

Medicare Hospice Conditions of Participation
Hospice Aide
 Revised June 2022

Summary

Highlights and guidance for implementation

- 1) 418.52 Patient Rights
- 2) 418.56 Interdisciplinary group (IDG), care planning, and coordination of services
- 3) 418.58 Quality assessment and performance improvement
- 4) 418.60 Infection control
- 5) 418.76 Hospice aide and homemaker services
- 6) 418.100 Organization and administration of services
- 7) 418.104 Clinical records

§ 418.52 Patient Rights

Every member on the interdisciplinary group (IDG) has a responsibility to ensure the patient rights outlined in this regulation are applied to every patient the same. The coordination of translation services and documentation that the patient/representative received notification the rights is the responsibility of the interdisciplinary group (IDG).

§ 418.56 Interdisciplinary group (IDG), care planning, and coordination of services

The hospice aide is part of the IDG by reporting observations and changes in the patient’s status to the nurse and the IDG. Many times, the hospice aide spends the most direct patient care time with patient and the family and can contribute very beneficial information to the team during the development and update of the patient plan of care.

§ 418.58 Quality assessment and performance improvement

All IDG members have a responsibility to improving performance and quality patient care. Hospice aides should have a role in the QAPI process and committee or participate as a stakeholder in the QAPI program.

§ 418.60 Infection control

For hospice aides, infection control is a part of everyday practice and patient care. Per this regulations, education to patient/family and other members of the hospice team is a one of the three required components of the standard. Nurses should be actively involved in any infection control program in the organization. Hospice aides should reinforce patient and family education provided by the nurse.

§ 418.76 Hospice aide and homemaker services

Personnel Requirements:

- All hospice aide services must be provided by individuals who meet the personnel requirements specified in regulations.
- A qualified hospice aide is a person who has successfully completed one of the following:
 - A training program and competency evaluation as specified in the regulation.
 - A competency evaluation program that meets the requirements in regulation.

- A nurse aide training and competency evaluation program approved by the State as meeting the requirements of § 483.151 through § 483.154 of this chapter and is currently listed in good standing on the State nurse aide registry.
- A State licensure program that meets the requirements of paragraphs (b) and (c) of this section.

Competency Evaluation:

- An individual may furnish hospice aide services on behalf of a hospice only after the individual has successfully completed a competency evaluation program as described in this section.
- The competency evaluation must address:
 - Communication skills, including the ability to read, write, and verbally report clinical information to patients, care givers, and other hospice staff.
 - Observation, reporting, and documentation of patient status and the care or service furnished.
 - Reading and recording temperature, pulse, and respiration.
 - Basic infection control procedures.
 - Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.
 - Maintenance of a clean, safe, and healthy environment.
 - Recognizing emergencies and the knowledge of emergency procedures and their application.
 - The physical, emotional, and developmental needs of and ways to work with the populations served by the hospice, including the need for respect for the patient, his or her privacy, and his or her property.
 - Appropriate and safe techniques in performing personal hygiene and grooming tasks. A hospice aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient.
- Hospice aides are assigned to a specific patient by a registered nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a registered nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of this section.

Services provided by the aide:

A hospice aide provides services:

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

Duties of the hospice aide include:

- The provision of hands-on personal care.
- The performance of simple procedures as an extension of therapy or nursing services.
- Assistance in ambulation or exercises.
- Assistance in administering medications that are ordinarily self-administered.

Hospice aides must report changes in the patient's medical, nursing, rehabilitative, and social needs to a registered nurse, as the changes relate to the plan of care and quality assessment and improvement activities.

Hospice aides must also complete appropriate records in compliance with the hospice's policies and procedures.

Hospice aides are assigned to a specific patient by a nurse that is a member of the interdisciplinary group.

Written patient care instructions for a hospice aide must be prepared by a nurse who is responsible for the supervision of a hospice aide a minimum of every 14 days. The nurse also has a role in assessment of hospice aide competency.

§ 418.100 Organization and administration of services

As a part of the organization, designated hospice services, and the IDG, hospice aides have the responsibility to contribute to the comfort and dignity for a patient and provide care consistent with patient and family needs and goals, with patient needs and goals as priority.

§ 418.104 Clinical records

The clinical record contains accurate clinical information about the patient recorded by hospice staff, the attending physician, the medical director, and any other entities involved with the patient's care. A hospice aide is one of the key documenters in the clinical record and needs to be aware of the requirements in the regulation.

§ 418.110 Hospices that provide inpatient care directly

Key points of this CoP directly related to patient care are the detailed focus on restraint and seclusion. The definitions outlined in the preamble are very important and must be clearly understood by all staff. This condition gives significant direction to hospice providers regarding the use of restraints and seclusion. This condition is consistent with other health care environments. Nursing will need to be familiar with all of the new language and direction detailed in this CoP.

§ 418.112 Hospices that provide hospice care to residents of a SNF/NF or ICF/MR

A key point in this CoP is the importance of the development of the patient plan of care and coordination of care between the hospice, the patient/family, and the facility. The hospice must assume responsibility for professional management of the resident's hospice services provided, in accordance with the hospice plan of care and the hospice conditions of participation.

§ Condition of participation: Personnel qualifications.

- All professionals who furnish services directly, under an individual contract, or under arrangements with a hospice, must be legally authorized (licensed, certified, or registered) in accordance with applicable Federal, State, and local laws, and must act only within the scope of their State license, certification, or registration. All personnel qualifications must be kept current at all times.
- Hospice aides must meet the qualifications required by section 1891(a)(3) of the Act and implemented at § 418.76.
- All hospice employees who have direct patient contact or access to patient records must have a criminal background check. Hospice contracts must require all contracted entities obtain criminal background checks on contracted employees who have direct patient contact or access to patient records.

What do I need to be successful?

- Successfully complete one of the approved training programs for hospice aides.
- Be aware of the requirements for nurse aides in your State and whether hospice aides meet those requirements.
- Be prepared for competency evaluation by the hospice aide supervisor.
- Be aware of the duties of a hospice aide and be prepared to deliver the care patients need within the scope of these duties.
- State Organizations
- Use other materials developed for hospice aides featured in the [NHPCO Marketplace](#)
- Join the [My.NHPCO CNA community](#)
- Join at least one of the My.NHPCO list serves to get more information and stay current

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