

# **Standards of Hospice Practice**

## **Charting the Course for Quality in Your Hospice**

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2:00 – 3:30 pm ET*

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## **Objectives**

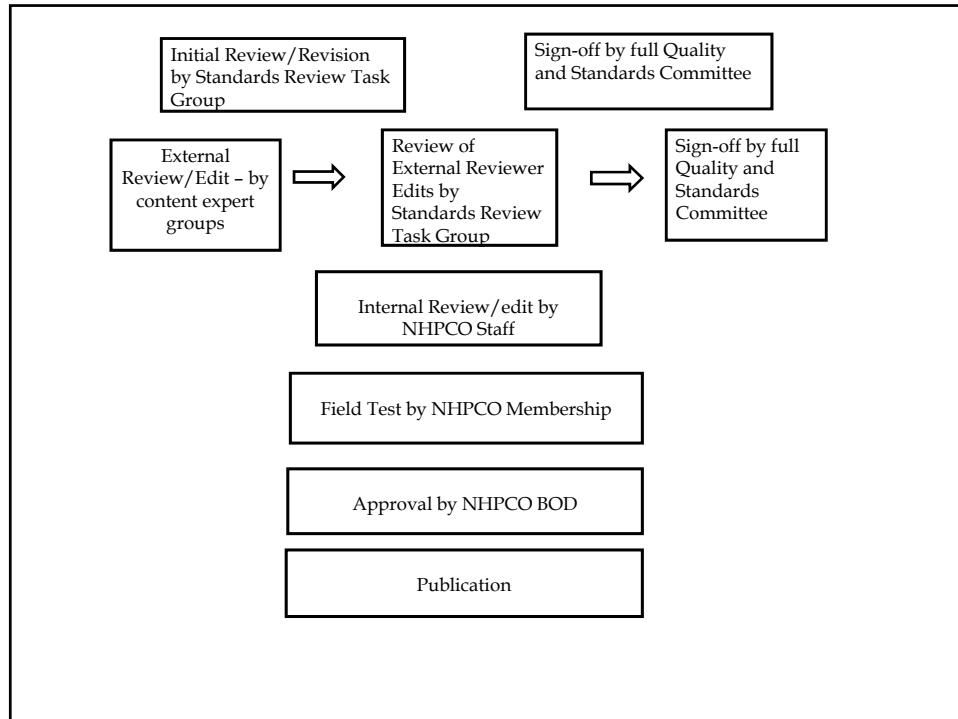
- Describe how to locate the standards and how they are organized.
- Discuss methods to use the standards to evaluate and improve care in your organization.
- Identify areas in your organization where the standards can be used to improve care.

## What are they?

- Framework for 360 degree surveillance of the entire organization
- Encompass 10 key components of quality
- Provide assistance in meeting Conditions of Participation QAPI requirement
- Tool to measurably show organizational excellence and demonstrate improvement
- Complement NHPCO Quality Partners Self Assessment System

## How the standards are developed

- NHPCO Quality and Standards Committee



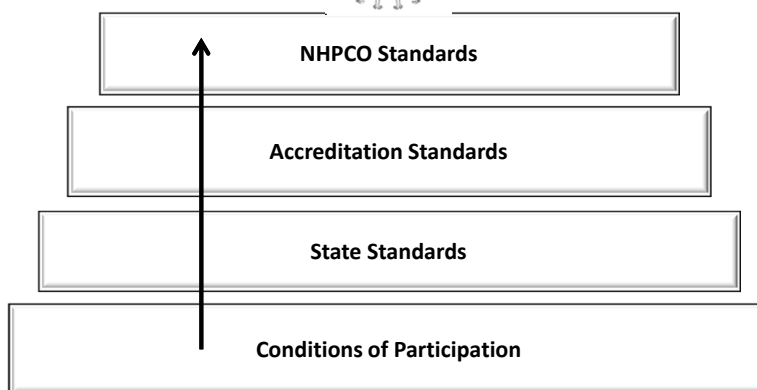
## Where are they located?

- NHPCO website  $\rightleftarrows$  Quality Tab
- <http://www.nhpc.org/nhpc-standards-practice>

## Program Guidance – Rules and Standards

- Conditions of Participation (COPs) – minimal requirements for hospice Care
- State Standards – required elements of hospice care delivery in a given state
- Accreditation Standards – CHAP, JCAHO, ACHC enhanced level of COPs, safety
- NHPCO Standards – enhanced level of quality Care Delivery

## Building Quality Care Delivery



## Regulations - Impact on Quality

- What do the Conditions of Participation do to support the delivery of Quality Hospice Care?
  - Safety
  - Coordination
  - Required documentation
  - Establish consistent process for hospice care delivery



## State Standards – Impact on Quality

- Mirror the COPS
- More detailed processes
- Specific to state health care delivery and patient needs



## Accreditation Standards- Impact on Quality

- Emphasis on safety and plan of care with patient involvement
- Emphasis on staff competency and educational level – documented and primary sourced
- Enhanced Quality Care and Business management requirements



## NHPCO Standards

- Emphasis on all standards set forth by COPs, State Standards and Accreditation Standards with a specific emphasis on the delivery of quality and the heart of hospice



## Example of NHPCO Standard Cross-walked to COP, JCAHO, CHAP

**COP 418.56** IDG works together to meet the physical, medical, psychosocial, emotional, and spiritual needs of the hospice patients and families facing terminal illness and bereavement.

**NHPCO Standard:**

- **PFC 11 The patient's ability for self care is regularly assessed and interventions are implemented in accordance with patient/family wishes when the patient is no longer able to adequately provide self care.**

**Practice example:**

- The hospice has literature written in languages for ethnic groups common to the hospice's service area.
- The hospice helps the patient explore possible options for care when the patient cannot remain alone, including a nursing facility, a hospice residence, a family member's home or paid or unpaid assistants in the home.

## Ten Components

- Patient and Family Centered Care (PFC)
- Ethical Behavior and Consumer Rights (EBR)
- Clinical Excellence and Safety (CES)
- Inclusion and Access (IA)
- Organizational Excellence (OE)

## Ten Components

- Workforce Excellence (WE)
- Standards (S)
- Compliance with Laws and Regulations (CLR)
- Stewardship and Accountability (SA)
- Performance Measurement (PM)

## Appendices

- Hospice Inpatient Facility (HIF)
- Nursing Facility Hospice Care (NF)
- Hospice Residential Care Facility (HRCF)
- Pediatric Palliative Care (PPC)



## Components of the Standards

- **Primary Standard** designated by a whole number
  - EBR 1 Hospice Patients and families have the right to be involved in all decisions regarding their care, treatment and services

## Components of the Standards

- **Related standards** designated by a whole number, a decimal and a second number
  - EBR 1.5 The patient's wishes are respected and taken into consideration when planning for the patient's care and are documented in the clinical record

## Components of the Standards

- **Practice Examples** are not intended as requirements but to provide various ways to implement the standards
  - When the needs/goals of the patient differ from those of their family, the hospice ensures that the preferences of the patient are met and work with the family to gain acceptance of the patient's goals

## Standards in Action

- PFC 6 The interdisciplinary team reviews, revises and documents the plan of care to reflect the changing needs of the patient, family and caregiver
- PFC 6.1 The plan of care is reviewed by the interdisciplinary team no less than every 15 calendar days and is documented on the patient's clinical record

## Standards in Action

- Practice Example  
The patient's and family's needs are reassessed during each visit by a team member, documented on the visit note and significant observations shared with the interdisciplinary team members

## Standards in Action

- HIF CES 2 The hospice develops, implements and evaluates a plan for emergency preparedness. A written disaster preparedness plan exists and is regularly communicated to staff through orientation and ongoing measures which include:

## Standards in Action

1. A definition of disaster for the hospice's inpatient facility's given location and circumstances;
2. Arrangements for prompt identification and transfer of patients and records to another facility if necessary;
3. Arrangements for coordination of community resources; and
4. Compliance with applicable Life Safety Code and other regulations

## Practice Example

- The facility demonstrates an annual review of the written disaster plan

## Example NHPCO Standard

### **EBR 3 Patients and families have the right to have their complaints heard and addressed.**

- A complaint log is maintained and includes the complaint, source of the complaint and documentation of efforts toward resolution.
- On Call Triage – follow up customer service calls – Logging complaints from follow up calls

## Standards in Action

### **Calls made to Patients and families after accessing the Triage Department**

Was the triage staff professional and responsive to your loved ones needs?
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Were all of your questions answered ?
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Was the time between your call and the visit from the staff member acceptable to you?
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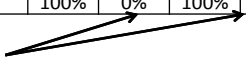
Are you satisfied with the triage service
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Results of the follow up calls shared with the IDG and reported by the QAPI staff to the governing Body

## Hospice Program Comparison

	Hospice A	Hospice B	Hospice C	Hospice D
<u>Call Questions</u>				
Was the triage staff professional and responsive to your loved ones needs?	100%	100%	100%	0%
Were all of your questions answered ?	100%	100%	100%	0%
Was the time between your call and the visit from the staff member acceptable to you?	100%	0%	100%	0%
Are you satisfied with the triage service	100%	0%	100%	0%

Logged in the complaint Log



# Questions?

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