

HOSPICE CLINICAL RECORD REVIEW TOOL

Sept 2018

Hospice Name _____ Survey Date _____ Surveyor Name _____ Patient # _____

Patient Name _____ Benefit Election Date _____ SOC Date _____ RR Date _____

Primary/Secondary Diagnoses _____ HV Date (if applicable) _____

Discipline observed during HV: RN LPN PT PTA OT OTA SLP MSW Aide RT RD

Disciplines ordered: SN PT OT SLP MSW RT Aide Spiritual Bereavement Dietary Volunteer

REFER TO STATE OPERATIONS MANUAL, APPENDIX M – GUIDANCE TO SURVEYORS

COPs AND RELATED L TAGS	COMMENTS
<p>§418.102 Medical Director (L664)</p> <ul style="list-style-type: none"> - Medical director provides initial written certification of terminal illness (L667) - Recertification (L668) <p>Other: L665, L666, L669</p>	
<p>§418.52 Patient Rights (L500)</p> <ul style="list-style-type: none"> - Notice of rights and responsibilities - verbal & written (L502) - Inform and distribute advanced directives (L503) - Confirm patient's signature and receipt of rights (L504) - Voice grievances without reprisal (L505) - Receive effective pain management/symptom control (L512) - Be involved in developing plan of care (L513) - Receive info services & meds covered under hospice benefit (L518) - Receive info on services that will be provided and limitations (L519) <p>Other: L501, L506, L507, L508, L509, L510, L511, L514, L515, L516, L517</p>	

§418.54 Initial and Comprehensive Assessment of the Patient (L520)

- Conduct/document patient-specific comprehensive assessment (L521)
- RN completes initial assessment within 48 hrs. of election (L522)
- IDG/attending physician complete comprehensive assessment within 5 calendar days after election (L523)
- Content identifies physical, psychosocial, emotional & spiritual needs (L524)
- Includes nature and condition causing admission (L525)
- Complications and risk factors that affect care planning (L526)
- Functional status; pt understands and participates in own care (L527)
- Imminence of death (L528)
- Severity of symptoms (L529)
- Drug profile/review (L530)
- Initial bereavement assessment (L531)
- Need for referrals/further evaluation (L532)
- Updates by IDG every 15 days, more frequently as needed (L533)
- Data elements/allow for measurement of outcomes (L534)
- Date elements integral part of comprehensive assessment (L535)

§418.56 Interdisciplinary group, care planning and coordination of services (L536)

- IDG participates/ prepares a written plan of care (POC) (L537)
- POC specifies care and services necessary to meet patient/family needs identified in comprehensive assess. (L538)
- Designate IDG members to meet needs, supervise care & services (L539)
- Designate RN to coordinate care (L540)
- IDG includes: MD, RN, MSW, pastoral or other counselor (L541)
- Identify IDG to establish day-to-day policies (L542)
- All care/services follow individualized written plan of care (L543)
- Patient/family receive education and training (L544)
- Develop individualized written POC for each patient (L545)
- Include interventions to manage pain and symptoms (L546)
- Detailed statement of scope and frequency of services (L547)
- Measurable outcomes anticipated/documented (L548)
- Necessary drugs and treatments to meet patient needs (L549)
- Medical supplies & appliances to meet patient needs (L550)
- Documentation of patient's understanding, involvement, agreement (L551)
- IDG review/revise/document individualized POC as patient

<ul style="list-style-type: none"> condition requires but at least every 15 calendar days (L552) - POC includes assessment info/progress toward goals (L553) - Develop/maintain system of coordination/integration to ensure IDG maintains responsibility (L554) - Care and services follow POC (L555) - Care and services provided based on assessment (L556) - Communicate and share information among all disciplines, services and settings (L557) - Share information with non-hospice providers (L558) - 	
<p>418.64 Core services (L587)</p> <ul style="list-style-type: none"> - Medical Dir/Physician meets medical needs of the patient (L590) - RN provide/supervise needs identified in assessment met (L591) - MSS services provided by qualified SW meet patient needs (L594) - Counseling services available to the patient and family (L595) - Bereavement counseling one year following pt death (L596) - Dietary counseling by qualified individual assure needs are met (L597) - Spiritual counseling/assessment meet spiritual needs (L598) <p>Other: L588, L589, L592, L593</p>	
<p>418.78 Volunteers (L641)</p> <ul style="list-style-type: none"> - Volunteers are used in day-to-day adm and/or direct patient care roles evident in POC and service time is documented (L644) <p>Other: L642, L643, L645, L646, L647</p>	
<p>418.76 Hospice aide and homemaker services (L607)</p> <ul style="list-style-type: none"> - Aide services provided by Certified HHAs (L608) (L609) - Written instructions by RN responsible for supervision (L625) - Aide services – ordered by IDG, included in POC, consistent with training (L626) - Aide duties include personal care and consistent with HHA scope of tasks (L627) - Report changes to RN and complete records (L628) - RN on-site visit every 14 days (L629) - If concerns, supervising RN conducted on-site home visit with aide present (L630) - RN assess aide's ability and performance (L633)Homemaker services coordinated and supervised by IDG (L638) - Instructions for homemaker duties prepared by member of the IDG (L639) - Homemakers report all concerns to IDG coordinator (L640) 	

<p>Other: L610-L624, L631, L632, L634, L635, L636, L637</p>	
<p>418.72 Physical therapy, occupational therapy, and speech-language pathology (L603)</p> <ul style="list-style-type: none"> - PT, OT and SLP services must be available, provided and consistent with accepted standards of practice (L604) 	
<p>418.100 Organization and administration of services (L648)</p> <ul style="list-style-type: none"> - Provide care and services consistent with standards of practice (L652) - Nursing/physician services, and drugs and biologicals available 24/7 (L653) - May not discontinue or reduce care due to inability to pay (L654) - Hospice retains professional management responsibility, and oversight of staff and services provided under arrangement (L655) <p>Other: L649, L650, L651, L656-L663</p>	
<p>418.106 Drugs and biological, medical supplies and durable medical equipment (L686)</p> <ul style="list-style-type: none"> - Supplies, appliances, DME, drugs and biologicals are provided (L687) - IDG determines patient/family ability to self-administer drugs (L692) - Provide copy of hospice policy for controlled drugs (L695) - Discuss policies in language pt/family understands for managing safe use and disposal of controlled drugs. (L696) - Document in clinical record policies were provided and discussed. (L697) - Instructions provided on safe use of DME and supplies (L702) <p>Other: L688, L689, L690, L691, L693, L694, L698, L699, L700, L701, L703</p>	
<p>418.104 Clinical Records (L670)</p> <ul style="list-style-type: none"> - Clinical record containing past, current, accurate info is maintained and available to attending physician (L671) - Record includes initial plan of care and updates, initial/comprehensive assessments and updates, and clinical notes (L672) - Signed copies of the notice of patient rights and election statement (L673) - Responses to medications, symptom mgmt., treatments & services (L674) - Outcome measure data elements (L675) 	

<ul style="list-style-type: none"> - Physician certification and recertification of terminal illness (L676) - Any advanced directives (L677) - Physician orders (L678) - Entries legible, clear, complete, authenticated, and dated (L679) - Discharge summary or clinical record if requested if transferred to MA/MC certified facility (L682) - Discharge summary includes summary of treatments, symptoms, pain mgmt., current POC and latest physician orders, other documentation to assist with post discharge continuity of care or requested by MD or facility (L684) <p>Other: L680, L681, L683, L685</p>	
<p>418.110 Hospices that provide inpatient care directly (L719)</p> <ul style="list-style-type: none"> - Staffing reflects volume/acuity/intensity of services (L721) - Must provide 24-hr nursing services that meet the nursing needs of all patients (L722) <p>Other: L720, L723-758</p>	
<p>418.112 Hospices that provide hospice care to residents of a SNF or ICF/MR (L759)</p> <ul style="list-style-type: none"> - Hospice assumes responsibility for professional management of services according to POC & CoP (L762) - SNF immediately notifies hospice of significant patient changes requiring change in POC, need for inpatient care, and patient death (L765) - Hospice assumes responsibility for appropriate level of care and services (L766) - SNF/ICF/MR responsible to provide 24-hr room & board care (L767) - Hospice provides same level of services to resident as if patient were in own home (L768) - Delineation of hospices responsibilities and services necessary for the care of terminal illness and related conditions (L769) - Hospice POC established/maintained in consultation with facility/care in accordance with POC (L773) - POC identifies care and services needed and provider responsible (L774) - Hospice POC reflects participation of hospice/facility/patient & family(L775) - Changes in POC discussed with pt, SNF and approved by hospice before implementation (L776) - Hospice must designate IDG member to be responsible for patient/SNF resident (L777) - IDG member is responsible for providing coordination of hospice 	

<p>care with SNF/ICF (L778)</p> <ul style="list-style-type: none"> - Effective communication between parties (L779) - IDG communicates and coordinates care with SNF/ICF medical director and attending (L780) - Provides SNF/ICF with patient's POC, election form, advanced directives, certifications, medication info, physician orders and hospice contact info (L781) <p>Other: L760, L761, L763, L764, L770, L771, L772, L782</p>	
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INTERVIEWS:

Name/Title	Comments

SUMMARY/COMMENTS: