get report and give report to your supervisor and the other IDG team members?
- f. How are medications reconciled? What is the duty of the RN when discrepancies are found?
- g. How does the RN supervise aides and LPNs? What is the frequency of supervision visits?

Plan of Correction

It is possible that your hospice will have one or more survey deficiencies. That will require your hospice to submit a plan of correction, outlining the steps you will take to bring your hospice back into compliance. You may need a health care attorney to help you develop the plan of correction or to review it before it is submitted. Pay special attention to the deadlines for the submission of the plan of correction.

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**Pay special attention
to the deadlines for
the submission of the
plan of correction.**



NHPCO Survey Readiness Initiative and Resources

NHPCO has launched a **Survey Readiness Initiative** to assist providers in becoming survey ready. As part of this initiative, a webinar, “[Gearing Up for Survey Readiness](#),” was held on January 13, 2015 with information on the Conditions of Participation, Interpretive Guidelines, and NHPCO-developed tools and resources, found on the [NHPCO Survey Readiness webpage](#) (visit nhpco.org/surveyreadiness).

The Survey Readiness section online will feature a Best Practices Corner that will include ideas from hospice providers on survey readiness tips. NHPCO will add provider best practices, additional tools and resources, and compliance tips throughout 2015 – NHPCO’s designated “Year of Compliance.” (If you have a best practice, please email it to regulatory@nhpco.org.)

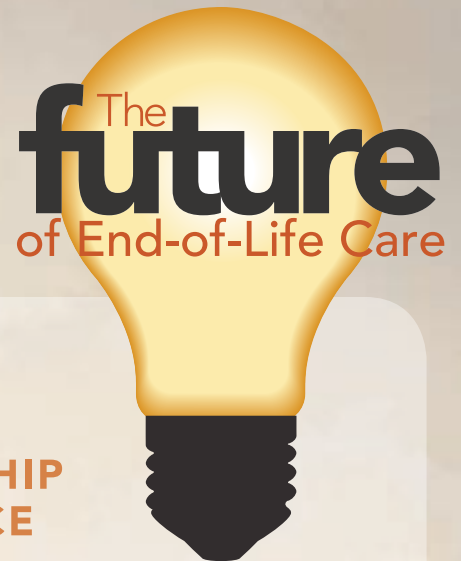
NHPCO is committed to helping all our members be survey ready.

Judi Lund Person, MPH, is NHPCO’s vice president, regulatory and compliance. Jennifer L. Kennedy, MA, BSN, CHC, LNC, is NHPCO’s director of regulatory and compliance.

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BECOME INFORMED.
RETURN PREPARED.**



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National Hospice and Palliative Care
Organization



What to Expect in 2015:

Thoughts from the Hospice Action Network

By Tony Kudner

In thinking about health policy and what might lie ahead for the hospice community in 2015, it's helpful to take a brief look at some of the successes we had as a provider community in 2014. First and foremost, we helped provide comfort, peace, and an easier end-of-life transition for millions of Americans facing the end of life. HAN and NHPCO are thankful for all hospice and palliative care professionals who dedicate themselves to the ideals and philosophy of hospice and the IDG.



A Quick Review of 2014

In terms of policy, 2014 was a year filled with challenges as well as outstanding successes. First, we were able to protect patient choice for Medicare Advantage enrollees. With your help, HAN pushed back against the idea that hospice should be carved in to Medicare Advantage. However, this could be an issue again in 2015, and we'll be watching it closely.

The issue we heard the most about from the hospice community was undoubtedly hospice and Medicare Part D. CMS issued several troubling pieces of sub-regulatory guidance regarding hospice and Part D in 2014, which resulted in hospice patient confusion and distress, and outsized regulatory burdens on hospice providers. The hospice community engaged in a multi-pronged campaign to pressure

CMS to change their guidance; CMS ultimately changed their guidance to be more streamlined. This was a huge win for the hospice patients and families we serve.

A third accomplishment was the passage of the IMPACT Act into federal law. As most providers are aware, the IMPACT Act mandates surveys for hospice programs every three years (see this NewsLine's cover article), enables medical review for hospice programs with longer lengths of stay, and aligns how the Hospice Cap is calculated with hospice reimbursement. These provisions will certainly strengthen the hospice community and support compliance efforts. (Learn more about the [IMPACT Act](#) on the HAN website.)

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What to Expect in 2015

Well, as always, the crystal ball here in Washington is a little foggy, but we do see a few issues on the horizon that hospice providers should be aware of.

First, let's touch on the November 2014 elections.

Republicans won many key races and now have a majority in both the House and the Senate. In terms of day-to-day operations, the hospice community may not notice too much of a difference. We still have a divided government – republicans control the legislative branch and democrats control the executive branch – so don't expect to see sweeping changes in 2015. Instead, look for some different policy areas to be highlighted.

With republicans controlling the agenda in the House and Senate, we may see some renewed interest in integrating hospice into Medicare Advantage plans. Rest assured that HAN will monitor this and inform

the community as the situation requires.

Additionally, expect the initial months of 2015 to be a little hectic, new freshman members of Congress will be setting up their offices, and hiring staff, and returning members may be adjusting to serving on new congressional committees or more senior posts. After this is done, some politically motivated votes – sometimes called messaging votes – are likely to occur. The main purpose of such votes is to prove to constituents that their elected officials have gone “on record” as supporting or opposing legislation. These are common when a chamber of Congress switches hands, regardless of the party assuming control.

SGR and the Debt Ceiling

Starting in March, however, things are likely to get interesting in a hurry. Congress

has two huge deadlines looming that they have tied together. Both the debt ceiling and the Sustainable Growth Rate (SGR or the “doc fix”) will come due at the same time. Both of these issues have to be dealt with to avoid widespread economic panic.

The SGR is the formula for how doctors get paid for seeing Medicare enrollees. If Congress does not address the SGR, doctors will suddenly get paid around 20 percent less for seeing Medicare beneficiaries, which would have dire effects on the economy and seniors. Note that the “doc fix” doesn't apply to hospice physicians. However, depending on outcomes, the hospice community could be affected in several ways.

Any policy initiatives that require more spending must be offset by equal amounts of cuts elsewhere. So if Congress wants to avoid paying physicians 20 percent less, they'd have to



Nine Minutes to Spare

Hospice Action Network is always trying to find new and innovative ways to help people who care passionately about hospice care to learn more about the issues our community faces. With that in mind, we developed a brief explanatory video, “Nine Minutes to Understand what to Expect in 2015” on what we think this year will hold for hospice, and will touch briefly on what you can do to be prepared and help us fight for the cause.

find the money to pay for that by cutting an equal amount of spending elsewhere, called “offsets”— part of which could come from hospice. The hospice community (among other Medicare providers) could in effect have our per diem rates reduced for fixing the SGR.

The debt ceiling is the legal amount of money the government can borrow to pay its bills. There have been demands in Congress to drastically cut federal spending as a condition of raising the debt ceiling. Hospice rates could be included as part of a larger Medicare reduction package to increase the amount the Treasury is allowed to borrow.

NHPCO and HAN will be watching these areas closely and will keep the hospice community informed about any potential threats. Because hospice care is mainly paid for by Medicare we have a focused concern about Medicare reimbursement rates. When you add to that the fact that hospices are already dealing with three cuts to reimbursement and increasing regulatory burdens you can see why these issues could be significant.

There's More

NHPCO is monitoring another big policy area in 2015, this time coming out of CMS.

If you are familiar with the hospice and Medicare Part D situation from 2014, you'll know that the debate centered on which drugs were related to the terminal condition. In several of their 2014 communications to the hospice community, CMS seemed to suggest that they may be looking to expand the definitions that have been used for the Medicare Hospice Benefit since it took effect in 1983.

It seems to be CMS' contention that most of a hospice patient's conditions are related to the terminal prognosis. NHPCO contends that the best people to determine what is related to a terminal prognosis are the hospice physicians who certify patients for hospice care, and who continually check in and monitor these patients as their terminal illness progresses. Expect this to be a hot issue in 2015, and to hear from NHPCO as we work with CMS to influence their direction in the coming months.

Additionally, CMS may pursue hospice payment reform in 2015. The Affordable Care Act (sometimes known as Obamacare) had a provision that enables the Department of Health and Human Services to change the way hospices are paid. HHS has signaled that they may look at starting to change the

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**Any policy initiatives
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hospice payment structure from its' current per-diem format to something else. NHPCO will absolutely be at the table for these discussions, and we'll keep you informed.

Finally, program integrity will be an ongoing issue in 2015. The IMPACT Act was an important step forward for our community, but we believe that there is ongoing congressional interest in ensuring that hospices are providing the best possible care to their patients as the benefit modernizes. Several investigative media articles that appeared over the past year have also added a sense of urgency to ensuring that every hospice is held to the absolute highest standards when it comes to providing end-of-life care. Expect this to be an area of activity in the 114th Congress.

Of course, the 2016 elections will loom large over most of the second half of the year, which will affect things as well.

So, what can you do? As always, HAN suggests working to build relationships with your members of Congress now! We have resources available on the [HAN website](#) to help you with this. Email us at info@nhpcohan.org if you need help.

Also, think about sending clinical members of your hospice team to the annual [Advocacy Intensive](#) here in Washington on July 13 and 14, 2015. Your staff members will learn about best practices in advocacy and gain a deeper understanding of policy issues. HAN believes they are the best people to relay the hospice "story" to their federally elected lawmakers.

Of course, we ask you to also continue to serve as the collective voice of the patients and families in your community.

Tony Kudner is NHPCO's manager of grassroots advocacy and spearheads advocacy efforts of the Hospice Action Network and the U.S. hospice community.

[PRINT-FRIENDLY PDF](#)

Legislative Agenda for 2015

NHPCO's Public Policy Committee revisits our federal legislative priorities after each national election to create a blueprint for NHPCO and HAN staff to work from in our Capitol Hill interactions. The process was launched last August with an open call for submissions to the entire membership. Scores of submission were received, researched and categorized. This was part of the work done by the Public Policy Committee to craft the Legislative Agenda for 2015 (PDF) that we share with our members.



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Making it

Real

By Amber Kirchner, MSN, CHPN

CREATING A SUCCESSFUL TRAINING ENVIRONMENT FOR HOSPICE NURSES



The hospice nurse arrives at the patient's home after receiving a phone call that he has died. She greets his wife and mother-in-law, offers her condolences, and proceeds to begin the necessary phone calls and paperwork. The chaplain then arrives to provide the distraught family with emotional support.

Despite what it seems, this isn't a typical 'hospice death' visit. The patient isn't real, the staff and family members are actors, and the home is really a learning lab. It's part of a new orientation program at the Hosparus Center for Performance Excellence, based in Louisville, KY.

Nursing can be stressful, both emotionally and professionally. Hospice care, in particular, can be especially challenging since clinicians are dealing with patients and families in the face of terminal prognoses. Because of this, it is just as important to provide real-world experiences for new hospice nurses as it is to provide traditional classroom training, given that most nurses entering the field do not have previous hospice or home health experience. Going into the homes

of patients is much different than entering their hospital rooms, and it takes time to feel comfortable in these intimate surroundings.

Hosparus, Inc. recognized the need for a new and improved orientation process a few years ago, based on feedback from both management and new hires. The new program, which is now going into its second year, is comprised of traditional classroom training and patient care simulations, followed by several weeks of preceptorship.

The training takes place in a 385-square foot space that has been designed to resemble a real patient's home. For example, the outside of the lab looks like a front porch, complete with a shingled roof and porch light. Inside, furniture such as a bed, couch and table make up the living room. There is a simulated kitchen area which has a table and chairs. To make the environment even more like the one that staff will encounter (and be required to maneuver around), the home also contains medical equipment, including an oxygen concentrator, nebulizer machine, oxygen tanks, and a walker and wheelchair.

State-of-the-art technology, complete with recording capabilities, is also in place to support learning within this "home-like setting." In one small room there are two-way mirrors, allowing Center staff to view the participants without being a distraction. There are also three cameras in place to capture all angles of the room. Adult- and pediatric-size mannequins are on hand for clinical skills practice and to serve as patients in some of the simulations. A separate clinical skills lab provides an additional 240 square feet of space to practice hands-on nursing skills.

Week one of the program is a general orientation for all new employees that includes two different hospice 'home' visits to observe. Real actors, who are volunteers within the organization, participate in the scripted scenarios as the new employees look on. The first visit is what is called a routine visit. It depicts the nurse visiting a patient who is living independently but beginning to have a few issues. After a brief break and debriefing, the employees are led to the lab again to attend a death visit, where the

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patient has just died and the nurse is called out to the home.

Week two of the program provides clinical training and more-in-depth patient care simulations for new nurses. During this part of the orientation they come face to face with symptom management challenges such as severe pain, dyspnea, and delirium. They are also presented with scenarios to help educate them on falls, oxygen safety, and managing difficult conversations about end-of-life care. This gives the

nurses a chance to practice these new skills in a safe, controlled environment, with the hospice educators on hand to provide helpful cues as well as feedback on what went well and what needs improvement. The new nurses are also expected to document their sessions just as they will need to do on the job.

The overarching goal of this new orientation program is to help new nurses improve their skills in crisis management, communication and documentation. Their responses,

to date, have been very positive. They say it has helped them “to better understand the nature of hospice care” and has made them feel “less nervous about entering a patient’s home.” This, in turn, leads to greater confidence when they enter the real world of hospice care.

Amber Kirchner has worked in the hospice field for eight years, and received certification as a hospice and palliative care nurse in 2011. She is currently a nurse educator at Hosparus, Inc, where she has worked since 2007.

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SAVE THE DATE



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Are the Nurses on Your Team Certified?

By Susan M. Koff, MSN, ARNP GNP-BC, ACHPN, CRRN



As the population ages, and with advances in medical treatments and technology, more and more people are living with chronic diseases. As a result, Advanced Illness Management Programs and Palliative Care Programs are being offered in non-traditional hospital or hospice settings while more Medicare beneficiaries are accessing the Medicare hospice benefit.

The demand for highly qualified, competent nursing staff is also growing. End-of-life care today not only requires the gentle touch and compassion that nurses have traditionally brought to hospice, but also knowledge and skill in providing evidence-based care and symptom relief. And one of the best ways to ensure your nurses are up to the job is through hospice and palliative care certification.

About Certification

In general, certification is a profession's official recognition of achievement, expertise and clinical judgment. It's awarded once the individual demonstrates attainment of knowledge in a specialized field (e.g., through testing) by accrediting bodies and specialty organizations.

The requirements for Hospice and Palliative Nurse Certification are vigilantly managed by the Hospice and Palliative Credentialing Center (HPCC), formally known as the National Board for Certification of Hospice and Palliative Nursing (NBCHPN) which celebrated its 20th anniversary in 2013.

HPCC offers specialty examinations for all levels of nursing staff:

- advanced practice nurses (ACHPN)
- hospice and palliative care nurses (CHPN)
- nurses who specialize in pediatric care (CHPPN)
- licensed practical/vocational nurses (CHPLN)
- certified nursing assistants (CHPNA)

Interdisciplinary certification programs are also offered for hospice administrators (CHPCA) and perinatal loss professionals (CPLC).

A Closer Look at Testing

HPCC works with the professional testing company, Applied Measurement Professionals, Inc. (AMP), to develop, test and monitor each examination, thereby producing a psychometrically sound and legally defensible examination which meets industry standards.

So how is the test developed? The purpose of the initial certification examination is to test for mastery of a defined body of knowledge that a minimally competent person in the specialty of hospice and palliative care would be expected to attain.

The first step in examination development is the Role Delineation Study (RDS). The RDS is a survey of current professionals in a particular role who are asked to report how much time they spend in various tasks. This information is utilized to create the test content outline that determines the examination content and weight of different items. For instance, symptom management items are weighed differently than scope of practice or research items. The RDS is performed every five years for each HPCC examination to keep the examinations up to date, relevant and reflective of current practice.

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**...one of the best ways
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certification.**

From the test content outline, examination questions need to be written. There is actually a tested way to write good questions (who knew!). In collaboration with AMP, HPCC offers a three-part Item Writers Workshop. The first two parts are online and the last part is a live webinar. This is not only a great resource for those who write test questions for their job, but also for those who would like to apply for an Exam Development Committee. (Note that continuing education credit can be accrued for those seeking recertification.)

Each examination has an Exam Development Committee. The committee writes and reviews evidence-based questions which are referenced for accuracy and relevance. Each question is pretested and assessed by AMP and the committee members. For example, did everyone who answered the question get it right or wrong? How about those who did well or failed the entire exam — how many got the question right or wrong?

After pre-testing the question, only questions that performed well are then scored on subsequent examinations. So when an applicant takes the certification examination, there are a number of pretest questions being tested to see how they perform as well as scored

questions which determine the applicant's test score. Applications to become an Exam Development Committee member are found on the [HPCC website](#). This is a great experience. As a member of this committee, one meets peers from all over the country. The experience of referencing exam items helps keep you up to date as well. It is intellectually stimulating and a geeky way to have fun.

Recertification

Once applicants become certified, recertification every four years is the means by which they renew their certification and build upon basic knowledge and experience. However, taking the same initial examination does not demonstrate that the person has built upon experience or gained more knowledge. All specialty nursing certification bodies, such as HPCC, are challenged to develop a means to assess continuing competence.

One such means is the Situation Judgment Exercise (SJE), which may be a new and very different experience for many certificants.

The SJE follows the same test content outline to develop the questions. It uses patient care scenarios to test critical reasoning and clinical application beyond the level of the initial examination. Performance on the SJE is

measured through the skills of information gathering and decision making. Points are accrued and possibly lost based upon the certificant's ability to read the questions and choose from the available information. It is not a pass/fail examination; certificants receive feedback on their performance as well as on the number of points accrued for recertification. The SJE is a required part of the ACHPN and CHPN recertification process.

How Does Certification Benefit You?

The personal benefits of achieving specialty nursing certification include validation of the current body of knowledge and experience, a sense of personal achievement, and recognition from others. When certification is recognized in the workplace, there is increased job satisfaction — and possibly greater earning potential and career advancement.

Why do employers look to certified staff? There are actually two important reasons.

First, many employers see certification as a sign of the employee's commitment to self-learning and the pursuit of excellence. As some of the Magnet research indicates, percentage of certified staff may be a measure of competence and expertise (see References

2, 3, 4 and 6). With increased marketplace competition, certified staff may be a powerful marketing tool.

Secondly, employers have acknowledged and rewarded certified staff in a number of ways. Some pay for certification fees and review courses. Others pay a certification bonus or make certification part of a clinical ladder. In tough economic times, others have chosen to acknowledge certificants at recognition lunches and pinning ceremonies, have prominently placed their certification plaques in the workplace, and/or have announced the achievement in their employee newsletter or the local newspapers. Certified Nurses Day is April 19, 2015. How are you recognizing yourself and your certified colleagues?

How Certification Influences Patient Outcomes

While specialty nursing certification programs have existed for 30 years, research demonstrating the effect of certified staff on patient outcomes is relatively new.

Findings from Magnet hospital research, the Nursing Credentialing Research Coalition, and specialty nursing organizations provide evidence

that certified staff positively influence patient outcomes, including fewer adverse events, higher patient satisfaction ratings and specific clinical outcomes such as falls and pain and symptom scores (see References 7, 8, 9, 10).

In the team-based provision of hospice and palliative care services, it is difficult to tease out the influence of certified staff. When you look at your own organization, are patient satisfaction scores higher on some teams and not others? Are there less after-hour calls and the need for crisis visits? Is staff satisfied, resulting in less turnover?

Getting Your Team Certified

Often, it is an experienced certified colleague who gives a gentle nudge to encourage others to pursue certification. Are you that colleague? Whether studying alone or creating a study group, both approaches have proven to be successful preparation examination strategies.

There are now over 19,000 HPCC certified individuals who practice in a variety of health care settings. The hospice and palliative care specialty is clearly valued, and the demand for certified professionals is expected to grow. Strive to support and join

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HPCC has become a national leader in developing a definition for continuing competence entitled "Statement on Continuing Competence for Nursing: A Call to Action." Many other nursing specialty organizations have endorsed this statement and are revamping their recertification requirements.

their ranks! Information about all of the HPCC examinations is posted on the [HPCC website](#) (under the “Competence” tab).

Susan Koff has been employed by Hospice of Palm Beach County, Inc. for the last 15 years, and has been certified in hospice and palliative nursing since 2003. She has also served on the Advanced Practice Exam Development Committee and the HPCC Board of Directors.

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A Great Way to Prepare for a Specialty Exam

If you are now preparing for a nursing specialty exam, consider attending one of the upcoming certification review courses offered by the Hospice and Palliative Nurses Association (HPNA). These one-day courses encompass the concepts of palliative nursing as well as provide a review of the content area based on the HPCC detailed test content.

The courses may be used to increase the hospice and palliative nurse’s knowledge of general palliative nursing, or to assist nurses in self-identifying topics that require further preparation and study in advance of sitting for the specialty certification examination. (Please note: Participation in a review course does not guarantee successful completion of a certification test.)

CHPN Certification Review Course
NHPCO 16th Clinical Team Conference
and Pediatric Intensive
October 14, 2015
Grapevine, TX

ACHPN Certification Review Course
HPNA 9th Annual Clinical Practice Forum
October 22, 2015
Pittsburgh, PA

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To learn more, visit www.advancingexpertcare.org.

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Robust online courses address a wide variety of topics including clinical, interdisciplinary, psychosocial, medical, hospice regulatory, pediatric palliative care, and leadership. All courses are available 24/7 and accessible for 90 days.

Visit www.nhpco.org/eol to view our courses.

Visit us at www.nhpco.org/education to learn about other NHPCO Educational Programs and Conferences.

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A Message from Board Chair Linda Rock



As I begin my service as board chair this year, I value the long history I have with many of you in the field and with this organization. Insights and perspectives I have gained from you will serve me well in this important role and I am honored to be working on your behalf.

I am proud to be a part of this nation's collaborative hospice and palliative care community. We represent programs that are urban and rural, large and small, single and multi-site, for-profit and non-profit, government-owned and faith-based...and the descriptions can go on. Furthermore, the individuals that make up these different programs are just as varied and diverse as are the communities we serve. Yet, we are working towards a shared goal of providing the best possible day of care for every single individual that we are honored to support. What motivates us is far stronger than what differentiates us as providers – that is a strength we should prize.

I want to thank each one of you – our valued members – for your support of NHPCO. Through your active participation and vital member-dues support you are strengthening the entire hospice and palliative care community. I particularly want to thank all those who give of their time and expertise to serve on our committees, councils, task forces and NCHPP. For example, the work of our Palliative Care Advisory Council and the Rural Task Force will be incredibly helpful in our ongoing work together.

Most importantly, however, is my appreciation for the high-quality care that you provide to patients and families – each and every day.

*Linda Rock
Chair, NHPCO Board of Directors*

NHDD is April 16: Let's Keep Up the Pace!

April 16, 2015 will be the eighth anniversary of National Healthcare Decisions Day, a national day of observance that was established to inspire, educate and empower the public and providers about the importance of advance care planning.

As an original NHDD partner organization, NHPCO encourages all providers to do something to recognize NHDD and the importance of advance care planning.

So What Can Hospices Do?

Anything and everything to help raise awareness of this important day and what it stands for. Hospice and palliative care providers are experts in issues involving care at the end of life and advance care planning, take this opportunity to share your expertise. For example:

- **Link to the NHDD Video:** NHDD organizers created a wonderful [three-minute video](#). Consider sharing it via social media or posting a link to it on your website.
- **Follow @NHDD on Twitter:** The hashtag for social media is #NHDD.
- **Host an Event:** Host an educational event for the public at your facility, a nearby library, school or faith community that might feature your staff or a volunteer speaker from your local bar association.

- **Distribute Information:** Ask your volunteers to hand out advance directive forms at an information table you might coordinate at a local library or community center. Create a display highlighting resources about advance healthcare decision-making – you'll find a wealth of materials on advance care planning at [NHPCO's Caring Connections](#) website (these resources are helpful not only for NHDD but all your outreach efforts).
- **Involve your Staff:** Make sure everyone in your organization is informed about NHDD (including staff, board of directors, volunteers and others) and ask for their involvement to promote NHDD in your community. (Suggestion: Have staff wear a button that says "Ask Me About Advance Directives!")
- **Reach out to Media:** Contact your local media (newspapers, TV, and radio) and encourage them to write a piece about NHDD and advance healthcare planning.

Learn More Online

NHDD organizers have more suggestions on the NHDD website, along with logos, templates and tools to make outreach easy. Visit www.nhdd.org.

Don't forget that state-specific advance directive forms are available from Caring Connections at www.CaringInfo.org.



Join in on this national initiative and be a "Participating Organization" by registering any planned events or activities on the [National Healthcare Decisions Day](#) website.

New Consulting Services Available through NHPCO Edge



Earlier this year, NHPCO launched its new consulting service, **NHPCO Edge** (see *NewsLine*, Winter 2014). Services that NHPCO Edge makes available to member and non-member organizations include: Strategic

planning, market analysis, business plan development, media and social marketing audits, hospice startup planning, and more.

NHPCO Edge Speakers Bureau

In addition to those services, NHPCO Edge includes a Speakers Bureau that makes NHPCO staff and expert speakers available for conferences, meetings, and workshops.

The NHPCO Speakers Bureau can send a polished and knowledgeable presenter to your next board retreat, executive planning meeting, or fundraising event.

As soon as you begin planning an event, visit our [Speakers Directory](#) page online to see photos and bios of our NHPCO expert speakers and to submit a speaker request.

The sooner we receive your request, the better the odds we will be able to accommodate your needs. We make every effort to honor requests subject to speaker availability.

For more information, please contact: NHPCO's Director of Consulting Services, Sue Lyn Schramm at 703-837-3147 or sschramm@nhpco.org.

Learn more about NHPCO Edge at www.nhpco.org/consulting.

Short Takes continued on next page

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NHPCO and New York Zen Center for Contemplative Care Collaboration

NHPCO is delighted to be collaborating with the New York Zen Center for Contemplative Care (NYZCCC) to add engaging new courses to NHPCO's online learning portal, [End-of-Life Education Online](#) (E-OL).

NYZCCC's *2014 Buddhist Contemplative Care Symposium* was designed to give practitioners tools and insights to provide the most effective palliative and end-of-life care possible. Presenters and participants shared contemplative best practices and experiential teachings, while beginning work toward common standards of practice. Now, due to the advantages of modern technology, NYZCCC is extending its outreach and education by offering recorded video presentations of selected sessions held at the Symposium. These are E-OL's first courses featuring contemplative care approaches and practices, which are a significant area of interest for today's practitioners.

Recognized as true pioneers and leaders in the field of Contemplative Care, the [New York Zen Center for Contemplative Care](#) is creatively transforming spiritual care in the United States. They are the first and only Buddhist organization to be fully-accredited by the Association of Clinical Pastoral Education as a CPE Clinical Chaplaincy Training

Center in America. NYZCCC integrates Buddhist contemplative practices with professional training, creating a dynamic program that is interfaith and experience-based, geared toward developing professionals and those seeking to deepen their spiritual, caregiving practice.



NEW YORK ZEN CENTER FOR CONTEMPLATIVE CARE

In 2013, NYZCCC's founders and co-directors Rev. Dr. Koshin Paley Ellison and Rev. Robert Chodo Campbell were plenary speakers for NHPCO's Virtual Conference, *Loss, Grief and Bereavement: Helping Patients, Families*

and Communities. A recording of their popular plenary session "[A Single Mustard Seed: Contemplative Approaches to Grief and Loss](#)" is also available on E-OL.

Don Schumacher, NHPCO's president and CEO, on this exciting new partnership: "NHPCO is proud to bring these new offerings to hospice and palliative care practitioners. Attention to spiritual care and patient/family needs in this area is a hallmark of true holistic and interdisciplinary care, and current contemplative practices promote state-of-the-art spiritual care."

Visit www.nhpc.org/eol for these new offerings.

[Learn more about NHPCO's online educational offerings.](#)

Clinical Advances in the Art and Science of Care

A Virtual Conference: July 21–23, 2015

The **American Academy of Hospice and Palliative Medicine**, **Hospice and Palliative Nurses Association**, and **National Hospice and Palliative Care Organization** are partnering together to bring a virtual conference to the hospice and palliative care field in the summer of 2015: *Clinical Advances in the Art and Science of Care*. Provided live via the Internet, the conference will feature live-streaming plenary speakers, webinar-based concurrent sessions, an exhibit hall, poster gallery, video library and unique opportunities for interaction and networking.

A planning committee of experts from the three organizations has been convened to determine the field's educational needs and identify the practice gaps that undergird the content to be provided through conference sessions. Advances in clinical understanding and practice as well as innovations in care will be highlighted.

One of the distinct advantages of a virtual conference is the opportunity for large numbers of people to participate without the burden of travel expenses and time away from the office. Organizations and/or individuals will register “per site” (i.e. computer) and gather their staff, volunteers, community partners and other stakeholders in conference rooms to view and participate. In addition to the “live” conference event, registrants receive unlimited access to recorded conference sessions for three months afterward, providing an unprecedented opportunity to extend the reach of the conference.

Mark your calendar now - registration information will be available soon!



Elizabeth Durst Fowler with Hospice of the Bluegrass

With more than 30 years' experience in healthcare and non-profit administration, Elizabeth (Liz) Durst Fowler, MPH, has joined Hospice of the Bluegrass (Lexington, KY) as president & CEO.



Prior to coming to Hospice of the Bluegrass, Fowler was with Hope Healthcare Services, a provider of post-acute healthcare services, including hospice, palliative care, PACE, home health, private duty nursing, adult day health and long-term care diversion services in Southwest Florida.

Fowler, who assumed the role in September 2014, replaces Gretchen Brown who retired after 32 years.

Michael S. McHale Joins Rainbow Hospice

Michael S. McHale is the new president and CEO of Rainbow Hospice and Palliative Care based in Mount Prospect, IL.

McHale, who comes to Rainbow Hospice from Hospice of the Chesapeake, has more than 15 years of management experience within the long-term care and hospice industry.



McHale holds a Masters of Health Care Administration from National University in San Diego and also currently serves on the Board of Directors for the National Hospice and Palliative Care Organization.

Virginia's Brenda Clarkson Receives National Honor

Brenda Clarkson, executive director of the Virginia Association for Hospice and Palliative Care, was honored by the Hospice and Palliative Nurses Association with the 2015 Vanguard Award.

Presented at the annual AAHPM & HPNA Annual Assembly in Philadelphia in February, the HPNA Vanguard Award recognizes a nursing leader who has pioneered an innovative and novel approach to palliative nursing, demonstrating a deep and abiding commitment to furthering the philosophy, mission, and quality of palliative nursing.



In addition to her work on behalf of end-of-life care in Virginia, Clarkson recently co-authored *The Heart of Hospice: Core Competencies for Reclaiming the Mystery* (published January 2015) with the intention of preventing the heart of hospice – the human mystery at the center of the hospice experience – from being lost in the midst of challenges currently facing hospice programs.

Margot J. Parr to Lead Angela Hospice



In February, health care and human services veteran Margot J. Parr joined Angela Hospice (Lavonia, MI) as president and CEO.

For the past eight years, Parr served in leadership roles for Evangelical Homes of Michigan, most recently as senior executive director. During this time, Parr also worked in a unique partnership with Arbor Hospice providing operational oversight and consultation for the Arbor Hospice Residence located in Ann Arbor.

Mary Beth Moning, who has served as the organization's interim president and CEO since March 2014 will resume her role as executive director of Angela Hospice, a position she served in for eight years.

Care Dimensions and Regis College Receive Workforce Training Grant

Care Dimensions, formerly Hospice of the North Shore & Greater Boston, and Regis College were the recent recipients of a \$249,000 Massachusetts Healthcare Workforce Transformation Fund Training Grant awarded as part of the Patrick Administration's efforts to encourage economic growth by supporting innovation in the Commonwealth's healthcare industry.

The two organizations will work together to develop and implement two training initiatives: a [nurse residency program](#) and the creation of online learning modules for clinical staff. Both initiatives are aimed at enhancing healthcare staff engagement and retention with the ultimate goal being to enhance patient care.

"This training grant will allow us to introduce and mentor new nurses to hospice care and develop online training tools for clinical staff so they can access support wherever and whenever they need it," said Diane Stringer, president and CEO of Care Dimensions.



Pictured (l-r): Nancy Snyder, President & CEO, Commonwealth Corporation; MA Secretary of Labor and Workforce Development Rachel Kaprielian; Diane Stringer, President & CEO of Care Dimensions; Penelope Glynn, RN, PhD, Regis College Dean of the School of Nursing, Science and Health Professions; Shawna Erickson, Director of Institutional Support at Regis College, and Susan Lysaght Hurley, NP, PhD, Care Dimensions.

Become a Fundraiser for Hospice Today

You can make a difference for people facing life-limiting illnesses



Monique dela Cruz participated in The Rugged Maniac 5K race in November, 2014

Do you enjoy participating in mud runs or marathons? Do you like baking? Instead of receiving presents at a special celebration, would you rather have family and friends donate to your favorite charity? Did you know that you can do the

things you love AND raise funds for patients facing end-of-challenges? The National Hospice Foundation has made it easier than ever to help fundraisers create a successful event from start to finish and raise money for a worthwhile cause. [READ MORE...](#)

NHF Welcomes Betsy Clark as Foundation Board Chair

New and returning leadership will continue to focus on the work of two affiliate programs of the National Hospice and Palliative Care Organization.



Elizabeth (Betsy) Clark, PhD

The Foundation Board of Directors that governs both the National Hospice Foundation and

Global Partners in Care, is proud to welcome Elizabeth (Betsy) Clark, PhD, former president and CEO of the National Association of Social Workers, as board chair. Dr. Clark has served on the board of directors for both the NHF and National Hospice and Palliative Care Organization. [READ MORE...](#)

Intrepid Hospice and NHF Become Philanthropic Partners

Partnership will raise funds for end-of-life care



Intrepid Hospice has become NHF's most recent philanthropic partnership for honor and memorial giving. The NHF works

with for-profit hospice providers to manage and steward memorial donations given by grateful families and loved ones who want to show their appreciation. This unique partnership allows local donors to make a charitable donation that will have a national-local impact. [READ MORE...](#)

“Moments of Life: Made Possible by Hospice” – Showing the World the True Meaning of Hospice Care

Public awareness campaign is reaching millions

The National Hospice and Palliative Care Organization's “Moments of Life: Made Possible by Hospice” campaign is breaking down the myths and barriers that surround hospice care. The campaign, which launched in May of 2014, features hospice patients and families telling their stories through videos, photographs, and words. The stories reflect that with hospice, patients are able to live their remaining days as fully as possible, enabling more meaningful moments with their loved ones. [READ MORE...](#)



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FOR THOSE LIVING WITH A LIFE-LIMITING ILLNESS.

The Lighthouse of Hope Fund is available to patients

- ❖ Who request special wishes and experiences (ex. flying people in to visit, special events like fishing trips or special dinners, opportunities to spend time with family and friends in a memorable way, etc.)
- ❖ Who are cared for by one of NHPCO's provider members
- ❖ Who have a life expectancy of one year or less
- ❖ Who have no other means to fund the specific request

Selection Criteria

The hospice provider must submit a completed Lighthouse of Hope Fund Application

Learn more:

www.nationalhospicefoundation.org/lighthouseofhopefund

News From **Global Partners in Care**

Gilchrist Hospice Care Provides Greater Access to Care in Tanzania



Nkoaranga staff with ambulance and plaque acknowledging winning the Global Partner in Care Award in April 2014.

In April of 2013, staff at Gilchrist Hospice Care, learned that their partner program, Nkoaranga Lutheran Hospital Palliative Care Program in Tanzania, had no

ambulance to transport their patients from the villages they serve to the hospital. Patients needing hospitalization were required to walk, take public transportation or travel in vehicles that were not suitable for the region's rutted and unpaved roads.

Eighteen months later, in August of 2014, Gilchrist Hospice Care raised enough money to purchase a four-wheel drive Toyota Land Cruiser to serve as an ambulance for their partner hospice that would be well equipped to handle the difficult travel conditions. [READ MORE...](#)

Partners Focusing on Compassion

The following narrative was submitted by Jo Sensenig of Hospice and Community Care of Lancaster, PA. She writes about their partnership



HCC physician Tom Miller, MD visiting with an Our Lady Hospice Thigio patient in 2012.

with Kenya Hospice and Palliative Care Association.

We were sharing lunch at a local Nairobi restaurant. When Dr. Zipporah

'Zippy' Ali, medical director of the Kenya Hospice and Palliative Care Association (KEHPCA), was asked by another visiting professional about us, her response was "They are our friends"! [READ MORE...](#)

Pay it Forward. Become a Global Partner Today.

Our Partner Program provides the opportunity for hospice palliative care organizations in the U.S. to support a hospice palliative care organization in another country. To help our partners engage in a wide variety of activities to expand and improve services, Global Partners in Care:

- Provides personalized consultation and ongoing technical assistance
- Wires financial donations from U.S. partners to their respective international partner
- Collaborates and coordinates with international and national palliative care associations
- Networks partners together so they can learn from each other



Basavatarakem Indo American Cancer Hospital

Who? BASAVATARAKAM INDO AMERICAN CANCER HOSPITAL AND RESEARCH INSTITUTE

What? Provide quality cancer treatment at affordable cost.

Where? Telangana, India



Nyakahanga Hospital

Who? NYAKAHANGA HOSPITAL

What? Provides preventative, curative and palliative care services to 140 patients daily.

Where? Kagera, Tanzania

To partner with Basavatarakam Indo American Cancer Hospital or Nyakahanga Hospital please contact Global Partners in Care.

Learn more about our partnerships and how your organization can become a global partner by visiting the partnerships page on our website.

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Free ehospice mobile app



www.ehospice.com/usa

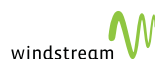
How can being an **NHPCO Member** save you money...

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Telling the Stories of Hospice



Our lives are full of stories. From happy childhood memories, to reflections during our elder years, we all have stories to tell. But the professionals who work in hospice and the patients/families they serve have a different story to tell. Hospice cares for people during the journey at life's end. It is this unique context that provides hospice patients and their families with an opportunity to experience some of life's most beautiful moments, even during its most challenging times.

The Moments of Life: Made Possible by Hospice Awareness Campaign

The *Moments of Life: Made Possible by Hospice* awareness campaign was conceptualized with the goals of positively shaping public opinion and combating disinformation about hospice care in the US. The [Moments of Life website](#) includes several [short online videos](#) and [original blogs](#) which highlight the personal experiences of real hospice patients and their families. Every story is unique and each one is inspirational.

Moments of Life goes viral

Time and time again, the videos and blogs featured online have far surpassed their expected circulation. In some cases, stories have even gone “viral” and were seen by online audiences numbering in the tens-of- thousands.

The photo all the way to the right was taken from the blog, [Jordan's Journey](#). The piece tells the bittersweet story of baby Jordan's short life, and how pediatric hospice allowed his parents to spend as much quality time with him as possible. On Facebook alone, the touching article popped up in over 110,000+ Newsfeeds and received over 1,500+ “likes/comments/shares”.

Doctors told college basketball player, Lauren Hill that she would not live to see the start of the 2014 season. But despite the odds, Lauren made it to her season open and even took the floor, netting 4 points. The footage from this game was featured on several national broadcasts, including ESPN News.

The Moments of Life featured video, *Lauren Hill talks about Hospice Care* follows Lauren off the court and shows how hospice is now impacting her life for the better. This video gained immediate popularity online and has been viewed on Youtube over 36,000+ times to date.

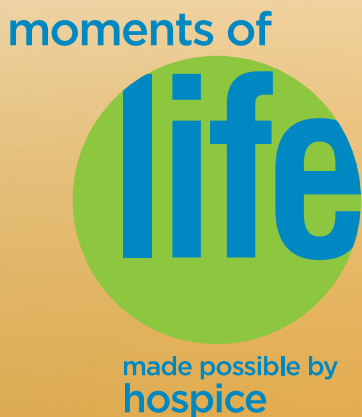
Choosing stories for Moments of Life

Submissions to the Moments of Life campaign come from providers, professionals and even family members from all over the United States. A team of staff at NHPCO regularly reviews these submissions to determine which stories will be featured in the campaign.

The small group feels both honored and privileged to be able to work with these submissions. They say that the most difficult part of the process is deciding which stories to feature because, there are so many compelling submissions to choose from.

Submissions come in all shapes and sizes

There are no requirements for submissions and NHPCO has accepted a wide variety in the past. Interested individuals are encouraged to submit their content, or their question, by using the online form found on the Share your Story – Submission Page.



32,000
YouTube views
of Lauren Hill video



118,000
impressions
of Baby Jordan's blog
on Facebook

Links to Some Helpful Online Resources

Quality and Regulatory

- Quality Reporting Requirements
- QAPI Resources
- Regulatory Center Home Page
- Fraud and Abuse
- Past Regulatory Alerts and Roundups
- Staffing Guidelines
- Standards of Practice
- State-specific Resources
- Survey Readiness

Professional Education

- Education Home Page
- Webinar Schedule
- Upcoming Conferences
- End-of-Life Online
- Pediatric Palliative Care

Outreach

- 2014-15 Outreach Materials
- Social Media Resources
- Caring Connections

Publications

- Weekly NewsBriefs
- NewsLine
- ChiPPS E-Journal

Affiliate Publications

- Giving Matters
- Focus on Compassion



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