

Stage II – Critical Elements for Hospice and/or Palliative Care

Facility Name: _____ Facility ID: _____ Date: _____
Surveyor Name: _____
Resident Name: _____ Resident ID: _____
Initial Admission Date: _____ Interviewable: Yes No Resident Room: _____
Care Area(s): _____

Use

Use this protocol for a resident who is receiving hospice and/or palliative care as noted below:

- Palliative care (comfort/end of life care, terminal care) is a lessening and relief of physical, psychosocial and spiritual suffering so that the resident can accomplish his/her goals and life closure tasks; and/or
- Hospice: The resident is identified as being in a hospice program for terminally ill persons where an array of services is necessary for the palliation and management of terminal illness and related conditions. This program may or may not be covered by the Medicare benefit. The hospice must be licensed by the state as a hospice provider and/or certified under the Medicare program as a hospice provider.

NOTE: Hospice is a service that:

- Provides support and care for a resident who is terminally ill so that he/she may live as fully and as comfortably as possible;
- Views death as a natural part of life;
- Neither hastens death nor prolongs life; and
- Provides palliative care.

Procedure

- Briefly review the assessment, care plan and orders to identify facility interventions and to guide observations to be made.
- Corroborate observations by interview and record review.

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Observations

Observe whether staff consistently implement the care plan over time and across various shifts. For residents receiving hospice and/or palliative care services, staff are expected to assess and provide appropriate care from the day of admission. During observations of the interventions, note and/or follow up on deviations from the care plan as well as potential negative outcomes, including but not limited to the following:

- Exhibited signs or symptoms of pain; (If pain is identified, complete the Pain CE)
- Other symptoms, such as constipation, nausea, vomiting, that are not controlled;
- Any special interventions carried out by staff including use of supportive and assistive devices/equipment; and
- Interventions specific to preferences such as bathing, toileting and sleep schedules, visiting hours and access, activities, and food and drinks.

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Resident/Representative Interview

Interview the resident, family or responsible party to the degree possible to identify:

- The resident's/representative's involvement in the development of the care plan, defining the approaches and goals, and if interventions reflect choices and preferences;
- The resident's/representative's awareness of pain management and other symptom management programs in use and if care is provided according to the care plan;
- Presence of current symptoms experienced (e.g., pain, anxiety, depression, breathing, etc.) degree of relief from interventions, and if the symptoms are controlled to satisfaction;
- If interventions are refused, whether counseling on alternatives, consequences, and/or other alternative approaches was offered; and
- Staff responsiveness to privacy/dignity needs, and preferences and choices.

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Staff Interviews

Interview staff on various shifts to determine:

- Knowledge of clinical and psychosocial end of life issues the resident/family is experiencing;
- Whether staff identified and implemented in a timely manner appropriate measures related to the resident's level of comfort;
- Whether the nurse monitors for the implementation of the care plan, effectiveness of symptom management, and any changes in symptoms experienced by the resident; and
- How and when facility staff communicate with staff from the hospice service; how services are coordinated with the hospice in caring for this resident, who is responsible for coordinating care between the facility and hospice and how contact with hospice staff occurs.

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Assessment	
<p>Review assessments from the hospice (if available) and the facility. Review hospice orders, physician orders, consultations, and other progress notes that may have information regarding the assessment of comfort, cognition, pain, and psychosocial needs.</p> <p>NOTE: Services between the certified Medicare hospice and the facility should be coordinated.</p> <p>Determine whether the assessment information accurately and comprehensively reflects:</p> <ul style="list-style-type: none"><input type="checkbox"/> The causal, contributing and risk factors which may affect the resident's physical or psychological comfort;<input type="checkbox"/> Bowel and bladder functioning (constipation, impactions, diarrhea, involuntary bowel movements, incontinence of urine);<input type="checkbox"/> Nutritional changes (alteration in taste and smell) and fluids (food and beverage choices, nausea, vomiting, refusal to eat/drink, requests only cereal, soup, ice cream, frozen ices, etc.);<input type="checkbox"/> Oral health status, such as dentures, ulcers in mouth, dryness of oral cavity/tongue, and other oral health issues, such as broken, painful teeth, or diseases, such as candida, or thrush;<input type="checkbox"/> Symptom control which may produce sedation, or excessive sleep and choices in when to sleep and awaken, lethargy;<input type="checkbox"/> Advance directives, (if present), directions for interventions regarding respiratory and cardiac status;<input type="checkbox"/> Psychosocial and/or emotional issues, such as fear of isolation, death and/or the dying process, fear of pain, loss of independence, control, familiar environment, access to family/friends, and grieving;<input type="checkbox"/> Loss of function, mobility or positioning, ADL status;<input type="checkbox"/> Skin integrity;<input type="checkbox"/> Spiritual needs;	<p>Notes:</p>

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Assessment

- Relationship issues such as social choices, sexual preferences, family structures;
- Values, wishes, choices, goals;
- Lifestyles, ethnicity, cultural orientation; or
- Symptom control for pain, need for, and/or response to, pain medications.

1. Did the facility assess adequately to determine specific resident needs for pain control, comfort, cognition, and psychosocial support? Yes No **F272**

The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident's needs should be addressed under F281.

NOTE: The facility may have completed a 5-day assessment for the Medicare beneficiary. Use the 5-day assessment as the comprehensive assessment only if it was completed with the RAPS.

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Care Planning

- Determine whether the facility developed a care plan that was consistent with the resident's specific conditions, risks, needs, behaviors, and preferences and current standards of practice, and included measurable objectives and timetables, with specific interventions/services to meet hospice and/or palliative care needs.
- If the care plan refers to a specific facility treatment protocol that contains details of the treatment regimen, the care plan should refer to that protocol and should clarify any deviations from or revisions to the protocol for this resident. The treatment protocol must be available to the caregivers and staff should be familiar with the protocol requirements. If care plan interventions that address aspects of pain management are integrated within the overall care plan, the interventions do not need to be repeated.
- Review the care plan to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the care plan addresses, as appropriate:
 - The coordination of care between the facility and the involved Medicare certified hospice;
 - Who is responsible for delivery and implementation of the plan;
 - Interventions, including identification of those conditions which would require transfer for treatment such as acute illnesses, (for example, respiratory or urinary tract infections), and that the choices reflect the resident's medical/health condition and resident/representative preferences and opinions;
 - Information from the assessment process that addresses relevant factors affecting physical comfort such as bowel and bladder status, mobility and positioning, oral health status, respiratory and cardiac status, nausea, sedation/sleep, lethargy, anxiety, ADL status, skin integrity, activities, and food and beverage choices;

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Care Planning

- Environmental factors to promote resident comfort based on resident preferences (such as low level lighting and minimal background noise, etc.);
- The need for psychosocial support, spiritual support, and family interventions;
- The need for supportive and assistive devices/equipment to meet comfort needs (special mattresses, etc.);
- Provision of special nutritional needs based on resident choice; and
- Advance directives according to state law.

If the resident refuses or resists staff interventions to manage symptoms, determine whether the care plan reflects efforts to seek alternatives to address the needs identified in the assessment.

If care plan concerns are noted, interview staff responsible for care planning as to the rationale for the current plan of care.

2. Did the facility develop a care plan that addresses palliative and end of life needs? Yes No **F279**

*The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the RAPS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under **F281**.*

*Additionally, lack of physician orders for immediate care (until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan) should be addressed under **F271**.*

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Care and Services Meet Professional Standards	
<p><input type="checkbox"/> Conduct observations and interviews throughout Stage II using the observation and interview probes identified above. Observe care and interview staff over several shifts to ensure consistent application of interventions that reflect current standards of practice such as:</p> <ul style="list-style-type: none">▪ Care implementation is coordinated between the hospice and the facility;▪ Staff address psychosocial issues with the resident/representative and resident's family; and▪ Interventions provided reflect current standards of practice in accordance with resident/family preference and advance directives. <p><input type="checkbox"/> Interviews with Health Care Practitioners and Professionals: if the interventions defined or care provided appear not to be consistent with recognized standards of practice, interview one or more health care practitioners and professionals as necessary (e.g., physician, hospice nurse, facility charge nurse, director of nursing). These individuals, by virtue of training and knowledge of the resident, should be able to provide information about the management and evaluation of the resident's physical and psychosocial symptoms and needs. If there is a medical question, contact the physician if he/she is the most appropriate person to interview. If the attending physician is unavailable, interview the medical director, as appropriate. Depending on the issue, ask about:</p> <ul style="list-style-type: none">▪ How it was determined that chosen interventions were appropriate;▪ Changes in condition that may justify additional or different interventions; or▪ How staff validated the effectiveness of current interventions.	<p>Notes:</p>

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Care and Services Meet Professional Standards	
3. Did the facility implement practices that meet professional standards of quality?	
<input type="checkbox"/> Yes <input type="checkbox"/> No F281	
<i>NOTE: If the care plan addressed the risks and identified needs of the resident, but the care plan was not implemented as written, consider F282 for failure to implement the care plan.</i>	
Care Plan Revision	
<input type="checkbox"/> Determine whether the staff have been monitoring the resident's response to interventions for the management of physical and psychosocial needs and have evaluated and revised the care plan based on the resident's response and outcomes. Review the record and interview staff for information and/or evidence that: <ul style="list-style-type: none"> ▪ Evaluation and revision of the care plan is coordinated between the hospice and the facility; ▪ Staff evaluate outcomes of the plan (the effect of care plan goals and interventions) on a timely basis; ▪ Staff identify changes in the resident's condition that require revised goals and care approaches; and ▪ The resident and/or the responsible person is involved in the review and revision of the plan. 	Notes:
<input type="checkbox"/> Determine whether the care plan was reviewed and revised as necessary to promote comfort and prevent the development or worsening of physical and/or psychosocial symptoms.	
4. Did the facility revise the care plan as needed?	
<input type="checkbox"/> Yes <input type="checkbox"/> No F280	

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Provision of Care and Services	
<p>Criteria for Compliance:</p> <p>Compliance with F309, Quality of Care — The facility is in compliance with F309 if staff have:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Recognized and assessed factors affecting the resident’s level of comfort and physical and psychosocial well-being; <input type="checkbox"/> Defined and implemented pertinent interventions consistent with resident conditions, goals, and recognized standards of practice to manage/relieve physical and psychosocial symptoms; <input type="checkbox"/> Monitored and evaluated the resident’s response to interventions; and <input type="checkbox"/> Revised the approaches as appropriate. <p>If not, the facility did not provide care and services to promote and support the needs of the special care hospice resident: cite F309.</p> <p>5. Based on observation, interviews, and record review did the facility provide care to promote comfort, pain relief, and provide support to meet the needs of the special care hospice resident?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No F309</p>	<p>Notes:</p>

Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care	
<p>During the investigation of Hospice services or palliative care, the surveyor may have identified concerns with related outcome, process, and/or structure requirements. The surveyor is cautioned to investigate these related requirements before determining whether non-compliance may be present. Some examples of requirements that should be considered include the following (not all inclusive):</p> <ul style="list-style-type: none"> <input type="checkbox"/> F164, Privacy and Confidentiality — Determine whether the facility has accommodated the resident’s need for privacy for visiting with family, friends, and others, as desired by the resident. 	<p>Notes:</p>

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Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care

- F172, Access and Visitation Rights** — Determine whether the facility has accommodated the resident’s family and/or other visitors (as approved by the resident) to be present with the resident as much as desired, even round-the-clock.
- F242, Self-determination and Participation** — Determine whether the facility has provided the resident with choices about aspects of his or her life in the facility that are significant to the resident.
- F246, Accommodation of Needs** — Determine whether the facility has adapted the resident’s physical environment (room, bathroom, furniture, etc.) to accommodate the resident’s individual needs.
- F250, Social Services** — Determine whether the facility is providing medically-related social services, including
 - Meeting the needs of residents who are grieving;
 - Maintaining contact with family;
 - Providing or arranging for provision of needed counseling services;
 - Supporting preferences, customary routines, concerns and choices;
 - Assisting residents/families in decision-making; and
 - Promoting actions by staff that maintain or enhance dignity.

NOTE: If there are issues related to care provided by the certified hospice, a complaint identifying the resident and the concerns must be brought to the attention of the state agency responsible for regulating hospice services.

If the surveyor determines that the facility is not in compliance with any of these related requirements, the appropriate F tag should be surveyor initiated.