



Management of the Hospice Aide

Compliance for Hospice Providers

February 2016

Hospice aides are part of the interdisciplinary team and function under the direct supervision of the hospice registered nurse (RN). The Medicare hospice Conditions of Participation (CoPs) outline the regulatory requirements for the use and management of hospice aides and certified hospices are required to demonstrate compliance with all regulations located at §418.76 Hospice Aide and Homemaker Services. A comprehensive review of all hospice aide regulatory requirements is located in NHPCO's Compliance Guide for Hospice Providers, [Sec. 418.76 Condition of Participation: Hospice Aide and Homemaker Services](#) (January 2015)

The CY 2015 top ten CMS hospice survey deficiencies included the following two hospice aide standards:

- #1: §418.76(h) Standard: Supervision of Hospice Aides
- #10: §418.76(g) Standard: Hospice Aide Assignments and Duties

Supervision of Hospice Aides:

Regular Aide Supervision

- An RN must make an on-site visit to the patient's home no less frequently than every **14 days** to assess the quality of care and services provided by the hospice aide and to ensure that the hospice aide care plan is followed for a specific patient. The hospice aide does not have to be present during this visit (Unless required by state regulation). If there is an area of assessed performance concern then:
 - An RN must make an on-site visit to the location where the patient is receiving care in order to observe and assess the aide while he or she is performing care.
 - If an area of concern is verified during the on-site visit, then the hospice must conduct, and the hospice aide must complete a competency evaluation.

Annual Aide Supervision

- An RN must make an annual on-site visit observation visit to the location where a patient is receiving care in order to assess each aide while he or she is performing care. The supervising nurse must assess the following areas of hospice aide performance:
 - Following the patient's plan of care for completion of tasks assigned to the hospice aide by the registered nurse.

- Creating successful interpersonal relationships with the patient and family.
Demonstrating competency with assigned tasks.
- Complying with infection control policies and procedures.
- Reporting changes in the patient's condition.

There is no requirement for the observation visit to be conducted on each patient the aide is caring for. Hospices may determine the appropriate location to document the annual aide on-site evaluation in accordance with their own policies and procedures.

Supervisory visits may be made in conjunction with a professional visit to provide services. Documentation of RN supervision should include, but not be limited to, if the aide is following the plan of care, is competent in performing required tasks and is satisfactory to the patient/family.

Compliance Risk:

There should be evidence of aide supervision by the RN every 14 days for each patient on the aide's caseload. Inconsistency or failure of documentation of every 14 day supervisory visits poses a compliance risk for the hospice and could result in a deficiency during a recertification or re-licensure survey.

Compliance Suggestions:

- Ensure consistent supervision of aides at least every 14 days by requiring RNs to document supervision on every nursing visit.
- Develop a tracking and tickle system to remind RNs of the need for a supervisory visit every 14 days if not required every nursing visit.
- Enforce documentation requirements of ongoing communication with aides to discuss patient's plan of care.
- Audit records for proof of hospice aide supervisory visits every 14 days.
- Consider developing a performance improvement project if consistent compliance is absent.
- Counsel RNs who do not perform supervisory visits per regulatory requirements.

Hospice Aide Assignments and Duties:

Hospice aides are assigned to a specific patient by a RN who is a member of the interdisciplinary team (IDT) and who will be responsible for supervision of the aide. That RN develops written patient care instructions for the hospice aide that is individualized to the patient. A hospice aide provides services that are:

- Ordered by the IDT
- Included in the plan of care
- Permitted to be performed under State law by such hospice aide
- Consistent with the hospice aide training

The duties of a hospice aide include the following:

- The provision of hands-on personal care
- The performance of simple procedures as an extension of therapy or nursing services (as permitted per state regulation)
- Assistance in ambulation or exercises

Hospice aides should not perform any services for the patient that are not included in the aide care plan. If an additional service or a change in current services is indicated, the supervising RN must update the aide care plan and the patient's plan of care. For example, if the patient wishes the aide to trim their nails, but nail care is not a service on the aide care plan, the aide cannot perform nail care for the patient until it is added.

Compliance Risk:

There should never be inconsistency between the aide care plan and the aide documentation related to services provided for the patient. Inconsistency between these two documents poses a compliance risk for the hospice and could result in a deficiency during a recertification or re-licensure survey.

Compliance Suggestions:

- Audit records and compare aide notes with the aide care plan to ensure consistency between the duties of the aide and the care provision.
- Review the aide care plan with the aide and patient and family every 14 days to update services as needed and ensure consistency between the duties of the aide on the care plan and care provision.
- Enforce documentation requirements of ongoing communication with aides to discuss patient's plan of care.
- Consider developing a performance improvement project if consistent compliance is absent.
- Counsel RNs who do not comply with regulatory requirements.

Reference

Part II - Department of Health and Human Services, Centers for Medicare & Medicaid Services 42 CFR Part 418. Medicare and Medicaid Programs: Hospice Conditions of Participation; last update 2013 Visit <http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR> to check for the most recent updates)