§418.58 Condition of participation: Quality assessment and performance improvement

The hospice must develop, implement, and maintain an effective, ongoing, hospice-wide data-driven quality assessment and performance improvement program. The hospice’s governing body must ensure that the program: reflects the complexity of its organization and services;
§418.58 con’t.

involves all hospice services (including those services furnished under contract or arrangement); focuses on indicators related to improved palliative outcomes; and takes actions to demonstrate improvement in hospice performance.
QAPI

§418.58 con’t.

The hospice must maintain documentary evidence of its quality assessment and performance improvement program and be able to demonstrate its operation to CMS.
§418.58 (a) Standard: Program scope.

(1) The program must at least be capable of showing measurable improvement in indicators related to improved palliative outcomes and hospice services.

(2) The hospice must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations.
§418.58 (b) Standard: Program data.

(1) The program must use quality indicator data, including patient care, and other relevant data, in the design of its program.

(2) The hospice must use the data collected to do the following:

(i) Monitor the effectiveness and safety of services and quality of care.

(ii) Identify opportunities and priorities for improvement.
§418.58 (b) con’t

(3) The frequency and detail of the data collection must be approved by the hospice’s governing body.
QAPI §418.58 (c)

§418.58 (c) Standard: Program activities.

(1) The hospice’s performance improvement activities must:

(i) **Focus** on **high risk**, **high volume**, or **problem-prone areas**.

(ii) **Consider** incidence, prevalence, and severity of problems in those areas.

(iii) **Affect** palliative outcomes, **patient safety**, and **quality of care**.
§418.58 (c) con’t.

(2) Performance improvement activities must track adverse patient events, analyze their causes, and implement preventive actions and mechanisms that include feedback and learning throughout the hospice.

(3) The hospice must take actions aimed at performance improvement and, after implementing those actions, the hospice must measure its success and track performance to ensure that improvements are sustained.
Tips

• All facets of operation
• Nature of patient care measure determines time frame for collecting & updating, ex: pain control
• Expected to establish data collection time frames
  – Within specific context of measures used
  – Available literature
  – National wide collection projects
  – Own data collection needs & goals
§418.58 (d) Standard: Performance improvement projects.

(Beginning 1/31/09 hospices must develop, implement, and evaluate performance improvement projects.)
§418.58 (d) con’t.

(1) The **number and scope** of distinct performance improvement projects conducted annually, based on the needs of the hospice’s population and internal organizational needs, **must reflect the scope, complexity, and past performance** of the hospice's services and operations.
QAPI

§418.58 (d) con’t.

(2) The hospice must document what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.
§418.58 (e) Standard: Executive responsibilities.

The hospice’s governing body is responsible for ensuring the following:

(1) That an ongoing program for quality improvement and patient safety is defined, implemented, and maintained, and is evaluated annually.
QAPI

§418.58 (e) con’t

(2) That the hospice-wide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness.

(3) That one or more individual(s) who are responsible for operating the quality assessment and performance improvement program are designated.
Tips

✓ Identify measures that apply to ALL patients
✓ Choose data elements to collect
✓ Must be included as part of patient assessment
✓ Cannot be limited to data in patient assessment
Tips

✓ All facets of operation
✓ Nature of patient care measure determines time frame for collecting & updating, ex. Pain control
✓ Expected to establish data collection time frames
  ✓ Within specific context of measures used
  ✓ Available literature
  ✓ Nationwide collection projects
  ✓ Own data collection needs & goals
Tips

• IAHHC QAPI project
• http://medqic.org/dcs/ContentServer?pagename=Medqic/Search/SearchResults
• http://www.qualityforum.org/projects/completed/palliative/index.asp
Tips

• [www.ahrq.gov](http://www.ahrq.gov) - **End of Life Care**
  - Advance Care Planning: Preferences for Care at the End of Life
  - Palliative Wound Care at the End of Life
  - **Research Activities:** [Online Newsletter](http://www.ahrq.gov)
    *Summarizes study findings relating to end-of-life care*
  - Evidence Report/Technology Assessment, No. 110: [End-of-Life Care and Outcomes](http://www.ahrq.gov)
  - Evidence Report/Technology Assessment, No. 137: [Cancer Care Quality Measures: Symptoms and End of Life Care](http://www.ahrq.gov)
Tips

- [www.chcr.brown.edu/pcoc/toolkit.htm](http://www.chcr.brown.edu/pcoc/toolkit.htm)
- CMS will issue further sub-regulatory guidance on QAPI
- May need to add specific outcome measures for specific patients to gather data related to individual’s needs & goals
- Analyzing data on patient level, sample size does not matter
IAHHC-OCS

- State association-sponsored QAPI Snapshot benchmarks for members
- Affordable cost
- IAHHC will be able to add custom features
- Currently 16 IAHHC hospice members
Tips

✓ Small hospice……aggregate several months of data
✓ Extremely large hospice……aggregate more frequently so data does not become overwhelming
✓ Does not require any specific software or electronic record for data collection
Tips

✓ Hospices wanted more guidance on the number & scope of projects…”we believe that a hospice’s performance improvement projects should be required to reflect the needs of its patient population as well as its own needs.”

✓ Participation in a national project DOES NOT guarantee that hospices are in compliance with QAPI condition
Tips

✓ Must reflect hospice's area of weakness, as identified through data collection
✓ Governing body may have hands on control OR appoint individuals to handle structure & administration
✓ Governing body maintains ultimate control
✓ Intent of rule to establish of QAPI for hospice, not to prescribe specific measures
Tips

✓ Surveyors: Assessment of compliance during survey
  ✓ Need access to aggregated data
  ✓ Access to analysis of data
  ✓ Access to QAPI plan
  ✓ Meeting minutes/notes concerning development & implementation
  ✓ Match data with actual experiences of employees & patients to ensure QAPI is prevalent throughout operations & services
Tips

✓ Surveyors con’t

✓ Focus on how & why quality measures were chosen
✓ How consistent data is collected
✓ How data is used in patient care planning
✓ How data is aggregated and analyzed
✓ How data is used to select PI projects
✓ Use of data to evaluate effectiveness of projects
§418.60 Condition of participation: Infection control and three standards.

The hospice must maintain and document an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.
§418.60 (a) Standard: Prevention.

The hospice must follow accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.
§418.60 (b) Standard: Control.
The hospice must maintain a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that—
Infection Control

§418.60 (b)

(1) Is an integral part of the hospice's quality assessment and performance improvement program; and

(2) Includes the following:

(i) A method of identifying infectious and communicable disease problems; and

(ii) A plan for implementing the appropriate actions that are expected to result in improvement and disease prevention.
§418.60 (c) Standard: Education.
The hospice must provide infection control education to employees, contracted providers, patients, and family members and other caregivers.
Tips

✓ “…hospice cannot be directly responsible for the maintenance of an infection-free environment in every setting.”

✓ Follow accepted infection control standards, best practices

✓ “Immunizing staff for influenza - part of infection control”
Acknowledges limitations regarding infections in terminally ill, but “this should not affect need to apprise family & caregivers about infection control”

Not requiring any specific approach…..make sure as part of QAPI document why/what approach decided upon

Further information in future sub-regulatory guidance
§418.62 Condition of participation: Licensed professional services.

(a) Licensed professional services provided directly or under arrangement must be authorized, delivered, and supervised only by health care professionals who meet the appropriate qualifications specified under §418.114 and who practice under the hospice’s policies and procedures.
Patient Care

§418.62 con’t

(b) **Licensed professionals** must actively participate in the **coordination of all aspects of the patient’s hospice care**, in accordance with current professional standards and practice, including participating in ongoing interdisciplinary comprehensive assessments, developing and evaluating the plan of care, and contributing to patient and family counseling and education; and
§418.62 con’t

(c) Licensed professionals must participate in the hospice’s quality assessment and performance improvement program and hospice sponsored in-service training.
• Subpart C--Conditions of Participation: Core Services and five standards
Core Services

§418.64 Condition of participation: Core services.

A hospice must \textit{routinely provide substantially all core services directly by hospice employees}. These services must be provided in a manner consistent with \textit{acceptable standards of practice}. These services include \textit{nursing services}, \textit{medical social services}, and \textit{counseling}. The hospice \textit{may contract for physician services} as specified in paragraph (a) of this section. A hospice \textit{may use contracted staff}, if necessary, \textit{to supplement} hospice employees in order to meet the needs of patients under extraordinary or other non-routine circumstances.
Core Services

§418.64 Condition of participation: Core services con’t

A hospice may also enter into a written arrangement with another Medicare certified hospice program for the provision of core services to supplement hospice employee/staff to meet the needs of patients. Circumstances under which a hospice may enter into a written arrangement for the provision of core services include: unanticipated periods of high patient loads, staffing shortages due to illness or other short-term temporary situations that interrupt patient care; and temporary travel of a patient outside of the hospice’s service area.
§418.64(a) Standard: Physician services.

The hospice medical director, physician employees, and contracted physician(s) of the hospice, in conjunction with the patient’s attending physician, are responsible for the palliation and management of the terminal illness and conditions related to the terminal illness
Core Services

§418.64(a) con’t

(1) All physician employees and those under contract, must function under the supervision of the hospice medical director.

(2) All physician employees and those under contract shall meet this requirement by either providing the services directly or through coordinating patient care with the attending physician.
§418.64(a) con’t

(3) If the attending physician is unavailable, the medical director, contracted physician, and/or hospice physician employee is responsible for meeting the medical needs of the patient.
§418.64(b) Standard: Nursing services.
(1) The hospice must provide nursing care and services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient’s initial assessment, comprehensive assessment, and updated assessments.
Core Services

§418.64(b) con’t

(2) If State law permits registered nurses to see, treat, and write orders for patients, then registered nurses may provide services to beneficiaries receiving hospice care. Indiana OK

(3) Highly specialized nursing services that are provided so infrequently that the provision of such services by direct hospice employees would be impracticable and prohibitively expensive, may be provided under contract.
Tips

✓ NP not under physician services
✓ SS Act clearly delineates services provided by physician from services by a nurse
✓ **Excluded:** Services provided by a nurse practitioner (NP) who is the patient’s attending physician
✓ Contract for highly specialized services **DOES NOT** have to be with another certified hospice
Core Services

§418.64(c) Standard: Medical social services.

Medical social services must be provided by a qualified social worker, under the direction of a physician. Social work services must be based on the patient’s psychosocial assessment and the patient’s and family’s needs and acceptance of these services.
Tips

☑ IDT physician not medical director must supervise
☑ “Duties and responsibilities go beyond counseling”
☑ “Qualified” definition under §418.114
☑ Grandfathering current SW: Has a baccalaureate degree from a school of social work accredited by the Council on Social Work Education, is employed by the hospice before 12/2/08, and is not required to be supervised by an MSW.
Core Services

§418.64(d) Standard: Counseling services.

Counseling services must be available to the patient and family to assist the patient and family in minimizing the stress and problems that arise from the terminal illness, related conditions, and the dying process. Counseling services must include, but are not limited to, the following:
§418.64(d) Standard: Counseling services con’t

(1) Bereavement counseling. The hospice must:

(i) Have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling.
Core Services

§418.64(d) (1) con’t.

(ii) Make bereavement services available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient. Bereavement counseling also extends to residents of a SNF/NF or ICF/MR when appropriate and identified in the bereavement plan of care.
Core Services

§418.64(d) (1) con’t.

(iii) Ensure that bereavement services reflect the needs of the bereaved.

(iv) Develop a bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery. A special coverage provision for bereavement counseling is specified in §418.204(c). Bereavement counseling is a required hospice service but it is not reimbursable.)
Tip

✓ Must be on a daily basis
✓ Before and after death
✓ Initial bereavement assessment part of comprehensive assessment
✓ Updated with comprehensive assessment
✓ Qualifications: experience, education in grief/loss counseling
✓ NF requirement
  ✓ In contract with NF
  ✓ Staff
  ✓ Residents
§418.64(d) con’t.

(2) Dietary counseling, when identified in the plan of care, must be performed by a qualified individual, which include dietitians as well as nurses and other individuals who are able to address and assure that the dietary needs of the patient are met.
Tips

✓ If needs exceed knowledge & experience of RN…registered dietician or nutritionist
✓ Needs based requirement
✓ Flexibility for hospices
§418.64(d) con’t.

(3) Spiritual counseling. The hospice must:

(i) Provide an assessment of the patient’s and family’s spiritual needs.

(ii) Provide spiritual counseling to meet these needs in accordance with the patient’s and family’s acceptance of this service, and in a manner consistent with patient and family beliefs and desires.
Core Services

§418.64(d) (3) con’t.

(iii) Make all reasonable efforts to facilitate visits by local clergy, pastoral counselors, or other individuals who can support the patient’s spiritual needs to the best of its ability.

(iv) Advise the patient and family of this service.
Tips

✓ Hospices should strive to facilitate visits & contacts
✓ Limit to what hospices should be expected to do to facilitate spiritual counseling
✓ Condition reflects value but does not burden with unrealistic expectations
§418.66 Condition of participation: Nursing services-- Waiver of requirement that substantially all nursing services be routinely provided directly by a hospice.

(a) CMS may waive the requirement in §418.64(b) that a hospice provide nursing services directly, if the hospice is located in a non-urbanized area. The location of a hospice that operates in several areas is considered to be the location of its central office.
§418.66 Condition of participation: Nursing services-- Waiver

(a) con’t. The hospice must provide evidence to CMS that it has made a good faith effort to hire a sufficient number of nurses to provide services. CMS may waive the requirement that nursing services be furnished by employees based on the following criteria:

(1) The location of the hospice’s central office is in a non-urbanized area as determined by the Bureau of the Census.
Core Services

§418.66 Condition of participation: Nursing services—Waiver (a) con’t

(2) There is evidence that a hospice was operational on or before January 1, 1983 including the following:

(i) Proof that the organization was established to provide hospice services on or before January 1, 1983.

(ii) Evidence that hospice-type services were furnished to patients on or before January 1, 1983.

(iii) Evidence that hospice care was a discrete activity rather than an aspect of another type of provider’s patient care program on or before January 1, 1983.
§418.66 Condition of participation:
Nursing services– Waiver (a) con’t.
(3) By virtue of the following evidence that a hospice made a good faith effort to hire nurses:
   (i) Copies of advertisements in local newspapers that demonstrate recruitment efforts.
   (ii) Job descriptions for nurse employees.
   (iii) Evidence that salary and benefits are competitive for the area.
   (iv) Evidence of any other recruiting activities (for example, recruiting efforts at health fairs and contacts with nurses at other providers in the area).
§418.66 Condition of participation: Nursing services– Waiver (a con’t)

(b) Any waiver request is deemed to be granted unless it is denied within 60 days after it is received.

(c) Waivers will remain effective for 1 year at a time from the date of the request.

(d) If a hospice wishes to receive a 1-year extension, it must submit a request to CMS before the expiration of the waiver period, and certify that the conditions under which it originally requested the initial waiver have not changed since the initial waiver was granted.
Tips

✓ Waiver statutorily based requirement (1983) (rural only)
✓ Not nursing shortage waiver
  ✓ Short term for all hospices
§418.70 Condition of participation: Furnishing of non-core services.

A hospice must ensure that the services described in §418.72 through §418.78 are provided directly by the hospice or under arrangements made by the hospice as specified in §418.100. These services must be provided in a manner consistent with current standards of practice.
Non-Core Services

§418.72 Condition of participation: Physical therapy, occupational therapy, and speech-language pathology.

Physical therapy services, occupational therapy services, and speech-language pathology services must be available, and when provided, offered in a manner consistent with accepted standards of practice.
Non- Core Services

§418.74 Waiver of requirement-Physical therapy, occupational therapy, speech-language pathology, and dietary counseling.

A hospice located in a non-urbanized area may submit a written request for a waiver of the requirement for providing physical therapy, occupational therapy, speech-language pathology, and dietary counseling services.
§418.74 con’t. The hospice may seek a waiver of the requirement that it make physical therapy, occupational therapy, speech-language pathology, and dietary counseling services (as needed) available on a 24-hour basis. The hospice may also seek a waiver of the requirement that it provide dietary counseling directly. The hospice must provide evidence that it has made a good faith effort to meet the requirements for these services before it seeks a waiver. CMS may approve a waiver application on the basis of the following criteria: Same as nursing.