§ 418.56 Condition of Participation: Interdisciplinary Group, Care Planning, and Coordination of Services

The Interdisciplinary Team

- Hospice designates an interdisciplinary group (IDG) who work together to meet the needs of the patient and family.
- The hospice designates a registered nurse who is member of the IDG to provide program coordination, ensure continuous assessment of each patient's and family's needs, and ensure the implementation and revision of the plan of care.
- Required members of the IDG:
  - Doctor of medicine or osteopathy (who is an employee or under contract with the hospice);
  - Registered nurse;
  - Social worker; and
  - Pastoral or other counselor.
- If there is more than one IDG, the hospice must identify a specifically designated IDG to establish day-to-day policies and procedures of hospice care and services. This group does not need to be the same group that works together to care for patients.

Patient Plan of Care

- The Centers for Medicare and Medicaid Services (CMS) considers the plan of care as one of the most important documents in hospice care.
- When establishing the written plan of care, the IDG consults with the following:
  - Attending physician (if any);
  - Patient or representative; and
  - Primary caregiver
- The patient and primary caregiver(s) must receive education and training related to their care responsibilities identified in the plan of care.
- The plan of care must:
  - Reflect patient and family desired outcomes/goals.
  - Include interventions for problems identified throughout the assessment process. Include all services necessary for palliation and management of terminal illness and related conditions.
  - Documentation regarding physician judgment of any unrelated diagnoses must be in the clinical record.
  - All hospice services furnished to patients and their families must follow an **individualized** written plan of care.
  - Include a detailed statement of the scope and frequency of services to meet the patient's and family's needs.
    - Visit ranges are allowable.
      - If used, they must have a short interval and staff must visit at the top of the range (Ranges should not include 0 (zero).
      - If the patient consistently requires a visit at the top of the range visit and PRN visits, then the visit range should be increased in the patient's plan of care.
    - PRN visits.
      - May not be used as a standalone visit frequency.
      - If PRN visits are included on the patient's plan of care, a reason should be identified for the visit to reflect that the plan of care is truly "individualized".
      - Use of PRN visit should not be a regular occurrence. If PRN visits are used regularly, then assess the need to increase the visit frequency.
- Include measurable outcomes with data collected during the comprehensive assessment and updates.
- Include all drugs, treatments, medical supplies and appliances.
- Documentation of the patient's or representative's level of understanding, involvement and agreement with the plan of care should appear in the clinical record.

- The plan of care ***does not*** need to be signed by the IDG or a physician.

Electronic Health Records (EHR) and Individualization of Documentation

- IDT members should use the free text area of every form in the EHR to write a short note that provides additional detail about the patient or family. This additional documentation serves to individualize the patient clinical record.
  - Expand on "point and click" selections in a form.
  - Record observations about details the "drop down" does describe.
  - E.g.: state the number of feet a patient can ambulate.
  - Document subjective comments from the patient and family to support continued eligibility.
  - E.g.: "I sat outside last week, but this week I just don't have the energy to go out".
  - E.g.: "He has been sleeping more during the day and is not interested in waking up to eat".

Review of the Plan of Care

- Includes information from the updated comprehensive assessment.
- Includes information regarding the progress toward achieving specified outcomes and goals.
- Plan of care must be reviewed as frequently as the patient's condition requires, but no less frequently than **every 15 calendar days**.
- Completed by the IDG in collaboration with the attending physician (if any).

Coordination of Services

- Develop and maintain a system of communication and integration.
- Ensure documentation of communication with IDG **at the time of a change** in the patient's status is present in the clinical record.
- Ensure the IDG maintains responsibility for directing, coordinating, and supervising the care and services provided.
- Care and services are provided in accordance with the plan of care.
- Care and services are based on assessments of the patient and family needs.
- Sharing information between all disciplines providing care and services, in all settings, whether provided directly or under arrangement.
- Sharing information with other non-hospice healthcare providers furnishing services unrelated to the terminal illness and related conditions.

Compliance Suggestions for Hospice Providers

- Continuously review and update your IDG meeting process as needed.
  - Does your current process focus on patient care planning or is it just a "report" format?
  - Involve members of your IDG to review and revise your process.
  - Consider implementing a performance improvement project focusing on improvement of your IDG meeting process.
- Ensure that your patient plan of care includes the required content from § 418.56 (c).
- Be sure you follow your state licensing rules, if any, that pertain to the plan of care and role of the IDG.
- Develop a mechanism to demonstrate collaboration with the patient's attending physician regarding the update of the patient plan of care. (i.e.: communication note, update from the physician, etc)
- Incorporate education about IDG regulatory requirements into your orientation program and continuing education for all IDG staff.

Please note that hospice providers need to comply with the most stringent regulatory requirements (Federal or State).

Resources

- Medicare Benefit Policy Manual, Chapter 9 - Coverage of Hospice Services Under Hospital Insurance

References

- Part II - Department of Health and Human Services, Centers for Medicare & Medicaid Services 42 CFR Part 418 Medicare Hospice Care Regulations eCFR :: 42 CFR Part 418 -- Hospice Care