

Medicare Hospice Conditions of Participation
Nursing
Revised May 2022

Summary

***Highlights of key changes for nursing professionals
and guidance for implementation***

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Background

The initial assessment is a new provision in the Conditions of Participation (CoP) and specifically the requirement the nurse must complete an initial assessment of the patient's immediate needs within 48 hours of the date of the hospice election. In addition, nurses will coordinate the work of the interdisciplinary team (IDT), or interdisciplinary group (IDG), and will actively participate in the quality assessment/performance improvement process. A nurse will provide supervision of hospice aides a minimum of every 14 days and will work collaboratively with the patient's attending physician, medical director, and other physicians to provide hospice nursing care.

418.52 Patient rights

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

418.54 Initial and comprehensive assessment of the patient

- This CoP specifically names the nurse as the IDT member to complete the initial assessment of the patient's immediate needs.
- The nurse must complete the assessment within 48 hours of the date of hospice election.
- Then, the comprehensive assessment must be completed within 5 calendar days of the date of hospice election. The comprehensive assessment must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process.
- The comprehensive assessment process is at the discretion of the hospice organization. Completion of a comprehensive assessment is more about assessing what the patient/family needs are. Nurses will also participate in the process for collection of patient level outcome measures that will be an element in the organization's QAPI program. Outcome measures must be collected consistently and in the same manner for every patient, so it will be very important that nurses be aware of the outcomes selected for measurement and how they will be used to improve patient care.

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

The nurse is designated as the coordinator of the plan of care. There is a great deal of emphasis on developing and revising the patient plan of care using continuously updated comprehensive assessments of the patient and family status. The interdisciplinary team is also charged with continuously coordinating care and services based on assessed needs. The plan of care is easily the most important document in hospice care and this regulation holds the team to specific timeframes and content for updating the plan of care.

418.58 Quality assessment and performance improvement

This CoP moves an organization from a reactionary response of a problem-oriented approach to a proactive patient/family centered approach involving the entire organization. The nurse's documentation and mindset about care delivery will need to expand to encompass outcomes of their care. Quality indicators and outcome measures will be a key element of practice. Evidence-based practice will become a standard. Nurses will need to be involved on some level with the organization's Quality Assessment/Performance Improvement program.

418.60 Infection control

For nurses, infection control is a part of everyday practice and patient care. Per this regulation, which is now its' own CoP, education to patient/family and other members of the hospice team is one of the three required components of the standard. Nurses should be actively involved in any infection control program in the organization.

Hospice organizations should collaborate with local public health departments, hospitals, etc. to understand the potential for infections within the community and the hospice population. All hospice staff should have ongoing education in a clear, concise format regarding the infection control program and impact on all staff and caregivers.

418.64 Core services

This CoP will allow a registered nurse to provide dietary counseling, and the hospice organization to contract out highly specialized nursing services, which will allow better service to patients with more specialized nursing needs.

418.76 Hospice aide and homemaker services

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, nurses provide core hospice services as a part of the IDT. Nurses have the responsibility to optimize the comfort and dignity of patients and provide care consistent with patient and family needs and goals, with patient needs and goals as priority. As the designated coordinator of the plan of care, the nurse needs to ensure patient care is furnished in a safe and effective manner and is delivered in accordance with the patient's plan of care. Nurses may also be involved in training and assessment of the skills and competence of all individuals furnishing care, including volunteers furnishing services.

418.102 Medical director

Nurses work very closely with the attending physician and the organization's medical director. Nurses are, many times, the conduit of medical information about the patient from the attending physician to the medical director, particularly at the start of care phase of the patient's service period. Nurses need to understand the medical director's responsibility for the overall medical component of the hospice's patient care program.

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 nurse is one of the key documenters in the clinical record and needs to be aware of the requirements in the regulation.

418.106 Drugs and biologicals, medical supplies, and durable medical equipment

- **Drugs and biologicals**

As part of the IDT, the nurse is part of the process of conferring with an individual with education and training in drug management as defined in hospice policies and procedures and State law, to ensure drugs and biologicals meet each patient's needs. The IDT, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in their home.

Verbal drug orders or electronic transmission must be given only to a licensed nurse, nurse practitioner (where appropriate), pharmacist, or physician; and the individual receiving the order must record and sign it immediately and have the prescribing person sign it in accordance with State and Federal regulations.

Patients receiving care in a hospice that provides inpatient care directly in its own facility may only be administered medications by the following individuals: a licensed nurse, physician, or other health care professional in accordance with their scope of practice and State law.

The nurse may often time be the staff member to discuss the hospice's policy and procedure for managing the safe use and disposal of controlled drugs with the patient or representative to ensure these parties are educated regarding the safe use and disposal of controlled drugs. This instruction is communicated in a language and manner the patient or representative understands and is documented in the patient's clinical record. Usually the nurse performs a patient death visit and is responsible for the disposal of drugs in the patient's home. Nurses dispose of controlled drugs in compliance with the hospice policy and in accordance with State and Federal requirements.

- **DME**

The hospice must ensure the patient, where appropriate, as well as the family and/or other caregiver(s), receive instruction in the safe use of durable medical equipment and supplies. The hospice may use persons under contract to ensure patient and family instruction. The patient, family, and/or caregiver must be able to demonstrate the appropriate use of durable medical equipment to the satisfaction of the hospice staff.

418.108 Short-term inpatient care

Inpatient care provided under arrangements. If the hospice has an arrangement with a facility to provide for short-term inpatient care, per a written agreement, care is coordinated by the hospice, to ensure:

- a copy of the patient's plan of care that specifies the inpatient services to be furnished;
- the hospice patient's inpatient clinical record includes a record of all inpatient services furnished and events regarding care that occurred at the facility; a copy of the discharge summary be provided to the hospice at the time of discharge; and a copy of the inpatient clinical record is available to the hospice at the time of discharge.

418.110 Hospices that provide inpatient care directly

This condition is specifically for the hospice provider that provides inpatient care through their own inpatient unit. In addition to the physical plant and staffing requirements for inpatient facilities, a key point of this condition is 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 condition of participation.

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

A key point in this condition 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. The hospice must also assure the staff in the nursing facility or ICF/MR has received training in the hospice philosophy, including hospice policies and procedures regarding methods of comfort, pain control, symptom management, principles about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements.

418.114 Personnel qualifications

Licensing

- 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.
- If no State licensing laws, certification or registration requirements exist for the profession, the following requirements must be met:
 - (1) *Registered nurse.* A graduate of a school of professional nursing.
 - (2) *Licensed practical nurse.* A person who has completed a practical nursing program.

Criminal Background Checks

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.

Resources I will need to be successful?

- The opportunity to participate in the review and revision of organization assessment forms and policies.
- The opportunity to participate in the organization's quality assessment/process improvement (QAPI) program.
- Education about outcome measures and QAPI and how they relate to improving patient care.
- The opportunity to participate in the review and revision of the patient plan of care forms and policies.
- Regular infection control education.
- Education about restraints and seclusion.
- State Organizations
- Use other materials developed for nursing featured in the [NHPCO Marketplace](#)
- Join the [My.NHPCO Nursing community](#)
- Join at least one of the My.NHPCO list serves to get more information and stay current

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