NHPCO
Leading Person-Centered Care

NHPCO GRAB & GO TOOLKIT

NHPCO'S Standards of Practice

Workforce Excellence (WE)

2022 Edition

Workforce Excellence (WE)

Principles

The hospice fosters a collaborative, interdisciplinary environment that promotes diversity, equity, inclusion, individual accountability, and workforce excellence through professional development, training, and support to all staff and volunteers.

Hospice organizational leaders ensure that staffing and qualifications of staff and volunteers are appropriate to the scope of care and services provided by the hospice program.

Standard:

WE 1: The hospice identifies and maintains appropriate staffing of qualified employees, volunteers, and contracted staff to meet the unique needs of the patients, families/caregivers, and the organization to ensure that core services are provided.

WE 1.1 The hospice's administrative leadership ensures that all employees, volunteers, and contracted staff who provide patient and family/caregiver services are competent in their area(s) of practice.

WE 1.2 The hospice has written policies and procedures describing its method(s) for assessing competency of clinical staff and plans for staff development training.

WE 1.3 The hospice ensures applicable staff have current licensure, certifications, or other credentials appropriate to their practice and scope of responsibilities in accordance with applicable laws and regulations in the states where they practice.

WE 1.4 The hospice ensures that physician services are available through contract, direct employment with the hospice provider, or on a volunteer basis.

WE 1.5 The hospice establishes and utilizes appropriate staffing guidelines for staff recruitment, retention, and assignments to ensure continuous quality of patient care.

WE 1.6 The hospice ensures a patient's care or treatment is not negatively affected if the program grants a staff member's request not to participate in an aspect of a patient's care or treatment, such as for ethical, health, or personal reasons. The hospice does not penalize an employee for requesting not to participate in a modality of care or treatment for ethical or spiritual reasons.

WE 1.7 The hospice has identified a plan to respond to significant increases or decreases in census, based on strategic planning and staffing guidelines.

Practice Examples:

- Professional licenses are verified at least annually with the licensing body and documented in personnel records.
- The hospice maintains accurate and current personnel records to support proof of current licensure, certification, or other required credentials.

- An employee whose license is expired or suspended is not allowed to work until the license is reinstated and verified.
- Documentation of hospice aide attendance at required monthly one-hour in-services is filed in each hospice aide employee record to reflect a total of twelve (12) in-service hours in a calendar year.
- Education and organizational membership activities are documented in each staff member's personnel record.
- The hospice ensures a social worker with a Master of Social Work (MSW) degree supervises any social worker with a Bachelor of Social Work (BSW) degree hired after December 2, 2008, as well as staff with background in a related field who are functioning in a social work position.
- Additional staff is secured and/or contracted under non-routine circumstances, such as unanticipated periods of high patient census and case load, staffing shortages due to illness, or other short-term temporary situations that may interrupt patient care.

Standard:

WE 2: The hospice recruits staff and volunteers to reflect the diversity of the population in the community served.

WE 2.1 The hospice conducts an annual analysis to determine how the diversity of staff and volunteers correlates with the community served.

WE 2.2 The hospice recruitment plans and hiring activities demonstrate nondiscriminatory hiring and staffing practices.

Practice Examples:

- Recruitment efforts are aimed at hiring staff and volunteers who reflect the ethnicity, diversity, and other characteristics of the population served.
- Community centers, places of worship, neighborhood associations, and local cable TV stations are examples which may be utilized to recruit diverse staff and volunteers from ethnic groups not well represented on the hospice's staff.

Standard:

WE 3: The hospice maintains a consistent nondiscriminatory process for recruiting and selecting staff with optimal qualifications which includes competence and license validation, a personal interview, criminal background checks, and other substantiation as required by state or federal law and regulation.

WE 3.1 The hospice's administrative leadership defines the qualifications and performance standards for all staff positions in alignment with federal/state regulations.

WE 3.2 The hospice has a written job description that includes education, training and experience requirements, responsibilities, duties, and reporting lines for each position.

WE 3.3 Job descriptions are reviewed and updated on a regular basis or as needed.

WE 3.4 Personnel records are updated at least annually and include but are not limited to the following:

- Verification of licensure;
- Completed employment application;
- Verification of experience;
- Employee health screening records maintained in a separate secure file;
- Pre-employment screenings;
- Annual performance evaluations;
- Confidentiality Agreement;
- Reference checks;
- Criminal background checks for staff and volunteers;
- The Office of the Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE) (at hire and monthly);
- Completed Form I-9 or Employment Eligibility Verification (excluding volunteers);
- Conflict of interest form;
- Child/adult abuse clearances per state requirement;
- Competency assessments for clinical staff;
- Documentation of orientation to organization;
- Verification of certifications; and
- Other information as required by law, policy, or regulation.

WE 3.5 Each employee is provided copies of their job description upon hire and per organization's policy/procedure.

Practice Examples:

- Potential employees receive a job description for the position for which they are applying.
- Supervisors evaluate the accuracy of a job description annually with input obtained from each employee in the position and make revisions as necessary.
- The hospice develops a personnel handbook and provides access for each employee at hire and when changes occur.
- The hospice educates employees about federal/state hospice regulations and their role in maintaining compliance.
- Qualifications are defined in writing for all hospice team members and are included in position descriptions.
- Selection of hospice team members is made based on the applicant's experience and education; communication and interpersonal skills; clinical or other specialty skills; experience related to loss, grief, and dealing with complex psychosocial issues; and ability to work effectively within the demands of the hospice role/position and as a team member.
- The hospice utilizes a consistent process for recruiting and selecting staff with optimal qualifications based on interviews with managers, peers, and others.
- The hospice maintains personnel records and credentialing information for the medical director and other physicians employed or contracted with the hospice, including Drug Enforcement Administration (DEA) registration.

Standard:

WE 4: The hospice has established personnel policies to direct employment practices that include:

- Recruitment;
- Hiring practices;
- Benefits;
- Grievance procedures;
- Employee responsibilities;
- Staff conflict of interest;
- Performance expectations and evaluations;
- Disciplinary actions;
- Retention activities and efforts;
- Termination; and
- Reporting of fraud, waste, and abuse

WE 4.1 Upon hire, every staff member is oriented to the hospice's personnel policies and procedures.

WE 4.2 Hospice personnel policies are regularly reviewed and updated.

WE 4.3 The hospice has a method for staff to express grievances (including anonymously) related to their employment and processes for resolving grievances and evaluating the grievance process.

WE 4.4 Hospice personnel policies and procedures meet all regulatory requirements and are in accordance with applicable laws.

WE 4.5 Educational programs are developed in accordance with the hospice's policies and individual competency development needs.

WE 4.6 Educational programs are evaluated by the participants, and the results are used to inform the development of future programs.

Practice Examples:

- The hospice has a written policy directing the regular review of all personnel policies and procedures.
- The hospice utilizes staff with expertise in human resources and the regulatory requirements thereof to develop all hospice personnel policies and procedures.
- An evaluation form is utilized for participant evaluation of all educational offerings. Results are compiled and utilized in determining educational needs and staff development planning activities.
- Staff development and competency needs are evaluated annually, and a plan for education and competency evaluation is developed based upon this assessment.

Standard:

WE 5: All staff receive orientation, training, continuing education, and opportunities for development appropriate to their responsibilities.

WE 5.1 All staff complete appropriate orientation, training, and competency evaluations before providing any care or assuming administrative responsibilities.

WE 5.2 The hospice provides orientation and continuing education programs in hospice care, pain and symptom management, infection control, compliance with regulations, and emergency preparedness to all direct care staff including facility-based and contracted staff.

WE 5.3 The hospice orients newly assigned staff members or volunteers to their responsibilities and to the individualized needs of the patient and family/caregiver and when patient assignments change.

WE 5.4 The hospice has established processes that support staff development and life-long learning.

WE 5.5 Hospice team members have access to emotional support to assist them in coping with work-related loss, grief, and change.

Practice Examples:

- A monthly calendar of available educational opportunities is published and distributed to staff.
- A structured orientation program is in place for all new employees which includes orientation to the hospice and hospice philosophy of care as well as education about death and dying.
- Hospice staff and volunteers are oriented to their job-specific duties.
- Staff members are surveyed annually to assess their learning needs.
- In-service educational offerings include competency evaluations as appropriate.
- The hospice maintains an agreement with a local employee assistance program to provide additional counseling services to staff.
- The hospice provides in-service educational offerings on topics of importance to patient care, including disease-specific information, post-traumatic stress disorder, and other issues faced by Veterans at the end of life.
- The hospice provides technology training for computer systems and electronic medical records.

Standard:

WE 6: The hospice's administrative leadership assures that continuous education is available for all staff in leadership positions.

WE 6.1 The hospice has a systematic process to identify the educational needs of staff in leadership positions on an ongoing basis.

WE 6.2 The hospice has an educational plan to continually enhance the skills and capabilities of staff in leadership positions.

WE 6.3 The hospice regularly provides instruction to staff in leadership positions related to regulatory compliance and quality.

Practice Examples:

- The hospice has qualified staff members who provide education about issues specific to the hospice program.
- The hospice provides educational sessions for members of the governing body as appropriate.

- The hospice provides education related to human resource training (e.g., the Equal Employment Opportunity Commission (EEOC), hiring/firing practices, the Family and Medical Leave Act (FMLA), motivating employees, counseling low performers).
- The hospice facilitates participation in a hospice-specific education program designed to train new leaders in leadership competencies, such as change management, budgeting, conflict resolution, goal setting, and other managerial skills.
- The hospice facilitates participation in a hospice-specific compliance education program designed to train new leaders in rules and regulations, such as the Medicare Conditions of Participation (CoPs), Medicare regulations on eligibility, admission and discharge, other Centers for Medicare and Medicaid Services' (CMS) regulations, False Claims Act, and billing requirements.

Standard:

WE 7: Hospice staff has access to current information relevant to hospice practice.

WE 7.1 Current books, websites, videos, and journals related to current relevant information and evidence-based literature about hospice, palliative care, and bereavement care for all ages are available for the staff use.

WE 7.2 Staff members have access to up-to-date relevant information through attendance at internal and external education programs and seminars.

Practice Examples:

- The hospice makes current research and clinical information readily available by providing internet access for staff.
- Hospice leadership encourages staff to attend internal and external education programs and seminars.

Standard:

WE 8: The hospice develops and implements a competency assessment program for all staff and volunteers responsible for providing direct patient care activities.

WE 8.1 The hospice has a competency assessment program based on the performance of staff and volunteers who provide hands-on patient care to identify their educational needs.

WE 8.2 The hospice assesses individual staff and volunteer ability to meet the performance expectations set in the job description.

WE 8.3 The hospice provides education and in-service programs, along with other activities, to maintain and improve staff and volunteers' knowledge, skills, and abilities.

WE 8.4 Appropriate actions are taken when adverse patient outcomes are directly related to an individual's performance.

Practice Examples:

- Supervisors observe staff providing direct patient care and evaluate their competency at least annually and as needed

- When staff performance results in an adverse outcome, the staff member is required to participate in a retraining program.
- Competency-based training is developed to address problematic performance areas.
- Documentation is maintained for all orientation, education, and competency testing carried out by the hospice.
- Clinical staff competencies are evaluated per accreditation standards, professional practice standards, and organizational policy.
- The hospice provides orientation and competency evaluation related to the Medicare Hospice CoPs and state regulations for all staff.
- The hospice conducts competency evaluations and training.

Standard:

WE 9: The hospice utilizes and values specially trained caring volunteers capable of assisting the population served by the hospice.

WE 9.1 The hospice employs volunteer managers/coordinators to serve the hospice program through oversight of the volunteer program. Hospice volunteer manager/coordinator responsibilities include:

- Recruiting, screening, and retaining volunteers to meet the needs of patients, families, and the hospice program (e.g., administration, fundraising);
- Educating volunteers to meet hospice regulatory requirements and all applicable accreditation standards;
- Identifying and responding to patient and family/caregiver volunteer needs by matching volunteers with skills needed;
- Advocating for the utilization and integration of volunteers into the hospice interdisciplinary team (IDT) and liaise among team members and volunteers as needed to ensure patient and family/caregiver needs are met;
- Providing ongoing supervision and competency evaluation of volunteers in accordance with hospice regulatory requirements and all applicable accreditation standards;
- Ensuring accurate documentation of volunteer visits and volunteer hours by following documentation standards and agency policies;
- Promoting retention of volunteers through recognition, education, and support;
- Developing strategies for evaluation of the volunteer program to ensure high quality volunteer services;
- Supporting the hospice's community education efforts using volunteers for presentations or other activities in the community;
- Calculating and documenting the monetary value of volunteer hours and cost-savings.
- Maintaining enough volunteers to provide administrative or direct patient care in an amount that, at minimum, equals five (5) percent of the total patient care hours of all paid hospice employees and contract staff;
- Validating the augmentation of care and services achieved using volunteers (e.g., addition of volunteer music therapist); and
- Ensuring that volunteer personnel files are up to date.

WE 9.2 Hospice volunteer services are based on initial and ongoing assessments of patient and family/caregiver volunteer needs by members of the hospice IDT. The scope and frequency of volunteer services are included in the IDG plan of care and are reviewed, revised, and documented regularly in accordance with regulatory requirements and patient and family/caregiver needs.

WE 9.3 Hospice volunteers receive appropriate orientation and training prior to providing services to the patient and family/caregiver. The orientation and training include but are not limited to the following:

- The purpose and focus of hospice philosophy and hospice care;
- Regulatory requirements for the use of volunteers in the provision of hospice care;
- The value and contribution of the volunteer and the spectrum of volunteer duties and responsibilities;
- The hospice IDT's function and responsibility;
- Role of various hospice team members;
- Concepts of death and dying;
- Communication skills;
- Confidentiality and protection of patient and family/caregiver rights;
- Care and comfort measures;
- Diseases and conditions experienced by hospice patients;
- Psychosocial and spiritual issues related to death and dying;
- Concept of the patient and family/caregiver as the unit of care;
- Stress management;
- Infection control practices;
- Professional boundaries and patient/family/caregiver boundaries;
- Staff, patient, and family/caregiver safety issues;
- Ethics and hospice care;
- Family dynamics, coping mechanisms, and psychological issues surrounding terminal illness, death, and bereavement;
- Reporting requirements related to changes in patient condition, pain, and other symptoms;
- Other topics based on the hospice's unique mission, patient population served, and any specific state licensure requirements;
- Specialized duties and responsibilities;
- Specialized training for care and services in facility-based care settings or for patient populations with special needs or considerations; and
- Information on whom to contact for assistance and instructions regarding the performance of duties and responsibilities including procedures to be followed in an emergency or the death of the patient.

WE 9.4 The hospice maintains personnel records for each volunteer that, at a minimum, include:

- Job description or description of the type of activities carried out;
- Orientation and training;
- Competency assessments;
- Annual performance evaluations;
- Criminal background checks;
- Conflict of Interest form;
- Record of certifications and licensure, as appropriate;
- Driver's license checks;
- Mandated reporting of child/adult abuse responsibilities per state requirement;
- Corporate compliance education;
- OIG LEIE clearance checks if the volunteer is a participating Medicare provider or entity;
- Employee (all staff included in Medicare hospice definition of employee) health requirements (e.g., Tuberculosis testing, mandatory vaccines); and
- Initial application and signed job description.

WE 9.5 Volunteers are evaluated at least annually using the performance criteria defined in the job description.

WE 9.6 Volunteers receive regular and ongoing supervision in accordance with policies and procedures established by the hospice.

WE 9.7 Volunteers are represented on the IDG either in person or through staff responsible for volunteer supervision.

Practice Examples:

- Recruiting activities are regularly scheduled and include various media such as print and electronic newspapers, newsletters, bulletins, and other broad-based community resources.
- The hospice has written criteria for recruiting, selecting, training, and assigning volunteers.
- Recruiting activities are planned and conducted with input obtained from staff and volunteers to meet volunteer recruitment goals.
- Volunteer retention activities include offering support groups, partnering with other volunteers, or making changes in assignments if necessary.
- Volunteer retention efforts may include support mechanisms; a mentoring or "buddying" program with experienced, competent peer volunteers; changing of assignments when the program's, patient's, or family/caregiver's needs are not met; providing ongoing feedback and informal and formal recognition; opportunities for communicating and camaraderie with other hospice team members (e.g., support groups, telephone calls, flyers, closure of care, meeting with volunteer coordinator).
- All patient care volunteers complete a comprehensive orientation prior to providing any patient, family, or caregiver care or services.
- Volunteers successfully apply information received in orientation in performance of their regular duties.
- Volunteers are invited to be active participants in supportive groups for volunteers.
- The hospice has a record keeping system for tracking ongoing supervision and evaluation of hospice volunteers as well as identification of their educational needs.
- Each volunteer's performance is assessed on hire and ongoing through observations made during orientation, evaluations made during care assignments, and the annual performance evaluation process.
- Performance evaluations incorporate the educational components of the hospice's orientation and ongoing educational initiatives. A review of these evaluations demonstrates a positive correlation between the educational material presented and the volunteer 's demonstrated competence.
- There is a formalized process to elicit feedback from volunteers about the recruitment process, orientation and training, supervision, and their experiences with patients and families.
- Supplemental training is provided for hospice volunteers working in facility settings and/or with patients with special needs (e.g., nursing homes, assisted living facilities, pediatric programs, Veterans, death vigils).

Standard:

WE 10: Adequate supervision and professional consultation by qualified personnel are available to staff and volunteers during all hours.

WE 10.1 The hospice provides twenty-four (24) hours per day, seven (7) days per week access to qualified consultation and supervision for team members, including volunteers.

WE 10.2 Supervisors and management staff have specialized training and experience, attend ongoing in-services and educational programs, and complete a competency evaluation.

Practice Examples:

- Consultation and guidance from knowledgeable senior staff or clinical professionals are available as needed to staff working after hours and on weekends.
- Supervision of social workers with a baccalaureate degree (e.g., BSW, BA, BS) by Masters-prepared social workers (e.g., MSW) includes documentation in the personnel files of regularly scheduled meetings and content of meetings, including reviews of documentation in the patient record.
- Consultation and specialty resources are available to staff and volunteers.
- When social workers or chaplains/spiritual counselors are supervised by a registered nurse, clinical consultations may be arranged with a qualified professional of the same discipline.

Standard:

WE 11: The hospice IDT members provide quality, outcomes-oriented, coordinated care as defined by current regulatory, professional, competency, and credentialing standards that relate to the team member's practice specialty and principles of hospice IDT practice.

WE 11.1 The care provided by the hospice IDT reflects the scope of each specialty as defined by law and is provided in accordance with the code of ethics and practice standards for each discipline.

WE 11.2 Care is goal or outcome-directed, with the desired outcomes identified by the patient and family/caregiver on the initiation of hospice care and updated on an ongoing basis. Care is consistent with patient and family/caregiver input in the development of goals of care.

WE 11.3 The hospice demonstrates and documents congruency between team members' assessments and interventions and the patient's and family's plan of care.

WE 11.4 Hospice care is provided and documented in a timely manner and in ways that ensure accountability; reimbursement; support of patient rights; and patient, family, and caregiver confidentiality.

WE 11.5 The hospice IDT members meet on a regular basis, and as needed, in compliance with the Medicare CoPs for collaboration and care coordination.

Practice Examples:

- Care coordination and effective communication among the hospice IDT members are evidenced by documentation contained in the clinical record, which evaluates progress toward the achievement of patient-centered goals or outcomes.

- The hospice IDT interventions are collaborative and coordinated and documented throughout the patient's clinical record.
- Members of the patient's and family/caregiver's hospice IDT communicate the anticipated bereavement needs and survivor risk assessment information to bereavement care staff using a consistent mechanism (e.g., survivor risk assessment tool, case summary for bereavement care).
- A process of communication between the patient/family/team is established (e.g., calendar) to coordinate home visits.

Standard:

WE 12: The hospice medical director reviews, coordinates, and oversees the management of medical care for all patients in the hospice program.

WE 12.1 The hospice employs or contracts with a medical director who is a licensed Doctor of Medicine (MD) or Osteopathy (DO) with experience and knowledge of hospice practice and palliative medicine.

WE 12.2 When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the medical director.

WE 12.3 When the hospice provider has multiple locations under the same Medicare provider number, there is only one hospice medical director serving in that role.

WE 12.4 Responsibilities of the hospice medical director include but are not limited to:

- Overseeing the medical component of the hospice's patient care program and supervising other physicians who may be employed or under contract to the hospice. Reporting relationships and supervision should be shown in the hospice's organizational chart;
- Collaborating with the patient's attending physician regarding the palliation and management of the principal illness and related conditions;
- Assuming attending physician responsibilities if the patient has not named an attending physician or if the attending physician is unavailable;
- Reviewing clinical information for each hospice patient, providing written certification of the patient's eligibility for hospice services upon admission and at recertification, and completing and signing initial certification and recertification of terminal illness;
- Composing a brief narrative, in the physician's own words, related to hospice eligibility and patient prognosis to accompany both the initial certification of terminal illness and each recertification;
- Reviewing the patient's clinical record and documenting evaluation of the patient's ongoing eligibility for hospice services, as well as needed treatment and care, prior to the start of each Medicare benefit period;
- Providing oversight of medications and therapies and ensuring that documentation in the patient record specifies which medications are related and not related to the patient's terminal prognosis;
- Providing a hospice face-to-face encounter, or assuring it is done, prior to recertification for patients who are Medicare beneficiaries and are approaching their third or later benefit period;
- Performing home and inpatient visits for patient assessment and intervention as needed and appropriate;
- Acting as a medical resource for the hospice IDT;
- Assuring physician representation at and participation in hospice IDT meetings;
- Collaborating with the hospice IDT in reviewing and documenting care, services, and medications that are related and not related to the terminal prognosis;
- Participating in the hospice's quality assessment/performance improvement activities;

- Providing coverage and support after normal business hours;
- Assisting in the development and review of clinical protocols;
- Acting as a liaison to physicians in the community;
- Developing and coordinating procedures for the provision of emergency care;
- Participating in continuing education for all hospice staff providing direct care;
- Establishing guidelines and parameters for acceptable medical research;
- Acting as a role model to peers;
- Providing educational and consultative assistance related to hospice care;
- Reporting abuse and neglect in accordance with state laws and regulations as well as the hospice's policy and procedures; and
- Reporting communicable disease in accordance with state laws and regulations.

Practice Examples:

- The hospice medical director/hospice physician attends hospice IDT meetings.
- The hospice medical director actively serves on the organizations' Quality Assurance and Performance Improvement (QAPI) committee.

Standard:

WE 13: The patient's attending physician provides initial and ongoing medical services to the patient.

WE 13.1 The attending physician (if any) provides patient clinical information for assessment of hospice eligibility, admission, and provision of ongoing medical services.

WE 13.2 Physician's orders are obtained, as needed, prior to the provision of care and received within the time frame required by state law and regulation.

WE 13.3 The hospice verifies the licensure of physicians, nurse practitioners (NPs), physician assistants (PAs) (effective January 1, 2019), and other authorized individuals who provide orders or prescriptions for a hospice patient and checks for exclusion in Medicare/Medicaid participation

WE 13.4 The hospice communicates the responsibilities of the patient's attending physician to the physician.

WE 13.5 The attending physician's responsibilities for the hospice patient include but are not limited to:

- Signing the certification of terminal illness for benefit period 1 in addition to the hospice medical director (NOTE: NPs and PAs may not sign the certification of terminal illness);
- Managing the patient's medical care;
- Participating in the initial and ongoing care planning process;
- Providing signed orders in a timely manner;
- Respecting the patient's confidentiality and choices;
- Staying available for medical consult to the hospice staff, the patient, and family members;
- Sharing information as needed to facilitate continuity of care; and
- Providing consultation on specialty patient populations.

WE 13.6 The hospice IDT communicates with the attending physician on an ongoing basis. Communication includes providing clinical updates, responding to questions regarding the patient's care and family/caregiver services, and conveying observations and pertinent information.

Practice examples:

- Contacts and communication with the attending physician are documented in the clinical record.
- The attending physician is made aware of any changes in patient status and resulting changes in the plan of care.

Standard:

WE 14: Hospice nursing services are based on the initial, comprehensive, and ongoing assessments of the patient's needs by a registered nurse and are provided in accordance with the hospice IDT's plan of care.

Services include:

- Completion of initial, comprehensive, and updated assessment of patient and family/caregiver needs and provision of direct or supervised nursing services based on the plan of care;
- Coordination of the patient's plan of care with the IDT;
- Provision of dietary counseling by dietician if beyond the nurse's skill set;
- Medication reconciliation and update; and
- Supervision of hospice aides per federal/state regulations.

WE 14.1 Responsibilities of the hospice nurse include:

- Assessing the patient's and family/caregiver's physical, environmental, safety and developmental needs.
- Assessing the patient's/family's psychosocial, spiritual, and bereavement needs if the patient/family refuse assessment from other team members.
- Developing an individualized plan of care, in conjunction with the hospice IDT, based on assessment, identification of needs, and patient and family/caregiver goals and preferences;
- Providing care to patients and families through utilization of interventions and evaluation of outcomes of care;
- Performing ongoing assessment and revision of the plan of care, with interdisciplinary collaboration, in response to the changing needs of the patient and family/caregiver;
- Performing comprehensive assessment of the patient's symptoms and developing an individualized symptom management plan;
- Anticipating, preventing, and treating undesirable symptoms;
- Providing support, instruction, and education of the patient, family, and other caregivers who participate in the care of the patient;
- Documenting nursing assessments, identified problems, measurable goals of care, progress towards goal achievement, limitations to provision of care, care interventions, and response to care;
- Coordinating and collaborating with the hospice IDT and others involved in the patient's care;
- Developing the hospice aide care plan and supervises the aide at least every 14 days and as needed.
- Recognizing and supporting the patient's and family/caregiver's spiritual and cultural beliefs;
- Providing holistic, patient-centered care across treatment settings to ensure continuity of care and facilitate attainment of goals of care;

- Participating in the hospice program's quality assessment performance improvement program;
- Assessing the ability of patient and family/caregiver to safely administer medications and perform treatments; and
- Reporting abuse and neglect in accordance with state laws and regulations as well as the hospice's policy and procedures.

Practice Examples:

- An appropriate physical assessment is performed and documented for each patient upon admission and on subsequent visits.
- The hospice nurse documents assessments of the patient's symptoms, related interventions, and outcomes for each visit.
- The hospice nurse, at admission and on an ongoing basis, reviews all the patient's prescriptions and over-the-counter drugs, herbal remedies, and other alternative treatments that could affect drug therapy.
- The hospice nurse contacts the attending physician as needed for orders, updates, and changes in the plan of care.
- The hospice nurse consults with the pharmacist regarding medications, interactions, and side effects.
- The hospice nurse educates families about payment responsibilities for medications that are unrelated to the terminal prognosis and/or determined to be not medically necessary.
- The hospice nurse educates families about medication disposal per federal/state regulations.
- The hospice nurse is available to perform, assist with, and/or coordinate post-death care.

Standard:

WE 15: Hospice social work services are based on initial and ongoing assessments of patient and family/caregiver needs by a social worker from a school of social work accredited by the Council on Social Work Education (CSWE) and are provided in accordance with the hospice IDT's plan of care.

WE 15.1 Social work responsibilities include:

- Identifying the psychosocial needs of the patient and family/caregiver;
- Assessing and strengthening the coping skills of the patient and family/caregiver;
- Assessing and enhancing the appropriateness and safety of the environment and connecting the patient and family/caregiver with community resources, as needed;
- Providing interventions for management of emotional symptoms (e.g., fear, grief, depression, anger);
- Identifying needs of family members/caregivers and enhancing the strengths of the family system;
- Assessing and referring family for bereavement services;
- Assisting patient and family with education and development of advance care directives;
- Providing education and assistance patient and family related to insurance coverage and applications for assistance.
- Documenting problems, psychosocial assessment, measurable goals, progress towards goals, care and interventions provided, and patient and family/caregiver response to each intervention;
- Maintaining the dignity of the dying patient;
- Supporting the patient's and family/caregiver's spiritual and cultural beliefs;

- Providing holistic family-centered care across treatment settings;
- Coordinating and collaborating with the hospice interdisciplinary team;
- Reporting abuse and neglect in accordance with state laws and regulations as well as the hospice's policy and procedures;
- Assisting with funeral arrangements based on patient and family/caregiver need and preferences; and
- Coordinating the discharge planning process.

Practice Examples:

- The social worker evaluates the patient's and family's adaptation status, related needs, and opportunities for growth.
- The social worker identifies patients who are Veterans and evaluates the Veteran's individual needs related to military service, using the military history checklist.
- The social worker identifies a spouse or other family members/caregivers at high risk for complicated grief and refers them to appropriate services.
- The social worker identifies the need for and plans a family conference with the patient, family members/caregivers, and other hospice team members as well as other persons involved in the care of the patient.
- The social worker coordinates the discharge process when the patient no longer needs hospice services through family counseling, patient, and family/caregiver education, and other service arrangements as needed.
- The social worker discusses the possibility of live discharge with the patient and family at the time of admission.
- The social worker assists the patient and family related to transitions in level of care (e.g., General Inpatient Care (GIP) to Routine Home Care (RHC)).

Standard:

WE 16: The hospice IDT identifies and involves additional professionals and paraprofessionals with the knowledge, training, and skills to meet the specific needs of patients and families/caregivers as identified in the plan of care.

WE 16.1 The hospice ensures that additional professionals are qualified to provide services and that they or their services are:

- Authorized by the hospice with a properly executed contract, as applicable;
- Provided in a safe and effective manner;
- Delivered in accordance with the patient's plan of care;
- Supervised by the hospice team; and
- Provided with education/orientation to hospice services to ensure maintenance of standards of care.

WE 16.2 Auxiliary professionals may include:

- Speech-language pathologists (SLPs), physical (PT), occupational (OT), respiratory, and other therapists;
- Paraprofessional staff (e.g., hospice aides, homemaker);
- Hospice volunteer services, some of whom may be certified;

- Providers of complementary therapies such as massage, music, or aromatherapy; or
- Other individuals based on the patient's, and family/caregiver's unique needs, as requested by the patient and family/caregiver or as ordered by the physician.

WE 16.3 The hospice exercises management of the services provided by professionals and additional services provided by professionals and paraprofessionals regardless of whether the services are provided directly by hospice employees, volunteers, or contracted providers.

WE 16.4 The pharmacist is actively involved as a member of the hospice IDT and provides the following services:

- Reviews all patient prescriptions and over-the-counter drugs, herbal remedies, and other alternative treatments that could affect drug therapy; and
- Identifies the following:
  - Effectiveness and outcomes of drug therapy;
  - Drug side effects or toxicity;
  - Actual or potential drug interactions;
  - Duplicate drug therapy; and
  - Drug therapy currently associated with laboratory monitoring.

Practice Examples:

- The PT providing treatment to a patient attends the hospice IDT meetings and contributes to the plan of care.
- A massage therapist assigned to a patient utilizes massage to alleviate muscular pain and reduce anxiety.
- The hospice contracts with enough additional professionals/paraprofessionals to meet the needs of the patient population served.
- The pharmacist reviews the medication profile for each patient to ensure that drugs and biologicals meet each patient's individual needs and serves as a clinical resource to physicians and nurses.

Standard:

WE 17: Hospice spiritual care and services are based on an initial and ongoing documented assessment of the patient's and family/caregiver's spiritual needs by qualified members of the hospice IDT (e.g., chaplain, clergy, spiritual counselor, or someone with equivalent education, training, and experience) and provided according to the hospice IDT's plan of care.

WE 17.1 Spiritual care and services include:

- Assessing the spiritual status of the patient, family, and caregiver;
- Documenting the spiritual assessment, goals for spiritual care, services provided, and the patient's and family/caregiver's response to spiritual care;
- Acknowledging and respecting the patient's and family/caregiver's beliefs, culture(s), and values related to life's meaning, including suffering and loss, and desire for services/support;
- Meditation, counseling, prayer, sacred rituals or practices, active listening, and supportive presence;
- Assisting with funerals and memorial services as requested by the family/caregiver;
- Communicating with and supporting the involvement of local clergy and/or spiritual counselors as needed and as desired by the patient, family, and caregiver;

- Consulting with and providing education to hospice IDT members and patients and families/caregivers about spirituality and related care and services; and
- Reporting abuse and neglect in accordance with state laws and regulations as well as the hospice's policy and procedures.

Practice Examples:

- The hospice chaplain/spiritual counselor explains to the team the specific beliefs of a patient, and the team discusses the implications of those beliefs for that patient's care.
- The hospice chaplain/spiritual counselor counsels the patient who is a Veteran on spiritual issues related to military service.
- Other members of the hospice IDT who have identified spiritual needs of the patient/family/caregiver consult with the hospice chaplain/spiritual counselor about how to best address those needs.
- The hospice chaplain/spiritual counselor provides education to community clergy on spiritual care at the end of life.
- The hospice chaplain/spiritual counselor coordinates the patient's and family/caregiver's spiritual care with community resources (local churches and affiliations) per patient/family/caregiver request.

Standard:

WE 18: Hospice volunteer services include the involvement of trained volunteers in the care of the patient, family, and caregiver and in other aspects of the hospice program.

WE 18.1 Hospice volunteer services include:

- Providing emotional and practical support to patients and families/caregivers;
- Providing respite for the patient's caregiver;
- Assisting in bereavement education and support to survivors;
- Assisting with program administration and development
- Assisting with office duties; Serve on the organization's board or committees, and
- Fundraising for the hospice organization

WE 18.2 The total time spent in patient care by hospice employees and contract staff is matched by at least 5 percent in total volunteer direct patient service and/or administrative patient support service hours on an annual basis.

Practice Examples:

- The hospice recruits and trains an adequate number of volunteers to fill requests made by the hospice IDT.
- Volunteers provide end of life vigil support for the patient and family.

Standard:

WE 19: Hospice aide services are based on the registered nurse's initial and ongoing assessments of the patient's personal care needs, patient goals of care, and ability to perform activities of daily living (ADLs).

WE 19.1 The hospice nurse develops and communicates an aide care plan based on patient assessment of the patient's personal care needs and any additional instructions related to the patient's care. This communication includes the:

- Patient's cognitive status, current and changes in functional status related to feeding, personal hygiene, elimination, and mobility;
- Family/caregiver's knowledge, ability, willingness, and confidence to provide care;
- Duties to be performed by the hospice aide; and
- Patient's preferences, wishes, and decisions regarding end-of-life care.

WE 19.2 The hospice nurse communicates in a timely manner to the hospice aide changes to the aide care plan.

WE 19.3 The hospice aide's services and responsibilities include:

- Assisting with personal hygiene, elimination, feeding, and mobility according to the patient's needs and the nursing instructions as identified in the care plan;
- Not providing services outside of the aide care plan;
- Maintaining infection control and safety practices;
- Providing support for and reinforcement of the team's instruction for the patient's caregivers;
- Communicating with the hospice nurse regarding services provided, significant findings regarding the patient's functional status and change in care needs, and refusal of care;
- Documenting the care provided and the patient's response to care;
- Participating with the hospice IDT in the development and implementation of the patient's and family/caregiver's plan of care; and
- Reporting abuse and neglect in accordance with aide scope of practice as well as the hospice's policy and procedures.

Practice Examples:

- The hospice nurse completes and regularly updates the aide care plan that outlines the patient's needs and duties to be performed by the hospice aide.
- The hospice aide attends the hospice IDT meetings and provides input for the care planning process.

Standard:

WE 20: When the patient is receiving hospice aide services, the hospice nurse evaluates and supervises the aide services.

WE 20.1 The hospice nurse documents the supervision of the hospice aide's services in the patient's clinical record. The documentation includes an evaluation of the direct care provided, the patient's and family/caregiver's perception of the care provided, and the aide's adherence to the care plan.

WE 20.2 The hospice RN visits the home at least every fourteen (14) days to assess the quality of care and services provided by the hospice aide for a specific patient's plan of care and to ensure that services identified by the hospice IDT meet that patient's needs. The hospice RN documents the visit and relevant assessments. The hospice aide does not have to be present during this visit unless required by state law/regulation.

WE 20.3 When hospice aide services are not satisfactory, the hospice nurse takes action to address and resolve the issues.

WE 20.4 Annual visits are completed by the RN with the hospice aide competency evaluation as warranted with state regulations or accreditation standards.

Practice Examples:

- The nursing visit note includes documentation of an evaluation of the hospice aide's services during each nursing visit.
- The nurse investigates and addresses the stated concerns when the patient or family/caregiver expresses dissatisfaction with a hospice aide's services.

Standard:

WE 21: The patient's hospice physician provides initial and ongoing medical services to the patient.

WE 21.1 The hospice physician (if any) provides patient clinical information for assessment of hospice eligibility, admission, and provision of ongoing medical services.

WE 21.2 Physician's orders are obtained, as needed, prior to the provision of care and received within the time frame required by state law and regulation.

WE 21.3 The hospice verifies the licensure of physicians, NPs, PAs (effective January 1, 2019), and other authorized individuals who provide orders or prescriptions for a hospice patient and checks for exclusion in Medicare/Medicaid participation

WE 21.4 The hospice physician's responsibilities for the hospice patient include but are not limited to:

- Signing the certification of terminal illness for applicable benefit periods
- Managing the patient's medical care;
- Participating in the initial and ongoing care planning process;
- Providing signed orders in a timely manner;
- Respecting the patient's confidentiality and choices;
- Staying available for medical consult to the hospice staff, the patient, and family members;
- Sharing information as needed to facilitate continuity of care; and
- Providing consultation on specialty patient populations.

WE 21.5 The hospice IDG coordinates with the hospice physician on an ongoing basis.

Practice Examples:

- Contacts and coordination of care with the hospice physician are documented in the clinical record.
- The hospice physician is made aware of any changes in patient status and resulting changes in the plan of care at the time of the change.

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